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COUNSELING APPROACHES TO PROMOTE RECOVERY FROM PROBLEMATIC SUBSTANCE USE AND RELATED ISSUES – MODULE 4

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About the Instructor:

Dr. John H. Tinsley is a former assistant professor of Medical Physiology at the Texas A&M University System College of Medicine. He received his Ph.D. from Texas A&M University, College Station, Texas; M.S. from the University of North Carolina; and his B.S. from the University of Oklahoma.

He has been teaching, training, consulting and conducting research in the fields of Medical Physiology and Behavioral Biology for over twenty-nine years. Dr. Tinsley has authored over twenty-five professional and refereed articles, including invited reviews. He has been a member of the American Society for Physiology, and work done in 2001 led to an international award from The European Society on Microcirculation. Dr. Tinsley has received research funding from the Veteran's Administration, American Heart Association, and Scott and White Hospital. In addition, he has served on numerous review committees for national grant-funding agencies and scientific journals.

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COUNSELING APPROACHES TO PROMOTE RECOVERY FROM PROBLEMATIC SUBSTANCE USE AND RELATED ISSUES – MODULE 4

In Module 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.
- Housing is necessary to support the long-term recovery of people with problematic substance use.
- 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
- 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.
- Offering recovery-oriented care means that no single program or center acts as the sole source of treatment.
- 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.

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.

Miriam E. Delphin-Rittmon, Ph.D.
Assistant Secretary for Mental Health and Substance Use
Substance Abuse and Mental Health Services Administration
U.S. Department of Health and Human Services

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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.
- 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

**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.*

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.
- 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.

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.

- 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

TIP Development Participants

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.

Consensus Panel

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.

Chair

Deni Carise, Ph.D.
Chief Science Officer, Recovery Centers of America
Adjunct Assistant Clinical Professor, Department of Psychiatry, Perelman School of Medicine,
University of Pennsylvania
King of Prussia, PA

Panelists

Anika Alvanzo, M.D., M.S., FACP, DFASAM
Eastern Region Medical Director for Pyramid Healthcare, Inc.
Assistant Professor, Johns Hopkins School of Medicine
Founder and Managing Partner of Uzima Consulting Group, LLC
Joppa, MD

George S. Braucht, M.S., LPC, CPCS, CARES
Facilitator, Connecticut Community for Addiction Recovery
Recovery Consultant, Opioid Response Network, American Academy of Addiction Psychiatry
Curriculum Development Consultant and Lead Facilitator, Georgia Mental Health Consumer Network
Chief Mission Officer, Brauchtworks Consulting
Warner Robins, GA

Amy Dellwo, M.A.
Director and Vice President, Public Policy
NUWAY Alliance
Minneapolis, MN

Ruchi M. Fitzgerald, M.D.
Service Chief, Inpatient Addiction Medicine, PCC Community Wellness Center
Assistant Professor, Departments of Family Medicine and Psychiatry and Behavioral Sciences, Rush University
Chicago, IL

Jason Howell, M.B.A., PRS
Executive Director, RecoveryPeople
Founding Member, National Alliance for Recovery Residences
Elgin, TX

Robert Purvis, J.D.
Executive Director
Turning Point Center of Central Vermont
Barre, VT

Evan Smith, M.S.W., LICSW
Behavioral Health Services Manager, Medical Group Practice, Central Vermont Medical Center, The University of Vermont Health Network
Berlin, VT

Ruby Y. Takushi, Ph.D.
Director, Recovery Café
Clinical Psychologist
Seattle, WA

Zachary Talbott, M.S.W., LADAC, ICAADC, ICCS
President and Chief Executive Officer, Talbott Legacy Centers
President, National Alliance for Medication Assisted Recovery (NAMA) Recovery
Maryville, TN

Katie Witkiewitz, Ph.D.
Regents' Professor, Department of Psychology, University of New Mexico (UNM)
Scientist, Center on Alcohol, Substance Use, and Addictions, UNM
Albuquerque, NM

Field Reviewers

Field reviewers represent each TIP's intended audiences. They work in addiction, recovery, mental health, primary care, and adjacent fields. Their direct frontline experience related to the TIP's topic allows them to provide valuable input on a TIP's relevance, utility, accuracy, and accessibility.

Maria Bruni, Ph.D.
Senior Vice President
Family Guidance Centers
Chicago, IL

Patricia T. Caldwell, M.F.T., LPC, CCDPD, CCTP, CAADC
Senior Vice President of Clinical Services
Recovery Centers of America
King of Prussia, PA

Genevieve Casey, M.S.W.
Program Coordinator, Division of Behavioral Health, State of Alaska
Anchorage, AK

Nicole Gastala, M.D.
Medical Director, Division of Substance Use Prevention and Recovery, Illinois Department of Human Services
Assistant Professor and Senior Director of Research, Behavioral Health, and Addiction, University of Illinois Chicago College of Medicine
Chicago, IL

Margaret Jarvis, M.D., DFASAM
Medical Director, Geisinger Marworth Treatment Center
Chief of Addiction Medicine, Department of Psychiatry, Geisinger Neuroscience Institute
Waverly, PA

