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Enhancing Client Engagement in Substance Use Treatment Through the Perspective of Recovering Professionals

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Abstract

Objective: To explore how the experiences of recovering professionals reveal insights that improve and influence the goals and outcomes of clients in substance use treatment. **Methods:** In the Summer of 2024, a qualitative study investigated the observations and experiences of six recovering Delaware residents working in the field of addiction treatment. Semi-structured interviews conducted over Zoom discussed treatment experiences, with subsequent coding focused on the domains of experience, practice, and challenges. **Results:** Coding of the interviews revealed four themes: relationships, levels of care, and understanding, which aid in clinical understanding of client motivations, plus systemic issues. Stronger relationships increased client commitment, functioning as a form of mentorship that reinforced the client's willingness to trust and build confidence. Levels of care that solved real-life problems were deemed very effective but faced funding challenges. Self-determination was paramount, with the clients willing to participate, but sometimes in a manner that permits them to maintain control. Finally, treatment failure may be a systemic flaw preventing clients from accessing essential resources necessary to gain recovery. **Conclusion:** Recovering professionals reported on the use of personal skills to enhance therapeutic relationships with clients and inform their clinical practice by facilitating and executing discussions and goals. This study expounded on the numerous ways in which professionals recognize encoded information within client interactions, such as willingness and self-determination, and tailor treatment decisions to enhance client engagement. It is essential that the skills and power of the therapeutic relationship be maximized to make treatment as effective as possible. **Policy Implications:** This study provides additional evidence of missed opportunities to address the needs of individuals lacking essential services, such as transportation or housing. Furthermore, reserving resources to protect agency interests damages the client's prognosis for continued treatment.

Introduction

Between 2011 and 2021, drug overdose deaths in Delaware soared by over 300%, increasing from 17.6 to 54 per 100,000 individuals.[1] These statistics demonstrate the impact of substance use in Delaware and the urgent need for improvement in the realm of substance treatment.

A national shortage of mental health and substance treatment providers is adversely affecting access to treatment. Nearly one-third of the U.S. population lives in a designated Health Professional Shortage Area.[2] Factors such as rising costs, a lack of services, and providers refusing to accept new patients result in wait times lasting up to 48 days.[2] Clients that experience stigma or feeling misunderstood by their treatment team are less likely to seek services. The shortage of professionals working in the field emphasizes the importance of maximizing available services.[3]

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Recent developments in the field of alcohol and drug treatment include using the experiences of professionals already in recovery to aid clients who are seeking recovery. Utilizing the experiences of individuals in recovery has been gaining traction in the clinical world through peer services and self-disclosure. Theoretically, these services enhance the therapeutic alliance and improve treatment outcomes for clients currently in treatment, sometimes by lending credibility to treatment or making it more appealing.[4]

Boundaries and Responsibilities for Recovering Professionals

Recovering professionals work in the field of alcohol and drug treatment at numerous levels and positions. The scope of this article is direct service contact with clients, such as a peer specialist, counselor, or licensed social worker. Professionals and paraprofessionals are defined by regulatory bodies and restrained by professional codes of ethics.[5] Some essential factors associated with helping positions include role responsibilities and personal boundaries.

Role Responsibilities

When dealing with an intimate and complex issue such as drug and alcohol use, clear responsibilities for professionals are vital. White addressed the development of the peer helper role, as well as accreditation standards that establish what falls within the scope of each role.[6] White argued that role confusion must be avoided, such as the professional accepting the role of a sponsor or other responsibilities outside their job description. Some roles are designed for a flexible environment, while others are more rigid. For example, therapy typically takes place in a confidential office, whereas peer support specialists might work in group or residential settings.

Enhancing engagement is particularly important for community field workers and peer support specialists, who assist underserved populations at lower levels of reimbursement and salary compensation. Community field workers and peer support specialists often work with the clients in nontraditional settings, often in locations like those from which they originated.[3]

Personal Boundaries

Professionals who are recovering may experience strong emotional ties with the clients with whom they are working.[7] Personal boundaries ensure the restriction of actions to those considered best for the client, maintaining the integrity of the treatment modality. Common boundary issues include sexual relationships and dual relationships, which could result in disturbing the power structure of the therapeutic alliance. Former clients joining an agency as employees may be concerned about their privacy and confidentiality.[7]

