

Understanding Addiction, Recovery, and Recovery Oriented Systems of Care

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What is Addiction?



What is Addiction?

- Substance dependence:
 - Physiological changes and biology
 - Cognitive patterns
 - Behavioral patterns
 - Environmental influences
- A bio-psycho-social/cultural-spiritual “dis-ease”

DSM –IV-TR *Substance Abuse* Criteria

- 1. Recurrent use results in failure to fulfill major role obligations (work, school, parenting, etc.);
 - 2. Recurrent use in situations in which is it physically hazardous;
 - 3. Recurrent substance related legal problems
 - 4. Continued use despite having persistent or recurrent social or interpersonal problems
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- Any one in a 12 month period of time can meet criteria for abuse

Adapted from the DSM-IV-TR, American Psychiatric Association, 2000.

DSM-IV-TR *Substance Dependence* Criteria

- 1. Tolerance
- 2. Withdrawal
- 3. Substance taken in larger amounts or over a longer period of time than intended
- 4. Unsuccessful attempts to reduce or quit
- 5. Time spent in activities relating to the substance
- 6. Important activities are given up or reduced
- 7. Continued use despite knowledge of the substance use exacerbating or causing a problem
- Three or more of these in a 12 month period of time

Adapted from the DSM-IV-TR, American Psychiatric Association, 2000.

Specifiers

- With or without physiologic dependence
 - Subtypes:
 - Full
 - Early partial
 - Sustained
 - Sustained partial

Includes indication if the environment is controlled or receiving
agonist therapy

Adapted from the DSM-IV-TR, American Psychiatric Association, 2000.

Continuum

- Substance use needs to be viewed on a continuum

Non-problematic use-----Problematic use

Where various factors are considered:

Family/Peers/Relationships

Vocation/Education

Health

Etc.

Causes of Addiction

- American Medical Association: Chronic, Treatable Disease
- Progressive
- Chronic
- Fatal
- Treatable
- Primary
- “Preoccupational”

Causes of Addiction

- Addiction as a socially learned coping skill
 - Vicarious learning
 - Environment
 - May include cultural and/or spiritual aspects
 - Cognitive distortions
 - Over learned and or stereotypic cognitive response patterns

Causes of Addiction

- “Brain Disease”
- Drugs are more intense than the neurotransmitter they mimic
- Neurotransmitters control pleasure, pain, emotions, physiological needs
- When drugs are used over a period of time, the neurotransmitter is no longer made naturally, thus making withdrawal significant when using stops.

Causes of Addiction

- Psychological
 - Low self esteem
 - Lack of maturity
 - Negative affect
 - Impulsiveness
 - Rebelliousness
 - External locus of control
 - Inadequate coping skills
 - Cognitive distortions
 - Over learned and or stereotypic cognitive response patterns

Recovery

What is recovery?

*“A process of change through which an individual
Achieves abstinence and improved health, wellness
and quality of life.”*

National Summit on Recovery, 2005

Statistics

- 1) Over 50% of those completing treatment will relapse in the first year*
- 2) The first thirty to ninety days following discharge is the window of greatest vulnerability of relapse after treatment.*
- 3) Between 25-35 percent of people who complete addiction treatment will be readmitted to treatment within one year, and 50 percent will be readmitted with in five years.*
- 4) Unfortunately most people with Substance abuse, and Alcohol Problems do not seek help through mutual aid or Professional treatment. (Kessler, 1994; Cunningham, 1999; Cunningham & Breslin, 2004)*

Statistics

- *5) Recovery is not fully stabilized until 4-5 years of sustained recovery (at this point, risk of life time relapse drops below 15 percent).*
- *6) Relapse following addiction treatment produce higher death rates from accidental poisoning/overdose, AIDS, suicide, homicide, cardiovascular, and liver disease.*
- *7) Without a Recovery Coach 3 out of 4 people relapse in the first year. With a Recovery Coach 3 out of 4 STAY in recovery. (This statistic is based on a pilot study on Recovery Coaching that was done by Hazelden) More and more treatment centers now recommend their clients to have a Recovery Coach before they leave treatment.*
- <http://www.recoverysolutionsofwisconsin.com/Statistics.html>

Recovery

Guiding Principles of Recovery

There are many pathways to recovery.

Paths to recovery are as individualized as people are.

“Recovery for some individuals may not involve treatment. Recovery is a change process that leads an individual to make healthy choices and improve the quality of his or her life.”

Recovery

Recovery is self-directed and empowering.

The person in recovery has the ability to make choices and decisions based on personal wants, needs, desires, and goals.

Recovery

Recovery involves a personal recognition of the need for change and transformation.

- Acceptance that use is problematic and that change is necessary. Motivation for this recognition and implementing change is a necessary element for this process.

Recovery

Recovery is holistic.

- It involves achieving balance at integrating the mind, body, spirit and environmental factors in relation to each other.