Julie Kmiec, D.O.
Associate Professor of Psychiatry, University of Pittsburgh School of Medicine (UPMC)
Attending Physician, UPMC Western Psychiatric Hospital
Pittsburgh, PA

Tiffany Laschkewitsch, Psy.D., LP, LADC
Practicum Director
NUWAY Alliance
Minneapolis, MN

Maeve O'Neill, M.Ed., LCDC, LPC-S, CHC, CDTLF
Executive Vice President
All Sober
Celina, TX

Beth Fisher Sanders, LCSW, LCAS, MAC, CCS, MATS
Founder and CEO
Hope Recovery Resources
Charlotte, NC

Christopher R. Smith, M.S., LCMHC, LADC
Clinical Manager
Howard Center, Inc.
Burlington, VT

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Disclaimer

The views, opinions, and content expressed herein are the views of the consensus panel members and do not necessarily reflect the official position of SAMHSA or HHS. No official support of or endorsement by SAMHSA or HHS for these opinions or for the instruments or resources described is intended or should be inferred. The guidelines presented should not be considered substitutes for individualized client care and treatment decisions.

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EXHIBIT 4.6. Best Practices for Recovery Housing

Best practices include:

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

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

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

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

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

RESOURCE ALERT: NARR

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

- National Alliance for Recovery Residences. (2018). MAT-Capable Recovery Residences: How State Policymakers Can Enhance and Expand Capacity To Adequately Support Medication Assisted Recovery (https://narronline.org/wp-content/uploads/2018/09/NARR_MAT_guide_for_state_agencies.pdf).
- National Association of Recovery Residences. (2012). A Primer on Recovery Residences: FAQs From the National Association of Recovery Residences (https://narronline.org/wp-content/uploads/2014/06/Primer-on-Recovery-Residences-09-20-2012a.pdf).

Transitional Housing

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

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

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

Permanent Supportive Housing

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

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

WHAT IS HOUSING FIRST?[1302]

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

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

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

ELEMENTS OF PERMANENT SUPPORTIVE HOUSING PROGRAMS[1303]

SAMHSA has outlined 12 elements of permanent supportive housing programs:

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

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

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

Housing Programs To Prevent or Address Homelessness

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

Homelessness Prevention

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

Homelessness prevention programs typically offer[1306]:

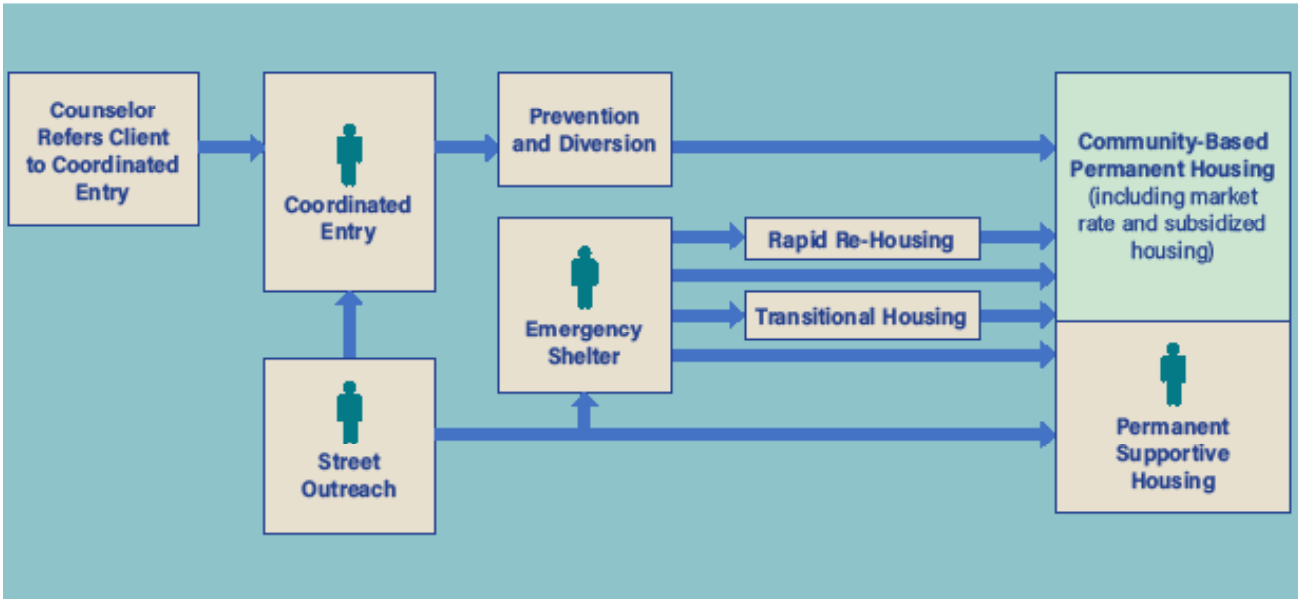
- Financial assistance in the form of rental housing subsidies to help individuals and families cover housing costs.
- Eviction prevention programs that are designed to prevent displacement from rental units. These programs may include financial assistance, legal representation, or mediation services.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

