

Counseling Approaches To Promote Recovery From Problematic Substance Use and Related Issues

TREATMENT IMPROVEMENT PROTOCOL

TIP65

SAMHSA

Substance Abuse and Mental Health
Services Administration

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Foreword

The Substance Abuse and Mental Health Services Administration (SAMHSA) is the U.S. Department of Health and Human Services agency that leads public health and service delivery efforts that promote mental health, prevent substance misuse, and provide treatments and supports to foster recovery while ensuring equitable access and better outcomes. An important component of SAMHSA's work is focused on dissemination of evidence-based practices and providing training and technical assistance to healthcare practitioners on implementation of these best practices.

The Treatment Improvement Protocol (TIP) series contributes to SAMHSA's mission by providing science-based, best-practice guidance to the behavioral health field. TIPs reflect careful consideration of all relevant clinical and health services research, demonstrated experience, and implementation requirements. Select nonfederal clinical researchers, service providers, program administrators, and patient advocates comprising each TIP's consensus panel discuss these factors, offering input on the TIP's specific topics in their areas of expertise to reach consensus on best practices. Field reviewers then assess draft content, and the TIP is finalized.

The talent, dedication, and hard work that TIP panelists and reviewers bring to this highly participatory process have helped bridge the gap between the promise of research and the needs of practicing clinicians and administrators to serve, in the most scientifically sound and effective ways, people in need of care and treatment of mental and substance use disorders. My sincere thanks to all who have contributed their time and expertise to the development of this TIP. It is my hope that clinicians will find it useful and informative to their work.

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Executive Summary

Key Messages

- Recovery from problematic substance use is a highly personal journey toward wellness, satisfying relationships, engagement in community, and a sense of meaning and purpose. Although setbacks happen, people can and do recover.
- Many people recover from problematic substance use without help, but individuals are more likely to experience long-term recovery if they have access to a combination of counseling services, peer- and community-based recovery supports, and medication.
- A recovery-oriented approach to counseling accepts that recovery from problematic substance use has many pathways and works with the individual's chosen recovery goal. That goal could be abstinence, controlled use, or somewhat reduced use.
- People with problematic substance use should have access to recovery-oriented systems of care (ROSCs), where providers offer these individuals treatment, recovery support, and other services and take a long-term, coordinated, and holistic approach to addressing their substance use-related problems.
- Certain counseling approaches can be effective at helping individuals with problematic substance use maintain their recovery regardless of their chosen recovery pathway. These include harm reduction, trauma-informed approaches, motivational approaches, family therapy, cognitive-behavioral therapy, contingency management, mindfulness and acceptance-based approaches, and psychoeducation.
- 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.
- Four major domains that support a life in recovery are health, home, purpose, and community. Counselors can help their clients recover from problematic substance use by connecting them to a range of tools and resources in these domains.
- An organization interested in adopting a recovery-oriented approach should reorient its mission statement, policies and procedures, staff training, and measures of client outcomes around consumers and their recovery needs and goals.
- An organization interested in becoming a member of a ROSC should take steps to actively link to other resources within the community that can provide recovery support in areas that the organization itself may not currently offer.
- Including people with lived experience in recovery from problematic substance use in an organization's staffing and treatment planning can support successful, sustainable implementation of recovery-oriented practices.



Recovery, as defined by the Substance Abuse and Mental Health Services Administration (SAMHSA), is “a process of change through which individuals improve their health and wellness, live a self-directed life, and strive to reach their full potential.”¹ Recovery is a highly individualized journey. Some view recovery in terms of abstinence and remission of symptoms, whereas others may focus on controlling or reducing use. Some people may pursue multiple approaches to recovery at the same time or for overlapping periods; some may try different approaches in turn; and others may find a single approach that works for them and stick with it. Regardless, a person’s recovery is built on their strengths, abilities, resources, and inherent values and is holistic, addressing the whole person and their community.² Although many face challenges and setbacks, with the right supports, anyone can recover successfully.

The benefits of recovery from problematic substance use are wide-ranging. They include improvements in a person’s physical health, emotional well-being, relationships, school and career achievement, and financial security.³ These benefits also extend well beyond the individual, positively affecting families, workplaces, communities, and society.

Counselors play a critical role in helping individuals in or seeking recovery achieve their recovery goals and in supporting them as they develop the skills needed for long-term recovery. Recovery-oriented counseling is essential to this process. Through recovery-oriented counseling, counselors support their clients* by:

- Identifying and building on the strengths of a client in or seeking recovery.

**Although the literature may reference “client,” “consumer,” “patient,” and “participant” interchangeably, this TIP uses the term “client” to refer to individuals receiving services for problematic substance use. Counselors who provide these services frequently use the term “client,” and they are the primary audience for this document.*

- Letting the client’s preferred recovery goals and pathway shape their work together.
- Taking a supportive approach to addressing recurrence, should it occur.
- Connecting the client to recovery support services and other forms of assistance and activities that can strengthen their recovery and improve their well-being and quality of life for the long term.

This Treatment Improvement Protocol (TIP) provides guidance to counselors, administrators, and supervisors about recovery-oriented services, supports, and care, allowing them to better serve those individuals in or seeking recovery from problematic substance use.

The Need for a TIP on Promoting Recovery From Problematic Substance Use

Problematic substance use is a major public health and social concern in the United States. In 2021, SAMHSA estimated that 46.3 million people had a substance use disorder (SUD) in the past year.⁴ Although alcohol use disorder was the most common SUD, much of the concern about problematic substance use has focused on the opioid epidemic. An estimated 5.6 million people had past-year opioid use disorder (OUD) in 2021.⁵

The rates of stimulant use and stimulant-related deaths are also quickly rising. From 2015 to 2019, overdose deaths involving psychostimulants (other than cocaine) increased 180 percent, and methamphetamine use increased 43 percent.⁶ From 2019 to 2021, cocaine-involved overdose deaths increased nearly 54 percent.⁷ There are no Food and Drug Administration–approved medications to treat stimulant use, highlighting the significant need for effective recovery supports for those with problematic use. Counselors, administrators, and clinical supervisors with

a strong understanding of recovery-oriented approaches and tools are necessary to address this growing national problem.

For decades, the main approach to addressing problematic substance use involved acute, episodic, specialized treatment that emphasized abstinence. The objective was always to help clients achieve and maintain long-term recovery, but treatment focused on perceived client deficits and provider-determined goals. Also, such treatment was typically siloed professionally and physically from other types of care and services.^{8,9} Although this model continues to exist in much of the specialty SUD treatment field, approaches to problematic substance use are becoming more recovery oriented as a result of recent research, clinical experience, and advocacy by the recovery community.¹⁰ With this evolution comes a need for counselors and their colleagues working with people with problematic substance use to have a strong understanding of recovery-oriented concepts and approaches. This need has prompted the publication of this TIP.

Using this TIP, counselors, administrators, and clinical supervisors who work with individuals in or seeking recovery from problematic substance use will:

- Become familiar with the main categories of recovery pathways.
- Understand how to help clients explore different pathways to recovery.
- Learn how to support their clients' choice of pathways.
- Be able to link clients to different pathways (other than natural recovery).
- Understand recovery-oriented supports and counseling approaches.
- Learn about resources and tools to help clients lead a life in long-term recovery.

Scope of This TIP

This TIP offers guidance on counseling approaches that can help support adults in or seeking recovery from problematic substance use. It is intended to help counselors, program administrators, and clinical supervisors promote recovery for their adult clients across many settings and along a continuum of recovery pathways—from harm reduction to abstinence.

Audience

The primary audience for this TIP is anyone who may provide counseling to an individual who has a problem with substance use, regardless of the reason that individual sought out the provider. This includes counselors in multiple settings, nonspecialists in training, nurses, and interns working toward clinical licensure. It also includes administrators, clinical supervisors, and other staff interested in adopting or expanding a recovery-oriented framework for the counseling offered in their programs. Although peer specialists don't provide counseling, they may also find aspects of this TIP helpful.

Organization

This TIP contains six chapters:

- **Chapter 1** presents the origins and treatment of problematic substance use and introduces recovery concepts and supports.
- **Chapter 2** offers ways counselors can work with clients to identify their natural supports, coping skills, talents, and abilities.
- **Chapter 3** explores counseling approaches that can support individuals in recovery from problematic substance use.
- **Chapter 4** discusses four major domains to support recovery (health, home, purpose, and community) and related tools to support a life in recovery for those with problematic substance use.



- **Chapter 5** is for administrators, clinical supervisors, and other staff concerned with the operation of their program who wish to adopt or expand a recovery-oriented framework using counseling approaches that promote recovery from problematic substance use.
- **Chapter 6** is a compilation of useful resources for counselors supporting clients in or seeking recovery from problematic substance use.

Exhibit ES.1 defines key terms that appear throughout the TIP. A breakdown of each chapter's key concepts and messages follows thereafter.

EXHIBIT ES.1. Key Terms

- **Addiction:** Addiction to substances is a treatable, chronic medical disease involving complex interactions among brain circuits, genetics, the environment, and an individual's life experiences. People with this type of addiction use substances or engage in substance use-related behaviors that become compulsive and often continue despite harmful consequences.
- **Mutual-help programs:** Nonprofessional groups in which members share the same or similar problems, value experiential knowledge, and support one another in recovery from those problems. Mutual-help programs may be secular (e.g., Women for Sobriety, Secular Organizations for Sobriety, Self-Management and Recovery Training [SMART] Recovery®); spiritual (e.g., 12-Step programs like Alcoholics Anonymous® [AA], Narcotics Anonymous [NA®], Double Trouble in Recovery, Medication-Assisted Recovery Anonymous [MARA®]); or religious (e.g., Celebrate Recovery®, Jewish Alcoholics, Chemically Dependent Persons, and Significant Others, Millati Islami, Refuge Recovery).
- **Peer support services (PSS):** The range of services designed, developed, and delivered by peer workers who have lived experience in recovery from problematic substance use can fill a range of roles to support other people in recovery. Examples of services that peer workers provide include advocacy and linkages to recovery services, recovery coaching, recovery support groups, and educational workshops.
- **Peer worker:** In general, any person (or in the case of a family peer worker, a close friend, family member, or other loved one of an individual) with lived experience in recovery from substance use disorders (SUDs), mental disorders, or both who provides nonclinical support in establishing and maintaining long-term recovery.¹¹ The term **peer worker** encompasses peers working in professional (employed) or volunteer capacities, regardless of whether their work is tied to formal, organized treatment or recovery services. Peer workers support people in recovery, including by working with them on their recovery plans; conduct strengths-based outreach and engagement; connect people in recovery with recovery resources; facilitate and lead recovery groups; and build community, among other activities. They sometimes have such titles as recovery coach, mentor, peer provider, or similar terms. **Peer specialist** (short for peer recovery support specialist) refers specifically to peer workers with some training, including those working in a professional capacity. **Certified peer specialist** refers specifically to a certified/credentialed peer worker, including one working in a professional capacity.
- **Problematic substance use:** The use of any substance in a manner, situation, amount, or frequency that causes harm to the person using the substance or to those around them; it replaces the outdated terms "substance abuse" and "substance misuse." In the case of prescription medications, problematic use is any use other than as prescribed or directed by a healthcare professional. For some substances (e.g., heroin, cocaine) or individuals (e.g., those who engage in injection drug use), any use constitutes problematic use. Problematic substance use is a broad term and can include use that constitutes an SUD. (All people with SUDs have had problematic substance use, but not all problematic use meets diagnostic criteria for an SUD.)

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- **Recovery:** SAMHSA defines recovery as “a process of change through which individuals improve their health and wellness, live self-directed lives, and strive to reach their full potential” and acknowledges that recovery can occur via many pathways.¹² Recovery occurs when positive changes and values become part of a voluntarily adopted lifestyle.
- **Recovery capital:** The internal and external strengths and assets available to establish and maintain an individual’s recovery (e.g., access to health care, supportive relationships, work/schooling, self-esteem, safe housing).
- **Recovery-oriented system of care (ROSC):** A coordinated network of community-based, person-centered services and supports that builds on the strengths and resiliencies of individuals, families, and communities to recover and improve health, wellness, and quality of life for those who currently experience, previously experienced, or are at risk of experiencing problematic substance use.
- **Recurrence:** A recurrence of **problematic substance use** after a period of remission. Recurrences are often part of recovery; recovery does not mean an absence of recurrence. This term is preferred over **relapse**, which appears frequently in the research literature but does not reflect a person-first, recovery-oriented perspective. However, the TIP uses **relapse** on rare occasions when referring directly to the literature or to a program, service, or resource that itself uses the term.
- **Remission:** The text revision to the fifth edition of the *Diagnostic and Statistical Manual of Mental Disorders* (DSM-5-TR) defines remission as present in people who previously met SUD criteria but no longer meet any SUD criteria (with the possible exception of craving).¹³ Clients may be in early remission (not meeting any criteria for SUD for at least 3 months, but less than 12 months) or sustained remission (not meeting any criteria for SUD for 12 months or longer).¹⁴
- **Substance use disorder (SUD):** A medical illness caused by repeated, problematic use of a substance or substances. According to DSM-5-TR,¹⁵ SUDs are characterized by a cluster of cognitive, behavioral, and physical symptoms that can impair health, social function, and control over substance use. SUDs range from mild to severe. They typically develop gradually over time with repeated use, leading to changes in the brain that affect reward, stress, and executive functions like decision making and self-control. Multiple factors influence whether and how rapidly a person will develop an SUD. These factors include the substance itself; the genetic vulnerability of the person using the substance; the amount, frequency, and duration of use; and environmental and psychological variables.
- **Substance use–related problems:** The range of undesirable issues that may result from problematic substance use, including poor job performance or unemployment; troubled friend, family, or intimate partner relationships; financial difficulties; accidents; mental, physical, or behavioral problems; criminal justice involvement; child custody disputes; and homelessness. The harm these ensuing problems cause may continue beyond the period of active substance use. This term is synonymous with **substance use–related issues**, issues or problems related to substance use, and similar terms.
- **Treatment:** Time-limited, paid services delivered in clinical or acute-care settings by providers who are trained in specific treatment approaches. Often, clients must meet specific qualifications to receive treatment.



Chapter 1: Introduction to Recovery From Problematic Substance Use

Chapter 1 of this TIP introduces the concept of recovery from problematic substance use, including the principles and different pathways of recovery (Exhibit ES.2). The chapter also discusses the evolving understanding and treatment of problematic substance use, the history of the modern recovery movement, and some current recovery research.

In Chapter 1, readers will learn that:

- Recovery from problematic substance use is a process of change that may or may not have abstinence as a goal. Recovery has many pathways.
- The concept of problematic substance use has evolved from misunderstanding it as a moral failure, to thinking of it as a disease, to, increasingly, applying a biopsychosocial model that considers an individual's lived context.
- The service landscape and the workforce for addressing problematic substance use are changing, as are the entry points for treatment of problematic use.
- Peer support services have been found to support individuals with problematic substance use in initiating, strengthening, and sustaining recovery.
- Any recurrence of use may be preceded by warning signs; counselors should be aware of these signs and be prepared to adjust the support they provide.
- Individuals with problematic substance use should have access to recovery-oriented systems of care (ROSCs), in which providers of treatment, recovery support, and other services take a long-term, coordinated, and holistic approach to addressing individuals' substance use-related problems.
- Recovery-oriented counseling for problematic substance use can take place in a wide variety of settings, including

specialty SUD treatment settings. Some of these are:

- Specialty SUD treatment settings (e.g., outpatient treatment programs, intensive outpatient programs).
- Recovery settings (e.g., recovery community organizations, recovery housing, collegiate recovery programs).

EXHIBIT ES.2. Principles of Recovery

Guiding principles of recovery for people with problematic substance use were first defined on a national level by a diverse panel of stakeholders—including individuals in recovery, family members, representatives of mutual-help organizations, treatment providers, and government officials—during the 2005 National Summit on Recovery convened by SAMHSA.¹⁶ Another meeting of stakeholders in 2010, plus a yearlong national dialog, both held by SAMHSA, further developed the principles of recovery: this time from a combined mental health and substance use perspective.¹⁷

The resulting principles, listed below, underscore the importance of understanding recovery from the individual's point of view and incorporating that viewpoint into the delivery of behavioral health services, including counseling.

Principles of Recovery

- Recovery emerges from hope.
- Recovery is person driven.
- Recovery occurs via many pathways.
- Recovery is holistic.
- Recovery is supported by peers and allies.
- Recovery is supported through relationships and social networks.
- Recovery is culturally based and influenced.
- Recovery is supported by addressing trauma.
- Recovery involves individual, family, and community strengths and responsibility.
- Recovery is based on respect.

A description of each principle can be found at <https://store.samhsa.gov/product/SAMHSA-s-Working-Definition-of-Recovery/PEP12-RECDEF>.

- Mental health service settings (e.g., outpatient mental health facilities, psychiatric hospitals).
- Medical settings (e.g., primary care practices, hospital emergency departments).
- Harm reduction settings (e.g., syringe services programs).
- Educational settings (e.g., schools, alternative education settings).
- Criminal justice–related settings (e.g., treatment courts, probation and parole agencies).
- Social services settings (e.g., child welfare agencies, youth programs).
- Rehabilitation settings (e.g., private and public rehabilitation agencies, vocational rehabilitation agencies).¹⁸

Chapter 1 provides a more extensive list of settings.

Chapter 2: Framework for Supporting Recovery With Counseling

Chapter 2 of this TIP discusses how counselors can work with clients in a person-centered way to identify their natural supports, coping skills, talents, abilities, recovery goals, hopes, and dreams for the future. It also provides a framework for recovery-oriented counseling and ways that payment systems can affect the delivery of care for counselors in healthcare and behavioral health service systems.

In Chapter 2, readers will learn that:

- To provide clients with consistent and high-quality care, counselors need a common foundation of knowledge and skills, including the recovery-oriented competencies discussed in Exhibit ES.3.
- Counselors should consider sociocultural factors when working with clients with problematic substance use.

EXHIBIT ES.3. Competencies for Recovery-Oriented Counseling

The consensus panel for this TIP identified competencies for counselors working with individuals who have problematic substance use. Counselors should:

- Possess an understanding of substances, problematic substance use, and addiction treatment and recovery.
- Possess an understanding of mental conditions.
- Have a general understanding of common co-occurring medical conditions.
- Provide treatment using a trauma-informed approach.
- Understand how to establish a therapeutic alliance.
- Identify and address health disparities.
- Understand how to assess social determinants of health with individual clients.
- Use a strengths-based, person-centered approach.
- Know how to link clients to treatment and community recovery resources and actively do so.
- Adhere to professional and ethical standards.
- Engage in recovery advocacy.

Chapter 2 has more information and resources related to each of these competencies.

- Being culturally responsive, incorporating culturally appropriate knowledge and communication, and developing an awareness of treatment barriers and inequities stemming from sociocultural factors is critical. With culturally responsive approaches, clients are more likely to feel heard, empowered, and safe, which can translate into stronger engagement in treatment and recovery services.



- A strengths-based, person-centered approach is fundamental to recovery-oriented counseling, beginning with client intake and continuing throughout the duration of care. A major part of this approach is respecting clients' recovery goals, which may or may not include abstinence.
- Recurrence of problematic use does happen, but recovery-oriented counseling can help clients avoid it or return to recovery when it does occur.
- Counselors who provide recovery-oriented counseling may need to consider the ways that payment systems can affect delivery of that care as well as the potential benefits of providing counseling for people in recovery in the context of a ROSC.

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

Chapter 3 of this TIP is for counselors and discusses counseling approaches that can support people in recovery from problematic substance use. These approaches include harm reduction, trauma-informed care, motivational approaches, family therapy, cognitive-behavioral therapy, contingency management, mindfulness and acceptance-based approaches, linkages to peer and community-based support services, and psychoeducation.

In Chapter 3, readers will learn that:

- Many counseling interventions and frameworks can be effectively combined to increase the likelihood of clients maintaining their recovery, regardless of their chosen recovery pathway. Cognitive-behavioral therapy, motivational interviewing, and contingency management are among the most effective treatments for problematic substance use.
- Harm reduction is an approach designed to encourage positive change and reduce negative health-related consequences of

risky behaviors that may be associated with substance use. Several evidence-based harm reduction methods can help support a client's recovery from problematic substance use, including safer injection practices, syringe services programs, overdose education and naloxone distribution, test strips to check drugs for fentanyl, sexual health education and supports, protective behavioral strategies, and client goal-setting practices.

- Family and social support are critical to the recovery of individuals with problematic substance use. Family therapy approaches can strengthen families, improving the health and well-being of both the person in recovery and their family.
- Medications to support recovery from problematic substance use can help manage withdrawal symptoms and cravings and reduce the potential of a recurrence to use. Medication is more effective when counseling and other behavioral health therapies are included. However, counseling should not be a requirement for clients to receive medications. For those with OUD, medication is the most effective treatment and standard of care.

Although mindfulness and acceptance-based approaches have been studied less rigorously, they have been used effectively with individuals in recovery.

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

Chapter 4 discusses the four major domains to support a life in recovery: health, home, purpose, and community. The chapter also offers resources and tools for counselors to use with their clients that can support their growth in these domains.

In Chapter 4, readers will learn that:

- Living a healthy lifestyle and having an overall sense of well-being is vital for individuals in recovery to manage their lives and feel they can live to their full potential. Counselors can help clients by encouraging them to eat a nutritious diet; engage in some type of exercise; develop healthy sleeping habits; obtain medical, dental, and vision care; and receive ongoing care for any chronic disease, such as diabetes, hypertension, and HIV/hepatitis C. Clients may also need support to connect with preventive and primary care and sexual health services as well as in overcoming barriers to receiving care.
- Housing is necessary to support the long-term recovery of people with problematic substance use. It sets a foundation from which an individual in recovery can thrive. However, those with problematic substance use may face barriers to obtaining and maintaining stable housing due to discrimination, systemic disenfranchisement, or having a criminal background or poor credit history. 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 how to make and stick to a budget, how to get out of debt, and how to manage monthly bills. Counselors should also connect clients with a case manager or social worker to assist with additional housing needs.
- Developing a sense of purpose allows clients to both avoid substance use–related behaviors and engage in experiences that are enjoyable and rewarding. Counselors can support clients by offering tools so they can rewrite their personal narrative, pursue educational and employment opportunities, engage in volunteerism, and identify meaningful leisure activities.
- Relationships and social networks that provide support, friendship, love, and hope are necessary so that people in recovery can be fully engaged in the community.

Counselors can help clients develop a sense of connectedness by offering resources to learn about and connect to various community and social supports.

Chapter 5: Implementing Recovery-Oriented Counseling Programs

Chapter 5 of this TIP helps administrators, clinical supervisors, and other staff interested in adopting or expanding a recovery-oriented framework using counseling approaches to promote recovery from problematic substance use. It discusses strategies for becoming a recovery-oriented service provider, workforce development issues, and strategies for linking treatment services to community resources.

In Chapter 5, readers will learn that:

- Offering recovery-oriented care means that no single program or center acts as the sole source of treatment. Rather, an entire community, acting collaboratively, serves to bolster a client’s recovery efforts and empowers them to take full advantage of resources.
- An organization’s mission statement, policies and procedures, adoption of evidence-based and promising counseling practices, staff training, and measures of client outcomes should focus on consumers and their self-defined recovery needs and goals.
- An organization interested in becoming a member of a ROSC should be linked to other resources within the community that can provide recovery support in areas the organization cannot, or that can complement the services currently provided.
- An organization’s workforce development should be aligned with the principles of recovery-oriented care.
- Including people with lived experience in recovery from problematic substance use in an organization’s staffing and treatment



planning supports successful, sustainable implementation of recovery-oriented practices.

- The key to implementing person-centered and strengths-based care in an organization is shifting from a traditional pathology-based assessment and treatment plan (based on the counselor's expertise) to a strengths-based assessment and a recovery plan (based on the client's expertise).
- Implementing a new program or service or restructuring a program into a recovery-oriented focus will require a review and revision of existing policies and procedures.
- Organizations should continually monitor their progress and try to identify solutions to any problems they face in implementing a recovery-oriented program.

Chapter 6: Resources

Chapter 6 of this TIP provides resources for counselors, administrators, clinical supervisors, and other staff to expand their recovery-oriented work to support individuals in or seeking recovery from problematic substance use. The chapter includes resources on the following topics:

- General Resources
- Publications
- Mutual-Help Groups
- Online Boards and Chat Rooms
- Treatment Locators
- Advocacy Organizations and Resources
- Harm Reduction
- Health Equity
- Recovery-Oriented Systems of Care (ROSCs)
- Counseling Approaches
- Psychoeducation
- Trauma-Informed Care
- Recovery Housing
- Employment Support
- Education
- Health and Wellness
- Digital Recovery Support Tools
- Telehealth
- Assessment and Screening
- Peer Support Services
- Funding

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Note: The information given for participants in the TIP's development indicates their affiliations at the time of their participation and may not reflect their current affiliations.

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Each Treatment Improvement Protocol's (TIP) consensus panel is a group of primarily nonfederal clinical, research, administrative, and recovery support experts with deep knowledge of the TIP's topic. With the Substance Abuse and Mental Health Services Administration's Knowledge Application Program team, members of the consensus panel develop each TIP via a consensus-driven, collaborative process that blends evidence-based, best, and promising practices with the panel members' expertise and combined wealth of experience.

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Disclaimer

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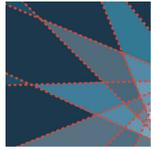
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Chapter 1—Introduction to Recovery From Problematic Substance Use

KEY MESSAGES

- Recovery-oriented counseling can occur in a wide variety of settings, not just in specialized substance use disorder (SUD) treatment settings.
- The conceptualization of problematic substance use has evolved from misunderstanding it as a moral failure, to thinking of it as a disease, to, increasingly, applying a biopsychosocial model that takes into account an individual's lived context.
- In a related shift, the SUD treatment field's traditional approach to problematic substance use—emphasizing acute, episodic, clinician-driven, siloed treatment—is beginning to give way to an approach that emphasizes longer term, person-driven, holistic, integrated recovery-oriented care.
- Recovery from problematic substance use is a process of change that may or may not include total abstinence as a goal. eRecovery has many pathways.
- Recurrence of substance use after a period of resolved problematic use does not mean that recovery has failed. It may mean that treatment or recovery approaches, or both, need adjusting.
- Recovery benefits not just individuals with substance use-related problems, but also their friends and family members, their communities and employers, and society.
- Ideally, people with problematic substance use have access to recovery-oriented systems of care, in which providers of treatment, recovery support, and other services take a long-term, coordinated, and holistic approach to addressing individuals' substance use-related problems.
- The relatively new field of recovery research has the neuroscience of recovery, nonabstinence approaches, the behavioral economics of recovery, and the role of recovery support services among its priorities.

Recovery from substance use-related problems involves a highly individualized journey toward wellness, satisfying relationships, engagement in community, and a sense of meaning and purpose. Despite setbacks that many face along the way, people can and do recover. This concept of recovery, which research and practice increasingly support, differs significantly

from one that sees recovery only in terms of total abstinence and remission of symptoms.

Providing recovery-oriented counseling means, in the most basic sense:

- Identifying and building on the strengths of a client in or seeking recovery.

- Letting the client's preferred recovery goals and pathway shape counseling work on recovery.
- Focusing more on increasing adaptive and healthy behaviors.
- Taking a supportive approach to addressing recurrence of use, should it occur.
- Connecting the client to various recovery support services and other forms of assistance and activities that can strengthen their recovery and improve their well-being and quality of life for the long term.

All these topics and more are described in depth in this Substance Abuse and Mental Health Services Administration (SAMHSA) Treatment Improvement Protocol (TIP). As background, this chapter looks briefly at the origins and treatment of problematic substance use and introduces recovery concepts and supports.

This TIP also applies to clients with problematic substance use who don't engage in specialized substance use disorder (SUD) treatment at all, but instead enter recovery through^{19,20}:

- Participating in mutual-help organizations.
- Working with peer specialists or other nonclinical recovery professionals.
- Becoming involved in recovery-oriented activities or organizations.
- Receiving mental health services.
- Participating in harm reduction services.
- Receiving nonspecialty substance use treatment at medical settings like primary care practices.
- Becoming involved in religious or spiritual activities or organizations.
- Resolving the problematic use on their own (called unassisted or natural recovery).

Individuals may use one or more of these approaches to recovery.

What Is Recovery?

This TIP follows SAMHSA in defining recovery as "a process of change through which individuals improve their health and wellness, live a self-directed life, and strive to reach their full potential."²¹ SAMHSA has set out four dimensions that support a life in recovery²²:

- **Health.** Overcoming or managing one's disease(s) or symptoms and making informed, healthy choices that support physical and emotional well-being
- **Home.** A stable and safe place to live
- **Purpose.** Meaningful daily activities and the independence, income, and resources to participate in society
- **Community.** Relationships and social networks that provide support, friendship, love, and hope



In addition to the definition and the four dimensions of recovery, SAMHSA has published 10 guiding principles that convey the essential characteristics of recovery (Exhibit 1.1). Both SAMHSA's definition and its guiding principles evolved out of a highly consultative process involving a wide variety of people in recovery and other stakeholders.²³

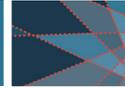


EXHIBIT 1.1. Principles of Recovery

Guiding principles of recovery for people with problematic substance use were first articulated on a national level by a diverse panel of stakeholders—including individuals in recovery, family members, representatives of mutual-help organizations, treatment providers, and government officials—during the 2005 National Summit on Recovery convened by SAMHSA.²⁴ Another meeting of stakeholders in 2010, plus a yearlong national dialog, both held by SAMHSA, further developed the principles of recovery: this time from a combined mental health and substance use perspective.²⁵

The resulting principles, listed below, underscore the importance of understanding recovery from the individual's point of view and incorporating that viewpoint into the delivery of behavioral health services, including counseling.

Principles of Recovery

- Recovery emerges from hope.
- Recovery is person driven.
- Recovery occurs via many pathways.
- Recovery is holistic.
- Recovery is supported by peers and allies.
- Recovery is supported through relationships and social networks.
- Recovery is culturally based and influenced.
- Recovery is supported by addressing trauma.
- Recovery involves individual, family, and community strengths and responsibility.
- Recovery is based on respect.

A description of each principle can be found at <https://store.samhsa.gov/product/SAMHSA-s-Working-Definition-of-Recovery/PEP12-RECDEF>.

Numerous surveys of individuals in recovery have added to the understanding of the meaning and experience of recovery. The answers reinforce the idea embedded in the SAMHSA definition that to many people, recovery encompasses more than overcoming problematic substance use itself and its symptoms. For example, the 2014 “What Is Recovery” study found that of 47 elements of recovery presented to people in recovery, 3 of the 6 elements most frequently chosen as definitely belonging in their personal definition of recovery were²⁶:

- A process of growth and development.
- Reacting to life's ups and downs in a more balanced way than I used to.
- Taking responsibility for the things I can change.

A substantial majority of respondents also saw “living a life that contributes to society, to your family, or to your betterment” and “giving back” as part of how they defined recovery.

At the same time, counselors should be sensitive to the fact that not every person who has overcome problematic substance use thinks of themselves as being in recovery. A 2018 nationally representative cross-sectional survey of people who reported having resolved a substance use problem found that 39.5 percent never identified as being in recovery and 15.4 percent considered themselves no longer in recovery.²⁷ Compared with those respondents who considered themselves in recovery, these respondents were less likely to have a history of formal SUD treatment or mutual-help participation or a substance use or mental disorder diagnosis.



Common reasons respondents gave for never or no longer identifying as being in recovery included that:

- The substance use problem was no longer an issue.
- The problem had been mild.
- They had quit without any or much assistance.
- They continued to use substances in a nonproblematic way.

The study authors suggested that people with past problematic use who don't consider themselves in recovery might respond better to terms like "problem resolution" in clinical situations.²⁸

Information about recovery goals and pathways appears later in this chapter. Chapter 2 discusses the important concept of recovery capital, briefly defined as the internal and external resources available to establish and maintain an individual's recovery.

Settings for Recovery-Oriented Counseling

Recovery-oriented counseling for problematic substance use can take place in a wide variety of settings, including in specialty SUD treatment settings. Given the prevalence of problematic use in the general population, and especially among people receiving mental health services, counselors outside of specialty SUD treatment settings likely have clients at risk for or with past or active problematic use who would benefit from recovery-oriented counseling.²⁹

The list for each setting category below is not exhaustive.

Specialty SUD treatment settings³⁰:

- Outpatient treatment programs
- Intensive outpatient programs

- Partial hospitalization programs
- Residential treatment programs
- Inpatient hospital programs
- Opioid treatment programs
- Office-based opioid treatment

Recovery settings (the "Key Terms" in the Executive Summary and the "Recovery Support Services" subsection in this chapter describe several of these settings):

- Recovery housing
- Collegiate recovery programs
- Recovery community organizations (RCOs)
- Recovery community centers (RCCs)

Mental health service settings³¹:

- Outpatient mental health facilities
- Community mental health centers
- General hospitals with a separate psychiatric unit
- Hospitals with psychiatric consultation services
- Psychiatric hospitals
- Residential treatment centers
- Private practices

Medical settings:

- Primary care practices
- Hospital emergency departments (EDs), regular inpatient units, intensive care units, and transplant units
- Skilled nursing facilities
- Obstetrics and gynecology practices
- Infectious disease clinics

Harm reduction settings:

- Syringe services programs
- Opioid education and naloxone distribution program sites
- Street-based counseling

Educational settings:

- Schools
- Alternative education settings³²
- Colleges
- Graduate schools

Criminal justice–related settings³³:

- Treatment courts
- Probation and parole agencies
- Prisons and jails

Social services settings³⁴:

- Child welfare agencies
- Youth programs
- Shelters

Rehabilitation settings³⁵:

- Private rehabilitation agencies
- Public rehabilitation agencies
- Vocational rehabilitation agencies

Scope of Practice for Providing Counseling

A scope of practice (SOP) sets out the services and activities that a state or territory permits a licensed or certified professional to perform—including, for behavioral health service professionals, diagnosis, assessment, and treatment. SOPs for counselors vary widely by profession and state.^{36,37}

A particular license or certification may limit a counselor’s ability to provide substance use–related counseling to any given client and obtain reimbursement for any such counseling. One place to start looking into reimbursement is the state public health department. Links are at <https://www.cdc.gov/publichealthgateway/healthdirectories/healthdepartments.html>. A counselor is responsible for determining (in conjunction

with their clinical supervisor, if applicable) the exact nature and scope of the recovery-oriented counseling services that they may provide in accordance with state laws, their profession’s ethical requirements for competence, and their employer’s policies and procedures.

PEER SPECIALISTS SUPPORTING RECOVERY FROM PROBLEMATIC SUBSTANCE USE

Peer specialists are an important audience for this TIP, but they have different roles, training, perspectives, and qualifications than counselors. Unlike counselors, peer specialists don’t perform clinical work. They don’t diagnose, assess, or treat behavioral health conditions, and they don’t use clinical language. Instead, peer specialists draw on their lived experience with recovery, plus special training, to provide nondirective recovery support to individuals with active or past problematic use. This recovery support can take many forms and can occur at any point in the recovery process. Typical peer specialist activities range from engaging in street outreach, to providing opioid education and naloxone distribution, to leading life skills–building groups at SUD treatment programs, to checking in with people in long-term recovery.^{38,39}

More information on the peer workforce is in the “Increasing Use of PSS” section later in this chapter. Information on how peer work can complement and reinforce counseling is in the “Linkages to Peer- and Community-Based Support Services” section in Chapter 3. (Counselors may also work with mental health peer specialists, but this TIP doesn’t cover that segment of the peer workforce.) SAMHSA’s TIP 64, *Incorporating Peer Support Into Substance Use Disorder Treatment Services* (<https://store.samhsa.gov/product/tip-64-incorporating-peer-support-substance-use-disorder-treatment-services/pep23-02-01-001>) also contains useful information.



Problematic Substance Use: Background and Evolving Explanations and Services for It

The prevalence of problematic substance use remains a major public health and social concern in the United States. SAMHSA's most recent National Survey on Drug Use and Health (NSDUH) found that in 2021, 46.3 million people had an SUD in the past year.⁴⁰ Although alcohol use disorder (AUD) was the most common SUD, much of the concern about problematic substance use continues to focus on the opioid epidemic. An estimated 5.6 million people had past-year opioid use disorder (OUD) in 2021.⁴¹

The opioid epidemic also continues to drive increases in drug overdose deaths. Of the estimated 107,622 drug overdose deaths that occurred in the United States in 2021, an estimated 80,816 involved opioids. The total number of drug overdose deaths represents a nearly 15-percent increase from 2020, which saw an estimated 93,655 drug overdose deaths, of which 70,029 were from opioids.⁴²

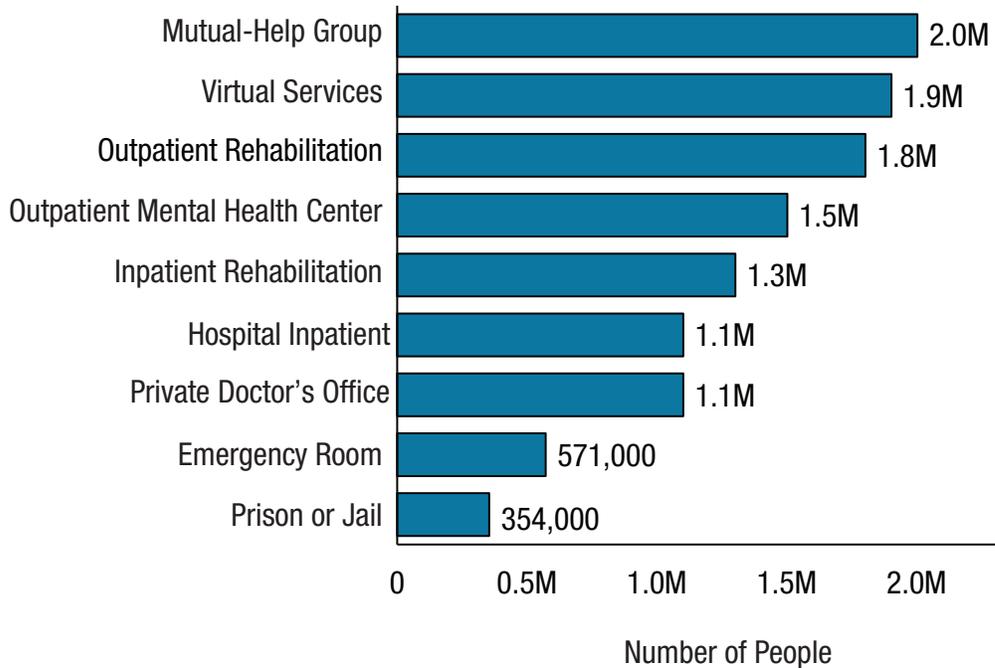
The number of overdose deaths from the stimulants cocaine and methamphetamine also increased in 2021 compared with 2020,⁴³ part of an overall pattern of rising stimulant-involved overdose deaths over the past 20 years.⁴⁴ Co-occurring use of stimulants and opioids is believed to be a major driver of this increase in stimulant-involved overdose mortality.⁴⁵ Some of this co-occurring use is intentional—for example, to balance the effects of the drugs—but some happens unintentionally, such as through the consumption of a stimulant adulterated with fentanyl.⁴⁶

The disturbing numbers on current SUDs and drug overdose deaths need to be set against the encouraging statistics on recovery. Using 2018 NSDUH data, a 2020 study on recovery status found that of the 11.1 percent of U.S. adults who reported having ever had a substance use problem, 74.8 percent (or approximately 20.6 million adults) also reported being in recovery.⁴⁷ And a 2019 cross-sectional study looking at the number of serious quit attempts needed to resolve a significant substance use problem found that the median was 2—a surprisingly low number, as the authors noted (although they further noted that certain subgroups of people made substantially more attempts).⁴⁸

Selected Treatment Statistics

SAMHSA's National Substance Use and Mental Health Services Survey for 2021 found that 18,615 facilities provided substance use treatment.⁴⁹ (This figure does not capture some of the settings where people receive substance use treatment, such as prisons, jails, and certain solo practices.)

SAMHSA's 2021 NSDUH looked at the **types** of locations where people received SUD treatment (Exhibit 1.2). The survey results don't indicate effectiveness of treatment but do show which types of treatment are most frequently used. Outpatient treatment predominates. (Note that the exhibit includes participation in mutual-help groups as substance use treatment, which this TIP does not.)

EXHIBIT 1.2. Locations for Substance Use Treatment in 2021**Where SUD Treatment in the Past Year Was Received:
Among People Age 12 or Older; 2021**

Note: Locations where people received substance use treatment are not mutually exclusive because respondents could report that they received treatment in more than one location in the past year.

Source: Adapted from material in the public domain.⁵⁰

Note: NSDUH includes mutual-help participation as SUD treatment; this TIP does not.



TWO COMMON LEVEL-OF-CARE FRAMEWORKS

Numerous frameworks exist for assessing the level of care (LOC) appropriate for someone with or at risk for problematic substance use. *The ASAM Criteria*[®] and the Level of Care Utilization System (LOCUS) offer two of the most commonly used frameworks.

The ASAM Criteria[®]. The American Society of Addiction Medicine (ASAM) framework for clinicians provides a multidimensional assessment to determine the most suitable SUD treatment LOC. The assessment has six dimensions⁵¹:

- Acute intoxication and/or withdrawal potential
- Biomedical conditions and complications
- Emotional, behavioral, and cognitive conditions and complications
- Readiness to change
- Relapse, continued use, or continued problem potential
- Recovering/living environment

The ASAM Criteria's LOCs range from Level .5, Early Intervention, to Level 4, Medically Managed Intensive Inpatient Services.⁵² *The ASAM Criteria*[®] *Assessment Interview Guide* is freely available on the ASAM website at <https://www.asam.org/asam-criteria/criteria-intake-assessment-form>. A diagram of the ASAM LOCs and more information on them can be found at <https://attcnetwork.org/centers/attc-network-coordinating-office/attc-messenger-using-asam-criteriar-modernize-and-maximize>.

Note: *The ASAM Criteria*[®] is proprietary. (The fourth edition of *The ASAM Criteria*[®] was under development at the time of this TIP's publication.)

LOCUS. Developed by the American Association for Community Psychiatry, the LOCUS assessment for treatment of SUD or mental illness focuses on six dimensions⁵³:

- Risk of harm
- Functional status
- Medical, addictive, and psychiatric comorbidity
- Recovery environment (stress and support in the environment)
- Treatment and recovery history
- Engagement and recovery status

A score is generated to identify an individual's needs and an LOC recommendation.⁵⁴ The tool was designed for collaborative use by clinicians, service users, and others.⁵⁵

The LOCUS LOC framework has seven levels ranging from Level 0, Basic Community-Based Crisis and Prevention Services, to Level 6, Medically Managed Residential Services. The LOCUS includes a recovery-focused LOC: Level 1, Recovery Maintenance and Health Management. More information on the LOCUS can be found at <https://www.communitypsychiatry.org/keystone-programs/locus>.

Note: LOCUS is proprietary.

Selected Recovery Support and Harm Reduction Statistics

Many people with SUDs or other problematic substance use achieve recovery using other avenues alone—or in addition to—formal treatment, or use harm reduction techniques to lessen the consequences of problematic use.

Selected Recovery Support Statistics

A 2017 study on recovery prevalence and pathways found that two of the most used pathways by people in recovery involved mutual-help organizations, such as Alcoholics Anonymous[®] (45.1 percent of respondents), and recovery support entities, such as recovery housing and RCOs (21.8 percent of respondents).⁵⁶

A 2021 study provided data on the recovery support services most requested at intake by participants in 20 RCOs across the United States. The most frequently requested services were direct peer support services (PSS; 79.0 percent of all participants), mutual-help meetings (51.1 percent), resource referral (49.8 percent), prosocial events (36.2 percent), and harm reduction services (24.4 percent). (RCO participants could request more than one type of service at intake.⁵⁷)

Selected Harm Reduction Statistics

A key statistic on harm reduction techniques is the number of syringe services programs (SSPs) in the country—now around 500.⁵⁸ These programs “can provide a range of services, including access to and disposal of sterile syringes and injection equipment, vaccination, testing, ... linkage to infectious disease care and substance use treatment,”⁵⁹ fentanyl testing strips,⁶⁰ and naloxone (opioid overdose reversal medication).

A 2021 study on the use of fentanyl test strips by SSP participants to rapidly test drugs for the presence of fentanyl and certain fentanyl-like substances found high utilization (70 percent at one site, 77 percent at the other) and, following utilization, adoption of risk reduction behaviors among some respondents (23 percent of respondents at one site, 69 percent at the other).⁶¹

Evolving Views of Problematic Substance Use

Changing Models for Explaining Problematic Use

For much of the 20th century, many in the addiction field viewed problematic substance use as primarily or entirely due to moral failure or weakness of character. This moral model holds the individual solely and consciously responsible for developing as well as continuing problematic use. Much of the stigma that still surrounds problematic substance use stems from this idea of moral failure.⁶²

The widespread acceptance of the moral model by the general public and treatment professionals, and the associated stigmatizing attitudes, discouraged many people with problematic substance use from seeking treatment or other paths to recovery.⁶³ And much of the treatment predicated on the moral model wasn’t effective or evidence based.⁶⁴

More addiction experts began promoting a chronic disease model of problematic substance use during the second half of the 20th century, in part to counteract the harmful practical effects of the moral model. If conceptualized as a chronic disease, then problematic substance use lends itself to scientifically based clinical interventions that merit insurance coverage and government funding. In recent decades, researchers have homed in on substances’ harmful effects on the structures and processes of the brain in particular to explain the chronic and recurring nature of problematic use.^{65,66}

The chronic disease model, including the brain disease model, has been criticized from several directions. For example, different critics argue that it⁶⁷:

- Can lead an individual with problematic use to feel hopeless about the possibility of recovery.
- Fails to take into account the factors in an individual’s environment and experience that can underlie problematic use, such as poverty or trauma.
- Doesn’t explain why most people who drink alcohol don’t develop AUD, or why most people who develop problematic alcohol use resolve it over time, often without treatment.^{68,69}
- Overlooks research showing that use of substances is sensitive to their price and availability and to the attractiveness and availability of other activities and commodities.⁷⁰



Some addiction researchers now apply a multifactorial approach to facilitate understanding of problematic substance use and recovery from it. This model looks at the interplay of biological, psychological, social, and environmental factors to explain the origins of problematic substance use (the biopsychosocial concept).^{71,72,73,74} The same approach has been applied to schizophrenia and chronic pain, for example.^{75,76,77}

The biological component largely involves the role of genetics and epigenetics in predisposing people to develop problematic use.⁷⁸ A wide range of psychosocial factors seem to put people at higher risk for problematic use, including:

- Certain personality traits, such as impulsivity and low agreeableness.^{79,80}
- Mental disorders.⁸¹
- Pain.
- Positive outcome expectancies (perceptions that substance use will have beneficial or otherwise desirable effects).⁸²
- Having parents whose attitudes and behavior endorse substance use.
- Belonging to a peer group that uses substances.
- Having a spouse or intimate partner who uses substances.^{83,84}

Environmental factors range from the availability of substances to the level of neighborhood disorganization, which encompasses aspects like high crime rates, residential instability (frequent moves by households), and deteriorating buildings, streets, and public spaces.^{85,86}

A 2018 systematic review of SUD treatment providers' opinions about different models suggests that many providers also endorse a combination of models, although belief in the moral model persists alongside acceptance of the disease model and biological, psychological, social, and environmental explanations.⁸⁷

Neurological, Genetic, and Epigenetic Bases for Problematic Substance Use

It has taken decades of research to begin to develop a clear picture of the complex biological underpinnings of problematic substance use, let alone to use this picture to inform treatment. Fruitful areas of research include:

- The neurological characteristics that may predispose people to problematic use.
- The ways problematic substance use changes the brain.
- The genetic markers associated with an inborn vulnerability to certain SUDs.
- The role of epigenetics, where environmental factors can switch gene expression "on" or "off" without changing the underlying DNA.

