Recovery-Oriented Systems of Care - Part 1

Principles of Recovery

“What I do you cannot do; but what you do, I cannot do. The needs are great, and none of us, including me, ever do great things. But we can all do small things, with great love, and together we can do something wonderful.”

~ Mother Teresa (1910 – 1997) ~

In September 2005, SAMHSA’s Center for Substance Abuse Treatment brought together a diverse group of leaders from the substance abuse treatment and recovery fields for the National Summit on Recovery. Attendees included recovering individuals, treatment providers, researchers, faith-based providers and State and Federal officials. The focus of the summit was on achieving a consensus regarding a set of guiding principles of recovery and elements of a recovery-oriented system of care.

The three goals outlined and achieved during the Summit included:

• Developing new ideas to transform policy, services, and systems toward a recovery-oriented paradigm,
• Articulating guiding principles and measures of recovery that can be used across programs and services, and
• Generating ideas for advancing recovery-oriented systems of care in various settings and systems.

During the meeting a working definition of recovery was developed along with 12 guiding principles of recovery, 17 recovery-oriented systems of care elements, and 49 recommendations for various stakeholder groups.

Why did CSAT host such a meeting? Because a major change in thinking and practice is emerging among leaders in the addiction field. Instead of organizing services around relatively short-term episodes of acute care, increased attention is being given to sustained recovery management and longer term chronic care models. This series of the Addiction Messenger will summarize current thinking about recovery-oriented systems of care and what a new service paradigm might mean for counselors, treatment providers, policy makers and, most importantly, clients. First, let’s consider what we mean by recovery.

The definition of recovery developed during the Summit is:

“Recovery from alcohol and drug problems is a process of change through which an individual achieves abstinence and improved health, wellness and quality of life”

With that definition in mind, Summit participants set out to develop a set of principles that could guide the development of recovery-oriented systems of care. This issue of AM
summarizes those principles.

Guiding Principles of Recovery
The guiding principles are intended to give general direction to the treatment and recovery fields as they move toward operationalizing recovery-oriented systems of care and developing core outcome measures and evidence-based practices.

1. There are many pathways to recovery.
Individuals are as unique as their personal needs, strengths, goals, health attitudes, behaviors and expectations for recovery. Finding the pathway to recovery is a deeply personal journey. Some pathways are grounded in cultural beliefs or traditions and involve informal community resources for supporting sobriety, others may include psychosocial and/or pharmacological treatment. 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.

2. Recovery is self-directed and empowering.
While recovery may involve times when an individual’s activities are directed by others, such as during treatment, recovery is essentially a self-directed process. The person in recovery is the “agent of recovery” and has the ability to make choices and decisions based on their own recovery goals that have an impact on the process. Through self-empowerment, individuals become optimistic about achieving their life goals.

Tilly and Wiener (2000, 2001) found that clients who self-directed their own care expressed greater satisfaction with the services they chose and had fewer unmet needs. Successful self-management and the resulting self-efficacy a client experiences can lead to maintaining their motivation for abstinence.

3. Recovery involves a personal recognition of the need for change and transformation.
Individuals in recovery accept that a problem exists, make a conscious choice to change, and are willing and motivated to take steps to address it. Motivation to change substance-using behaviors is an important contributing factor in the recovery process. Steps usually involve seeking help for the substance use disorder. The process of change can involve physical, emotional, intellectual and spiritual aspects of a person’s life.

4. Recovery is holistic.
Recovery is a process of gradually achieving greater balance of mind, body and spirit in relation to other aspects of life, such as family, work and community.

