



Processing trauma with clients in recovery

As experienced professional counselors, we have seen firsthand that many people experience traumatic events over the course of their lifetimes. These can be either “little t” traumatic experiences or “big T” Traumatic experiences that influence people’s worldviews and approaches to living.

In the field of substance use disorders treatment, most clients identify one or more traumatic events in their histories. It varies from client to client whether these experiences are disclosed at screening, at intake, during assessment or at a later point in treatment. The importance of uncovering or discovering traumatic history may differ depending on the counselor’s theoretical orientation and the intentions of the therapeutic process. However, most counselors would likely agree that although it is important to understand how prior life events influence current behaviors, many factors should be considered before initiating trauma work, especially with clients recovering from alcohol or other drug use.

It is beyond the scope of this article to discuss every relevant standard in the 2014 *ACA Code of Ethics*. However, we will highlight several key considerations when working with clients in treatment for substance use disorders and throughout the ongoing recovery process. It may also be helpful to consult the ethics codes or standards of practice of other relevant membership organizations such as NAADAC, the Association for Addiction Professionals and the International Association of Trauma Professionals.

Primary responsibility

According to the 2014 *ACA Code of Ethics*, our primary responsibilities as

counselors are to respect the dignity and promote the welfare of clients by practicing in a competent and ethical manner. In promoting client welfare, we must consider how the timing and approach to interventions will affect clients’ overall well-being. We discuss this with clients as part of the initial and ongoing informed consent process. This must include explanation of the potential impact on the recovery process and expectations for relationship with other professionals when they are involved.

Foundational principles

We must consider our core professional values and the foundational principles of the counseling profession when treating trauma in clients recovering from alcohol or other drug use. Counseling has six core foundational principles: autonomy, nonmaleficence, beneficence, justice, fidelity and veracity.

Autonomy involves our clients’ right to make decisions for themselves. In this case, it means making a decision about whether to pursue trauma work at a designated point in their recovery process. Some clients may desire to focus on sobriety or abstinence from addictive behaviors for a substantial period of time before digging deeper into their traumatic experiences. This time period can give clients an opportunity to practice coping with life challenges and to develop a network of recovering peers and other support as they recover from the neurochemical changes caused by substance use and other addictive processes.

Trauma changes the brain, and these changes are compounded by chemical changes in the brain resulting from addiction. Delaying trauma work may also provide time for clients to develop

and practice skills that allow them to better cope with the uncomfortable thoughts and feelings that arise during the process of trauma work.

Considering the client’s status as a recovering person is an important part of operating with justice. It is important that recovering clients have a fair opportunity to do trauma work with as clear a mind as possible. It can be tempting to delve deeply into trauma, but counselors should remember that the client needs to be an active part of this decision, as is the case with any course of treatment.

Informed consent is an ongoing process that requires the counselor to deal truthfully with the client (thus, practicing veracity). It is also an opportunity for the counselor to practice fidelity by explaining the risks and benefits of the trauma discovery and exploration processes with the client. It is important to consider not only the typical risks associated with trauma work but also the particular risks that may be present during early recovery from alcohol or other drug use. These include the risk of experiencing overwhelming or intense emotions or reexperiencing situations that the client may associate with his or her substance use or other addictive behaviors.

The counseling relationship and other considerations

As counselors, we develop a plan of care in collaboration with the client. In doing so, we use what we know about the client as a whole to make decisions and recommendations about a course of treatment that has a reasonable promise of success (Standard A.1.c.). We also recognize that informed consent is not a single event but rather a continuous

process (A.2.a.). So, it is important to remind clients that they can choose to discontinue the trauma discovery process at any time should it become more challenging than they expected.

Additionally, sharing traumatic experiences is an intimate process, so it is important to have clear boundaries in the counseling relationship. It is also possible that the counselor may continue to work with the client on particular issues, such as substance use or other addictive behaviors, but refer the client to a clinical trauma specialist for trauma work. Alternatively, counselors may find themselves in the position of being the trauma specialist who works with the client while that client pursues recovery-specific work with another provider.

When considering whether to pursue trauma discovery during treatment for substance use disorders, counselors must be mindful of respecting the client's right for privacy (Standard B.1.b.) and explain limitations to confidentiality (B.1.c.). We must also consider how to handle the documentation necessary to facilitate the counseling relationship (B.6.a.) while being careful of the level of detail we include because this might be harmful to the client in the future. Federal guidelines (specifically 42 CFR Part 2) must also be followed when substance use records are shared with other providers as part of the referral or continuing care process.

A review of Section C of the *ACA Code of Ethics* on professional responsibility reminds us that we practice only within the boundaries of our competence (Standard C.2.a.) and that we pursue education, training and supervised experience before practicing

in new specialty areas (C.2.b.). So, it is important that we pursue the appropriate training (and supervision) prior to embarking on trauma work and, specifically, trauma work in the context of treatment for substance use disorders and other addictive behaviors, as well as the recovery process (C.2.f.). When we are not well-equipped to provide the requested services, we consider referral to other practitioners who may already have the requisite training and experience (A.11.a.). When considering referral, we explain the rationale, risks and benefits of the referral with the client. Prior to referring to a specialist, we explain all available options to the client.

Conclusion

There are specific issues to consider related to doing trauma work with clients in recovery from alcohol or other drug use. It is important that counselors deliberate their competence to provide treatment for substance use and other addictive behaviors, recovery support and treatment for trauma, plus the intersection of these specialties.

The *ACA Code of Ethics* directs counselors to explain their training and experience to clients so that clients can make an informed decision about their therapeutic work. Informed consent also includes explanation of the risks and benefits associated with therapy. Counselors develop treatment plans, including goals and timelines for treatment, in concert with the client.

The timing of the trauma work process is important. Before undertaking trauma work as part of the treatment plan, counselors must consider how it might be helpful to the client. Counselors must

also avoid doing harm to the client and his or her recovery process.

If counselors have not been adequately prepared through their academic training and supervised experience to do trauma work, they should consider further training or, if necessary, referral to a specialist. Counselors provide necessary information to the other provider after securing an appropriate consent to release information from the client. When records related to substance use are transmitted, counselors ensure that the requirements of federal statutes are met. ❖

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