This evolving body of knowledge can point to new pathways for prevention, diagnosis, and personalized treatments that take each person's neurological and genetic characteristics into account.

Neurological

Research has made it increasingly clear that substances change the way the brain works, and that some people's brains are naturally more vulnerable to problematic substance use.⁸⁸ An increased understanding of these mechanisms has generated, and continues to generate, more effective evidence-based treatment options.

All addictive substances cause increases in the release of the neurotransmitter dopamine, activating the reward centers of the brain.⁸⁹ Problematic use can be thought of as a repeating cycle with three stages, each associated with a specific brain region⁹⁰:

- **Binge/intoxication** (associated with the basal ganglia), the stage at which a person consumes an intoxicating substance and experiences its rewarding or pleasurable effects

- **Withdrawal/negative affect** (associated with the extended amygdala), the stage at which a person experiences a negative emotional state in the absence of the substance, and ordinary rewards lose their power
- **Preoccupation/anticipation** (associated with the prefrontal cortex), the stage at which one craves substances again after a period of abstinence

THE MODERN RECOVERY MOVEMENT: A BRIEF HISTORY

Since the late 20th century, people in recovery from substance use–related problems have participated in and provided leadership to a growing nationwide recovery movement. The movement advocates for and organizes communities of recovery and has created diverse support approaches and institutions tailored to meet specific community and individual needs. (Note that American Indians and Alaska Natives have a long history of recovery movements.)⁹¹

The modern-day recovery movement can trace its origins in part to the many secular and religious mutual-help groups formed in the 19th century to address addiction. Although these efforts subsided in the early 20th century, following the establishment of alcohol and drug prohibition movements, they set the stage for the rise of Alcoholics Anonymous®, related 12-Step programs for other substances, and religious and secular alternatives to 12-Step organizations. These organizations provided a model for grassroots, person-driven, mutually supportive approaches to overcoming substance use–related problems.⁹²

Today’s recovery movement also developed in reaction to certain aspects of the new professional SUD treatment system that came into being during the mid-20th century. These aspects include the treatment system’s typical⁹³:

- Focus on individuals in treatment, rather than the individuals plus their family members and community.
- Delivery of episodic treatment ending with discharge, without provision for ongoing support.
- Reliance on professionals as the decision makers, often excluding the individuals in treatment.
- Emphasis on fixing people’s problems instead of building their strengths.

Other drivers of the recovery movement included the criminalization of addiction and ongoing stigmatization of people with substance use–related problems.

In response, the 1990s saw new grassroots entities called recovery community organizations spring up around the country to enable people in recovery, and their families and allies, to come together to engage in recovery advocacy and to support each other in their recovery journeys. A national recovery summit convened in St. Paul, Minnesota, in 2001 brought together representatives of these organizations and national recovery advocacy organizations, who forged what became a national movement to elevate recovery as a focus of treatment, research, public awareness, and institution building. The summit also saw the launch of a new organization, Faces & Voices of Recovery, to represent the RCOs and people in recovery generally.⁹⁴

SAMHSA provided significant support to the developing movement by helping fund RCOs and the 2001 summit. In 2005, SAMHSA convened the National Summit on Recovery to reach consensus on the guiding principles of recovery (Exhibit 1.1) and elements of recovery-oriented systems of care (ROSCs). ROSCs are discussed in detail at the end of this chapter. The summit had as its overarching goal promoting better integration of recovery into policy, services, and systems of care for people in or seeking recovery.⁹⁵

New institutions—such as RCCs, recovery cafés, and collegiate recovery programs, described elsewhere in this TIP, especially Chapter 4—have come out of the recovery movement, as has a new type of service for people in or seeking recovery: PSS. The movement has become even more inclusive of families and different cultural approaches, and it focuses on developing systems of care and communities that support recovery.



INSIGHTS FROM BRAIN IMAGING

Functional magnetic resonance imaging, which measures changes in blood flow in the brain to show how it behaves in response to certain stimuli, offers many new insights about the action of substances on the brain, the effects of stress, variations in resilience and resistance to problematic substance use, and the neurobiology of craving. The results of some recent studies are described below:

- Brain activity was measured in 162 individuals, in the presence of stimulant drugs and with known levels of familial risk for SUD and/or previous drug use. The imaging studies showed that the likelihood of developing addiction, whether due to familial vulnerability or drug use, was associated with fewer connections in orbitofrontal and ventromedial prefrontal cortical-striatal circuits—pathways critical to goal-directed decision making. Resilience against SUD, on the other hand, was associated with more connections in two networks: the lateral prefrontal cortex and medial caudate nucleus, and the supplementary motor area, superior medial frontal cortex, and putamen—brain circuits involved, respectively, in top-down inhibitory control and habit regulation.⁹⁶
- A review of more than 40 imaging studies on individuals using various substances, including alcohol, cocaine, opioids, and cannabis, found fundamental differences between individuals who sustained abstinence and individuals who had recurrences. Participants who had recurrences showed greater activation to drug-related cues and rewards, but reduced activation to non-drug-related cues and rewards in multiple brain regions as well as weakened functional connectivity in the same regions and reduced gray and white matter volume and connectivity in prefrontal regions. The authors suggested that such findings might be used to predict which individuals are at greatest risk of recurrence, and to support them with extra treatment and attention.⁹⁷
- A meta-analysis of 99 imaging studies encompassing alcohol, cocaine, cannabis, and nicotine looked at the differences in brain activity associated with using each substance. Alcohol use altered the frontal regions of the brain more than the other substances did and was associated with impaired cognitive flexibility and attention. Cannabis use also showed more frontal alterations compared with cocaine, which showed greater dysregulation in the brain's reward circuits.⁹⁸

Genetic

The ability to identify individual genes and study their function has transformed the understanding of the relationship between “nature” and “nurture.”

It's long been recognized that the risk of developing an SUD can run in the family. Although estimates vary on how much of the risk is inherited, they average around 50 percent, and can be higher or lower depending on the substance in question. For AUD, estimates of heritability go as high as 64 percent; for cocaine use disorder, they are between 40 and 80 percent;⁹⁹ and for cannabis, they are between 51 and 74 percent.¹⁰⁰ Particularly useful for this type of research are studies of identical twins who have been adopted into different families, and thus offer an opportunity to study nature and nurture separately.¹⁰¹

Initially, the effort to find genetic associations with SUDs focused on identifying individual “candidate” genes. Although 99.9 percent of genetic material is the same in everyone, 0.1 percent represents millions of tiny variations.¹⁰² These variations are called single nucleotide polymorphisms (SNPs), and they may or may not manifest themselves in individuals' appearance, abilities, health, and susceptibility or resistance to SUDs.¹⁰³

Many researchers have looked for SNPs that can be associated with SUDs. They've discovered a few promising leads: one SNP that correlates with cocaine dependence,¹⁰⁴ and several that are associated with cannabis use.¹⁰⁵ Most often, researchers look at, or near, genes that are already known to be associated with dopamine or other neurotransmitters involved in the cycle of addiction.

A GWAS FOR CANNABIS¹⁰⁶

A landmark GWAS conducted in 2019 by an international consortium of researchers found an association between cannabis use disorder (CUD) and variants of gene *CHRNA2* located on chromosome 8. The variants associated with CUD were also associated with decreased cognitive performance and increased risk of schizophrenia and attention deficit hyperactivity disorder. The study authors speculated that these multiple associations might explain why people with schizophrenia use cannabis at relatively high rates. The authors further speculated that the frequently observed relationship between poor educational performance and CUD might be due to genetic risk factors that occur together, rather than the disorder itself.

Although these discoveries are important, there's more to the story. The key to understanding SUDs and many other medical puzzles will likely be not one gene but many, each of which makes a small contribution to the relative risk of developing a condition, or the ability to resist developing it. The advent of "big data"—genomic databases that also include detailed information on the owners of the DNA—has enabled genome-wide association studies (GWAS)¹⁰⁷ that attempt to make these complex connections. Researchers can study which widely scattered genes contribute to substance use and the patterns of polysubstance use, and possible explanations for the observed linkages between SUDs and mental disorders like depression and schizophrenia.

Ultimately, studying the genome may point to better ways to prevent problematic substance use by helping people learn whether they are particularly vulnerable to it.

Epigenetic

Epigenetics is the study of factors that can change gene activity without changing the DNA sequence. "Epi-" means "on" or "above" in Greek. Epigenetic changes are changes to DNA that determine whether gene expression

is turned on or off. Within the DNA in a cell (i.e., the genome), all of the modifications that regulate the activity, or expression, of the genes are collectively known as the epigenome.¹⁰⁸

There are several types of epigenetic modification. Two common ones are DNA methylation (the attachment of small chemical groups called "methyl groups" that can "silence" a gene) and histone modification, a change in the structural protein that gives chromosomes their shape. This modification, also caused by the addition or removal of small chemical groups, determines how tightly the DNA is wrapped around histones, which affects whether gene expression is turned on or off.¹⁰⁹ For example, studies of rats have shown that exposure to cocaine, either acute or chronic, causes histone modifications in the nucleus accumbens, a key brain region that mediates reward and satisfaction.¹¹⁰ Exposure to addicting substances has been shown to alter how this region functions, increasing its sensitivity to a given substance and decreasing its sensitivity to other types of rewards.¹¹¹

GWAS, discussed above, have identified several gene variants linked with SUDs, but even added all together, they don't account for all of the observed heritability of these disorders. Some research suggests that environmental stressors bring about epigenetic modifications that can be inherited by the next generation. For example, children of female survivors of the Holocaust have shown increased vulnerability to posttraumatic stress and other mental disorders.¹¹² Although epigenetic changes don't alter the underlying DNA, they are both stable and heritable. This mechanism is thought to be one way that parents pass on to their children a predisposition toward problematic substance use, which they in turn can pass on to their own children. It's unknown whether such heritability can affect multiple generations.¹¹³



However, epigenetic modifications are also dynamic; it may be possible to reverse them, even if the person has inherited them. This biological flexibility has implications for SUD-related epigenetic changes, either inherited or caused by a current SUD episode.¹¹⁴

Socioenvironmental Influences on Vulnerability to Problematic Substance Use

Trauma and Problematic Substance Use

SAMHSA defines trauma through the three Es: **events**, the **experience** of those events, and the long-lasting adverse **effects** of the event.^{115,116} Events include the actual or threat of physical or psychological harm and may occur as a single event or repeatedly over time. How a person experiences these events determines whether it is considered traumatic. The long-lasting adverse effects of an event can occur immediately or be delayed.¹¹⁷ Thus, individual trauma is a result of an event or series of events that is physically or emotionally harmful, or life threatening, and that has lasting adverse effects on a person's mental, physical, social, emotional, or spiritual well-being.¹¹⁸ Trauma that affects communities, known as community trauma, includes a range of violence and atrocities that erode the sense of safety within a given community.¹¹⁹ This type of trauma can also result from attempts to dismantle systemic cultural practices, resources, and identities.¹²⁰

People experience trauma in different ways and may experience multiple traumatic events.

Trauma can occur in three forms¹²¹:

- Acute trauma, referring to one incident of trauma that is relatively short in duration.
- Chronic trauma, which includes repeated and prolonged trauma.
- Complex trauma, or prolonged and repeated trauma that is invasive or interpersonal in nature.

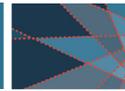
More information about the definition of trauma can be found at <https://store.samhsa.gov/sites/default/files/d7/priv/sma14-4884.pdf>.

Physically or emotionally harmful or life-threatening experiences (e.g., sexual assault, exposure to gun violence), can lead to trauma that causes lasting adverse effects on a person's mental, physical, social, and emotional well-being.^{122,123,124}

Evidence suggests a strong connection between the experience of trauma and problematic substance use.¹²⁵ Clients with a history of problematic substance use may also have a history of trauma that is connected to this use, even though they may not be able to recall aspects of their trauma. Chapter 3 provides guidance about trauma-informed care approaches that can help guide work with these clients. The following sections summarize some of the types of trauma that may affect clients.

Adverse childhood experiences (ACEs) and problematic substance use. ACEs include traumatic events that occur during childhood, such as physical or emotional abuse, or parental neglect.^{126,127} Stress from ACEs can affect brain development, resulting in long-term negative health and emotional consequences for the person, such as problematic substance use, including SUD.^{128,129,130}

Many studies have linked ACEs to problematic substance use later in life.^{131,132,133,134,135,136} For example, experiencing childhood trauma, including emotional maltreatment, physical maltreatment, and sexual abuse, increases the risk of problematic substance use.¹³⁷ One study identified a history of ACEs among more than 70 percent of adolescents with problematic opioid use.¹³⁸ Clients with a history of ACEs benefit from trauma-informed and culturally sensitive approaches.¹³⁹



RESOURCE ALERT: SCREENING FOR ACES AND TRAUMA

A discussion of when and how to screen for ACEs and trauma is in the technical assistance tool *Screening for Adverse Childhood Experiences and Trauma*, published by the nonprofit Center for Health Care Strategies and available via <https://www.chcs.org/resource/screening-for-adverse-childhood-experiences-and-trauma/>. The publication includes a widely used and validated questionnaire for measuring the impact of child abuse and neglect on health and well-being.

Historical, intergenerational, and racial trauma and problematic substance use.

Clients may have also experienced historical, intergenerational, or racial trauma. Historical trauma refers to traumatic experiences or events shared by historically oppressed groups. Intergenerational trauma passes down from those who directly experience the trauma to subsequent generations. Intergenerational trauma can occur as a result of historical or racial trauma.¹⁴⁰ Racial trauma results from exposure to racism, racial bias, and discrimination. People who experience these forms of trauma may be more likely to have problematic substance use:

- **Historical trauma.** Historical trauma affects members of different population groups. For example, studies of American Indian and Alaska Native (AI/AN) individuals have found that greater frequency of thoughts about historical trauma (such as that resulting from removal from their traditional lands and forced assimilation) is associated with substance use.¹⁴¹ In the case of Black individuals, historical (and intergenerational) trauma is especially associated with the experience of slavery and segregation.^{142,143,144} Historical trauma, along with unresolved grief from this historical trauma and continued discrimination, affects mental health, which can result in greater problematic substance use.¹⁴⁵

- **Intergenerational trauma.** One mechanism by which intergenerational trauma is thought to occur is through parents affected by their own childhood trauma, transmitting this trauma to their children via parenting behaviors and attachment difficulties.¹⁴⁶ It should be noted that most research on this aspect of intergenerational trauma has looked at maternal parenting.^{147,148} Problematic substance use is a parental behavior that can contribute to childhood trauma and subsequent substance use,^{149,150} which risk, in turn, being transmitted in a cycle of intergenerational trauma.¹⁵¹
- **Racial trauma.** People who experience racial discrimination and oppression may be more likely to have problematic substance use.^{152,153} People experiencing racism and trauma may be more likely to have problematic substance use and face barriers to recovery.¹⁵⁴ Research has also shown that racial microaggressions, subtle and more frequent racist interactions, are associated with problematic substance use.¹⁵⁵

RESOURCE ALERT: SAMHSA TIP ON BEHAVIORAL HEALTH SERVICES FOR AI/AN

SAMHSA's TIP 61, *Behavioral Health Services for American Indians and Alaska Natives*, provides behavioral health professionals with background on Native American history, historical trauma, and cultural perspectives to inform work with Native American clients. The TIP discusses the demographics, social challenges, and behavioral health concerns of Native Americans. It highlights the importance of providers' cultural responsiveness and culture-specific knowledge.

The document can be accessed at <https://store.samhsa.gov/product/TIP-61-Behavioral-Health-Services-For-American-Indians-and-Alaska-Natives/SMA18-5070>.



Awareness of historical, racial, and intergenerational trauma, along with training to deepen understanding of these types of trauma, can help counselors support affected clients in a culturally sensitive manner and avoid retraumatizing them. Using a “culture broker” (someone of the same culture as the client) as an intermediary can prove beneficial in this regard.^{156,157}

Sexual orientation, gender identity, and trauma. Research indicates that individuals who identify as lesbian, gay, bisexual, transgender, queer or questioning, and intersex (LGBTQI+) report exposure to trauma, such as ACEs, more frequently than cisgender (individuals whose gender identities, expressions, and roles align with the sex assigned to them at birth and the culturally established categories of gender) and heterosexual individuals.¹⁵⁸ Emotional abuse and neglect are commonly reported among this population.¹⁵⁹

Individuals identifying as LGBTQI+ are also more likely to be exposed to minority stress, or stress related to stigma, discrimination, and oppression that they experience due to their nonheterosexual relationships and nonbinary identities.^{160,161} Exposure to minority stress and trauma have been shown to negatively affect health outcomes and coping behaviors, including substance use.¹⁶²

RESOURCE ALERT: SAMHSA RESOURCES ON LGBTQI+ POPULATIONS

For more resources and information about LGBTQI+ populations, including national survey reports, agency and federal initiatives, and related behavioral health resources, visit <https://www.samhsa.gov/behavioral-health-equity/lgbtqi>.

Epigenetics and trauma. The connection between trauma and epigenetics is an important area of ongoing research. Studies suggest that trauma passes down from generation to generation through epigenetic mechanisms (epigenetics is discussed in the previous section).^{163,164,165} Examples include studies of parental stress and changes in the epigenetics of offspring,¹⁶⁶ and the impact of childhood trauma on epigenetics. Researchers continue to explore the connection between trauma and changes to how genes work.¹⁶⁷

Intimate partner violence (IPV) and problematic substance use. IPV, or abuse that occurs within a romantic relationship, is a significant public health issue.¹⁶⁸ IPV affects millions of people each year.¹⁶⁹ In fact, one in three women has experienced lifetime physical or sexual violence or stalking by a partner or ex-partner.¹⁷⁰ Research shows that LGBTQ individuals disproportionately experience higher rates of IPV than their cisgender heterosexual counterparts.^{171,172} LGBTQ individuals who have experienced IPV also have higher rates of substance use.¹⁷³ Additionally, studies indicate that problematic substance use is common among both perpetrators and victims of IPV.¹⁷⁴

Individuals who have experienced IPV may initiate substance use as a mechanism to cope with the fear or violence or with conflict in the relationship. Problematic substance use may also result from either partner in the relationship having a co-occurring mental disorder.¹⁷⁵ Perpetrators of violence may use substances as an “excuse” for aggression toward the victim.¹⁷⁶

IPV may also be accompanied by substance use coercion, which includes such tactics as forcing a partner to use substances or to use more than they want; controlling or interfering with a partner’s SUD treatment; or undermining a partner’s recovery.¹⁷⁷ A voluntary survey conducted with 3,056 people who experienced domestic violence (or violence occurring between any two

people in a household) and who called the National Domestic Violence Hotline during a 6-week period in 2012 found that 801 reported being pressured or forced by the partner who was abusive to use substances or to use more than they wanted. And of the 306 survey respondents who had tried to get help for substance use “in the last few years,” 181 said that the person who was abusive had interfered with their getting help.¹⁷⁸

The Social Determinants of Health and Problematic Substance Use

The social determinants of health (SDOH) are conditions that affect a range of health and quality-of-life outcomes.¹⁷⁹ Counselors need to recognize and understand the connection between SDOH and problematic substance use to fully support clients in their recovery journey.¹⁸⁰ Chapter 2 has tools to assess SDOH.

The Department of Health and Human Services’ (HHS) Office of Disease Prevention and Health Promotion groups SDOH into the following five domains¹⁸¹:

- **Healthcare access and quality:** People lacking access to health care may be unable to receive the care they need and may forgo needed preventive care or treatment for illnesses.
- **Education access and quality:** People with higher levels of education are more likely to live healthier lives because of their ability to obtain safe, high-paying jobs. People with less education and poorer quality of education have fewer employment opportunities and are more likely to face health problems, such as heart disease, diabetes, and depression.^{182,183}
- **Social and community context:** Relationships and interactions with family and friends and strong ties with the community can help support health and well-being. Conversely, experiencing interactions involving racism or discrimination can negatively affect health.¹⁸⁴
- **Economic stability:** A close link exists between access to financial resources and health and well-being. People living in poverty or with financial instability have poorer health. Without access to income, people may be more likely to forgo needed health care or be unable to pay for food or housing.
- **Neighborhood and built environment:** Neighborhood and the built environment encompasses safety, housing quality, access to transportation and healthy food, and environmental conditions, such as water and air quality. These factors can directly affect health. For example, people who live, work, or go to school in neighborhoods with high rates of violence or unsafe air or water may have poorer health.

A person facing challenging SDOH is more likely to develop problematic substance use.^{185,186} These same unfavorable SDOH may also affect a person’s recovery.¹⁸⁷ The following sections provide more information about SDOH and their connection with problematic substance use.

Economic stability and problematic substance use. Studies indicate that economic instability—including financial hardship, poverty, unemployment, and housing instability—is closely tied to problematic substance use.^{188,189} For example, a 1-percentage-point increase in the county unemployment rate predicts a 7.0-percent increase in the opioid overdose ED visit rate and a 3.6-percent increase in the opioid death rate.¹⁹⁰ And annual SUD treatment admissions go up when state unemployment rates go up.¹⁹¹

Looking at housing status, homelessness is associated with an increased risk of substance use, SUD symptoms and diagnoses, and overdose mortality.¹⁹² Renting, compared with owning a home, is associated with an increased risk of fatal opioid overdose.¹⁹³ Researchers studying the effects of residential mobility on drug



involvement among young adults found that frequent moves or changes of residence were linked to a greater likelihood of receipt of drug offers, drug use, drug selling, and drug-related arrest, particularly for young women.¹⁹⁴

A 2020 study discusses the economic challenges that people who use both opioids and methamphetamine face on top of the health challenges of such use. Compared with people who use opioids only, people who use both opioids and methamphetamine (or methamphetamine only) are more likely to be unstably housed and to fall below the federal poverty line.¹⁹⁵

Social and community context and problematic substance use. Weaker family and social connections may be a risk factor for problematic substance use.¹⁹⁶ Also, exposure to substance use by family members, or permissive substance use by family members, can lead to problematic substance use.¹⁹⁷ A lack of community support may also contribute to problematic substance use.¹⁹⁸ Counselors should support clients in recovery in developing close family and social connections, which can positively affect recovery from problematic substance use.

Social factors, such as socially determined stressors, exposure to socially toxic environments (violence, poverty, and economic stressors), and racism and discrimination, may increase vulnerability to problematic substance use. Chronic exposure to stressors resulting in overactivation of the stress response has been demonstrated to be disruptive to the body and to disturb other functions, such as the working of the brain's reward pathways—increasing the risk of substance use and SUD.¹⁹⁹ Similarly, exposure to traumatic events and chronic stress in childhood may lead to depression and other mental disorders, and ultimately, to problematic substance use to reduce negative emotions.²⁰⁰

Racism and discrimination can also increase vulnerability to problematic substance use. In one study, the experience of discrimination led to a greater willingness to initiate substance use. Self-reported and perceived racism and discrimination increased the risk of substance use among Black individuals.²⁰¹

Immigration status is a stressor linked with problematic substance use in some emerging research.²⁰² A 2016 review of studies on psychosocial risk factors associated with the behavioral health status of undocumented immigrants in the United States found “substance use/abuse” among the “prevalent themes” identified.²⁰³ And a 2022 study of immigration-related stressors experienced by a national sample of U.S.-born Latino individuals found that experiencing a higher number of such stressors—including ever fearing or worrying about being stopped or questioned about immigration status by immigration officials—increased the odds of problematic substance use.²⁰⁴ Looking at some specific stressors, the study found that, for example:

- Ever fearing or worrying about being detained for immigration reasons was associated with a more than twofold increase in the odds of cocaine use and prescription sedative and prescription opioid “misuse” in the past year.
- Ever fearing or worrying about the possibility of being deported for immigration reasons was strongly associated with high-intensity drinking in the past year.

Neighborhood and built environment and problematic substance use. Where someone lives matters when it comes to problematic substance use. For example, researchers have established links between drug overdose and a deteriorating urban built environment with such characteristics as dilapidated or burned buildings, vandalized public property, and unclean streets.^{205,206,207} As another example, research on early initiation of alcohol and cannabis use among

Black and Hispanic adolescents in families of low income suggests that a significant risk of initiation is conferred by exposure to neighborhoods with such negative aspects as robbery and assault.²⁰⁸ (Adolescent initiation of substance use is concerning in part because it is associated with a greater risk of problematic substance use in adulthood.²⁰⁹) And researchers who studied SDOH, substance use, and drug overdose at the county level in the Mid-Atlantic region of the United States have shown a statistically significant positive correlation between the violent crime rate and drug overdose deaths.²¹⁰

In addition, living in a neighborhood or community with inadequate or unaffordable public transportation can make it difficult for people with problematic substance use and limited income to participate in treatment²¹¹ and recovery support services.

Education access and quality and problematic substance use. Studies indicate a connection between problematic substance use and poorer quality or less education.^{212,213} Research indicates that education can be a protective factor in drug overdose deaths and, in fact, the highest overdose rates are among people who did not finish high school, and the lowest are among those who finished college.²¹⁴ A limited education may also keep people from accessing adequate information and resources related to substance use treatment,²¹⁵ an area where counselors may be able to step in to support clients.

Healthcare access and quality and problematic substance use. Without access to health care and insurance, or the ability to pay for health care or obtain adequate health insurance, people may be less likely to receive the health care or preventive services they need. This may result in more health problems and stress, factors related to increased risk of developing problematic substance use.²¹⁶ It can also be difficult to get treatment for problematic substance use. As one study noted, counties

with a higher proportion of uninsured and Black residents are less likely to have SUD treatment programs that accept Medicaid.²¹⁷

RESOURCE ALERT: SAMHSA'S OFFICE OF BEHAVIORAL HEALTH EQUITY

SAMHSA's Office of Behavioral Health Equity coordinates SAMHSA's efforts to reduce disparities in mental and/or substance use disorders across populations.²¹⁸ Its website offers resources about behavioral health equity, including population-specific information, data sources, and workforce development opportunities. More information is available at <https://www.samhsa.gov/behavioral-health-equity>.

Mental Illness and Vulnerability to Problematic Substance Use

Mental illness and problematic substance use have long been observed to occur together frequently, but whether one leads to the other remains a subject of research. A large foundational 2010 study on the role of mental disorders as risk factors for subsequent onset of substance use and SUDs stated, "Mental disorders can be conceptualized legitimately as risk factors [for substance dependence as defined by the fourth edition of the *Diagnostic and Statistical Manual of Mental Disorders*; DSM] due to the fact that they precede SUDs, are associated with increased probability of their initial onset and permit the population to be divided into high- and low-risk groups."²¹⁹ (The study acknowledged but did not examine associations between preexisting substance dependence and onset of mental illness.)

A follow-up 2016 study among adolescents by several of the same authors found that any prior lifetime mental disorder significantly increased the risk of transition from nonuse to first use of substances, and from use to substance use-related problems.²²⁰ This finding was important, because although



some adolescents will later “age out” of problematic substance use, many will have such use persist into adulthood.

Although the pathways by which mental illness contributes to susceptibility to problematic substance use are not fully understood, evidence-based theories exist. One longstanding theory is the self-medication hypothesis, which suggests that individuals with mental disorders use substances to cope with difficult symptoms associated with these disorders, or to lessen the unpleasant side effects of medication taken for the disorders.²²¹ A 2018 literature review found evidence to support the self-medication hypothesis. Between 21.9 and 24.1 percent of respondents with mood disorders or anxiety disorders reported using substances to relieve the symptoms of these disorders.²²² The same study highlighted longitudinal research showing that people who report self-medicating for symptoms of mood and anxiety disorders are more likely to develop SUD.^{223,224}

Other explanations are that changes in the brain caused by mental illness may increase the rewarding effects of substances or decrease awareness of their harmful consequences. And some research suggests that shared risk factors may account for co-occurring substance use and mental disorders, with such risk factors including²²⁵:

- Genetic and epigenetic vulnerabilities.
- Issues with similar areas of the brain.
- Environmental factors like early exposure to stress and trauma.

Whatever the relationship between co-occurring substance use and mental disorders, they should not be treated in isolation from each other.²²⁶

Evolving Service Landscape and Workforce

For many decades, the dominant approach to addressing problematic substance use involved acute, episodic, specialized

treatment that focused narrowly on abstinence and did so from a deficits-based, clinician-driven perspective. Such treatment was typically siloed professionally and physically from other types of care and services,^{227,228} such as primary care, mental health services, and assistance with applying for public benefits and finding adequate housing.

Although this model continues to characterize much of the specialty SUD treatment field, the service landscape and the workforce for addressing problematic use are evolving—partly in response to the^{229,230}:

- Opioid overdose epidemic.
- Push for more integrated care.
- Emergence of new and broader services supporting recovery.
- Growth in telehealth.

This section looks at some of the ways that these developments are changing:

- How, where, and when people with problematic substance use enter and engage in treatment.
- Who provides treatment.
- What services people may receive before, in addition to, after, and instead of treatment in support of their recovery.

Some Evolving and Emerging Entry Points for Treatment

People enter formal SUD treatment through a wide variety of means. Primary care referral, self-referral, referral by a mental health service provider, hospitalization, and court order are some common paths. Other entry points include obstetrics and gynecology practices and recovery support settings such as collegiate recovery programs and RCOs. Counselors may also work with clients who entered or will enter treatment through one of these five evolving and emerging entry points: hospital EDs, crisis services, emergency medical services (EMS), infectious disease clinics, and prearrest diversion.

Hospital EDs

People with problematic substance use frequently require emergency care. The high incidence of problematic use among ED patients, and especially the increasing rate of ED visits for opioid overdose,²³¹ have led to growing recognition that the ED represents an important entry point for SUD treatment.²³²

Many ED patients with untreated and undetected problematic use have no other contact with the healthcare system.²³³ Others have not had their problematic use identified in other clinical settings. Even people with problematic use who previously declined to enter treatment or who haven't engaged in treatment successfully can be good candidates for interventions in the ED, because the conditions that brought them there may make them receptive to engagement or re-engagement in SUD care.^{234,235}

After treating people presenting with problematic substance use, some EDs don't carry out sufficient treatment referral activities. Other EDs screen patients and offer, as appropriate, brief interventions by clinicians and active linking or referrals to treatment. More recently, some EDs have also, or instead, begun connecting patients with problematic opioid use to peer specialists or other professionals trained to encourage motivation for and engagement in treatment.²³⁶ Peer specialists in particular can also link patients to recovery resources like RCOs.

Some EDs have begun offering initial buprenorphine treatment to patients with untreated OUD, followed by direct linkage to ongoing treatment. The American College of Emergency Physicians recommended this practice in 2021; SAMHSA described it as a best practice that same year.^{237,238}

A relatively small number of EDs start patients on medication for AUD, a common diagnosis in the ED.²³⁹ This practice may increase as more EDs become accustomed to

initiating medication for patients who have OUD and actively linking them to continuing treatment.

Counselors should learn about and stay updated on the SUD intervention practices of the EDs in their area.

Crisis Services

Crisis services are composed of three core elements: crisis contact services, mobile crisis teams, and crisis receiving and stabilization facilities. Not all communities have all elements. These services sometimes aren't equipped to handle crises related to problematic substance use only (as opposed to suicide or mental health-related crises), although there are calls for this to change.²⁴⁰

SAMHSA's *National Guidelines for Behavioral Health Crisis Care: Best Practice Toolkit* incorporates an integrated, no-wrong-door approach to crisis care.²⁴¹ A National Association of State Mental Health Program Directors' companion resource to the toolkit emphasizes that crisis response systems need to become "more inclusive of individuals with SUDs."²⁴² (Both documents can be found in *Crisis Services: Meeting Needs, Saving Lives* at <https://store.samhsa.gov/product/crisis-services-meeting-needs-saving-lives/PEP20-08-01-001>.)

Crisis contact services. 988 is a dialing and texting code that 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 crises. The Lifeline also accepts chats via 988lifeline.org/chat/.²⁴³ Counselors should make sure their clients are aware of the 988 Lifeline and the availability of 24/7 services in their community.

Many people also have access to state or local crisis call centers. Some states have substance use-specific hotlines, which may be able to connect individuals to



SUD treatment providers and other SUD-related services. Some states and localities have crisis call services more oriented to mental health-related crises, although these services may have some capacity to respond to substance use-related crises. And some states and localities have crisis call services with the ability to connect people experiencing either kind of crisis or at risk of suicide to mobile crisis teams and facility-based care.²⁴⁴

Mobile crisis teams. These community-based units go to the person in crisis and seek to respond quickly and effectively in a way that de-escalates the situation. Although originally focused on mental crises, some teams also have the capacity to address substance use-related crises. Mobile crisis teams often consist of a clinician and a peer specialist, with support from police or EMS, as needed.^{245,246}

Crisis receiving and stabilization facilities. These short-term facilities provide an alternative to ED care for people experiencing a substance use or mental crisis, or both. A team of behavioral health service providers assess, address acute symptoms of, and observe individuals arriving via first responders, referral, or, often, self-referral (i.e., walk-in). Not all such facilities offer withdrawal management,^{247,248} although ideally they would.

EMS

Some EMS have begun actively encouraging EMS patients who have experienced substance use-related crises, especially opioid overdose, to receive SUD treatment or recovery resources. Typically, this activity involves contacting or even conducting home or community visits to EMS patients within a few days of the initial interaction to check on them and connect them to treatment facilities, office-based opioid treatment, harm reduction services, or other recovery resources if they have not already made such connections.²⁴⁹

Such visits often involve a team. The makeup of the team varies from program to program, but often includes, in addition to an EMS or other first responder, an addiction or mental health service counselor and a peer specialist. Such teams go by several different names, including Quick Response Teams and Post-Overdose Response Teams. Many people who receive on-scene overdose care from EMS refuse emergency transport or don't act on referrals to treatment if transported, making such follow-up on EMS overdose responses a critical opportunity to link these individuals to treatment and recovery resources.^{250,251}

Infectious Disease Clinics

A significant percentage of the people treated in infectious disease clinics have SUDs. Because of the prevalence and negative effects of SUDs among people with HIV, for example, federal guidelines recommend routine screening for SUDs as part of HIV clinical care.²⁵² Viral hepatitis, tuberculosis, and syphilis are among the other infectious diseases for which people who use drugs are at higher risk.^{253,254,255}

Although many infectious disease specialists haven't received training on SUD **treatment**, some in the profession have begun calling for this to change, and for SUD treatment to become more integrated into the care that infectious disease specialists provide.^{256,257} One way that such integration has already been happening, although on a small scale, is through infectious disease specialists becoming qualified to prescribe buprenorphine to their patients with OUD.²⁵⁸

Prearrest Diversion

Another emerging way of entering SUD treatment is through prearrest diversion, during a law enforcement encounter, of individuals otherwise eligible for criminal charges. Largely a response to the opioid epidemic, prearrest diversion allows law enforcement officers to refer individuals with suspected or known problematic substance use for SUD diagnosis and treatment instead

of arresting them. Some prearrest diversion programs require that individuals complete an assessment for treatment, a treatment plan, or a treatment program.²⁵⁹

Prearrest diversion programs are locally led and initiated and typically involve other service partners in addition to SUD treatment programs, such as agencies and organizations providing recovery support services and case management.²⁶⁰ These programs are distinct from jail- and court-based postbooking diversion programs and specialty courts, which provide for diversion after individuals have been charged but before sentencing. The programs also differ from deflection, in which law enforcement officers and other first responders link individuals, as needed, to SUD treatment during encounters not involving the possibility of arrest, as an alternative to doing nothing.²⁶¹

SUD Treatment in Primary Care

Primary care offices are often the first point of contact for people with problematic substance use, with more providing screening and initial SUD diagnosis, and even treatment, such as some types of medication for OUD and AUD. Primary care-based SUD care offers opportunities for treatment engagement by people who^{262,263,264}:

- Can't afford or access specialized care.
- Won't use specialized care, because of concerns about stigma or other personal reasons.
- Have mild SUDs that don't require more intensive interventions.

Screening, Brief Intervention, and Referral to Treatment

The United States Preventive Services Task Force (USPSTF) recommends that primary care practices screen all adults for SUDs and refer them to treatment if screening is positive.²⁶⁵ It grades such screening "B" for effectiveness, which means the evidence is strong enough to justify insurance

reimbursement. SAMHSA recommends the Screening, Brief Intervention, and Referral to Treatment protocol. Links to several effective screening tools are available from the National Institute on Drug Abuse (<https://nida.nih.gov/nidamed-medical-health-professionals/screening-tools-resources/chart-screening-tools>).

Qualitative research suggests that universal SUD screening of adults can help alleviate patient fears about being singled out for attention.²⁶⁶

To conform to the USPSTF screening recommendation, primary care providers must be able to refer patients for appropriate treatment if necessary. Providers must therefore be aware of SUD treatment programs and other resources in their communities. Providers must also be sensitive to potential patient concerns stemming from the screening process, such as the risk of stigma or the fear of legal implications of admitting to illicit drug use. Clinicians should know their state's requirements on²⁶⁷:

- Informed consent for screening.
- Mandatory screening.
- Documentation of screening results in medical records.
- Reporting of screening results to medicolegal authorities.
- Confidentiality protections.

The brief intervention for patients who screen positive can range from 5 to 30 minutes and may employ techniques of cognitive-behavioral therapy or motivational interviewing. (Chapter 3 contains more information on these approaches.) The intervention is not meant as full treatment but is intended to encourage patients to seek treatment before a mild or moderate disorder becomes severe.²⁶⁸ Reimbursement for screening and brief intervention services in primary care settings is available through commercial insurance, Medicare, and, in some states, Medicaid.^{269,270}



Brief interventions may not be enough for people who have severe SUDs. One study of patients in federally qualified health centers found that an alternative protocol, recovery management checkups, significantly increased the number of patients who received SUD treatment, particularly those with OUD. The protocol requires a “linkage manager,” not only to encourage entering a treatment program, but also to help patients with logistics (making appointments, arranging transportation) and to check in regularly to keep them engaged with treatment.²⁷¹ This protocol can be helpful in maintaining commitment in individuals awaiting treatment intake.^{272,273}

Medication for the Treatment of SUD

Although methadone is still dispensed only through specialized clinics for the treatment of OUD, primary care providers can offer two types of medication for people with OUD: buprenorphine and naltrexone. In 2021, HHS eased the prescribing guidelines to expand the number of physicians, nurse practitioners, physician assistants, and other eligible practitioners permitted to administer buprenorphine, so that most providers with a Drug Enforcement Administration (DEA) license can treat up to 30 patients without taking special training.²⁷⁴ As of early 2023, eligible clinicians no longer need to obtain a DEA X-waiver to prescribe buprenorphine for OUD.²⁷⁵

Any provider allowed to prescribe can offer medication for AUD, using acamprosate, disulfiram, or oral or extended-release injectable naltrexone.²⁷⁶

Primary care practices that offer medication to treat OUD typically coordinate or integrate OUD treatment with other medical care and offer psychosocial services, such as counseling services or referrals.²⁷⁷ Some individuals with OUD may access medication through their primary care office because

they consider doing so more convenient or less stigmatizing than attending a clinic exclusively for people with OUD.²⁷⁸

More information is available at the Providers Clinical Support System website (<https://pcssnow.org/>), funded in part by SAMHSA.

RESOURCE ALERT: TIP 63, MEDICATIONS FOR OPIOID USE DISORDER

SAMHSA’s TIP 63, *Medications for Opioid Use Disorder*, provides an indepth review of the Food and Drug Administration–approved medications for OUD: buprenorphine, naltrexone, and methadone. The TIP also discusses prescribing guidelines. The TIP is available at <https://store.samhsa.gov/product/TIP-63-Medications-for-Opioid-Use-Disorder-Full-Document/PEP21-02-01-002>.

Current Limitations

Many primary care practices face challenges in providing medication and other SUD care. These challenges include²⁷⁹:

- A lack of primary care providers trained in or confident about effectively treating SUDs with psychosocial and medication interventions.^{280,281}
- Lack of referral options and counseling resources because of behavioral health workforce shortages.
- Reimbursement models that do not support care coordination and psychosocial services.²⁸²
- Long travel times for some patients without access to adequate telehealth technology or transportation.

Another factor limiting the involvement of primary care providers in SUD treatment is stigma on the part of providers and administrators.²⁸³ For example, one study found that providers with higher levels of bias toward people who have OUD are less likely to prescribe medications for OUD, to believe

in the effectiveness of those medications, or even to refer patients with OUD to clinicians or opioid treatment programs that **do** provide medication treatment for OUD.²⁸⁴

Integrating Primary Care With Behavioral Health Services

U.S. health care tends to silo physical health and mental health. Primary care providers aren't typically trained to provide behavioral health services, and behavioral health service providers are often prevented by systemic barriers and patient confidentiality requirements, among other things, from coordinating an individual's treatment with their primary care provider.

People with problematic substance use could benefit significantly if these silos were removed, and they could receive treatment for this use from the same team that takes care of other aspects of their health, because²⁸⁵:

- Problematic substance use, mental disorders, and other medical conditions are often interconnected.
- Integration has the potential to reduce health disparities.
- SUD service delivery in mainstream health care can be cost effective and may reduce intake/treatment wait times at SUD treatment facilities.
- Integration can lead to improved health outcomes through better care coordination.

Several possible models are available for providing more integrated care, ranging from **collaborative care** (characterized by strong relationships between primary care and behavioral health service providers in different locations) to the **primary care behavioral health model**, where behavioral health consultants and primary care providers function as members of the same clinical team, sharing health records, treatment plans, offices, support staff, and other resources.²⁸⁶

A review of 35 models for treating OUD in primary care centers in 8 countries identified several design factors common to the most successful programs. These factors include using multidisciplinary clinical teams, often with advanced-practice clinicians (nurses and pharmacists) serving as clinical care managers; incorporating patient agreements; and offering some type of counseling, although not always through trained behavioral health specialists.²⁸⁷ (For example, some studies used nurses without previous training in SUD treatment.)

Virtual Approaches: How Telehealth Is Used in SUD Treatment

Telehealth—medical services provided remotely through computer and telecommunications networks—has been available for a long time, but quickly became an essential service when the COVID-19 pandemic limited many kinds of in-person care. The federal government and many states changed their regulations to require telehealth to be reimbursed at parity with in-person care.²⁸⁸ (As of this TIP's publication, it remains to be seen whether such parity will become permanent.)

The online delivery of behavioral health services, in particular, expanded dramatically. According to one study, telehealth availability increased by 77 percent between 2020 and 2021 for mental health service facilities and by 143 percent for SUD treatment facilities. By January 2021, 68 percent of outpatient mental health facilities and 57 percent of SUD treatment facilities in the sample studied were offering telehealth.²⁸⁹

Although traditionally "telehealth" has meant meeting with a provider over the phone or through video, smartphones and remote monitoring technology have expanded the definition to include asynchronous encounters, such as texting or sharing data from a phone app or monitoring device.²⁹⁰



Delivering SUD Treatment Services via Telehealth

Telehealth can expand access to SUD care for people who feel stigmatized seeking treatment and prefer not to visit an office or clinic. Telehealth can also bring care to^{291,292}:

- Rural residents.
- People who live far from their provider's office or lack access to reliable transportation.
- People who have medical conditions or physical disabilities that make it difficult to travel.
- People who need a provider type or service not available in their area.

For clinicians, telehealth can²⁹³:

- Increase their availability for clients with complex needs.
- Allow them to spend more time delivering services requiring their clinical expertise and interaction with clients.
- Enable them to spend less time during appointments going over standard but clinically important educational content by allowing clients to review this material asynchronously.

The research on SUD treatment through telehealth is mixed. Patients surveyed in one study were satisfied with their services overall, especially for individual therapy (90 percent "very satisfied"). Three out of four were very satisfied with receiving medication management for SUD via telehealth, although group therapy scored lower (only 58 percent "very satisfied"). Respondents liked the ability to receive services from home without having to travel but disliked the potential to be interrupted and felt they didn't connect well with others in group therapy.²⁹⁴ One limitation of the study is that the participants were predominately male, White, and well-educated.

A review of several provider studies confirmed these patients' perceptions. Providers overall thought individual therapy could be delivered slightly more effectively via telehealth than in person, but said most other services, including intake assessments and medication prescribing, were better done in person. The biggest disparity was for group counseling, which 62 percent said was more effective in person.²⁹⁵

SUD treatment programs may benefit from a hybrid approach. One study of more than 3,000 people in intensive outpatient treatment during the pandemic showed that a hybrid approach was more effective than either all in-person or all-telehealth treatment at keeping them in the program until completion.²⁹⁶

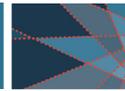
In-person treatment may be best for several categories of people, including²⁹⁷:

- New clients.
- Clients who are homeless.
- Clients who are isolated.
- Clients who are uncomfortable with technology or lack access to reliable technology.²⁹⁸
- Clients who have challenges with paying attention.
- Clients who lack private places to talk.

Telehealth may work well for:

- People with young children.
- People who have difficulty taking time off work and traveling to appointments.
- People who prefer meeting virtually.

Even for clients who usually opt for telehealth, providers may at times want to observe them in person to monitor symptoms and build rapport.²⁹⁹



TELEHEALTH FOR MONITORING DRUG USE?

At the onset of COVID-19, many SUD providers abandoned routine urinalysis because of the risk of viral exposure involved with collecting specimens. A lab in Vermont tested a “telecollection” protocol that allowed people to collect specimens at home, with trained observers watching via the patients’ smartphones.³⁰⁰ The protocol required:

- Accessible technology that was easy to use.
- An experience that gave patients a sense of control.
- Detailed patient education, via video and printed instructions.
- Trauma-informed training for observers, focusing on compassion and stigma prevention.

Patients received a special phone holder to help them position their smartphone for a specific side view, and observers used a computer in a windowless room so that the collection could not be seen by anyone else. The collections were not recorded. Patients packed the samples in kits provided by the lab that included shipping materials and shipped specimens at room temperature the same day from their home or at a local drop-off site. (Specimens stay stable at room temperature for up to 2 weeks.)

Patient satisfaction averaged 9.5 on a 10-point scale for comfort and convenience.

Some SUD providers do oral swab tests via telehealth, with questionable results followed up by a laboratory urine test.^{301,302,303}

Challenges for Telehealth

Although telehealth for SUD treatment will continue to develop, it faces several obstacles³⁰⁴:

- **Access to technology.** High-speed broadband Internet connections are not universal: for example, 58 percent of rural

residents have reported access problems. Of adults in low-income households (less than \$30,000 in income a year), 29 percent don’t have a smartphone, 44 percent don’t have broadband, and 46 percent don’t own a computer. These barriers to telehealth can increase inequities in access to treatment.

- **Unpredictable regulatory environment.** Telehealth regulations and reimbursement requirements are still changing.
 - **Privacy concerns.** Patient confidentiality rules, both federal and state, were largely developed before the Internet was used for healthcare delivery. Providers need to be vigilant to protect their clients’ privacy and guard against data breaches and other threats. Providers should also carefully vet apps used to support recovery.
- The consensus panel for this TIP expressed concern that such apps may not be as careful with people’s data as providers are.**

Counselors using telehealth in SUD treatment need to be sensitive to the “digital divide” that may keep some clients from readily accessing this technology. As already discussed in this section, such obstacles can include the inability to access reliable digital technology because of income level or geographic location. Language and cultural barriers and lack of familiarity with digital technology because of older age can also come into play.^{305,306}

Counselors should consider alternatives to telehealth for clients affected by the digital divide. Counselors should also be aware of two federal programs that may help qualifying clients of lower income to afford the necessary technology: the Affordable Connectivity Program (<https://www.affordableconnectivity.gov>) and Lifeline Support (<https://www.lifelinesupport.org>).



