

TEXAS BEHAVIORAL HEALTH
INSTITUTE 2011

PRESENTS

INTEGRATING RECOVERY
MANAGEMENT WITH OFFENDER
RE-ENTRY PROGRAMMING

PRESENTER

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BARRIERS TO RE-ENTRY

- Jobs
- Food stamps
- Voting rights
- Public housing
- Drivers license
- Student loans

* Family stress

BARRIERS TO RECOVERY

- Stress as a result of the above list
- Ineffective service dose – The client has a chronic illness that has usually been treated as an acute illness
- Treatment of addiction is often provided in the early phases of incarceration and not at the end where it is most needed.
- Memory
- Returning home to a sub-culture of addiction

RECOVERY MANAGEMENT

DEFINITION OF RECOVERY MANAGEMENT

Recovery management is an approach that shifts from treating addiction in short-term acute episodes toward how we traditionally treat other chronic and progressive illnesses (diabetes, cancer, etc.).

Recovery management is an effective approach to address challenges faced by those re-entering the community following incarceration. The approach is anchored in the client's natural environment and utilizes a combination of indigenous healers, professionals, and institutions to create a seamless system of care to support recovery long-term.

The Crises that Preceded the Paradigm Shift toward Recovery Management

1. Crack crisis of the 1980s
 - ❖ Cocaine replaced marijuana
 - ❖ Baking soda replaced ether
 - ❖ War on drugs

2. Managed care

3. Methamphetamine crisis today

“Combine some hardware and a few common chemicals, with about as much skill as it takes to bake a cake, and you have a methamphetamine epidemic in rural America.”

Neal Conan

“Methamphetamines will make crack-cocaine looks like candy.”

Rex Alexander

- ❖ Number one drug problem in rural America
- ❖ Number one legal problem in some states
- ❖ Number one cause of rural fires
- ❖ Number one public health problem in some states
- ❖ A number of states report that, in spite of the crisis, only a small percentage of methamphetamine users make it to treatment.

4. Limitations of the Acute Care Model

- Ineffective service dose
- Difficulty with attraction
- Long waiting lists and high dropout rates
- High administrative discharge rates
- Abandonment – aftercare as an afterthought.
- Perception of treatment as ineffective – A potential backlash against the slogan, “Treatment works!”

Source: William White, Recovery Management Symposium
Great Lakes ATTC

- When clients experience the greatest difficulties, service providers are no longer working with them.
- Those who need treatment the most are the most likely to drop out.

Source: *GLATTC Bulletin*, September 2005, <http://www.glattc.org>

THE NATURE OF CHRONIC ILLNESSES

- ❖ Chronic illnesses are progressive.
- ❖ Chronic illnesses often get worse if left untreated.
- ❖ The symptoms of chronic illnesses ebb and flow over an extended period of time.
- ❖ Chronic illnesses often lead to other illnesses.
- ❖ Chronic illnesses often improve when the treatment regimen is followed and get worse when the treatment regimen is discontinued.
- ❖ Recovery from chronic illnesses can often be a long-term process frequently requiring multiple episodes of treatment.
- ❖ Adherence to recommended medical regimens is the most significant determinant of treatment outcomes for individuals with chronic illnesses.
- ❖ Individuals in the lowest socioeconomic status, who lack family and social support and who have a concurrent mental illness, have the poorest outcomes in terms of recovery from chronic illnesses.

Source: Thomas McClellan, Ph.D.,
Treatment Research Institute

Questions: How many of the above statements about chronic illnesses are true for substance use disorders? If the addiction and criminal justice fields truly believed that addiction is a chronic disorder, how would treatment be different?

THE 3 CONTINUUMS OF RECOVERY MANAGEMENT

(A recovery coach can be utilized in all three continuums.)

1. Pre-treatment and pre-incarceration support services to enhance recovery readiness
 - A. Recovery coaching/peer mentoring
 - B. Community outreach
 - C. Increasing client motivation
 - D. Helping clients understand what to expect from treatment
 - E. Keeping in contact while clients wait
 - F. Linking clients with needed resources
 - G. Helping with other services while clients wait

Examples:

- TASC – recovery coaching program for mothers in the child welfare and criminal justice systems
- NORA – Northern Ohio Recovery Advocates

2. In-treatment recovery support services to enhance the strength and stability of recovery initiation
 - A. Peer support
 - B. Check-ins
 - C. Linkage in communities of recovery prior to discharge

Examples:

- Nation of Islam
- White Bison prison-based recovery groups
- Hamilton County Women's Recovery Management Program
- Inner Circle

3. Post-treatment recovery support services to enhance the durability and quality of recovery maintenance
 - A. Recovery coaching in the natural environment
 - B. Help with the fragility of early recovery
 - C. Strong linkages in communities of recovery

Examples:

- Winner's Circle
- Southwestern Correctional Center – East St. Louis, IL,, recovery coaching program
- One Church One Inmate
- Second Chance Act

SIMILARITIES AND DIFFERENCES BETWEEN A RECOVERY COACH AND A SPONSOR

SIMILARITIES

1. Both are credentialed by experience rather than education.
2. They both allow self-disclosure.
3. They both remove obstacles to recovery.
4. They both model recovery competence.
5. They both maintain contact in the community.

DIFFERENCES

1. The sponsor's service is provided through a voluntary organization
2. The recovery coach is a paid representative of a social service organization
3. The sponsorship relationship can occur in isolation
4. The recovery coach is a part of a multidisciplinary team
5. The organization plays a part in determining when to terminate a case in the sponsor/sponsee relationship; there is rarely any organizational involvement.
6. The recovery coach usually has to respect multiple pathways and styles of recovery. The sponsor has to honor only one pathway to recovery.

Pathways

- A.
- B.
- C.
- D.

STYLES OF RECOVERY

- ❖ Total abstinence
- ❖ Temporary drug substitution
- ❖ Virtual recovery
- ❖ Telephonic recovery
- ❖ Treatment-assisted recovery
- ❖ 12-step recovery
- ❖ Secular recovery
- ❖ Quantum change
- ❖ Religious recovery
- ❖ Shifting allegiance
- ❖ Partial recovery
- ❖ Occasional use
- ❖ Medication assisted
- ❖ Cultural pathways
- ❖ Disengaged style
- ❖ Harm reduction

Areas in which recovery coaches can provide support to clients in their natural environment:

In the short-run

1. Return to an anxious home
2. Dealing with pressure from bill collectors
3. Early efforts to disengage from a drug culture

Types of drugs

Socially celebrated
Socially tolerated
Socially prohibited

Types of addicts

Acultural
Bi-cultural

Source: White, W. (1996). *Pathways from the Culture of Addiction to the Culture of Recovery*. Center City, Minnesota: Hazelden.

4. Feelings of uselessness in the community
5. Separation/Divorce
6. Disengagement from self-help groups and other sources of support

**AREAS IN WHICH RECOVERY COACHES CAN PROVIDE SUPPORT TO
CLIENTS RE-ENTERING THEIR COMMUNITIES**

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In the long-run

1. Unresolved grief and trauma
2. Development of recovery capital
3. Chronic pain
4. Existential crises
5. Generativity vs. despair – A stage in which you look back on your life, reflecting on the contributions you have made and the “mark you are leaving.”
6. Phase 2 recovery
 - A. Learning to have healthy relationships
 - B. Dealing with negative core beliefs
7. Other problems about which the client may be ambivalent.
8. Periods of celebrations, anniversaries, holidays, accomplishments, etc.

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