Including Family and Community in Recovery from Addiction

Presented by Cynthia Moreno Tuohy
BSW, NCCII, CDCIII, SAP

A presentation by the NAADAC, the Association for Addiction Professionals

August 5, 2015

Recovery to Practice
Resources for Behavioral Health Professionals
Housekeeping

Technical issues?
Please use the Technical Support Chat to ask our technology coordinator for guidance.

Sound
This webinar will be broadcast through your computer speakers. Please make sure they are unmuted. Adjust your volume as needed.
SAMHSA’s Vision for Recovery to Practice

Through education, training, and resources

the Recovery to Practice (RTP) program

supports the expansion and integration of

recovery-oriented behavioral health care
delivered through multiple service settings.
Recovery in Behavioral Health

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’s 10 Components of Recovery in Behavioral Health
RECOVERY TO PRACTICE Curricula

- AMERICAN PSYCHIATRIC ASSOCIATION (APA) & AMERICAN ASSOCIATION OF COMMUNITY PSYCHIATRISTS (AACP)
- NAADAC – ASSOCIATION FOR ADDICTION PROFESSIONALS
- AMERICAN PSYCHIATRIC NURSES ASSOCIATION (APNA)
- COUNCIL ON SOCIAL WORK EDUCATION (CSWE)
- INTERNATIONAL ASSOCIATION OF PEER SPECIALISTS (INAPS)
- AMERICAN PSYCHOLOGICAL ASSOCIATION (APA)
RTP Training and Technical Assistance

WEBINAR SERIES

Interdisciplinary recovery-oriented practices

Decision Support for Clinicians and Physicians

RTP Newsletter

Sign up: RTP@AHPNET.com
Cynthia Moreno Tuohy

Executive Director

NAADAC, the Association for Addiction Professionals

cynthia@naadac.org
Predictable Family Course

Tolerance of the person with addictive disorders

Denial of the elephant

Plays detective

Preoccupied of the person with addiction
Predictable Family Course

- Tries to hide the problem from family and friends
- Continue to make excuses and cover for person
- Lose friends and family
- Develop ulcers, headaches, depression
THE WHOLE FAMILY IS AFFECTED BY THE IMPACT OF SUBSTANCE USE
Family Shame

**Shame:** Family problems should stay within the family
- Influencing how they reach out to others for help, their initial reactions in the counseling process

**“Rules”** dictate behavior:
- The “don't trust” rule
- The “don’t talk” rule
- The “don’t feel” rule
FAMILY PHASES IN THE PROGRESSION OF ADDICTION

1) The Learning Phase
2) The Harmful Phase
3) The Escape Phase
4) The Family Denial Phase
The family does what they do out of a sincere desire to help the person with a SUD and to maintain the family.

With the crisis of addiction/alcoholism, the traditional tools of family problem-solving and crisis reaction do not work.
Families are made dysfunctional by the attempt to cope with alcoholism/addiction in the only way they know.

After all they have done, they think they fail in the role of wife, husband, parent or children. They try harder.

They take on the responsibilities of the person with a SUD, not realizing that this causes him/her to become irresponsible.
SURVIVAL ROLES: CODEPENDENT

- The Victim/Dependent Person
- Primary Enabler
- The Frustrated Parent
- The Hero
- The Scapegoat
- The Lost Child
- The Mascot
FAMILY DENIAL

- Repeated Modeling Childhood
- Always Confused
- Cannot Please Family
- Repeat Mistakes
- Unreal Expectations of Life
- Mixed Messages

“I love you/Go away”
“Cannot do right/I need you”
“I’ll be there for you/Then forget”
The impact and effect of substance use and misuse is visible throughout the community.

It hurts too much.
COMMUNITY CONSPIRACY OF DENIAL

The Person with an addiction hides behind the wall of denial:

- The marriage – money, beauty, words
- The children, parents, and in-laws
- The employer
- Others

Community players behind the wall – to break down the wall:

- Family members join together for own support
- Families use community for resources for basic needs
Service System Progression
Model 3: Recovery-oriented System of Care

In the model, clinical care is viewed as one of many resources needed for successful integration into the community.

Primary Focus

- Work or school
- Social support
- Belonging
- Faith
- Treatment & rehab
- Peer support
- Housing
- Family

Community Life
The recommendation to seek help is particularly vital.

The prejudice and discrimination is a powerful barrier to treatment.

People with addiction/mental illness feel shame and fear of discrimination.
• Educate yourself
• Provide a sober environment
• Seek professional and community peer support
• Support your family member's involvement in treatment
• Assist in locating recovery support needs
• Assertively re-intervene in the face of any episode of substance use
RECOVERY CULTURE

- Language and rituals evolved by people in recovery
- Language and rituals for family members
- Family roles vary
“TRAUMA” OF RECOVERY

Children and families go through a “trauma of recovery” — a readjustment of expectations.

Each family must be its own model.

Intervention must be characterized by gentleness and humility.