RESOURCE ALERT: SAMHSA ADVISORY ON TECHNOLOGY-BASED THERAPEUTIC TOOLS

SAMHSA's 2021 *Advisory, Using Technology-Based Therapeutic Tools in Behavioral Health Services*, summarizes the key issues in telehealth for behavioral health services, including access to technology, licensing and regulation, reimbursement, privacy, informed consent, training and support, and best practices. The *Advisory* is available via <https://store.samhsa.gov/product/advisory-using-technology-based-therapeutic-tools-behavioral-health-services/pep20-06-04-001>.

Increasing Use of PSS

One of the most pronounced developments in behavioral health services in recent years has been the growth in delivery of PSS to people with past or present problematic substance use.³⁰⁷ These nonclinical services, provided by people with lived experience of behavior change and recovery from problematic substance use, support service recipients in initiating, strengthening, and sustaining recovery.³⁰⁸

PSS for problematic substance use evolved in part from the sort of peer-to-peer support provided by mutual-help organizations like Alcoholics Anonymous®, although the peer specialist position differs in significant ways from that of the mutual-help sponsor. A peer specialist serves as a role model for recovery to the individuals they work with, while also coaching them on^{309,310}:

- Building recovery-related skills, such as coping and job-readiness skills.
- Increasing social supports (e.g., through attending substance-free gatherings together).
- Accessing needed services and resources, such as primary care and legal assistance.

Peer specialists also provide emotional support to people in recovery. For example, peers typically meet with people in person or

check in by phone or some other means on a routine basis to offer encouragement and empathy.

Formal PSS for problematic substance use as known today developed in the 1990s.³¹¹ Grant funding from SAMHSA and Medicaid reimbursement for PSS meeting certain requirements helped spur the spread of PSS, including to SUD treatment programs.³¹² The opioid epidemic, and increased federal and state funding to address it, has led to further expansion of PSS. (SAMHSA's TIP 64, *Incorporating Peer Support Into Substance Use Disorder Treatment Services*, contains more information on the history of PSS; <https://store.samhsa.gov/product/tip-64-incorporating-peer-support-substance-use-disorder-treatment-services/pep23-02-01-001>).

Peer Specialist Training and Certification

The increase in PSS has been accompanied by greater professionalization of the peer workforce. Virtually all states now offer training and certification for peer specialists. Medicaid requires such training and certification, along with supervision by a competent mental health professional (as defined by the state) as a condition of reimbursement for PSS.^{313,314} Many entities hiring peer specialists, even entities that don't bill Medicaid for PSS, make training plus certification or work toward certification a condition of employment.³¹⁵

The training required for certification varies by state, but typically includes topics like ethics, confidentiality, documentation, recovery goal setting, and office skills.³¹⁶ For more information on state training and certification requirements for peer specialists, counselors can check with their state's peer certification body. (The "State Website Data Sources" section of the Peer Recovery Center of Excellence's *Comparative Analysis of State Requirements for Peer Support Specialist Training and Certification in the United States* at <https://peerrecoverynow.org/about/coe-products.aspx> has relevant links.)

SAMHSA in 2023 published the *National Model Standards for Peer Support Certification* and began encouraging their adoption by states and state certification entities to expand certification reciprocity and strengthen the peer workforce across the United States. The standards' recommendations on the certification process and certification requirements cover such topics as training, work experience, background checks, and ethics. The model standards are available at <https://www.samhsa.gov/about-us/who-we-are/offices-centers/or/model-standards>.

Settings for PSS

An expanding range of settings now incorporate PSS as part of their menu of programs and services. In addition to recovery support settings (e.g., RCOs, recovery residences) and specialized SUD treatment settings (e.g., outpatient, inpatient, and residential treatment), they include:

- Other clinical settings (e.g., hospital EDs, primary care practices).³¹⁷
- Social service agencies and organizations (e.g., child welfare agencies, shelters).^{318,319}
- Criminal justice settings (e.g., treatment courts, pretrial release programs, parole/probation departments, prison and jail reentry programs).^{320,321,322}
- First responder agencies (e.g., police departments, EMS).³²³
- Crisis services (e.g., mobile crisis units, crisis stabilization units).³²⁴
- Education settings (e.g., collegiate and high school recovery programs).³²⁵

Role Clarity

As the peer specialist workforce has expanded and peer specialists have moved into new settings, the issue of role clarity has increasingly come up among other professionals involved in SUD treatment and recovery as well as peers themselves. Counselors working with peers need to

understand peer roles, and to avoid expecting peers to carry out activities that they aren't trained to do (such as drug testing) or that are inappropriate for their position (such as menial tasks).³²⁶ Chapter 3 provides more information on peer roles and discusses how PSS can complement counseling and extend the continuum of care for people with substance use-related problems.

TIP 64, *Incorporating Peer Support Into Substance Use Disorder Treatment Services*, has more information on peer specialists and role clarity (<https://store.samhsa.gov/product/tip-64-incorporating-peer-support-substance-use-disorder-treatment-services/pep23-02-01-001>).

Recovery Goals for Problematic Substance Use

A recovery-oriented approach to counseling accepts that recovery from problematic substance use has many pathways and works with the client's chosen recovery goal. That goal could be abstinence, controlled use (i.e., use resulting in few if any substance use-related problems), or harm reduction. (The "Harm Reduction" section in Chapter 3 discusses harm reduction strategies and benefits.) A client may even think of their recovery goal more in terms of how they want to feel, what they want to do, or how they want to grow.³²⁷

Research Findings on Recovery Goals

People who have or had a lower severity or shorter history of problematic substance use are especially likely to have reduced substance use, rather than abstinence, as their recovery goal.³²⁸ The type of substance used can affect recovery goal setting, too. Recent research indicates that more than 80 percent of people seeking treatment for AUD prefer nonabstinence goals.

By comparison, roughly 20 percent of people seeking treatment for other SUDs prefer nonabstinence goals.³²⁹ (This percentage



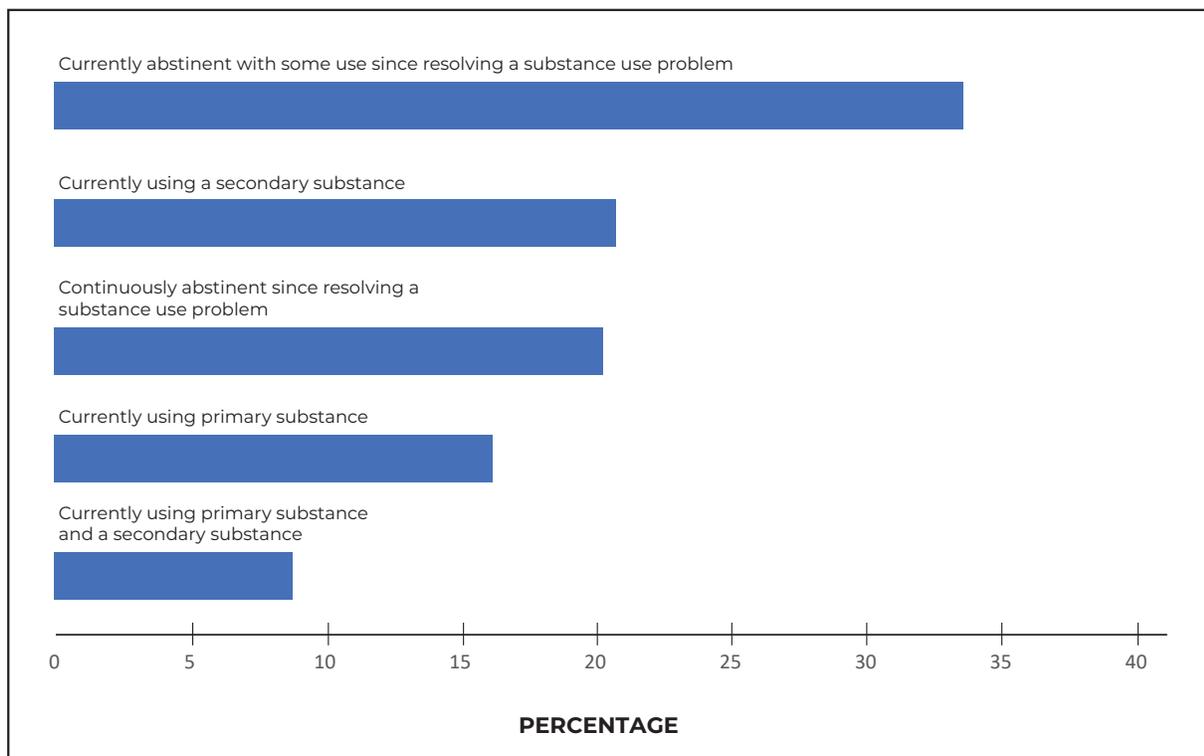
may be somewhat higher for people with cannabis use disorder seeking treatment and people with nonmedical use of prescription opioids likely to seek treatment in the near term.^{330,331}) Surveys of people in recovery also show that some consider reduced substance use, or abstinence from a drug but continued alcohol use, consistent with recovery.^{332,333} See Exhibit 1.3 for details. Recent research has demonstrated that significantly reducing substance use can improve functioning and quality of

life (although not to the same extent as abstinence), which supports a client-defined approach to recovery.^{334,335} The traditional abstinence-only model continues to dominate specialized SUD treatment and be central to many mutual-help approaches, such as 12 Step, however.³³⁶ As a result, some individuals with problematic use and nonabstinence recovery goals don't seek out or stay in treatment or mutual-help groups because of their perception or the reality that abstinence will be required.^{337,338}

EXHIBIT 1.3. Prevalence of Different Substance Use Statuses Among People In Recovery

A 2022 cross-sectional study³³⁹ looked at the prevalence of different substance use statuses among a nationally representative sample of the 22.35 million U.S. adults estimated in 2017 to have resolved a substance use problem.³⁴⁰ The 2022 study found the prevalences shown below, in descending order.

PATHWAY PREVALENCE CHART 8



Source: Adapted with permission.³⁴¹

Variability of Recovery Goals

A client who uses or used multiple substances may have a different recovery goal for each substance, or even no goal for one or more substances.³⁴² Also, a client's recovery goal may change over time.³⁴³ For example, a client with severe use who originally set controlled use as their final goal may eventually decide to make abstinence the goal. This decision may result from success—or a lack of success—with controlled use.³⁴⁴ Conversely, a client with a goal of abstinence may, after repeated recurrences, decide to make controlled or reduced use their goal.

Counselors may have legal, ethical, or programmatic considerations that prevent them from working on substance use or recovery issues with clients who have nonabstinence recovery goals,³⁴⁵ perhaps based on type of substance. A recovery-oriented approach to this situation would be for the counselor to advise the client that recovery has many pathways and to refer the client to another provider who can accept nonabstinence goals or to a program or organization that offers PSS for recovery from problematic substance use.

Pathways of Recovery

Recovery has many pathways, and it is ultimately up to clients in or seeking recovery to determine which pathway or pathways they follow.³⁴⁶ Some clients may pursue multiple approaches to recovery at the same time or for overlapping periods; some may try different approaches in sequence; and some may find a single approach that works for them and stick with it.³⁴⁷

A recovery-oriented counselor should:

- Be familiar with the main categories of pathways listed below and discussed in more detail later in this TIP.
- Support clients' choice of pathways.
- Know how to help clients learn more about any pathways that they want to explore.

- Know how to link clients to different pathways (other than natural recovery).
- When possible, keep the door open for a client in case their exploration of an alternative pathway doesn't work out.

Categories

Natural Recovery

"Natural recovery" (sometimes called unassisted recovery) refers to achieving recovery from problematic substance use through self-management. A 2017 study found an association between this pathway and having a less severe and complex substance use and mental health history.³⁴⁸ The same study found that participants who reported cannabis as their primary substance of use were more likely to achieve recovery through self-management than participants who reported other primary substances.

Clinical Approaches

These pathways comprise approaches in which an individual engages in recovery using the services of a behavioral health services professional, a medical provider, or another credentialed professional (other than a certified peer specialist), or a combination of such providers.³⁴⁹ Clinical approaches can include behavioral treatment, medication, or a combination of the two depending on the type of SUD. In this TIP, medication for SUD means Food and Drug Administration (FDA)-approved medication for OUD, AUD, or both.

Recovery Support Services

These nonclinical, typically community-based services "help people enter into and navigate systems of care, remove barriers to recovery, stay engaged in the recovery process, and live full lives in communities of their choice."³⁵⁰ Examples of recovery support services include recovery housing, RCOs, PSS, recovery cafés, and employment-based recovery supports, such as employer-sponsored programs to help employees access treatment for problematic substance use, or businesses created and staffed by



people in recovery.³⁵¹ Recovery support services are usually but not necessarily provided by fellow individuals in recovery.³⁵²

Mutual Help

This pathway involves participating in one or more of the many free, volunteer-run organizations in which members meet regularly in person or online to support each other in recovering from problematic substance use. Some follow the 12-Step abstinence-based approach pioneered by Alcoholics Anonymous® (several of which also focus on specific substances), some follow a secular non-12-Step approach, and some have a religious orientation or affiliation.³⁵³ A hyperlinked listing of mutual-help organizations is available at <https://facesandvoicesofrecovery.org/?s=mutual+aid+>.

Faith-Based Recovery Support

This pathway encompasses a range of congregation-based support services, including³⁵⁴:

- Having a member of the clergy focus on recovery.
- Developing a recovery ministry, on par with other congregational “departments,” that sponsors activities like retreats and educational sessions.
- Being a recovery-friendly house of worship.

Note that treatment programs and mutual-help groups can also be affiliated with specific congregations.³⁵⁵

Recovery as a Continuum

In the recovery field, recovery is now typically thought of as a process of change and not an endpoint. Some sources have conceptualized this process as divided into early recovery (less than 1 year), continuing (or sustained; 1 to 5 years), and stable (5-plus years).^{356,357} The DSM, 5th Edition, Text Revision (DSM-5-TR), gives the following timeframes for remission from diagnosed

SUDs: early remission (at least 3 months but less than 12 months of meeting no diagnostic criteria for SUD, except for craving) and sustained remission (12 months or longer of meeting no diagnostic criteria for SUD, except for craving).³⁵⁸ (An individual can have problematic substance use needing intervention without having a diagnosable SUD.³⁵⁹)

Counselors should use any such framework with caution, given that the relationship between time in recovery and strength of recovery can vary depending on the individual and the substance or substances of concern.

What Is Recurrence of Problematic Substance Use?

Recurrence is a return to problematic substance use after a period of resolved substance use–related problems. Many individuals in recovery experience recurrence, although doing so isn’t inevitable.

According to the 2016 Surgeon General’s report on addiction, more than 60 percent of people treated for an SUD have a recurrence within a year of being discharged from treatment—a recurrence rate that the report notes is comparable to those for other chronic diseases like diabetes and asthma.³⁶⁰ A 2018 study of U.S. adults with any prior SUDs found that the prevalence of past-year persistent or recurrent SUD was 38.1 percent.³⁶¹ By comparison, the same study put the prevalence of abstinence at 14.2 percent, asymptomatic use at 36.9 percent, and symptomatic use [did not meet full criteria for any DSM-5 SUD] at 10.9 percent.

Triggers for Recurrence

Counselors should be aware of common triggers linked to recurrence of use. These triggers can directly precede a recurrence or occur months in advance. Examples of triggers include^{362,363,364}:

- People, places, and things (such as drug paraphernalia) that a client associates with substance use.³⁶⁵
- Relationship difficulties, such as with family, friends, or a partner.
- Stressful situations.
- Cravings or urges.
- Anger, loneliness, boredom, or fatigue.
- Unaddressed mental health–related conditions.

Warning Signs of Recurrence

Warning signs of recurrence often precede triggers.^{366,367} These warning signs can be categorized as emotional, mental, and behavioral.³⁶⁸ Being aware of these warning signs can help counselors identify when clients in recovery may need more support.

Emotional signs include^{369,370}:

- Feeling shame or guilt.
- Not expressing emotions.
- Becoming socially withdrawn.
- Becoming uncommunicative, such as at mutual-help meetings.

Mental signs include^{371,372}:

- Craving substances.
- Downplaying the effects of past use or fantasizing about past use.
- Bargaining with oneself about use.
- Considering ways to control use.
- Looking for recurrence opportunities.
- Planning a recurrence.

Behavioral warning signs, which might also indicate recurrence of substance use, include³⁷³:

- Not maintaining healthy boundaries.
- Not seeking support.

- Not practicing self-care, including physical self-care like healthy sleeping³⁷⁴ and eating.
- Not going to mutual-help meetings.
- Reengaging with people, places, and things associated with past use.³⁷⁵

Evolving Views of Recurrence

Just as the concept of recovery has evolved over time, so too has the concept of recurrence. A recovery orientation views recurrence not as a failure on the part of the client, but as an indication of the need to work with the client on adjusting the treatment plan or recovery plan, or both, as applicable. (Unfortunately, some SUD treatment programs still automatically discharge clients who have a recurrence.^{376,377}) Recovery researchers also increasingly emphasize the possibility that a person in recovery can learn from a recurrence and apply this newfound knowledge to their recovery effort.³⁷⁸

Benefits of Promoting Recovery and Preventing Recurrences

The benefits of recovery may seem obvious, given the wide-ranging impact that problematic substance use can have on an individual's life. Physical health, emotional well-being, relationships, school and career achievement, financial security, law-abidingness, and spiritual health are all affected by such use.³⁷⁹ Recovery is an opportunity to make improvements in all of these domains.

The benefits of recovery extend well beyond the individuals in recovery themselves. Recovery also positively affects families, workplaces, communities, and society as a whole.



Examples of Benefits to the Individual

- Recovery contributes to overall improved health. Individuals with problematic substance use are more likely to suffer from chronic pain, hypertension, infectious diseases (e.g., hepatitis C and HIV), injuries, poisonings, overdose, and death by suicide.^{380,381}
- A landmark survey of people in recovery found that recovery from problematic substance use “is associated with dramatic improvements in all areas of life: healthier/better financial and family life, higher civic engagement, dramatic decreases in public health and safety risks, and significant increases in employment and work.”³⁸²

Examples of Benefits to the Community and Society

- Each year, the problematic use of drugs and alcohol costs the United States an estimated \$416 billion, which includes healthcare expenses, lost workplace productivity, criminal justice–related costs, and losses from motor vehicle crashes.^{383,384}
- Recovery can reduce hospital costs, where the medical costs related to problematic substance use are \$13.2 billion annually.³⁸⁵
- Recovery can help avoid drug overdose deaths, reported to number 100,306 from April 2020 to April 2021.³⁸⁶
- Recovery helps reduce alcohol-related driving fatalities, which occur at a rate of 1 death every 50 minutes and cost \$44 billion annually.³⁸⁷
- Treatment and recovery reduce criminal justice system costs associated with people with OUD, which a 2020 study estimated at \$29.9 billion annually.³⁸⁸ The annual cost of methadone treatment averages about \$6,550 per person,³⁸⁹ compared with an annual average cost of about \$34,000 to hold someone in a local jail³⁹⁰ or \$34,770 to incarcerate someone in a federal prison.³⁹¹

- A 2020 update of research published in 2017 found that U.S. employees in recovery miss 13.7 fewer days annually than employees with untreated SUD and 3.6 fewer days than an average employee.³⁹²
- Recovery may reduce instances of IPV, which has been found to correlate with substance use.³⁹³
- Recovery contributes to healthier pregnancies and infants. Substance use during pregnancy can lead to fetal alcohol spectrum disorder and neonatal abstinence syndrome.³⁹⁴

Introduction to Recovery-Oriented Systems of Care

A recovery-oriented system of care (ROSC) is an integrated, easily navigated, self-defined network of community-based services and supports that offers a menu of treatment and recovery options to people in or seeking recovery from problematic substance use. In a ROSC, these options are available across the full continuum of care, from prevention through recovery management, and for the full spectrum of substance use problems, from risky use through severe SUD.^{395,396}

A ROSC’s overarching goal is to better support people in achieving recovery, wellness, and improved quality of life by addressing their needs holistically³⁹⁷ and in the same long-term way that characterizes management of other chronic diseases, like diabetes and heart disease. Too often, people in recovery don’t receive this type of long-term support.

Exhibit 1.4 lists the essential elements of a ROSC, as identified by the 2005 National Summit on Recovery.

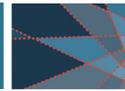


EXHIBIT 1.4. Essential Elements of a ROSC

- Person centered
- Inclusive of family and other ally involvement
- Individualized and comprehensive services across the lifespan
- Committed to anchoring systems in the community
- Committed to continuity of care
- Based in partner–consultant relationships
- Strengths based
- Culturally responsive
- Responsive to personal belief systems
- Committed to PSS
- Inclusive of the voices and experiences of recovering individuals and their families
- Committed to integrated services
- Committed to systemwide education and training
- Committed to ongoing outreach and checkups
- Outcomes driven
- Research based
- Adequately and flexibly financed

Source: Adapted from material in the public domain.³⁹⁸

Experience with ROSCs and a greater understanding of recovery have led to the identification of other important factors. One is that ROSCs address SDOH and health disparities. Another is that ROSCs promote community inclusion of people in recovery.^{399,400} A third, as noted by the consensus panel that supported the development of this TIP, is that ROSCs don't take a linear approach to recovery.

A small sampling of the many states and communities that have actively engaged in promoting ROSCs includes Connecticut; Illinois; New York; Ohio; Houston, Texas; Philadelphia, Pennsylvania; and Scott County, Indiana.^{401,402,403,404,405,406}

Participating in a ROSC connects counselors to other types of providers offering recovery-oriented care, which in turn can help support clients in accessing holistic, appropriate services. Chapter 2 and Chapter 5 have more information on ROSCs.

Introduction to Recovery Research: Current Topics and Needs

Because recovery is a multidimensional process, it means different things to different people, and conducting research on it can be challenging.^{407,408} Yet, recovery research is a burgeoning field of inquiry with many different topics to explore, some of which are discussed in the following sections.

Some Overarching Issues

Studying and measuring recovery is different than studying and measuring addiction, which typically looks at outcomes, such as treatment retention rates, number of days abstinent, and changes in number of heavy drinking days. Recovery research is concerned not only with these outcomes, but also with such issues as^{409,410}:

- Improvement in social connectedness.
- Improvement in personal functioning.
- The effect of time in recovery on quality of life and outlook.
- The effect of treatment entry point on recovery trajectory.
- Ways to measure the subjective experience of recovery.

Neuroscience of Recovery

As discussed earlier, imaging technology can look directly at many aspects of the brain and its activity. If these techniques can reveal the effects of substance use on the brain, can they also be used to evaluate the progress of recovery? As two researchers have observed,



a group of people may abstain from substances in a 4-week treatment program but display a wide range of behaviors afterward, from immediate recurrence through lifelong abstinence.⁴¹¹ It's possible that neuroscience could discover biomarkers or brain function patterns corresponding to these behaviors, which could "alert clinicians while treatment is still underway whether progress is being made and could help them design care packages that translate patients' short-term clinical gains into long-term recovery."⁴¹²

Below are some directions currently being pursued in the neuroscience of recovery.

Brain Structure

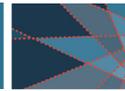
SUDs are associated with shifts in brain architecture and structure. People with AUD show reductions in gray matter,⁴¹³ and people with other SUDs have shown changes in both gray matter and white matter.⁴¹⁴ Does recovery reverse these changes? One study suggests that abstinence can cause increases in brain volume in people who used methamphetamine,⁴¹⁵ and another found a similar result among prison inmates who had regularly used alcohol, cocaine, or cannabis.⁴¹⁶ However, the second study found that these reversals varied depending on the substance. Another study of people in recovery for AUD found that 8 months after an initial magnetic resonance imaging assessment, there was no difference in brain volume between people who abstained from drinking completely and people who drank at low levels.⁴¹⁷

Further research is needed on the extent of possible gains, the differences depending on the type of SUD, and the changes associated with abstinence compared with reduction in substance use.

Functional Magnetic Resonance Imaging for Changing the Brain

Functional magnetic resonance imaging (fMRI) is being researched for direct use in treatment, in the form of **real-time fMRI neurofeedback** (rtfMRI-nf). The goal of this promising approach is to train people in recovery to self-regulate their brain activity by having them watch it and try to modify it: a process known as neuromodulation. For example, individuals are exposed to the substance that induces craving, watch in real-time how their brain reacts, and consciously try to alter the reaction to reduce their feelings of craving.

A review of rtfMRI-nf studies across several substances, including alcohol and cocaine, showed that the neuromodulation technique generally reduced cravings, although the effects varied depending on the part of the brain involved and the severity of the SUD. The authors identified several areas for further exploration, which include whether the training transfers to settings where the subject isn't able to watch the brain react, how long the training endures, and whether effectiveness varies depending on age, sex, and other sociodemographic factors.⁴¹⁸



STIMULATION TECHNIQUES: CAN THE BRAIN BE TREATED DIRECTLY FOR SUD?

Applying small electric or electromagnetic pulses to the brain, either externally or internally, is accumulating evidence of efficacy for various brain disorders. Many studies have investigated whether these types of treatments—particularly the external ones, which are noninvasive and relatively free of side effects—could help with recovery from SUD. The evidence so far is mixed, but so are the treatment protocols, including the total number of treatments, the timespan over which they're delivered, the duration of each treatment, and the intensity of the pulses being applied. The most consistent effect across all types of SUDs was reduction in craving.⁴¹⁹

The exact mechanism for the effects of these treatments is not yet clear, nor is whether they're best used by themselves or with other treatment methods.⁴²⁰ In addition to lacking consistency in regimen, existing studies suffer from small sample sizes and often don't have rigorous control groups or sufficient blinding.⁴²¹ These techniques show great promise but must be studied and refined further. These are some to watch:

- **Repetitive transcranial magnetic stimulation** consists of electromagnetic pulses applied externally through the scalp. It's been studied in connection with SUDs for alcohol, methamphetamine, cocaine,⁴²² and cannabis.⁴²³
- **Transcranial electrical stimulation (tES)** can involve either direct or alternating current, applied externally through the scalp. It has been studied for treating SUDs involving alcohol, methamphetamine, cocaine, heroin, and cannabis.⁴²⁴ FDA currently considers both forms of tES investigational, and both are in numerous clinical trials.
- **Deep brain stimulation (DBS)** works via devices implanted in the brain. A few studies have examined its usefulness for treating SUDs involving alcohol, stimulants, and opioids.⁴²⁵ Because DBS involves surgery, it does not lend itself to large, blinded trials.

Nonabstinence Approaches to Recovery

Does recovery from problematic substance use demand abstinence? For many people, the answer is yes. But a growing body of evidence suggests that a requirement for complete abstinence may be unnecessarily restrictive, and that treatment programs that demand it may discourage people from seeking help.⁴²⁶

Analyses of participants in two large studies that tracked outcomes of AUD treatment for up to 10 years, Project MATCH and the COMBINE Study,^{427,428,429} showed that a substantial number of participants returned to occasional heavy drinking after treatment. However, there was not a consistent relationship between the amount they drank and how well they functioned. Approximately half of the participants were able to drink

heavily on occasion and still maintain levels of functioning similar to participants who abstained or were considered low risk. This finding suggests focusing on function, rather than drinking practices, when defining what constitutes recovery and when projecting how someone will fare long term.

In another example, a study of people in treatment for cocaine use disorder showed that some were able to achieve "problem-free functioning," while dropping down to "occasional" use during their final month of treatment, and to maintain that status and level of use during follow-up interviews.⁴³⁰

Behavioral Economic Theory and Recovery

Behavioral economics is the study of how people make decisions about how to use their resources and things they value. It



includes such elements as how a person chooses between a smaller reward available immediately and a larger one that requires waiting, and how those decisions may be influenced by state of mind, stress level, and outside events.

One characteristic feature of SUD is distorted behavioral economics: the person who has an SUD puts a higher value on the substance than on other things normally regarded as valuable, like relationships, jobs, education, or life goals.⁴³¹ In severe cases, the substance becomes the only thing valued. An important task of recovery is reconfiguring one's behavioral economic calculations to devalue the substance and shift priorities to self-care, better relationships, and meaningful participation in society.

From the perspective of behavioral economics, the COVID-19 pandemic created a "perfect storm" for SUDs. Many rewards and incentives—such as companionship, social activity, and employment—became suddenly unavailable, while substances were readily available and the need to relieve stress, loneliness, and other negative emotions was much higher than normal.⁴³² Restricted access to recovery services further exacerbated the problems for many. Research will need to assess the long-term impact of the pandemic on the behavioral economic structures of substance use.

One current avenue of research is refining the application of behavioral economics to recovery. For example, people in recovery could be assessed at baseline to determine how they make value-based decisions in general, and reassessed periodically to see whether their decision process has changed during treatment and recovery. Their responses could help predict the likelihood of recurrence.⁴³³ (Contingency management, an SUD intervention grounded in behavioral economics, is discussed in Chapter 3.)

Recovery Timeframes

More research is needed on recovery timeframes. William White has suggested that "recovery durability" is achieved when a person has been in active, continuous recovery for 4 to 5 years.⁴³⁴ A 2018 study found that it takes an average of 15 years of recovery to achieve the same quality of life as a sample of the general population in several Western European countries.^{435,436}

This TIP's consensus panelists emphasized the lack of continuity in recovery support after treatment and the need to look at supports for people beyond the first few years of recovery. However, the consensus panelists also suggested using milestones with caution. Instead, they emphasized that recovery is an ongoing, individualized process of improving one's quality of life. (Chapter 4 has a full discussion about the pillars of recovery.)

Each person's journey will be unique and will not adhere to a strict schedule. Moreover, recovery should not be confused with "remission," the term DSM-5-TR uses to describe being free of SUD symptoms (except craving).⁴³⁷ Just because someone stops using a substance does not mean they have also resolved the problems that contributed to, or arose because of, their substance use. Nor does it mean that they have achieved a quality of life acceptable to them.

Recovery Support Services

Most recovery services have developed fairly recently and some do not readily lend themselves to quantifiable measurement in the way that many formal SUD treatment services do. But research in this area is growing.

Recovery Housing

Recovery housing provides a safe, alcohol- and illicit drug-free living space for people in recovery from SUDs. The National Alliance for Recovery Residences recognizes four levels of recovery housing. Each provides a different level of structure and services. Residences may be peer-run, monitored by a house manager or senior resident, formally supervised, or operated by a clinical service provider.⁴³⁸

Living in recovery housing has been shown to reduce residents' substance use and likelihood of recurrence and increase their likelihood of being employed.⁴³⁹ A 2022 study found that people in recovery housing stayed in outpatient treatment programs more than twice as long as people who weren't in recovery housing, and were twice as likely to have a satisfactory discharge from treatment.⁴⁴⁰

Most research to date has focused on peer-run residences.⁴⁴¹ Gaps still exist in fully understanding how the other levels of recovery housing affect recovery outcomes. Other research needs include understanding⁴⁴²:

- What types of people are most likely to benefit from living in recovery housing.
- How recovery housing environments influence the likelihood an individual will enter formal treatment.
- Which aspects of recovery residences (e.g., social support, linkages to mutual-help programs) have the greatest impact.

RCCs

RCCs are a growing part of the recovery ecosystem,⁴⁴³ serving as social "recovery hubs" that provide social opportunities, recovery coaching, recurrence prevention skills, employment and job training linkages, and other resources. Participating in an RCC is associated with increased abstinence; lowered substance-related harms; and

enhancements in recovery capital, psychological well-being, and quality of life.⁴⁴⁴ However, RCCs are fairly new and have not yet been well studied from a systematic or longitudinal perspective.⁴⁴⁵

Suggested topics for further research on RCCs include⁴⁴⁶:

- Determining whether the increases in recovery capital are sustained over time, and whether RCC users' quality of life improves as a result.
- Identifying what barriers might prevent individuals from using RCCs.
- Exploring regional variations in RCC membership, service needs and use, and overall impact.

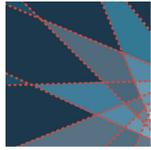
PSS

PSS are an expanding part of the SUD continuum of care with a growing evidence base.^{447,448,449} A great deal of variation exists in the scope of peer services and in states' peer training and certification requirements. Future directions for research on peer services could include large-scale comparative studies on their overall effectiveness and their relative effectiveness in different settings.

Conclusion

This chapter has reviewed the evolving understanding and treatment of problematic substance use, discussed the principles and different pathways of recovery, and introduced some specific strategies of recovery-oriented counseling for clients with substance use-related problems. The chapter also looked back at the history of the modern recovery movement and forward to future recovery research. Finally, the chapter has emphasized that recovery-oriented counseling doesn't exist in a vacuum. Counselors working with people in recovery should be connected to peer specialists and others offering recovery-oriented services and supports, ideally through a ROSC.

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Chapter 2—Framework for Supporting Recovery With Counseling

KEY MESSAGES

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

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

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

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

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



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

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

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

Competencies for Recovery-Oriented Counseling

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

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

Selected supporting resources:

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

- SAMHSA, *Alcohol Use: Facts & Resources*: https://www.samhsa.gov/sites/default/files/alcohol_use_facts_and_resources_fact_sheet_2018_data.pdf
 - SAMHSA, Harm Reduction: <https://www.samhsa.gov/find-help/harm-reduction>
 - SAMHSA, Treatment Improvement Protocol (TIP) 42, *Substance Use Disorder Treatment for People With Co-Occurring Disorders*, Chapter 3 and Appendix B: <https://store.samhsa.gov/product/tip-42-substance-use-treatment-persons-co-occurring-disorders/PEP20-02-01-004>
 - SAMHSA, TIP 63, *Medications for Opioid Use Disorder*: <https://store.samhsa.gov/product/TIP-63-Medications-for-Opioid-Use-Disorder-Full-Document/PEP21-02-01-002>
 - State of Oklahoma, *ASAM Quick Reference*: <https://oklahoma.gov/content/dam/ok/en/odmhsas/documents/a0003/asam-quick-reference.pdf>
 - American Association for Community Psychiatry, *Level of Care Utilization System (LOCUS) Guide for Patients, Families, and Providers*: https://drive.google.com/file/d/1Xs3PCABJZ_poYcf1t1cmdiD3vIZWCNT/view
- **Possess an understanding of mental health–related conditions.** Counselors should:
 - Be familiar with common co-occurring mental disorders.
 - Understand how problematic substance use may influence mental issues and suicidality.
 - Know the procedures for providing or accessing crisis services.
 - Know the procedures for the mandatory psychiatric evaluation process.
 - Have knowledge of local therapeutic resources available to clients.
- Selected supporting resources:
- SAMHSA, TIP 42, *Substance Use Disorder Treatment for People With Co-Occurring Disorders*: <https://store.samhsa.gov/product/tip-42-substance-use-treatment-persons-co-occurring-disorders/PEP20-02-01-004>
 - SAMHSA, *National Guidelines for Behavioral Health Crisis Care: Best Practice Toolkit*: <https://www.samhsa.gov/sites/default/files/national-guidelines-for-behavioral-health-crisis-care-02242020.pdf>
- **Have a general understanding of common co-occurring medical conditions, including:**
 - HIV.
 - Sexually transmitted infections.
 - Hepatitis A, B, and C viruses.
 - Bacterial and fungal infections, including infective endocarditis.
 - Alcohol-related liver disease.
 - Oral diseases, including tooth decay, gum disease, and dry mouth.
 - Skin manifestations of substance use (e.g., rashes, scars, dry skin, dental decay).⁴⁵¹
 - Substance use–associated dementia.
 - Substance-induced mental disorders and psychoses (e.g., bipolar disorder, anxiety disorder).



Selected supporting resource:

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

● **Provide trauma-informed care.**

Counselors should:

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

Selected supporting resource:

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

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

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

Selected supporting resource:

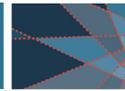
- SAMHSA, TIP 35, *Enhancing Motivation for Change in Substance Use Disorder Treatment*: <https://store.samhsa.gov/product/TIP-35-Enhancing-Motivation-for-Change-in-Substance-Use-Disorder-Treatment/PEP19-02-01-003>

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

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

Selected supporting resources:

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



STRUCTURAL COMPETENCY

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

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

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

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

RESOURCE ALERT: TOOLS FOR ASSESSING SDOH

Tools to assess SDOH include the following:

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

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

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



Selected supporting resources:

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

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

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

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

Selected supporting resource:

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

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

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

Selected supporting resources:

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

- **Engage in recovery advocacy.**

Counselors should:

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

Selected supporting resource:

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

Sociocultural Considerations in Recovery-Oriented Counseling

Importance of Cultural Responsiveness

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

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

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

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

RESOURCE ALERT: NATIONAL CLAS STANDARDS

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

Awareness of SUD Treatment Barriers and Inequities

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



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

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

Race and Ethnicity

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

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

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

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

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

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

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

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

Gender and Sexual Orientation

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

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

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

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

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

Rural Communities

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

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



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

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

Socioeconomic Status

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

Disability

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

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

People With Chronic Medical Conditions

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

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

People With Intersecting Identities

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

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

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

Awareness of Stigma, Implicit Bias, and Discrimination

Stigma and Discrimination Among Healthcare Providers

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

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

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

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

Counselors and Implicit Bias

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

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

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



BYSTANDER INTERVENTIONS

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

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

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

Strengths-Based Counseling

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

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

Principles of Strengths-Based Counseling

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

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

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

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

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

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

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

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

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

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

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

Strengths-Based, Person-Centered Assessment

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

Strengths-Based, Person-Centered Intake Approaches

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

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

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

Maslow's Hierarchy of Needs

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

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



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

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

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

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

Hopes and Dreams

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

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

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

Values Exercises

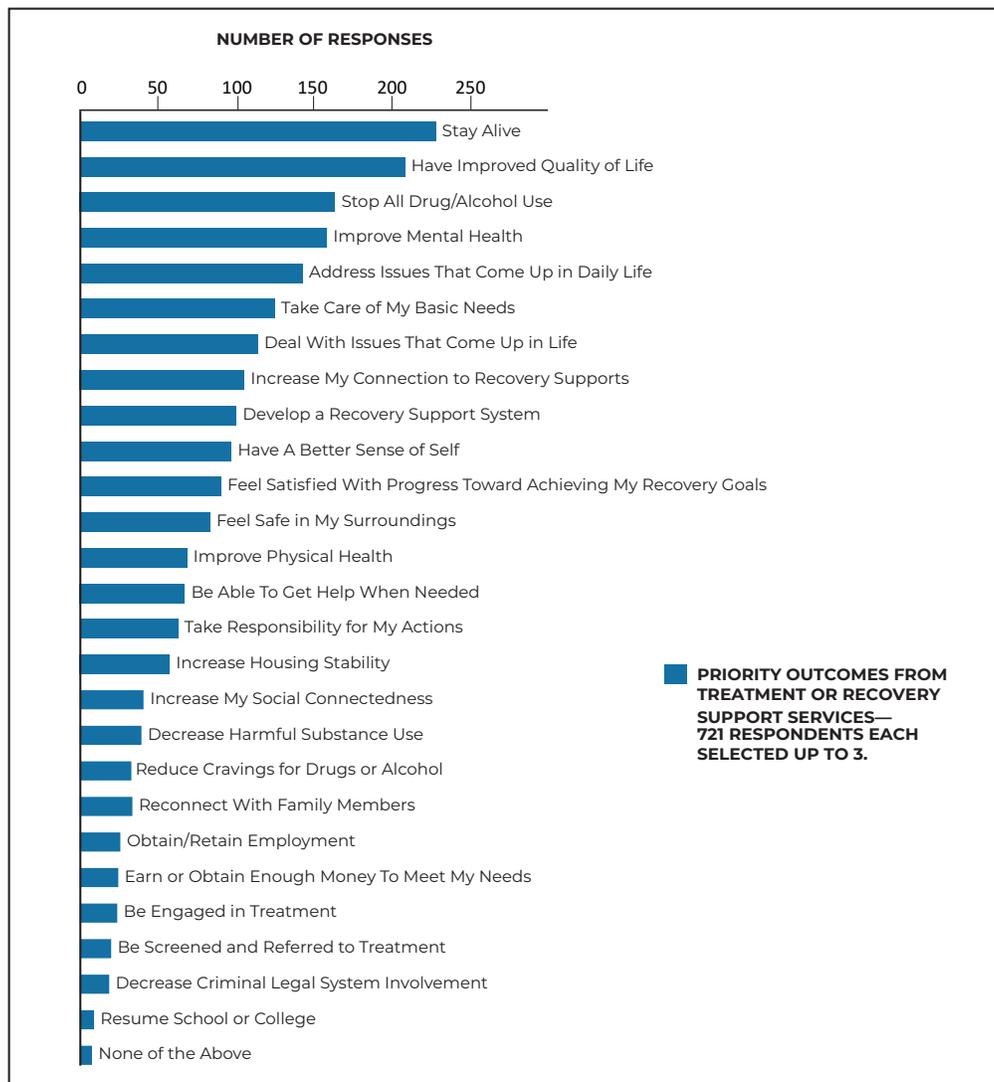
As part of a strengths-based, person-centered counseling approach, the consensus panel recommends conducting a values exercise with a client seeking or in recovery. Values can be thought of as the principles, qualities, and beliefs that are most important to an individual and that the individual most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

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

PRIORITY OUTCOMES FOR RECIPIENTS OF SUD TREATMENT AND RECOVERY SUPPORT SERVICES

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

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



Source: Adapted with permission.⁵⁵⁵



EXHIBIT 2.1. My Personal Values (Worksheet Part 1)

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

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

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

Source: Reprinted with permission from PracticeMBRP.

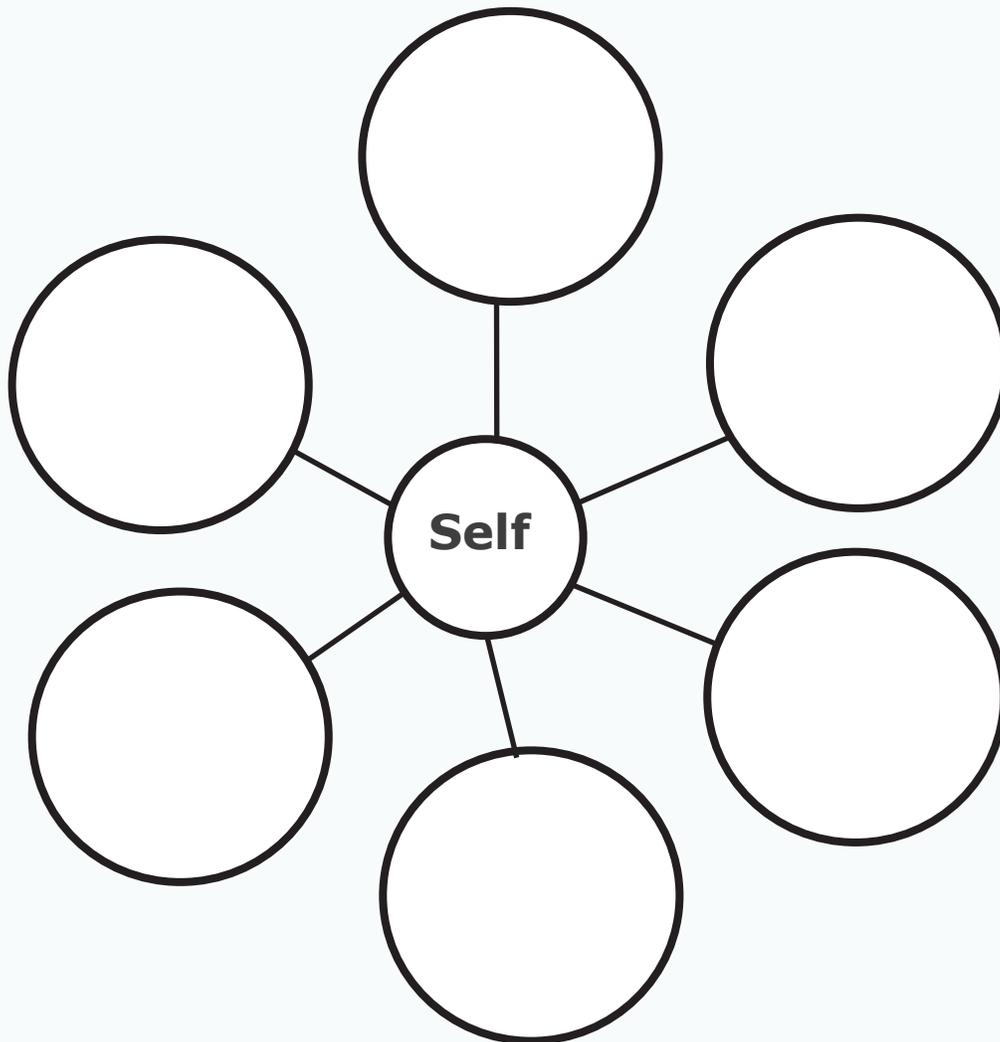


EXHIBIT 2.2. My Personal Values (Worksheet Part 2)

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

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

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

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

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

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

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

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

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

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

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

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Decisional Balancing To Address Ambivalence About Changing Problematic Use

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

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



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

Recovery Capital Assessment

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

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

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

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

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

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

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

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

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

Assessing Recovery Capital

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

Substance Use Recovery Evaluator

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

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

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

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

Assessment of Recovery Capital (ARC).

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

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

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

Brief Assessment of Recovery Capital-10

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

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



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

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

Some Limitations of and Further Work on Recovery Capital Assessments

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

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

- Human
- Financial
- Social
- Community and cultural

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

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

Unconditional Positive Regard

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

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

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

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

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

Cues for Health and Well-Being in Early Recovery

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

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

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

Examples of audio recovery cues are:⁵⁸⁹

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

Counselors can help clients identify a collection of such cues.

Coping and Avoidance Skills for Clients in Early Recovery

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

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

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

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

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



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

Self-Efficacy

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

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

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

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

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

Chapter 3 discusses another useful tool: the Confidence Ruler.

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

Importance of Substance-Free Activities in Recovery

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

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

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

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

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

Approach to Promoting a Healthy Life for Clients Beyond Early Recovery

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

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



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



Recovery Management Check-Ins and Checkups

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

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

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

Approach to Recurrence and Its Warning Signs

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

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

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

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

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

THE ABSTINENCE VIOLATION EFFECT

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

Counselor Responses to Warning Signs of a Recurrence

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

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

Talking to the Client About Outcome Expectancies and Urges

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

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

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

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

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



RESOURCE ALERT: ADVANCE WARNING OF RELAPSE QUESTIONNAIRE

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

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

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

Identifying Triggers for Recurrence to Use

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

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

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

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

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

HUNGRY, ANGRY, LONELY, TIRED

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

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

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

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

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

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

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

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

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

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

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

- **Stages of Change Readiness and Treatment Eagerness Scale (SOCRATES):** SOCRATES measures readiness to change and motivation to continue with treatment or recovery. The SOCRATES 8A is for alcohol use, and the SOCRATES 8D is for other substance use. The SOCRATES uses a 5-point scale ranging from 5 (strongly agree) to 1 (strongly disagree) and can assess recognition of the problem, ambivalence, and efforts to take steps. Changes in scores over time can help clients understand the impact of an intervention on problem recognition, ambivalence, and progress toward goals.⁶⁶¹
- **Commitment to Sobriety Scale:** This 5-item measure assesses level of commitment to recovery from problematic substance use. The scale rates agreement with statements concerning substance use (e.g., “I will do whatever it takes to recover from my addiction” and “I never want to return to alcohol/drug use again”). It includes a 6-point scale ranging from strongly disagree (1) to strongly agree (6).⁶⁶² Use this tool with clients who have abstinence as their recovery goal.
- **Addiction Treatment Attitudes Questionnaire:** This measure assesses attitudes toward treatment and recovery. The questionnaire includes questions about commitment to lifelong abstinence (e.g., “I should never have another drink/drug” or “I believe I should never use alcohol or any mood-altering chemicals again”). Respondents rate their agreement with each statement, from 1 (strongly disagree) to 5 (strongly agree). Higher scores indicate more positive attitudes toward treatment.⁶⁶³ This tool is appropriate for use with clients who have abstinence as their recovery goal.

