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A Culturally Sensitive Approach to Substance Use Counseling on Campus

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This article presents an integrated approach for counselors providing substance use counseling to college students with sensitivity to the students' gender, culture, development, and readiness and motivation to change. Incorporating the use of relational–cultural therapy and motivational interviewing, the author organizes these complementary modalities along the Transtheoretical Model of behavior change and discusses practical implications for counselors to reduce harm in the context of the college environment. A case illustration is included.

Keywords: substance use counseling, relational–cultural therapy, motivational interviewing, Transtheoretical Model

The high prevalence of substance use among college students has been documented for decades, along with its related consequences (Johnston, O'Malley, Bachman, & Schulenberg, 2012). These consequences include injury, increased incidence of assault, unprotected and risky sex, academic issues, substance-related health problems, suicide attempts, drunk driving, blackouts, property damage, police involvement, abuse and dependence, and death (Johnston et al., 2012). Researchers have identified both individual and environmental factors contributing to college students' substance use, including gender identity, racial identity, organizational affiliation, and campus climate (Wechsler & Nelson, 2008). Hence, Woodford (2012) suggested substance use counseling should include traditional behavior change techniques encapsulated within developmental and gender-responsive therapeutic frameworks. Motivational interviewing (MI) and relational–cultural therapy (RCT) are two therapeutic modalities that strive to meet these important objectives. My aim is to suggest and justify the integration of these approaches for effective substance use counseling in the increasingly diverse college setting. Following a review of the literature on the gender and cultural considerations relevant for counselors working with this population, I introduce RCT and MI with applications toward an integrative approach to substance use counseling.

Gender, Sexuality, Race, and Ethnicity Considerations

The demographic group with the highest rate of binge drinking, heavy alcohol use, illicit drug use, cigarette use, and substance abuse in the United

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States is men between the ages of 18 and 24 (Park, Mulye, Adams, Brindis, & Irwin, 2006); societal expectations for men at this developmental stage likely contribute to these findings. During the transition to young adulthood, sociocultural gender-role expectations may create intrapersonal conflict for developing men (O'Neil, 2008). These conflicts include restrictive emotionality and the emphasis of societal ideals of male power, competition, and success at the expense of intimacy. Emotional restraint, internalization of gender-role expectations, and competition at the expense of intimacy all relate to increased substance use in men (Woodford, 2012). Male college students who conform to masculine gender-role expectations emphasizing competition, power, and restricted emotions and intimacy not only are at increased likelihood for the use of substances and the development of substance use disorders but are generally unlikely to seek psychological support (Lane & Addis, 2005).

These pressures and expectations also have been related to female college students' substance use. One of the most salient factors related to college women's alcohol use is perceived male attitudes and behaviors. For example, female students have been found to overestimate the amount of alcohol that they perceive male students want their female friends, dating partners, and sexual partners to drink (LaBrie, Cail, Hummer, Lac, & Neighbors, 2009). The overestimation of male attitudes toward female drinking behavior was associated with increased alcohol consumption among female college students (LaBrie et al., 2009). Although heavy drinking by men is often encouraged and accepted in the college environment, heavy drinking is typically condemned for female college students. The internalization of substance-related gender stereotypes has been associated with an increase in college women's sexual behavior, drinking patterns, and subsequent shame and guilt resulting from negative peer perceptions of these behaviors (Hutching, Lac, & LaBrie, 2008). These gendered pressures, which both women and men face, call for substance use counseling interventions that are contextually sensitive.

The sociocultural environment of college has historically privileged those students whose gender identity matches their birth sex assignment (Effrig, Bieschke, & Locke, 2011). Students who are transgender, or those whose internal subjective sense of their gender does not match the sex they were assigned at birth (Borden, 2015), experience elevated levels of victimization and psychological distress compared with students who are not transgender (Effrig et al., 2011). Although there is insufficient information on significant differences in substance use between students who do and do not identify as transgender, experiences of victimization, stigmatization, and psychological distress all have been related to increased substance use among college students (Effrig et al., 2011).

