

Counseling Techniques for SUDs Panel Discussion – 4/3/25

Topic: Realities and Personal Biases in Effective SUD Management

- 1. What strategies can providers use to identify and counteract their own biases when working with individuals with SUD?**
 - a. Focus on understanding clients' experiences rather than solely on substance use.
 - b. Recognize that clients may have biases as well; open communication helps navigate these.
 - c. Self-reflection is crucial; providers should examine their own experiences and biases.
 - d. Use a neutral curiosity approach; be open, compassionate, and non-judgmental.
 - e. Address biases outside of sessions through peer discussions and self-awareness practices.
- 2. How do factors like unstable housing, employment, and education impact long-term recovery and treatment engagement?**
 - a. Stability in housing and employment is essential for successful recovery.
 - b. Many clients struggle to balance treatment requirements with basic survival needs.
 - c. Providers should offer flexibility and individual support.
 - d. Treatment accessibility should consider educational and literacy barriers.
 - e. Creating safe spaces for clients fosters engagement and confidence in their progress.
- 3. How do probation, parole, and other community supervision policies affect an individual's ability to engage in SUD treatment?**
 - a. External motivators like legal consequences can initiate treatment engagement but must evolve into internal motivation for sustained recovery.
 - b. Probation and parole expectations can be overwhelming, leading to disengagement.
 - c. Transportation and employment barriers make compliance difficult.
 - d. Collaboration with probation officers can help set realistic and supportive expectations.
- 4. How have peer services helped bridge gaps in the care of both clients and staff? Are these services meeting expectations, and what improvements are needed to make them more effective?**
 - a. Peer recovery services enhance connection and self-advocacy for clients.

- b. Recovery coaches should receive continued education and feel valued within organizations.
- c. Peers provide essential community-based support beyond clinical treatment.
- d. Early engagement in peer services leads to better real-world skill development and treatment success.

5. How should providers navigate the tension between what a client "should" be doing versus the reality of their current behavior?

- a. Treatment should align with client-defined goals rather than imposed expectations.
- b. Address the most life-threatening risks first, then provide education on harm reduction.
- c. Motivational interviewing respects client autonomy and promotes engagement.
- d. Harm reduction approaches expand access to treatment and improve long-term outcomes.
- e. Providers should avoid burnout by recognizing that clients control their own recovery journey.

6. Is addiction a choice and a matter of willpower, or is it a compulsion and medical condition?

- a. Traditional beliefs that addiction is a moral failing are outdated.
- b. Addiction is a chronic brain disease influenced by genetics, environment, and socioeconomics.
- c. Relapses are often part of the process; harm reduction and continued support are essential.
- d. Combating stigma through education helps create a more supportive treatment environment.
- e. Maintaining professional boundaries is crucial to provider well-being and client responsibility.

7. How do societal perceptions of addiction impact individuals differently, particularly women, who may experience heightened guilt and shame?

- a. Women, especially mothers, face significant societal judgment and internalized shame.
- b. CPS involvement adds additional stress and emotional hardship.
- c. Societal double standards increase barriers to seeking and engaging in treatment.
- d. Gender-responsive care and stigma reduction efforts are critical for better outcomes.