5. Recovery has cultural dimensions.
Each person’s recovery is unique and impacted by cultural beliefs and traditions. A person’s cultural experience often defines and shapes the recovery path that is right for him or her. Those beliefs should be acknowledged, addressed and used effectively in the recovery process. It is essential that treatment providers develop awareness, knowledge and skills appropriate to their clients’ cultures. Delivering culturally competent care has significant implications on the client-provider relationship. If care is not taken to incorporate a client’s cultural and language needs service difficulties are likely to emerge in:
- inaccurate or incomplete histories being taken upon which the treatment plan is based,
- decreased client satisfaction with the care provided,
- noncompliance with the treatment plan,
- premature departure from care,
- flawed or incomplete screening,
- miscommunication, and
- decreased access to providers of recovery support services.

6. Recovery exists on a continuum of improved health and wellness.
Recovery is not a linear process. It is based on growth and improved functioning and may involve cycles of relapse, readmissions, and other setbacks, which are a natural part of the continuum but not an inevitable outcome. Wellness is the result of improved care and balance of mind, body and spirit. When difficulties or setbacks occur during the recovery process clients benefit from those experiences and the resulting “lessons learned”.

7. Recovery emerges from hope and gratitude.
Individuals working toward recovery often gain hope from others in recovery. They see that people can and do overcome difficulties and they begin appreciating the opportunities that each day of recovery offers them. Listening to others share their experiences about how they successfully dealt with substance-related problems can give clients confidence to deal with troubling situations they will encounter.

8. Recovery involves a process of healing and self-redefinition.
Recovery is a holistic healing process in which an individual develops a positive and meaningful sense of themselves and their life. McMillen, et al (2001) identified positive byproducts for clients with regard to their struggle with substance use problems, such as:
- changes in life priorities,
- increased closeness with family members and others,
- increase in self-efficacy, and
- increased spirituality and compassion.
9. Recovery involves addressing discrimination and transcending shame and stigma.
Stigma and discrimination have several implications for a person’s ability to access care and continue on a path of recovery. Recovery is a process by which people confront and strive to overcome stigma. Stigma exists both within and outside of the health care system. Societal stigma is one of the major barriers to recovery (Perlick, 2001) and it also plays a role in affecting outcomes of treatment, access to services post-treatment, and employment.

10. Recovery is supported by peers and allies.
A common denominator in the recovery process is the presence and involvement of people who contribute hope and support for the individual and suggest strategies and resources for their recovery pathway. Peers, as well as family members, form vital support networks for people in recovery. Societal support eases and encourages the transition from the beginning of recovery to the lifelong maintenance of recovery (Jason et al, 2001). Receiving consistent abstinence support, guidance, and information from others who are committed to long-term sobriety can enhance a person’s recovery. In addition, providing support services to each other and experiencing mutual healing help create a community of continual support among those in recovery.

11. Recovery involves (re)joining and (re)building a life in the community.
A basic element of recovery is the reclaiming of a normal life without substance use and the self-realization and understanding that they may have a damaged sense of their own needs which need to be restored. Recovery involves a process of building or reuniting what a person has lost or never had due to substance use and its consequences. Recovery involves creating a life within the limitations of sobriety. Recovery is building or rebuilding healthy family, social and personal relationships. Individuals in recovery often achieve improvements in the quality of their life, such as obtaining education, employment and housing. They also become involved in constructive roles in their communities through helping others, being productive and making other contributions.

12. Recovery is a reality.
Research and our own personal experience demonstrates that recovery can, will, and does happen. It is a continuous lifelong process.

Recovery support services are the non-clinical services that are crucial to removing barriers and providing resources to people in recovery. Such support services are most beneficial if they are readily available to clients throughout the period of their care:
• pre-treatment,
• as an alternative to treatment,
• during treatment, and
• post-treatment

Next month’s AM will review the elements of a recovery-oriented system of care as defined during the Summit and identify the support services that contribute to the recovery process.

“Elements of Recovery-Oriented Systems of Care”

Source:
NFATTC will begin producing a Spanish Edition of the Addiction Messenger in the near future!

The Addiction Messenger

Spanish Edition

If you would like to receive the Spanish Edition of the Addiction Messenger please contact the following email address with your request:

bryanm@ohsu.edu