These environmental pressures have been related to increased substance use among students who do not ascribe to heterosexual norms (Woodford, Krentzman, & Gattis, 2012). One investigation found that gay, lesbian, and bisexual (GLB) students were more likely to report illicit drug use, more frequent substance use consequences, and serious thoughts of or attempted suicide due to substance use in the previous year when compared with non-GLB students (Reed, Prado, Matsumoto, & Amaro, 2010). Reed et al. (2010) found that GLB students

were more likely to report greater perceived stress, more likely to report having experienced threats of physical and sexual violence, and less likely to report feeling safe on campus than non-GLB students. These violence, safety, and stress variables in the college environment play a significant role in the substance use of GLB students (Reed et al., 2010; Woodford et al., 2012). The impact of these contextual pressures of gender and sexuality conformity on students' coping is a noteworthy consideration for substance use counseling within the college environment.

In terms of race and ethnicity, preliminary differences have been found within large-scale surveys of young adults' substance use, with Anglo Americans reporting the highest levels of alcohol use, heavy drinking, smoking, and marijuana use (Chen & Jacobsen, 2012). However, research on these differences is limited, and the protective factor of race may be moderated by students' ethnic identity or level of acculturation (So & Wong, 2006). Although further investigation is needed on the prevalence of college students' use across substances as well as across ethnic and cultural groups, with the majority of the U.S. college student population comprised of Anglo American students (Musu-Gillette et al., 2016), these preliminary differences do call for greater understanding of the dominant culture of drinking on campus and the impact it has on students who do not subscribe to this norm. Failing to conform to the heavy-drinking standards of the college environment may lead to a sense of disconnection that further marginalizes students who may already experience a multitude of power disadvantages in the college environment (Hartling, 2004).

Overall, these findings summon counseling efforts that are mindful of individual, cultural, and environmental factors contributing to students' substance use and related consequences. RCT has been described as a relational, developmental, constructivist approach to counseling that is sensitive to the aforementioned contextual factors related to college student substance use (Hartling, 2004). MI, a therapeutic communication style for helping individuals progress from ambivalence to enduring behavior change in the face of obstacles, has garnered a wide range of empirical support in substance use counseling (W. R. Miller & Moyers, 2006; W. R. Miller & Rollnick, 2013). It is my position that, when combined thoughtfully and intentionally, the integration of RCT and MI is a holistic, developmentally and contextually responsive approach for working on substance use issues with diverse college students.

RCT

Representing a paradigm shift from traditional therapeutic approaches that associate separation and individuation with development, RCT posits human growth and development as being nurtured primarily through growth-fostering, empathic relationships (J. B. Miller, 1986). Grounded in feminist theory, RCT is sensitive to power dynamics within the dominant culture, intimate relationships, and the therapeutic relationship that serve to contribute to the client's sense of powerlessness and isolation (Jordan, 2010). A major aim of RCT is to support clients in making meaning of their relational expectations and how those expectations affect patterns of connection and disconnection with the

self and with others (Jordan, 2010). *Relational images* are the frameworks that help individuals determine who they are as well as their expectations of others (Jordan, 2010). Often developed in early life, these images may become *controlling images* when negatively prescribed by more powerful others or by the dominant culture. For example, with societal pressures to be competitive, successful, and stoic, the male college student may face the controlling image of being a heavy substance user who does not express negative emotions or allow for the development of intimate relationships. When controlling images are discrepant to individuals' authentic sense of self, they often choose to hide the parts that do not adhere to these ideals and use strategies of disconnection to conform to these false images (Jordan, 2010). Their fear is that nonconformity and its consequences will result in increased isolation—a state human beings go to great lengths to avoid (Jordan, 2010). Under these circumstances, individuals learn they cannot have an authentic impact on the relationships that matter most and develop a sense of relational incompetence (Jordan, 2010). Empowering students in the negotiation of authentic relationships within a dominant culture of substance use is an important task for college counselors (Hartling, 2004).

The RCT perspective is that substance use can serve as a strategy for greater connection with peers and intimate relationships or as a strategy of disconnection from self or others due to previous hurt or painful expectations (Hartling, 2004). In substance use counseling, clients often feel a sense of guilt or shame as a result of use-related incidents (Hartling, 2004; Koehne, 2010). In the face of difficult circumstances, individuals typically resort to strategies of disconnection that have served as a source of protection from shame, harm, and relational vulnerability in the past (Jordan, 2010). Respecting the *relational paradox*—namely, the inauthentic experience of keeping parts of the self out of connection for fear of being hurt despite a deep yearning for connection (Jordan, 2010)—is a central RCT concept allowing the counselor to reframe and understand the client's substance use and engagement in counseling. In the client's vulnerable position of being charged with changing the strategies that may have long supported the maintenance of these controlling yet protective images, RCT offers that one of the counselor's most valuable tools is his or her own authenticity. This is demonstrated by the thoughtful communication of openness to being influenced or moved in some way by the client (Jordan, 2010). In this way, the client does not change alone but grows in the capacity for relational competence and connection in and out of counseling. Because RCT is largely based on attitude and understanding rather than on a set of techniques, it has been suggested as a complement to evidence-based practices for presenting problems, like substance use, that are conceptualized as strategies of disconnection within sociocultural contexts (Trepal, Boie, & Kress, 2012).