Leveraging Lived Experience in Treatment

Sharing one’s personal experience is a powerful tool in the treatment field, involving the sharing of lived experiences to benefit clients facing similar challenges.[8] This process is known as storytelling, a tool primarily used by peer support specialists to offer evidence of change and emotional support to clients who may doubt their ability to succeed. Storytelling guidelines require that disclosed material be selected based on its relevance to the client’s needs, being both trauma- and culturally sensitive, and suitable for the treatment environment. Hearing a peer’s story bolsters confidence and cultivates feelings of empowerment and motivation.[8]

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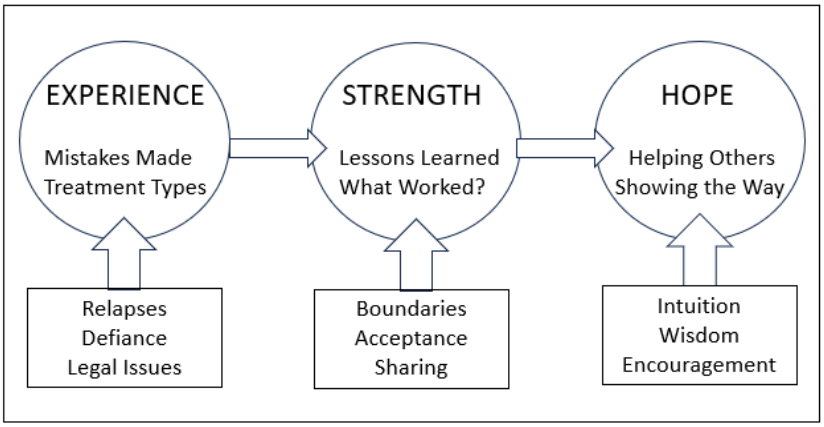
Members of Alcoholics Anonymous use storytelling in a non-professional capacity to pass on a program of recovery. Members attend meetings to discuss messages of abstaining from alcohol, sharing on life progress, the beginning or end of their drinking careers, and overcoming their denial about their problem. These messages form the narrative through which new members learn the AA recovery model.[9]

The theoretical framework for this study capitalizes on dynamics of the therapeutic relationship. Could recovering professionals share their experience, strength, and hope with new clients to encourage commitment? Figure 1 demonstrates the concept this study explores.

Figure 1. The Narrative of Personal Experience



Review of the Literature

Despite numerous studies offering quantitative analyses on recovering professionals, there is a rarity of qualitative studies, lending credence to the need for more research. Studies primarily focused on negative aspects of recovering professional providing substance use treatment, such as protection from relapse and maintaining personal safety.[4] For example, in Denmark,[10] twenty-five treatment centers out of thirty-eight agencies participating in a 2001 study reported using recovering counselors. That study revealed risk factors associated with relapses and dual relationships, again focusing on protection instead of enhancement.

A Canadian study with twenty-six participants found that personal experience with addiction offered credibility to treatment, permitting influence in the decision-making process.[11] Personal experience of addiction proved a strong influential factor in administrating treatment.

Racz and his colleagues in Hungary examined the transition of the six recovering persons into professional colleagues.[12] Four themes related to the realm of professional work came to light: "1. the recovering self and the helping self, 2. the wounded helper, 3. the skilled helper, and 4. the experience of helping." Each archetype assists the client differently, described as helping the spiritual journey but without giving directions.

A study in Indonesia with six recovering professionals discussed overcoming the stigma of addiction and reclaiming their identity as professionals.[13] They uncovered the importance of establishing personal value in recovery and feeling understood by those with whom they interact. However, the authors claimed data saturation after six interviews and passive observations. Vital data related to the experiences of recovering professionals might still be available.

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These discussions are also prevalent in the United States. Recently, McNeely focused on healthcare professionals recovering from substance dependence in Colorado.[14] Those professionals acknowledged that stigma inhibited their initiation of treatment and discussed their observations on improving treatment options. One such recommendation was the provision of long-term mentoring for professionals to maintain discreet treatment.

Seeking Improvements to Service Delivery

The literature is clear on the value of the recovering professional's experience, while also setting necessary parameters on ethical regulations. However, personal experience may lead to different decisions or approaches than traditional clinical practices, potentially leading to updates or improvements in treatment.