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

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

UNDERSTANDING COORDINATED ENTRY

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



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

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

MASSACHUSETTS HOUSING STABILITY PROGRAMS[1310]

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

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

Emergency Shelter

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

Intimate Partner Violence

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

RESOURCE ALERT: HUD'S FIND SHELTER TOOL

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

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

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

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

RESOURCE ALERT: NATIONAL NETWORK TO END DOMESTIC VIOLENCE

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

Rapid Re-Housing

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

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

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

RESOURCE ALERT: FEDERAL HOMELESSNESS RESOURCES

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

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

Affordable Housing Programs

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

Public Housing

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

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

RESOURCE ALERT: PUBLIC AND AFFORDABLE HOUSING RESOURCES

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

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

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

Housing Choice Voucher Program

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

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

RESOURCE ALERT: HOUSING CHOICE VOUCHERS

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

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

Developing Life Skills To Maintain Recovery

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

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

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

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

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

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

Financial Literacy

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

EXHIBIT 4.7. Reflecting on Financial Wellness

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

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

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Continued

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

RESOURCE ALERT: FINANCIAL LITERACY INFORMATION

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

Budgeting, Saving, and Managing Debt:

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

Opening a Bank Account:

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

Retirement:

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

Obtaining State Identification

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

Shopping for Healthy and Nutritious Foods

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

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

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

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

Other Life Activities

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

Supporting Healthy Relationships

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

RESOURCE ALERT: SUPPORTS FOR HEALTHY FAMILY RELATIONSHIPS

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

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

Purpose

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

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

Transforming Identity by Rewriting the Narrative

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Educational Attainment

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

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

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

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

Exhibit 4.8 identifies components of a CRP.

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

RESOURCE ALERT: SOBER RESOURCES FOR COLLEGE

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

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

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

EXHIBIT 4.8. Characteristics of a CRP

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

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

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

Source: Adapted with permission.[1344]

Vocational Counseling and Rehabilitation

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

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

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

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

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

Navigating the Employment Landscape

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

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

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

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

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

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

EXHIBIT 4.9. Elements of a Workplace-Supported Recovery Program

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

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

RESOURCE ALERT: BECOMING A RECOVERY-FRIENDLY WORKPLACE

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

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

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

Realistic View of Knowledge, Skills, and Abilities

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

Resources for self-assessment include:

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

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

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

Steps to Finding Employment

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

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

RESOURCE ALERT: EVIDENCE OF REHABILITATION

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

On-the-Job Training

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

Volunteerism

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

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

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

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

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

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

Meaningful Leisure Activities

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

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

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

RESOURCE ALERT: EMPLOYMENT AND VOCATIONAL SERVICES

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

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

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

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

Journaling and Writing

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

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

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

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

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

Visual Arts

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

Music

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

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

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

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

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

RESOURCE ALERT: HOW THE ARTS IMPROVE HEALTH

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

Community

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

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

FOUR TYPES OF SOCIAL SUPPORT[1367]

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

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

Linking Clients to Mutual-Help Groups

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

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

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

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

Using Mutual-Help Groups To Support Recovery

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

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

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

12-Step Mutual-Help Groups

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

Examples of 12-Step groups include:

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

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

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

Religious Mutual-Help Groups

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

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

Secular Mutual-Help Groups

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

Examples of secular mutual-help groups include:

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

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

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

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

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

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

Family Mutual-Help Groups

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

Examples of family mutual-help groups include:

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

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

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

Other Community-Based Mutual-Help Groups

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

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

RESOURCE ALERT: VIRTUAL RECOVERY RESOURCES

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

RCOs and Centers

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

RESOURCE ALERT: RCO TOOLS AND RESOURCES

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

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

EXHIBIT 4.10. Examples of RCCs

Rebel Recovery – West Palm Beach, FL

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

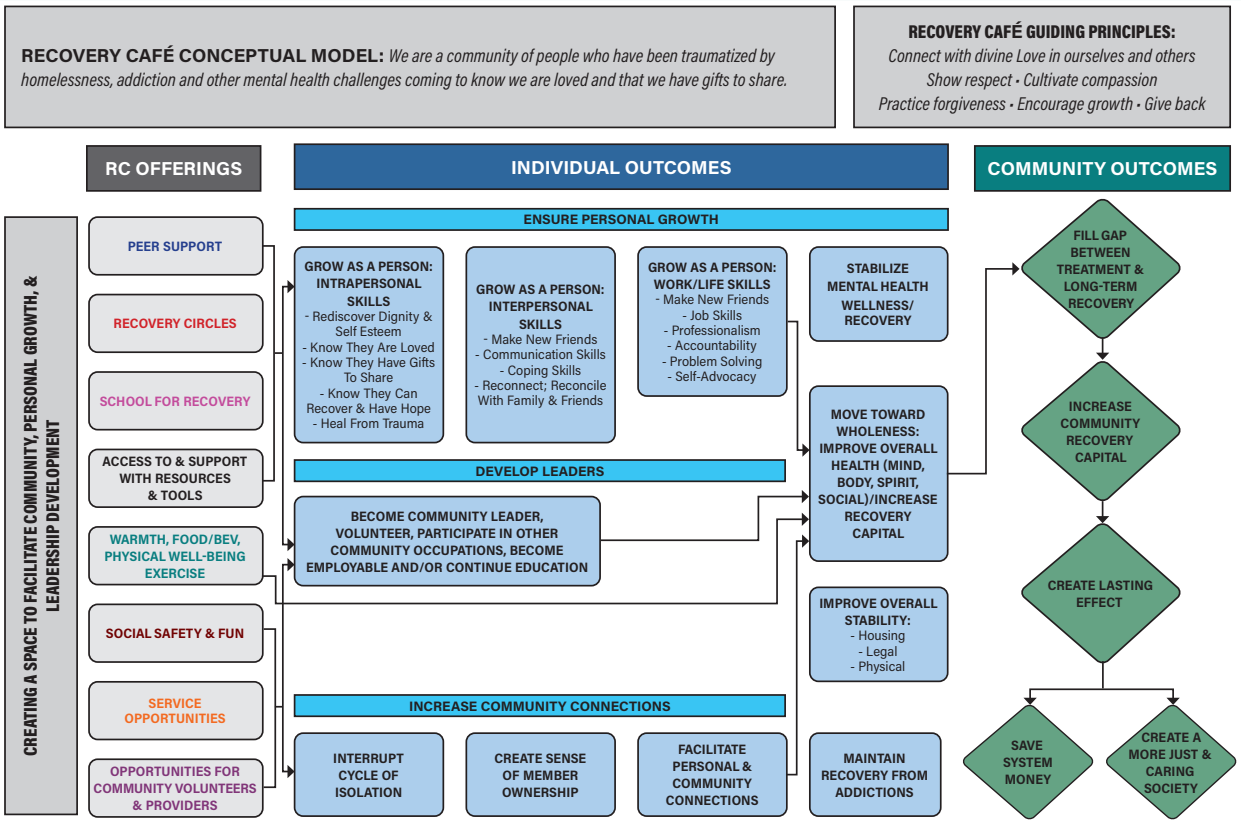
Unity Recovery – Philadelphia, PA

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

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

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

EXHIBIT 4.11. Recovery Café Conceptual Model[1383]



Source: Owens, M. D., Banta-Green, C. J., Newman, A., Marren, R., & Takushi, R. (2022). Insights into a recovery community center model: Results from qualitative interviews with staff and member facilitators from recovery café in Seattle, Washington. Alcoholism Treatment Quarterly, 1–14.

The core commitments of a recovery café model are to[1384]:

- Create a community space that is drug and alcohol free, embracing, and healing.
- Nurture structures of loving accountability (recovery circles).
- Empower every member to be a contributor.
- Raise up member leaders.
- Ensure responsible stewardship.
- Work to end systemic racism and socioeconomic inequality so every person can thrive.

Currently, there are recovery cafés located in 10 states and the District of Columbia. (The following Resource Alert contains a link to information about the Recovery Café Network and recovery café locations around the country.)[1385]

RESOURCE ALERT: RECOVERY CAFÉ NETWORK

The Recovery Café Network offers information and resources about the model, including its history as well as links to ongoing programs and success stories (https://recoverycafenetwork.org/about/).

Recovery cafés provide individuals in recovery with access to peers with lived experience in recovery and promote belonging within the community. They have also been shown to provide connectedness and social support for recovery that lead to increases in self-worth and self-esteem and opportunities for strengthening personal growth and recovery capital.[1386]

Using RCOs To Support Recovery

RCOs, along with the services they provide through RCCs and recovery cafés, provide opportunities for long-term support for people in recovery. These organizations encourage ongoing abstinence, for those who choose it, or support to maintain a reduction in substance use, depending on the person's individual needs.[1387] **RCCs have been shown to benefit individuals facing significant challenges in recovery with their support for improving quality of life and providing recovery-specific support structures and resources.** RCCs have also been successful in supporting increased abstinence, lowering substance-related harms, and improving the well-being of individuals in recovery.[1388]

Digital Supports

Rural and isolated residents in recovery rely on various types of remote recovery support, which give participants choices and access beyond in-person support.[1389] These services ensure that people overcoming problematic substance use receive sustained support. In the absence of rigorous studies, a brief review of relevant literature indicates that digital mutual-help meetings likely mobilize the same supports as in-person meetings.

In response to the COVID-19 pandemic, there has been a surge in free digital resources for people in recovery. Many existing services are expanding, and new ones are coming online. **The ongoing provision of recovery support services by digital means helps connect individuals to their communities and is crucial to sustained recovery and reductions in overdose deaths.** However, limited access to the Internet, particularly in rural communities, has limited the potential of this resource.

