



Addiction Messenger

April 2008 Volume 11, Issue 4

Ideas for Treatment Improvement

Implementing Recovery Management Part 1 - The Organizing Concept

Last year AM ran a series of articles that defined the principles and features of a recovery-oriented system of care (Northwest Frontier ATTC, 2007). At about the same time, the Great Lakes ATTC published a series of interviews conducted by William L. White with visionary leaders who are encouraging addiction treatment systems to emphasize a longer term focus on recovery (White, 2007). Beginning with this issue, AM will publish a series of three articles that excerpt portions of those interviews, highlighting how local providers might begin to integrate recovery management into existing services. We hope you will reflect on how you might be able to implement the ideas expressed by these leaders in our field.

In this first interview, William L. White discusses an emerging emphasis placed on recovery by the Substance Abuse and Mental Health Services Administration. He spoke with Dr. H. Westley Clark, Director of the SAMHSA Center for Substance Abuse Treatment, who provides one of the most compelling statements to-date on the shift toward a recovery paradigm.

BILL WHITE: During your tenure at CSAT, recovery has emerged as a central organizing concept. Could you describe the background of this shift in emphasis?

DR. CLARK: Recovery has been a key construct in the substance use disorder arena for some time. Recovery, as you know, is an integral construct of 12-Step and other self-help programs. It became clear to me as a clinician that it is not simply acute intervention that helps a person. It's the ability to receive ongoing contact and support from others, either through professional support or through a community of recovering peers. Recovery is more than an abstinence from alcohol and drugs; it's about building a full, meaningful, and productive life in the community. Our treatment systems must reflect and help people achieve this broader understanding of recovery.

WHITE: There have been recent calls to shift addiction treatment from a model of acute bio-psycho-social stabilization to a model of sustained recovery management. To what extent does this represent a fundamental change in the historical design of addiction treatment?

DR. CLARK: Substance use disorder treatment in the United States is being scrutinized from multiple perspectives, and the whole notion of sustained recovery management is consistent with the notion of disease management that you find

"What recovery management does is allow you to differentiate and titrate the intervention"

~ Dr. H. Westley Clark ~

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Next Issue:

**Making the
Philosophical Shift**

elsewhere. The chronic disease model recognizes that there is no acute solution. You break your leg, you put a cast on it; it heals, and you go on with an otherwise unchanged life. You don't have a problem—unless, of course, you're into extreme sports. But if you've got asthma, you're going to have asthma off and on for awhile. If you've got diabetes, your diabetes is going to require different management strategies over a prolonged period of time, if not for the rest of your life. Some strategies are just diet and careful monitoring of what you eat. Other strategies include oral pills. Another strategy is insulin. These are different strategies, but they all require a fervent effort. Like long-term management of any other chronic disease, the substance use disorder recovery management strategy offers a framework for sustaining and actively managing recovery over a lifetime.

What recovery management does is allow you to differentiate and titrate the intervention. Not everybody needs an intervention at the same time or at the same level of intensity. Relapse is a common event early in the treatment and recovery process, and there are points of heightened vulnerability later in the recovery process. The recovery management model acknowledges this vulnerability but posits that

relapse is not inevitable if the ongoing recovery process is actively managed.

We also have people with multiple problems, such as co-occurring depression or anxiety disorders. We've got complex medical issues, like HIV, Hepatitis, and AIDS. We've got other issues in the recovery process, like homelessness or involvement with the criminal justice system. So a recovery model says, "Okay, from the public's point of view, we have to deal with all of these complexities." We've got individuals who've been physically and sexually abused, or are victims of domestic violence or other kinds of violence and stress. So we need to have support for individuals depending on their unique situations, and that support must extend beyond the point of crisis stabilization.

WHITE: Do you envision a much closer integration of primary healthcare and addiction treatment in the future?

DR. CLARK: That is our hope. That is what our screening/brief intervention effort is trying to facilitate. The recovery process, as you know, is plagued with problems of compliance similar to those found with hypertension and diabetes. What we are doing is

Recovery Oriented System of Care



Stein/CSAT 2008

Editor's Note: This graphic is a conceptual model of the system Dr. Clark envisions. Recovery encompasses wellness and health, and is achieved through involvement in a variety of systems of care available in the community. Not all communities, however, contain a rich menu of services and support. Recovery management includes assessing available services and linking the person in early recovery to the systems most relevant to personal needs.

promoting a one-stop shop, meaning that the health centers would be authorized to provide early intervention. We don't have to wait until the person crashes and burns and finally arrives at the doors of substance use disorder treatment, usually via the criminal justice system. By the time you get into the criminal justice system or the child welfare system as a result of drug use, you've usually got a long list of severe and complex problems. We believe that issues with alcohol and drugs adversely affect the person's health and the person's well-being, given that these problems have to manifest elsewhere. Early intervention will allow us to respond to these problems early and to begin to work with the person from a motivational point of view. The goal is to deal with these problems before they're exacerbated to more severe levels.