MI

W. R. Miller and Rollnick (2013) defined MI as "a collaborative conversation style for strengthening a person's own motivation and commitment to change"

(p. 21). Grounded in humanism, MI provides counselors with strategic techniques to elicit and then encourage clients' own resolve to grow and change through both relational and technical components. The major assumption of MI is that clients already have the motivation and strength to carry out meaningful changes, and the counselor's role is to assist the client in being the central agent verbalizing arguments for and acting upon this motivation (W. R. Miller & Rollnick, 2013). The relational component, or the spirit of MI, emphasizes empathy and the interpersonal process, whereas the technical component focuses on the counselor's intentionality in evoking and reinforcing client *change talk* (arguments for change). With emphasis on open-ended questions, authentic affirmations, complex reflections, and summarizations, and with insight into linguistics, MI practitioners are attuned to what it is about language that results in increased *sustain talk* (arguments against change) or defensiveness and are also privy to the techniques that serve to increase and support client change talk (W. R. Miller & Rose, 2009). When MI is successfully implemented in substance use counseling, the client is able to resolve initial ambivalence, grow in motivational readiness, and develop and act on a change plan. At this point of the therapeutic process, the counselor shifts to a style that facilitates action. Never intended as an isolated modality, MI can be integrated to meet client needs within a counselor's broader approach. Knowing how to combine MI flexibly with other methods or to use another approach entirely is an essential skill for substance use counseling (W. R. Miller & Moyers, 2006).

The Stages of Change Model as an Organizing Framework

With the Transtheoretical Model (TTM) of behavior change as the major current framework informing substance use counseling, the following suggestions for the incorporation of MI within RCT for substance use college counseling begin with consideration of this model. The TTM is an empirically derived, developmental perspective of human behavior change across five stages: precontemplation, contemplation, preparation, action, and maintenance (Norcross, Krebs, & Prochaska, 2011). The client's presenting ambivalence, resistance, commitment, and confidence to change are all indications of the stage within which the client is operating. In the TTM, counselors tailor therapy to the client's presenting stage of change, mainly calling for insight and awareness-building modalities with clients presenting in earlier stages of change and action-oriented therapies with clients in later stages (Norcross et al., 2011). Although the TTM is not an essential part of MI, MI is considered a complement that empathically and intentionally supports client movement along the TTM with four therapeutic processes layered and roughly corresponding with the stages of change: (a) engaging, (b) focusing, (c) evoking, and (d) planning (W. R. Miller & Rollnick, 2013). The following sections organize the application of RCT key concepts throughout each of these four MI processes as illustrated by the case of David in the Appendix.

MI Process 1: Engaging

The MI process of engaging involves the establishment of a healthy working therapeutic connection through partnership, compassion, evocation, and acceptance that is present throughout the remaining MI processes (W. R. Miller & Rollnick, 2013). Most college students treated for substance use are mandated clients, because college students rarely voluntarily seek help for substance use despite serious problems. Because resistance is most likely to be present when a client experiences a potential loss of freedom or choice (Moyers & Rollnick, 2002), a counselor working with mandated clients might expect some level of resistance to change or to the counseling process itself. In times of such an impasse, a counselor utilizing MI with the backing of RCT may conceptualize client resistance as a strategy of disconnection or connection as the client negotiates feelings of shame, fear, and the possibility of trust in counseling (Jordan, 2010; Moyers & Rollnick, 2002). At first, the counselor may simply notice and respect the client's relational paradox. In some cases, this may include bringing immediacy into the therapeutic relationship, during which the counselor discloses his or her genuine struggle with the inherent power differential of mandated therapy. As engagement continues, discussions surrounding connection and disconnection in the therapeutic relationship may promote further growth through empathic attunement. If the mandated client's expectation of powerlessness is not actualized by the counselor, the maintenance of strategies of disconnection or resistance for protection is not nearly as necessary for the client to uphold (Jordan, 2010; W. R. Miller & Rollnick, 2013).

