

Recovery and Treatment Courts: What Do You Really Mean and Walking the Talk about Recovery

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Recovery and Recovery Management – Definitions and Attitudes

Recovery in Addiction

- "Recovery is the process through which severe alcohol and other drug problems (here defined as those problems meeting DSM-5* criteria for *substance use disorder*) are resolved in tandem with the development of physical, emotional, ontological (spirituality, life meaning), relational and occupational health." (White, W. & Kurtz, E. (2005). "The Varieties of Recovery Experience". Chicago, IL. Great Lakes Addiction Technology Transfer Center. Posted at <http://www.glattc.org>) (* Updated to reflect DSM-5)
- The immediate goal of reducing alcohol and drug use is necessary but rarely sufficient for the achievement of the longer-term goals of improved personal health and social function and reduced threats to public health and safety." (McLellan A.T., McKay J.R., Forman R., Cacciola J., Kemp J. (2005) *Reconsidering the evaluation of addiction treatment: from retrospective follow-up to concurrent recovery monitoring*. Page 448 *Addiction* 100:447-458.)

Recovery in Mental Health

- "Recovery occurs when people with mental illness discover, or rediscover, their strengths and abilities for pursuing personal goals and develop a sense of identity that allows them to grow beyond their mental illness." (Pat Deegan, a consumer leader and psychologist with schizophrenic disorder defines recovery from serious mental illness)

Recovery Management

- Behavioral Health Recovery Management (BHRM) is the stewardship of personal, family and community resources to achieve the highest level of global health and functioning of individuals and families impacted by severe behavioral health disorders. It is a time-sustained, recovery-focused collaboration between service consumers and traditional and non-traditional service providers toward the goal of stabilizing, and then actively managing the ebb and flow of severe behavioral health disorders until full remission and recovery has been achieved, or until they can be effectively self-managed by the individual and his or her family. BHRM draws its principles from the biopsychosocial model of treatment, the health care consumer movement, and the strengths-based model of service delivery. (White, WL, Boyle, MG et al: "What is Behavioral Health Recovery Management? A Brief Primer")

Terminology and its Effect on Practice – Do you really believe in recovery?

- "Negative consequences" ➤ "Complete the program"
- "Graduation" ➤ "How long is your program?" or "How long do I have to stay?"

SAMHSA's Definition of Recovery

The Substance Abuse and Mental Health Services Administration (SAMHSA) - working definition of recovery from mental disorders and substance use disorders recognized that "there are many different pathways to recovery and each individual determines his or her own way."

A process of change through which individuals improve their health and wellness, live a self-directed life, and strive to reach their full potential.

SAMHSA has delineated four major dimensions that support a life in recovery:

Health: overcoming or managing one's disease(s) as well as living in a physically and emotionally healthy way;

Home: a stable and safe place to live;

Purpose: meaningful daily activities, such as a job, school, volunteerism, family caretaking, or creative endeavors, and the independence, income and resources to participate in society; and

Community: relationships and social networks that provide support, friendship, love and hope.

Inconsistencies in Attitudes and Practice

Person's Attitudes and Behavior	Recovery Process in 12 Step Programs and other Recovery Groups	Traditional Addiction Treatment Attitudes and Practice
1. Ambivalent about abstinence and recovery	1. "Keep coming back" – do the research; you don't have to get the program; it will get you; stages of change and cognitive-behavioral approach (SMART Recovery)	1. Client must agree to abstinence as a precondition of admission into treatment; or "come back when you are ready"
2. Reluctant to attend recovery meetings and groups	2. Outreach with 12-Step calls; offer to be a sponsor; assist with transportation; welcoming and "attraction not promotion"	2. Access to care is difficult; long waiting lists; recorded messages and complicated intake procedures
3. Shows up to a meeting after a few drinks	3. "Keep coming back" – "There but for the grace of God go I"; a good "remember when"	3. Leave and come back when you are sober. Sign a contract that you will not come to treatment if you have used
4. Feels willpower will fix addiction and trouble accepting suggestions	4. "Powerlessness" and helping people understand the paradox of surrender and power; unmanageability and making amends	4. Counselors act as if powerful and able to confront and coerce recovery; work harder for recovery than client
5. Involves family and significant others in a web of pain and loss	5. "Detachment" – Al-Anon, Alateen; Naranon; help the family develop serenity and their personal recovery	5. Act as if we will stop addiction; work as hard as the family did to stop addiction; compassion fatigue and staff burnout