WHITE: There is growing evidence that sustained post-treatment monitoring and support, assertive linkage to recovery communities, and early re-intervention enhance long-term recovery outcomes. Do you think such services will become standard practice in most addiction treatment programs?

DR. CLARK: The real question is how we define post-treatment monitoring. We need to be careful about characterizing post-treatment monitoring. We know that some people, particularly those with more severe problems, need ongoing support following primary treatment, and the evidence confirms that post-treatment recovery support services can help reduce relapse and facilitate early re-intervention. We could also use toxicology screening as feedback to an individual and an opportunity for early re-intervention. Post-treatment monitoring and support need to be recovery focused, with an emphasis on support as opposed to simply a policing function. That gets us back to recovery management. The question is, "Is the recovery management service that is monitoring the individual also supporting and helping the individual?"...the whole key is the experience that you are part of a community and the community cares about you. The community is supporting you. Monitoring sounds like an externally imposed mandate. What I'd like to see is recovery support services conceptualized as a voluntary phenomenon—something that is chosen because it is in the best interest of the individual.

We're trying to get people to 5 years out. If I can get

you to 5 years out in recovery, the chances of your getting to 10 years of recovery goes up dramatically...If we can stabilize and support people in recovery, they won't need repeated episodes of such higher cost interventions. What we pay for repeated episodes of detox and inpatient treatment will pay for a lot of post-treatment recovery support services. We will come to see the recovery support services as a good financial investment.

WHITE: Do you think this growing recovery orientation will lead to a greater integration between treatment and prevention?

DR. CLARK: I think SAMHSA will increasingly move toward an integrated model that bridges and integrates primary prevention, early intervention, treatment, and recovery support services. The issue with early intervention is to bring evidence-based practices to bear on the human manifestations of our prevention failures—to reach those who didn't receive or heed our prevention messages. So rather than seeking a dichotomy between prevention and treatment, I think it is best to see these as a single continuum. A message common to all is that, once you start using, drug use is powerfully reinforcing and can quickly escalate out of control. With the strategies we develop and employ, we need to be able to reach people across this continuum of drug involvement—from people who have never used to people who are in long-term recovery, and all points in between. We need interventions that reach people who have diminished control over their decision-making. We know brains are in transition once drug use begins. We need to continue to make sure that the prevention and treatment interventions we employ are appropriate for each individual, family, and community.

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Sources

Northwest Frontier ATTC, 2007. *Addiction Messenger*, Volume 10, Issues 10-12.

White, W.L., 2007. *Perspectives on Systems Transformation*. Chicago: Great Lakes Addiction Technology Transfer Center.

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The Continuum of Recovery: New Visions and Perspectives

July 30 - August 1, 2008

Monarch Hotel and
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Northwest Institute of Addictions Studies

in partnership with
The Addiction Studies
Program at the Graduate School of
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with support from
DHS Addictions and Mental Health,
Problem Gambling Services,
Oregon Department of Corrections,
and Northwest Frontier ATTC.

*For full workshop descriptions
go to:*

lclark.edu/~ccps/nwais/index.html

To register: see reverse

Wednesday, July 30

Plenary: What We Target for Change Matters

Edward Latessa, PhD, University of Cincinnati

Breakout Sessions

- What Works in Reducing Recidivism for Offenders?: Edward Latessa, PhD, University of Cincinnati
- Chemicals, Crime and Character: Ed Roberts, MA, LCDC, CCJP, CEC/Civigenics Inc.
- Current Science & Tx of Substance Use Disorders: Darryl Inaba, Pharm D, Asante Health Systems and CNS Productions and Eric Martin, MA, CADA-III, ACCBO
- Integrating Spirituality Into Treatment: Gordon Lindbloom, PhD, Lewis & Clark
- Using it All: Exploring the Dreamworld of the Gambler: Philip Yassenoff, MS, LPCC, Private Practice
- Ethical Issues in Problem Gambling Treatment: Charles Maurer, PhD, ABPP, NCGC-II, Pacific Psychological Services
- Motivational Interviewing Assessment: Supervisory Tools for Enhancing Proficiency: Denna Vandersloot, MEd, LAC, NFATTC
- Advanced Clinical Supervision: Infusing Cultural Identity into the Supervisory Process: Lisa Aasheim, PhD, NCC, ACS, Portland State University