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Recovery

Recovery has cultural dimensions

- Treatment providers need to develop awareness, knowledge and skills appropriate to their clients' cultures. Without cultural competence, there are challenges in compliance, premature termination, inaccurate screenings or care, misunderstandings, lack of access to care

Recovery

Recovery exists on a continuum of improved health and wellness

- Recovery is not a linear process. There are ebbs and flows.

Recovery

Recovery emerges from hope and gratitude

- Seeing where others are or have been provides hope and encouragement. There is “evidence” that people can move through obstacles and find opportunities.

Recovery

Recovery involves a process of healing and self redefinition

- There is meaning and benefits in recovery that help individuals

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Recovery

Recovery involves addressing discrimination and transcending shame and stigma

- Recovery involves advocating for oneself and others

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Recovery

Recovery is supported by peers and allies

- These include peers, family members and others that provide a supportive network.

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Recovery

**Recovery involves (re)joining and (re)building a life
in the community**

- A “claim to normalcy”

Recovery

Recovery is a reality

- Recovery support services are non-clinical services that assist in removing barriers, providing resources and support through the process.

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Recovery Pathways

- 12-step recovery
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- Secular recovery – No Higher Power recovery: (Rational Recovery)
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- Quantum change. Overnight transformation. “I felt the presence of God, and I no longer had the urge to use drugs.”
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- Religious recovery. Faith-based drug ministries
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- Shifting allegiance. Moving from one style of recovery to another. Many African American women begin their recovery in traditional 12-step meetings, and by the fifth year of their recovery, often shift from 12-step group attendance to church attendance (Project Safe research).

Recovery Pathways

- Partial recovery. Giving up all drugs except one.
- Occasional use. Going from daily use to occasional use.
- Medication assisted. Methadone maintenance, buprenorphine.
- Cultural pathways. Native American Welbriety Movement, Nation of Islam.
- Disengaged style. Totally discontinuing involvement in a mutual aid group.

Recovery Pathways

- Total Abstinence (AMA/AA/Majority of treatment centers define recovery as completely abstaining from all illicit (and licit) substances and alcohol. Some also include prescription medication).
- Temporary drug substitution. With this style of recovery, the client substitutes a drug such as marijuana or alcohol for other drugs such as heroin, cocaine, methamphetamine, etc. The client's goal is to use the substituted drug for a time frame in order to wean off the original drug.
- Virtual recovery. 70% of those recovering online are women. The Hazelden Foundation provides text-message-based recovery support for adolescents leaving treatment.
- Telephonic recovery support. In Connecticut, Phil Valentine has organized 150 recovering volunteers to provide telephonic recovery support for 90 days following discharge from residential treatment. Research reveals that 80% of individuals enrolled in this program remain sober at the 90-day period (Source: ATTC Monograph, 2007. *How Visionary Leaders are Shaping Addictions Treatment*).
- Treatment-assisted recovery

Recovery Pathways

- Harm reduction. Reducing the harm connected to the substance use. This approach also includes the following:
 - Any positive Change
 - Use of a less harmful substance instead
 - Reduced Use
 - Controlled Use
 - Psychopharmacological treatments
 - Abstinence
- Gender pathways. (Women for Sobriety)

Recovery

- To live a sober lifestyle, a person may need to change aspects of their life including:
- Hobbies/Leisure/Fun
- Friendships
- Occupation
- Religious practices
- Relationships
- Certain routines
- Values

Recovery Oriented Systems of Care

- What are these?

Guiding principles

- Elements of these systems
 - http://www.pfr.samhsa.gov/docs/Guiding_Principles_Whitepaper.pdf

Resources

- Center for Substance Abuse Treatment. (2007) **National Summit on Recovery: Conference Report**. DHHS Publication No. (SMA) 07- 4276. Rockville, MD: Substance Abuse and Mental Health Services Administration.
- Tilly, J & Wiener, J (2000). **Consumer-Directed Home and Community Services Programs in Eight States: Policy Issues for Older People and Government**. Washington, DC: The Urban Institute.
- Tilly, J & Wiener, J (2001). **Consumer-Directed Home and Community Services: Policy Issues**. Washington, DC: The Urban Institute.
- McMillen, C, et al (2001). **Positive By-Products of the Struggle With Chemical Dependency**. Journal of Substance Abuse Treatment, Vol. 20, pages 69-79.
- Perlick, DA (2001). **Special Section On Stigma As A Barrier To Recovery: Introduction**. Psychiatric Services, Vol. 52, pages 1613-1614
- Jason, AL et al (2001). **Oxford House: A Review Of Research And Implications For Substance Abuse Recovery And Community Research**. Journal of Drug Education, Vol. 31, pages 1-27.
- Northwest Frontier Addiction Technology Transfer Center OCTOBER 2007 • VOLUME 10, ISSUE 10