This study explores the perspective of recovering professionals in Delaware to inform the community of substance abuse treatment. These qualitative interviews investigated the research question: How can recovering individuals working in addiction treatment utilize their perspective to enhance services?

Methods

A semi-structured interview guide explored personal and professional treatment experiences among recovering professionals. Questions focused on three domains: experience, practice, and challenges. A Zoom platform created a consistent meeting experience for each interview, with all meetings recorded and transcribed. Institutional Review Board approval was received from Delaware State University (2024-JT-723).

Participants

Convenience sampling was utilized to select six recovering professionals living in Delaware. Inclusion criteria included active employment in a treatment agency, and a minimum of seven years of abstinence from drugs and alcohol. Seven years is appropriate to witness changes or improvements between personal experience and current practice, as well as developed skills of observation and self-awareness. Eligibility in employment included providing direct care to clients, such as peer specialists or counselors, rather than administrative or medical roles. Composite demographics are summarized below in the Results section.

Data Collection

After completing the informed consent and demographic survey, participants received a Zoom link for the interview. Interviews lasted approximately 20 minutes, beginning with a brief introduction to their experiences in the field, then addressing the questions outlined in the guide.

The questions covered in the interviews captured three domains of experience from the participants. Participants reflected on how past experiences guided their understanding of treatment, influenced their knowledge of current treatment practices, and helped identify service barriers to address. Questions included in the discussion included defining client success, identifying personal challenges to providing effective services, and observations in the field of substance treatment over time.

The audio files were transcribed and scrubbed of any identifying information. Transcripts were assigned a number in order of completion, thereby maintaining the confidentiality of each participant.

Data Analysis

Data analysis followed Paul Ricoeur's interpretative philosophy, which focuses heavily on the unique value of each individual's experiences.[15] Ricoeur's work enhanced the theoretical underpinnings when valuing individual experiences with specific methods of data analysis. Ricoeur recommended shifting back and forth between handling the text as is and interpreting the underlying narratives.

Ricoeur's method analyzes threads in the data behind the narrative.[15] The three phases are explanation, naïve reading, and interpretive reading, establishing a hermeneutic arc, which establishes the given text and then focuses inward on its significance to develop the interpretive value.

The researcher read through each interview in what Ricoeur referred to as the explanation, with impressions acquired from the material but without interpretation.[15] Segments of the interviews were extracted from the text, serving as the nodes to which subsequent steps were applied. In the following reading, emerging patterns divulged the themes of experience, current practice, and challenges. The final, critical reading linked the text's themes back to the study's design, thereby forming the hermeneutic arc emphasized by Ricoeur's philosophy.

Ricoeur also acknowledged the researcher as part of the environment in which data is collected.[15] During interviews, the researcher confined interactions to asking questions and offering reflective statements to ensure comprehension of the participants' statements. Some familiarity was present, as the participants were all known by the researcher, but his influence on participant testimony remained minimal.

A graduate research assistant participated in the coding process to reinforce interrater reliability. The assistant coded independently and then discussed her findings with the researcher to establish a consensus. The data were refined, with the resulting themes incorporated into the study's discussion.

Results

A diverse group of six participants provided data on their experiences as recovering professionals. Diversity in participants encompassed gender, race, education, credentialing, and the levels of care encountered in professional practice. Composite demographics are summarized in Table 1.

Table 1. Participant Composite Demographics

	Participant #1	Participant #2	Participant #3	Participant #4	Participant #5	Participant #6
Gender	Female	Female	Male	Male	Male	Female
Race	White	Black	White	White	White	White
Age	50-59	60-69	40-49	60-69	40-49	40-49

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Education	Master's	Doctorate	Associate's	Master's	HS Diploma	Associate's
Certifications	LCSW, CADC	LBSW	CPRS	CPRS, LMSW	N/A	CADC
Years in field	16-20	1-5	6-10	16-20	6-10	6-10

The participants engaged in the discussions, addressing observations and experiences from various treatment settings, that they reported as both challenging and rewarding. Although the topic of professional expectations surfaced periodically, it was often accompanied by insights into best practices, such as this statement from Participant #2: "You have to really think where the client is at and what they're really going through. But I do know that if they're not 100 percent surrendered to this addiction, then they'll keep coming back." She recognized the client's right to self-determination, even though the client might continue to use drugs or alcohol.