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

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

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

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



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

Ways That Payment Systems Can Affect the Delivery of Care

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

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

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

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

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

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

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

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

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

Recovery-Oriented Systems of Care and Strengths-Based Counseling

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



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

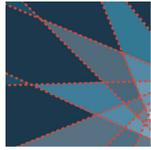
- Opportunities to have better coordination with clients' other providers, thereby promoting continuing, holistic care.
- Collaboration with other providers from multiple disciplines who have a recovery-oriented approach to care.
- Connections to other services and supports for clients in recovery, such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

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

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

Conclusion

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



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

Continued on next page



EXHIBIT 3.2. Harm Reduction Pillars, Principles, and Core Practice Areas⁷⁰⁴

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 include⁷⁰⁸:

- 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 Practices⁷¹¹

| 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 include⁷⁵⁰:

- **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 symptoms⁷⁶⁴ 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, including⁷⁶⁹:

- 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 includes⁷⁸³:

- 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 include⁷⁸⁸:

- **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 term⁷⁹⁰:

- 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 approach⁷⁹³:

- **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 include⁸¹³:

- **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 than 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 RETRAUMATIZATION⁸²⁰

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 include⁸²¹:

- 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 <i>Accelerated Resolution Therapy for Posttraumatic Stress Disorder</i> 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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| <p>Concurrent Treatment of PTSD and Cocaine Dependence⁸³²</p> | <p>This approach is designed to treat co-occurring PTSD and cocaine dependence.</p> | <p>Includes a 16-session, twice-weekly individual outpatient psychotherapy model and combines imagery and in-person exposure therapy.</p> <p>More information can be found at https://store.samhsa.gov/product/TIP-57-Trauma-Informed-Care-in-Behavioral-Health-Services/SMA14-4816.</p> |
| <p>Seeking Safety⁸³³</p> | <p>Seeking Safety helps clients attain safety from trauma and problematic substance use through an emphasis on ideals and simple, emotionally evocative language and quotations.</p> | <p>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.</p> <p>More information can be found at https://www.treatment-innovations.org/seeking-safety.html.</p> |
| <p>Substance Dependence PTSD Therapy⁸³⁴</p> | <p>This therapy combines existing treatments for PTSD and problematic substance use to help clients with a range of traumas.</p> | <p>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.</p> <p>More information can be found at https://store.samhsa.gov/product/TIP-57-Trauma-Informed-Care-in-Behavioral-Health-Services/SMA14-4816.</p> |
| <p>Trauma Affect Regulation: Guide for Education and Therapy (TARGET)⁸³⁵</p> | <p>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.</p> | <p>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.</p> <p>More information can be found at https://store.samhsa.gov/product/TIP-57-Trauma-Informed-Care-in-Behavioral-Health-Services/SMA14-4816.</p> |
| <p>Trauma Recovery and Empowerment Model (TREM)⁸³⁶</p> | <p>TREM is a group intervention designed for female trauma survivors (sexual and physical abuse) with severe mental disorders.</p> | <p>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.</p> <p>More information can be found at https://store.samhsa.gov/product/TIP-57-Trauma-Informed-Care-in-Behavioral-Health-Services/SMA14-4816.</p> |



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 OARS⁸⁴³:

- 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 should⁸⁴⁴:

- 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 **core 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 include⁸⁴⁵:

- 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}:

- **Desire to change:** "I want to start attending a mutual-help group."
- **Ability to change:** "I could start going to a mutual-help group."
- **Reasons to change:** "Going to a mutual-help group would teach me about recovery."
- **Need to change:** "I need to find a way to get my alcohol and drug use under control."
- **Commitment:** "I guarantee that I will start going to a mutual-help group by next month."
- **Activation:** "I'm ready to go to my first meeting."
- **Taking 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 SUD⁸⁶⁴ 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 understand⁸⁶⁷:

- 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 | <ul style="list-style-type: none"> • Problems with communication⁸⁷³ • High levels of conflict⁸⁷⁴ • High risk of chaos and disorganization (e.g., inconsistent parenting practices)⁸⁷⁵ • Breakdown of family rituals, rules, and boundaries⁸⁷⁶ • Potential for emotional, physical, or sexual abuse⁸⁷⁷ • High rates of intimate partner violence⁸⁷⁸ • Efforts by family members to “cover up” for the family member with alcohol misuse⁸⁷⁹ • Risk of psychological distress as well as health and behavioral problems⁸⁸⁰ • Increased potential for AUD⁸⁸¹ |
| Opioids | <ul style="list-style-type: none"> • High potential for illegal activities⁸⁸² • Unstable relationships between parents and children, including negatively impacting parenting⁸⁸³ • Increased risk of unsanitary or unsafe home environment⁸⁸⁴ • Greater risk of contracting an infectious disease, such as HIV/AIDS and hepatitis, which can affect family members’ roles and responsibilities⁸⁸⁵ • Impaired ability to maintain employment, which can worsen family financial situation⁸⁸⁶ • High potential for SUDs⁸⁸⁷ |
| Cocaine | <ul style="list-style-type: none"> • 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 problems⁸⁹⁰ • 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 by⁸⁹⁶:

- 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 domains⁸⁹⁸:

- 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 components⁹⁰⁸:

- **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 recovery⁹⁰⁹:

- 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/vsn16/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 include⁹¹⁰:

- 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 tasks⁹¹⁶:

- 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>.

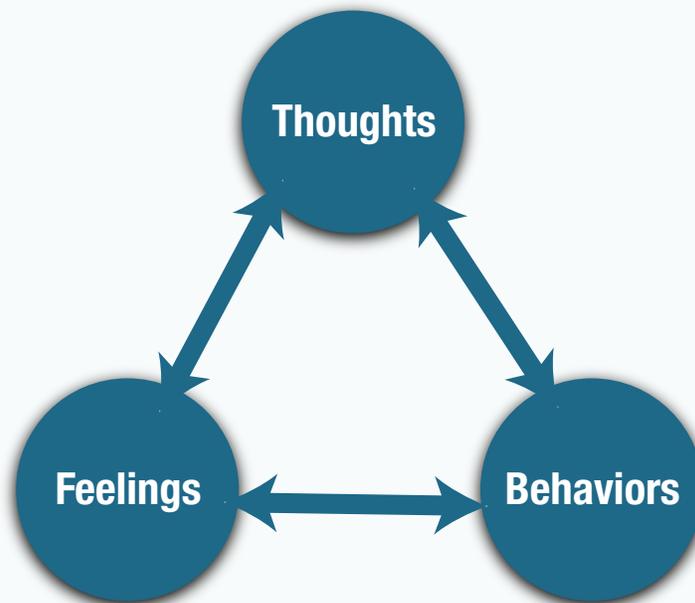
The TIP also includes discussion of how to support family counseling for SUDs among families of diverse racial and ethnic backgrounds as well as those families with lesbian, gay, bisexual, or transgender family members.

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.

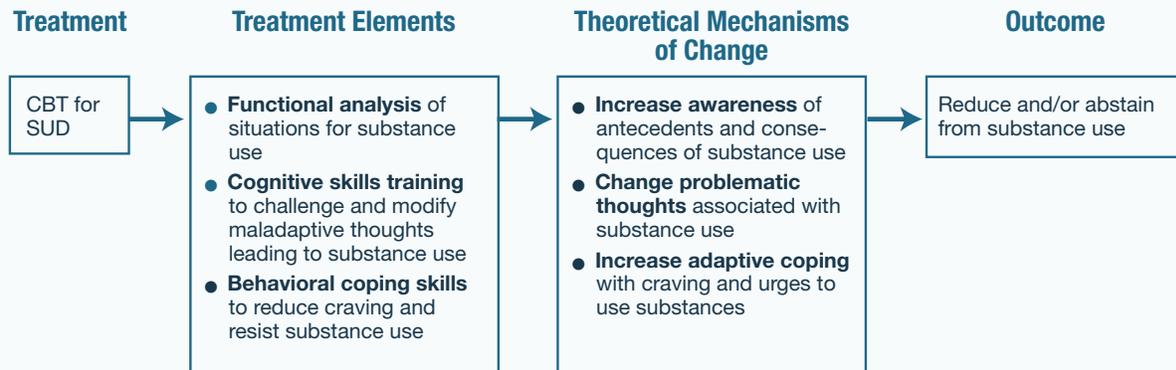
CBT for substance use–related problems is based on social learning theory, such that alcohol and drug use occurs in the context of learned behavior (i.e., modeling, classical and operant conditioning).⁹²¹ As patterns of alcohol and drug use emerge, individuals have more difficulties coping with distressing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

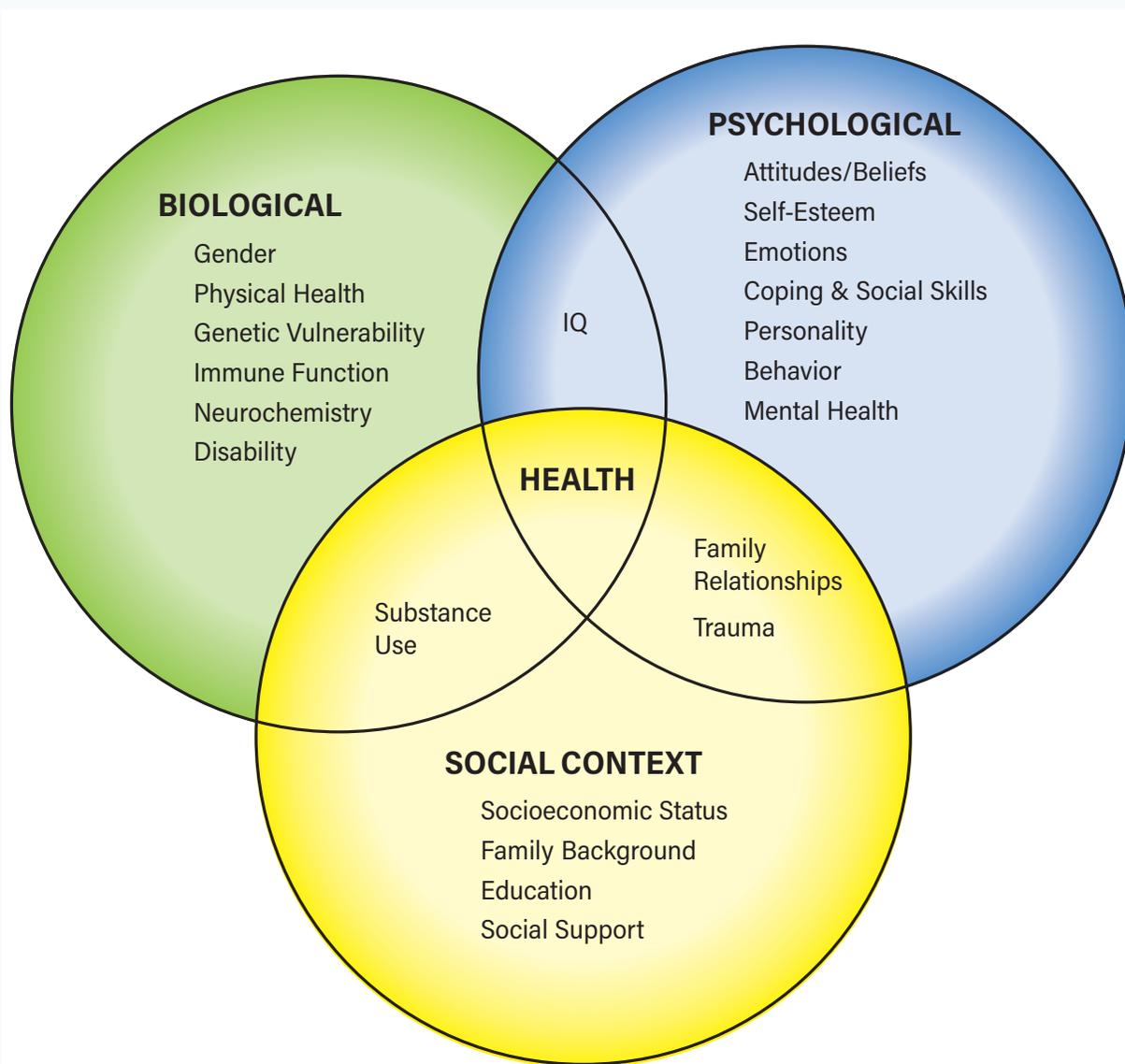


those behaviors. Clients can use this information to engage in problem-solving in a way that reduces the probability of problematic substance use.

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 following⁹²⁶:

- 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 Exercise⁹²⁷

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.

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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*

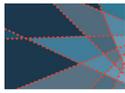
“Temptation is a strong desire made up of thoughts, feelings, impulses to act, and physical sensations—like a craving to use alcohol or drugs. Looking more closely at times when the temptation to use [name the substance] is strong can help you identify the specific tricks your mind uses to try to lure 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? <i>Rate intensity on a scale of 1-10.</i> | 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. <i>Rate intensity on a scale of 1-10.</i> | Describe the impulse to act. <i>Rate intensity on a scale of 1-10.</i> | How did you cope? How well did your strategy work? <i>Rate effectiveness on a scale of 1-10.</i> |
| 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

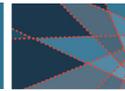
Cognitive distortions are the ways the mind works against the client's commitment to recovery and intention to refrain from problematic substance use.

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 to 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 points⁹³⁰:

- **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 CBT⁹³⁹

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 forms⁹⁴¹:



- **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 CM⁹⁶³

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 use⁹⁶⁷ 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 Use⁹⁹⁵

Pre-High Risk Situation

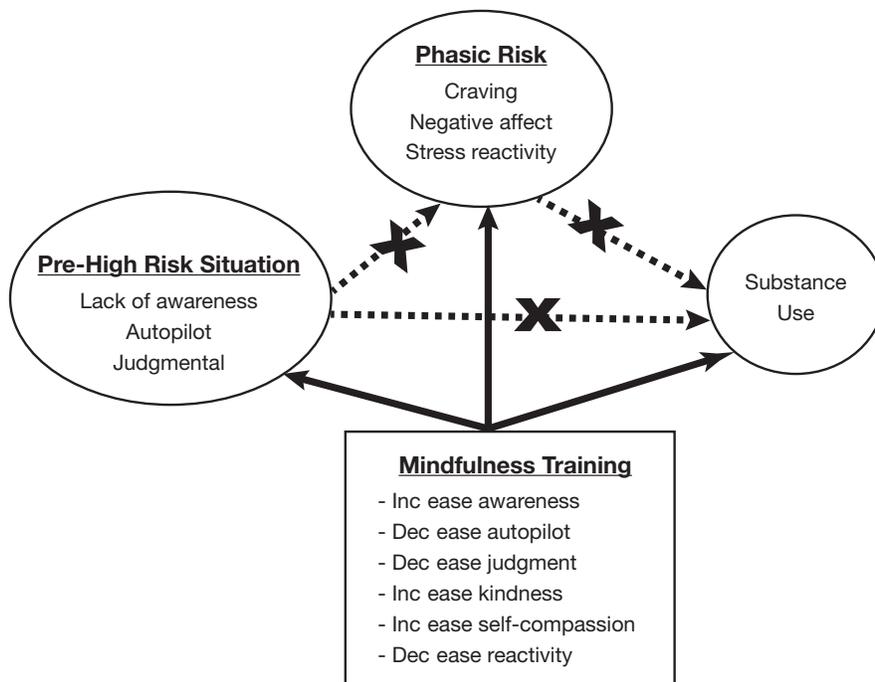


Exhibit 3.13 displays the mechanisms of mindfulness training, as hypothesized by researchers, that can interrupt the process of recurrence and create awareness of a risk situation.

-  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 themselves, to others, to the world around them, and to something greater.
- Develop self-awareness, self-acceptance, and self-compassion.
- Free themselves 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.

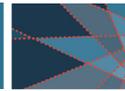


EXHIBIT 3.15. Mindfulness Exercises

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

Continued on next page



Continued

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://mindfulness.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 person¹⁰¹⁹:

- 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 ACT¹⁰²²

| 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

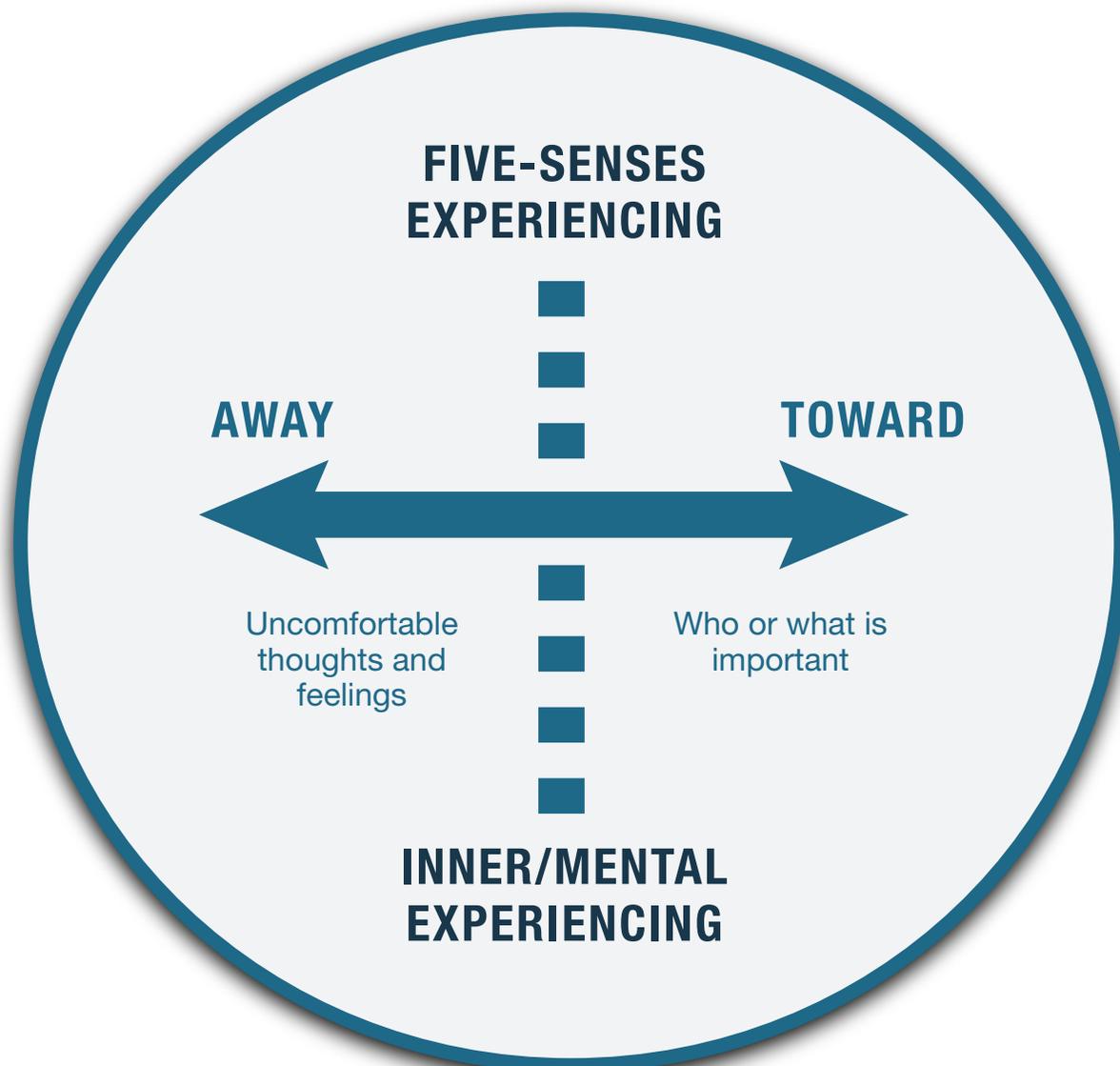
theory, this allows individuals to notice differences between feelings and actions that move them toward the outcome they value, rather than away from unwanted experiences or outcomes.¹⁰²³ Psychological flexibility is not defined as escaping or avoiding difficult or painful experiences, but rather as 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 Matrix¹⁰²⁶



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 treatment¹⁰³⁴). 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 far¹⁰³⁷ 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 care¹⁰³⁹ 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 in-depth 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.

Continued on next page

Continued

- **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. |

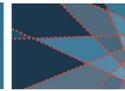
Source: Adapted from Magill, M., Martino, S., & Wampold, B. (2021). *The principles and practices of psychoeducation with alcohol or other drug use disorders: A review and brief guide. Journal of Substance Abuse Treatment, 126, 108442.*

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)* into 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 include¹⁰⁶⁹:

- 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:

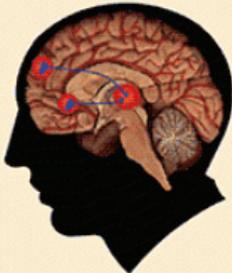
- The Recovery Research Institute's Addiction 101 resource page includes a comprehensive overview of the epidemiology, causes, experience, impact, and latest terminology on addiction (<https://www.recoveryanswers.org/addiction-101/>).
- The Recovery Research Institute's educational page on the brain 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

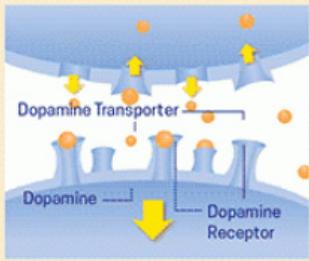
Some drugs target the brain’s pleasure center

Brain reward (dopamine pathways)

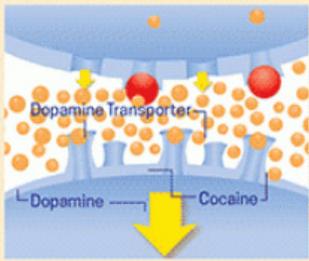


These brain circuits are important for natural rewards such as food, music, and sex.

How drugs can increase dopamine



While eating food

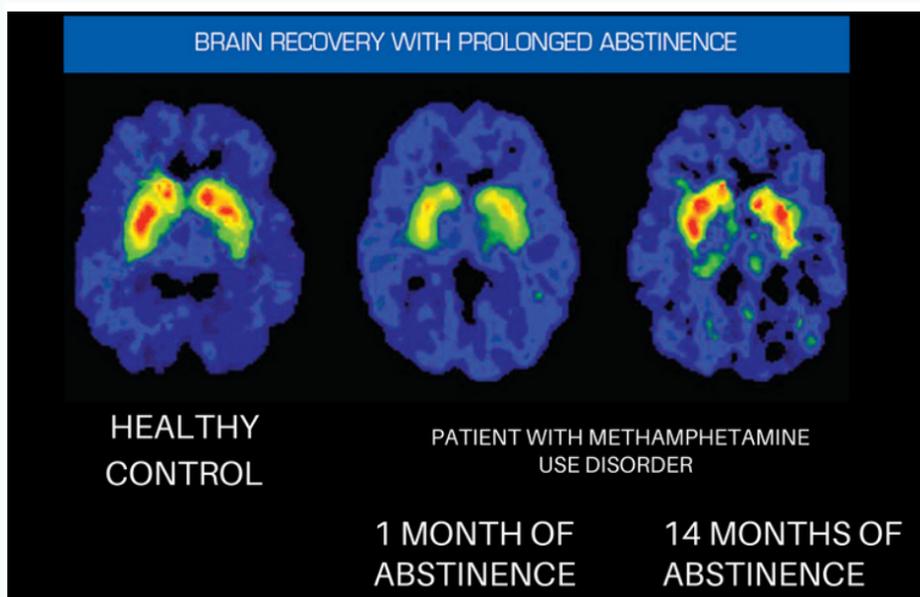


While using cocaine

Typically, dopamine increases in response to natural rewards such as food. When cocaine is taken, dopamine increases are exaggerated, and communication is denied.

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

RISK FACTORS FOR PROBLEMATIC SUBSTANCE USE



GENETICS

A person's genetics can account for 40-60% of their risk of developing problematic substance use.



GENDER

Men are more likely than women to have problematic substance use.



AGE AT FIRST USE

Using substances at an early age can be a risk factor.



ENVIRONMENTAL INFLUENCES

Environmental influences can affect the risk of problematic substance use, including peer group substance use, exposure to traumatic events, substance availability.



PSYCHOLOGICAL FACTORS

Psychological factors, including the presence of other mental disorders (for example, as major depressive disorders, ADHD, or post-traumatic stress disorder), can increase the risk of problematic substance use.



FAMILY INVOLVEMENT

Parental substance use or a lack of family involvement, support, or parental supervision can also be risk factors.

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 SUDs¹⁰⁸⁶:

- 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 as¹⁰⁸⁹:

- **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

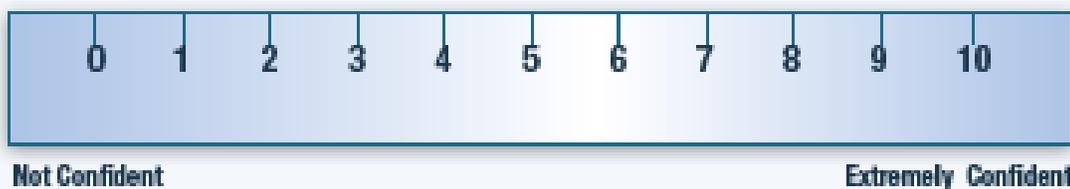
symptoms, and explain to clients that it is normal to not feel fully recovered within the first weeks after reducing use or beginning abstinence. Clients should be reassured that, although symptoms may continue indefinitely, they can be managed. Counselors should advise clients about ways to reduce or 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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Continued

| Medication | Use | Route of Administration | Most Common Side Effects |
|-------------------|---|--|---|
| Disulfiram | <p>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.</p> <p>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}</p> | Orally ¹¹³⁸ | <p>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</p> |
| Naltrexone | <p>Naltrexone blocks opioid receptors that participate in the rewarding effects of drinking and craving for alcohol.^{1140,1141}</p> | Orally or given by injection (intramuscularly) ¹¹⁴² | <p>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</p> |

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 people¹¹⁷⁶ 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}

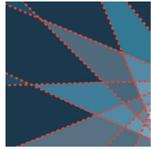
Recent evidence suggests several potential benefits of healing circles for clients in recovery from problematic substance use. For example, **healing circles are associated with improved client outcomes when combined with primary medicine in multiple studies.**¹¹⁸¹ Cultural and traditional healing practices 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 can¹¹⁹⁴:

- 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 guides¹¹⁹⁵:

- 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 time¹¹⁹⁶:

- 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

HEALTH INSURANCE 101

01 PREMIUM

A premium is the amount you pay your insurance company for your plan. If you don't pay your premium, your health insurance could be cancelled.



OUT-OF-POCKET LIMIT



This is the total amount you will have to pay in a given year.

Premiums don't count toward this, but copayments, coinsurance and deductibles often do.

02 OUT-OF-POCKET

Out-of-pocket expenses are the ones you're responsible for.

It's cash out of your own pocket.

Good news: there is a limit on these expenses.



COPAYMENT



\$XX/VISIT

Amount you pay for a specific service.

Due at the time of service, like a doctor's visit, or picking up your medicine.

Also known as a copay.

COINSURANCE



Percentage of the total cost that you must pay.

If you have 20% coinsurance, you have to pay 20% of the bill, while your insurance company pays the remaining 80%.

DEDUCTIBLE



\$XXXX/YEAR

Amount you have to pay before your insurance plan kicks in and starts paying.



Source: Reprinted with permission from Pennsylvania Health Access Network. (n.d.). Health Insurance 101. <https://pahealthaccess.org/wp-content/uploads/2016/04/health-insurance-101-premiums-out-of-pocket.png>

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 include¹²¹²:

- 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 barriers¹²¹⁷:

- 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 cravings¹²⁵³ 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 abstinent¹²⁶¹ 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

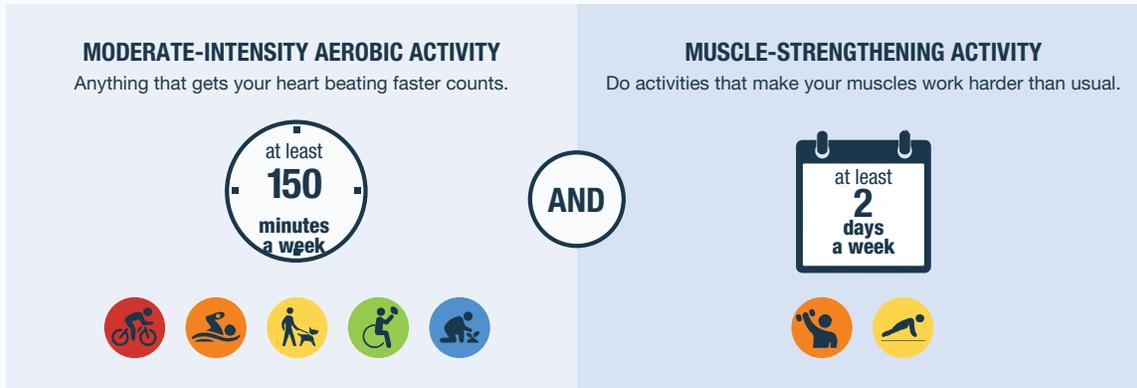
The first step to encouraging clients to get more exercise is to talk with them about their own physical activity levels and how regular exercise can support their long-term recovery. To start the conversation, counselors can ask clients the following questions¹²⁶⁶:

- 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.

Continued on next page

Continued

- **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**



HOME

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 SUDs¹²⁸⁴ 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 PROGRAMS¹³⁰³

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 offer¹³⁰⁶:

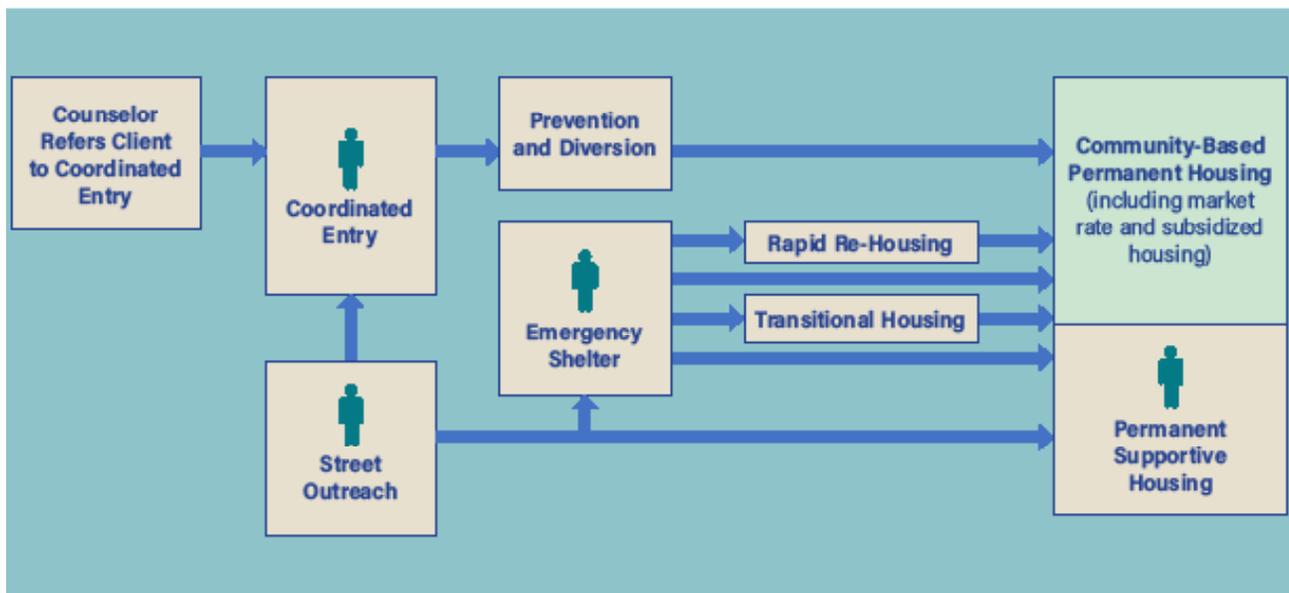
- Financial assistance in the form of rental housing subsidies to help individuals and families cover housing costs.
- Eviction prevention programs that are designed to prevent displacement from rental units. These programs may include financial assistance, legal representation, or mediation services.
- 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 PROGRAMS¹³¹⁰

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 include¹³¹²:

- 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=EAIaIQobChMI5_7msKie-AIVaPjBx3PnwHgEAAyASAAEgI4mPD_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 | <ul style="list-style-type: none"> • 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? | <ul style="list-style-type: none"> • 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. |

Continued on next page



Continued

| | | |
|----------------------------------|--|--|
| Work and Education | <ul style="list-style-type: none"> • 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? | <ul style="list-style-type: none"> • 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 | <ul style="list-style-type: none"> • 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? | <ul style="list-style-type: none"> • 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 | <ul style="list-style-type: none"> • 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? | <ul style="list-style-type: none"> • 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 | <ul style="list-style-type: none"> • 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. | <ul style="list-style-type: none"> • 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-Qte4xFI9-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 include¹³²⁹:

- 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 can¹³⁴¹:

- 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 as¹³⁴³:

- **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 as¹³⁴⁹:**

- 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 established¹³⁵⁹ 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 women¹³⁶⁰:

- 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 recognize¹³⁶¹:

- 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).



COMMUNITY

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 SUPPORT¹³⁶⁷

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 ideas¹³⁶⁸:

- 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

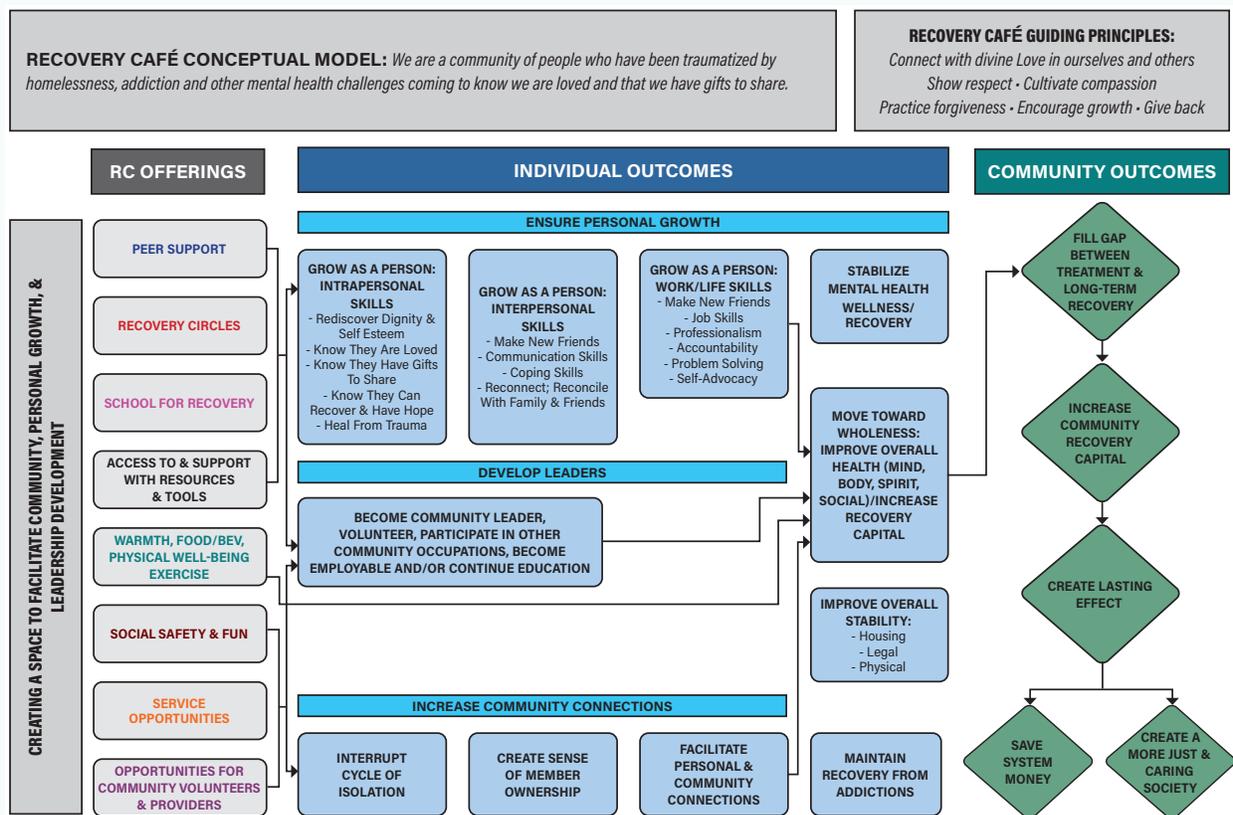
Unity Recovery – Philadelphia, PA

- 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 Model¹³⁸³



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 to¹³⁸⁴:

- 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/bhmeps-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.

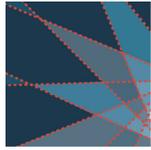
Using Digital Resources To Support Recovery

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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Chapter 5—Implementing Recovery-Oriented Counseling Programs

KEY MESSAGES

- One of the principal components of recovery-oriented programs is placing clients at the center of the planning process for treatment and recovery support services and focusing on their strengths to maximize their chances of recovery.
- To become a member of a recovery-oriented system of care (ROSC), staff members must actively and continuously link their organization to other resources within the community that can provide recovery support in areas they cannot, or that can complement the services their center currently provides.
- Workforce development provides an opportunity to position an organization in a ROSC and ensure a recovery-oriented focus. Key elements of this include providing continuous training, ensuring staff feel valued, hiring staff that represent members of the community they serve, ensuring that both job descriptions and interviews are recovery focused, and continuously monitoring outcomes to inform quality improvement.
- Including people with lived experience in recovery from problematic substance use in an organization's staffing and treatment planning will support successful, sustainable implementation of recovery-oriented practices.
- Another important element of delivering recovery-oriented care is examining internal and external barriers (e.g., discrimination,¹³⁹⁸ time constraints, lack of resources) and identifying solutions (e.g., advocacy programs, telehealth implementation).

This chapter is for administrators, clinical supervisors, and other staff concerned with the operation of their program who wish to adopt or expand a recovery-oriented framework using counseling approaches discussed in this Treatment Improvement Protocol (TIP) to promote recovery from problematic substance use. This chapter will help enhance the effectiveness of the recovery-oriented services that counselors deliver by providing information and resources to:

- Improve clients' access to treatment and recovery support services.
- Enhance the capacity and effectiveness of these services.
- Expand options for evaluating these services at a programmatic level.

Chapter 5 provides an overview of what it means for an organization to adopt a recovery orientation as its central organizing principle. It also discusses strategies for becoming a



recovery-oriented service provider, workforce development issues, and strategies for linking treatment services to community resources. The chapter provides resources to assist administrators and other staff in implementing and assessing their progress in adopting a recovery orientation throughout their organization.

Substance use treatment organizations provide recovery-oriented treatment by collaborating with recovery communities, families, recovery support services, and other systems of care to provide person-centered, strengths-based, and collaborative services across the continuum of care.¹³⁹⁹ This chapter describes how to become recovery-oriented in general terms, while also including specific examples of implementation strategies that have worked for other organizations. Not all information included here may be useful for each particular program. However, the strategies suggested for implementation are adaptable to most substance use treatment organizations because they are grounded in principles that promote recovery and prevent recurrence to substance use.

What Is a Recovery-Oriented Counseling Program?

Recovery-oriented health services are^{1400,1401,1402}:

- Client and family driven.
- Clearly and precisely defined within the context of the larger recovery community.
- Timely and responsive to client needs and goals.
- Effective (i.e., improve client functioning and quality of life).
- Equitable (i.e., address health disparities based on gender, race, ethnicity, sexual or gender orientation, religious affiliation, and socioeconomic or disability status).¹⁴⁰³

- Efficient (i.e., address allocation and management of organizational resources in ways that maximize access and effectiveness while also minimizing barriers).
- Person centered,¹⁴⁰⁴ safe, and trustworthy (e.g., all staff focus on welcoming new people into the program, are aware of new clients, and get training in how to make them feel safe and included).
- Able to maximize the use of clients' natural supports in their own communities.

Additionally, recovery-oriented counseling programs provide detailed client education, which further empowers people to control their recovery.

Through education, clients gain a clear understanding of the course of their care, the informed consent process, and their own responsibilities in their recovery journey. They receive education immediately upon program intake, which sets forth the foundation for their recovery.

A crucial element of the philosophy of recovery-oriented care is that no single program or center acts as the sole source of treatment. Rather, it consists of an entire community, acting collaboratively and synergistically, that bolsters clients' recovery efforts and allows them to take full advantage of all available resources. To achieve meaningful collaboration, program staff should invite representatives from other programs to their agency and have members of their own agency visit other organizations, while ensuring sufficient reimbursement for those conducting outreach efforts.

Benefits of Adopting a Recovery Orientation¹⁴⁰⁵

When successfully implemented, a recovery orientation provides several tangible benefits. For example, central activities of any recovery organization involve continually reaching out to, collaborating

with, and identifying new recovery-related agencies, resources, and people within their own communities. This leads to increased efficiency and effectiveness because it allows organizations to focus on the services they are best suited to provide, rather than taking on responsibility for services they may not be able to deliver effectively.

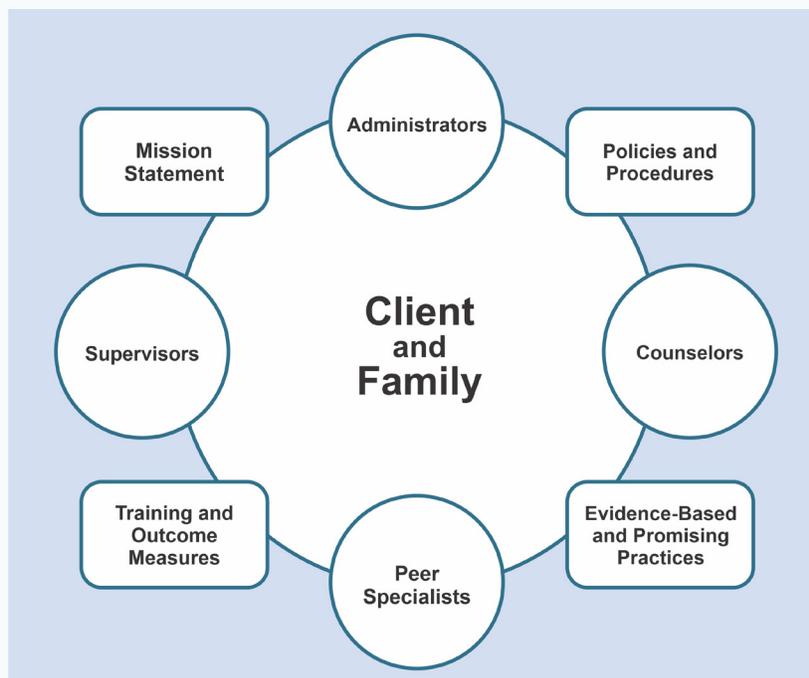
By optimizing existing resources and routinely seeking out new ones, organizations create a self-perpetuating cycle of efficiency and quality improvement. This cycle, in turn, can often lead to improved staff morale and retention. This is especially significant for substance use treatment settings, in which turnover rates are particularly high.^{1406,1407} Most importantly, maximization of existing resources can lead to improved care and client outcomes—the ultimate goals of any recovery organization.

Centering Clients in the Conversation

The most important conceptual shift an organization can make in becoming recovery oriented is to place clients and families in the center of the conversation about their treatment. The client's needs and recovery goals should drive the delivery of services, not organizational or staff needs or specific treatment approaches. **An organization's mission statement, policies and procedures, adoption of evidence-based and promising counseling practices, staff training, and measures of client outcomes should all focus on consumers and their recovery needs and goals.**

Program leaders should always keep in mind that **the client's voice is most important**—not the perspectives of administrators or other high-ranking staff (Exhibit 5.1). Additionally, they should be sure to include the voices of those with lived experience in program design, implementation, and evaluation.

EXHIBIT 5.1. Centering Clients in the Conversation





Becoming a Recovery-Oriented Organization

Determining a Program's Ability To Deliver Recovery-Oriented Services

The first step in the process of becoming a recovery-oriented organization is to carry out an organizational readiness assessment to see what is currently in place and to determine what further steps need to be taken or changes that may need to be implemented. For example, program leaders can conduct an analysis of the program's strengths, weaknesses, opportunities, and threats (SWOT analysis) as they relate to a change that's being considered.¹⁴⁰⁸ A SWOT analysis addresses:

- **Program strengths**—Features that give the program an advantage in making a change (e.g., people in recovery on the staff, strong commitment to providing culturally responsive services, emphasis on trauma-informed care, colocation of substance use treatment and medical services)
- **Program weaknesses or barriers**—Factors that may hinder the program in completing a goal or making a change (e.g., staff ambivalence about programmatic change, lack of experience creating linkages with other providers and recovery community organizations [RCOs])
- **Program opportunities**—Factors that positively affect the program from the outside (e.g., good relations with local mutual-help groups, availability of grant money to support recovery efforts)
- **Program threats**—Factors that negatively affect the program from the outside (e.g., current service provider partners are not on board with the recovery philosophy)

The University of Kansas' Community Toolbox, available online at <http://ctb.ku.edu/en/table-of-contents/assessment/assessing-community-needs-and-resources/swot-analysis/main>, provides more information about conducting a SWOT analysis of the organization.

The next step in becoming a recovery-oriented organization is to assess the organization's readiness for change. This is similar to assessing a client's or family's readiness to change. Be sure to **focus on the values of the entire organization** as expressed in the mission statement and gauge whether the organization's policies (which are guidelines for the behavior of all staff) align with those values.

The organization's mission statement should be reviewed and evaluated to determine how consistent its underlying values are with principles that promote recovery and prevent substance use recurrence. Then, before embarking on any large-scale organizational change, all staff should ask readiness questions based on motivational interviewing (MI), such as "How important is it on a scale of 0 to 10 for our organization to become recovery-oriented?" If the answer is a 2, the next question should be "What would help the organization get to a 4 or a 5?" If it is a 7, the question should be "How can the organization's values and mission contribute to this higher score?" Once the entire staff know how important a recovery orientation is, they can build motivation to propel their organization toward a stronger focus on recovery.

The Organizational Readiness for Change instruments are two more specific tools to assess the organization's readiness to change.¹⁴⁰⁹ One version is designed for counseling staff (TCU CJ-ORC-S) and the other is for program directors or supervisors (TCU CJ-ORC-D). These instruments evaluate staff needs, program needs, training needs, and pressures for change. They assess organizational resources such as office

facilities, staffing, training, equipment, Internet access, and supervision. Staff attributes are reviewed in the domains of growth, efficacy, influence, adaptability, job satisfaction, and clinical orientation.

Organizational climate measures include clarity of mission, cohesion, autonomy, communication, stress, and openness to change. The free instruments and scoring guides are available online at the Texas Christian University Institute of Behavioral Research webpage (<http://ibr.tcu.edu/forms/organizational-staff-assessments>). In addition, the Substance Abuse and Mental Health Services Administration's (SAMHSA) Technical Assistance Publication 31, *Implementing Change in Substance Abuse*

Treatment Programs,¹⁴¹⁰ provides more information and guidance about assessing readiness and making programmatic and organizational changes.

The organization should have a mission statement in place. **This statement should clearly and explicitly note that a recovery focus is central to the program** and should help clients, employees, and other stakeholders understand what the organization is about, what services it delivers, and how it delivers them. The mission statement of Broughton Hospital, a facility in Morganton, North Carolina (<https://www.ncdhhs.gov/media/556/download>), provides an effective example.

