



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

KEY MESSAGES

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

Although each person in recovery from problematic substance use has their own distinct recovery goals and journey, all hope to sustain their recovery over the long term and to build a healthy, rewarding, and meaningful life. To achieve this, **individuals**

in recovery need resources, skills, and confidence to thrive. Counselors must assist them in developing skills and gaining access to resources related to each of these four domains. The Substance Abuse and Mental Health Services Administration

(SAMHSA) follows the four major domains needed to support a life in recovery^{1185,1186}:

- **Health:** Overcoming or managing one's disease(s) as well as living in a physically and emotionally healthy way. Living a healthy lifestyle and having an overall sense of well-being is imperative for individuals in recovery to manage their lives and feel they can live to their full potential. This chapter includes resources and information to support clients with practicing healthy eating; engaging in some type of exercise; developing healthy sleeping habits; obtaining medical, dental, and vision care; and maintaining homeostasis in any chronic disease such as diabetes, hypertension, HIV, and hepatitis C. Clients may also need support in linking to these healthcare services, including preventive and primary care, mental health counseling, and family planning or sexual health services, and in addressing barriers to care.
- **Home:** A stable and safe place to live. Having a stable and safe home is of critical importance to maintaining recovery. It sets a good foundation from which an individual in recovery can thrive, but this requires addressing significant barriers to stable housing, such as those related to discrimination as well as lack of financial and other life skills. Resources below include information about finding and maintaining stable housing and developing financial capabilities, such as how to make and stick to a budget, how to get out of debt, and how to manage monthly bills. Additionally, part of having a safe and stable home is the ability to get along with family and create long-lasting relationships with family and friends.
- **Purpose:** Meaningful daily activities. Identifying meaningful daily activities helps clients to avoid problematic substance use in the future. This could include having a stable or even rewarding job, progressing in schooling, engaging in volunteerism in an area they feel is important, and

becoming more involved in their choice of worship, family caretaking, leisure activities, hobbies, or creative endeavors. Clients need the independence, income, and resources to participate in society in a meaningful way.

- **Community:** Relationships and social networks that provide support, friendship, love, and hope. These are necessary so that clients can be fully engaged in the community and enjoy the rewards that come with this community connection. Counselors can help clients develop a sense of connectedness and community by offering resources to learn about and connect to various community and social supports. These could include 12-Step and other mutual-help groups, recovery community organizations (RCOs), recovery-oriented sports groups, and digital aids, such as online support groups, which can expand a client's network beyond the immediate community.

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

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

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

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

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

Supportive Dimensions That Help People In Recovery Stay Well

Health

Linking Clients to Healthcare Services

People experiencing problematic substance use are more likely to have comorbid health conditions, including mental and other chronic illnesses.¹¹⁹¹

People experiencing both problematic substance use and chronic disease may have difficulty accessing or remaining in care, which can result in additional medical complications.¹¹⁹² Chronic conditions, including diabetes, hypertension, chronic obstructive pulmonary disease, HIV, and hepatitis C, require ongoing medical



care and, in some cases, medication and medication management. Even individuals who do not have chronic diseases should receive preventive screenings and care to ensure they remain healthy.

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

Identifying Providers and Other Resources for Clients

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

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

To identify providers in the area, counselors can¹¹⁹⁴:

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

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

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

RESOURCE ALERT: FIND A LOCAL HEALTH CENTER

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

Developing a Database of Providers in the Area

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

Helping Connect Clients to Providers

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

Counselors will also want to share information with clients about what primary care providers and specialists do by using the following guides¹¹⁹⁵:

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

Counselors will also want to help clients gather the following information before they call an office for the first time¹¹⁹⁶:

- Health insurance information
- Policy number
- Group number

EXHIBIT 4.1. Collecting and Organizing Information on Local Providers

Specialty	Organization/Provider	Contact Information	Services Offered

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

Developing and Maintaining Ongoing Relationships With Providers in the Area

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

Understanding and Enrolling in Health Insurance

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

Counselors can help clients identify and contact their state marketplace, which offers information about health insurance plans,

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

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

RESOURCE ALERT: PUBLIC LIBRARIES

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

EXHIBIT 4.2. Health Insurance 101

HEALTH INSURANCE 101

01 PREMIUM

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



OUT-OF-POCKET LIMIT



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

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

02 OUT-OF-POCKET

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

It's cash out of your own pocket.

Good news: there is a limit on these expenses.



COPAYMENT



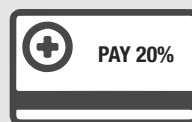
\$XX/VISIT

Amount you pay for a specific service.

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

Also known as a copay.

COINSURANCE



Percentage of the total cost that you must pay.