Though initially sorted by categories of experience, practice, and challenges, themes emerged that ran across the dimensions. The four most common themes are presented in Table 2, along with their corresponding subthemes, and textual examples.

Table 2. Themes and Subthemes from Recovery Interviews

Themes	Subthemes	Textual Examples
Relationships	Gain Trust Self-Determination Defiance vs. Willingness Distractions & Commitments	"…it's hard for you to get in…" "If you're honest, I know I can work with that." "…people who are really respected point those types of things out."
Levels of Care	Types of Service Medication-Assisted Treatment Responding to Increased Risk Multidimensional Needs of Care	IOP, Prison, Outpatient, Residential Settings "…they're learning how to live without doing drugs." "…so many people are dying, every single day."
Understanding	Appropriate sharing Intuition Knowledge Mentorship	"…due to my trauma history, I can relate with them…" "Immediately, defenses up." "One session is not going to take care of child trauma."
Systemic Issues	Social Control Resources – lack of, control of, accessing Agency Conditions	"a lot of places will keep their resources close… so they don't have to share." "They put a lot of obligations on them that make it very difficult."

Relationships

The most commonly recurring theme throughout the interviews was the value of relationships. Several instances occurred in which a relationship sparked a segment of a participant's journey. As stated by Participant #2, "I knew that I wanted to help other people because there was always someone here to help me." Participant #3 mentioned the critical role relationships played in

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establishing his recovery: “While in sober living, I happened to have a few people who refused to allow me to leave their presence until we had had a chance to have a conversation.” Later, he referred to developing his practice. “I would not have acknowledged that about myself had I not had some people who are really respected point those types of things out to me.” Both examples demonstrate an increase in personal motivation based on interactions with others.

Barriers to Trust

Many difficulties prevent the therapeutic relationship, blocking the client's ability to form trust. These difficulties include distractions, obligations, and trauma. Participant #2 acknowledged the significant barrier that trauma represents:

> Sometimes, not being able to get or meet them where they're at. Because you can't…They're so closed. They're so closed off. They have so much trauma going on in their life. They don't know how to trust. So, it's hard for you to get in to even actually see where they're at. That's a challenge. Because you want the best for all of them."

Trust was also brought up by Participant #4, who said, “You have to really gain the trust of your client. And I want to always make that abundantly clear to them when they come in that this is tough work.”

Several participants mentioned that the client’s honesty was necessary to reinforce the therapeutic relationship. Participant #6 said, “If you’re honest, I know I can work with that. Like, you messed up, OK, but you are honest about it. That I can work with because I know that means that we have a shot." Similar sentiments were shared by Participant #5: "Sometimes it makes it easier for me to cipher through the BS. You know what I mean? It allows me to be able to hold them accountable in a healthy way." He referred to the client's dishonesty, saying, "We both know that's not the case right now; this is kind of what it is. So, let's just focus on what we can do to make it better."

Willingness Versus Defiance

The duality between willingness and defiance established itself repeatedly. Willingness was associated with behaviors such as compliance with rules, adapting to changes in the social environment, learning new behaviors, and giving effective effort. Defiance was conjectured to mean not following the rules, such as falsifying drug screens or stopping treatment once the client starts feeling better. Participant #4 described how differences in priorities affect treatment.

> We have to talk to them about…what their priority is at the moment. If it is working in therapy, let’s do it… If it’s my kids are going back to school next week, I can't make it for another month. I've got too much to do. My baby daddy just ran off, and I've got no time to come in. These are things I've heard today, actually.

Some actions that could be inferred as defiance, in that they add to the possibility of treatment failure, might actually be systemic issues blocking their progress.

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Levels of Care

Experience within the treatment field covered a myriad of locations, describing services offered in recovery houses, prisons, Intensive Outpatient Programs, inpatient settings, case management, drug diversion, and MAT clinics.

Types of Service

When asked which setting was most impactful, Participant # 1 identified the prisons, saying, “I learned how to read people because they learn how to read you real quick. So, with that population, it was very enlightening. I grew a lot in that field." Participant #2 shared: “When they’re doing IOP, they’re out there in the real world. ... And so, they’re learning how to live without doing drugs…You gotta deal with outside life, and then you gotta come back here." Intuitive learning occurs in various settings.