ONE PATH TO BECOMING A RECOVERY-ORIENTED ORGANIZATION: CHESTNUT HEALTH SYSTEMS

Researchers¹⁴¹¹ have described the process of developing a recovery-oriented health service program using the resources of an existing health service organization (Chestnut Health Systems) and a university program (University of Chicago, Center for Psychiatric Rehabilitation) that provided similar services for people in recovery with funding from the State of Illinois.

Implementation began at a single test site after a lengthy planning and dissemination project that developed an administrative infrastructure to support new (to most staff) clinical practices. A new position (Vice President of Clinical Services) was created to oversee and train counseling staff members, develop competency standards for counselors and supervisors, and define new practices for clinical supervision (e.g., having supervisors use direct methods of supervision, such as audiotaping client sessions).

An important element of this new program was the integration of services for mental disorders, substance use disorders, and medical conditions. **The program created a single integrated assessment, ensuring that clients receiving one type of service would have access to all other needed services, that all clients treated for substance use or mental disorders were connected to a medical provider, and that all clients had access to needed medications** (e.g., by subsidizing clients who lacked insurance or resources to purchase medication).

The program addressed staff members' beliefs and the institutional culture and how they might conflict with the new recovery orientation. **The program actively addressed potential problems by facilitating meetings in which staff members received a list of statements that represented the new program philosophy** but were also likely to be contentious (e.g., "Showing care and concern for a client is more important than avoiding being manipulated or 'enabling' the client."). These group meetings were very productive in addressing staff ambivalence and altering attitudes about change.

The program also implemented several new service strategies (e.g., recovery coaching) and services (e.g., assessing recovery resources) that were in line with a recovery orientation, and conducted evaluations of the effectiveness of those strategies.



ANOTHER PATH TO BECOMING A RECOVERY-ORIENTED ORGANIZATION: HANCOCK COUNTY, OHIO

Hancock County, OH, offers a well-documented example of a ROSC's beginnings and evolution. In 2013, the Hancock County Board of Alcohol, Drug Addiction and Mental Health Services (ADAMHS) initiated an analysis of the gaps in the rural county's behavioral health services continuum of care.¹⁴¹² ADAMHS did so in its capacity as the planning authority for the county's behavioral health services, which are delivered through contracts with local providers.^{1413,1414}

At the encouragement of a recovery expert recommended by a SAMHSA Addiction Technology Transfer Center,¹⁴¹⁵ soon the board and a newly established ROSC leadership committee began exploring how to develop a ROSC within the county, based on an agreed-upon set of recovery principles and elements of care. Two central principles were that the ROSC would provide ongoing monitoring and feedback, and would be guided by recovery-based processes and outcome measures that looked beyond the remission of biomedical symptoms.¹⁴¹⁶

Local stakeholders—including members of the recovery community—took part in continuing consultations on transforming the county's behavioral health system into a ROSC. National ROSC experts were brought in too as the community set about filling the needs identified in the gap analysis—needs that became more pressing as the opioid epidemic intensified. To give just a few examples^{1417,1418}:

- A small drop-in center expanded to become a well-attended RCO.
- Medication for OUD became available.
- The local health department became a hub for naloxone distribution.¹⁴¹⁹
- Recovery housing was established.
- Intensive outpatient treatment became available.
- A local hospital instituted medical withdrawal management, with patients linked to peer support services.¹⁴²⁰

In a whole-community effort, participation in the ROSC grew beyond behavioral health and medical organizations and providers to include the local university, the court system, the Veterans Service Office, and other local entities. This broad involvement resulted in such developments as the^{1421,1422}:

- Creation of an addictions minor at the university to help meet increasing behavioral health workforce needs.
- Establishment of problem-solving courts to reduce incarceration and link participants to needed SUD treatment and other services.^{1423,1424}
- Provision of peer-to-peer support for veterans seeking or in recovery.¹⁴²⁵

Funding for the ROSC's activities has come from local, state, and federal sources, including SAMHSA.¹⁴²⁶ More information on Hancock County's ROSC, including outcomes, can be found in a 2022 evaluation of its impact, available through <https://www.yourpathtohealth.org/measuring-the-impact-of-rosc-in-hancock-county/>.

RESOURCE ALERT: ASSOCIATION OF RECOVERY COMMUNITY ORGANIZATIONS

The Association of Recovery Community Organizations, part of Faces & Voices of Recovery, is a recovery membership program that supports the expanding network of local, regional, and statewide RCOs. It provides support via networking opportunities and resource sharing, while also advocating for policy changes and funding enhancements to strengthen RCOs. Its website offers valuable information and resources, including a membership map (<https://facesandvoicesofrecovery.org/arco-members-on-the-map/>) and a toolkit (<https://facesandvoicesofrecovery.org/arco/rco-toolkit/>).

The organization’s place within a recovery-oriented system of care (ROSC) should be clearly identified. A ROSC isn’t a singular entity, but rather a system of components, each of which complements and strengthens the others to provide a foundation and framework for people in recovery.

Once the organization is clearly positioned in the ROSC framework and is on a path toward change, it should create a roadmap to guide the ongoing implementation and to assess progress. Throughout the change process, it is important to:

1. Invite clients to the table.
2. Promote client access and engagement.
3. Provide person-centered and strengths-based care.
4. Identify and address barriers to substance use treatment and recovery.
5. Ensure continuity of care and integrated services.

Identifying an Organization’s Place in a ROSC

Although it’s possible to change the orientation of the program to provide recovery-oriented services, those services will be more effective if they are part of a ROSC that includes multiple service providers and community-based resources. Integrating an organization’s services into a coherent system of care that offers multiple services will help individuals better engage in and sustain recovery. **When a client needs multiple services from different programs, it can be confusing to the client and create a barrier to treatment access. By connecting multiple services focused on recovery, ROSCs improve communication among providers and**

continuity of care for consumers.

Professional literature supports the value of recovery-oriented services and the integration of services that ROSCs provide.¹⁴²⁷

Although an organization cannot create a ROSC on its own, it can partner with like-minded agencies and work toward developing a collaborative of service providers and community-based organizations. Such a group should include stakeholders such as:

- Consumers and their families.
- Substance use treatment providers.
- Mental health and psychiatric service providers.
- Medical services.
- Housing providers.
- Faith-based organizations.
- Peer-run recovery organizations.
- Civic and governmental agencies.
- The criminal justice system.
- Schools and adult education programs.
- Business organizations or specific businesses.
- Rehabilitation programs.
- Job training programs.
- Disability service providers.
- Any other organization that might have a role in promoting client recovery. Some of these may be specific to certain client populations, such as Tribal government for a Native American client or women’s organizations and service providers for women.

Adopting a recovery orientation positions an organization as an essential part of a ROSC (Exhibit 5.2).

EXHIBIT 5.2. An Organization's Place in a ROSC



Fully integrated ROSCs have been implemented in many areas of the country, and such integration is an excellent goal. However, in some communities, it may be that not all components of the larger service system are fully established and operational. **By adopting a recovery orientation in one's own organization, actively collaborating with other service providers and community-based recovery supports, and working with state and local governing bodies, it is possible to help inspire the creation of**

a ROSC in that community. Once people have a broad understanding of their own organization, they can then clearly define each role within the ROSC.

Understanding the Role of a Program Administrator

Program administrators within a counseling program have the ability to:

- Ensure that their programs provide a range of counseling services for clients with or at

risk for problematic substance use (onsite services are preferred but not always possible).

- Work with other program administrators, supervisors, service providers, and stakeholders to design, plan, and implement a ROSC.
- Work with other program administrators, supervisors, service providers, and stakeholders to ensure that clients receiving substance use treatment can access all the other services they need.
- Engage professional associations and public opinion leaders in the effort to develop a ROSC.
- Work with peer support programs and recovery organizations to clarify roles, develop collaboration strategies, and determine how best to create seamless relationships for the benefit of clients.
- Ensure that counseling programs focus on diversity, equity, and inclusion (DEI).
- Identify the underserved groups that would benefit most from the programs' services.
- Work with state and local governments and funding sources to support creation of a ROSC.
- Implement and work with recovery programs in a variety of settings, not just medical facilities or substance use treatment centers. This TIP discusses two important examples—colleges and correctional facilities—in more detail later in this chapter.

Understanding the Role of a Clinical Supervisor

Clinical supervisors' primary goal is to ensure that clients receive high-quality counseling services by providing oversight of counseling staff using both direct (e.g., sitting in on a counseling session) and indirect (e.g., reviewing case presentations and counseling notes) means. Another essential part of this role is to promote professional development of counseling staff and peer recovery support

providers by building supervisee-centered relationships and training counselors on specific recovery-oriented counseling practices.

The development of a collaborative, supervisee-centered relationship parallels the way counselors develop helping relationships with clients. Clinical supervisors model the partner–consultant relationship they want to encourage between counselors and clients in their own interactions with supervisees. They should consider themselves as guides in their counselors' journey of professional development and efforts to become recovery oriented. In a recovery-oriented organization, the clinical supervisors engage their supervisees in a collaborative, respectful, and supervisee-centered relationship, with the goal of ensuring quality care to clients and their families, while fostering their counselors' professional development.

If their organization is aiming to become more recovery oriented, one of their most important functions is to help supervisees understand the numerous changes that will occur as the program shifts from acute care to recovery management. It is paramount that their organization understand the importance of this concept. **For any recovery program to be effective, recovery-oriented services at all points of the continuum should be available for an extended period of time. Acute care is often insufficient, and those in recovery will need help over the long term, rather than for a brief period of time.**

A significant change for staff members is transitioning their roles with clients from "experts" to "recovery guides"—equal partners with clients. This shift may pose challenges to supervisors because counselors may feel a loss of authority or importance in the treatment process. At the same time, others, such as peer support staff, friends, and family, may assume greater roles in the recovery process. One of the tasks supervisors face is to **delineate roles clearly and help counselors work**



through the challenges of redefining their roles and job descriptions in a recovery-oriented treatment setting.

Additionally, supervisors should maintain a balance between actively guiding supervisees (e.g., observing counseling sessions) and being careful not to micromanage. Many counselors find that they have greater job satisfaction in recovery-oriented organizations, as they feel less personal responsibility for the choices made by clients. This, in turn, can lead to reduced job-related stress over time.

According to experts in the field,¹⁴²⁸ clinical supervisors in a recovery-oriented program will spend more time discussing with counselors how to:

- Engage their clients and build helpful, trusting relationships with them.
- **Identify client strengths and assess recovery resources.**
- Improve recovery resources and help clients use them more effectively.
- Help their clients work on relationships with peers, family, and the recovery community.
- **Plan for long-term recovery, including implementing a plan for long-term monitoring and support.**
- Understand the ways counselors' own feelings about client choices (i.e., countertransference reactions), if unacknowledged, may negatively affect clients' recovery.
- Provide guidance for making 'warm handoffs' to other care/support points and providers in the continuum.
- Reenforce the role and importance of person-first, nonstigmatizing, strengths-based language.

RESOURCE ALERT: CLINICAL SUPERVISION GUIDELINES

Additional resources for clinical supervisors aiming to improve or maintain recovery-oriented care in their organizations include:

- *The Role of Clinical Supervision in Recovery-oriented Systems of Behavioral Healthcare*¹⁴²⁹ provides detailed information on the changing role of clinical supervisors in recovery-oriented organizations. This resource is available at <https://www.yumpu.com/en/document/view/33775669/the-role-of-clinical-supervision-in-recovery-oriented-systems-of-care>.
- TIP 52, *Clinical Supervision and Professional Development of the Substance Abuse Counselor*, explains how to conduct clinical supervision in substance use treatment settings. This resource is available at <https://store.samhsa.gov/sites/default/files/d7/priv/sma14-4435.pdf>.

Inviting People Who Are Involved in Recovery to the Table

Federal and state agencies recommend the involvement of people in recovery in the design and implementation of community-based care, such as counseling, that is client and family driven. An organization can contribute to this process by including clients and their families and significant others in all aspects of service planning and implementation. **They should be involved at the highest levels** (on the board of directors, on the advisory board) as well as in making decisions regarding various aspects of day-to-day operations, including:

- Selecting services and interventions.
- Developing program policies for clients and staff.
- Evaluating published material and media campaigns.
- Determining topics for staff training.

Discussions should be understandable to all participants, not just staff members. Because clients and their loved ones are usually the best sources of information about their own needs, including them in the decision process will help ensure that the program serves its clients to the best of its ability.

“Recovery-oriented care requires that people in recovery be involved in all aspects and phases of the care delivery process, from the initial framing of questions or problems to be addressed and design of the needs assessments to be conducted, to the delivery and ongoing monitoring of care, to the design and development of new services and supports.”¹⁴³⁰

Including people who have experienced recovery in the highest levels of decision making within a program is vital to the initiation stage of change. Decisions about initiating programmatic changes are often made by advisory boards, which are mandated in certain states. Guidance is available for advisory board formation and decision-making processes, but at a bare minimum, board membership should include people with lived experience in recovery from problematic substance use. The board members shouldn’t all be of the same mind, but rather should reflect an array of treatment and recovery perspectives and knowledge of varied pathways to recovery—because no single treatment or recovery modality works for everyone.

RESOURCE ALERT: ADDRESSING GOVERNING BOARD REQUIREMENTS

SAMHSA provides detailed guidance and instructions for programs to meet the requirement of ensuring client participation. More information can be found at <https://www.samhsa.gov/section-223/governance-oversight/addressing-board-requirements>.

The following actions can further demonstrate commitment to client participation by:

- Recruiting and hiring peers at all levels of the organization.
- Providing pay equity for peer recovery support providers.
- Offering incentives or reimbursement for client participation in program and policy development, staff training, and consultation. In certain cases, however, this can lead to untenable boundary issues, so each instance should be judged on a case-by-case basis in order to avoid such a scenario.
- Drawing from the counseling program’s alumni or the alumni associations of other recovery-oriented programs to recruit clients and their families to participate in planning and implementation activities. Creating an alumni association, if one isn’t already in place, may be the first step in this process. It is also possible to draw on active members of the recovery community or get help from client education and advocacy organizations, such as Faces & Voices of Recovery.
- Obtaining input from other stakeholders in the community the program serves, such as employers, criminal justice and legal system representatives, and other social service providers.

Promoting Client Access and Engagement^{1431,1432}

Recovery promotion in an organization begins with effective outreach and engagement with clients. Outreach may involve targeting specific underserved populations or those in need of specialized services (e.g., women with children, people who are homeless or tenuously housed, people with disabilities, members of underserved cultural groups) or specific locations, such as withdrawal management programs, college health services, or emergency departments in local hospitals.



“Engagement involves making contact with the person rather than with the diagnosis, building trust over time, attending to the person’s stated needs and, directly or indirectly, providing a range of services in addition to clinical care.”¹⁴³³

Engagement begins when a program makes initial contact with clients or family members and is enhanced by a warm, inviting environment and respectful, nonjudgmental interactions between clients and program staff at all levels. The program should develop a comprehensive outreach and engagement strategy that includes:

- Providing brief, easy-to-read pamphlets about program services, a recovery-oriented philosophy, and a client “bill of rights.” Recovery-oriented language should be used in all client materials.
- Placing on the organization’s website all of its client-related materials as well as online tools for self-assessment and screening. Translations of all client-related materials should be available in the languages of the cultural and ethnic groups in the community.¹⁴³⁴
- Providing free self-assessment tools, such as the Alcohol Use Disorders Identification Test, or AUDIT.
- Providing linkages to critical needs, such as housing or medical services.
- Conducting outreach to families of people with problematic substance use (with client permission).
- Providing information about any services the program offers in nontraditional settings.
- Providing transportation to the facility using recovery volunteers, peer recovery support providers, or case managers.

- Providing a brief intervention over the phone when a potential client or family member calls, based on an MI script that trained support staff can administer.¹⁴³⁵
- Providing a safe and easy way to navigate the facility that complies with the Americans with Disabilities Act.
- Promoting reengagement with clients who have had a recurrence or setback in recovery by welcoming them back and treating them respectfully and with optimism.

Programs should consider implementing an open-access model for initial engagement with clients. This model provides a certain number of hours a day when potential clients can walk into one or more access points in the organization (e.g., outpatient counseling program, primary care office) without an appointment for an initial intake and admission to available treatment services.

Providing Person-Centered, Strengths-Based Counseling Services

The key to implementing person-centered and strengths-based care is to shift from a traditional pathology-based assessment and treatment plan based on the counselor’s expertise to a strengths-based assessment and a recovery plan based on the client’s expertise. Exhibit 5.3 outlines the distinctions between a recovery plan and a treatment plan.

“Implementing person-centered care involves basing all treatment and rehabilitative services and supports to be provided on an individualized, multi-disciplinary recovery plan developed in partnership with the person receiving these services and any others that he or she identifies as supportive of this process.”¹⁴³⁶

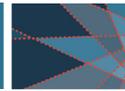


EXHIBIT 5.3. How Recovery Plans Differ From Treatment Plans¹⁴³⁷

- A recovery plan is developed, implemented, evaluated, and refined by the client, not by the counselor.
- A recovery plan is based on a partnership or consultation relationship between the counselor and client, rather than an expert-client relationship.
- A recovery plan is broader in scope, encompassing such domains as physical health, education, employment, finances, legal matters, family, social life, intimate relationships, and spirituality, in addition to the resolution of problematic substance use.
- A recovery plan consists of a master plan of long-term recovery goals and a weekly action plan of steps that will mark progress toward those goals.
- A recovery plan emphasizes drawing strength and strategies from the collective experience of others in recovery.

Adopting a strengths-based assessment and recovery plan is the foundation of all services in a recovery-oriented program. The organization will need to provide orientation to all staff on what it means to be person centered and recovery oriented. All counseling staff, peer recovery support specialists, and clinical supervisors should receive specific training in strengths-based assessment and recovery planning. The organization will benefit from a strategy for measuring fidelity to established standards of care in these areas.

Maintaining a Person-Centered Approach With Clients in Crisis

One of the most difficult challenges organizations face in adopting a person-centered, recovery-oriented approach is reconciling an individual's needs and recovery

goals with the need for service providers to act in accordance with state laws and ethical guidelines if clients are a danger to themselves or others. **This balance can be accomplished by establishing guidelines for counselors to work collaboratively with each client to prepare for a crisis** or develop a contingency plan describing what actions the organization will take, based on that client's preferences, when the client is in crisis (e.g., intoxicated during a recurrence of problematic substance use, experiencing a mental crisis) and is unable to make decisions about their own care. The Wellness Recovery Action Plan (WRAP[®]) is a prevention and wellness tool for people with problematic substance use and mental disorders that asks clients to identify what they believe recovery looks like for them.¹⁴³⁸ For example, the WRAP[®] asks clients to identify ways to address their negative feelings and behaviors, consider people they want to be involved in their recovery and how they want to receive support, and determine how they can further their recovery in ways that avoid substances.¹⁴³⁹ More information about the WRAP[®] can be found at <https://www.wellnessrecoveryactionplan.com/>.

Obtaining Client Feedback in Person-Centered Counseling

Client feedback is essential in assessing the general climate and culture of a program from the perspective of those experiencing or in recovery from problematic substance use. Feedback allows program staff to gauge how well clients feel their substance use-related treatment or recovery support needs are being met. Recovery self-assessments for persons in recovery (<https://portal.ct.gov/-/media/DMHAS/Recovery/RSAselfpdf.pdf>)¹⁴⁴⁰ and family members/significant others (<https://portal.ct.gov/-/media/DMHAS/Recovery/RSAfamilypdf.pdf>)¹⁴⁴¹ are used to gather feedback in a structured manner and evaluate program progress and capability.



Client interviews and focus groups are other ways to get input on how well an agency is meeting the substance use–related needs of clients. A neutral third party (e.g., an outside consultant) should facilitate focus groups to increase candid disclosure of positive and negative feedback. Written or audio records (with client consent) of client feedback for later analysis should be used. Additionally, staff should be aware of newer technologies that their organization may be able to use to elicit feedback, such as QR codes that can be used with mobile devices or Internet surveys. Of course, not all clients have access to or a full understanding of these newer methods, so traditional methods may still be needed. Exhibit 5.4 lists some questions that may be considered in feedback sessions.

Identifying and Addressing Barriers to Treatment and Recovery

Organizational barriers to treatment and recovery raise the bar for access and engagement and increase the potential for crises that lead to hospitalization and recurrence.

“Staff actively look for signs of organizational barriers or other obstacles to care before concluding that a person is non-compliant with treatment or unmotivated for care. Once identified, staff remove or find ways to overcome these obstacles.”¹⁴⁴²

EXHIBIT 5.4. Potential Client Feedback Questions

1. What has your experience been like so far in this organization?
2. How do counseling, medical, and support staff (e.g., receptionist) treat you?
3. What was your experience during the admission process?
 - Did you feel welcome?
 - Did staff address all your concerns related to substance use treatment and recovery support?
 - Did you feel a sense of hope?
 - Was the admission process timely?
 - How could we improve the process?
4. Have you actively participated in developing your recovery plan? Do you believe it reflects your needs, strengths, abilities, preferences, and recovery goals?
5. On a scale from 0 to 10, how much do you feel staff recognize and understand your cultural and ethnic background? Do you believe that your recovery plan addresses these concepts?
6. On a scale from 0 to 10, tell me how satisfied you are with:
 - The amount of time you have with your counselor.
 - The convenience of your appointment day and time with your counselor.
 - The availability of your counselor to you in times of crisis.
 - The overall counseling services you receive and the degree to which those services help you address your substance use.
7. On a scale from 0 to 10, tell me how satisfied you are with the substance use treatment or recovery support services you receive from our staff.
8. What difficulties or barriers have interfered with your ability to access or engage in treatment or recovery support services here (e.g., finances, transportation, language, lack of services you need)? Are the hours of service appropriate to your needs?
9. What do you think we could do to improve our substance use–related services or counseling environment?
10. Would you recommend this program to a friend or family member with substance use–related issues? Why or why not?

The attitudes, actions, and beliefs of staff regarding substance use (e.g., viewing substance use as a moral failing, believing that medication to treat a substance use disorder [SUD] is “substituting one drug for another,” continuing to use pathologizing or judgmental language that objectifies clients or blames them for their substance use–related issues) can create barriers. So can material aspects of the program (e.g., clients feel embarrassed to enter the facility; there is lack of public transportation to the facility; the process of intake, including addressing insurance and payment issues, is too lengthy and confusing). When identifying and finding solutions to barriers, programs should note the two primary types: internal and external.

For **internal barriers (i.e., those that occur primarily within the organization)**, the following actions should be considered:

- Administrators should identify potential organizational barriers by striving to understand the client’s perspective and how he or she feels. Supervisors or administrators should conduct a walk-through of the entire treatment/recovery process from intake to discharge. Programs should use feedback from current clients and program graduates to identify sticking points in processes related to substance use treatment and recovery support processes, and to elicit their ideas about organizational changes that could remove the sticking points.
- Recovery organizations should identify program policies that discipline clients for exhibiting signs or symptoms of problematic substance use. Examples of such policies include discharging clients from treatment/recovery for a recurrence and excluding or limiting access for clients who use certain substances or who take medication to treat an SUD. Programs should modify policies in ways that prioritize clients’ recovery needs, while balancing the safety of other clients and organizational needs.
- Supervisors should offer timely, accurate, reliable feedback to staff members on how to reduce recovery barriers for clients and how to improve the effectiveness of their recovery-oriented, person-centered practices.
- Programs should sustain recovery-oriented improvements through continuous monitoring, feedback, and adjustment. Ongoing asset mapping can be particularly useful.¹⁴⁴³ (Chapter 4 contains a discussion of asset mapping.)
- If clients do not engage in, comply with, or re-engage in counseling/the recovery process for their substance use, it is necessary to first identify and address organizational barriers instead of assuming that the clients are unmotivated, noncompliant, or resistant.

External barriers (i.e., those outside an organization) involve client time and availability and the policies and practices other institutions have in place. It is important to understand that

clients may have no transportation to reach a facility in person, have jobs or other responsibilities that make daytime appointments difficult, have health issues or disabilities that a facility can’t currently accommodate, or have other demands on their time and availability that keep them from getting the care they need through the program. To lessen such barriers, programs should:

- If possible, provide both 24-hour and walk-in services and, at the very least, provide night and weekend services.
- Offer mobile services or services in nontraditional community settings, such as barbershops, drop-in centers, and so forth.
- Provide telehealth services.^{1444,1445,1446,1447,1448,1449,1450} More information on telemedicine can be found in Exhibit 5.5.



EXHIBIT 5.5. Using Telehealth To Enhance Recovery

For clients who are unable to attend a facility in person, telehealth can offer a solution. The COVID-19 pandemic highlighted the need for telehealth. In response, many healthcare organizations, government agencies, and technology companies have provided resources to facilitate effective telehealth services.

Through telehealth, counselors can deliver treatment, connect clients to other providers or recovery networks via mobile apps, and, if qualified, provide medications to treat SUDs (e.g., providing buprenorphine to treat opioid use disorder). The following are important resources, guidelines, and mandates for incorporating or expanding telehealth within a program:

- Department of Health and Human Services telehealth website: <https://www.telehealth.hhs.gov/>
- Drug Enforcement Administration (DEA) guidance on telemedicine:
 - *Use of Telemedicine While Providing Medication Assisted Treatment (MAT)*: https://www.samhsa.gov/sites/default/files/programs_campaigns/medication_assisted/telemedicine-dea-guidance.pdf
 - DEA Qualifying Practitioners [and] DEA Qualifying Other Practitioners: [https://www.deadiversion.usdoj.gov/GDP/\(DEA-DC-022\)\(DEA068\)%20DEA%20SAMHSA%20buprenorphine%20telemedicine%20%20\(Final\)%20+Esign.pdf](https://www.deadiversion.usdoj.gov/GDP/(DEA-DC-022)(DEA068)%20DEA%20SAMHSA%20buprenorphine%20telemedicine%20%20(Final)%20+Esign.pdf)
 - DEA Information on Telemedicine: https://www.samhsa.gov/sites/default/files/programs_campaigns/medication_assisted/dea-information-telemedicine.pdf
- American Medical Association guidance on telemedicine in practice, including information on practice implementation and policy, coding, and payment: <https://www.ama-assn.org/practice-management/digital/ama-telehealth-quick-guide>
- Centers for Medicare & Medicaid Services information concerning telemedicine/telehealth services:
 - Telehealth: <https://www.medicare.gov/medicaid/benefits/telehealth/index.html>
 - *State Medicaid & CHIP Telehealth Toolkit* (updated with COVID-19 information): <https://www.medicare.gov/medicaid/benefits/downloads/medicaid-chip-telehealth-toolkit.pdf>
 - Medicaid State Plan Fee-for-Service Payments for Services Delivered via Telehealth: <https://www.medicare.gov/medicaid/benefits/downloads/medicaid-telehealth-services.pdf>
 - List of Telehealth Services: <https://www.cms.gov/Medicare/Medicare-General-Information/Telehealth/Telehealth-Codes>

External barriers relating to other institutions and their policies may involve discrimination as well as lack of housing, education, job training, and employment. To address these and other external barriers, it is necessary to support and promote recovery community efforts to end discrimination, provide housing assistance, and help those in recovery gain meaningful employment. Exhibit 5.6 provides more information on employment barriers and solutions.

Ensuring Continuity of Care and Integrated Services

Recovery-oriented treatment should emphasize continuity of care (e.g., through a provider or treatment team that follows the client from intake through continuing care), regardless of the service setting in which the client first receives care for substance use-related issues, and regardless of whether the client's reason for seeking care was primarily to address substance use or to address another concern. Ideally, this continuity of recovery-oriented care occurs within an integrated health system that also addresses mental illness and medical issues to the greatest extent possible.

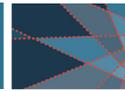


EXHIBIT 5.6. Addressing Employment Barriers for People In Recovery¹⁴⁵¹

Obtaining and maintaining gainful employment is one of the most frequently cited priorities for people in recovery. For them, employment is also often considered a marker of successful recovery and is associated with better rates of treatment adherence and less frequent use of mental health services. Clients who gain steady employment generally have significantly better quality of life. On the other hand, unemployment is associated with increased risk for a recurrence.

Organizations can lower the barrier to treatment and recovery that unemployment creates by either providing vocational services as part of their counseling program or actively linking clients to vocational programs in their community that are geared toward helping clients. Specialized vocational assistance may be available for certain groups, such as the Department of Veterans Affairs' Education and Career Counseling program (<https://www.va.gov/careers-employment/education-and-career-counseling/>) or vocational rehabilitation grants and scholarships for Native Americans.

Also, staff should be aware that possession of a criminal record can often be a roadblock to obtaining employment. They should be sure to look into state laws that pertain to this topic. In some instances, client advocacy may be needed, which can be achieved by utilizing various advocacy and legal organizations.

TIP 38, *Integrating Substance Abuse Treatment and Vocational Services* (<https://store.samhsa.gov/product/TIP-38-Integrating-Substance-Abuse-Treatment-Vocational-Services/SMA12-4216>), offers more information on integrating vocational services; TIP 55, *Behavioral Health Services for People Who Are Homeless* (<https://store.samhsa.gov/product/TIP-55-Behavioral-Health-Services-for-People-Who-Are-Homeless/SMA15-4734>), includes information on employment programs for people who are homeless.

"[T]reatment, rehabilitation, and support are not to be offered through serial episodes of disconnected care from different providers, but through a carefully crafted system of care that ensures continuity of the person's most significant healing relationships and supports over time."¹⁴⁵²

Understanding the Two-Way Integration of Recovery Support Services With Primary Care

Clients may be more likely to continue to see a primary care provider than a counselor, peer support specialist, or other behavioral health service provider because individuals with SUDs have an increased risk for a variety of physical health problems that make continued use of primary care services essential for ongoing recovery. Additionally, workforce issues have the potential to make integration of behavioral health and primary care

services difficult. That said, some options for integrating substance use into primary care services include:

- Offering medical services at substance use treatment facilities or recovery community centers.
- Placing treatment and recovery support staff at primary care practices and health clinics in the community.
- Actively linking clients in substance use treatment programs and clients receiving substance use treatment or recovery support from counselors in other settings to primary care providers.
- Offering training for primary care providers in the community on how to screen for problematic substance use, conduct brief interventions, and refer individuals with positive screens for further assessment.

If an organization cannot provide comprehensive substance use treatment and recovery support services onsite,



it should develop formal linkages with other providers. Collaboration with other substance use treatment service programs and recovery organizations in the community can be a low- to no-cost solution for “warm hand-offs” that result in increased client access to services, more opportunities for staff training, and decreased duplication of services across the ROSC. However, in order to succeed, one must ensure that each organization partnered with shares the same vision and recovery-supported environment to avoid creating difficulties for clients. Additional strategies are put forth by Whiteford and colleagues¹⁴⁵³ to increase the organization’s readiness to collaborate and to link up with other programs. They include:

- Asking one’s funding sources to help identify sister agencies and referral sources (i.e., those serving the same client populations, but in different systems).
 - Identifying specific people in other programs with whom staff members can collaborate in planning for clients with complex needs, and contacting program directors to facilitate involving the staff members who are already working together in developing collaboration mechanisms.
 - Collaborating on comprehensive recovery planning for clients with complicated case histories.
 - Developing interagency coordinating committees.
 - Creating memoranda of understanding (i.e., formalized agreements of collaboration) to define each provider’s roles clearly.
 - Having staff members from different organizations work together in joint service planning.
 - Identifying common areas of interest for staff training and addressing client needs.
 - Cross-training staff so that providers understand how each other’s services and cultures operate.
- Developing a consortium of programs that will sponsor or host at least one training program per year and allow the staff of participating programs to attend the trainings at no cost.
 - Co-locating services from multiple providers.
 - Developing blended funding initiatives.
 - Ensuring realistic workloads for all partners.
 - Having a mechanism in place to mediate disagreements.
 - Monitoring service provision to ensure implementation of services as planned.
 - Motivating interest from stakeholders.

Developing Community Partnerships

When a program identifies and partners with local recovery communities (including mutual-help groups) and community-based peer support services, it can expand its treatment capacity, provide a mechanism to help clients maintain recovery gains after they leave the program, reduce recurrence to substance use, and promote ongoing recovery. The next two sections discuss key steps in community linkage: identifying community resources and pursuing active linkage strategies.

Identifying Community Resources

When clients are empowered to set their own recovery goals, they will likely include goals that require services not typically part of traditional treatment settings. For example, a client may want to learn to read (requiring adult literary services), start saving for retirement (requiring financial planning services), learn to play a musical instrument (requiring music lessons), or become a better parent (requiring parenting classes). Many of these services are available for free or at low cost in the community through governmental or nongovernmental organizations, or through businesses (e.g., some investment

companies offer free financial planning). Some local businesses or charities may help pay for services that would otherwise cost money, and thus it will be helpful to develop relationships with local charities, businesses, or chambers of commerce. Local colleges and universities may also be able to provide some services at low or no cost if clients are willing to receive help from students (e.g., a local dental school, a music conservatory).

Some organizations or businesses may be hesitant to work with people in recovery from substance use. In some instances, programs can consider bringing community organizations and businesses together with people in recovery to conduct education and promote understanding. A treatment program could host special events for such a purpose. Another option is to facilitate outreach in the community to allow program staff and graduates to introduce themselves to potential partner organizations. Some strategies to identify recovery resources in the community include:

- Designating one staff person—preferably a peer recovery support specialist, recovering counselor, or support person—to identify recovery resources in the community.
- Creating a tracking form and designating a staff person to create and regularly update a paper or electronic file with detailed information about recovery community supports, including self-help groups, vocational training programs, social service programs, clubhouses, and sober houses.
- Having a designated staff person create and regularly update a log of online recovery resources for clients who have Internet access. (TIP 60 contains more information on online resources: <https://store.samhsa.gov/product/TIP-60-Using-Technology-Based-Therapeutic-Tools-in-Behavioral-Health-Services/SMA15-4924>.)
- Asking a designated staff person to post resources for clients on the program website and regularly check and update the website.
- Asking current clients and alumni of the organization to offer input and provide contact information about recovery supports, recovery-oriented or supportive businesses, cultural and social activities, and faith-based organizations that have been helpful to them on their recovery journey.
- Searching regularly for new resources and services that may be of use to clients. These include state and/or local health or mental health departments, local chapters of client organizations (e.g., the National Alliance on Mental Illness, the Depression and Bipolar Support Alliance, Faces & Voices of Recovery), other providers, and faith-based organizations. Recovery-oriented media sites, such as magazines or social networking sites, are also good sources for information.

Pursuing Active Linkage Strategies

To become an active member of a ROSC, an organization should not simply be aware of other recovery-oriented services and community resources. It should also be actively involved in linking or partnering with other ROSC organizations when appropriate. Program leaders should keep in mind that community-based recovery support services are not there to support the work of their counseling program, though they may serve as alternatives or adjuncts to formal treatment services. Likewise, the program's counseling services may be an adjunct to the offerings of community-based services. In addition, RCOs have their own traditions, bylaws, ethical codes, standards of appropriate care, and principles and guidelines that govern their relationships with outside organizations. It is necessary to become familiar with these governing factors and respect them when making arrangements to work with another organization. RCOs may support pathways and styles of recovery that differ from those the organization and counselors recommend; however, all types of recovery deserve respect.



Program leaders should be aware that **maintaining linkages is a continual, time-consuming process that requires trust on the part of both partners**, but the return on investment will become clear as they strengthen their organizational bonds with other resources in the community. For programs just beginning the linkage process, it may be optimal to work with a partner on a single project to achieve an “easy win.” During this initial collaboration, leaders from both organizations can identify further opportunities for partnership that may lead to increased coordination of services and sharing of work. Organizations should aim to build strong relationships with other organizations in their community that provide the most-needed services they do not offer.

Some strategies for actively partnering with community recovery resources include^{1454,1455,1456,1457}:

- Designating a staff person to be a liaison with recovery-focused services and supports and developing relationships with key staff in other organizations. A program may want to designate staff members to serve as liaisons for specific communities, depending on their experience with and membership in those communities and/or familiarity with a particular culture or language.
- Inviting representatives from the recovery community to join the program’s own administrative staff in working groups to evaluate, revise, or select services for it and develop policies for linkage to community resources.
- Communicating to peer-based recovery support organizations the standards that the program expects them to comply with (e.g., not interfering with the medical treatment of clients).
- Offering facilities as a location for recovery support meetings or other services (e.g., allowing the use of an office for meetings with a recovery coach).
- Developing a recovering alumni society that can support clients who are leaving the program.
- Inviting individuals in recovery who represent various recovery organizations to give presentations about their groups and answer questions for program clients and staff.
- Supporting development of volunteer peer groups to aid in recovery activities at the program facility.
- Helping organize support groups if no current options can meet a specific need (e.g., if no secular support groups are in the area, if a specific population that needs a group geared solely to it does not have one).

Recovery-Oriented Counseling Outside of Traditional Treatment Settings

Correctional Facilities¹⁴⁵⁸

Jails and prisons contain a much larger proportion of people with problematic substance use than the general population. Counseling programs embedded in these facilities can help ensure that clients get the substance use treatment and recovery support services they need, not only while they are incarcerated but also upon community reentry. Upon release, individuals may feel overwhelmed and not know how to navigate the resources available to them, placing them at risk not just for recurrence of problematic substance use, but also for recidivism to the criminal justice system.

Heaps and colleagues¹⁴⁵⁹ provide an overview of the basic functions a program must perform to link people in recovery to ongoing community support. They include:

- Coordinating service throughout the recovery process, from medically assisted withdrawal (if needed) to ongoing recovery support for a productive, healthy life in the community.
- Coordinating ancillary services, such as vocational counseling and housing assistance.

- Gradually empowering clients to achieve a phased integration or reintegration into meaningful work, education, and family life based on their specific stage of recovery.

Additionally, counseling programs within criminal justice settings must **be aware of and responsive to the needs of various subpopulations that may face additional**

issues that require attention. Perhaps the most effective and widely used institutions for linking recovery resources with criminal justice populations are drug courts. The following Resource Alert provides more information on drug courts as well as guides and examples of successful recovery-oriented practices for justice-involved populations.

RESOURCE ALERT: RECOVERY-ORIENTED CARE FOR PEOPLE IN THE CRIMINAL JUSTICE SYSTEM

The following organizations and publications provide a wealth of material for those interested in helping individuals who are justice involved return to society and achieve recovery from problematic substance use.

- All Rise (<https://www.nadcp.org/>) (formerly the National Association of Drug Court Professionals) provides training, membership, and advocacy of the treatment court model, which currently encompasses more than 4,000 programs in every state, 4 territories, and more than 20 countries.
- Treatment Alternatives for Safe Communities (TASC) (<https://www.tasc.org/tascweb/home.aspx>) is a nonprofit organization that offers health recovery management services for people with substance use and mental disorders. For more than four decades, it has provided and/or facilitated access to community-based treatment and recovery support services for individuals who are involved in public systems such as criminal and juvenile justice, corrections, child welfare, public aid, and public housing. It collaborates closely with healthcare providers, policymakers, academic institutions, and community stakeholders to ensure that underserved populations are linked to services they need, while also providing the most efficient use of financial and clinical resources. In addition to its service delivery and provider network management capacities, TASC offers extensive systems-building consultation and training for public networks in numerous states and across the country. TASC's Center for Health & Justice (<https://www.centerforhealthandjustice.org/tascblog/Images/documents/Publications/CHJFactSheet.pdf>) provides solutions to reduce recidivism by focusing on addiction and mental health among criminal justice populations. By partnering with researchers and program experts all over the nation, it offers consultation, training, and public policy solutions that improve community health, reduce rearrest, and save money.
- SAMHSA's GAINS Center for Behavioral Health and Justice Transformation (<https://www.samhsa.gov/gains-center>) focuses on expanding access to services for people with mental or substance use disorders who are involved with the criminal justice system. It provides a series of training opportunities (including trauma-focused care training), webinars, virtual learning communities, drug treatment court locators, adult and juvenile mental health court locators, the Sequential Intercept Model (detailed below), and much more.
- The Sequential Intercept Model (<https://www.samhsa.gov/criminal-juvenile-justice/sim-overview>) is a vital tool that helps communities find resources and identify gaps for individuals who are justice involved, while also linking various agencies to help these people recover from mental and substance use disorders and successfully re-enter society.
- SAMHSA's Criminal and Juvenile Justice Webpage (<https://www.samhsa.gov/criminal-juvenile-justice>) includes a wealth of resources for stakeholders in the criminal justice system, including grantees.
- SAMHSA'S *Guidelines for Successful Transition of People with Mental or Substance Use Disorders from Jail and Prison: Implementation Guide* (<https://store.samhsa.gov/sites/default/files/d7/priv/sma16-4998.pdf>) offers substance use treatment, correctional, and community stakeholders with successful implementation strategies for transitioning people with mental or substance use disorders from institutional correctional settings into the community.



College and University Settings¹⁴⁶⁰

Across the country, colleges and other higher education institutions are establishing recovery-oriented centers. Although the names may vary (e.g., collegiate recovery programs, collegiate recovery centers), the goal is the same: to provide recovery support and ensure that students successfully complete their educational programs. By integrating recovery into the college culture, counselors and other providers are able to address students' substance use and support students' recovery efforts more effectively.

Doing so can present some difficulties, because problematic substance use (binge drinking in particular) is embedded into the social culture of many colleges. Nonetheless, resources and guidelines are available to help administrators establish recovery-oriented systems in these settings, thereby giving students greater access to counseling approaches that address substance use and related issues and also increasing outreach efforts to intervene with these students before they experience negative consequences due to substance use. These resources may also help program administrators and clinical supervisors who don't work in college and university settings but wish to partner with collegiate recovery programs or centers in their efforts to build a ROSC.

RESOURCE ALERT: RECOVERY-ORIENTED COLLEGE SYSTEMS

The Association of Recovery in Higher Education (<https://collegiaterecovery.org/>) is the only association that exclusively represents collegiate recovery programs and collegiate recovery centers, the faculty and staff providing support for these programs and centers, and the students that access services and supports through them. It offers a wealth of educational materials and community connection resources to facilitate change in recovering students' lives. It encompasses a network of professionals, administrators, faculty, staff, students, parents, and policymakers.

Developing Recovery-Oriented Policies and Procedures

Implementing a new program or service or restructuring a program with a recovery-oriented focus will entail a review and revision of existing policies and procedures. Policies and procedures are an important way for administrators to institutionalize the changes they implement. The types of policies their organizations need will vary according to their unique circumstances. **Policies must also take into consideration local, state, and federal laws, regulations, and licensing requirements.** At a minimum, recovery-oriented policies should address:

- Client orientation to a recovery program.
- Client substance use.
- Counselor and peer specialist recruitment and hiring.
- Counselor and peer specialist training and supervision.
- Recovery planning, recordkeeping, discharge, and planning for continuing care.
- Employees who have SUDs.
- Employee drug testing.

Of particular importance in designing a program that recruits and hires people in recovery is a policy on employee SUDs and drug testing that applies to all employees, regardless of recovery status. It may be helpful to consider a drug-free workplace policy that has **two primary goals**:

1. Sending a clear message that use of alcohol and drugs in the workplace is prohibited; and
2. Encouraging employees to seek help with alcohol and drug problems voluntarily.

The rationale of a policy must be based on the health and safety of clients and the public, maintenance of the quality of the

program and its integrity, protection of the facility from damage, and compliance with federal and state laws and regulations.

Some important considerations¹⁴⁶¹ in determining the policy on staff substance use and recurrence include laws governing the use of illicit substances and professional ethical codes and state licensing requirements that address counselor impairment. Another important factor is that programs can conduct random drug testing if it involves all staff, and programs can require additional supervision for a staff member whose performance is impaired. Although consistency in policy is important, programs can have more stringent policies in place for counseling staff members because of their level of interaction with clients and the possibility that their behavior might cause harm to those clients.

RESOURCE ALERT: POLICIES AND PROCEDURES

The State of Connecticut Department of Mental Health and Addiction Services (www.ct.gov/dmhas/cwp/view.asp?a=2913&q=460024) maintains a website of organizational resources with access to a comprehensive compendium of program policies and procedures that address media relations, codes of conduct, nondiscrimination, promotion of ROSCs, integrated services for people with co-occurring substance use and mental disorders, involvement of family and significant others in treatment, and more.

Assessing Program Progress

To assess the counseling program's progress in recovery-oriented organizational change, it is necessary to **identify specific performance measures**. These include measures of the program's ability to adapt and maintain changes (its infrastructure stability, research personnel [if it has any or contracts with any], and adaptive capacity), process measures of recovery-focused services, and measures of clients' long-term

recovery, which entails monitoring program continuation and completion by clients. Programs may find it helpful to create a dashboard of key performance measures to guide program implementation. Data driving these measures should be timely. Additionally, programs should monitor treatment outcomes for substance use as well as any other co-occurring mental or physical conditions. TIP 42, *Substance Use Treatment for People With Co-Occurring Disorders*, contains information on co-occurring disorders (<https://store.samhsa.gov/product/tip-42-substance-use-treatment-persons-co-occurring-disorders/PEP20-02-01-004>).¹⁴⁶²

A program's effectiveness in providing counseling to promote recovery is reflected in outcome data that it may already collect under the Government Performance and Results Act (GPRA) and the National Outcome Measures, although not all programs participate in this (for example, many organizations use Health Resources and Services Administration funds [such as Federally Qualified Health Centers], which do not use GPRA). Regardless of the specific metrics used, SAMHSA's *National Framework for Quality Improvement in Behavioral Health Care* (<https://www.nasmhpd.org/sites/default/files/SAMHSA%20Quality%20Improvement%20Initiative.pdf>) provides quality measures to help programs evaluate their services and make funding decisions. It includes goals relevant to a recovery orientation, such as promoting person-centered care.

As an organization begins the transition to a recovery orientation, its leaders will want to explore strategies for revising and developing new policies and procedures, explore funding opportunities to increase flexibility in providing integrated services, and adjust workforce development processes to align with a recovery orientation. The following section addresses these concerns.



RESOURCE ALERT: NIATX

NIATx (formerly used as the acronym for Network for the Improvement of Addiction Treatment; <https://niatx.wisc.edu/>) is a program centered at the University of Wisconsin–Madison that offers a wealth of resources related to progress assessment and organizational enhancement.

Funding the Transition to Recovery-Oriented Care

For many program administrators, an ongoing concern is funding recovery-oriented counseling services, such as recovery management checkups, extended case monitoring, case management, and peer supports. Although the current substance use treatment system in the United States is moving toward a ROSC model, funding is not available everywhere. Public and private funders are beginning to recognize that ROSCs are cost effective; thus, some states (e.g., Arizona, Connecticut, Vermont) and cities (e.g., Philadelphia) are already supporting at least some ROSC-style services. A growing number of states also allow the funding of peer-based recovery support services using Medicaid funds. Administrators can join organizations that advocate for changes in reimbursement and funding on state and federal levels and systemwide health policy change, such as the National Association of State Mental Health Program Directors (www.nasmhpd.org) and the National Association of State Alcohol and Drug Abuse Directors (<https://nasadad.org/>).

SAMHSA and other federal agencies provide grants to support recovery-oriented services, including grants for state systems to promote integration of behavioral health and primary care. The Resource Alert “Funding Opportunities and Guidance” lists websites that provide information for increasing revenue streams to support the implementation of recovery-oriented and other health services.