There are many mobile apps available to support recovery from problematic substance use. Some provide general information about addiction or specific types of substances; others connect clients to treatment or community supports. Mobile medication apps are now available to support treatment along with recovery tracking apps, among others. Many of these apps offer inspirational readings and videos of relaxation techniques and meditation. The Resource Alert below contains examples of select apps to support recovery.

RESOURCE ALERT: EXAMPLES OF DIGITAL RESOURCES TO SUPPORT RECOVERY

BHMEDS-R3 Behavioral Health Medications: The BHMEDS-R3 app offers information to nonprescriber behavioral health professionals and clients who need general knowledge about medications for behavioral health conditions. The app includes easy-to-understand information about these medications, including dose and frequency, side effects, emergency conditions, and cautions. The app also offers tools and other free medication resources.[1390] More information can be downloaded at https://attcnetwork.org/centers/mid-america-attc/product/bhmeds-r3-behavioral-health-medications.

NOMO Sobriety Clocks: NOMO is a recovery app that allows clients to enter information about their recovery journey, including about substance use or substance-free activities. The app also includes an encouragement wall, accountability partner searching, and exercises.[1391] More information can be downloaded at https://saynomo.com/.

Sober Grid: Sober Grid is an evidence-based app that combines peer support coaching, an online community, digital therapeutics, and a library of mental health resources to support long-term recovery.[1392] More information can be downloaded at https://www.sobergrid.com/.

Suicide Safe Mobile App: Suicide Safe is a free mobile app that helps providers integrate suicide prevention strategies into their practice and address suicide risk among their patients. The app also offers information about crisis lines, fact sheets, educational opportunities, and treatment resources.[1393] More information can be downloaded at https://store.samhsa.gov/product/suicide-safe.

988 Suicide & Crisis Lifeline: (samhsa.gov/find-help/988) This dialing and texting number connects people anywhere in the United States to the 988 Suicide & Crisis Lifeline (formerly known as the National Suicide Prevention Lifeline). The Lifeline is staffed by trained crisis counselors who respond to calls and texts about substance use–related crises as well as suicide and mental health crises. The 988 number connects to the network of centers that comprise the National Suicide Prevention Lifeline. The Lifeline also accepts online chats via 988lifeline.org/chat/.

Pros and Cons of Digital Recovery Support

The main advantage of digital recovery support is that it offers social and emotional support for people in recovery that would otherwise not be possible. Digital recovery support offers alternatives for people who cannot or prefer not to use in-person resources, such as rural residents without Internet access, people who do not have transportation, people who need gender- or sexual orientation-specific settings, high-profile community members, and people who cannot leave their homes due to physical limitations or social anxiety.

One disadvantage of digital platforms is the limitation it necessarily places on reading body language and picking up other nonverbal cues. Another disadvantage is difficulty accessing these resources in communities with no or poor technology and broadband access.[1394] Clients also may not have access to devices, such as smartphones, necessary to support these apps. Currently, there is limited clinically validated evidence that many of these apps are effective in supporting treatment or recovery.[1395]

Although some digital apps are free, others may be free initially but may have a cost associated with accessing expanded content or with ongoing use. **Counselors should research costs associated with digital apps prior to recommending them to clients.**

Ethics, Privacy, and Confidentiality Issues

When referring to or recommending digital recovery supports, counselors should address ethical issues as well as those related to client privacy and anonymity. This includes:

- **Lack of a "one-size fits all" approach.** Referring clients to peer recovery supports requires ethical considerations. Digital support groups are not "one size fits all." Rather, they cater to people who have different needs, and not every group is appropriate or best for every person in recovery. For example, some groups follow a 12-Step approach, but others do not. Some groups cater to specific groups of individuals based on gender, age, sexual orientation, race, ethnicity, or disability.
- **Adherence to ethical principles and guidelines.** Professional providers, regardless of the mode of recovery support, must adhere to standard ethical requirements (i.e., do no harm, respect participants' rights to privacy and confidentiality, be culturally sensitive).
- **Adherence to privacy regulations.** Professionally led digital recovery support services are subject to privacy regulations as outlined in the Health Insurance Portability and Accountability Act of 1996 and 42 CFR Part 2. However, some apps may collect and sell personal information. Counselors should caution their clients about this possibility when using these apps.[1396]
- **Ability to remain anonymous.** Some online platforms allow a degree of anonymity during peer recovery mutual-help meetings (e.g., one can join a meeting using only audio or an alias)—but implementing an anonymous persona is up to the individual.

Using Digital Resources To Support Recovery

When combined with other recovery supports, digital resources can help clients by offering convenient and accessible mechanisms for them to connect with their providers. For example, digital apps can be used by clients who cannot easily access care in their local communities, such as those in rural or remote settings, or those with mobility or transportation issues. These tools may also allow clients to meet with a specific provider or service that is not located in their local area. Digital resources broaden access, make visits with clients more efficient for providers, and can be standardized in format. Digital support can also be cost-effective opportunities for both providers and clients.[1397]

Conclusion

Counselors can support people in recovery by offering them resources and connecting them with community organizations that can help them achieve long-term health; ensuring they have safe and stable housing and the skills to maintain that housing; helping them develop meaningful personal activities to support a purpose-driven life; and teaching them to create strong, healthy relationships and a place in the community. By encouraging clients to improve their overall health and well-being and offering strategies and resources for change, counselors can ensure that clients not only maintain recovery, but also develop the skills they need to achieve the life they want.