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

DEDUCTIBLE



\$XXXX/YEAR

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



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

Connecting Pregnant People With Problematic Substance Use to Care

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

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

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

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

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

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

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

care plus education on the benefits of abstinence were compared with pregnant women who also had problematic substance use but who received standard prenatal care only. The authors found that women who received both prenatal care and education reduced their problematic use, and their

infants had fewer medical problems than did infants of those women who received only standard prenatal care.¹²¹⁰ The Resource Alert below contains more information about supporting pregnant people with problematic substance use.

RESOURCE ALERT: SUPPORTING PREGNANT PEOPLE WITH PROBLEMATIC SUBSTANCE USE

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

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

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

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

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

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

Connecting Clients to Sexual Health Services

Sexual health services are necessary to support the health of clients, as these services can prevent the transmission of HIV and other sexually transmitted infections (STIs) and potentially reduce the number of unplanned pregnancies. As discussed in Chapter 3, studies have indicated that problematic substance use may put people at higher risk of contracting HIV, STIs, or other infections.¹²¹¹ **Clients should receive preventive services, such as screenings for HIV, STIs, and cervical cancer.** Key sexual health services include¹²¹²:

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

People with problematic substance use may also engage in some form of sex work. In an examination of substance use among sex workers in 86 studies from 46 countries, more than a third of sex workers reported lifetime problematic substance use.¹²¹⁴ Sex

workers who also have problematic substance use may be increasingly vulnerable to infectious diseases, including HIV and other STIs, violence, stigma and discrimination, and exploitation.¹²¹⁵ In order to support continued sexual and reproductive health among individuals in recovery who are involved in sex work, counselors should encourage clients to engage in culturally responsive, trauma-informed health care. (Chapter 3 includes additional information related to substance use and sex work.)

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

RESOURCE ALERT: SEXUAL HEALTH SERVICES

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

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

RESOURCE ALERT: RESOURCES TO SUPPORT SEXUAL HEALTH

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

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

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

Addressing Barriers to Receiving Sexual Health Services

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

- **Transportation barriers:** Transportation can affect clients' access to healthcare services and can result in missed appointments, increased costs, or overall

poorer health outcomes.¹²¹⁶ The following includes information about opportunities and organizations that can help clients address transportation barriers¹²¹⁷:

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

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

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

RESOURCE ALERT: SEXUAL HEALTH EDUCATION

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

Nutrition

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

Guidelines for providing nutrition services in SUD treatment settings have not been standardized.¹²²³ Further, only a small

percentage of treatment programs have a registered dietitian nutritionist as part of the treatment team.¹²²⁴ Nonetheless, recommended guidelines are emerging, and this section will summarize the components of assessing a client’s nutritional status, the potential impact of specific drugs on nutritional health, and strategies to help clients improve dietary well-being.

Assessing Nutritional Status

Assessing a client’s nutritional status will generally take the form of collecting information in the following areas^{1225,1226,1227}:

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

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

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

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

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

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

is limited,¹²³² researchers have identified the following trends related to specific substances:

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

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

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

Setting Nutritional Goals

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

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

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

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

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

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

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

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

RESOURCE ALERT: ADDITIONAL INFORMATION ON NUTRITIONAL ASSESSMENT

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

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

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

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

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

Exercise

Research supports the many benefits of even modest exercise, such as walking, for physical and mental health, and physical activity has also been linked to recovery from problematic substance use. Even brief amounts of physical activity (i.e., 10 minutes) can decrease substance use cravings¹²⁵³ and symptoms of withdrawal.¹²⁵⁴ **Participation in meaningful and structured activities, such as regular exercise, should be a key part of any long-term recovery plan.**

Key Benefits of Exercise

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

- **Improve mental health.** Exercise can improve mental health by reducing stress, anxiety, and depression as well as improve mood.^{1255,1256,1257}
- **Improve physical health.** Physical activity is linked to many positive health outcomes, including cardiorespiratory and cognitive fitness.¹²⁵⁸ Weight-bearing exercise can strengthen and protect bones, joints, and muscles.¹²⁵⁹
- **Improve sleep.** Physical activity is linked to improved sleep quality.¹²⁶⁰
- **Improve recovery outcomes.** Studies indicate that people recovering from substance use–related problems who exercise are more likely to remain abstinent¹²⁶¹ and less likely to have a recurrence of problematic substance use.¹²⁶²
- **Reduce cravings and ease withdrawal symptoms.** Exercise can reduce symptoms of withdrawal as well as reduce cravings for substances.^{1263,1264}
- **Improve social connections and support.** Many kinds of exercise, such as group exercise programs, have a social component that can increase engagement and support, also preventing loneliness and isolation.¹²⁶⁵