Although both MI and RCT refer to therapeutic work as a dance, partnership, or collaboration between the counselor and the client (Jordan, 2010; W. R. Miller & Rollnick, 2013), the conceptualization of client autonomy is one area in which MI and RCT fundamentally differ. MI posits that directly acknowledging client autonomy diminishes defensiveness and facilitates client change. RCT theorists Jordan, Walker, and Hartling (2004) advanced that unilateral change in therapy, where only the less powerful person in a relationship changes, is a mere myth, because RCT is rooted on the tenet that growth occurs primarily through the experience of connection. In addition, RCT takes respect for client autonomy, a core principle of MI, a step further by introducing a bilateral notion of empathy. In RCT, motivation to change occurs within the context of relationships that are characterized by an increased sense of self-worth, relational awareness, zest, and a desire for more connections with others (Jordan, 2010). Although all relationships are marked by periods of disconnection, in contrast to relationships that are not characterized by mutual empowerment and empathy, disconnections in growth-fostering relationships are followed by empathic attunement that propels the relationship into healthy advancement where both individuals grow (J. B. Miller, 1986).

Although in a conceptual sense, RCT adds to the MI-based respect for client autonomy, MI offers microskills that can be incorporated into the repertoire of RCT within the engaging process. Intentional, complex reflection is the major technique used in MI to support client change during the engaging

process (W. R. Miller & Rollnick, 2013). Two additional techniques MI offers include the *amplified reflection* (purposely overstating a client's resistance) and the *double-sided reflection* (incorporating client arguments both for and against change and placing the client's arguments for change last) to encourage client change talk. These subtle techniques help move conversations about change forward.

MI Process 2: Focusing

The MI process of focusing brings direction to the engaging process (W. R. Miller & Rollnick, 2013). As with engaging, focusing is typically not a one-time event; rather, it occurs throughout each of the remaining processes of MI. In mandated substance use counseling with college students, the focus of treatment may appear to be self-explanatory. However, this focus may shift to a relational or cultural issue that contributes to substance use. In this setting, asking the client how he or she would best like to utilize the therapeutic time can serve as a shift in the students' expectations and may provide direction for the most personalized focus for intervention in order to reduce harm (Dimeff, Baer, Kivlahan, & Marlatt, 1999). W. R. Miller and Rollnick (2013) suggested that any glimmer of change talk from the client is an appropriate place to begin focusing. When a focus is clear, the counselor may be inclined to provide the client with psychoeducational information. The *elicit-provide-elicit* method is an MI strategy for maintaining a nonexpert stance when offering the client information (W. R. Miller & Rollnick, 2013). By initially eliciting client thoughts, the counselor is acknowledging the client's expertise, asking permission, and querying interest. When counselors have a clearer understanding of the relevance to the client, they may choose to provide the information. The counselor then checks in with the client, again eliciting the client's meaning making. This approach is particularly useful when including elements of psychoeducation or assessment feedback common in substance use college counseling (Dimeff et al., 1999).

In utilizing MI within RCT, the focusing process may be the opportune time to broach racial and cultural differences in the counseling relationship after gaining the client's permission to explore those differences in session. According to Day-Vines et al. (2007), the client's initial and ongoing response to the counselor's inquiry may give both individuals a sense of how significantly racial, sexual, cultural, and gender considerations contribute to the presenting substance use issue. Day-Vines and colleagues suggested that broaching is a reflection of the counselor's ability to recognize the sociopolitical factors that contribute to the client's presenting concerns. In raising cultural considerations during the focusing part of the substance use counseling process, the counselor gains valuable information about the meaning the client ascribes to the phenomenon of substance use in the college environment. The elicit-provide-elicit method can serve as a guide in this process. Consequently, broaching may empower the client, strengthen the therapeutic relationship, and enhance counseling outcomes (Day-Vines et al., 2007).