Person's Attitudes and Behavior	Physical and Mental Health Recovery Approach	Addiction Treatment Recovery Approach
1. Relapse or re-occurrence of signs and symptoms of disorder	1. Viewed as a poor outcome or crisis requiring a timely response; assessment and treatment plan change	1. Viewed as willful misconduct with exclusion from treatment that day and possible discharge from treatment. "Punitively discharge clients for becoming symptomatic" (W. White, 2005)
2. Psychosocial crisis; treatment adherence problems; acute exacerbation of the disorder	2. Discussed as lack of progress and a poor outcome requiring a change in treatment strategies e.g., individual, group, family therapy, pharmacotherapy, case management	2. Discussed as the need for "consequences," sanctions and possible discharge or transfer to another treatment team and setting
3. Persistent treatment adherence problems	3. Variety of proactive strategies – Assertive Community Treatment (ACT teams); Intensive Case Management (ICM); supported housing and employment; variety of "wet," "damp" and "dry" shelters; mental health crisis teams to enhance natural and community supports	3. Blacklist client from readmission to the facility; discharge and send notice of case closed; refer to extended residential and inpatient care away from the person's community with poor continuing care and reintegration into the community; invoke legal sanctions and remove from treatment
4. Severe and chronic illness	4. Utilize levels of care including acute hospitalization; day treatment; outpatient and community-based services; group and independent housing options. No fixed length of stay. Illness, disease and recovery management model.	4. Utilize predominantly fixed length of stay residential programs for those who can pay. Utilize predominantly low intensity outpatient services in the public sector. "Serial episodes of self-contained, unlinked interventions.... Relegate post-treatment continuing care services to an afterthought" (W. White, 2005) Repeated episodes of acute care for detox; stabilization; discrete fixed program stay; "treatment completion"; "graduation"
5. Poor outcomes	5. Viewed as the need for more intensive case and care management and community outreach	5. Blame the client for denial and "stinking thinking"; non-compliance; stubbornness to take suggestions

Rename the Graduation or Treatment Completion Ceremony

Suggest RCA - the Reflection, Celebration and Anticipation ceremony or event.

- **Reflection** on what the participant and family have learned, seen, gotten in touch with, changed since entering treatment. It can also be a reflection not just of positive things, but reflection about things still not resolved or still not accepted.
- **Celebration** of any accomplishments in this piece of recovery work done at this time in this program.
- **Anticipation** of what lies ahead in their recovery.

References and Resources

McLellan A.T., McKay J.R., Forman R., Cacciola J., Kemp J. (2005) Reconsidering the evaluation of addiction treatment: from retrospective follow-up to concurrent recovery monitoring. *Addiction* 100:447-458. (<http://www.tresearch.org/resources/pubs/ConcurrentRecoveryMonitoring.pdf>)

McLellan AT, Lewis DC, O'Brien CP, Kleber HD (2000): "Drug dependence, a chronic medical illness: implications for treatment, insurance, and outcomes evaluation." *JAMA*. 2000 Oct 4;284(13):1689-95.

White, W. & Kurtz, E. (2006). "Recovery – Linking Addiction Treatment and Communities of Recovery: A Primer for Addiction Counselors and Recovery Coaches" Northeast Addiction Technology Transfer Center. Obtain copies from (866) 246-5344. Also www.ireta.org for PowerPoint slides

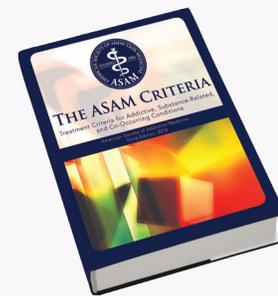
White, W., Kurtz, E. & Sanders, M: (2006). "Recovery Management" Great Lakes Addiction Technology Transfer Center. <http://www.nattc.org/recoveryresourc/docs/RecMgmt.pdf>

White, W (2005): "Recovery Management: What If We Really Believed that Addiction was a Chronic Disorder?" Great Lakes ATTC. www.glattc.org

White, WL, Boyle, MG, Loveland, DL & Corrington, PW: "What is Behavioral Health Recovery Management? A Brief Primer" Project funded by Illinois Department of Human Services, Office of Alcoholism and Substance Abuse. http://www.bhrm.org/media/pdf/pub/BHRM_Primer.pdf

The ASAM Criteria

The ASAM Criteria is in its third edition and is the most comprehensive set of guidelines for assessment, service planning, placement, continued stay and transfer/discharge of individuals with addiction and co-occurring conditions. www.changecompanies.net



ASAM eLearning Modules



ASAM eLearning introduces *The ASAM Criteria*, and provides opportunities to learn about and practice multidimensional assessment, service planning and level of care placement.

Module 1: Multidimensional Assessment

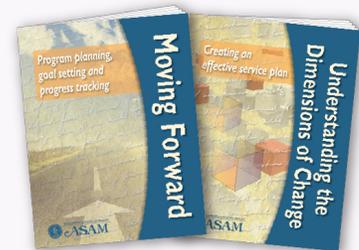
Module 2: From Assessment to Service Planning and Level of Care

Module 3: Introduction of *The ASAM Criteria*

www.changecompanies.net/etraining/

ASAM Interactive Journaling® Series

The two-Journal ASAM Series helps participants and their treatment teams evaluate specific needs and strengths in each of the six ASAM Criteria dimensions for better service planning, intervention and continuing care, including goal setting and progress monitoring.



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