Getting Clients Motivated

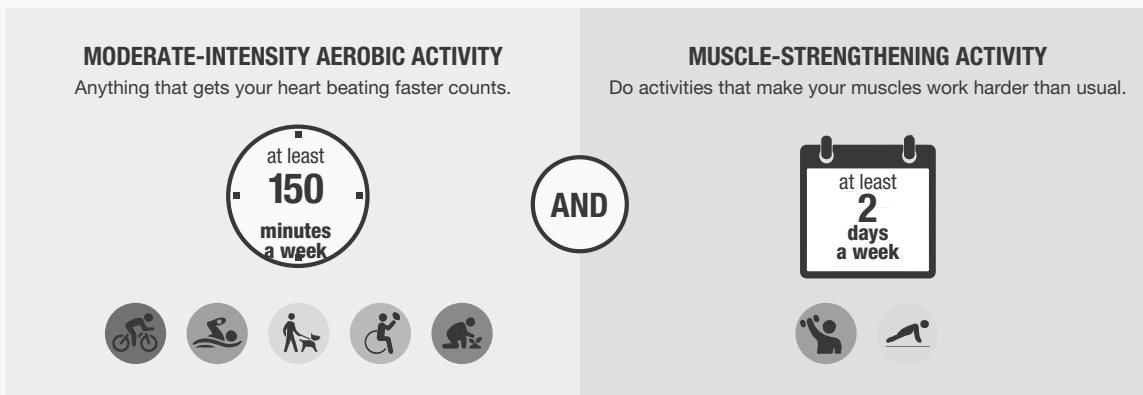
The first step to encouraging clients to get more exercise is to talk with them about their own physical activity levels and how regular exercise can support their long-term recovery. To start the conversation, counselors can ask clients the following questions¹²⁶⁶:

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

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

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

EXHIBIT 4.3. How Much Exercise Is Enough?



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

RESOURCE ALERT: GETTING STARTED WITH AN EXERCISE PLAN

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

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

Motivational Strategies

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

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

RESOURCE ALERT: RECOVERY GYMS AS A RESOURCE FOR RECOVERY

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

RESOURCE ALERT: TOOLS FOR TALKING ABOUT PHYSICAL ACTIVITY

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

Healthy Sleep Habits

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

Evaluating Sleep Disturbances

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

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

Educating Clients About Healthy Sleep Habits

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



EXHIBIT 4.4. Healthy Sleep Habits^{1275,1276}

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

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

Continued on next page

Continued

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

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

RESOURCE ALERT: SLEEP AND SUDS

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

Home

Safe and stable housing supports long-term recovery. Evidence suggests that individuals who lack safe and stable housing engage in higher levels of problematic substance use.^{1277,1278} Maintaining

a stable home also requires financial and other life skills; for example, knowledge about budgeting and managing debt. These and other skills, such as knowing how to obtain health insurance or grocery shop on a budget, can help clients maintain stability over the long term. Finally, helping clients develop strong relationships with family and social connections will assist them as they navigate challenges related to problematic substance use. **Counselors should have the information and resources available**



HOME

to inform and educate clients about how they can maintain stable housing, develop essential life skills, including financial literacy, and create long-lasting relationships with family and friends. Counselors should also connect clients with a case manager or social worker to assist with additional housing needs.

Role of Safe and Stable Housing

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

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

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

For individuals experiencing both homelessness and problematic substance use, it can be difficult to sustain recovery.^{1282,1283} Research indicates that those facing housing instability or homelessness may be less likely to continue medications for SUDs¹²⁸⁴ and for psychiatric disorders.¹²⁸⁵ This can include those considered “marginally housed,” or people temporarily staying with relatives, sleeping in their car, or with no current place to stay, though they may not consider themselves homeless. Additionally, people experiencing homelessness who are taking medications for SUDs still experience barriers to housing because of misconceptions about these medications.^{1286,1287}

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

Housing Types Designed for Individuals In Recovery

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

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

Recovery Housing

A recovery residence or recovery housing is a safe and healthy, substance-free living environment that supports those in recovery from problematic substance use.¹²⁸⁸ **The recovery housing approach is based on**

the belief that individuals who have a history of problematic substance use may benefit from an environment of peer support that emphasizes abstinence.¹²⁸⁹

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

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

RESOURCE ALERT: OXFORD HOUSE™

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

EXHIBIT 4.5. Recovery Housing Levels of Support

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

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

In general, recovery housing is regulated by the Fair Housing Law and the Americans with Disabilities Act, which require states to make "reasonable accommodations" for people with disabilities, including people in recovery from problematic substance use.¹²⁹³ The National Alliance for Recovery Residences (NARR)

has also developed a national standard that is endorsed by nearly 40 states. NARR also certifies over 3,000 recovery residences according to this national standard.¹²⁹⁴ Also, in 2018, SAMHSA developed best practices for the operation of recovery housing (Exhibit 4.6).