MI Process 3: Evoking

Focusing leads intuitively to the evoking process of MI. The major MI skills needed in the evoking process are attunement to the differences between clients' sustain talk and change talk and the ability to amplify the latter, mainly through the use of reflections (W. R. Miller & Rollnick, 2013). Because of the clients' underlying ambivalence about change, clients' statements often include both sustain and change talk. An essential MI skill is the ability to draw out—or evoke—the client's change talk from loaded statements. To do this, the counselor uses the techniques of asking open-ended questions, asking scaling questions of importance and confidence to change, and inquiring about previous success with change and what the future might look like if change does occur (W. R. Miller & Rollnick, 2013).

Raising awareness of discrepancies between the client's behavior, goals, and values also is part of the evoking process (W. R. Miller & Rollnick, 2013). A suggested component of this process, the exploration of a loved one's concerns, often leads to increased client change talk. A beneficial tool for developing discrepancies is the "values card sort activity," a structured activity in which the client chooses among a large number of values on a set of index cards and classifies the values by relative importance. A conversation may follow this activity in which the client identifies where the current substance use fits with currently held values. Supporting the client in making changes that better align with these ideals ensures that the therapeutic goals are in line with the client's wants and needs, and raises awareness of cultural and gendered issues for exploration. This discussion of values and discrepancies also ties directly to the RCT concept of the central relational paradox (Jordan, 2010). Incorporating RCT concepts into the evoking process involves assisting the client in drawing out and affirming authentic representation. This is where it may be appropriate to place Jordan's (2010) suggestion for immediacy in acknowledging the counselor's and client's strategies of connection and disconnection within the therapeutic relationship. Mindful not to disarm clients too quickly, the counselor's expressions of shared vulnerability can strengthen the mutually empathic relationship, leading to increased relational confidence and competence.

As the client moves into contemplation and preparation stages of change, these insights into the context of an affirming therapeutic relationship, which has likely proven strong despite disconnections, may contribute to a broader sense of relational resilience (Koehne, 2010). In RCT, resolving the central relational paradox involves the conflict between the client's fear of isolation or vulnerability and the client's desire and need to relinquish behaviors that have been impressed upon the client by controlling images (Jordan, 2010). The mutual empathy felt within the therapeutic relationship can serve to strengthen the client's ability to do so.

MI Process 4: Planning

MI offers that counselors can gauge the client's readiness to surrender some of the strategies of disconnection related to substance use that have served so

well for so long. As the client moves more fully into the preparation stage of change, the counselor will notice client language that is reflective of commitment, action, and step-taking (W. R. Miller & Rollnick, 2013). Although W. R. Miller and Rollnick (2013) cautioned counselors to be mindful of the client's commitment before moving too quickly, the process of planning can be encouraging for both the counselor and the client. A powerful MI technique for beginning the planning process is *recapitulation* (W. R. Miller & Rollnick, 2013). This is essentially a summary of all of the change talk that the client has expressed in counseling that the counselor presents back to the client. The counselor then asks the client a key question about what should happen next. Then, with some initial client ideas, planning may begin. The counselor's ability to maintain a nonexpert role in this process is essential, as the inclination to take over and begin planning *for* rather than *with* the client at this stage can be overwhelming (W. R. Miller & Rollnick, 2013). RCT and MI both emphasize that the counselor's ability to support, accept, and affirm clients' efforts when these plans sometimes fall through is essential for long-term commitment and transformation (Koehne, 2010; W. R. Miller & Rollnick, 2013).

Action Beyond the Planning Process

In both MI and RCT, there is constant appreciation for the client's readiness and motivation to change, as well as the client's ambivalence and reasons for maintaining strategies of disconnection (Jordan, 2010; W. R. Miller & Rollnick, 2013). With feminist grounding, RCT can be action-oriented in assisting clients in making the difficult connections with themselves and loved ones, leading to transformation, and empowering them to take a critical eye to sociopolitical contexts (Comstock et al., 2008). As the client is successful in implementing a change plan related to substance use, many of the identity, relational, and familial issues that follow and that require attention in order for changes to be maintained may be met with an RCT approach (Hartling, 2004). The counselor and client may then further explore both the broad, long-standing relational images that have hindered the client and the possibility of establishing greater authentic connections in other areas of the client's life.