RESOURCE ALERT: FUNDING OPPORTUNITIES AND GUIDANCE

- SAMHSA provides grants that support programs for SUDs and mental illness. This site (<https://www.samhsa.gov/grants>) lists grants for organization funding and provides a guide through the grant application processes.
- SAMHSA also provides a list of grants and other available funding resources available to tribal organizations from a wide spectrum of government agencies, both inside and outside the Department of Health and Human Services (HHS). This listing also includes nongovernmental organizations. More information can be found at <https://www.samhsa.gov/tloa/tap-development-resources/funding-opportunities>.
- Grants.Gov (<https://www.grants.gov/>) has a searchable database of current federal grants available from HHS (including SAMHSA), the Department of Justice, and the Department of Labor. The website is also a learning resource center.
- NIATx offers a guide to help navigate the arena of third-party billing to help stabilize and maximize funding streams (<https://web.archive.org/web/20230204115814/https://www.niatx.net/download/niatx-third-party-billing-guide/>).

Engaging in Recovery-Oriented Workforce Development

When transitioning to a more recovery-focused orientation, programs leaders must pay special attention to the hiring, training, and supervision of counselors. The following steps can ensure the delivery of effective recovery-oriented counseling services:

- Providing continuous training. New research, guidelines, mandates, and practices are continually being developed and disseminated. Although some positions may require more intensive training than others, none will remain static. Program leaders should provide as much support and information to their staff as possible so they can remain up to date and able to deliver the best care possible. When training on modalities that require a skills-based component, leaders should vary the learning between attendance at installation trainings with on-the-job coaching of the skills being taught.
- Ensuring that staff feel valued. Research has shown that staff turnover is especially prevalent in substance use treatment settings.¹⁴⁶³ Whether a program provides specialty substance use treatment, general counseling services, or blended services that include counseling, it is important to show counselors (and other staff) who address clients' substance use that they are valued. Doing so will help reduce the chances that they leave the organization while also boosting their morale, which in turn will likely improve the quality of care they provide.
- Posting job descriptions that reflect recovery values. Counseling job descriptions should let people know that the organization's nature and mission are centered on a recovery orientation, and that all applicants should have both the experience and credentials necessary to deliver recovery-oriented counseling. The more explicit the descriptions, the better. Also, unique elements particular to the organization should be highlighted so job applicants know as much as possible before applying to become counselors in the program.
- Hiring representative staff. The people employed by the program should represent the client populations within its community. This will not only enrich the organization, but also align with standards of DEI. Indeed, DEI cannot only serve as a goal to be implemented, but also as a lens through which to examine the success of the program. It may also be helpful to establish and consult a DEI advisory committee for ideas.
- Implementing recovery-oriented interviewing procedures. Like the job descriptions that are posted, the interview questions asked of potential employees should let them know immediately that the program's core focus is recovery oriented and that employees are expected to possess the knowledge, skills, credentials, and experience to help fulfill the organization's recovery-oriented mission. Also, persons with lived experience should be included in interviews.



RESOURCE ALERT: DEI

A diverse workforce enriches counseling programs and increases their efficacy by reflecting the populations they serve. The following resources provide useful guidance for DEI considerations:

- The National Association of Addiction Treatment Providers' Diversity, Equity, Inclusivity and Belonging Resources webpage (<https://www.naatp.org/resources/dei>) provides a wealth of regularly updated resources, including links to webinars, videos, manuals, a blog, research, and other publications to help learn and implement the best practices in DEI.
- SAMHSA's DEI Resources page (<https://soarworks.samhsa.gov/article/dei-resources-overview>) provides resources associated with the content found on its Guidance for Improving Staff Engagement webpage (<https://soarworks.samhsa.gov/article/guidance-for-improving-staff-engagement>).
- The National Network to Eliminate Disparities in Behavioral Health (<https://nned.net/>) offers resources and information to facilitate sharing, training, and technical assistance, with the aim of promoting behavioral health equity.
- The Office of Equal Employment Opportunity, Diversity & Inclusion (<https://www.hhs.gov/about/agencies/asa/eo/index.html>) is responsible for administering and compliance with the laws, regulations, policies, and guidance that prohibit discrimination in the federal workplace for employees and applicants.

Hiring

When recruiting new hires, it is important to consider how well the staff mirrors the population it serves in terms of cultural background, gender, race, language, and experience.

Having people who are themselves in recovery on the staff can greatly assist with this. Asking if a person is in recovery is illegal, so applicants must volunteer this information, or it must be inferred from other information.¹⁴⁶⁴ However, to encourage people in recovery to apply for counseling, support, operational, or administrative positions, program administrators can describe their organization as a recovery-oriented program in recruitment materials. They should make it clear that they welcome applicants in recovery. **They should clearly describe all qualifications for each job and all organizational policies related to on-the-job behavior, including those related to alcohol and drug use.**

When hiring, they should seek candidates whose knowledge and attitudes are congruent with a recovery orientation. This may mean looking for applicants who:

- Express higher levels of warmth and empathy.
- Use evidence-based approaches and help clients increase motivation and commitment to change.
- Help clients understand substance use recurrence as a process, learn to identify early warning signs for recurrence, and take action to avoid recurrence.
- Understand that clients vary in the severity of their SUDs, pathways to recovery, and internal and external resources that support initiation and maintenance of recovery.
- Support clients' efforts to identify the challenges and solutions associated with their personal recovery, and identify strategies and resources (e.g., physical, emotional, behavioral, social, spiritual, personal, financial) to overcome barriers to long-term recovery.
- Understand the role of recovery support services (e.g., peer-based recovery support services, mutual-help groups) and continuing care services in helping clients achieve stable recovery faster and manage their own long-term recovery.

Hiring Recovery-Oriented Counselors

When hiring recovery-oriented counselors, programs should consider:

- Asking applicants about their understanding of what recovery means.
- Listening for applicants' use of recovery-oriented versus pathology-oriented language.
- Asking applicants about their experience and training in cognitive-behavioral therapy (CBT), coping skills training, strengths assessments, and MI.
- Screening applicants for counseling competence. Useful measures include the Video Assessment of Simulated Encounters-Revised (VASE-R).¹⁴⁶⁵ The VASE-R assesses MI skills. It requires watching a short video (available at no charge) of counselors demonstrating MI skills and then asking applicants to score the counselors on specific skills, including reflective listening. The VASE-R can be administered individually or in groups. It takes approximately 35 minutes to complete. The initial VASE-R screening can serve as a baseline measure of potential counselors' empathy and person-centered orientation. The VASE-R administration and scoring form is available online at https://adai.uw.edu/instruments/PDF/VASERScoreForm_145.pdf.

- Developing a dedicated recovery-oriented internship program at the agency. Not only does an internship program allow for the assessment of interns' abilities as potential new hires, it also provides program leaders with opportunities to train and supervise interns in concepts and practices that promote recovery and prevent recurrence before they become employees.

Hiring or Contracting With Peer Specialists^{1466,1467,1468,1469,1470,1471}

Hiring Peer Specialists

An important part of ROSCs and workforce development is the integration of peer support services into all parts of the system. Community-based peer support groups for people with problematic substance use have long served as an adjunct to substance use treatment programs and other agencies that offer counseling to support recovery from problematic substance use. Integration of peer support directly into counseling programs through recruitment and hiring of peer recovery support specialists is still relatively new. Program leaders should assess their organization's need for peer recovery support specialists and, if warranted, develop a plan for writing specific job descriptions and for recruiting, hiring, training, and supervising peer specialists.



RESOURCE ALERT: PEER RECOVERY SUPPORT SERVICES TIP

SAMHSA's TIP 64, *Incorporating Peer Support Into Substance Use Disorder Treatment Services* (<https://store.samhsa.gov/product/tip-64-incorporating-peer-support-substance-use-disorder-treatment-services/pep23-02-01-001>), contains an indepth look at peer support services, including components specific to administrators and supervisors.

If an organization uses or plans to use peer recovery support personnel, it should build the following principles into recruitment, hiring, training, and supervision of counseling and peer support staff.¹⁴⁷²

- Peer support and counseling services should be viewed as complementary.
- Peer support and counseling services should be integrated into a single service system.
- Peer recovery support specialists and counseling staff should recognize and respect what each contributes to the recovery process.
- Peer recovery support specialists and counseling staff need to practice within their training, education, credentials, and experience and not take on the tasks of the other.
- Job responsibilities for peer recovery support specialists and counseling staff should be written in clear, understandable language.
- Peer workers and counseling staff should agree on the goal of promoting client recovery.

The following Resource Alert provides resources to help program administrators and supervisors ensure the delivery of high-quality, effective peer recovery support services within their counseling programs.

RESOURCE ALERT: CORE COMPETENCIES, ETHICAL GUIDELINES, TRAINING, AND INTEGRATION OF PEER RECOVERY SUPPORT SPECIALISTS

- SAMHSA's *Core Competencies for Peer Workers in Behavioral Health Services* (https://www.samhsa.gov/sites/default/files/programs_campaigns/brss_tacs/core-competencies_508_12_13_18.pdf). Although not comprehensive, this resource provides the foundation for learning about and delivering effective peer-based services.
- The *National Association of Peer Supporters' National Practice Guidelines for Peer Specialists and Supervisors* ([National-Practice-Guidelines-for-Peer-Specialists-and-Supervisors-1.pdf](#)). This provides important updates to the original practice guidelines and summarizes the 12 core values of peer support.
- *Substance Use Disorder Peer Supervision Competencies* (<https://www.oregon.gov/oha/HSD/BHP/BHCDocuments/6-23-2017-PDS-Supervisor-SUD-Peer-Supervision-Competencies-April-2017.pdf>). Developed from the results of an extensive literature review, this four-section document comprises 20 core competencies for supervising peer specialists.
- *National Certified Peer Recovery Support Specialist (NCPRSS) Code of Ethics* (<https://www.naadac.org/assets/2416/nccap-peer-recovery-support-specialist-code-of-ethics-final06-22-16.pdf>). This resource provides an overview of general values and principles associated with peer support.
- Peer Recovery Support Webinars (<https://www.naadac.org/peer-recovery-support-webinars>). This webpage provides a wealth of information related to different elements of peer support services.
- *Peer Support Toolkit* (https://dbhids.org/wp-content/uploads/1970/01/PCCI_Peer-Support-Toolkit.pdf). This extensive document covers not only peer support services in general, but also does so within the context of recovery-oriented principles and care provision.

Supervising Peer Recovery Support Specialists

Substance Use Disorder Peer Supervision Competencies, a report funded by the Oregon Health Authority, provides useful guidance for training peer workers (<https://www.oregon.gov/oha/HSD/BHP/BHCDocuments/6-23-2017-PDS-Supervisor-SUD-Peer-Supervision-Competencies-April-2017.pdf>).¹⁴⁷³ The report has four sections: Recovery-Oriented Philosophy, Providing Education and Training, Facilitating Quality Supervision, and Performing Administrative Duties. It also includes checklists to help assess supervisors' current level of competency in supervising peer specialists and determining additional training needs. The Recovery-Oriented Philosophy section can help lay the organizational groundwork for effectively supervising peer specialists and adopting a more recovery-oriented approach to problematic substance use.

The section on Recovery-Oriented Philosophy encompasses five foundational competencies¹⁴⁷⁴:

- **Competency 1: Understands peer role**—The supervisor grasps the peer recovery roles, functions, and responsibilities through peer training, lived recovery experience, and behavioral health work experience.
- **Competency 2: Demonstrates recovery orientation**—The supervisor supports and understands the philosophy of recovery promotion, recovery management, and recovery-oriented systems of care. The core recovery-oriented philosophy includes:
 - Instilling hope.
 - Reinforcing appropriate self-disclosure.
 - Respecting mutuality.
 - Using person-first language.
 - Promoting self-determination.
 - Encouraging empowerment.
- **Competency 3: Models principles of recovery**—The supervisor models and supports recovery principles and a recovery-oriented philosophy across roles: as a provider, as a supervisor, and as a part of the organization.
- **Competency 4: Supports meaningful roles**—The supervisor supports and advocates for meaningful peer roles. The supervisor continues to promote meaningful roles and discourages the use of peers in other roles that lessen the value of their work. The supervisor supports role clarity and discourages the use of peers in work activities that are beyond the peer's education, training, and experience. The supervisor embraces the value of lived experience.

- Fostering independence.
- Using a strengths-based approach.
- Addressing stigma and oppression.
- Providing support appropriate to the client's recovery stage.
- Engaging in advocacy.
- Embracing many pathways and styles of recovery.

On the last point, the principle of many pathways is not always carried out in practice. If the counseling services an organization offers support a specific path to recovery, then it should make sure clients understand that path. Program staff must be able to explain the rationale and intent of the program's counseling philosophy and recovery approach and must make clear that other pathways are available and provide information on where to access them. Doing so ensures that clients are fully aware of their recovery support options and agree to the specific pathway the organization follows.



- **Competency 5: Recognizes the importance of addressing trauma, social inequity, and healthcare disparity**—The supervisor understands and incorporates trauma-informed care in interactions with peers, clients, and the organization. The supervisor recognizes and integrates practices that promote social and healthcare equity, including trauma-informed care for those who have historically experienced trauma through oppression (e.g., certain underserved racial, ethnic, and cultural groups; people with physical or cognitive disabilities; people who have SUDs; members of the LGBTQI+ community; people experiencing poverty or homelessness).

More information on peer recovery support services is available in the textbox earlier in this chapter titled “Core Competencies, Ethical Guidelines, Training, and Integration of Peer Recovery Support Specialists” as well as in SAMHSA’s TIP 64, *Integrating Peer Support Into Substance Use Disorder Treatment Services* (<https://store.samhsa.gov/product/tip-64-incorporating-peer-support-substance-use-disorder-treatment-services/pep23-02-01-001>).

Contracting With Peer Recovery Support Specialists

If a counseling program lacks funds or other resources sufficient to hire peer specialists directly as staff, then contracting out with RCOs or similar entities may be a useful option. This will allow the program to engage peer specialists as consultants and integrate the unique support they provide into program service offerings in a more resource-conservative way. Peer specialists often bring to the table their own knowledge of and connections to valuable community recovery supports, which can benefit not only clients but also counselors and the overall program.

Recovery-Focused Training

Providing Recovery-Focused Training for Counselors

Training offers an opportunity for supervisors and administrators to engage counselors in professional development, increase morale, and change approaches to service provision. Creating comprehensive policies regarding training and supervision, professional development, and job advancement will ensure that employees have opportunities to move ahead as well as to receive training that may be necessary for their professional practice. When making a transition to a recovery orientation, **counselors will need help understanding how their practice will change and recognizing the benefits of such a change.**

Teaching counselors about the process of organizational change can help them recognize and resolve ambivalence about that change.¹⁴⁷⁵ Program administrators and clinical supervisors should take part in training activities to ensure consistency between clinical and administrative practice. As mentioned previously, an effective training program will elicit input from people involved in recovery from problematic substance use. In addition, program leaders should consider hiring clients to deliver some training to their staff.

When training counseling staff in a new evidence-based or manualized counseling intervention or approach to address substance use, it is important to provide not only the initial training but also ongoing coaching and supervision to fully integrate recovery-oriented concepts into practice. The Resource Alert “Counselor Training” lists training resources.

RESOURCE ALERT: COUNSELOR TRAINING

Some free or low-cost resources for training counselors and peer recovery support specialists in recovery promotion and adopting a recovery orientation include:

- NAADAC, The Association for Addiction Professionals (www.naadac.org/education), offers webinars, certificate programs (including a recovery-to-practice certificate program), and independent study courses on a variety of recovery-oriented care topics, all accessible online.
- The Addiction Technology Transfer Center Network and its regional centers offer webinars and online courses on a variety of recovery-oriented topics, including MI, clinical supervision, and treating people with co-occurring disorders. It contains a searchable database of courses, including a filter by topic, month, and the regional center sponsoring the event. This resource is available online at <http://attcnetwork.org/calendar/search.aspx>.

Some possible training topics appropriate for programs transitioning to a recovery orientation include:

- Listing the benefits of adopting a recovery orientation.
- Changing practices to support recovery-oriented counseling.
- Conducting recurrence risk and strengths assessments.
- Developing individualized recovery plans.
- Working collaboratively with clients, their families, and community members in a way that is trusting and respectful.
- Providing trauma-informed services.
- Becoming culturally competent.
- Recognizing discriminatory attitudes and practices.
- Understanding how a history of discrimination creates barriers to recovery.
- Removing barriers between staff and clients, while maintaining appropriate boundaries.

Incentives encourage counselors to engage in training and continuing professional development.

Supervisors and administrators should be creative and make ongoing mentoring, feedback, and practice supportive, helpful, and fun. They should encourage counselors to develop observable, measurable goals for practice improvement. Counselors can demonstrate mastery of new concepts and skill improvement related to their goals and engage in professional development by presenting information on a particular topic, reviewing audiotapes or videotapes (with client permission) with supervisors, or facilitating discussions at team meetings and skill development seminars at the agency.

Counselor Competencies

Counselors working with clients who engage in or are in recovery from problematic substance use can use this TIP to create an inventory of competencies based on the principles of recovery and person-centered counseling approaches. For example, counselors should maintain a recovery orientation in all aspects of their engagement with clients, family members, peer recovery support specialists, mutual-help groups, and staff members from community-based recovery programs. Counselors should be expected to meet basic competency standards in providing evidence-based, person-centered, recovery-focused counseling methods, including psychoeducation, MI, CBT, coping skills training, and the prevention of recurrence. This inventory of competencies can be used as an educational tool in training counseling staff and in ongoing supervision and assessment of counselor skill development.

An effective recovery-oriented program uses all its assets efficiently.

This applies to both internal resources, such as program staff, and external resources, such as other agencies and stakeholders. Thus, counselors should clearly understand where they fit within the organization. This may

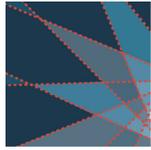


be challenging because of the potential for presumed overlap with other positions, such as peer recovery support specialists or case managers. Confusion and inefficiency can be avoided by clearly differentiating all roles. Counselors should have a clear understanding of what services they deliver and what services are delivered by other staff.

Conclusion

Implementing recovery-oriented programs is a complex, time-consuming task with many moving parts. However, if by keeping the fundamental components in mind during the process, then the whole undertaking will become considerably easier. First, the central focus of a ROSC is to have clients always be the focus of services and empower them to have an active role in their recovery. Second,

administrators and supervisors should reach out to as many relevant organizations in their community as possible to coordinate services and maximize resource availability, which will, in turn, enhance the recovery efforts of their clients by giving them a strong, interconnected network of services to meet all their recovery-related needs. Third, program leaders should ensure that the organization's workforce development is aligned with the principles of recovery-oriented care. Lastly, they should continually monitor the organization's progress and try to identify new solutions to any problems they face or find modifications to existing procedures to make them work even better. By carrying out these activities, successfully implementing a recovery-oriented program will go from an abstract plan to a reality.



Chapter 6—Resources

Chapter 6 provides links to recovery resources. The resources are organized into the following categories:

- [General Resources](#)
- [Publications](#)
- [Mutual-Help Groups](#)
- [Online Boards and Chat Rooms](#)
- [Treatment Locators](#)
- [Advocacy Organizations and Resources](#)
- [Harm Reduction](#)
- [Health Equity](#)
- [Recovery-Oriented Systems of Care \(ROSC\)](#)
- [Counseling Approaches](#)
- [Psychoeducation](#)
- [Trauma-Informed Care](#)
- [Recovery Housing](#)
- [Employment Support](#)
- [Education](#)
- [Health and Wellness](#)
- [Digital Recovery Support Tools](#)
- [Telehealth](#)
- [Assessment and Screening](#)
- [Peer Support Services](#)
- [Funding](#)

General Resources

Substance Abuse and Mental Health Services Administration (SAMHSA):

- **Addressing Governing Board Requirements** (<https://www.samhsa.gov/section-223/governance-oversight/addressing-board-requirements>): This webpage provides detailed guidance for programs to meet the requirement of ensuring consumer participation.
- **Directory of Single State Agencies for Substance Abuse Services** (<https://www.samhsa.gov/sites/default/files/ssa-directory.pdf>): Some states use dedicated funds or general revenues for recovery support services. For more information, contact your state behavioral health authority using this directory.
- **FindSupport.gov** (<https://www.samhsa.gov/find-support>): This section of SAMHSA's website explains how people seeking recovery can find recovery support and treatment.
- **Mental Health and Substance Use Disorders** (<https://www.samhsa.gov/disorders>): This webpage provides basic information about co-occurring mental and substance use disorders and links to other resources.
- **Person-and Family-centered Care and Peer Support** (<https://www.samhsa.gov/section-223/care-coordination/person-family-centered>): The webpage highlights the importance of including clients in their treatment planning.
- **Recovery and Recovery Support** (<https://www.samhsa.gov/find-help/recovery>): Learn about the guiding principles of recovery and resilience as well as the four major dimensions of recovery on this SAMHSA webpage.



- **Recovery Support Tools and Resources** (<https://www.samhsa.gov/brss-tacs/recovery-support-tools-resources>): This webpage explains what recovery is and contains links to tools and resources that behavioral health professionals, peers, parents, and families can use to help support recoverees.
 - **SAMHSA's Working Definition of Recovery** (<https://store.samhsa.gov/product/SAMHSA-s-Working-Definition-of-Recovery/PEP12-RECDEF>): This brochure provides a working definition and 10 guiding principles for recovery from mental and substance use disorders.
 - **Shared Decision-Making Tools** (<https://www.samhsa.gov/brss-tacs/recovery-support-tools/shared-decision-making>): This webpage defines shared decision making and provides links to resources that can help patients make informed decisions about their care.
 - **Substance Abuse Confidentiality Regulations** (<https://www.samhsa.gov/about-us/who-we-are/laws-regulations/confidentiality-regulations-faqs>): This webpage contains information about confidentiality laws surrounding records management for clients receiving substance use treatment.
 - **Welcome to the Center for Behavioral Health Statistics and Quality (CBHSQ)** (<https://www.samhsa.gov/data/>): This webpage contains the latest federal reports on the prevalence and treatment of substance use and mental disorders.
 - **What Are Peer Recovery Support Services?** (https://store.samhsa.gov/product/What-Are-Peer-Recovery-Support-Services-/SMA09-4454?referer=from_search_result): This manual explains peer recovery support services designed and delivered by people in recovery from SUDs. It discusses types of peer support for recovery, the adaptability and value of peer recovery support services, and cross-cutting core principles.
- Addiction Recovery Guide** (<https://www.addictionrecoveryguide.org/>): This website provides information about and links to recovery support groups, including groups that are not based on the 12 Steps, such as SMART Recovery, Women for Sobriety, and mobile apps, along with a state-by-state recovery resource locator.
- Addiction Technology Transfer Center Network (ATTC)** (<http://attcnetwork.org>): This network of 10 SAMHSA-funded training and technical assistance centers facilitates the implementation of evidence-based addiction treatment and recovery-oriented practices and services.
- All Rise** (<https://www.nadcp.org/>): Formerly the National Association of Drug Court Professionals, this agency is a training, membership, and advocacy organization for the treatment court model.
- American Society of Addiction Medicine (ASAM)** (<https://www.asam.org/>): ASAM is a professional medical society representing over 6,000 physicians, clinicians, and associated professionals dedicated to increasing access to and improving the quality of addiction treatment, educating physicians and the public, supporting research and prevention, and promoting the appropriate role of physicians in the care of patients with addiction.
- MentalHealth.gov** (<https://www.mental-health.gov/>): This federal website provides a brief introduction to mental health, describes common mental disorders, and features resources and other information on caring for people who have mental illness.
- National Association of Peer Supporters** (<https://www.peersupportworks.org>): This nonprofit organization was founded in 2004. Its membership includes mental health and addiction peer specialists, recovery coaches, recovery educators and trainers, researchers, family supporters, administrators of consumer-operated or peer-run organizations, state and federal policymakers, and licensed professionals.

National Council for Mental Wellbeing (<https://www.thenationalcouncil.org/program/center-of-excellence/>): The National Council is a membership organization that drives policy and social change on behalf of more than 3,100 mental health and substance use treatment organizations.

National Institute of Mental Health (NIMH) (<https://www.nimh.nih.gov/>): NIMH is the lead federal agency for research on mental disorders. Its website provides facts and information on a wide range of mental health categories and conditions.

National Institute on Alcohol Abuse and Alcoholism—Alcohol’s Effects on Health (<https://www.niaaa.nih.gov/alcohols-effects-health>): This federal webpage provides research-based information on alcohol and its impact on individuals and families.

National Institute on Drug Abuse (NIDA) (<https://www.drugabuse.gov/>): NIDA provides facts and information about different drugs and related topics.

National Library of Medicine’s DailyMed Database (<https://dailymed.nlm.nih.gov/dailymed/>): The database includes information about the most common side effects reported for medications that can be taken to support recovery from opioid use disorder (OUD) and alcohol use disorder.

National Quality Forum (www.qualityforum.org/Topics/Health_and_Well-Being.aspx): Visit the National Quality Forum website and the **National Committee for Quality Assurance** (www.ncqa.org) for behavioral health quality measures to help program administrators evaluate their services and make funding decisions.

Peer Recovery Center of Excellence (<https://www.peerrecoverynow.org/>): The Center provides training and technical assistance related to substance use disorder (SUD) recovery. Areas of focus include integrating peer support workers into nontraditional settings, building the capacity of recovery community organizations, developing the peer workforce, and providing evidence-based and practice-based resources.

Providers Clinical Support System (PCSS) (<https://pcssnow.org/>): PCSS is a SAMHSA-funded program, created in response to the opioid overdose epidemic to train primary care providers in the evidence-based prevention and treatment of OUD and treatment of chronic pain.

Recovery Research Institute (<https://www.recoveryanswers.org/>): The Recovery Research Institute is a leading nonprofit research institute of Massachusetts General Hospital, an affiliate of Harvard Medical School, dedicated to the advancement of addiction treatment and recovery.

State & Territorial Health Department Websites (<https://www.cdc.gov/publichealthgateway/healthdirectories/healthdepartments.html>): CDC hosts this resource for licensed behavioral health service providers to determine their state’s scope of practice.

Publications

SAMHSA:

- **Addictions and Mental Health Recovery Dialogue: Similarities and Differences in Our Communities** (<https://www.samhsa.gov/sites/default/files/similarities-differences-dialogue.pdf>): This report captures discussion among mental health and addiction recovery stakeholders about addiction recovery insights, congruencies, differences, and proposed next steps.



- **Advisory: Comprehensive Case Management for Substance Use Disorder Treatment** (<https://store.samhsa.gov/product/advisory-comprehensive-case-management-substance-use-disorder-treatment/pep20-02-02-013>): This Advisory surveys the underlying principles and models of case management, discusses reasons SUD treatment providers might consider implementing or expanding the use of case management, and lists case management-related resources and tools.
- **Advisory: Using Technology-Based Therapeutic Tools in Behavioral Health Services** (<https://store.samhsa.gov/product/advisory-using-technology-based-therapeutic-tools-behavioral-health-services/pep20-06-04-001>): This Advisory summarizes key issues in telehealth for behavioral health services, including access to technology, licensing and regulation, reimbursement, privacy, informed consent, training and support, and best practices.
- **Alcohol Use: Facts & Resources** (https://www.samhsa.gov/sites/default/files/alcohol_use_facts_and_resources_fact_sheet_2018_data.pdf): This fact sheet includes statistics on alcohol use, indicators of risky or excessive drinking, tips for reducing alcohol use, and an alcohol use assessment tool.
- **Civil Commitment and the Mental Health Care Continuum: Historical Trends and Principles for Law and Practice** (<https://www.samhsa.gov/sites/default/files/civil-commitment-continuum-of-care.pdf>): This report provides an overview of civil commitment and practical tools to help policymakers and others responsible for reforming or implementing civil commitment laws or systems.
- **Creating a Healthier Life: A Step-by-Step Guide to Wellness** (<https://store.samhsa.gov/sites/default/files/d7/priv/sma16-4958.pdf?msclkid=daf046f-ba6e611ecbca8c52e6eb4f405>): This guide offers a broad approach for things recoverees can do at their own pace to feel better and live longer.
- **Drug-Free Workplace Toolkit** (<https://www.samhsa.gov/workplace/toolkit>): The Drug-Free Workplace Toolkit provides information to help employers develop and sustain successful drug-free workplace programs.
- **Guidelines for Successful Transition of People with Mental or Substance Use Disorders from Jail and Prison: Implementation Guide** (<https://store.samhsa.gov/sites/default/files/d7/priv/sma16-4998.pdf>): This guide offers behavioral health, correctional, and community stakeholders with successful implementation strategies for transitioning people with mental or substance use disorders from institutional correctional settings into the community.
- **Know Your Rights. Rights for Individuals on Medication-Assisted Treatment** (https://www.samhsa.gov/sites/default/files/programs_campaigns/medication_assisted/Know-Your-Rights-Brochure.pdf): This brochure explains the Federal laws that prohibit discrimination against individuals with disabilities and how they protect people who take medication for OUD.
- **Medication for the Treatment of Alcohol Use Disorder: A Brief Guide** (<https://store.samhsa.gov/product/Medication-for-the-Treatment-of-Alcohol-Use-Disorder-A-Brief-Guide/SMA15-4907>): This manual provides guidance on the use of medication for alcohol use disorder. It discusses approved medications, screening and assessment, treatment planning, and patient monitoring.

- **National Framework for Quality Improvement in Behavioral Health Care** (<https://www.nasmhpd.org/sites/default/files/SAMHSA%20Quality%20Improvement%20Initiative.pdf>): This SAMHSA document outlines quality measures to help programs evaluate their services and make funding decisions. It includes goals relevant to a recovery orientation, such as promoting person-centered care.
- **National Guidelines for Behavioral Health Crisis Care: Best Practice Toolkit** (<https://www.samhsa.gov/sites/default/files/national-guidelines-for-behavioral-health-crisis-care-02242020.pdf>): These guidelines are intended to assist states and communities with the development and implementation of effective crisis services and systems.
- **Results from the 2021 National Survey on Drug Use and Health: Graphics from the Key Findings Report** (https://www.samhsa.gov/data/sites/default/files/reports/rpt39443/2021_NNR_figure_slides.pdf): Using data from the 2021 National Survey on Drug Use and Health (NSDUH), this 2022 presentation spotlights usage trends among individuals 12 years and older related to alcohol, nicotine, prescription medications, and illicit drugs.
- **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>): This guide helps healthcare providers, systems, and communities support recovery from SUDs via employment. It describes relevant research, examines emerging and best practices, identifies knowledge gaps and implementation challenges, and offers resources.
- **TIP 26, Treating Substance Use Disorder in Older Adults** (<https://store.samhsa.gov/product/treatment-improvement-protocol-tip-26-treating-substance-use-disorder-in-older-adults/PEP20-02-01-011>): This TIP helps providers better understand how to identify, manage, and prevent problematic substance use in older adults. It includes screening tools, assessments, and treatments tailored for older clients as well as the interaction between SUDs and cognitive impairment.
- **TIP 33, Treatment for Stimulant Use Disorders** (<https://store.samhsa.gov/product/treatment-for-stimulant-use-disorders/PEP21-02-01-004>): This TIP reviews the medical, psychiatric, and SUD-related problems associated with the use of cocaine and methamphetamine as well as the problematic use of prescription stimulants. It offers recommendations on treatment approaches and maximizing treatment engagement and retention, and strategies for initiating and maintaining abstinence.
- **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>): This TIP includes the latest evidence on motivation-enhancing approaches and strategies. It describes how SUD treatment providers can use these approaches and strategies to increase participation and retention.
- **TIP 38, Integrating Substance Abuse Treatment and Vocational Services** (<https://store.samhsa.gov/product/TIP-38-Integrating-Substance-Abuse-Treatment-Vocational-Services/SMA12-4216>): This TIP offers practice guidelines and recommendations for integrating employment services into SUD treatment. It also provides information about funding, policy, and legal issues.



- **TIP 39, Substance Use Disorder Treatment and Family Therapy** (https://store.samhsa.gov/product/treatment-improvement-protocol-tip-39-substance-use-disorder-treatment-and-family-therapy/PEP20-02-02-012?referer=from_search_result): This TIP offers information about how to work with families, how families are affected by problematic SUDs, and describes a variety of family counseling approaches.
- **TIP 42, Substance Use Treatment for People With Co-Occurring Disorders** (<https://store.samhsa.gov/product/tip-42-substance-use-treatment-persons-co-occurring-disorders/PEP20-02-01-004>): This TIP summarizes the latest science in the screening, assessment, diagnosis, and management of co-occurring disorders.
- **TIP 51, Substance Abuse Treatment: Addressing the Specific Needs of Women** (<https://store.samhsa.gov/product/TIP-51-Substance-Abuse-Treatment-Addressing-the-Specific-Needs-of-Women/SMA15-4426>) and **TIP 56, Addressing the Specific Behavioral Health Needs of Men** (<https://store.samhsa.gov/product/TIP-56-Addressing-the-Specific-Behavioral-Health-Needs-of-Men/SMA14-4736>): These TIPs review gender-specific research and best practices, such as common patterns of substance use among women and men and specific treatment issues and strategies.
- **TIP 52, Clinical Supervision and Professional Development of the Substance Abuse Counselor** (<https://store.samhsa.gov/sites/default/files/d7/priv/sma14-4435.pdf>): This publication explains how to conduct clinical supervision in substance use treatment settings.
- **TIP 55, Behavioral Health Services for People Who Are Homeless** (<https://store.samhsa.gov/product/TIP-55-Behavioral-Health-Services-for-People-Who-Are-Homeless/SMA15-4734>): This manual offers skills and resources to service providers working with people who are experiencing homelessness or at risk of homelessness. It outlines types of homelessness and stages of recovery, including substance use screening and supportive treatment.
- **TIP 57, Trauma-Informed Care in Behavioral Health Services** (<https://store.samhsa.gov/sites/default/files/d7/priv/sma14-4816.pdf>): This TIP helps behavioral health professionals understand the impact of trauma. It discusses patient assessment and treatment planning strategies to support recovery as well as the development of a trauma-informed care workforce.
- **TIP 59, Improving Cultural Competence** (<https://store.samhsa.gov/product/TIP-59-Improving-Cultural-Competence/SMA15-4849>): This TIP helps professional care providers and administrators understand the role of culture in the delivery of mental health and substance use services. It describes cultural competence and discusses racial, ethnic, and cultural considerations.
- **TIP 60, Using Technology-Based Therapeutic Tools in Behavioral Health Services** (<https://store.samhsa.gov/product/TIP-60-Using-Technology-Based-Therapeutic-Tools-in-Behavioral-Health-Services/SMA15-4924>): This manual highlights the importance of using technology-based assessments and interventions in behavioral health treatment services.

- **TIP 61, Behavioral Health Services for American Indians and Alaska Natives** (<https://store.samhsa.gov/product/TIP-61-Behavioral-Health-Services-For-American-Indians-and-Alaska-Natives/SMA18-5070>): This TIP discusses the demographics, social challenges, and behavioral health concerns of Native Americans, including background on Native American history, historical trauma, and cultural perspectives.
 - **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>): This TIP provides an indepth review of the U.S. Food and Drug Administration (FDA)-approved medications for OUD: buprenorphine, naltrexone, and methadone. It also discusses prescribing guidelines and how to become an approved prescriber.
 - **TIP 64, Incorporating Peer Support Into Substance Use Disorder Treatment Services** (<https://store.samhsa.gov/product/tip-64-incorporating-peer-support-substance-use-disorder-treatment-services/pep23-02-01-001>): This TIP provides an indepth look at peer support services in SUD treatment settings, including discussion specific to administrators and supervisors.
 - **Treatment Considerations for Youth and Young Adults with Serious Emotional Disturbances and Serious Mental Illnesses and Co-occurring Substance Use** (https://store.samhsa.gov/sites/default/files/SAMHSA_Digital_Download/pep20-06-02-001.pdf): This evidence-based resource guide includes a comprehensive set of modules with resources to improve health outcomes for people at risk for, experiencing, or recovering from mental and/or substance use disorders. It is designed for clinicians, administrators, community leaders, and others considering an intervention for their organization, community, client, or loved one.
- Community Listening Forum Toolkit: Taking Action to Support Recovery in Your Community** (<https://facesandvoicesofrecovery.org/wp-content/uploads/2020/02/Community-Listening-ForumToolkitHR-1.pdf>): This toolkit provides practical steps and sample resources, such as flyers, agendas, evaluations, and training materials for speakers to help you organize a forum in your community.
- NIDA:**
- **Common Comorbidities with Substance Use Disorders Research Report** (<https://nida.nih.gov/download/1155/common-comorbidities-substance-use-disorders-research-report.pdf?v=5d6a5983e0e9353d46d01767fb20354b>): This research report provides information on the state of the science in the comorbidity of SUDs with mental illness and physical health conditions.
 - **Drugs, Brains, and Behavior: The Science of Addiction** (<https://nida.nih.gov/sites/default/files/soa.pdf>): This publication discusses brain chemistry and how it is affected by substance use. It also includes illustrations, brain imagery, and links to NIDA initiatives appropriate for clinicians, researchers, educators, students, and parents.
 - **Principles of Drug Addiction Treatment: A Research-Based Guide (Third Edition)** (<https://www.drugabuse.gov/publications/principles-drug-addiction-treatment-research-based-guide-third-edition/preface>): Designed for healthcare providers, family members, and other stakeholders, this resource presents a basic primer on addiction, different approaches to treatment, evidence-based approaches, friends and family advice/resources, and unique populations, such as pregnant women, adolescents, and older adults.



- **Understanding Drug Use and Addiction DrugFacts** (<https://nida.nih.gov/publications/drugfacts/understanding-drug-use-addiction>): This publication provides an overview of what addiction is, the brain “reward” circuitry, and the impact of genetics and environment on substance use.

Peer Recovery Center of Excellence’s Comparative Analysis of State Requirements for Peer Support Specialist Training and Certification in the United States (<https://peerrecoverynow.org/about/coe-products.aspx>): The “State Website Data Sources” section of this publication contains information on your state’s training and certification requirements for peer specialists.

State of the New Recovery Advocacy Movement (<https://www.chestnut.org/resources/5cd82f5d-f9cb-4e50-8391-7eadb9700e34/2013-State-of-the-New-Recovery-Advocacy-Movement.pdf>): Written by William White, this presentation shares his perspectives on the recovery movement’s accomplishments, current and anticipated threats, and the movement’s next stages, strategies, kinetic ideas, and frontier issues.

Surgeon General, Facing Addiction in America: The Surgeon General’s Report on Alcohol, Drugs, and Health (<https://store.samhsa.gov/product/Facing-Addiction-in-America-The-Surgeon-General-s-Report-on-Alcohol-Drugs-and-Health-Full-Report/SMA16-4991>): Published in 2016, this report discusses the wide-ranging impact of problematic substance use. It also summarizes what is known about what works in prevention, treatment, and recovery.

What is the evidence on the role of the arts in improving health and well-being? (<https://www.ncbi.nlm.nih.gov/books/NBK553773/>): This report by the World Health Organization synthesizes the global evidence on the role of the arts in improving health and well-being.

Mutual-Help Groups

AA Agnostica (<https://aaagnostica.org/>): AA Agnostica meetings are 12-Step meetings for agnostics, atheists, and freethinkers who feel uncomfortable with the religious focus of traditional Alcoholics Anonymous® meetings.

Adult Children of Alcoholics® and Dysfunctional Families (<https://adultchildren.org/>): This is a 12-Step program of men and women who experienced abuse, neglect, and/or trauma in the home while growing up.

Al-Anon Family Groups (<https://www.al-anon.org/>): Al-Anon offers group meetings where friends and family members of people with substance use issues share their experiences and learn how to apply the principles of the Al-Anon program to their individual situations. Sponsorship gives members the chance to get personal support from more experienced individuals in the program.

Alateen (<https://al-anon.org/for-members/group-resources/alateen/>): Alateen is geared toward younger family members and friends of people with problematic alcohol use.

Alcoholics Anonymous® (A.A.) (<https://www.aa.org/>): 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.

Anorexics and Bulimics Anonymous (ABA) (<http://aba12steps.org/about/>): 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.

Celebrate Recovery® (<https://www.celebraterecovery.com/>): Celebrate Recovery® is a Christian-focused 12-Step recovery program for anyone struggling with hurt, pain, or addiction of any kind. Celebrate Recovery® is a safe place to find community and freedom from the issues that are controlling your life.

Co-Anon Family Groups® (<https://co-anon.org/>): Co-Anon Family Groups offer support for family members of people with cocaine use disorder.

Cocaine Anonymous® (CA) (<https://ca.org/>): CA provides affiliational support to individuals who have problematic cocaine use. While 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 have problematic cocaine use may identify more strongly with the culture of CA.

Co-Dependents Anonymous (CoDA) (<https://coda.org/>): The CoDA program encourages members to follow the 12 Steps and 12 Traditions for developing honest and fulfilling relationships with themselves and others.

Crystal Meth Anonymous® (CMA) (<https://crystalmeth.org/index.php>): CMA describes itself as a fellowship of people who share their experience, strength, and hope with each other, so they may solve their common problem and help others to recover from addiction to crystal meth. The only requirement for membership is a desire to stop using.

Drug Addicts Anonymous® (<https://daausa.org/>): Drug Addicts Anonymous is a fellowship of people who have recovered from addiction and are committed to helping those who have not yet recovered. This organization is not allied with any organization but does use the 12 Steps outlined by A.A.

Dual Recovery Anonymous™ (<http://www.draonline.org/>): Dual Recovery Anonymous is a mutual-help support program that follows 12-Step principles in supporting men and women in recovery from drug and alcohol addiction and emotional or mental illness. The group focuses on preventing relapse and actively improving the quality of members' lives through a community of mutual support.

Eating Disorders Anonymous (EDA) (<https://eatingdisordersanonymous.org/>): EDA is a 12-Step fellowship of individuals who share their experience, strength, and hope with each other that they may solve their common problems and help others to recover from their eating disorders.

Emotions Anonymous® (EA) (<https://emotionsanonymous.org/>): The EA membership is composed of people who come together in weekly meetings for the purpose of working toward recovery from emotional difficulties.

Faces & Voices of Recovery (<https://facesandvoicesofrecovery.org/>): Faces & Voices of Recovery is a national recovery advocacy organization that promotes recovery from SUDs and advocates for social and policy changes to reduce stigma and discrimination against people in recovery.

Families Anonymous (<https://www.familiesanonymous.org/>): Families Anonymous is a 12-Step fellowship for the family and friends of individuals with drug, alcohol, or related behavioral issues.

Gamblers Anonymous® (<https://gamblersanonymous.org/ga/content/about-us>): Gamblers Anonymous® is a fellowship of men and women who share their experience, strength, and hope with each other that they may solve their common problem and help others to recover from a gambling problem.

Gay & Sober® (<https://www.gayandsober.org/>): 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 as well as international meetings and events.

**Grief Recovery After a Substance**

Passing (GRASP) (<http://grasphelp.org/>): 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.

HAMS: Harm Reduction for Alcohol

(<https://hams.cc/>): HAMS is a peer-led, free-of-charge support and informational group for anyone who wants to change their drinking habits for the better. 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.

Harm Reduction Works (<https://linktr.ee/hrw>):

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 or choose moderation or take medications for OUD or are just beginning to wonder if alcohol and drugs are a problem are welcome. Friends, families, and allies are also encouraged to attend.

Heroin Anonymous (<http://www.heroinanonymous.org>):

Heroin Anonymous is a nonprofit fellowship of individuals in recovery from heroin addiction committed to helping each other stay sober. This organization holds local support meetings, a directory of which can be found on its website.

In the Rooms® (ITR) (<https://www.intherooms.com/home/>):

ITR is a free, membership-based platform designed to give people in recovery access to a diverse menu of live, digital, mutual-support meetings.

Learn to Cope (<https://www.learn2cope.org/>):

Learn to Cope is a secular mutual-help support group that offers education, resources, and peer support for the family of people with SUDs (although they are primarily focused on OUD). They also maintain an online forum, but groups are only available in a few states.

LifeRing® Secular Recovery (<https://lifering.org/>):

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.

Live Another Day (<https://liveanotherday.org/bipoc/>):

This website offers substance use and mental disorder recovery resources to support Black, Indigenous, and People of Color communities.

Marijuana Anonymous (MA) (<https://marijuana-anonymous.org/>):

MA is a fellowship of people who share their experience, strength, and hope with each other as part of their recovery from problematic marijuana use. It is based on the 12 Steps of A.A.

Medication-Assisted Recovery**Anonymous (MARA®)** (<https://www.mara-international.org/>):

MARA® supports the idea that medication is a therapeutic tool of recovery that may or may not be discontinued in time, dependent on the needs of the individual.

Medication-Assisted Recovery Services**(MARS™)** (<https://marsproject.org/>):

MARS™ is a peer-initiated and peer-based recovery support project of the National Alliance of Medication-Assisted Recovery that offers online peer support to recoverees.

Millati Islami (<http://www.millatiislami.org/>): Millati Islami is an Islam-focused 12-Step recovery program where people share experiences, strengths, and hopes while recovering from active addiction to mind- and mood-altering substances.

Moderation Management™ (MM) (<https://moderation.org/>): MM is a lay-led nonprofit dedicated to reducing the harm caused by problematic 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.

Mutual-Aid Resources (<https://facesand-voicesofrecovery.org/?s=mutual+aid+>): This webpage provides resources pertaining to mutual aid and recovery.

Nar-Anon Family Groups (<https://www.nar-anon.org/>): This organization offers group meetings where friends and family of people with drug use problems can share their experiences and learn to apply the 12-Step Nar-Anon program to their lives. Nar-Anon groups also offer more individualized support from experienced individuals in the program who act as sponsors. **Narateen** (<https://www.nar-anon.org/what-is-narateen?rq=narateen>) provides support to teenage family members and friends of people with problematic narcotics use.

Narcotics Anonymous (NA®) (<https://na.org/>): 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.

Nicotine Anonymous® (NicA) (<https://www.nicotine-anonymous.org/>): NicA is a nonprofit 12-Step fellowship of people helping each other live nicotine-free lives.

Overeaters Anonymous® (OA) (<https://oa.org/>): OA is a community of people who support each other in order to recover from compulsive eating and food behaviors.

Parents of Addicted Loved Ones (<https://palgroup.org/>): This is a secular support group for parents who have a child with an SUD. They only have meetings in some states but also meet via telephone.

The Phoenix (<https://thephoenix.org/>): The Phoenix takes an innovative approach to recovery by fostering healing through fitness and personal connection. The Phoenix offers 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 stigma of addiction, and rise to their full potential. The program is free, and the only requirement for membership is 48 hours of sobriety.

Recovering Couples Anonymous (<https://recovering-couples.org/>): This 12-Step organization is focused on restoring healthy communication, caring, and greater intimacy to relationships.

Recovery Dharma (<https://recoverydharma.org/>): Recovery Dharma is a grassroots, democratically structured organization whose mission is to support individuals on their paths of recovery from addiction, using Buddhist practices and principles.

Refuge Recovery (<https://refugerecovery.org/>): Refuge Recovery is a peer-led movement that combines Buddhist-inspired practices and principles with successful recovery community structures to overcome addiction.

Secular Organizations for Sobriety (<http://www.sossobriety.org/>): This is a nonprofit, nonreligious network of autonomous, nonclinical local groups that support people in achieving and maintaining abstinence from alcohol and drug addiction.



Seek Healing (<https://www.seekhealing.org/>): Seek Healing provides social health programs to rebuild disconnected communities—healing loneliness, systemic shame, trauma, and addiction. It believes 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.

Self-Management and Recovery Training (SMART Recovery®) (<https://www.smartrecovery.org/>): SMART Recovery® is an international self-empowering recovery group that supports multiple pathways to a life beyond addiction. The website provides links to online and in-person meeting information and access to 24/7 chats, discussion forums, YouTube videos, and publications. Using science-based recovery tools, participants learn how to design their own plans for change from addictive behaviors.