EXHIBIT 4.6. Best Practices for Recovery Housing

Best practices include:

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

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

*Source: Adapted from material in the public domain.*¹²⁹⁵

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

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

RESOURCE ALERT: NARR

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

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

Transitional Housing

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

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

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

Permanent Supportive Housing

Permanent supportive housing is a model used for individuals or families experiencing homelessness who also have a disability or other co-occurring condition, which can include SUDs. This type of housing offers a combination of housing and services designed for clients experiencing chronic homelessness.¹³⁰⁰

Permanent supportive housing is guided by the principles of Housing First, a philosophy and approach differing from that of recovery housing and transitional housing. The Housing First model emphasizes immediate access to housing with supports and case management, but without the preconditions of abstinence or mandatory participation in supportive services (the box below contains more information about Housing First).

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

WHAT IS HOUSING FIRST?¹³⁰²

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

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

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

ELEMENTS OF PERMANENT SUPPORTIVE HOUSING PROGRAMS¹³⁰³

SAMHSA has outlined 12 elements of permanent supportive housing programs:

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

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

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

Housing Programs To Prevent or Address Homelessness

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

Homelessness Prevention

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

Homelessness prevention programs typically offer¹³⁰⁶:

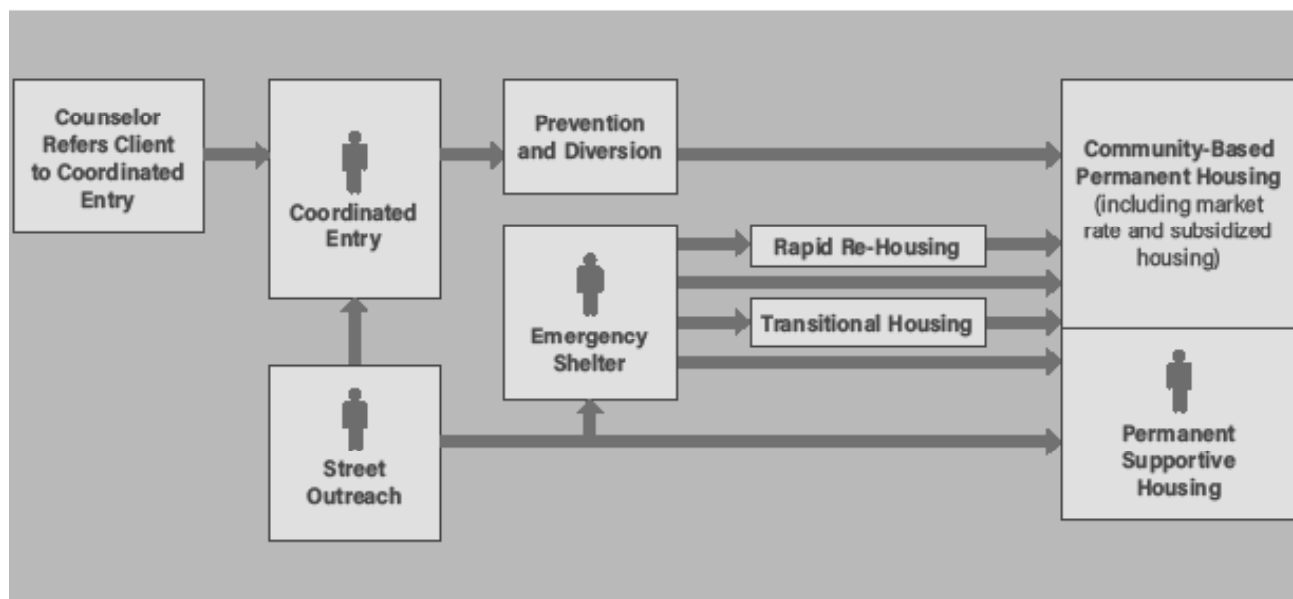
- Financial assistance in the form of rental housing subsidies to help individuals and families cover housing costs.
- Eviction prevention programs that are designed to prevent displacement from rental units. These programs may include financial assistance, legal representation, or mediation services.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

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

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

UNDERSTANDING COORDINATED ENTRY

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



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

Source: Adapted from material in the public domain.¹³⁰⁹

MASSACHUSETTS HOUSING STABILITY PROGRAMS¹³¹⁰

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

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

Emergency Shelter

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

Intimate Partner Violence

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

RESOURCE ALERT: HUD'S FIND SHELTER TOOL

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

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

Shelters and transitional housing are available for those experiencing domestic violence. Common transitional housing models include¹³¹²:

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

RESOURCE ALERT: NATIONAL NETWORK TO END DOMESTIC VIOLENCE

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

Rapid Re-Housing

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

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

The National Alliance to End Homelessness' Rapid Re-Housing Works page contains more information about rapid re-housing (https://endhomelessness.org/rapid-re-housing-works/?gclid=EAIaIQobChMI5_7msKie-AIVaPjBx3PnwHgEAAAYASAAEgI4mPD_BwE).

RESOURCE ALERT: FEDERAL HOMELESSNESS RESOURCES

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

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

Affordable Housing Programs

Counselors should work with clients to provide resources or connect them to a case manager or social worker to help them access affordable housing.