RCT also calls upon counselors to identify societal factors that serve to maintain the client's sense of powerlessness and inauthenticity (Hartling, 2004). In the college setting, this may include discussing with the client the gendered and cultural contexts of the college environment that have contributed to the presenting substance use. This invitation to discuss related contextual factors serves to reduce some of the shame and guilt harbored by the client and also empowers the client with the confidence to effect change in the larger culture rather than resorting to immobilizing self-blame that leads to greater disconnection (J. B. Miller, 1986). Using the RCT approach, the counselor would also go beyond the therapeutic relationship to effect change in the environment. Suggested as an effective theoretical framework for bridging multicultural and social justice counseling competencies (Comstock et al., 2008), RCT's emphasis on factors that contribute to growth-fostering

relationships and combating the powers that constrain healthy development can serve to inform outreach efforts targeting the culture of substance use on campus (Hartling, 2004).

Implications

College Counselors

Although RCT and MI have been separately applied to substance use counseling with college students, the theoretical integration of these approaches offers implications for both individual and group counseling. College counselors who currently provide structured MI protocols in individual counseling, such as the manual-based approach of Dimeff et al. (1999), may consider intentionally incorporating RCT concepts such as acknowledging cultural differences, noting the relational processes within the counseling dyad, and exploring substance use as a strategy of connection or disconnection as the client raises motivators and barriers to change that are relational in nature. In group counseling, counselors may consider designing substance use groups within an overarching MI framework that incorporates an RCT emphasis on connection and exploration of relational concerns, such as Williams and Greene's (2016) MI-based group for college women.

College counselors may also consider incorporating MI communication styles and techniques into RCT-based approaches for substance use, especially those outlined by Koehne (2010) and Hartling (2004) emphasizing connection and interpersonal process in individual and group counseling. In particular, college counselors may utilize MI-based techniques concerning language, such as double-sided and amplified reflections in response to client language of sustain or change talk, to intentionally facilitate clients' movement through the stages of change. Overall, cultural factors and the client's stage of change are the two primary considerations for college counselors integrating RCT and MI in substance use counseling, as this conceptualization continuously drives the selection of RCT and MI skills and concepts throughout the counseling process.

Research

In recent years, MI has garnered empirical support as an effective counseling tool for clients' substance use changes (W. R. Miller & Rose, 2009) and has been incorporated into treatment models on college campuses (Dimeff et al., 1999). What is lacking in the literature is the integration of this effective and collaborative therapeutic communication style with a modality that is sensitive to the client's gender and cultural factors in sociocultural context such as RCT. Research is needed to further validate the theoretical integration of MI with RCT to determine its effectiveness in substance use counseling with college students. Because little is known about the incorporation of MI and RCT, future research might consider beginning with qualitative investigations of clients' perceptions of treatment integrating these two modalities.

Conclusion

By drawing out the key aspects of RCT relevant to substance use counseling along the four sequential processes of MI, I contend that integrating these two modalities can (a) support clients toward the action-oriented phase of RCT and (b) provide the language, framework, and microskills to support clients who fall below a threshold of readiness needed to take on the transformative change processes that RCT can facilitate. Through the continual affirmation of client strengths, the expression of mutual empathy, and the acknowledgment and resolution of disconnections in the therapeutic relationship, the combination of MI and RCT can provide a supportive foundation for the developing college student to create and maintain substance use changes in the face of both contextual and cultural pressures.

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APPENDIX

Case Illustration

The following case is from a composite of actual cases in which an integrated approach of relational–cultural therapy and motivational interviewing to substance use counseling was applied with college students.

David is a 20-year-old Jamaican American gay college freshman who was mandated to treatment by his university for possession of marijuana. At intake, David was guarded and suspicious. When asked what his hope was for the required six sessions of counseling, David replied that he had no expectations and planned to continue to use marijuana regularly. In order to engage with David, the counselor honored his guardedness as a strategy of disconnection and did this mainly through empathic reflection of David's concerns. She also did so by naming her struggle to move forward without David identifying what he would like to gain from the experience, as she reflected that it seemed important to him that he have some ownership of the process. David and the counselor then decided on "not ever getting in trouble like this again" as a worthwhile, valuable goal for treatment.