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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 Orientation[1405]

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.

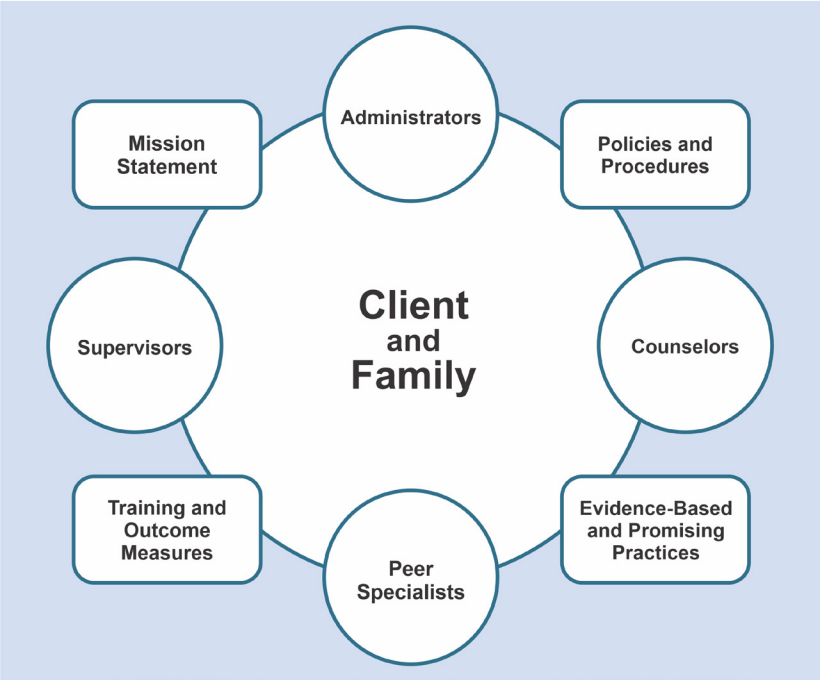
By optimizing existing resources and routinely seeking out new ones, organizations create a self-perpetuating cycle of efficiency and quality improvement. This cycle, in turn, can often lead to improved staff morale and retention. This is especially significant for substance use treatment settings, in 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

Researchers[1411] 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 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 Plans[1437]

- 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
  - 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.medicaid.gov/medicaid/benefits/telehealth/index.html
  - *State Medicaid & CHIP Telehealth Toolkit* (updated with COVID-19 information): https://www.medicaid.gov/medicaid/benefits/downloads/medicaid-chip-telehealth-toolkit.pdf
  - Medicaid State Plan Fee-for-Service Payments for Services Delivered via Telehealth: https://www.medicaid.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 Recovery[1451]

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 colleagues[1453] 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 Facilities[1458]

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 colleagues[1459] 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 Settings[1460]

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 considerations[1461] 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/eeo/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/VASERScoringForm_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 competencies[1474]:

- **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.
  - 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 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.

- **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 polices 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.

Appendix A: Counseling Approaches to Promote Recovery From Problematic Substance Use and Related Issues – Module 4

Directions: To receive credits for this course, you are required to take a post test and receive a passing score. We have set a minimum standard of 80% as the passing score to assure the highest standard of knowledge retention and understanding. The test is comprised of multiple choice and/or true/false questions that will investigate your knowledge and understanding of the materials found in this CEU Matrix – The Institute for Addiction and Criminal Justice distance learning course.

After you complete your reading and review of this material, you will need to answer each of the test questions.

> Submit your test via the Internet. All of our tests are posted electronically, allowing immediate test results and quicker processing. First, you may want to answer your post test questions using the answer sheet found at the end of this appendix. Then, return to your browser and go to the Student Center located at:
>
> > http://www.ceumatrix.com/studentcenter
>
> Once there, log in as a Returning Customer using your Email Address and Password. Then click on 'Take Exam' and you will be presented with the electronic exam.
>
> To take the exam, simply select from the choices of "a" through "e" for each multiple choice question. For true/false questions, select either "a" for true, or "b" for false. Once you are done, simply click on the submit button at the bottom of the page. Your exam will be graded and you will receive your results immediately. If your score is 80% or greater you will have access to the Certificate of Completion. This is the final step in the process, and you may save and/or print your Certificate of Completion.
>
> If, however, you do not achieve a passing score of at least 80%, you will need to review the course material and return to the Student Center to resubmit your answers.

If you have any difficulty with this process, or need assistance, please e-mail us at ceumatrix@ceumatrix.com and ask for help.

Answer the following questions by selecting the most appropriate response.