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

Public Housing

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

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

RESOURCE ALERT: PUBLIC AND AFFORDABLE HOUSING RESOURCES

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

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

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

Housing Choice Voucher Program

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

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

RESOURCE ALERT: HOUSING CHOICE VOUCHERS

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

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

Developing Life Skills To Maintain Recovery

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

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

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

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

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

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

Financial Literacy

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

EXHIBIT 4.7. Reflecting on Financial Wellness

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

AREA	THINK ABOUT...	RESOURCES
Work and Education	<ul style="list-style-type: none"> • How does the domain of financial wellness impact your life? How is it related to your wellness? • Does your current job allow you to meet your obligations and have resources to do things you enjoy? • Are you interested in pursuing a GED or additional education to support your work goals? 	<ul style="list-style-type: none"> • Check out the classified ads—particularly on Sunday. Search them online any day of the week. • Explore sites like Indeed (https://www.indeed.com/) and ZipRecruiter (https://www.ziprecruiter.com), and consider establishing a profile on LinkedIn (https://www.linkedin.com/). • Visit the unemployment office in your state or county to find classes that could train you for a job. • Have your résumé updated so you can promptly submit it when you see an opportunity. • If you receive disability benefits, explore your work options without losing Supplemental Security Income (SSI)/Social Security Disability Insurance benefits until you can support yourself. For a guide to working without affecting your benefits, go to https://www.ssa.gov/pubs/EN-05-10069.pdf.

Continued on next page

Continued

Work and Education	<ul style="list-style-type: none"> • Are you working in a field that you are passionate about or do well? Or are you looking at doing something different, perhaps more personally gratifying? • Are you looking for paid or volunteer work? 	<ul style="list-style-type: none"> • The GED testing service (https://ged.com/) has information about how to obtain a GED, including financial resources to help. • For more information about institutes of higher education, including community colleges, and financial resources, see https://collegescorecard.ed.gov/.
Checking/ Savings Accounts	<ul style="list-style-type: none"> • Do you balance your checkbook often enough, ensuring that you don't overextend yourself? • Are your savings in line with your life goals, such as taking a vacation, home ownership, or retirement? • Do you have a weekly or monthly budget so you can plan for expenses such as rent and groceries and have a little left over to enjoy? 	<ul style="list-style-type: none"> • Ask the bank about the types of accounts available—such as checking and savings accounts—so you are using them to your advantage and gaining interest where available. • Find out if the bank offers tools you can use to keep track of your money. • If you're receiving disability benefits, there's a limit on how much you can save without affecting your benefits. Read more about allowable savings at https://www.ssa.gov/ssi/text-resources-ussi.htm.
Debt	<ul style="list-style-type: none"> • Would it be helpful to figure out your total debt and make a plan to pay it down in a manageable way? • Have you thought about getting help from a person who specializes in money management or personal finances? 	<ul style="list-style-type: none"> • Look in your classifieds or search online for organizations that can help you pay down debt. • Make sure you use a company that is credible. • Consider asking your bank to help you with financial planning and other areas where you may want assistance.
Retirement/ Other Accounts	<ul style="list-style-type: none"> • Have you opened a savings account or another kind of account that works for you? • If you're receiving disability benefits, there's a limit on how much you can save without affecting your benefits. SSI requires that your resources are under \$2,000 for an individual or \$3,000 for a couple. This includes bank accounts, cash, stocks, bonds. However, your home, household furnishings, car, burial plots, and insurance under \$1,500 are not included. 	<ul style="list-style-type: none"> • There are free or low-cost services that can help you plan for the future. The local library can often direct you to affordable financial planning resources. • If you are receiving disability benefits, read more about allowable savings at https://www.ssa.gov/ssi/spotlights/spot-resources.htm. • The Social Security Administration has a toll-free number that can answer your questions Monday through Friday: 1-800-772-1213.

RESOURCE ALERT: FINANCIAL LITERACY INFORMATION

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

Budgeting, Saving, and Managing Debt:

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

Opening a Bank Account:

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

Retirement:

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

Obtaining State Identification

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

Shopping for Healthy and Nutritious Foods

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

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

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

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

Other Life Activities

Clients may also benefit from assistance in other key areas of living, including housecleaning and home maintenance.

They might need support learning about the importance of cleaning kitchens after eating, maintaining clean and tidy living areas, keeping up with home maintenance, and regularly doing their laundry. Developing a plan ahead of time can help clients take on these tasks.