In the second session, David and the counselor focused on David's goal and barriers. After David identified continued marijuana use as a barrier, the counselor queried David on what some good reasons to continue using marijuana would be. David told the counselor that he had not expected to be asked what he enjoyed about using marijuana, and after some time, he was able to state that he felt it connected him to Jamaica, where he began smoking at the age of 12. This allowed for discussion of the disconnection he felt as a minority on his predominantly White campus and the anger he felt for feeling targeted for possession. It was during this exploration that the counselor asked David for permission to query his thoughts about being mandated to a counselor who was a White woman. By honoring and valuing David's experience of being a minority on campus, and reflecting a genuine appreciation and concern for how the counseling dynamic may re-create his feelings of powerlessness, the counselor helped David to authentically represent himself in ways he felt he could not in the first session. As the counselor acknowledged his reasons for continued use despite his goal of avoiding trouble, David began to voice change talk. His change talk was supported by the counselor's judicious use of open-ended questions, authentic affirmations, complex reflections, and summarizations as well as double-sided reflections:

> You want to feel connected to home, and using marijuana helps you do that. You also feel somewhat judged and targeted on campus, and using marijuana helps with that. But it's also important to you that you feel a sense of freedom over your choices, and using marijuana gets in the way of that.

In the next session, with David's permission, the counselor introduced the values card sort activity as a way to continue to raise discrepancies between David's overall goal and his continued marijuana use. David's top values of "family" and "freedom" provided insight into his ambivalence. David revealed that he had not spoken to his parents since they received information of his sanction a few weeks earlier, as he believed they were extremely disappointed with him, and that he had chosen not to answer his mother's repeated phone calls. David revealed that he had officially come out to his parents several months before, to which his mother responded with concern and his father with silence. David had since communicated to his father only through his mother, who told David his father "was a little disappointed and needed some time." David felt his mother was his biggest supporter and so the thought of hearing her voice disappointment was unbearable. The counselor gently and empathically reflected David's love and care for his mother and, along with David, regarded this as a major motivator to change. Responding to his mother and authentically hearing her concerns without using to disengage became a second treatment goal.

With a few more motivators to change outlined, David reported to the next session stating proudly that he had used only once in 2 weeks, adding "not that I'm planning to quit entirely or anything." The counselor and David worked to understand the contributing factors to the day that he used and the days that he did not. David identified loneliness and feeling overwhelmed at the thought of calling his mother back as contributing factors to

(Continued)

the evening he used marijuana. With David's sense of disconnection apparent throughout the sessions, the counselor elicited from David what he knew about activities on campus that could help him to feel more connected both to the other students and to his culture. David identified the activity of intramural sports as one space where he felt this connection. The counselor asked if David would be interested in information about organizations in the diversity center that could serve as places for him to feel connected, to which David agreed. After providing that information, the counselor queried David's thoughts. David responded that he did not believe the organizations would be a good fit for him, as there was no Jamaican student organization and he worried about "being lumped in with the African American students or international students." This gave way to another conversation about how the campus might grow in inclusivity and allowed more time for evoking how playing intramural sports contributed to his reasons not to use. The elicit-provide-elicit method helped to focus on what was most important and relevant to David.

After what seemed an encouraging session, David returned to his next session reporting that he had gone on a "bender" and used all weekend. The shame and guilt David carried into the session was palpable. David was notably distant and quiet, and when the counselor noted so, David told her that when he attempted to call his mother over the weekend, his father answered the phone and proceeded to shame David for both his sanction and his sexuality. David was crushed by his father's statements and felt betrayed by the counselor for "making me feel like calling my mom was a good idea when I knew it wasn't." The counselor was in a difficult position of wanting to respond to David's hurt with authenticity while acknowledging that it was David's decision to call his mother, as his relationship with her was something he truly valued. The counselor chose to reflect the hurt that David felt and to acknowledge his anger with her. Together, she and David were able to end the session discussing how his decision to reduce his substance use had truly become his own, whether or not he received his father's approval. Through empathic attunement, this therapeutic disconnection served as a source of growth.

In final sessions, David showed growth in relational clarity about his parents' love for him and aspects of his father's disappointment that served as hurtful barriers. At his final session, having not used for 2 weeks, David remarked that he had begun to represent more of himself with his floor mates, who "were used to me being the funny and high guy" but "are getting to know the real me now." David had also resumed speaking to his mother and reported that he wanted to refocus on making her proud, which included not using, focusing on school, and maintaining frequent contact. David felt that having an authentic connection with his mother helped him to feel connected to Jamaica in ways he once felt marijuana did. David and the counselor were able to reflect on his growth and his pride in making changes that were truly his own but helped him become more fully connected with himself, his peers, and his family.