Thursday, July 31

Plenary: Understanding Methamphetamine Addiction

Rick Rawson, PhD, UCLA

Breakout Sessions

- Tx of Methamphetamine Dependency: Strategies that Work: Rick Rawson, PhD, UCLA, Department of Psychiatry
- Promoting Awareness of Motivational Incentives: MaryAnne Bryan, MS, LPC, NFATTC
- Mindfulness-Based Relapse Prevention in the Tx of Addictive Behaviors: Alan Marlatt, PhD, University of Washington
- Working with Domestic Violence Survivors in Treatment: Emmy Ritter, LCSW, Lifeworks NW
- Healing Addicted Families: What Works: Beth Glisczkinski, MA, LPC, Lifeworks NW
- Promoting Change in Drug and Criminal Behavior: Glen Walters, PhD, Center for Lifestyle Studies
- Gambling Counselor Competency Training: Jeffrey Marotta, PhD, Problem Gambling Solutions

Friday, August 1

Plenary: The Link Between PTSD and Substance Abuse

Lisa Najavits, PhD, Harvard Medical School, McLean Hospital

Breakout Sessions

- Seeking Safety Therapy for Trauma and Substance Abuse: Implementation Strategies: Lisa Najavits, PhD, Harvard Medical School, McLean Hospital
- Sobriety Enhancement: Jim Holder, MA, LPC, LPC-S, MAC, McLeod Behavioral Health Services
- Adolescent Development: Implications for Tx and Long-Term Outcomes: Kristen Anderson, PhD, Reed College
- Indigenous Ways of Knowing: Tribal Leadership Speaks to Addiction Crises and Remedies in Indian Country: Mary Clare, PhD, Lewis & Clark
- Applying Art Therapy to Gambling, A+D, and Compulsive Behaviors: Jeanne Cory, MA,

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Please choose Option 1, full day seminar **or** Option 2, two half day seminars, for each day you are attending. Go to lclark.edu/~ccps/nwais/index.html to see detailed descriptions of each session.

Check in opens at 7:30 a.m. each day

WEDNESDAY, JULY 30

Plenary: 8:30-9:30 a.m.,

What We Target for Change Matters Latessa

Option 1: One all day session 10 a.m.-4:30 p.m.

_____ Science & Tx of Substance Use Disorders Inaba & Martin

_____ Integrating Spirituality Into Treatment Lindbloom

Option 2: Select one AM and one PM workshop

Morning 10 a.m.-12 p.m.

_____ What Works in Reducing Recidivism Latessa

_____ Using it All: Exploring the Dreamworld Yassenoff

_____ MI Assessment: Supervisory Tools Vandersloot

Afternoon 1:30-4:30 p.m.

_____ Chemicals, Crime and Character Roberts

_____ Ethics and Gambling Treatment Maurer

_____ Advanced Clinical Supv: Infusing Culture Aasheim

THURSDAY, JULY 31

Plenary: 8:30-9:30 a.m.

Understanding Methamphetamine Addiction Rawson

Option 1: One all day session 10 a.m.-4:30 p.m.

_____ Mindfulness-Based Relapse Prevention Marlett

_____ Promoting Change in Drug & Criminal Behavior Walters

_____ Gambling Counselor Competency Training Marotta

Option 2: Select one AM and one PM workshop

Morning 10 a.m.-12 p.m.

_____ Tx of Meth Dependency: Strategies that Work Rawson

_____ Working with Domestic Violence Survivors Ritter

Afternoon 1:30-4:30 p.m.

_____ Promoting Awareness of Motivational Incentives Bryan

_____ Healing Addicted Families: What Works Glisczynski

FRIDAY, August 1

Plenary: 8:30-9:30 a.m.

The Link Between PTSD and Substance Abuse Najavits

Option 1: One all day session 10 a.m.-4:30 p.m.

_____ Seeking Safety Therapy for Trauma & Substance Abuse Najavits

_____ Sobriety Enhancement Holder

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Morning 10 a.m.-12 p.m.

_____ Adolescent Development Anderson

Afternoon 1:30-4:30 p.m.

_____ Indigenous Ways of Knowing Clare

_____ Applying Art Therapy to Gambling Tx Cory

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