Supporting Healthy Relationships

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

RESOURCE ALERT: SUPPORTS FOR HEALTHY FAMILY RELATIONSHIPS

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

• Parenting resources

- Parenting Resources to Promote Family Well-Being (<https://www.childwelfare.gov/topics/preventing/promoting/parenting/>)
- National Responsible Fatherhood Clearinghouse (https://www.fatherhood.gov/?gclid=CjwKCAjwxZqS-BhAHEiwASr9n9B9L9420LdIRZ6vePvYn2DzERPsv3IHaxahIH-Ote4xFI9-RQYzvBoCBWcQAvD_BwE)
- American Psychological Association: Parenting Resources (<https://www.apa.org/topics/parenting>)

• Resources to support relationships with family members

- Resources for Families Coping with Mental and Substance Use Disorders (<https://www.samhsa.gov/families>)
- Wellness Recovery Action Plan: WRAP® and Families (<https://www.wellnessrecoveryactionplan.com/wrap-can-help/wrap-and-families/>)
- National Center on Substance Abuse and Child Welfare: Family-Centered Approach (<https://ncsacw.acf.hhs.gov/topics/family-centered-approach.aspx>)
- ASAM's Opioid Addiction Treatment: A Guide for Patients, Families and Friends (<http://eguideline.guidelinecentral.com/i/1275542-asam-opioid-patient-guide-2020/0?>)
- Children and Family Futures (<https://www.cffutures.org/>)
- Sunshine Behavioral Health: Addiction Resources for Family and Friends (<https://www.sunshinebehavioralhealth.com/family-friends/>)
- Learn to Cope (<https://learn2cope.org/>)

• Resources to support relationships with spouses and partners

- Resources for Families Coping with Mental and Substance Use Disorders (<https://www.samhsa.gov/families>)
- Recovery Research Institute, Guide for Family Members (<https://www.recoveryanswers.org/resource/guide-family-members/>)
- The Association of Addiction Professionals: Family and Relationship Support (<https://www.naadac.org/knowledge-center>)
- Recovering Couples Anonymous (<https://recovering-couples.org/>)

• Resources to support relationships with friends

- National Alliance on Mental Illness: Reaching Out to a Loved One with Substance Use Disorder (<https://www.nami.org/Blogs/NAMI-Blog/February-2021/Reaching-Out-to-a-Loved-One-with-Substance-Use-Disorder>)
- University of Rochester Medical Center: Helping a Friend with an Addiction (<https://www.urmc.rochester.edu/encyclopedia/content.aspx?contenttypeid=1&contentid=2255>)
- ASAM's Opioid Addiction Treatment: A Guide for Patients, Families and Friends (<http://eguideline.guidelinecentral.com/i/1275542-asam-opioid-patient-guide-2020/0?>)
- Sunshine Behavioral Health: Addiction Resources for Family and Friends (<https://www.sunshinebehavioralhealth.com/family-friends/>)

Purpose

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



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

Transforming Identity by Rewriting the Narrative

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

An individual’s life story exerts significant influence over their memories, choices, and future possibilities.¹³²² **Being able to**

tell one’s story of substance use in redemptive terms—that is, a story in which a negative experience led to positive change—is associated with improved psychological well-being and adjustment to a “new normal,” and with the likelihood of sustained recovery.^{1323,1324}

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

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

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

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

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

defining recovery as more than simply managing substance use behaviors.

Research suggests that other elements include¹³²⁹:

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

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

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

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

Asset mapping can be an effective way to link clients to resources they need and can enjoy in their community.¹³⁴⁰

In addition to linking clients to community assets, counselors can also help to reframe the way the community views or treats individuals in recovery through informed treatment and advocacy. Although these steps were originally identified for psychologists, they can also have meaning for SUD treatment providers. **Counselors can help the community see the individual in recovery differently, which can potentially reinforce the ways in which the individual rewrites their own narrative and finds a sense of purpose on their recovery journey.** Counselors can¹³⁴¹:

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

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

Educational Attainment

Another avenue for clients to develop a new or renewed sense of purpose is education.

Research has linked educational and vocational attainment to longer periods of abstinence and a more positive life trajectory for individuals in recovery.¹³⁴²

At the same time, the individual in recovery must be able to safely pursue education without creating risks for recurrence. There are several points they should keep in mind if they are going to commit to spending significant time on campus and pursuing further education, such as¹³⁴³:

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

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

Exhibit 4.8 identifies components of a CRP.

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

RESOURCE ALERT: SOBER RESOURCES FOR COLLEGE

Association of Recovery in Higher Education (ARHE) (<https://collegiaterecovery.org>):

ARHE represents CRPs across the country and provides resources for faculty and staff as well as students. The website includes a search engine to find member colleges in the area.