Sex Addicts Anonymous (SAA) (<https://saa-recovery.org/our-program/>): SAA is a fellowship of individuals who share their experience, strength, and hope with each other so they may overcome their sexual addiction and help others recover from sexual addiction or dependency.

Sexaholics Anonymous (SA) (<https://www.sa.org/>): SA is a 12-Step recovery peer support program based on the same model as A.A. but with a focus on addressing sexual addiction.

Sex and Love Addicts Anonymous (S.L.A.A.) (<https://slaafws.org/>): 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.

Sexual Compulsives Anonymous (SCA) (<https://sca-recovery.org/WP/>): 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.

Wellbriety (<https://www.wellbriety.com/map.html>): 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.

Women for Sobriety (<https://womenforsobriety.org/>): This is an abstinence-based mutual-help support program that helps women find their individual paths to recovery by addressing their unique needs. It offers tools to help women in recovery develop coping skills focused on emotional growth, spiritual growth, self-esteem, and a healthy lifestyle.

Online Boards and Chat Rooms

SAMHSA's *Staying Connected Is Important: Virtual Recovery Resources* (<https://www.samhsa.gov/sites/default/files/virtual-recovery-resources.pdf>): SAMHSA compiled a handy list of recovery groups that offer virtual recovery support.

12-Step forums: A variety of NA® and A.A. meetings are available online, each with their own attitude toward medication:

- 12Step.org (<https://12step.org/social/online-meetings/>) contains links to meetings for all types of 12-Step fellowships and other recovery groups.
- Online Intergroup of Alcoholics Anonymous (<https://www.aa-intergroup.org/>): The directory lists numerous online A.A. meetings, which occur at specific times.

Facebook Forums and Groups: A handful of co-occurring disorders and drug and alcohol addiction recovery organizations are on Facebook. They include:

- Clean and Sober Today (<https://www.facebook.com/groups/1822841161286327/>).
- Dual Diagnosis Co-occurring Mental Illness & Substance Disorders First Treatment (<https://www.facebook.com/FirstDualDiagnosisTreatmentandPrograms1984/>).
- Recovery Group for Dual Diagnosis (<https://www.facebook.com/events/139669280229645/>).
- Living with Dual Diagnosis (<https://www.facebook.com/groups/202446319860866/>).
- Methadone Anonymous (<https://www.facebook.com/MethadoneAnonymous/>).
- Secular Organizations for Sobriety (<https://www.facebook.com/groups/251215211975/>).
- Social Media 4Recovery (<https://www.facebook.com/groups/748016625286020/>).

Faces & Voices of Recovery Guide to Mutual-Aid Resources (<https://facesandvoicesofrecovery.org/?s=mutual+aid+>): This website provides a listing of mutual-help support programs for people in recovery and their family members.

In The Rooms[®] (<https://www.intherooms.com/>): This is an online social network for people in recovery, families, friends, and allies. Membership is free. Members have access to live online recovery support meetings.

LifeRing[®] **Secular Recovery Dual Diagnosis Recovery Online Support Groups** (<https://www.lifering.org/post/lifering-offers-dual-diagnosis-recovery-support-group-online>): This online group offers a safe place for people with mental and substance use disorders to discuss struggles and concerns.

SMART Recovery[®] **Online Forum** (<https://www.smartrecovery.org/community/forum.php>): This online mutual-help resource allows people in recovery to share their own recovery stories in a virtual community environment. The site offers 24/7 access to a chat room and message board for individuals who cannot dedicate 60 to 90 minutes to a meeting, but who still need access to recovery support resources and individuals.

Unity Recovery (<https://unityrecovery.org/digital-recovery-meetings>): The website contains a full calendar of free digital recovery meetings that are nondenominational, agnostic to any specific recovery pathway, and are open to anyone.

Women for Sobriety Online Community (<https://womenforsobriety.org/community/>): This forum for women includes a 24/7 message board where women can share and seek recovery support and participate in daily online chat meetings.

Treatment Locators

SAMHSA:

- **Buprenorphine Practitioner Locator** (<https://www.samhsa.gov/medication-assisted-treatment/find-treatment/treatment-practitioner-locator>): This online resource provides contact information, by state, for practitioners who treat opioid dependency with buprenorphine. Please note that this list is not inclusive of all practitioners and contains only the names of practitioners who have consented to releasing their practice information.
- **FindTreatment.Gov** (<https://findtreatment.gov/>): People seeking treatment for SUDs can use this federal locator maintained by SAMHSA to find treatment facilities based on location, availability of treatment for co-occurring mental disorders, availability of telemedicine care, payment option, age, languages spoken, and access to medication for OUD.



- **National Helpline** (<https://www.samhsa.gov/find-help/national-helpline>): SAMHSA's National Helpline provides free treatment referral and relevant information for individuals who need help dealing with problematic substance use or mental illness. The phone lines (1-800-662-HELP [4357]; 1-800-487-4889 [TTY]) are staffed 24 hours a day by information specialists who can respond in English or Spanish.
- **Opioid Treatment Program Directory** (<https://dpt2.samhsa.gov/treatment/directory.aspx>): This online resource provides information about programs offering medication to treat OUD.
- **State Opioid Treatment Authorities (SOTAs)** (<https://www.samhsa.gov/medications-substance-use-disorders/sota>): This list provides contact information for currently designated SOTAs in each state, the District of Columbia, Puerto Rico, and the Virgin Islands. These individuals can potentially help individuals access treatment resources in their area.

Advocacy Organizations and Resources

All Rise (<https://www.nadcp.org/>): Formerly the National Association of Drug Court Professionals, this agency is a training, membership, and advocacy organization for the treatment court model.

American Association for the Treatment of Opioid Dependence, Inc. (AATOD) (<http://www.aatod.org/>): AATOD was founded in 1984 to enhance the quality of patient care in treatment programs by promoting the growth and development of comprehensive opioid treatment services throughout the United States.

American Society of Addiction Medicine (ASAM), State Advocacy Resources (<https://www.asam.org/advocacy/state-advocacy/state-advocacy-resources>): ASAM provides both internal and external resources to support advocacy efforts in substance use treatment and recovery services.

Bringing Recovery Supports to Scale Technical Assistance Center Strategy (BRSS TACS) (<https://www.samhsa.gov/brss-tacs>): In 2011, SAMHSA initiated BRSS TACS to promote the widespread adoption of recovery-oriented supports, services, and systems for people in recovery from SUDs and mental disorders. BRSS TACS offers resources to a wide audience, including recovery supervisors and recovery support workers.

Buddhist Recovery Network (<https://www.buddhistrecovery.org/>): The Buddhist Recovery Network is a nonprofit organization that promotes the use of Buddhist teachings and practices to help people recover from the effects of addictive behaviors. It is open to people of all backgrounds and is respectful of all recovery paths.

Dual Diagnosis Recovery Network (<https://www.dualdiagnosis.org/resource/ddrn/>): Part of Foundations Recovery Network, the Dual Diagnosis Recovery Network is an advocacy group for people with co-occurring disorders. It offers information on mutual-help support programs, outreach, and education.

Faces & Voices of Recovery (<http://facesandvoicesofrecovery.org/>): This national recovery advocacy organization promotes recovery from SUDs, and advocates for social and policy changes to reduce stigma and discrimination against people in recovery. It offers the following resources:

- **Advocacy Toolkit** (<https://facesandvoicesofrecovery.org/wp-content/uploads/2020/02/ADVOCACY-TOOLKIT.pdf>): This toolkit provides tips on how to build relationships with elected officials and their staff as part of your advocacy efforts.
- **Advocacy With Anonymity** (<https://facesandvoicesofrecovery.org/wp-content/uploads/2019/06/Advocacy-with-Anonymity.pdf>): This resource offers tips on how someone in a 12-Step program can advocate for recovery while still observing the 12-Step tradition of keeping membership in the program private.

- **Directory of Recovery Community Organizations (RCOs)** (<https://facesandvoicesofrecovery.org/arco/arco-members-on-the-map/>): This directory includes RCOs that are members of the Association of Recovery Community Organizations. Click on the map locations to visit RCOs and Recovery Community Centers throughout the United States.
- **Recovery Advocacy Movement** (<https://facesandvoicesofrecovery.org/?s=Recovery+Advocacy+Movement+>): Faces & Voices of Recovery provides this overview of the Recovery Advocacy Movement, a nationwide grassroots effort led by individuals in recovery that seeks to change public and professional attitudes toward addiction and promote recovery-oriented services, while reducing the stigmatization historically suffered by individuals experiencing problematic substance use.
- **Recovery Voices Count** (<https://facesandvoicesofrecovery.org/resource/recovery-voices-count-guide/>): This resource provides a complete guide on how to organize the recovery community through activities like voter registration, education, and participation.

Legal Action Center (<https://www.lac.org/>): This organization offers information about the rights of people with criminal records, HIV and AIDS, and SUDs.

National Alliance for Recovery Residences (NARR) (<https://narronline.org/>): NARR's mission is to support recoverees from addiction by improving their access to quality recovery residences through standards, support services, placement, education, research, and advocacy.

National Association of State Alcohol and Drug Abuse Directors (NASADAD) (<https://nasadad.org/>): NASADAD is a private, not-for-profit educational, scientific, and informational organization. Its basic purpose is to foster and support the development of effective alcohol and other drug use prevention and treatment programs throughout every state.

National Association of State Mental Health Program Directors (NASMHPD) (www.nasmhpd.org): NASMHPD represents the \$41 billion public mental health service delivery system serving 7.5 million people annually in all 50 states, 4 territories, and the District of Columbia. It works with states, federal partners, and stakeholders to promote wellness, recovery, and resiliency for individuals with mental conditions or co-occurring mental and substance use-related disorders across all ages and cultural groups.

National Council for Mental Wellbeing (<https://www.thenationalcouncil.org/program/center-of-excellence/>): The National Council is a membership organization that drives policy and social change on behalf of over 3,100 mental and substance use treatment organizations.

The National Council on Alcoholism and Drug Dependence, Inc. (NCADD) (<https://ncadd.us/>): NCADD has a nationwide network of nearly 100 affiliates that provide information and referrals to local services, including counseling and treatment. NCADD also offers a variety of publications and resources.

National Empowerment Center (<https://power2u.org/>): The National Empowerment Center has an extensive resource listing, including a directory of consumer-run organizations, recovery support, and webinars.

National Federation of Families (<https://www.ffcmh.org/resources-familyorg>): This nationwide advocacy organization focuses on bringing lived experience to family support and provides resources on family-run organizations.

National Harm Reduction Coalition (<https://harmreduction.org/>): The National Harm Reduction Coalition is a national advocacy and capacity-building organization that promotes the health and dignity of individuals and communities impacted by problematic drug use by advancing harm reduction policies, practices, and programs that address the adverse effects of drug use.



Oxford House™ (<https://www.oxfordhouse.org>): Oxford Houses are democratically run, self-supporting, and drug-free homes. This publicly supported nonprofit is the umbrella organization that provides the network connecting all Oxford Houses and allocates resources to duplicate the Oxford House™ concept where needs arise.

Utah Support Advocates for Recovery Awareness (www.myusara.com/advocacy/speak): This Utah-based organization provides multiple resources, including specific insights, tasks, and steps to become an effective recovery community advocate.

Young People in Recovery (<https://youngpeopleinrecovery.org/>): Young People in Recovery was founded in 2010 by a group of young people (ages 18–30) in recovery who wanted to help others. Its programs are designed for young people but serve individuals of every age. Chapters are usually led by a young person in recovery.

Harm Reduction

SAMHSA:

- **A Collaborative Approach to the Treatment of Pregnant Women with Opioid Use Disorders** (<https://store.samhsa.gov/product/A-Collaborative-Approach-to-the-Treatment-of-Pregnant-Women-with-Opioid-Use-Disorders/SMA16-4978>): This manual offers best practices to states, tribes, and local communities on collaborative treatment approaches for pregnant women living with OUD, and the risks and benefits associated with medication-assisted treatment.
- **Clinical Guidance for Treating Pregnant and Parenting Women With Opioid Use Disorder and Their Infants** (<https://store.samhsa.gov/product/Clinical-Guidance-for-Treating-Pregnant-and-Parenting-Women-With-Opioid-Use-Disorder-and-Their-Infants/SMA18-5054>): The guide provides comprehensive, national guidance for optimal management of pregnant and parenting women with OUD and their infants.
- **Harm Reduction** (<https://www.samhsa.gov/find-help/harm-reduction>): This webpage provides an overview of harm reduction services, their benefits, and links to funding opportunities and the National Harm Reduction Technical Assistance Center.
- **Healthy Pregnancy Healthy Baby Fact Sheets** (<https://store.samhsa.gov/product/Healthy-Pregnancy-Healthy-Baby-Fact-Sheets/SMA18-5071>): This series of four fact sheets emphasizes the importance of continuing a mother's treatment for OUD throughout pregnancy.
- **Medications To Treat Opioid Use Disorder During Pregnancy** (<https://store.samhsa.gov/product/medications-to-treat-opioid-use-during-pregnancy-an-info-sheet-for-providers/SMA19-5094-IS>): This information sheet explains the importance of concurrent treatment of OUD with prenatal/postpartum care and the importance of providing the materials to clients.
- **Naloxone** (<https://www.samhsa.gov/medication-assisted-treatment/medications-counseling-related-conditions/naloxone>): This webpage provides basic information about naloxone, good candidates for its use, side effects, signs of overdose, links to naloxone training, and more.
- **Pregnancy Planning for Women Being Treated for Opioid Use Disorder** (<https://store.samhsa.gov/product/pregnancy-planning-for-women-treated-for-opioid-use-disorder/SMA19-5094-FS>): This fact sheet provides information for women with an OUD who are pregnant or of childbearing age.
- **Resources for Older Adults** (<https://www.samhsa.gov/resources-serving-older-adults>): This webpage links to products for serving older adults with mental and substance use disorders that can be useful to clinicians, other service providers, older adults, and caregivers.

- **SAMHSA Opioid Overdose Prevention Toolkit** (<https://store.samhsa.gov/product/Opioid-Overdose-Prevention-Toolkit/SMA18-4742>): This toolkit offers strategies to healthcare providers, communities, and local governments to develop practices and policies to help prevent opioid-related overdoses and deaths. Reports are available for community members, prescribers, patients and families, and those recovering from opioid overdose.
- **TIP 26, Treating Substance Use Disorder in Older Adults** (<https://store.samhsa.gov/product/treatment-improvement-protocol-tip-26-treating-substance-use-disorder-in-older-adults/PEP20-02-01-011>): This TIP helps providers better understand how to identify, manage, and prevent problematic substance use in older adults. It includes screening tools, assessments, and treatments tailored for older clients as well as the interaction between SUDs and cognitive impairment.
- **TIP 59, Improving Cultural Competence** (<https://store.samhsa.gov/product/TIP-59-Improving-Cultural-Competence/SMA15-4849>): This TIP helps professional care providers and administrators understand the role of culture in the delivery of mental health and substance use services. It describes cultural competence and discusses racial, ethnic, and cultural considerations.

American College of Obstetricians and Gynecologists (ACOG), Substance Use Disorder in Pregnancy (<https://www.acog.org/advocacy/policy-priorities/substance-use-disorder-in-pregnancy>): ACOG's statement provides guidance on problematic substance use and pregnancy.

American Society of Addiction Medicine (ASAM), Opioid Use and Opioid Use Disorder in Pregnancy (<https://www.asam.org/quality-care/clinical-recommendations/OD-in-Pregnancy>): This joint opinion of ACOG's Committee on Obstetric Practice and ASAM provides clinical recommendations for managing opioid use and OUD in pregnant individuals.

Centers for Disease Control and Prevention (CDC) (<https://www.cdc.gov>): CDC offers a number of resources dedicated to reducing harm associated with substance use. They include information on the following topics:

- Condom Distribution Structural Intervention (CDSI) (<https://www.cdc.gov/hiv/effective-interventions/prevent/condom-distribution-programs/index.html>)
- Contraception (<https://www.cdc.gov/reproductivehealth/contraception/index.htm>)
- Fentanyl Facts (<https://www.cdc.gov/stopoverdose/fentanyl/>)
- HIV Prevention Services (<https://npin.cdc.gov/search/organization/prevention/HIV>)
- Opioids Fact Sheets (<https://www.cdc.gov/opioids/naloxone/factsheets/index.html>): This webpage contains fact sheets on Naloxone for opioid overdoses.
- Syringe Services Programs (SSPs) (<https://www.cdc.gov/ssp/index.html>)
- **Syringe Services Programs: A Technical Package of Effective Strategies and Approaches for Planning, Design, and Implementation** (<https://www.cdc.gov/ssp/docs/SSP-Technical-Package.pdf>): Designed as a resource for use by health departments, community-based organizations, and diverse stakeholders, this technical package provides strategies and approaches for supporting successful planning, design, implementation, and sustainability of SSPs.



- **What You Should Know About Xylazine** (<https://www.cdc.gov/drugoverdose/deaths/other-drugs/xylazine/faq.html>)

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

Connecticut Department of Public Health, Fentanyl Testing To Prevent Overdose: Information for Healthcare Providers and People Who Use Drugs (https://portal.ct.gov/-/media/Departments-and-Agencies/DPH/AIDS--Chronic-Diseases/Prevention/DPH_FentanylTestStrips.pdf): This two-pager provides step-by-step instructions on how to use fentanyl test strips. It also provides straightforward strategies for substance users on how to avoid overdosing.

Drugs, Stigma, and Policy: How Language Drives Change (<https://pcssnow.org/wp-content/uploads/2020/06/Language-and-Stigma-FINAL.pdf>): This presentation by Dr. John Kelly covers stigma associated with problematic substance use, including the importance of language in treating SUDs, the history and context of changing language around SUD, the evidence demonstrating the impact of stigmatizing language on the provision, quality, and allocation of resources for SUD care, and strategies for addressing stigma in policy and practice settings.

Harm Reduction Strategies for People Who Inject Drugs: Considerations for Pharmacists (https://www.opioidlibrary.org/wp-content/uploads/2019/06/CPNP_HarmReductPharmacists.pdf): This document highlights how pharmacists can participate in harm reduction through reducing stigma and providing access to naloxone, safer injection supplies, and medications used to treat SUDs. The report also addresses barriers to participation.

HCV Medications (<https://www.hepatitis.cuw.edu/page/treatment/drugs>): This site provides comprehensive guidance on current and discontinued medications to address HCV, including prescribing information.

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

National Harm Reduction Coalition:

- **All Resources** (<https://harmreduction.org/all-resources/#hepatitis-c>): This webpage provides direct links to hepatitis education fact sheets, brochures, webinars, and training guides for people who use drugs and providers.
- **Fentanyl** (<https://harmreduction.org/issues/fentanyl/>): This webpage highlights evidence-based harm reduction strategies for people who use drugs, such as safety planning and access to a safe supply of fentanyl test strips.
- **Getting Off Right: A Safety Manual for Injection Drug Users** (<https://harmreduction.org/issues/safer-drug-use/injection-safety-manual/>): As characterized by the website authors, "This manual reflects NHRC's commitment to providing accurate and unbiased information about the use of illicit drugs with the goal of reducing harm and promoting individual and community health."
- **Pregnancy and Substance Use: A Harm Reduction Toolkit** (<https://harmreduction.org/issues/pregnancy-and-substance-use-a-harm-reduction-toolkit/>): The National Harm Reduction Coalition publishes this pregnancy and substance use harm reduction toolkit with information about sexual health as well as other resources.

- **Why Should I Know About Xylazine?**

(<https://harmreduction.org/issues/xylazine/>): Xylazine is a veterinary tranquilizer that produces sedative-like effects. It is becoming more frequently found in the street drug supply.

NEXT Distro (<https://www.naloxoneforall.org/>): This website provides information about community-based naloxone programs.

NIDA:

- **Naloxone DrugFacts** (<https://nida.nih.gov/publications/drugfacts/naloxone>): Revised in 2022, this document provides an overview of what naloxone is, how it is administered, its delivery systems, precautions, costs, and how to obtain it.
- **Syringe Services Programs** (<https://nida.nih.gov/drug-topics/syringe-services-programs>): This webpage provides information about what syringe services programs are, their benefits, and their impact on the community.

North America Syringe Exchange Network (NASEN) (<https://www.nasen.org/map/>): NASEN distributes harm reduction materials, including syringes. The site features a search mechanism for locating syringe exchange services at the local level.

North Carolina Harm Reduction Coalition (NCHRC), Safer Injection Drug Use (<https://www.nchrc.org/harm-reduction/safer-injection-drug-use/>): The NCHRC is a grassroots advocacy organization dedicated to the implementation of harm reduction interventions, public health strategies, drug policy transformation, and justice reform. This link provides step-by-step instructions to reduce harm from injection drug use.

Post-Exposure Prophylaxis (<https://www.hiv.gov/hiv-basics/hiv-prevention/using-hiv-medication-to-reduce-risk/post-exposure-prophylaxis>): This HIV.gov webpage explains how PEP can prevent HIV when taken within 72 hours (3 days) after a possible exposure.

Pre-Exposure Prophylaxis (<https://www.hiv.gov/hiv-basics/hiv-prevention/using-hiv-medication-to-reduce-risk/pre-exposure-prophylaxis>): This HIV.gov webpage explains how 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.

Prescribe To Prevent (<http://prescribetoprevent.org/>): This resource provides basic information on how to start prescribing and dispensing naloxone (Narcan) rescue kits, information on overdose prevention, and links to educational handouts and videos.

The Safer Injecting Handbook (https://www.exchangesupplies.org/pdf/P303_9.pdf): This handbook is written for people who inject drugs. It candidly addresses topics such as vein care, proper cleaning of injection tools, ways to avoid bacterial and viral infections, how to protect others, overdose myths, and more.

U.S. Department of Health and Human Services (HHS):

- **Overdose Prevention Strategy: Harm Reduction** (<https://www.hhs.gov/overdose-prevention/harm-reduction>): This webpage highlights current federal activities for increasing availability and access to high-quality harm reduction services, decreasing the negative effects of substance use, and reducing stigma related to substance use and overdose.
- **Suicide Prevention Reports and Publications** (<https://www.hhs.gov/surgeongeneral/reports-and-publications/suicide-prevention/index.html>): For these materials, the Surgeon General draws on suicide prevention experts across the nation to help prevent suicide and related problems.



Health Equity

SAMHSA:

- **Behavioral Health Equity** (<https://www.samhsa.gov/behavioral-health-equity>): This SAMHSA program offers resources about health equity, including population-specific information, data sources, and workforce development opportunities.
- **Central East Addiction Technology Transfer Center (ATTC) Network, Anti-Stigma Toolkit: A Guide to Reducing Addiction-Related Stigma** (<https://attcnetwork.org/sites/default/files/2019-04/Anti-Stigma%20Toolkit.pdf>): The Central East ATTC produced this guide to help the treatment and recovery communities engage in activities to reduce the stigma related to substance use.
- **Culturally Competent Care in Recovery Oriented Settings** (www.youtube.com/watch?v=L7E9B_k7S8k): In this video, the presenters use a social work lens to discuss culturally sensitive care as a central theme in recovery-oriented practice.
- **DEI Resources** (<https://soarworks.samhsa.gov/article/dei-resources-overview>): This SAMHSA webpage provides resources associated with the content found on its SSI/SSDI Outreach, Access, and Recovery (SOAR) guidance page.
- **GAINS Center for Behavioral Health and Justice Transformation** (<https://www.samhsa.gov/gains-center>): The Gains Center focuses on expanding access to services for people with mental and/or substance use disorders who are involved with the criminal justice system.

- **Improving African-American Retention in Substance Abuse Treatment: Implicit Racial Bias and Microaggression** (https://attcnetwork.org/sites/default/files/2019-12/SE%20ATTC%20Brochure%20IRB%26M_final.pdf): This resource, from the ATTC Network Southeast, defines implicit racial bias and microaggression, and offers evidence-based strategies for addressing them, as both have been shown to negatively affect patient-provider interactions, treatment decisions, quality of care, treatment adherence, and health outcomes.
- **SOAR Guidance for Improving Staff Engagement** (<https://soarworks.samhsa.gov/article/guidance-for-improving-staff-engagement>): This webpage provides guidance for engaging with Black, Indigenous, and People of Color staff members around the issues of race and injustice in the workplace. It also includes links to assessments of implicit bias.

Advancing Health Equity Through Community Health Workers and Peer Providers: Mounting Evidence and Policy Recommendations (https://familiesusa.org/wp-content/uploads/2019/11/HEV_PCORI-CHW-Report_11-04-19.pdf): This report reviews results from nine studies that provide further support for including community health workers and peer providers as important components of healthcare delivery that are particularly effective in addressing health and healthcare inequities.

CDC:

- **Social Determinants of Health at CDC** (<https://www.cdc.gov/socialdeterminants/tools/index.htm>): This webpage features links to resources that can help providers address social determinants of health and improve health equity.

- **What Are Social Determinants of Health?** (<https://www.cdc.gov/socialdeterminants/about.html>): This resource provides an overview of the five key areas of social determinants of health defined by Healthy People 2030: healthcare access and quality, education access and quality, social and community context, economic stability, and neighborhood and the built environment.

HHS:

- **Agency for Healthcare Research and Quality (AHRQ)** (<https://www.ahrq.gov/sdoh/index.html>): This webpage discusses social determinants of health from research, data, and practice perspectives, and provides links to related resources.
- **Centers for Medicare & Medicaid Services (CMS)** (<https://www.cms.gov/about-cms/agency-information/omh/health-equity-programs/cms-framework-for-health-equity>): The CMS Framework for Health Equity lays out priorities for increasing health equity over the next decade, the steps CMS is taking to address those priorities.
- **Office of Equal Employment Opportunity, Diversity & Inclusion** (<https://www.hhs.gov/about/agencies/asa/eeo/index.html>): The office is responsible for administering and compliance with the laws, regulations, policies, and guidance that prohibit discrimination in the federal workplace for employees and applicants.
- **Office on Minority Health's National Standards for Culturally and Linguistically Appropriate Services (CLAS) in Health and Health Care** (<https://thinkculturalhealth.hhs.gov/CLAS/>): The National CLAS Standards comprise 15 action steps designed to promote health equity, improve quality, and help end healthcare disparities by providing a blueprint for individuals and healthcare organizations to implement culturally and linguistically sensitive services.
- **Office of the Assistant Secretary for Planning and Evaluation (ASPE)** (<https://aspe.hhs.gov/topics/health-health-care/social-drivers-health-addressing-social-determinants-health-federal-programs>): This webpage links to several ASPE publications that highlight the importance of increasing the focus on social determinants of health in federal programs.

Multidimensional Inventory of Recovery Capital (MIRC) (<https://www.recoveryanswers.org/research-post-reflections-from-asking-recovering-individuals-about-how-best-measure-recovery-capital/>): Items in the pilot measure were developed with feedback from service providers and people in recovery from problematic alcohol use, with significant participation by people identifying as LGBTQI+ and by people in recovery who were of color or low-income. The inventory can capture information about the effect on recovery outcomes of poverty, discrimination, and other disadvantages.

NAADAC's Cultural Humility Series, Part II: Social Class Bias and the Negative Impact on Treatment Outcomes (<https://www.naadac.org/cultural-humility-social-class-bias-webinar>): This presentation examines the role a counselor's implicit socioeconomic status bias may play in treatment disparities and whether training can effectively reduce a clinician's personal biases.

National Association of Addiction Treatment Providers (NAATP), Diversity, Equity, & Inclusivity, and Belonging Resources (<https://www.naatp.org/resources/dei>): This website provides links to webinars, videos, manuals, a blog, research, and other publications to help your organization learn and implement best practices related to DEI.



National Network to Eliminate Disparities in Behavioral Health (<https://nned.net/>): This network of community-based organizations offers resources and information to facilitate sharing, training, and technical assistance with the aim of promoting behavioral health equity.

NIDA:

- **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>): This webpage offers background information for providers to keep in mind while using person-first language as well as terms to avoid to reduce stigma and negative bias when discussing substance-related issues.
- **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>): This resource offers tips for providers on how to use person-first language, and which terms to avoid using to reduce stigma and negative bias when discussing addiction or SUD with pregnant women and mothers.

Stimulant Overamping Basics Training Guide (<https://harmreduction.org/issues/overdose-prevention/overview/stimulant-overamping-basics/what-is-overamping/>): This guide provides information about harm reduction and preventing stimulant overamping.

Structural Competency (<https://structuralcompetency.org/>): This resource, whose organizers include the researcher who first wrote about structural competency, explores the politics for understanding relationships among race, class, and symptom expression. It includes links to structural competency-related training, publications, and webinars.

Structural Competency Working Group (<https://www.structcomp.org/>): This group develops open-use structural competency curricula and offers half-day structural competency training. The website provides a link to training materials and videos about structural competency and structural intervention.

Substance Use Recovery Evaluator (SURE) (<https://www.kcl.ac.uk/research/sure-substance-use-recovery-evaluator>): SURE is a brief, easy-to-complete, validated assessment that can help clients monitor and reflect on their recovery journey or their treatment outcomes. SURE collects information on 21 items within these categories: substance use, material resources, outlook on life, self-care, and relationships.

Recovery-Oriented Systems of Care (ROSC)

SAMHSA:

- **Criminal and Juvenile Justice** (<https://www.samhsa.gov/criminal-juvenile-justice>): This webpage includes a wealth of resources for stakeholders in the criminal justice system, including grantees.
- **The Crisis Intercept Mapping for Service Members, Veterans, and Their Families (SMVF) Suicide Prevention** (<https://www.samhsa.gov/smvf-ta-center/activities/crisis-intercept-mapping>): This mapping process is designed to support service members, veterans, and their families, and can be used to help communities strengthen the delivery of evidence-based suicide prevention policies and practices.

- **Practice Implementation: Assessing Strengths and Priorities** (<https://www.samhsa.gov/sites/default/files/implementing-recovery-oriented-practices-presentation.pdf>): This presentation is a product of the Recovery to Practice program, which supports the expansion and integration of recovery-oriented behavioral health care delivered in multiple service settings.
- **Recovery & ROSC Resources** (<https://attcnetwork.org/centers/global-attc/recovery-oriented-systems-care-rosc/>): This webpage includes links to ROSC-focused resources, including a best practices webinar, an anti-stigma toolkit, a recovery capital video series, a public service announcement, and a PowerPoint presentation about building relationships with faith-based community organizations.
- **Recovery-Oriented Systems of Care (ROSC), Related Reading** (<https://attcnetwork.org/centers/great-lakes-attc/recovery-oriented-systems-care-rosc-2/>): This recommended reading list includes works by ROSC pioneers such as William L. White, Mark Sanders, Mike Flaherty, and Ijeoma Achara.
- **The Sequential Intercept Model (SIM)** (<https://www.samhsa.gov/criminal-juvenile-justice/sim-overview>): The SIM tool helps communities find resources and identify gaps for individuals who are justice involved, while also linking various agencies to help these people recover from mental and substance use disorders and successfully reenter society.

Connecticut State Department of Mental Health and Addiction Services (www.ct.gov/dmhas/cwp/view.asp?a=2913&q=460024): Connecticut maintains an extensive website of behavioral health organizational resources with access to a compendium of program policies and procedures, including media relations, codes of conduct, nondiscrimination, promotion of a ROSC, integrated services for people with substance use and other co-occurring disorders, and involvement of family and significant others in treatment.

Faces & Voices of Recovery:

- **Association of Recovery Community Organizations (ARCO)** (<https://facesandvoicesofrecovery.org/services/arco/>): ARCO is a membership organization that supports the growing network of local, regional, and statewide Recovery Community Organizations (RCOs). It provides support via networking opportunities and resource sharing, while also advocating for policy changes and funding enhancements to strengthen RCOs.
- **National Standards for Recovery Community Organizations (RCOs)** (<https://facesandvoicesofrecovery.org/resource/national-standards-for-recovery-community-organizations/>): This resource identifies and explains the 10 best practices that RCOs must use to ensure fidelity to the recovery community organization model.
- **Recovery Community Organization Toolkit** (<https://facesandvoicesofrecovery.org/wp-content/uploads/2019/06/RCO-Toolkit.pdf>): This online resource discusses strategies that organizations around the country have used to develop strong local and statewide recovery communities.

Friends of Recovery New York's Recovery Community Organization (RCO) Toolkit (https://for-ny.org/wp-content/uploads/2017/08/RCO_Toolkit_HIGHRES.pdf): This toolkit offers guidance for developing an RCO and is based on lessons learned from local and national partners in the Recovery Movement, including the National Council on Alcoholism and Drug Dependence, Faces & Voices of Recovery, noted recovery researcher William White, and RCO partnerships around the state of New York.



National Council for Mental Wellbeing:

- **Center of Excellence for Integrated Health Solutions** (<https://www.thenationalcouncil.org/program/center-of-excellence/>): This Center is focused on integrating primary and behavioral health care and features links to the newest evidence-based resources, tools, and support for organizations working toward this goal.
- **The Comprehensive Healthcare Integration (CHI) Framework** (<https://www.thenationalcouncil.org/resources/the-comprehensive-healthcare-integration-framework/>): The CHI framework for guiding the integration of physical and behavioral health care can help providers, payers, and population managers measure progress in organizing delivery of integrated services and demonstrate the value produced by progress in integrated service delivery.

NIATx (formerly the acronym for the Network for the Improvement of Addiction Treatment) (<https://niatx.wisc.edu/>): This program, centered at the University of Wisconsin–Madison, offers tools and guidance for administrators who want to enact positive change in a substance use treatment organization.

Participatory Asset Mapping—A Community Research Lab Toolkit (www.communityscience.com/knowledge4equity/AssetMappingToolkit.pdf): This toolkit explains participatory asset mapping, methods and tools for identifying assets, guidance on planning mapping events, and a mapping event facilitation guide.

Recovery Café Network (<https://recoverycafenetwork.org/about/>): This website offers information and resources about the Recovery Café model of recovery communities, including its history as well as links to ongoing programs and success stories.

The Role of Clinical Supervision in Recovery-oriented Systems of Behavioral Healthcare (<https://www.yumpu.com/en/document/view/33775669/the-role-of-clinical-supervision-in-recovery-oriented-systems-of-https://www.yumpu.com/en/document/view/33775669/the-role-of-clinical-supervision-in-recovery-oriented-systems-of-care>): This resource provides detailed information on the changing role of clinical supervisors in recovery-oriented organizations.

Texas Christian University Institute of Behavioral Research, Organizational (Staff) Assessments (<http://ibr.tcu.edu/forms/organizational-staff-assessments>): These assessment tools measure organizational readiness to change. One version is designed for counseling staff (TCU CJ-ORC-S) and another for program directors or supervisors (TCU CJ-ORC-D). These instruments evaluate staff needs, program needs, training needs, and pressures for change.

Treatment Alternatives for Safe Communities (TASC) (<https://www.tasc.org/tascweb/home.aspx>): TASC is a nonprofit organization that provides or facilitates access to community-based treatment and recovery support services for individuals who are involved in public systems such as criminal and juvenile justice, corrections, child welfare, public aid, and public housing.

The University of Kansas, Community Toolbox, SWOT Analysis: Strengths, Weaknesses, Opportunities, and Threats (<http://ctb.ku.edu/en/table-of-contents/assessment/assessing-community-needs-and-resources/swot-analysis/main>): This webpage provides comprehensive guidance on conducting a SWOT analysis. It includes an overview of what SWOT analyses are and how to use them, a checklist for developing and conducting a SWOT analysis, examples, and a SWOT grid with prompts to drive assessment.

Counseling Approaches

SAMHSA:

- **Contingency Management for Healthcare Settings** (<https://attcnetwork.org/centers/northwest-attc/product/contingency-management-healthcare-settings-online-training>): This online training course describes the core elements of contingency management (CM), three scientifically supported systems, and how it can be used in healthcare settings. The course includes separate modules for administrators, clinical supervisors, and direct care staff.
- **Contingency Management Part 1: An Evidence-Based Approach to Positive Change** (<https://attcnetwork.org/centers/attc-network-coordinating-office/contingency-management-part-1-evidenced-based-approach>): This article discusses the clinical use of motivational incentives.
- **Contingency Management Part 2: The Founding Principles** (<https://attcnetwork.org/centers/attc-network-coordinating-office/contingency-management-part-2-founding-principles>): This article discusses the seven core principles of CM.
- **Contingency Management Principles** (<https://attcnetwork.org/centers/new-england-attc/product/contingency-management-principles>): This webinar presents CM theory and the supporting empirical literature; types of CM programs; features of effective CM interventions and reinforcement schedules; and common deviations from evidence-based protocols and how to avoid them.

- **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>): This TIP includes the latest evidence on motivation-enhancing approaches and strategies. It describes how SUD treatment providers can use these approaches and strategies to increase participation and retention.

The ACT Matrix, With Sue Knight

(<https://www.youtube.com/channel/UCmjtdtoTt25d0DWKudacnA>): This three-part video series 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.

American Mindfulness Research

Association (<https://goamra.org>): This organization's website provides open access to reviews and meta-analyses for mindfulness research and practice, measurement tools, a podcast, mindfulness-related articles in popular media, and a list of programs in the United States and internationally that conduct mindfulness research and/or have an ongoing mindfulness teacher training program.

Association for Contextual Behavioral Science (ACBS)

(<https://contextualscience.org/act>): ACBS is an international community of researchers, practitioners, and educators working in a variety of contextual behavioral science fields. Its website contains an overview of the Acceptance & Commitment Therapy (ACT) model, along with free video and audio links to learn more about ACT and practice sample exercises. The site also includes a search tool for finding an ACT therapist.



Boston Center for Treatment Development and Training. Module 3: Functional Analysis and Treatment Planning (<https://www.mass.gov/doc/module-3-functional-analysis-and-treatment-planning-0/download>): This is a comprehensive training module that helps identify the functional relationship between events that trigger substance use and the desired effects of substance use, and how to develop an appropriate treatment plan. Includes sample dialogue and sample sessions materials.

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Community Reinforcement and Family Training Support and Prevention (CRAFT-SP) (https://www.mirecc.va.gov/visn16/docs/CRAFT-SP_Final.pdf): This training manual guides a practitioner through a series of modules for using CRAFT, including sample treatment sessions and the theoretical framework. It also provides a downloadable certificate of successful training completion.

This training manual guides a practitioner through a series of modules for using CRAFT, including sample treatment sessions and the theoretical framework. It also provides a downloadable certificate of successful training completion.

Hazelden Betty Ford Foundation, 5 Mindfulness Practices to Step Up Your Recovery (<https://www.hazeldenbettyford.org/articles/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.

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Mindfulness Based Relapse Prevention (MBRP): This website provides an overview of the MBRP model and the following resources:

- **Client Resources** (<https://www.mindfulrp.com/for-clients>): This webpage 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.
 - **Clinician Training and Resources** (<https://www.mindfulrp.com/for-clinicians>): This webpage provides information on upcoming MBRP trainings and links to print and multimedia guides to MBRP facilitation.
 - **Research on Mindfulness and Substance Use** (<https://www.mindfulrp.com/research>): This webpage spotlights published literature on the efficacy of mindfulness-based practices for recovery promotion.
- Mindfulness Exercises:** The following audio files feature facilitator-guided mindfulness exercises:
- **Body scan**, female facilitator (<http://depts.washington.edu/abrc/mbrp/recordings/mbrp-recordings-output/sess1-bodyscan.mp3>); male facilitator (https://depts.washington.edu/abrc/mbrp/recordings/1_Body_Scan.mp3)
 - **Breath Meditation**, female facilitator (https://depts.washington.edu/abrc/mbrp/recordings/Short_Sit_2013.mp3); male facilitator (<https://depts.washington.edu/abrc/mbrp/recordings/Short%20Sit,%20male.mp3>)
 - **Leaves on the Stream Meditation** (<https://www.youtube.com/watch?v=YKFyceG4OB0>)
 - **Mountain Meditation**, female facilitator (https://depts.washington.edu/abrc/mbrp/recordings/Mountain_2013.mp3); male facilitator (<http://depts.washington.edu/abrc/mbrp/recordings/mbrp-recordings-output/sess2-mountain.mp3>)
 - **Sitting Meditation**, female facilitator (https://depts.washington.edu/abrc/mbrp/recordings/Longer_sit_2013.mp3); male facilitator (https://depts.washington.edu/abrc/mbrp/recordings/5_Mindfulness_of_Breath.mp3); male facilitator, longer (https://depts.washington.edu/abrc/mbrp/recordings/6_Mindfulness_of_Sound_Breath_Sensation_Thought.mp3)

- **SOBER Space**, female facilitator (<https://depts.washington.edu/abrc/mbrp/recordings/SOBER%20space.mp3>); male facilitator (https://depts.washington.edu/abrc/mbrp/recordings/3_Breathing_Space_SOBER.mp3)
- **Urge Surfing**, female facilitator (<https://depts.washington.edu/abrc/mbrp/recordings/Urge%20Surfing.mp3>); male facilitator (http://depts.washington.edu/abrc/mbrp/recordings/urge_surf_devin.mp3)
- **Walking Meditation**, male facilitator (https://depts.washington.edu/abrc/mbrp/recordings/7_Mindful_Walking_Guidance.mp3)

MultiDimensional Family Therapy (www.mdft.org): This website features information about the MDFT method, summaries of its effectiveness, and training resources.

Praxis (<https://www.praxiscet.com/our-courses/#courses-tabs-0>): Praxis offers evidence-based continuing education and training in ACT. Courses are available online, in-person (California and Nevada), or on-demand. Note: These courses are not specific to substance use recovery.

University of California—San Diego, Center for Mindfulness (<https://cih.ucsd.edu/mindfulness>): This center provides a broad range of mindfulness practices, training, and consultation for individuals, organizations, and healthcare professionals, along with print and audiovisual resources and practice tools.

University of Massachusetts Memorial Health, Mindfulness Programs (<https://www.ummhealth.org/umass-memorial-medical-center/services-treatments/center-for-mindfulness/mindfulness-classes>): The UMass Center for Mindfulness provides a variety of training programs on mindfulness techniques. Note: These trainings cover mindfulness and a range of health issues, and are not specific to substance use recovery.

University of Southern California, Center for Mindfulness Science (<https://mindfulness.usc.edu>): This collaborative hub links extensively to published and active research on mindfulness-related topics.

Virginia Commonwealth University, College Behavioral and Emotional Health Institute, Mindfulness-based Practices for Effective Prevention and Sustainable Recovery (<https://www.youtube.com/watch?v=MhYlq4dsHrQ&t=1733s>): This presentation provides an overview of the role of mindfulness in recovery promotion and the science of how it can improve decision making related to urges, cravings, and stress.

Psychoeducation

SAMHSA:

- **Crisis Intercept Mapping for Service Members, Veterans and their Families (SMVF) Suicide Prevention** (<https://www.samhsa.gov/smvf-ta-center/activities/crisis-intercept-mapping>): This process was designed and developed to help communities strengthen the delivery of evidence-based suicide prevention policies and practices.
- **Healthy Pregnancy Healthy Baby Fact Sheets** (<https://store.samhsa.gov/product/Healthy-Pregnancy-Healthy-Baby-Fact-Sheets/SMA18-5071>): This series of four fact sheets emphasizes the importance of continuing a mother's treatment for OUD throughout pregnancy.
- **Medications To Treat Opioid Use Disorder During Pregnancy** (<https://store.samhsa.gov/product/medications-to-treat-opioid-use-during-pregnancy-an-info-sheet-for-providers/SMA19-5094-IS>): This information sheet explains the importance of concurrent treatment of OUD with prenatal/postpartum care and the importance of providing the materials to clients.



- **Naloxone** (<https://www.samhsa.gov/medication-assisted-treatment/medications-counseling-related-conditions/naloxone>): This webpage provides basic information about naloxone, good candidates for its use, side effects, signs of overdose, links to naloxone training, and more.
 - **Pregnancy Planning for Women Being Treated for Opioid Use Disorder** (<https://store.samhsa.gov/product/pregnancy-planning-for-women-treated-for-opioid-use-disorder/SMA19-5094-FS>): This fact sheet provides information for women with an OUD who are pregnant or of childbearing age.
 - **Recovery Support Tools and Resources** (<https://www.samhsa.gov/brss-tacs/recovery-support-tools-resources>): This webpage explains what recovery is and contains links to tools and resources that behavioral health professionals, peers, parents, and families can use to help support recoverees.
 - **SAMHSA's Working Definition of Recovery** (<https://store.samhsa.gov/product/SAMHSA-s-Working-Definition-of-Recovery/PEP12-RECDEF>): This brochure provides a working definition and 10 guiding principles for recovery from mental and substance use disorders.
 - **Shared Decision-Making Tools** (<https://www.samhsa.gov/brss-tacs/recovery-support-tools/shared-decision-making>): This webpage defines shared decision making and provides links to resources that can help patients make informed decisions about their care.
 - **Treatment Considerations for Youth and Young Adults with Serious Emotional Disturbances and Serious Mental Illnesses and Co-occurring Substance Use** (https://store.samhsa.gov/sites/default/files/SAMHSA_Digital_Download/pep20-06-02-001.pdf): This evidence-based resource guide includes a comprehensive set of modules with resources to improve health outcomes for people at risk for, experiencing, or recovering from mental and/or substance use disorders. It is designed for clinicians, administrators, community leaders, and others considering an intervention for their organization, community, client, or loved one.
- ASAM's Opioid Addiction Treatment: A Guide for Patients, Families and Friends** (<http://eguideline.guidelinecentral.com/i/1275542-asam-opioid-patient-guide-2020/0?>): This booklet explains the assessment and treatment process for people experiencing problematic opioid use, including the medications available to treat it.
- Connecticut Department of Public Health, Fentanyl Testing To Prevent Overdose: Information for Healthcare Providers and People Who Use Drugs** (https://portal.ct.gov/-/media/Departments-and-Agencies/DPH/AIDS--Chronic-Diseases/Prevention/DPH_FentanylTestStrips.pdf): This two-pager provides step-by-step instructions on how to use fentanyl test strips. It also provides straightforward strategies for substance users on how to avoid overdosing.
- Harm Reduction Strategies for People Who Inject Drugs: Considerations for Pharmacists** (https://www.opioidlibrary.org/wp-content/uploads/2019/06/CPNP_HarmReductPharmacists.pdf): This document highlights how pharmacists can participate in harm reduction through reducing stigma and providing access to naloxone, safer injection supplies, and medications used to treat SUDs. The report also addresses barriers to participation.

HCV Medications (<https://www.hepatitisc.uw.edu/page/treatment/drugs>): This site provides comprehensive guidance on current and discontinued medications to address HCV, including prescribing information.

National Harm Reduction Coalition:

- **All Resources** (<https://harmreduction.org/all-resources/#hepatitis-c>): This webpage provides direct links to hepatitis education fact sheets, brochures, webinars, and training guides for people who use drugs and providers.
- **Fentanyl** (<https://harmreduction.org/issues/fentanyl/>): This webpage highlights evidence-based harm reduction strategies for people who use drugs, such as safety planning and access to a safe supply of fentanyl test strips.
- **Getting Off Right: A Safety Manual for Injection Drug Users** (<https://harmreduction.org/issues/safer-drug-use/injection-safety-manual/>): As characterized by the website authors, “This manual reflects NHRC’s commitment to providing accurate and unbiased information about the use of illicit drugs with the goal of reducing harm and promoting individual and community health.”
- **Pregnancy and Substance Use: A Harm Reduction Toolkit** (<https://harmreduction.org/issues/pregnancy-and-substance-use-a-harm-reduction-toolkit/>): The National Harm Reduction Coalition publishes this pregnancy and substance use harm reduction toolkit with information about sexual health as well as other resources.
- **Why Should I Know About Xylazine?** (<https://harmreduction.org/issues/xylazine/>): Xylazine is a veterinary tranquilizer that produces sedative-like effects. It is becoming more frequently found in the street drug supply.