Quiz

1. What is the primary focus of the Housing First model according to the National Alliance to End Homelessness?
   A. Providing temporary housing solutions
   B. Ending homelessness by providing permanent housing
   C. Requiring abstinence from substances
   D. Offering transitional housing with strict rules

2. Which of the following is NOT one of the 12 elements of permanent supportive housing programs listed by SAMHSA?
   A. Preventing recurrence of use
   B. Reducing discrimination and stigma
   C. Mandatory treatment for SUDs
   D. Providing housing choices

3. What is a key requirement for local Continuums of Care (CoCs) as mandated by HUD?
   A. To provide only emergency shelters
   B. To create coordinated entry processes for housing assistance
   C. To limit access to housing resources
   D. To focus solely on financial assistance

4. What is the eligibility criterion for the Housing Choice Voucher program?
   A. Must be a U.S. citizen or certain noncitizens
   B. Must have a job
   C. Must be a homeowner
   D. Must have a college degree

5. What type of assistance do homelessness prevention programs typically provide?
   A. Emergency shelter only
   B. Rental housing subsidies
   C. Transitional housing for up to 24 months
   D. Strict eligibility requirements for all applicants

6. What is a key benefit of developing a plan for housecleaning and home maintenance for clients?
   A. It helps clients avoid social stigma
   B. It encourages regular laundry habits
   C. It assists clients in taking on these tasks
   D. It improves clients' cooking skills

7. Which of the following is positively associated with longer stays in treatment for clients?
A. Increased identity with substance use
B. Reduced identity with recovery-oriented social connections
C. Increased identity with social connections related to substance use
D. Reduced identity with social connections related to substance use

8. What is one of the resources mentioned for obtaining a GED?
A. National Farmers Market Directory
B. GED testing service
C. Association of Recovery in Higher Education
D. Campus Drug Prevention

9. What is the maximum amount of resources an individual can have to qualify for SSI benefits?
A. $2,000
B. $1,500
C. $3,000
D. $4,000

10. Which organization provides a toolkit for financial preparedness for disasters or emergencies?
A. National Foundation for Credit Counseling
B. Association for Financial Counseling & Planning Education
C. Campus Drug Prevention
D. Children and Family Futures

11. What is a key component of a workplace-supported recovery program that helps prevent problematic substance use?
A. Increases work-related injuries
B. Decreases difficult working conditions
C. Encourages substance use
D. Provides no support for recovery

12. Which type of skills are considered significant by employers but are not job specific?
A. Hard skills
B. Technical skills
C. Soft skills
D. Professional skills

13. What is one of the resources mentioned for job seekers to explore jobs that match their interests?
A. National H.I.R.E. Network
B. Indeed.com
C. CareerBuilder

D. California's Employment Development Department

14. What should counselors help clients identify to support their recovery in the workplace?
A. Recovery-friendly workplaces
B. High-paying jobs
C. Jobs with no requirements
D. Jobs in different states

15. What is a potential benefit of developing creative leisure activities for clients in recovery?
A. They can lead to substance use
B. They provide a creative outlet
C. They are always safe
D. They require no skills

16. What is the main belief of Recovery Dharma regarding its practices?
A. Anyone can benefit from Buddhist wisdom
B. Only Buddhists can benefit from its practices
C. It focuses solely on meditation
D. It is based on Christian teachings

17. Which of the following is NOT a core commitment of the recovery café model?
A. Empower every member to be a contributor
B. Raise up member leaders
C. Provide financial assistance to members
D. Create a community space that is drug and alcohol free

18. What is the primary purpose of Gamblers Anonymous?
A. To provide financial support to gamblers
B. To help individuals recover from gambling problems
C. To promote gambling as a social activity
D. To offer legal advice to gamblers

19. What is a unique aspect of Medication-Assisted Recovery Anonymous (MARA)?
A. It excludes the use of medications in recovery
B. It is only for individuals with a history of drug use
C. It focuses only on traditional recovery methods
D. It believes in the value of medications as a means to recovery

20. What type of support does Eating Disorders Anonymous (EDA) provide?
A. Support for individuals with gambling issues
B. Support for individuals recovering from eating disorders
C. Support for families of addicts
D. Support for individuals with emotional difficulties

21. What is the primary goal of maximizing existing resources in recovery organizations?
A. To reduce costs
B. To improve care and client outcomes
C. To increase staff satisfaction
D. To enhance organizational reputation

22. Which aspect should drive the delivery of services in a recovery-oriented organization?
A. Organizational needs
B. Staff preferences
C. Client needs and recovery goals
D. Specific treatment approaches

23. What is a key consideration when referring clients to digital recovery supports?
A. All digital supports are suitable for every client
B. Digital support groups are not one-size-fits-all
C. Digital resources are always free
D. Digital supports should only be used in person

24. What should program leaders prioritize in recovery-oriented organizations?
A. Perspectives of high-ranking staff
B. Cost reduction
C. Administrative efficiency
D. Client's voice

25. What is the purpose of the BHMEDS-R3 app?
A. To offer information about behavioral health medications
B. To provide entertainment
C. To connect clients with peers
D. To track sobriety milestones