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

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

EXHIBIT 4.8. Characteristics of a CRP

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

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

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

Source: Adapted with permission.¹³⁴⁴

Vocational Counseling and Rehabilitation

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

Re-establishing employment in recovery can be challenging, however. Compared with the general U.S. population, individuals in recovery are less likely to be employed or retired and more likely to be unemployed

and disabled.¹³⁴⁷ Individuals also report perceived employment-related discrimination, including losing a job, being unable to get a job, and being employed but unable to get a promotion.¹³⁴⁸ **Additionally, individuals may encounter barriers to hiring such as¹³⁴⁹:**

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

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

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

Navigating the Employment Landscape

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

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

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

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

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

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

EXHIBIT 4.9. Elements of a Workplace-Supported Recovery Program

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

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

RESOURCE ALERT: BECOMING A RECOVERY-FRIENDLY WORKPLACE

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

- New Hampshire Recovery Friendly Workplace Initiative (<https://nhcenterforexcellence.org/resource/new-hampshire-recovery-friendly-workplace/>).
- Recovery Friendly Workplace Toolkit, created by the Peer Recovery Center of Excellence at the University of Missouri-Kansas City (<https://peerrecoverynow.org/product/recovery-friendly-workplace-toolkit/>).
- Recovery Works: The Recovery Friendly Workplace Toolkit, created by the Connecticut Departments of Labor, Public Health, and Mental Health and Addiction Services (https://www.drugfreect.org/Customer-Content/www/CMS/files/DHMAS001_RFW-Toolkit-Full-Update_121021.pdf).
- SAMHSA's Drug-Free Workplace Toolkit (<https://www.samhsa.gov/workplace/toolkit>).

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

Realistic View of Knowledge, Skills, and Abilities

When clients are ready to begin their job search, their first step should be to assess their skills. These include both "hard skills,"¹³⁵² which are job specific (e.g., computer and technology literacy), and "soft skills," which are not job specific but are perceived as significant by employers (e.g., interpersonal skills, personal appearance,

punctuality, coping with difficulties, acting professionally). The assessment process can also help clients identify new fields to explore if their former occupation is no longer an option.

Resources for self-assessment include:

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

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

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

Steps to Finding Employment

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

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

consideration. (The applicant's recourse is to file a complaint about the employer's violation.) If offered a job, the applicant is required to disclose any disabilities, if asked.¹³⁵⁵

RESOURCE ALERT: EVIDENCE OF REHABILITATION

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

On-the-Job Training

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

Volunteerism

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

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

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

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

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

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

Meaningful Leisure Activities

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

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

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

RESOURCE ALERT: EMPLOYMENT AND VOCATIONAL SERVICES

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

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

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

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

Journaling and Writing

The therapeutic value of writing is well established¹³⁵⁹ and may be effectively used to support recovery. A study of women in recovery who were immersed in a 1-year literacy workshop focused on poetry, prose, and free writing found that writing helped the women¹³⁶⁰:

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

Another study, where journaling was taught over an 8-week period to women in residential treatment for substance use, suggested the journaling intervention helped participants recognize¹³⁶¹:

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

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

Visual Arts

Pursuing any of the visual arts requires only time, space, and materials, though clients may be able to find formal instruction through community centers, community

colleges, or arts centers. Many smartphone cameras can take high-quality photos and videos. Clients with access to a computer can find basic video editing software online.

Music

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

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

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

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

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

RESOURCE ALERT: HOW THE ARTS IMPROVE HEALTH

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

Community

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



COMMUNITY

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

FOUR TYPES OF SOCIAL SUPPORT¹³⁶⁷

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

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

Linking Clients to Mutual-Help Groups

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

12-Step programs focus on three key ideas¹³⁶⁸:

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

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

Using Mutual-Help Groups To Support Recovery

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

Counselors can provide information to clients about local mutual-help groups and encourage them to visit a meeting before committing to the program.¹³⁷⁴

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

Numerous alternatives to 12-Step meetings have emerged over the years based on individual and cultural needs. Most mutual-help groups tend to fall within the following

categories: 12 Step, religious, secular, harm reduction, family, and supportive of medications for OUD (MOUD), among others. Select examples of these groups are described below.

12-Step Mutual-Help Groups

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

Examples of 12-Step groups include:

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

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

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

Religious Mutual-Help Groups

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

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

Secular Mutual-Help Groups

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

Examples of secular mutual-help groups include:

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

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

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

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

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

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

Family Mutual-Help Groups

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

Examples of family mutual-help groups include:

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

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

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

Other Community-Based Mutual-Help Groups

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

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

RESOURCE ALERT: VIRTUAL RECOVERY RESOURCES

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

RCOs and Centers

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

RESOURCE ALERT: RCO TOOLS AND RESOURCES

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

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

EXHIBIT 4.10. Examples of RCCs

Rebel Recovery – West Palm Beach, FL

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

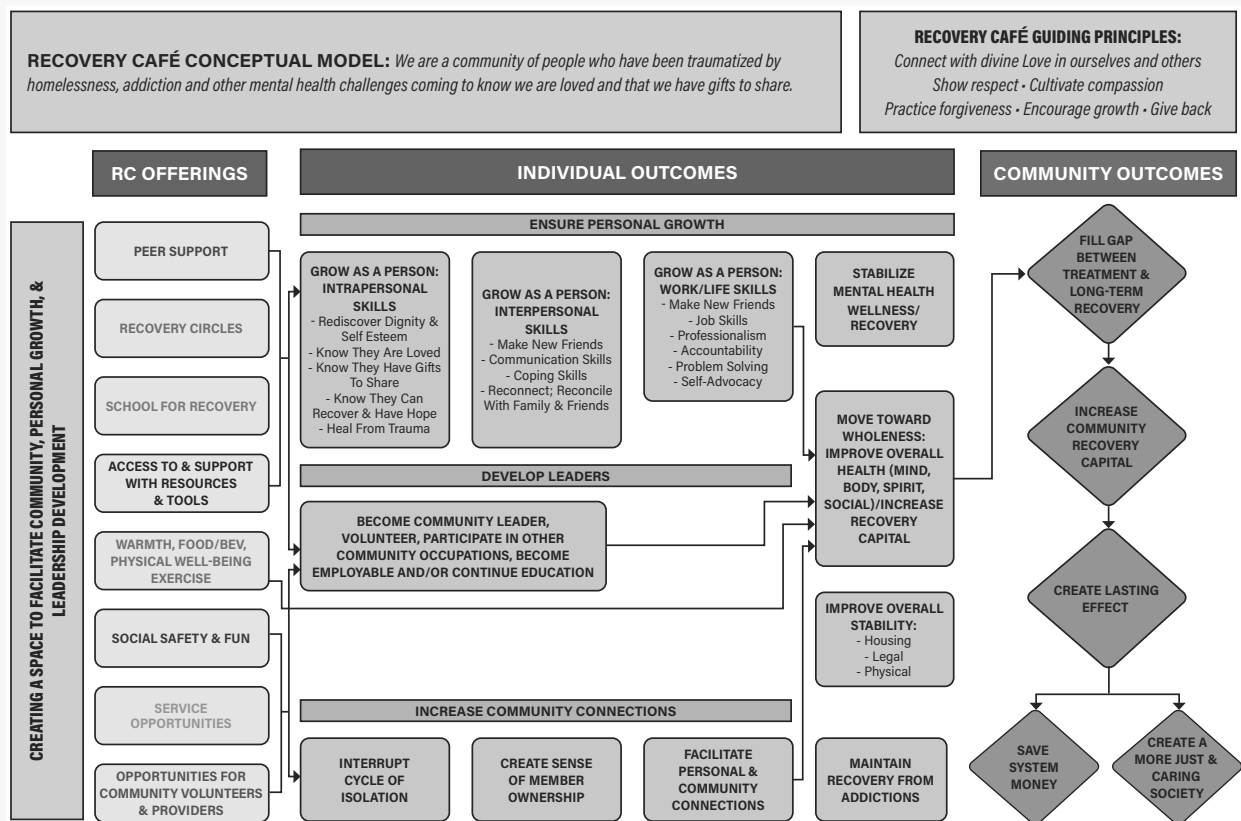
Unity Recovery – Philadelphia, PA

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

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

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

EXHIBIT 4.11. Recovery Café Conceptual Model¹³⁸³



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

The core commitments of a recovery café model are to¹³⁸⁴:

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

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

RESOURCE ALERT: RECOVERY CAFÉ NETWORK

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

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

Using RCOs To Support Recovery

RCOs, along with the services they provide through RCCs and recovery cafés, provide opportunities for long-term support for people in recovery. These organizations encourage ongoing abstinence, for those who choose it, or support to maintain a reduction in substance use, depending on

the person's individual needs.¹³⁸⁷ **RCCs have been shown to benefit individuals facing significant challenges in recovery with their support for improving quality of life and providing recovery-specific support structures and resources.** RCCs have also been successful in supporting increased abstinence, lowering substance-related harms, and improving the well-being of individuals in recovery.¹³⁸⁸

Digital Supports

Rural and isolated residents in recovery rely on various types of remote recovery support, which give participants choices and access beyond in-person support.¹³⁸⁹

These services ensure that people overcoming problematic substance use receive sustained support. In the absence of rigorous studies, a brief review of relevant literature indicates that digital mutual-help meetings likely mobilize the same supports as in-person meetings.

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

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

RESOURCE ALERT: EXAMPLES OF DIGITAL RESOURCES TO SUPPORT RECOVERY

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

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

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

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

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

Pros and Cons of Digital Recovery Support

The main advantage of digital recovery support is that it offers social and emotional support for people in recovery that would otherwise not be possible.

Digital recovery support offers alternatives for people who cannot or prefer not to use in-person resources, such as rural residents without Internet access, people who do not have transportation, people who need gender- or sexual orientation-specific settings, high-profile community members, and people who cannot leave their homes due to physical limitations or social anxiety.

One disadvantage of digital platforms is the limitation it necessarily places on

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

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

Ethics, Privacy, and Confidentiality Issues

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

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

Using Digital Resources To Support Recovery

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

Conclusion

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

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