NEXT Distro (<https://www.naloxoneforall.org/>): This website provides information about community-based naloxone programs.

NIDA:

- **Drugs, Brains, and Behavior: The Science of Addiction** (<https://nida.nih.gov/publications/drugs-brains-behavior-science-addiction/preface>): This resource explains the scientific research behind substance use and addiction.
- **Naloxone DrugFacts** (<https://nida.nih.gov/publications/drugfacts/naloxone>): Revised in 2022, this document provides an overview of what naloxone is, how it is administered, its delivery systems, precautions, costs, and how to obtain it.
- **Preventing Drug Misuse and Addiction: The Best Strategy** (<https://nida.nih.gov/publications/drugs-brains-behavior-science-addiction/preventing-drug-misuse-addiction-best-strategy>): This chapter of *Drugs, Brains, and Behavior: The Science of Addiction* focuses on why adolescence is a critical time for preventing drug addiction and the value of substance use prevention.
- **Syringe Services Programs** (<https://nida.nih.gov/drug-topics/syringe-services-programs>): This webpage provides information about what syringe services programs are, their benefits, and their impact on the community.
- **Understanding Drug Use and Addiction DrugFacts** (<https://nida.nih.gov/publications/drugfacts/understanding-drug-use-addiction>): This publication provides an overview of what addiction is, the brain “reward” circuitry, and the impact of genetics and environment on substance use.
- **North America Syringe Exchange Network (NASEN)** (<https://www.nasen.org/map/>): NASEN distributes harm reduction materials, including syringes. The site features a search mechanism for locating syringe exchange services at the local level.



North Carolina Harm Reduction Coalition (NCHRC), Safer Injection Drug Use (<https://www.nchrc.org/harm-reduction/safer-injection-drug-use/>): The NCHRC is a grassroots advocacy organization dedicated to the implementation of harm reduction interventions, public health strategies, drug policy transformation, and justice reform. This link provides step-by-step instructions to reduce harm from injection drug use.

Post-Exposure Prophylaxis (<https://www.hiv.gov/hiv-basics/hiv-prevention/using-hiv-medication-to-reduce-risk/post-exposure-prophylaxis>): This HIV.gov webpage explains how PEP can prevent HIV when taken within 72 hours (3 days) after a possible exposure.

Pre-Exposure Prophylaxis (<https://www.hiv.gov/hiv-basics/hiv-prevention/using-hiv-medication-to-reduce-risk/pre-exposure-prophylaxis>): This HIV.gov webpage explains how 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.

Research Recovery Institute:

- **Addiction 101** (<https://www.recoveryanswers.org/addiction-101/>): This webpage includes a comprehensive overview of addiction, including epidemiology, causes, impact, and terminology.
- **Addictionary®** (<https://www.recoveryanswers.org/addiction-ary/>): This online resource provides an A-to-Z list of commonly used terms in the addiction field, their definitions, and whether they can be perceived as stigmatizing.
- **Guide for Family Members** (<https://www.recoveryanswers.org/resource/guide-family-members/>): This online guide provides links to an array of resources on issues that affect the family members of people with SUDs, including stigma, the stages of coping, self-care, peer support, and measures for supporting their loved one.

- **The Neuroscience of Addiction Recovery** (<https://www.recoveryanswers.org/recovery-101/brain-in-recovery/>): This resource showcases how SUDs affect brain functioning and circuitry and the positive changes associated with recovery.

The Safer Injecting Handbook (https://www.exchangesupplies.org/pdf/P303_9.pdf): This handbook is written for people who inject drugs. It candidly addresses topics such as vein care, proper cleaning of injection tools, ways to avoid bacterial and viral infections, how to protect others, overdose myths, and more.

Trauma-Informed Care

SAMHSA:

- **SAMHSA's Concept of Trauma and Guidance for a Trauma-Informed Approach** (<https://www.samhsa.gov/resource/dbhis/samhsas-concept-trauma-guidance-trauma-informed-approach>): This manual defines trauma and highlights the need for a trauma-informed approach when providing services and support to communities that have survived trauma.
- **TIP 57, Trauma-Informed Care in Behavioral Health Services** (<https://store.samhsa.gov/sites/default/files/d7/priv/sma14-4816.pdf>): This SAMHSA TIP helps behavioral health professionals understand the impact of trauma. It discusses patient assessment and treatment planning strategies to support recovery as well as the development of a trauma-informed care workforce.
- **TIP 61, Behavioral Health Services for American Indians and Alaska Natives** (<https://store.samhsa.gov/product/TIP-61-Behavioral-Health-Services-For-American-Indians-and-Alaska-Natives/SMA18-5070>): This SAMHSA TIP discusses the demographics, social challenges, and behavioral health concerns of Native Americans, including background on Native American history, historical trauma, and cultural perspectives.

Center for Health Care Strategies, Screening for Adverse Childhood Experiences and Trauma (<https://www.chcs.org/resource/screening-for-adverse-childhood-experiences-and-trauma/>): This downloadable resource discusses when and how to screen for adverse childhood experiences and trauma and includes a widely used and validated questionnaire for measuring the impact of child abuse and neglect on health and well-being.

Key Ingredients for Successful Trauma-Informed Care Implementation (https://www.samhsa.gov/sites/default/files/programs_campaigns/childrens_mental_health/atc-whitepaper-040616.pdf): This brief draws on interviews with national experts on trauma-informed care to create a framework for organizational and clinical changes that can be used to address trauma.

Seek Healing (<https://www.seekhealing.org/>): Seek Healing provides social health programs to rebuild disconnected communities—healing loneliness, systemic shame, trauma, and addiction. It believes 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.

Trauma-Informed Care Implementation Resource Center (<https://www.traumainformedcare.chcs.org/>): This website, developed by the Center for Health Care Strategies, provides resources from trauma-informed care leaders across the country to help improve patient outcomes, increase patient and staff resilience, and reduce avoidable healthcare service use and costs. The Center offers resources and materials for healthcare organizations to learn about and adopt best practices related to trauma-informed care.

U.S. Department of Veterans Affairs:

- **Trauma Informed Care** (<https://www.ptsd.va.gov/professional/treat/care/index.asp>): This webpage includes links to multiple resources on trauma-informed care and the treatment of trauma and PTSD, including a Community Provider Toolkit, types of trauma, manuals, and treatment tools.
- **Treatment of Co-Occurring PTSD and Substance Use Disorder in VA** (https://www.ptsd.va.gov/professional/treat/cooccurring/tx_sud_va.asp): This website provides key points, characteristics and prevalence, pharmacology insights, research insights, policy, and practice recommendations related to co-occurring posttraumatic stress disorder (PTSD) and problematic substance use in veterans. It also includes a link to a continuing education course, “Posttraumatic Stress and Substance Use Disorder Comorbidity.”
- **Types of Trauma** (<https://www.ptsd.va.gov/professional/treat/type/index.asp>): This webpage describes common traumas, their prevalence and potential impact on survivors, while also addressing treatment implications.

Recovery Housing

SAMHSA:

- **Homelessness Programs and Resources** (<https://www.samhsa.gov/homelessness-programs-resources>): This webpage describes how SAMHSA programs and resources are working to help prevent and end homelessness among people with behavioral health issues.



- **Permanent Supportive Housing: How to Use the Evidence-Based Practices (EBP KIT)** (<https://store.samhsa.gov/product/Permanent-Supportive-Housing-Evidence-Based-Practices-EBP-KIT/SMA10-4509>): This toolkit outlines the essential components for supportive housing services and programs for people living with mental disorders. It discusses how to develop and integrate evidence-based programs in mental health service systems. The toolkit includes eight booklets on program development.
- **Recovery Housing: Best Practices and Suggested Guidelines** (<https://www.samhsa.gov/sites/default/files/housing-best-practices-100819.pdf>): This report identifies 10 guiding principles that will assist states and federal policymakers in defining and understanding what comprises safe, effective, and legal recovery housing.

Corporation for Supportive Housing's Health Centers and Coordinated Entry: How and Why to Engage with Local Homeless Systems (<https://www.csh.org/wp-content/uploads/2017/05/Coordinated-Entry-and-Health-Centers-1.pdf>): This brief provides information for health center program grantees on what coordinated entry is meant to be and how and why to partner with these systems, and uses case examples to illustrate methods and effectiveness.

Housing First Fact Sheet (<https://endhomelessness.org/wp-content/uploads/2022/02/Housing-First-Fact-Sheet-Feb-2022.pdf>): 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.

National Alliance for Recovery Residences (NARR) (<https://narronline.org/>): This nonprofit is dedicated to expanding the availability of well-operated, ethical, and supportive recovery housing:

- **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): NARR's policy brief discusses barriers that contribute to the limited supply of recovery residences that are capable of supporting residents who take medication for an SUD, and makes recommendations for overcoming these barriers.

National Alliance to End Homelessness, Rapid Re-Housing (https://endhomelessness.org/rapid-re-housing-works/?gclid=EAIaIQobChMIIs_7msKie-AIVaP_jBx-3PnwHgEAAYASAAEgI4mPD_BwE): This webpage offers print and video resources about rapid rehousing, including what it is, its core components, performance benchmarks and program standards, and a rapid rehousing toolkit.

National Association of Recovery Residences, A Primer on Recovery Residences: FAQs (<https://narronline.org/wp-content/uploads/2014/06/Primer-on-Recovery-Residences-09-20-2012a.pdf>): This publication answers frequently asked questions about recovery residences, including outcomes and the impact of recovery residences on the communities where they are located.

National Network to End Domestic Violence (<https://nnedv.org/>): The network is dedicated to creating a social, political, and economic environment in which violence against women no longer exists. It offers resources to support survivors of domestic violence, including information about programs and a transitional housing toolkit.

U.S. Department of Housing and Urban Development (HUD):

- **Find Shelter Tool** (<https://www.hud.gov/findshelter>): This search tool allows community members to search by state or ZIP Code to access a list of current homeless service providers. This resource can also help identify local food resources, health clinics, and clothing.
- **Housing Counseling Services Search Tool** (<https://hudgov-answers.force.com/housingcounseling/s/>): Individuals may use this online tool or call toll-free (800) 569-4287 to find a HUD-participating housing counseling agency.
- **HUD Office of Housing Counseling** (https://www.hud.gov/program_offices/housing/sfh/hcc): This website can be used to search for a housing counselor or access additional housing resources.
- **HUD's Definition of Homelessness: Resources and Guidance** (<https://www.hudexchange.info/news/huds-definition-of-homelessness-resources-and-guidance/>): This listserv reviews existing resources related to HUD's definition of homelessness and provides important reminders when documenting someone's homeless status.
- **Need Housing Assistance?** (<https://www.hudexchange.info/housing-and-homeless-assistance/>): This webpage provides links to a variety of housing assistance resources. Topics include homeless housing, finding affordable rental units, fair housing, tenant rights and responsibilities, and assistance for homeowners. Counselors can contact their local HUD grantees to learn more about how to make a referral to coordinated entry on behalf of their clients at <https://www.hudexchange.info/grantees/contacts/>.

- **Public Housing Agency Contact Information** (https://www.hud.gov/program_offices/public_indian_housing/pha/contacts): This webpage features a search tool that allows people to find contact information for state and local public housing agencies.
- **Rental Assistance** (https://www.hud.gov/topics/rental_assistance): This webpage provides information about rental assistance, including how to apply for the Housing Choice voucher program.
- **Resource Locator** (<https://resources.hud.gov/>): The HUD Resource Locator provides links that will help individuals find HUD offices and affordable housing opportunities near them, their local public housing authority, homeless resources, and affordable and special needs housing resources.

U.S. Department of Veterans Affairs:

- **Housing Navigator Toolkit** (https://www.va.gov/HOMELESS/nchav/docs/Housing_Navigator_Toolkit_PDF.pdf): This toolkit provides housing navigators, program managers, administrators, staff, and other stakeholders with resources, tools, and ideas that can be used to help develop or refine local navigator programming.
- **VA Homeless Programs** (https://www.va.gov/HOMELESS/about_homeless_programs.asp): This page provides a description of the agency's Homeless Programs Office and its mission to help veterans and their families obtain permanent and sustainable housing with access to high-quality health care and support services.

USA.Gov, Find Affordable Rental Housing (<https://www.usa.gov/finding-home>):

This webpage provides information about government programs that help low-income people find affordable rental housing. The programs include subsidized housing, public housing, and Housing Choice vouchers, along with details on how they work, who is eligible, and how to apply.



Employment Support

SAMHSA:

- **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>): This Advisory presents strategies and resources for SUD treatment counselors and clinic directors to improve outcomes for clients in recovery by helping them find and keep employment and deal with workplace stresses.
- **Drug-Free Workplace Toolkit** (<https://www.samhsa.gov/workplace/toolkit>): This toolkit provides information to help employers develop and sustain successful drug-free workplace programs.
- **Evidence-Based Resource Guide Series: Substance Use Disorders Recovery with a Focus on Employment** (https://store.samhsa.gov/sites/default/files/SAMHSA_Digital_Download/pep21-pl-guide-6-revised-2022-05-05%20%28003%29.pdf): This guide provides an overview of issues, challenges, policies, and practices related to employment for individuals in recovery. It summarizes the state of the science through an evidence review of the known effectiveness of programs providing employment supports to individuals with SUDs, and offers consensus recommendations of key program elements to support individuals with employment-related recovery.
- **Integrating Substance Abuse Treatment and Vocational Services** (<https://store.samhsa.gov/product/TIP-38-Integrating-Substance-Abuse-Treatment-Vocational-Services/SMA12-4216>): This TIP offers practice guidelines and recommendations for integrating employment services into SUD treatment. It also provides information about funding, policy, and legal issues.

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): This HHS report examines the evidence on programs that integrate employment services with treatment and recovery services for people with SUDs. It discusses the important role that employment can play in recovery, factors that historically have limited the role of employment services in treatment programs, and the limited but promising evidence on the effectiveness of integrating SUD treatment and employment services.

California's Employment Development Department, Self-Assessment for Career Exploration (https://www.labormarketinfo.edd.ca.gov/LMID/Self_Assessment_for_Career_Exploration.html): This webpage includes links to assessments to help job seekers identify their work skills and explore work opportunities that match their personalities and interests.

Department of Veterans Affairs, Educational and Career Counseling Program (<https://www.va.gov/careers-employment/education-and-career-counseling/>): The VA offers free educational and career guidance, planning, and resources to veterans and their dependents who are eligible for a VA education benefit.

Legal Action Center, How to Gather Evidence of Rehabilitation (<https://www.lac.org/assets/files/How-to-Gather-Evidence-of-Rehabilitation.pdf>): This fact sheet outlines how to compile convincing documentation to address employer concerns about having an arrest or conviction on record.

National H.I.R.E. (Helping Individuals with criminal records Re-enter through Employment) Network (<https://www.lac.org/major-project/national-hire-network>):

This website includes state-specific governmental agencies and community-based organizations that may assist people with criminal records as well as practitioners, researchers, and policymakers who seek information about laws, policies, or procedures that affect community reentry.

New Hampshire Recovery Friendly Workplace Initiative (<https://nhcenterforexcellence.org/resource/new-hampshire-recovery-friendly-workplace/#:~:text=Led%20by%20Governor%20Chris%20Sununu,recovering%20from%20substance%20use%20disorder>):

The initiative promotes individual wellness by empowering workplaces to provide support for people recovering from an SUD.

Recovery Friendly Workplace Toolkit

(<https://peerrecoverynow.org/product/recovery-friendly-workplace-toolkit/>): This toolkit, created by the Peer Recovery Center of Excellence at the University of Missouri–Kansas City, discusses the impact of SUD in the workplace and how to create and support a recovery-friendly workplace, including assessing health and safety practices, fighting stigma, and developing a recovery-friendly culture.

Recovery Works: The Recovery Friendly Workplace Toolkit

(<https://www.recoveryworksct.org/download-toolkit>): This toolkit, created by the Connecticut Departments of Labor, Public Health, and Health and Addiction Services, explains how employers can create a recovery friendly workplace, including policy writing and best practice implementation.

Rehabilitation Services Administration, State Vocational Rehabilitation Agencies

(<https://rsa.ed.gov/about/states>): This webpage includes contact information for the department of rehabilitation services in each state.

Social Security Administration (SSA):

- **How Work Affects Your Benefits** (<https://www.ssa.gov/pubs/EN-05-10069.pdf>): This brochure explains how clients can explore their work options without losing Supplemental Security Income (SSI)/Social Security Disability Insurance (SSDI) benefits until they can support themselves.
- **Retirement Benefits** (<https://www.ssa.gov/benefits/retirement/>): This section of the SSA website helps individuals better understand the program, the application process, and the online tools and resources available, including a retirement estimator and information about how to start saving for retirement.
- **Understanding Supplemental Security Income SSI Resources — 2022 Edition** (<https://www.ssa.gov/ssi/text-resources-ussi.htm>): This website provides information about allowable savings for clients receiving disability benefits.
- **Working While Disabled: How We Can Help** (<https://www.ssa.gov/pubs/EN-05-10095.pdf>): This brochure explains how individuals can continue working while also receiving Social Security disability benefits.

U.S. Department of Labor:

- **Apprenticeship Finder** (<https://www.apprenticeship.gov/apprenticeship-job-finder>): This website features a search tool that allows jobseekers to search for apprenticeship opportunities throughout the United States.
- **CareerOneStop** (<https://www.careeronestop.org/>): This resource page links to every state job bank and includes 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. It includes sections on interviewing and negotiating (<https://www.careeronestop.org/JobSearch/Interview/interview-and-negotiate.aspx>) as well as assessments of interests, skills, and values (<https://www.careeronestop.org/ExploreCareers/Assessments/self-assessments.aspx>).



Education

Association of Recovery in Higher Education (ARHE) (<https://collegiaterecovery.org>): The ARHE represents collegiate recovery programs 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 your area.

Association of Recovery Schools (<https://recoveryschools.org>): This is a national association of secondary schools built around recovery principles and school-based recovery support. The website provides information about advocacy and a listing of recovery schools.

Campus Drug Prevention (<https://www.campusdrugprevention.gov>): The DEA 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 provides suggestions on maintaining recovery on campus and provides links to organizations, resources, and podcasts that can be helpful.

NAADAC, The Association for Addiction Professionals (www.naadac.org): This organization offers webinars, certificate programs (including a recovery-to-practice certificate program), and independent study courses on a variety of recovery-oriented care topics. Resources include:

- **Advances in Addiction & Recovery** (<https://www.naadac.org/advances-in-addiction-recovery>): This official publication of NAADAC is a quarterly digital magazine focused on providing useful, innovative, and timely information on trends and best practices in the profession that are beneficial for addiction professionals. The current issue of the magazine is now available to NAADAC members and nonmembers alike.

- **Recovery to Practice(RTP) Initiative** (<https://www.naadac.org/recovery-to-practice-initiative>): This initiative led to the development of educational products to help guide the practical application of recovery principles within the addictions workforce. These curriculums, along with a certification program and other recovery resources, can be found on the webpage.

Health and Wellness

SAMHSA:

- **Creating a Healthier Life: A Step-by-Step Guide to Wellness** (<https://store.samhsa.gov/sites/default/files/d7/priv/sma16-4958.pdf?msclkid=daf046f-ba6e611ecbca8c52e6eb4f405>): This guide offers a broad approach for things recoverees can do at their own pace to feel better and live longer.
- **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>): This issue brief explains the relationship between sleep disturbances and SUDs among people in recovery and provides guidance on assessing and treating sleep issues.
- **Resources for Families Coping with Mental and Substance Use Disorders** (<https://www.samhsa.gov/families>): This webpage includes videos, fact sheets, and links to additional resources that family members can use to support a loved one experiencing problematic substance use.
- **What Individuals In Recovery Need to Know About Wellness** (https://store.samhsa.gov/product/What-Individuals-in-Recovery-Need-to-Know-About-Wellness/SMA16-4950?referer=from_search_result): This document explains to consumers the importance of wellness and how it affects overall quality of life, particularly for people living with mental illness. It also gives a brief overview of the eight dimensions of wellness.

Academy of Nutrition and Dietetics, Find A Nutrition Expert (<https://www.eatright.org/find-a-nutrition-expert>): This tool allows you to search for registered dietary experts by ZIP Code, city, or state.

American Academy of Sleep Medicine™ (<https://aasm.org/>): This website offers practice guidelines, consensus statements and papers, provider fact sheets, and patient information about healthy sleep.

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

American Association of Sexuality Educators, Counselors and Therapists (<https://www.aasect.org/>): The website has training, resources, and links to professionals who can help support understanding of human sexuality and healthy sexual behavior.

American Psychological Association, Resources for Parents (<https://www.apa.org/topics/parenting>): This resource center offers links to information about developing strong parent–child relationships. Topics include talking to children when they need help, parenting teenagers, single parenting, and fatherhood.

ASAM’s Opioid Addiction Treatment: A Guide for Patients, Families and Friends (<http://eguideline.guidelinecentral.com/i/1275542-asam-opioid-patient-guide-2020/0?>): This booklet explains the assessment and treatment process for people experiencing problematic opioid use, including the medications available to treat it.

Association for Financial Counseling & Planning Education, Financial Tools and Resource Center (<https://www.afcpe.org/career-and-resource-center/financial-tools/>): This online database of personal finance education resources includes PowerPay, a comprehensive set of tools that can be used with clients to develop a personalized, self-directed debt elimination plan.

The Balance (<https://www.thebalance.com/>): This site features information about how to open bank accounts (<https://www.thebalancemoney.com/how-can-i-easily-open-bank-accounts-315723>).

CDC:

- Birth Control Methods (<https://www.cdc.gov/reproductivehealth/contraception/index.htm>)
- HIV (<https://www.cdc.gov/hiv/default.html>)
- Sexual Health (<https://www.cdc.gov/sexualhealth/Default.html>)
- Sexually Transmitted Diseases (STDs) (<https://www.cdc.gov/std/default.htm>)
- Women’s Reproductive Health (<https://www.cdc.gov/reproductivehealth/womensrh/index.htm>)

Child Welfare Information Gateway, Parenting Resources to Promote Family Well-Being (<https://www.childwelfare.gov/topics/preventing/promoting/parenting/>): This webpage provides links to a variety of resources about parenting, child safety, and nutrition.

Children and Family Futures (<https://www.cffutures.org/>): This nonprofit organization provides consultation, training and technical assistance, strategic planning, and evaluation services focused on improving practice and policy at the intersections of child welfare, substance use and mental disorder treatment, and court systems.



Feeding America[®] (<https://www.feedingamerica.org/find-your-local-foodbank>): You can research local food banks through this online database.

Habitat for Humanity[®] (<https://www.habitat.org/>): When the client is ready, volunteering can present the opportunity to move beyond a recovery-oriented environment, pursue interests, and explore new areas.

Harmony, Hope, & Healing, Chicago (<https://www.harmonyhopeandhealing.org/>): This group is one of several “recovery choirs”—a singing group established specifically for people in recovery.

Health.Gov (<https://health.gov/our-work/nutrition-physical-activity/move-your-way-community-resources/campaign-materials/materials-professionals#fact-sheet-providers>): HHS offers resources on this website to help professionals understand and promote information about the importance of exercise for their clients.

HealthCare.Gov (<https://www.healthcare.gov/>): This resource provides access to the health insurance marketplace and includes information about health insurance plans, including costs and how to enroll.

Health Resources and Services Administration’s (HRSA) Find a Health Center Tool (<https://findahealthcenter.hrsa.gov/>): Individuals can use this tool to search for local health centers that allow them to pay what they can afford, based on their income.

Heart-Healthy Foods: Shopping List (<https://health.gov/myhealthfinder/health-conditions/heart-health/heart-healthy-foods-shopping-list>): This HHS webpage features guidance on foods that support heart health.

HHS:

- **Get Coverage** (<https://www.healthcare.gov/get-coverage/>): Providers can use this webpage to help clients identify and contact their state marketplace, which offers information about health insurance plans, including costs and how to enroll. Clients can also find local resources about health insurance, including people who can help them apply and enroll at <https://localhelp.healthcare.gov/#intro>.
- **Materials for Professionals** (<https://health.gov/our-work/nutrition-physical-activity/move-your-way-community-resources/campaign-materials/materials-professionals>): These resources are designed to help professionals promote the importance of exercise for their patients and clients.
- **Move Your Way**[®] (<https://health.gov/moveyourway#adults>): This webpage provides tools, videos, and fact sheets that make it easier to become more active.

Local Food Directories: National Farmers Market Directory (<https://www.ams.usda.gov/local-food-directories/farmersmarkets>): USDA’s Farmers Market Directory lists markets that feature two or more farm vendors selling agricultural products directly to customers at a common, recurrent physical location. The Directory provides market locations, directions, operating times, product offerings, accepted forms of payment, and more.

Malnutrition Universal Screening Tool (MUST) Free Toolkit (<https://www.bapen.org.uk/screening-and-must/must/must-toolkit/the-must-itself>): This site 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 your treatment program doesn’t have certain assessment capabilities (e.g., lab testing).

MedLinePlus Sexual Health Resource Center (<https://medlineplus.gov/sexualhealth.html>): This online resource offers various resources on sexual health, including information tailored to men, women, and older adults.

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.

Minnesota Adult & Teen Challenge Choir (<https://www.mntc.org/choir-page/>): This recovery choir serves a wide variety of churches throughout Minnesota and western Wisconsin.

MyPlate.Gov Tip Sheets (<https://www.myplate.gov/>): MyPlate features tip sheets for smart shopping and meal planning, including eating healthy on a budget.

NAADAC’s Recovery Support (Clinical) (<https://www.naadac.org/knowledge-center>): This resource features links to free webinars, specialty online trainings, magazine articles, and blog posts on a variety of topics, including family and relationship support, individual and community capital, treatment coordination, community navigation, and integrating wellness practices into treatment.

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>): This article provides guidance about how to reach out to loved ones who have problematic substance use.

National Center on Substance Abuse and Child Welfare: Family-Centered Approach (<https://ncsacw.acf.hhs.gov/topics/family-centered-approach.aspx>): This webpage provides links to policy and practice resources focused on the family-centered approach to SUD treatment.

National Foundation for Credit Counseling (<https://www.nfcc.org/>): This website offers basic information about saving and online financial tools, including calculators for credit card payments, budgeting, savings, and retirement.

National Institutes of Health (NIH):

- **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 suggest possible treatments and therapies.
- **Food Shopping Tips** (<https://www.nhlbi.nih.gov/health/educational/wecan/eat-right/smart-food-shopping.htm>): This article provides guidance on how to effectively shop for healthy foods.

National Responsible Fatherhood Clearinghouse (<https://www.fatherhood.gov/>): The National Responsible Fatherhood Clearinghouse is a federally funded national resource for fathers and providers that features resources focused on supporting strong fathers and families. Resources include a blog, activities for fathers and children, and a search tool for local fatherhood programs.

Nutrition.Gov, Nutrition on a Budget (<https://www.nutrition.gov/topics/food-security-and-access/nutrition-budget>): This webpage provides links to a variety of resources about eating healthy on a budget and saving money when food shopping.



The Recovery Gym (<https://www.therecoverygym.org/about/background/>): Recovery gyms, now in communities around the country, promote recovery and wellness through physical activity.

Recovery Research Institute, Guide for Family Members (<https://www.recoveryanswers.org/resource/guide-family-members/>): This online guide provides links to an array of resources on issues that affect the family members of people with SUDs, including stigma, the stages of coping, self-care, peer support, and measures for supporting their loved one.

Sleep Foundation, Sleep Hygiene (<https://www.sleepfoundation.org/sleep-hygiene/>): This online article discusses sleep hygiene and offers tips to improve sleep quality.

Society for the Advancement of Sexual Health (<https://www.sash.net/>): The Society's website presents resources and connections to counselors who can help people with problematic sexual behavior.

Society for the Scientific Study of Sexuality (<https://www.sexscience.org/>): The website contains information about sexuality research and resources.

Special Supplemental Nutrition Program for Women, Infants, and Children (WIC) (<https://www.fns.usda.gov/wic>): WIC provides supplemental foods, healthcare referrals, and nutrition education to low-income pregnant, breastfeeding, and nonbreastfeeding postpartum women, and to infants and children up to age 5.

The Straight & Narrow Choir (<https://www.ccpaterson.org/choir>): This recovery choir serves clients in Paterson, New Jersey.

Sunshine Behavioral Health: Addiction Resources for Family and Friends (<https://www.sunshinebehavioralhealth.com/family-friends/>): The website contains information and options for both children and adults who have substance use problems.

Supplemental Nutrition Assistance Program (SNAP) (<https://www.fns.usda.gov/snap/supplemental-nutrition-assistance-program>): SNAP is a federal program that provides support to families to purchase healthy food.

Uniformed Services University, Sample 7-Day Meal Plan (<https://www.hprc-online.org/nutritional-fitness/fighting-weight-strategies/sample-7-day-meal-plan>): This webpage features a sample healthy meal plan (breakfast, lunch, snack, and dinner) for 1 week.

University of Rochester Medical Center, Helping a Friend with an Addiction (<https://www.urmc.rochester.edu/encyclopedia/content.aspx?contenttypeid=1&contentid=2255>): This article offers guidance on how to help a friend who has problematic substance use, including the physical and psychological signs they may be misusing a substance, considerations when deciding whether to help, and how to discuss the issue.

USA.Gov, How to Apply for Medicaid and CHIP (<https://www.usa.gov/medicaid>): This website includes information about how to apply for Medicaid and the Children's Health Insurance Program. Note that eligibility differs by state.

U.S. Department of Veteran's Affairs, Weekly Meal Planner (<https://www.nutrition.va.gov/docs/EducationMaterials/WeeklyMealPlannerGroceryListandRecipes.pdf>): This webpage features a sample weekly meal planner (dinner) using items that people often have on hand, along with recipes and suggestions for building a healthy grocery list.

VolunteerMatch (<https://www.volunteermatch.org/>): This online resource can be used to search many organizations, by location, for their volunteer needs.

Wellness Recovery Action Plan (WRAP®) (www.mentalhealthrecovery.com): WRAP® is a self-designed prevention and wellness tool for people with substance use and mental disorders. The website also hosts a resource page for families at <https://www.wellnessrecoveryactionplan.com/wrap-can-help/wrap-and-families/>.

What is the evidence on the role of the arts in improving health and well-being? (<https://www.ncbi.nlm.nih.gov/books/NBK553773/>): This report by the World Health Organization synthesizes the global evidence on the role of the arts in improving health and well-being.

Digital Recovery Support Tools

988 Suicide & Crisis Lifeline (<https://www.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-related 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/.

BHMEDS-R3 Behavioral Health Medications (<https://attcnetwork.org/centers/mid-america-attc/product/bhmeds-r3-behavioral-health-medications>): The BHMEDS-R3 app offers information about medications prescribed for behavioral health conditions. It includes information about dose and frequency, side effects, emergency conditions, and cautions.

NOMO Sobriety Clocks (<https://saynomo.com/>): NOMO is a recovery app that allows recoverees 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.

OpiSafe (<https://opisafe.com/products/opirescue>): OpiSafe offers OpiRescue, a free smartphone app with interactive prompts for overdose rescue.

Sober Grid (<https://www.sobergrid.com/>): 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.

Suicide Safe Mobile App (<https://store.samhsa.gov/product/suicide-safe>): 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.

Telehealth

SAMHSA:

- **Advisory: Using Technology-Based Therapeutic Tools in Behavioral Health Services** (<https://store.samhsa.gov/product/advisory-using-technology-based-therapeutic-tools-behavioral-health-services/pep20-06-04-001>): This Advisory summarizes key issues in telehealth for behavioral health services, including access to technology, licensing and regulation, reimbursement, privacy, informed consent, training and support, and best practices.
- **TIP 60, Using Technology-Based Therapeutic Tools in Behavioral Health Services** (<https://store.samhsa.gov/product/TIP-60-Using-Technology-Based-Therapeutic-Tools-in-Behavioral-Health-Services/SMA15-4924>): This manual highlights the importance of using technology-based assessments and interventions in behavioral health treatment services.



American Medical Association (AMA) Telehealth Quick Guide (<https://www.ama-assn.org/practice-management/digital/ama-telehealth-quick-guide>): This resource provides an overview of telehealth, practice implementation, and policy coding and payment.

Centers for Medicare & Medicaid Services (CMS):

- **List of Telehealth Services** (<https://www.cms.gov/Medicare/Medicare-General-Information/Telehealth/Telehealth-Codes>): This webpage provides access to a downloadable list of Medicare billing codes for telehealth services.
- **Medicaid State Plan Fee-for-Service Payments for Services Delivered Via Telehealth** (<https://www.medicaid.gov/medicaid/benefits/downloads/medicaid-telehealth-services.pdf>): This document is intended to assist states in understanding policy options for paying Medicaid providers that use telehealth technology to deliver services.
- **State Medicaid & CHIP Telehealth Toolkit** (<https://www.medicaid.gov/medicaid/benefits/downloads/medicaid-chip-telehealth-toolkit.pdf>): This toolkit includes resources to support state policymakers in their efforts to expand the use of telehealth services in Medicaid programs. It has been updated to reflect changes during the COVID-19 pandemic.
- **Telehealth** (<https://www.medicaid.gov/medicaid/benefits/telemedicine/index.html>): This webpage provides an overview of telehealth, telemedicine terms, reimbursement, and links to related Medicaid resources.

Drug Enforcement Administration (DEA):

- **DEA Information on Telemedicine** (https://www.samhsa.gov/sites/default/files/programs_campaigns/medication_assisted/dea-information-telemedicine.pdf): This document summarizes changes in prescribing guidelines for controlled substances in response to the COVID-19 pandemic.

- **Letter to Providers Regarding Prescribing During COVID-19** ([https://www.deadiversion.usdoj.gov/GDP/\(DEA-DC-022\)\(DEA068\)%20DEA%20SAMHSA%20buprenorphine%20telemedicine%20%20\(Final\)%20+Esign.pdf](https://www.deadiversion.usdoj.gov/GDP/(DEA-DC-022)(DEA068)%20DEA%20SAMHSA%20buprenorphine%20telemedicine%20%20(Final)%20+Esign.pdf)): This document summarizes changes in prescribing guidelines for buprenorphine in response to the COVID-19 pandemic. Per the guidance, providers will not be required to first perform an in-person evaluation.
- **Use of Telemedicine While Providing Medication Assisted Treatment (MAT)** (https://www.samhsa.gov/sites/default/files/programs_campaigns/medication_assisted/telemedicine-dea-guidance.pdf): This document outlines the laws governing the use of telemedicine while prescribing medications for OUD.

HHS Telehealth website (<https://www.telehealth.hhs.gov/>): This webpage provides links for both patients and providers to learn more about telehealth. Provider information includes policy changes effective during the COVID-19 pandemic, billing, and health equity.

HRSA Telehealth website (<https://www.hrsa.gov/rural-health/topics/telehealth>): This webpage provides links for providers to learn more about HRSA's efforts to increase access to telehealth through grant programs, licensure, technology expansion, and other avenues.

Assessment and Screening Substance Use

American Association for Community Psychiatry, Level of Care Utilization System (LOCUS) for Psychiatric and Addiction Services (<https://www.communitypsychiatry.org/keystone-programs/locus>): LOCUS is an easy-to-understand tool to help clinicians evaluate client needs and recommend an appropriate level of services. The *LOCUS Guide for Patients, Families, and Providers* (https://drive.google.com/file/d/1Xs3P_CABJZ_poYcf1t1cmdiD3vIzWCNt/view) contains additional information.

American Psychiatric Association’s Diagnostic and Statistical Manual of Mental Disorders (DSM-5-TR) (<https://www.psychiatry.org/psychiatrists/practice/dsm>): The manual provides information about symptoms and diagnostic criteria for mental disorders and SUDs.

The ASAM Criteria® Assessment Interview Guide (<https://www.asam.org/asam-criteria/criteria-intake-assessment-form>): This free guide is the first publicly available standardized version of the ASAM Criteria® assessment. This downloadable tool, free to providers for use in many different clinical contexts, supports increased quality and consistency of patient assessments and care.

ATTC, Using The ASAM Criteria® to Modernize and Maximize Success in Addiction Treatment (<https://attcnetwork.org/centers/attc-network-coordinating-office/attc-messenger-using-asam-criteriar-modernize-and-maximize>): This article discusses *The ASAM Criteria®* and tools for effectively implementing it.

NIDA, Screening and Assessment Tools Chart (<https://nida.nih.gov/nidamed-medical-health-professionals/screening-tools-resources/chart-screening-tools>): This webpage provides links to evidence-based alcohol and drug screening and assessment tools and features a table showing which tools are appropriate based on substance and client age.

Oklahoma Department of Mental Health and Substance Abuse Services, ASAM Quick Reference (<https://oklahoma.gov/content/dam/ok/en/odmhsas/documents/a0003/asam-quick-reference.pdf>): This resource provides a brief overview of ASAM components and describes the relationships between the needs of a client in each dimension and the recommended level of care.

Recovery Self-Assessment (<https://portal.ct.gov/-/media/DMHAS/Recovery/RSAselfpdf.pdf>): This tool is intended for persons in recovery to gauge how well they feel about their substance-related treatment or recovery support. The family member/significant other version (<https://portal.ct.gov/-/media/DMHAS/Recovery/RSAfamilypdf.pdf>) provides another avenue for programs to gather structured feedback on how it is doing.

Video Assessment of Simulated Encounters—Revised (VASE-R) (https://adai.uw.edu/instruments/PDF/VASERScoreForm_145.pdf): The VASE-R administration and scoring form is used to assess counselors’ motivational interviewing skills.

Social Determinants of Health

HealthBegins Upstream Risks Screening Tool & Guide (<https://www.aamc.org/media/25736/download>): This screening tool, which is appropriate for a variety of clinical settings, captures information about the social determinants of health.

Health Leads Social Needs Screening Toolkit (<https://healthleadsusa.org/resources/the-health-leads-screening-toolkit/>): This downloadable toolkit, validated by the Centers for Medicare & Medicaid Services and the CDC, can be used to screen for social needs in various clinical settings.

Protocol for Responding to & Assessing Patients’ Assets, Risks & Experiences (PRAPARE) (<https://prapare.org/>): This tool, which has been translated into more than 25 languages, is used to collect demographic information and information about a patient’s needs related to money and resources, family and home, and social and emotional health.



Recovery and Recovery Capital

Addiction Treatment Questionnaire (<https://www.womensrecovery.com/addiction-treatment-resources/addiction-treatment-quizzes/addiction-treatment-questionnaire/>): This measure assesses attitudes toward treatment and recovery. The questionnaire includes questions about commitment to lifelong abstinence and is appropriate for use with clients who have abstinence as their recovery goal.

Alcohol Abstinence Self-Efficacy Scale (AASE) (<https://alcoholrehab.com/alcoholism/signs-of-alcoholism/alcohol-abstinence-self-efficacy-aase/https://store.samhsa.gov/product/TIP-35-Enhancing-Motivation-for-Change-in-Substance-Use-Disorder-Treatment/PEP19-02-01-003>): This tool measures self-efficacy related to problematic alcohol use. The scale assesses both temptation to drink and confidence to abstain from alcohol use in 20 situations, using a 5-point Likert-type scale. The scale can be accessed in Appendix B of SAMHSA's TIP 35, *Enhancing Motivation for Change in Substance Use Disorder Treatment*.

Assessment of Recovery Capital (ARC): Properties and Psychometrics of a Measure of Addiction Recovery Strengths (<https://facesandvoicesofrecovery.org/resource/the-assessment-of-recovery-capital-properties-and-psychometrics-of-a-measure-of-addiction-recovery-strengths/>): ARC is a brief and easy-to-administer measurement of recovery capital that may be a useful complement to deficit-based assessment and outcome monitoring instruments for substance-dependent individuals in and out of treatment.

The AWARE (Advance Warning of Relapse) Questionnaire (https://adai.uw.edu/instruments/pdf/Advanced_Warning_of_Relapse_39.pdf): This tool assesses the potential for a recurrence based on certain warning signs. The self-reported questionnaire includes 28-items scored on a 7-point Likert scale. The higher the score, the higher the probability that the recoveree will recur to problematic alcohol use within the next 2 months. Counselors should use the current version only with people with problematic alcohol use who have abstinence as their recovery goal, and discuss results of the questionnaire with their clients in a nonjudgmental manner that offers neutral feedback about potential risk for a recurrence to use.

Brief Assessment of Recovery Capital-10 (BARC-10) (<http://www.recoveryanswers.org/assets/barc10.pdf> and <https://static1.squarespace.com/static/5cd33914797f74080d793b95/t/60678b620d8b4e517e4ca0b8/1617398627765/BARC-10+Information+Sheet.pdf>): BARC-10 is a short version of the ARC. This validated measure takes about a minute to complete and provides a single unified dimension of recovery capital. It is appropriate for use in diverse settings, such as recovery support service settings or health clinics. The following article (<http://shura.shu.ac.uk/15835/2/Best%20Development%20and%20validation%20of%20a%20Brief%20Assessment%20of%20Recovery%20Capital%20%28BARC-10%29%20%28Scale%29.pdf>) discusses the background and development of the BARC-10, and how it is used and scored.

Brief Situational Confidence Questionnaire (BSCQ) (https://www.nova.edu/gsc/forms/appendix_d_brief_situational_confidence_questionnaire.pdf): The BSCQ is a state-dependent measure that assesses self-confidence to resist the urge to drink heavily or use drugs in a variety of situations. A gambling version of the BSCQ also exists.

The Bull’s Eye Exercise (https://webster.uaa.washington.edu/asp/website/site/assets/files/2367/values_exercise_bulls_eye.pdf):

This tool can be used to help recoverees assess values, values-action discrepancies, and barriers to value-based living.

Center for Health Care Strategies, Screening for Adverse Childhood Experiences and Trauma (<https://www.chcs.org/resource/screening-for-adverse-childhood-experiences-and-trauma/>):

This downloadable resource discusses when and how to screen for adverse childhood experiences and trauma and includes a widely used and validated questionnaire for measuring the impact of child abuse and neglect on health and well-being.

Drug Avoidance Self-Efficacy Scale (DASE) (https://adai.uw.edu/instruments/pdf/Drug_Avoidance_Self_Efficacy_Scale_438.pdf):

The DASE measures self-efficacy for multiple substances. The scale includes 16 questions rated from 1 to 7 (from “certainly yes” to “certainly no”) in relation to how likely people are to avoid or resist the urge to use substances.

Lawton-Brody Instrumental Activities of Daily Living Scale (<https://www.alz.org/careplanning/downloads/lawton-iadl.pdf>):

This 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.

Recovery Capital Assessment Plan and Scale (ReCAPS) (http://brauchtworks.com/assets/docs/Recovery_Capital_Assessment_Plan_and_Scale_-_ReCAPS_160717.3200420.pdf):

This assessment and recovery planning tool provides a holistic assessment of recovery barriers and strengths. The tool also examines a client’s unmet needs related to SUD treatment, housing support, employment services, primary healthcare services, and family relationships. The REC-CAP includes an initial assessment and goal mapping related to a client’s strengths in four categories: personal, social, well-being and support, and commitment.

Stages of Change Readiness and Treatment Eagerness Scale (SOCRATES)

(https://www.asam.org/docs/default-source/education-docs/10_socratesv8.pdf?sfvrsn=36134bc2_0): SOCRATES measures readiness to change and motivation to continue with treatment or recovery.

Strengths and Barriers Recovery Scale (SABRS) (<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7298842/>):

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



Peer Support Services

SAMHSA:

- **Core Competencies for Peer Workers in Behavioral Health Services** (https://www.samhsa.gov/sites/default/files/programs_campaigns/brss_tacs/core-competencies_508_12_13_18.pdf): This document provides a foundation for learning about and delivering effective peer-based services, and discusses 12 core competency areas for providing peer support services.
- **Incorporating Peer Support Into Substance Use Treatment Services** (<https://store.samhsa.gov/>): TIP 64 highlights how SUD treatment programs can incorporate peer workers directly into their workforce.
- **National Model Standards for Peer Support Certification** (<https://www.samhsa.gov/about-us/who-we-are/offices-centers/or/model-standards>): These model standards seek to accelerate universal adoption, recognition, and integration of the peer workforce across all elements of the healthcare system. They have been developed as guidance for states, territories, tribes, and others to promote quality and encourage alignment and reciprocity across often disparate state peer support certifications.

National Association of Peer Supporters' (2019) National Practice Guidelines for Peer Specialists and Supervisors

(<https://www.peersupportworks.org/wp-content/uploads/2021/07/National-Practice-Guidelines-for-Peer-Specialists-and-Supervisors-1.pdf>): In 2018, the Association convened a National Supervision Workgroup to examine key elements of managing and supervising peer support specialists, and combined those discussions with input from peer supervisors and specialists nationwide to develop this publication. The Guidelines divide peer provision skills into 12 core values that can guide effective supervision of their work.

National Certified Peer Recovery Support Specialist (NCPRSS) Code of Ethics

(<https://www.naadac.org/assets/2416/nccap-peer-recovery-support-specialist-code-of-ethics-final06-22-16.pdf>): Developed by NAADAC, this resource provides an overview of general values and principles associated with peer support.

Peer Recovery Center of Excellence

(<https://www.peerrecoverynow.org/>): The Center provides training and technical assistance related to recovery from problematic substance use. Areas of focus include integrating peer support workers into nontraditional settings, building organizational capacity, developing the peer workforce, and providing evidence-based and practice-based resources.

Peer Recovery Support Webinars

(<https://www.naadac.org/peer-recovery-support-webinars>): This page provides links to a six-part webinar series provided by NAADAC on the entire process of developing peer services, from conceptualization to hiring and onboarding to supervision. Watching the videos requires providing an email; PowerPoint slides can be downloaded for free.

Peer Support Toolkit

(https://dbhids.org/wp-content/uploads/1970/01/PCCI_Peer-Support-Toolkit.pdf): The city of Philadelphia's Department of Behavioral Health and Intellectual Disability Services developed this influential four-module toolkit that provides guidance on assessing your organizational culture's readiness to provide peer services, recruiting and hiring appropriate staff, delivering peer support services effectively, and supervising and retaining valued peer staff members.

Substance Use Disorder Peer Supervision Competencies (<https://www.oregon.gov/oha/HSD/BHP/BHCDocuments/6-23-2017-PDS-Supervisor-SUD-Peer-Supervision-Competencies-April-2017.pdf>): Developed by the Regional Facilitation Center in Portland, Oregon, and funded by the Oregon Health Authority, this publication outlines 20 core competencies of effective peer support services. The report has four sections: Recovery-Oriented Philosophy, Providing Education and Training, Facilitating Quality Supervision, and Performing Administrative Duties. It also includes checklists to help assess supervisors' current level of competency in supervising peer specialists and determine additional training needs.

Funding

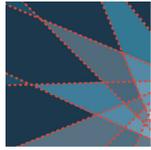
Federal Grant Funding Sources:

- SAMHSA (<https://www.samhsa.gov/grants>)
- CDC (<https://www.cdc.gov/grants/>)

- CMS (<https://www.cms.gov/About-CMS/Contracting-With-CMS/ContractingGeneralInformation/Grant-Information/CurrentGrantsFundingOpportunities>)
- Health Resources and Services Administration (HRSA) (<https://bhw.hrsa.gov/funding/apply-grant#behavioral-mental-health>)
- HHS (<https://www.hhs.gov/grants-contracts/index.html>)
- NIH (<https://www.nih.gov/grants-funding>)

Tribal Funding Opportunities (<https://www.samhsa.gov/tribal-affairs/funding-opportunities>): SAMHSA provides a list of grants and other funding resources available from a wide spectrum of government agencies and nongovernmental organizations for tribal populations.

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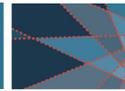


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