One pattern in the data revolved around the prevalence of IOP, specifically mentioned during four out of the six interviews. Participant #3 said, “I had two facilitators for IOP who were both peers, both of whom gave me things that I still carry with me today.” That sentiment was also shared by Participant #5, saying, “I know how much that IOP helped me in the beginning.” Finally, Participant #6 was emphatic when describing her experience, saying, "They suggest IOP, I go to IOP. I was there at eleven and a half months. And it saved my life. It absolutely saved my life." Though levels of care are varied, these individuals held IOP treatment in high regard.

Medication-Assisted Treatment

The participants highlighted Medication-assisted treatment (MAT) as a significant shift in the treatment field. In some cases, participants admitted to hesitancy before accepting the harm-reduction principles of MAT. Levels of acceptance varied by person, with MAT (primarily methadone) carrying the risk of abuse. Participant #1 described it this way:

> I was always an abstinence-based person, all or nothing, but I really learned some of the benefits and importance of MAT - that it works for some people. It can be abused, like everything can, but I really learned how to respect, you know…It's a tool…You use any tool that's available to benefit your recovery.

Clients with opiate use disorder funnel through the MAT clinics instead of outpatient care.

Responding to Increased Risk

Drugs associated with more recent crises in Delaware – namely Xylazine and Trank – were also touched on during the discussions, funneling through the same channels as the users of opioids and fentanyl. Regarding the sudden increase in overdose rates, Participant #5 said, “In the beginning, it, it like, nobody really kind of knew what was going on, cause, for me anyway, and you know, I’m even in the field and it still kinda came out of nowhere.” He discussed how treatment responded: “I think we’ve caught up to at least treating it…Where I work now, we've got a wound specialist cause the stuff eats your flesh and all that." Participant #6 spoke of the sudden adjustment also, saying, "I never thought I would see when small towns and things like that were, are overcome by addiction, and so many people are in the grips, and so many people

are dying, every single day." They recognize the escalation in the crisis despite improvements in the response.

Multidimensional Needs of Care

Finally, levels of care also reflected the multidimensional facet of treatment. Difficulties related to addiction, such as physical and mental health, must be attended to, or other services, such as establishing stable housing and family services, and with legal consequences. These interviews indicated the need to consider that addiction affects the whole person and requires a multitude of treatment settings. Participant #4 said, "…I always have to include that dual diagnosis of mental health because we have to work on both pieces and here; we also work on the physical health as well. You see the multi-dimensionality of it all."

Understanding

Understanding was the connection between the recovering professionals and how they guide their clinical practice and decision-making. Such decisions could be considered best practices, with personal experience offering insight into maximizing the clinical potential of the session.

Similarities exist between the categories of relationships and understanding. Distinguishing between them requires consideration that the relationship builds trust between the professional and the client. Within the theme of understanding, professionals utilize their knowledge to enhance the effectiveness of treatment, even during times when the relationship has yet to be established. Understanding helps to tailor professional behaviors based on knowledge or intuition.

Sharing

Some of these techniques involve appropriate disclosure when sharing or the awareness of how clients meet or do not meet treatment goals. Participant #1 described the trauma-informed approaches she employs in group therapy. She expressed her views this way:

> I do a trauma group called Seeking Safety…And due to my trauma history, I can relate with them and give a platform where they can share and feel comfortable sharing traumatic experiences…I can share my experience with them and help guide them – the group – to stay on topic and to focus on the core aspects of the topic.

Her experience lends credibility to her facilitation of the group discussion, allowing her to redirect the conversation when necessary to enhance its value and effectiveness.

That sentiment was shared by Participant #6, who said, "Don't ever act like you have all the answers, and you know it all…you need to do exactly what I say…Immediately, defenses up. I'm not gonna listen to you. You don't know what I've been through - those kinds of things." Occupying the role of the expert is not deemed helpful.

Guidance

Participant #2 recognized the impact of childhood trauma, speaking on her belief that trauma must be handled carefully during sessions when handling the treatment goals.

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> You may have…set their treatment plan up…only, you may not be able to meet all those goals, especially if they're dealing with childhood trauma. So, you're gonna focus on childhood trauma. One session is not going to take care of child trauma. You may have to have two or three sessions on childhood trauma.

She established that healing takes time and willingness but moves at the client's rate rather than that of the program.

