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

KEY MESSAGES

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

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

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

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

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

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

Harm Reduction

Overview of Harm Reduction

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

RESOURCE ALERT: SAMHSA'S HARM REDUCTION FRAMEWORK

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

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

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

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

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

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

EXHIBIT 3.1. Harm Reduction Services

According to SAMHSA, harm reduction services can:

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

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

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

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

The six pillars state that harm reduction:

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

The 12 harm reduction principles call on providers to:

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

The six core practice areas include:

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

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

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

Harm Reduction Methods

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

Safer Injection Practices

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

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

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

Exhibit 3.3 identifies supplies that support safer injection practices.

RESOURCE ALERT: SAFER INJECTION PRACTICES

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

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

Syringe Services Programs

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

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

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

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

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

RESOURCE ALERT: SYRINGE SERVICES PROGRAMS

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

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

HARM REDUCTION STRATEGIES FOR ADDRESSING HCV

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

To stop the spread of HCV, individuals should:

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

Naloxone and Overdose Education Kits

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

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

RESOURCE ALERT: NALOXONE AND OVERDOSE PREVENTION EDUCATION

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

- SAMHSA:
  - TIP 63, Medications for Opioid Use Disorder (https://store.samhsa.gov/product/TIP-63-Medications-for-Opioid-Use-Disorder-Full-Document/PEP21-02-01-002)
  - SAMHSA Opioid Overdose Prevention Toolkit (https://store.samhsa.gov/product/Opioid-Overdose-Prevention-Toolkit/SMA18-4742)
  - Naloxone webpage (https://www.samhsa.gov/medication-assisted-treatment/medications-counseling-related-conditions/naloxone)
- Prescribe To Prevent provides information about prescribing naloxone for overdose prevention, including educational handouts and videos (http://prescribetoprevent.org).
- The National Institute on Drug Abuse presents facts about naloxone for providers (https://nida.nih.gov/publications/drugfacts/naloxone).
- The Centers for Disease Control and Prevention offers fact sheets on reversing opioid overdoses with lifesaving naloxone (https://www.cdc.gov/opioids/naloxone/factsheets/index.html).
- OpiSafe offers a free smartphone app with interactive prompts for overdose rescue (https://opisafe.com/products/opirescue).

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

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

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

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

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

Fentanyl and Xylazine Test Strips

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

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

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

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

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

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

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

RESOURCE ALERT: FENTANYL AND XYLAZINE TEST STRIPS

More information about fentanyl test strips can be accessed from:

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

Access to Reproductive and Sexual Health Services

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

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

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

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

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

RESOURCE ALERT: SEXUAL HEALTH SERVICES

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

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

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

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

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

PBS

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

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

Client Goal Setting To Reduce Use

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

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

HARM REDUCTION STRATEGIES TO PREVENT STIMULANT OVERAMPING

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

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

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

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

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

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

RESOURCE ALERT: MI AND CLIENT GOAL SETTING

More information about client goal setting and MI can be found in SAMHSA's TIP 35, *Enhancing Motivation for Change in Substance Use Disorder Treatment,* at https://store.samhsa.gov/product/TIP-35-Enhancing-Motivation-for-Change-in-Substance-Use-Disorder-Treatment/PEP19-02-01-003.

Trauma-Informed Approaches

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

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

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

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

Overview of Trauma-Informed Approaches

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

PROVIDING TRAUMA-INFORMED SCREENING AND ASSESSMENT

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

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

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

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

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

Elements and Principles of Trauma-Informed Care

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

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

LANGUAGE MATTERS

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

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

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

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

RESOURCE ALERT: TRAUMA-INFORMED CARE IN BEHAVIORAL HEALTH

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

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

EXHIBIT 3.4. Key Principles of a Trauma-Informed Approach

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

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

UNDERSTANDING PERPETRATION-INDUCED TRAUMA

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

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

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

Trauma and Problematic Substance Use

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

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

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

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

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

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

Principles of a Trauma-Informed Care Framework for Counselors

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

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

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

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

AVOIDING RETRAUMATIZATION[820]

To avoid retraumatizing a person in recovery, counselors can:

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

Overview of Trauma-Informed Therapies

Trauma-informed therapies may include[821]:

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

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

EXHIBIT 3.5. Overview of Trauma-Informed Therapies

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

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

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

Motivational Approaches

Overview of MI and Motivational Enhancement

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

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

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

Core Skills and Processes

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

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

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

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

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

Elements of MI Approaches

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

Using the FRAMES Approach

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

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

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

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

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

Sources: Adapted from Kruszynski, R., Kubek, P. M., Myers, D., & Evenden, J. (2012). MI reminder card (Am I doing this right?) *Cleveland, OH: Center for Evidence-Based Practices at Case Western Reserve University. Substance Abuse and Mental Health Services Administration. (2019).* Enhancing motivation for change in substance use disorder treatment. *Treatment Improvement Protocol (TIP) Series 35. SAMHSA Publication No. PEP19-02-01-003.*

Practicing Decisional Balancing

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

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

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

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

More information about additional MI elements, such as analyzing discrepancies between goals and behavior, flexible pacing, and maintaining contact with clients, can be seen in SAMHSA's TIP 35, *Enhancing Motivation for Change in Substance Use Disorder Treatment* (https://store.samhsa.gov/product/TIP-35-Enhancing-Motivation-for-Change-in-Substance-Use-Disorder-Treatment/PEP19-02-01-003).

