

Utah State University

DigitalCommons@USU

---

Evidence-Based Social Work Practice Guide  
Series

Social Work Student Works

---

3-24-2021

## Working with Substance Use Disorder: An Evidence-Based Practice Guide for Practitioners Working with SUD Clients

Joe Kotynek

Utah State University, [joe.kotynek@usu.edu](mailto:joe.kotynek@usu.edu)

Follow this and additional works at: [https://digitalcommons.usu.edu/eb\\_socialwork](https://digitalcommons.usu.edu/eb_socialwork)



Part of the [Social Work Commons](#)

---

### Recommended Citation

Kotynek, Joe, "Working with Substance Use Disorder: An Evidence-Based Practice Guide for Practitioners Working with SUD Clients" (2021). *Evidence-Based Social Work Practice Guide Series*. Paper 11.  
[https://digitalcommons.usu.edu/eb\\_socialwork/11](https://digitalcommons.usu.edu/eb_socialwork/11)

This Guide/Manual is brought to you for free and open access by the Social Work Student Works at DigitalCommons@USU. It has been accepted for inclusion in Evidence-Based Social Work Practice Guide Series by an authorized administrator of DigitalCommons@USU. For more information, please contact [digitalcommons@usu.edu](mailto:digitalcommons@usu.edu).



# WORKING WITH SUBSTANCE USE DISORDER

AN EVIDENCE-BASED PRACTICE GUIDE FOR  
PRACTITIONERS WORKING WITH SUD CLIENTS

WRITTEN BY: JOE KOTYNEK

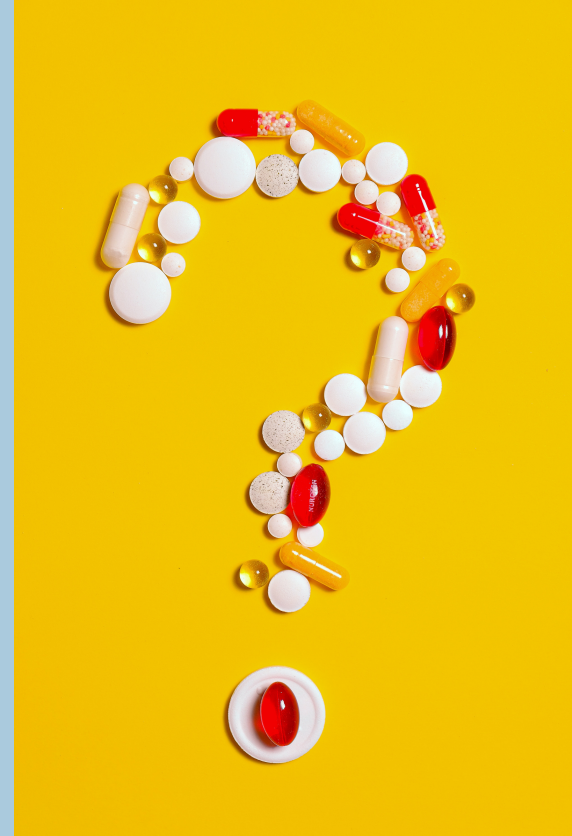
3.24.21



# Introduction

*Substance use disorder is effecting people in all walks of life. The opioid crises has highlighted the fact that any and all communities are effected with addiction and substance abuse. As the mental health of citizens has been shown to be deteriorating during the COVID-19 pandemic substance use disorder is on the rise. While there are many predictors for SUD there is no one driving force behind the problem. Many factors in the development of SUD can be linked to childhood trauma, social norm misinformation, family use history, and medical interventions that leave individuals addicted to chemicals (Erickson, Carlton K. 2011). This guide is geared toward practitioners working with adult clients who are at varying levels of a substance use (abuse through dependence) with or without comorbid mental health issues. It is the goal of this evidence based guide to deliver 5 evidence based practices to assist practitioners in practice with SUD clients.*

*This guide is designed to help guide a new practitioner or a seasoned clinician. For the new therapist this can be used as a guide to help understand the process of recovery and assist in developing a treatment plan. A clinician that has been intervening with substance use disorder for a longer period of time may find some of the recommendations as reminders of strengths and deliverability in a recovery treatment setting.*



# Recommendations

The primary goal of the recommendations is to help the client suffering from substance use disorder to understand causes of SUD, examine reasons for changing substance use, maintaining sobriety or functionality, have a working knowledge of what a substance use disorder is, and how to maintain healthy boundaries with substance use. Effective ways of achieving and maintaining sobriety are individualistic, but can begin with examining reasons for changing behavior (Miller) in addition to assessing for dependence. Understanding the role of trauma is also a recommendation in gaining perspective on substance use disorder.

## Recommendation 1

Understanding the role and effect of trauma on the individual who suffers from a substance use disorder. A majority of individuals who use substances to “self-medicate”, do so because of a past history of abuse and or trauma (Thege, Barna Konkoly, et al. 2017).