Self-Determination

One factor particularly prevalent was defining client success. The context of defining success centered on self-determination, enabling clients in treatment to set goals at their own pace. Coercing goals or setting expectations often creates friction, as noted by Participant # 3. He argued that quantifying statistics for progress in such an intimate and individualized line of work damages the client's investment, saying:

> I've gotten to a point now, especially with what I do currently, I define client success by asking the client what is considered successful…What I discovered is that you do want to do things that are going to benefit you, but you want to do them on your terms—got it.

Systemic Issues

Along with ways to streamline the treatment process, the interviewees shared the challenges their clients face. Systemic issues include the accessibility of resources within the treatment system. Although somewhat predictable, these challenges included a need for more affordable housing, involvement in the legal system, and staffing issues. However, deeper layers of information revealed that they involved acquiring resources and systemic failures in responding effectively to individuals involved in the process.

Lack of Cooperation

Participant #3 discussed the damage caused by the siloing of resources and the lack of interagency collaboration.

> Perhaps I could help a person get to the next stage, but one of these other silos will not communicate that they have access to a service that I need for a person that I'm providing services to. Maybe I don't know about this program. Maybe I've not heard of it, and a lot of places will keep their resources close to the vest, so they don't have to share with anyone else…It doesn't matter where they get the help. That is the person who's without.

If the process of passing the baton fails to materialize, the forward momentum of the client's treatment is lost. When the client is the focus of attention, providing appropriate resources should be the top priority.

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Dependence

Another area for improvement involves the system's handling of individual needs. Participant #1 discussed the client's dependence on family or friends, such as transportation to appointments or providing housing for family court. She emphasized the risk of the client relying on others to meet their housing and transportation needs for treatment, probation, or family court purposes.

> A lot of times, they have to rely on family members if they're willing to help them out. Otherwise, it's very challenging. … They put a lot of obligations on them that make it very difficult for even someone in sobriety to achieve. Instead of providing a framework for success, the conditions are almost insurmountable unless the client becomes dependent on others.

Treatment failure may be a systemic flaw preventing clients from accessing the necessary resources when needed. Funding was raised as a systemic issue that needs to be addressed, with Participant #5 stating, "…especially in Delaware if a person does not have insurance, it is so hard to get somebody into treatment." Insurance was addressed in different ways, but the participants shared creative ways that providers navigated those barriers. Participant #4 looked at pro bono work to maintain the client's treatment, saying, "We can always either write it off or back bill it when they get their insurance back." Participant #6 took a different approach, mentioning grant funding from the state that permits her autonomy from insurance restrictions. "Luckily, right now, the grant allows me that, which is wonderful, but a short period of time. The insurance companies, that's a hurdle."

Discussion

The findings from this study support the existing international literature, suggesting that conditions relevant to this topic in the United States run parallel to those in Canada and Europe. The testimony of the participants verified that many agencies employ recovering individuals in clinical roles, validating their lived experiences and observations. This study explored the range of settings in which recovering professionals serve, with all participants having experienced numerous levels of care. When applied to the research questions, personal recovery experiences at different levels provide the necessary context toward professional competence. Recovering professionals are versatile, demonstrating the ability to adapt to various environments.

The participants described their transitions from active clients to recovering professionals, frequently disclosing the impact of guidance and mentorship on their journeys. In addiction treatment, professionals guide clients toward empowerment, coaching them to achieve personal goals, such as earning a degree, pursuing a career change, and fulfilling their potential. As found by Simbolon's team,[13] this process validates the professional's recovery while increasing job satisfaction and enriching the treatment experience for both the client and the clinician.

A recovering professional's intuition interprets client willingness, indicating when and how hard to encourage a client and when distance is needed. Clinical insight into the value of client willingness – or lack thereof – is a critical factor when tailoring services, such as group topics and curriculum use at an agency level, and deepening the quality of conversations. In effect, personal experience enhances the clinician's ability to translate the client's motivational cues.

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The quality of personal exchanges impacts the types of treatment recommendations a client receives. During the interviews, participants with experience in IOP claimed that they found it effective. Therefore, their recommendations most likely include programs they found effective. Conversely, if a person's experience in a program was not to their liking, they would describe it in negative terms, discouraging others from attending. Recovering professionals recognize that personal experience impacts factors such as recruitment, retention, and successful completion rates.