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

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

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

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

Addressing Ambivalence About Changing Behaviors

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

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

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

Benefits of MI in Recovery From Substance Use–Related Issues

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

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

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

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

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

Family Therapy Approaches

Overview of Family Therapy Approaches

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

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

Family therapy can help family members understand[867]:

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

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

Defining Family

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

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

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

Effects of Substance Use–Related Issues on the Family

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

EXHIBIT 3.7. Effects of Problematic Substance Use on Families

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

Family Counseling Approaches That Promote Recovery

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

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

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

RESOURCE ALERT: SUD TREATMENT AND FAMILY THERAPY

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

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

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

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

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

Multidimensional Family Therapy

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

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

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

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

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

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

RESOURCE ALERT: MDFT

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

Community Reinforcement and Family Training

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

The CRAFT intervention consists of eight components[908]:

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

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

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

RESOURCE ALERT: CRAFT-SP

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

Mutual-Support Groups for Family Members

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

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

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

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

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

Couples Counseling To Promote Recovery

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

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

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

RESOURCE ALERT: CONNECTING FAMILIES WITH MUTUAL SUPPORT GROUPS

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

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

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

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

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

RESOURCE ALERT: UNDERSTANDING BCT

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

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

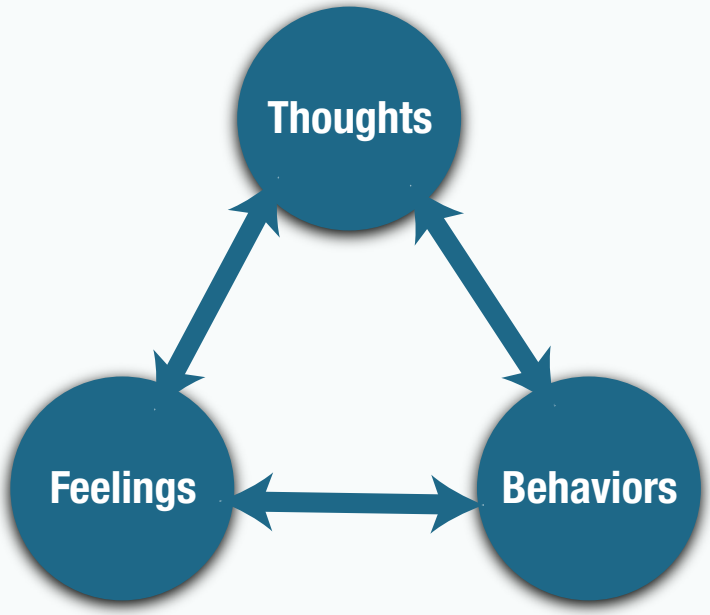
Cognitive–Behavioral Therapy

Overview of CBT

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

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

EXHIBIT 3.8. The Cognitive Triangle



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

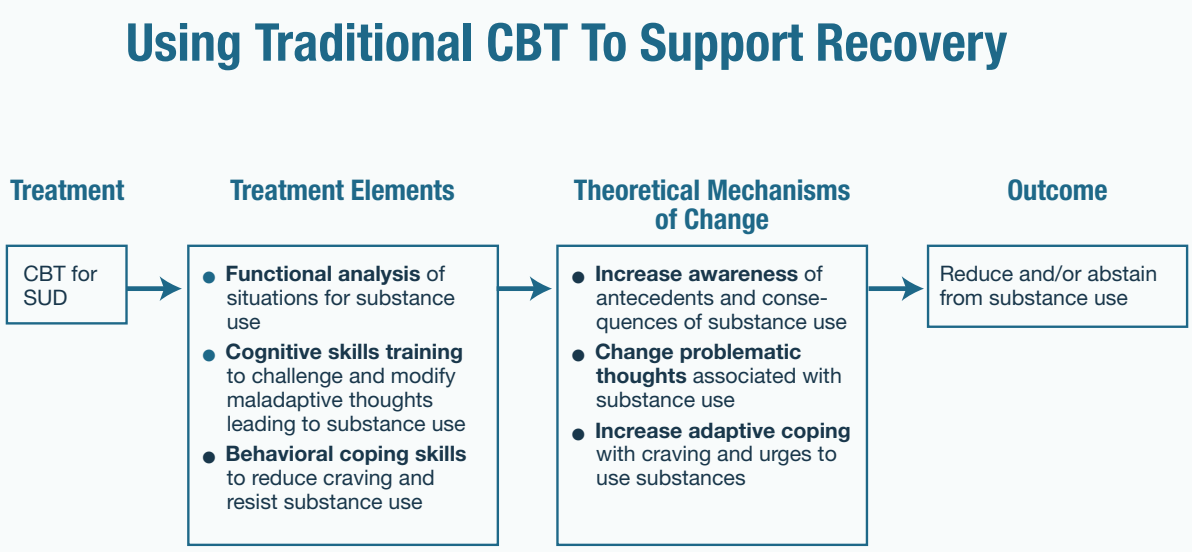
CBT for substance use–related problems is based on social learning theory, such that alcohol and drug use occurs in the context of learned behavior (i.e., modeling, classical and operant conditioning).[921] As patterns of alcohol and drug use emerge, individuals have more difficulties coping with distressing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