Brown, 1994
ADDICTION RECOVERY: MULTIPLE LEVELS OF HEALING

- Personal Recovery
- Family Recovery
- Community Recovery ("Healing Forest")
- Community Subsystems
RECOVERY CAPITAL (RC)

Recovery Capital = internal and external resources (at personal, family and community levels) that can be mobilized to initiate and sustain long-term recovery from severe AOD problems

PERSONAL RECOVERY CAPITAL

Granfield & Cloud, 1999; White & Cloud, 2008
RECOVERY CAPITAL (RC)

FAMILY/ SOCIAL RECOVERY CAPITAL
ROLE OF RECOVERY CAPITAL IN LONG-TERM RECOVERY OUTCOMES

• Science is confirming what front-line addiction professionals have long known: “environmental factors can augment or nullify the short-term influence of an intervention” (Moos, 2003, p. 3; Humphreys, Moos & Cohen, 1997).

• Therapeutic processes in addiction treatment must encompass more than a strictly clinical intervention (Simpson, 2004).

• Strategies that target family and community recovery capital can elevate long-term recovery outcomes and elevate the quality of life of individuals and families in long-term recovery (White, 2009).
QUESTION

How does your organization access recovery support resources in the communities you serve?

Are there staff/volunteer positions available for this purpose?
RECOVERY CAPITAL Tips

1) Reach people before their recovery capital is depleted
2) Engage people with low recovery capital through outreach
3) Focus on hope as a recovery catalyst
4) Assess recovery capital on an ongoing basis
5) Use RC levels to help determine treatment decisions
6) Community recovery capital development
7) Use RC measures to evaluate program/professional performance
MEASURING PERSONAL/FAMILY RECOVERY CAPITAL

Assessment of
Recovery Capital Scale

50-item scale and scoring instructions posted at www.williamwhitepapers.com

Psychometrics published in Drug and Alcohol Review (Groshkova, Best & White, 2012)
STEPS FOR MEASURING COMMUNITY RECOVERY CAPITAL

• Extensive problem data with little solution data
• Need for recovery resource mapping
• Plot problem indicator data location
• Plot recovery resource data by same catchment area
• Identify areas of high problem severity and low RC

See (Johnson, et al., 2009) for detailed description
• Recovery is contagious
• Recovery is spread via recovery carriers
• Prevalence of recovery carriers can be strategically increased
RECOVERY CARRIERS AS COMMUNITY RECOVERY CAPITAL

- Recovery coaches
- Recovery community centers
- Telephone recovery supports
CULTURES OF ADDICTION / CULTURES OF RECOVERY

• Cultural elements: people, places and things
• Styles of cultural affiliation
• Recovery as a transcultural journey
• Building cultures of recovery

White, 1996
Long-term recovery is a reality.

Stories trump science.

There are multiple pathways.

Recovery flourishes in supportive communities.

Part of the problem to part of the solution.

We are the evidence...
ADDICTION TREATMENT AND COMMUNITY RECOVERY CAPITAL

Inreach
Outreach
Recovery Community Development (RCD) Activities
Integration of clinical and community development/cultural revitalization models
QUESTION

How does your organization offer services/support to individuals and families in later stages of recovery?
RECOVERY SUPPORT THROUGH STAGES OF RECOVERY

• From After Care to Recovery Management
• Greatest need may be later in recovery process
• Ameliorate the “trauma of recovery”
• Provide “scaffolding” for sustained family recovery

TIP 27: Comprehensive Case Management for Substance Abuse Treatment
INCREASING FAMILY ORIENTATION OF TREATMENT

- Shifting Unit of Service from Individual to family
- Define “family” non-traditionally as family of choice
- Outreach to families regardless of readiness for change of the person identified as “the problem”
- Screening and Assessment Elements
INCREASING FAMILY ORIENTATION OF TREATMENT

- Family-focused treatment, including parenting and prevention training
- Assertive linkage to family support resources
- Family-focused recovery checkups
- Invitation for service and advocacy via peer support and advocacy organizations
Address historical trauma

and

cultural revitalization
(Coyhis, 2000, Coyhis & White, 2006)
BREAKING
INTERGENERATIONAL CYCLES

Integrate into treatment and recovery support services:

Family/children’s programs

Parenting education
BREAKING

INTERGENERATIONAL CYCLES

Targeted prevention activities for children with family histories of addiction

Early intervention strategies to shorten addiction careers
PROMOTING FAMILY WELLNESS IN LONG-TERM RECOVERY

• Need for research on long-term recovery
• Need for research on long-term family recovery
• Focusing tri-directional service integration initiatives on family as the unit of service
• Integrating wellness activities into continuing care, alumni activities and local recovery support activities
• Specialized services for affected children
Join Recovery to Practice!

RTP@ahpnet.com

http://www.samhsa.gov/recovery-to-practice
Coming up!

- **August 10** – Peer Services: Creating an Environment for Success
- **August 12** - Evidence-based Practice and Recovery-oriented Care
- **August 17** – Building Recovery-oriented Systems
- **August 19** – Whole Health and Recovery (part 1)
- **August 26** - The Role of Medication and Shared Decision Making in Recovery
- **August 31** - Partnership, Engagement and Person-Centered Care
- **September 2** - RTP Applications: Incorporating Recovery-oriented Practice Competencies in Practitioner Training
- **September 3** – Whole Health and Recovery (part 2)
- **September 9** - Health Care Reform and Recovery
Please provide feedback and comments by clicking on the Participation Evaluation link below in the link box.