Agency policies and treatment decisions must remain focused on the client. Recovering professionals emphasize the importance of navigating the network of treatment agencies when helping clients access scarce or highly sought-after resources. They value empathy, as many clients struggle with external factors such as childcare, transportation, or employment, which were challenges they once faced. Rather than considering treatment goal compliance, recovering professionals acknowledge the life challenges facing clients and work to establish achievable objectives.

Public Health Implications

Many of the challenges facing clients in substance use treatment are systemic. This study provides findings of missed opportunities to support individuals who lack essential services, such as transportation or housing. Furthermore, reserving resources to protect agency interests damages the client's prognosis for continued treatment. Involving recovering professionals when drafting new programs would increase the effective use of limited funds.

Although various best practices, evidence-based models, and publications are readily available, barriers continue to hinder the dissemination of information to where it is needed.[16] Communicating this information within the treatment network highlights the importance of relationships with legislative stakeholders may lead to shifts in both the legal system and insurance payments, prompting them to address client challenges more effectively. Accommodations such as consolidating or reducing the burden of office visits offers hope to clients struggling to comply. Evidence-informed practices are effective when sufficient time is allocated for the message to be fully absorbed.

Future policy change could examine the qualitative impact of legislation that responds to systemic obstacles. One example includes legislative changes that are already in effect with Delaware Senate Bill #4. The State of Delaware proposed reforms in probation and legal sentencing, including investing in reentry and housing programs, and reducing probation sentences for lower-priority cases.[17] It is vital to remain current on whether legislation validates study results by demonstrating a reduction in barriers faced by clients.

Recommendations

Incorporating the experiences of recovering professionals during individual and group therapy sessions validates the client's feeling understood and improves the quality of person-centered care. Treatment goals would be person-centered rather than based on expectations to achieve quantified results. Clients are more likely to commit to goals that are relevant.

Providing the professionals an opportunity to use their experience, strength, and hope increases job satisfaction. By nurturing the professional's experience in the workplace, retention will

improve, reducing the impact of the shortage of mental health and substance use providers.[18] This is of particular importance in rural areas, where options for treatment are severely limited.

Effective supervision and training are essential to promote sharing and disclosure that remain appropriate, and client centered. Revised treatment regulations can renew how professionals interact in the field while avoiding the stigma and misinformation that could potentially damage the client's experience.[19] The increased focus on peer-centered roles indicates the need to review agency staffing. Recovering social workers and therapists would be instrumental to removing systemic barriers, with a personal bank of rich experience to share.

Future Research

The lack of qualitative studies and the critical need to increase the effectiveness of alcohol and drug treatment suggest a significant gap and need for future research. Areas for potential study include expanding the results of this study in a treatment agency and applying leadership theory to maximize the therapeutic relationship's influence. Future research could explore the therapeutic alliance as a form of leadership, influencing and encouraging clients to strive towards their treatment goals.

Partnering the therapeutic alliance with leadership theory may help determine a pathway toward navigating difficult situations. In Leader-Member Exchange Theory, leaders influence a team by recognizing and enhancing employee potential.[20] Adapting this trait would enhance therapeutic transactions between the client and the team, leading to higher-quality increased responsibilities and client benefits, plus reducing disruptive behaviors, such as early treatment termination.

Another area worthy of exploration is the range of opinions involving Medication-Assisted Treatment. One participant in this study admitted that she was hesitant to accept MAT as an effective tool. Exploring these personal biases may assist in removing the stigma referred to within these interviews.

Limitations

There are inherent limitations in qualitative methodologies, such as small sample size and lack of generalizability. However, steps were taken to mitigate these limitations. The data analysis had a thematic underpinning applied to numerous layers of coding. Involving a research assistant in the coding process increased the trustworthiness of this study. Finally, cultural differences between this study in Delaware and those found in the literature, specifically in European countries and Canada, may influence the interpretation of the data. Comparison or replication studies across the United States to further explore this topic would further strengthen the application of the findings.

Conclusion

This paper fills a gap in the literature through a small qualitative interview study of recovering professionals working in the State of Delaware. Recovering professionals use personal skills to enhance therapeutic relationships with clients and inform their clinical practice by facilitating and executing discussions and goals. Through recorded interviews, the participants expounded on the numerous ways in which they recognize encoded information available from client interactions, such as willingness and self-determination, and then respond through appropriate

sharing and guiding discussions. This study demonstrated the importance of developing responsive policies and legislation to foster therapeutic alliances to enhance treatment outcomes.

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