26. What is a key component of a Recovery-Oriented System of Care (ROSC)?
A. Involvement of people in recovery in service planning
B. Focus solely on medical treatment
C. Exclusion of family members from decision-making
D. Limiting access to services for specific populations

27. Which of the following organizations is NOT mentioned as a stakeholder in developing a ROSC?
A. Substance use treatment providers
B. Civic and governmental agencies
C. Private corporations
D. Peer-run recovery organizations

28. What model is suggested for initial client engagement in treatment services?

A. Closed-access model
B. Open-access model
C. Referral-only model
D. Appointment-only model

29. Which of the following is a recommended strategy for program administrators in a counseling program?
A. Limiting client participation in planning
B. Focusing only on traditional treatment methods
C. Ensuring a range of counseling services
D. Avoiding collaboration with other organizations

30. What is one of the goals of involving clients and their families in service planning?
A. To reduce the number of services offered
B. To ensure services are client and family driven
C. To limit the input from community stakeholders
D. To prioritize administrative decisions over client needs

31. What is a recommended action for administrators to identify potential organizational barriers in substance use treatment?
A. Conduct a walk-through of the treatment process
B. Increase the number of staff members
C. Limit client feedback
D. Focus solely on discharge procedures

32. Which of the following is a strategy to lower the barrier of unemployment for clients in recovery?
A. Focusing only on substance use treatment
B. Encouraging clients to work without support
C. Limiting access to job training programs
D. Providing vocational services as part of counseling

33. What is essential for assessing the climate and culture of a recovery program from the client's perspective?
A. Financial audits
B. Staff evaluations
C. Client feedback
D. Community surveys

34. What should organizations do to ensure successful collaboration with other recovery-oriented services?
A. Share the same vision and recovery-supported environment
B. Limit communication with other organizations
C. Focus only on their own services
D. Avoid partnerships with other providers

35. What is a key aspect of a strengths-based assessment in recovery-oriented programs?
A. Emphasizing individual weaknesses
B. Focusing on collective experiences of recovery
C. Ignoring client preferences
D. Developing a one-size-fits-all plan

36. What is a key aspect of the transition to a recovery-oriented counseling program according to the document?
A. Hiring staff with personal recovery experience
B. Implementing strict guidelines for client behavior
C. Limiting training opportunities for staff
D. Focusing solely on administrative tasks

37. Which act provides outcome data that can reflect a program's effectiveness in promoting recovery?
A. Health Resources and Services Administration Act
B. Government Performance and Results Act
C. Substance Abuse and Mental Health Services Administration Act
D. National Outcome Measures Act

38. What should be included in job responsibilities for peer recovery support specialists and counseling staff?
A. Vague descriptions of duties
B. Overlapping responsibilities
C. Clear and understandable language
D. Strict adherence to medical protocols

39. What is one recommended strategy for integrating peer recovery support specialists into counseling programs?
A. Hiring them as full-time staff only
B. Contracting with recovery community organizations
C. Limiting their involvement to administrative tasks
D. Excluding them from client interactions

40. What is a primary goal of the SAMHSA’s Core Competencies for Peer Workers in Behavioral Health Services?
A. To provide a framework for peer support integration
B. To limit the roles of peer specialists
C. To focus solely on medical treatment
D. To establish a hierarchy among staff

Name: _____

1. [A] [B] [C] [D] [E]
2. [A] [B] [C] [D] [E]
3. [A] [B] [C] [D] [E]
4. [A] [B] [C] [D] [E]
5. [A] [B] [C] [D] [E]
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7. [A] [B] [C] [D] [E]
8. [A] [B] [C] [D] [E]
9. [A] [B] [C] [D] [E]
10. [A] [B] [C] [D] [E]
11. [A] [B] [C] [D] [E]
12. [A] [B] [C] [D] [E]
13. [A] [B] [C] [D] [E]
14. [A] [B] [C] [D] [E]
15. [A] [B] [C] [D] [E]
16. [A] [B] [C] [D] [E]
17. [A] [B] [C] [D] [E]
18. [A] [B] [C] [D] [E]
19. [A] [B] [C] [D] [E]
20. [A] [B] [C] [D] [E]
21. [A] [B] [C] [D] [E]
22. [A] [B] [C] [D] [E]
23. [A] [B] [C] [D] [E]
24. [A] [B] [C] [D] [E]
25. [A] [B] [C] [D] [E]
26. [A] [B] [C] [D] [E]
27. [A] [B] [C] [D] [E]
28. [A] [B] [C] [D] [E]
29. [A] [B] [C] [D] [E]
30. [A] [B] [C] [D] [E]
31. [A] [B] [C] [D] [E]
32. [A] [B] [C] [D] [E]
33. [A] [B] [C] [D] [E]
34. [A] [B] [C] [D] [E]
35. [A] [B] [C] [D] [E]
36. [A] [B] [C] [D] [E]
37. [A] [B] [C] [D] [E]
38. [A] [B] [C] [D] [E]
39. [A] [B] [C] [D] [E]
40. [A] [B] [C] [D] [E]