There is evidence that trauma in early life and throughout one’s life can cause a predisposition or cause for substance use disorder (Giordano, A, et al 2016). Assessing for trauma in a client’s life can be helpful in establishing reasons why a client is using a substance. Working with trauma is beneficial after some time of not using substances.

## Recommendation 2

AddAssessment of substance use/abuse and dependence is critical in addressing clients level of care in treatment. Having an accurate assessment of the needs of a client helps in identifying the level of care and treatment needs (Wheat, Santina, et al 2017).

Every client is different in their needs for intervention with a substance use disorder. Some clients have just begun abusing a substance while others have a long history of SUD. Determining the extent of the history and intensity of use is important in establishing the appropriate level of intervention. In addition, understanding and assessing for biological, emotional, and social influences help in assisting a client in recovery (Stallvik, et al. 2015).

## Recommendation 3

Using Motivational Interviewing to establish reasons for change in substance use disorder. Ambivalence toward change is the first step or process that the therapist and client need to encounter. Evoking change talk and finding motivation for change is the start of the process of recovery (Glynn, L., Moyers, T. 2010).

One of the biggest challenges to the treatment of substance use disorder is breaking through the defense of, or justification for, using substances. Many clients find reasons to continue use even though life experiences and feedback from others describe a different experience. Having clients come to their own realization for wanting to change is at the heart of clinical intervention. One useful technique is to have the client evaluate the (Rollnic, S., Miller, W. 1995)

## Recommendation 4

Teaching mindfulness as a way of reframing or addressing cravings in addiction. Mindfulness based treatment for relapse prevention is an expansion on relapse prevention and can be helpful for clients who do not have a connection to traditional spiritual beliefs or who want to try a different approach to recovery practices. (Bowen, S. et al. 2010).

The use of mindfulness meditation began with Buddhist thought and practice 2500 years ago. Currently in Western cultures, mindfulness is gaining traction as not only a stress reduction method but also as a way to manage cravings experienced from abstinence from a substance that was depended upon. The core themes of mindfulness are based on non-judgement of thoughts and feelings, understanding the impermanence of cravings, and a strong sense of curiosity about cravings/thoughts/emotions (Kabat-Zinn, J. (2003)

## Recommendation 5

Exploring cognitive behavioral therapy, the 12 steps, and mindfulness for maintenance and relapse prevention.

Recovery for clients happens in different ways and at different paces for each individual. Along with finding the right level of care and intervention, having the right fit for the client in choosing a method or program to use. For some, the 12 step programs like Alcoholics Anonymous, fit well into the client's worldview. For others, alternative approaches like mindfulness or cognitive behavioral approaches work better to address the needs of the client.

# REFERENCES

Erlckson, Carlton K. (2011) *Addiction essentials: The go-to guide for clinicians and patients* W.W. Norton and Company New York

Giordano, A., Prosek, E., Stamman, J., et al (2016) Addressing Trauma in Substance Abuse Treatment. *Journal of Alcohol and Drug Education*. Vol 60 iss.2: 55-71

Wheat, S., Norcott, C., Talen, M. (2017) Substance abuse screening and assessment in primary care settings, *Handbook of psychological assessment in primary care settings.*, 2nd ed. Maruish, Mark E., (Ed); pp. 389-410; New York, NY, US: Routledge/Taylor & Francis Group; 2017.

Thege, Barna Konkoly, et al (2017) Relationship between interpersonal trauma exposure and addictive behaviors: A systematic review. *BMC Psychiatry*, Vol 17

Stallvik, M., Gastfriend, D., Nordah, G. (2015) Matching patients with substance use disorder to optimal level of care with the ASAM Criteria software. *Journal of Substance Use*. Vol 20(6), Nov, 2015 pp. 389-398.

Glynn, L., Moyers, T. (2010) Chasing change talk: The clinician's role in evoking client language about change. *Journal of Substance Abuse Treatment*, Vol 39(1), Jul, 2010. pp. 65-70

Rollnick, S., Miller, W., (1995) What is Motivational Interviewing? *Behavioral and Cognitive Psychotherapy*, Vol 23(4). pp. 325-334.

Kabat-Zinn, J. (2003) Mindfulness based interventions in context: Past, present, and future. *Clinical Psychology Science and Practice*, 10, 144-156.

Marcus, M., Zgirska, A., (2009) Mindfulness Based Therapies for Substance Use Disorders: Part 1. *Substance Abuse* 30:263-265

Alizadehgoradel, J., et al. (2019) Mindfulness-based substance abuse treatment (MBSAT) improves executive functions in adolescents with substance use disorders. *Neurology. Psychiatry and Brain Research*, Vol 34. pp. 13-21.

Bowen, S., Chawla, N., Marlatt, G., *Mindfulness Based Relapse Prevention for Addictive Behaviors, A clinician's guide*. 2011. Guildford Press.