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

Using CBT To Support Recovery

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

EXHIBIT 3.9. Using Traditional CBT To Support Recovery



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

Laying the Groundwork With a Biopsychosocial Case Conceptualization

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

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

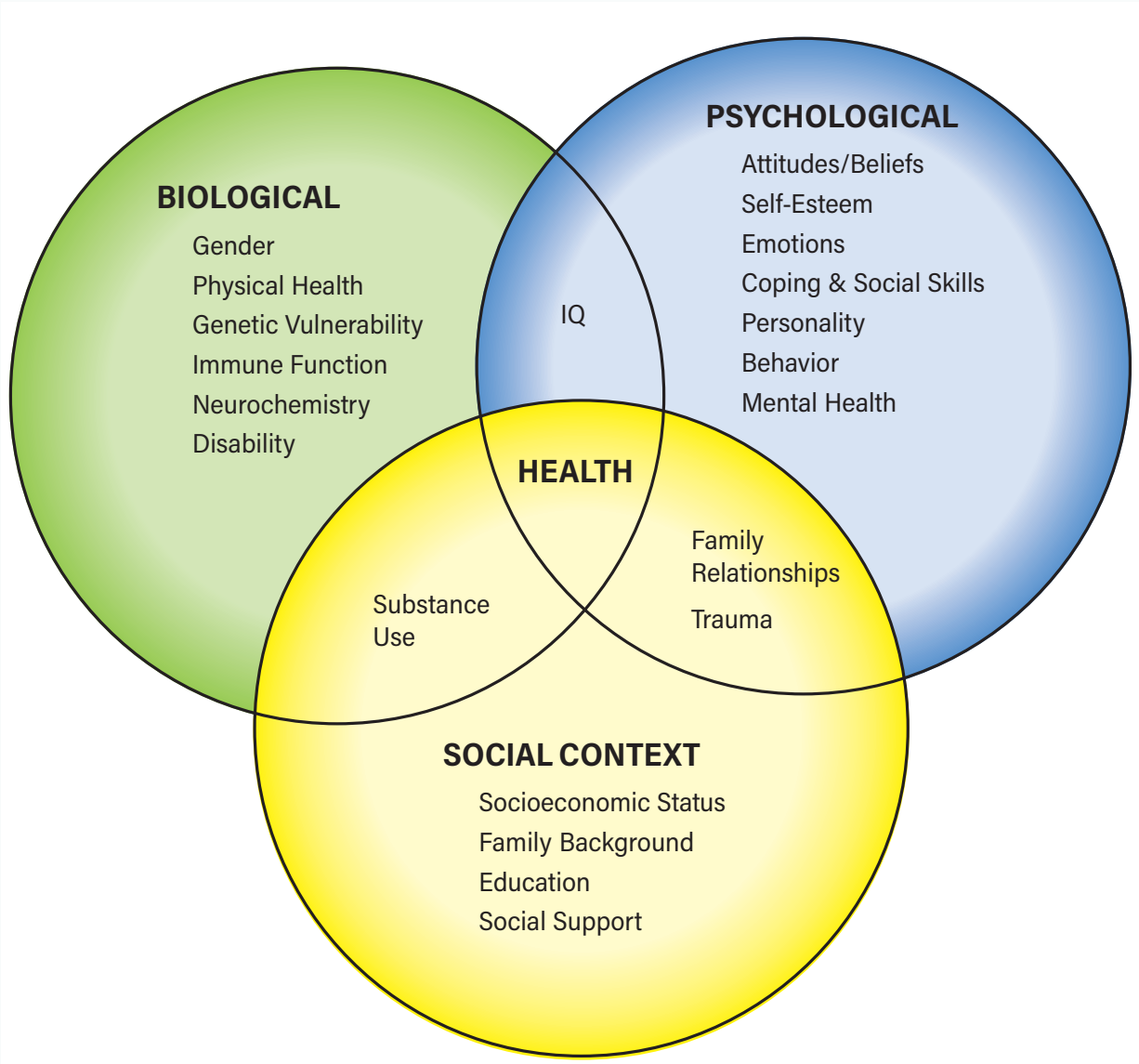
Conducting a Functional Analysis

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

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

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

Exhibit 3.10. The Biopsychosocial Model



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

THE ICEBERG ANALOGY

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

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

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

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

RESOURCE ALERT: USING A FUNCTIONAL ANALYSIS IN CBT

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

Enhancing Awareness of Urges and Triggers

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

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

Overview

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

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

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

Session Goals

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

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

Key Interventions

Understanding the Nature of Craving

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

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

Continued on next page