

Recovery & Person-Centered, Approach to Care

IRIS JONES, LPC, LCADC, NCC, CCS

Introduction

Iris Jones, LPC, LCADC, NCC

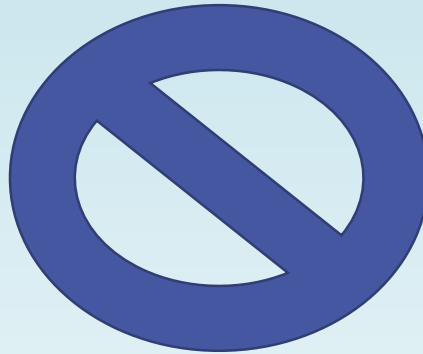
ijones@wellnessCI.com

Iris earned her undergraduate degree in Psychology and Sociology from Albany State University and her graduate degree in Clinical Counseling from Eastern University. Her clinical internship was completed at Crozer-Chester Medical Center specializing in the treatment of addiction, trauma and co-occurring mental health disorders. She previously worked with complex populations in non-profit outpatient behavioral health as a co-occurring addictions counselor. Iris focused her energies on promoting the welfare of patients with substance use disorders involved with the New Jersey legal system, directing multiple outpatient sites to improve overall access and care for clinically complex patients.

In 2016 she began working in Cooper's Addiction Medicine department as a Behavioral Health Therapist, where she has worked to develop the perinatal addiction clinic, individual and group therapy, as well as hospital consults and protocols. Iris began teaching as adjunct faculty at Eastern University in 2016 and launched her own consulting firm, Wellness Clinical Innovations in 2018. Her credentials include Licensed Professional Counselor (LPC), a Licensed Clinical Alcohol and Drug Counselor (LCADC), National Board Certified Counselor (NCC), and Certified Clinical Supervisor.

Financial Disclosures

The following session leader has no relevant Financial relationships with ineligible companies to disclose



Learning Objectives

- Participants will understand the guiding principals of recovery
- Participants will gain a strong understanding and how to support their patients through the recovery process.
- Participants will learn about patient autonomy in the recovery process and how it plays a vital role in treatment planning and patient outcomes

How Do You Define Recovery?

Metrics – We love them

Drug test results

Sessions attended

Programs completed

Length of stay in treatment

Successfully enrolled in higher or lower level of care

Legal charges reduced/eliminated

Reunification with children or family

Is This Recovery?

How many people think that patients in recovery on MAT should remain on MAT for:

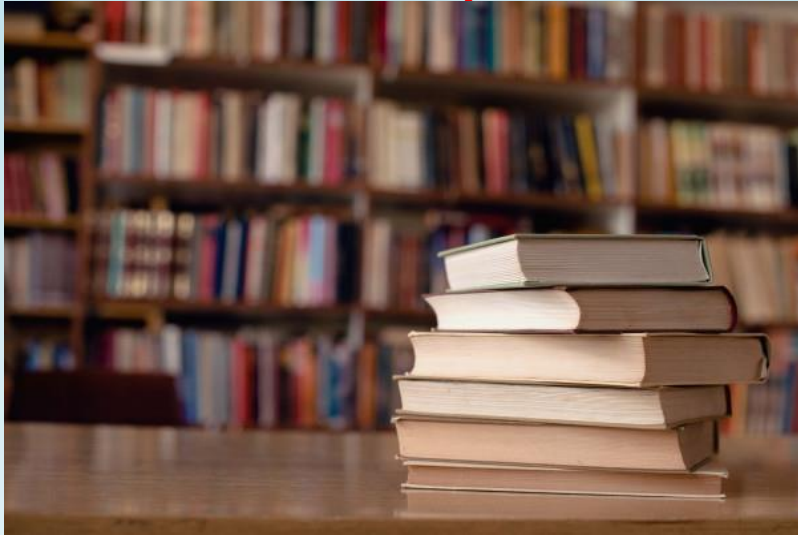
1-year or less?

2 -years or less?

Indefinitely?

Why MAT? Is that Recovery?

Traditional Recovery

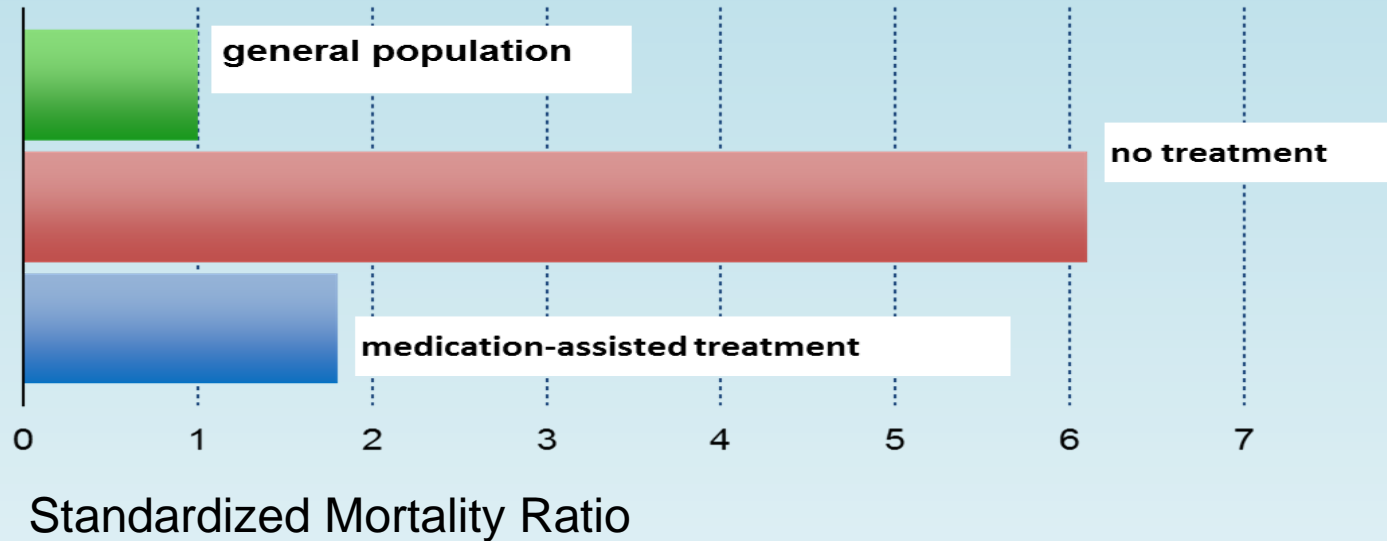


Public health crisis-Emergency



Benefits of MAT: Decreased Mortality

Death rates:



Dupouy et al., 2017

Evans et al., 2015

Sordo et al., 2017

Traditionally how have we helped people enter recovery? What treatment have we offered?

Early Treatment

- Therapeutic communities
- Self-help recovery movement
- Group & Individual Counseling – by peers and later by professionals



Therapeutic communities (TCs) are a common form of long-term residential treatment for substance use disorders (SUDs).

Residential treatment for SUDs emerged in the late 1950s out of the self-help recovery movement, which included groups such as Alcoholics Anonymous.

Some such groups evolved into self-supporting and democratically run residences to support abstinence and recovery from drug use.

The first TC was the Synanon residential rehabilitation community, founded in 1958 in California.

During the 1960s, the first generation of TCs spread throughout areas of the United States, and today the TC approach

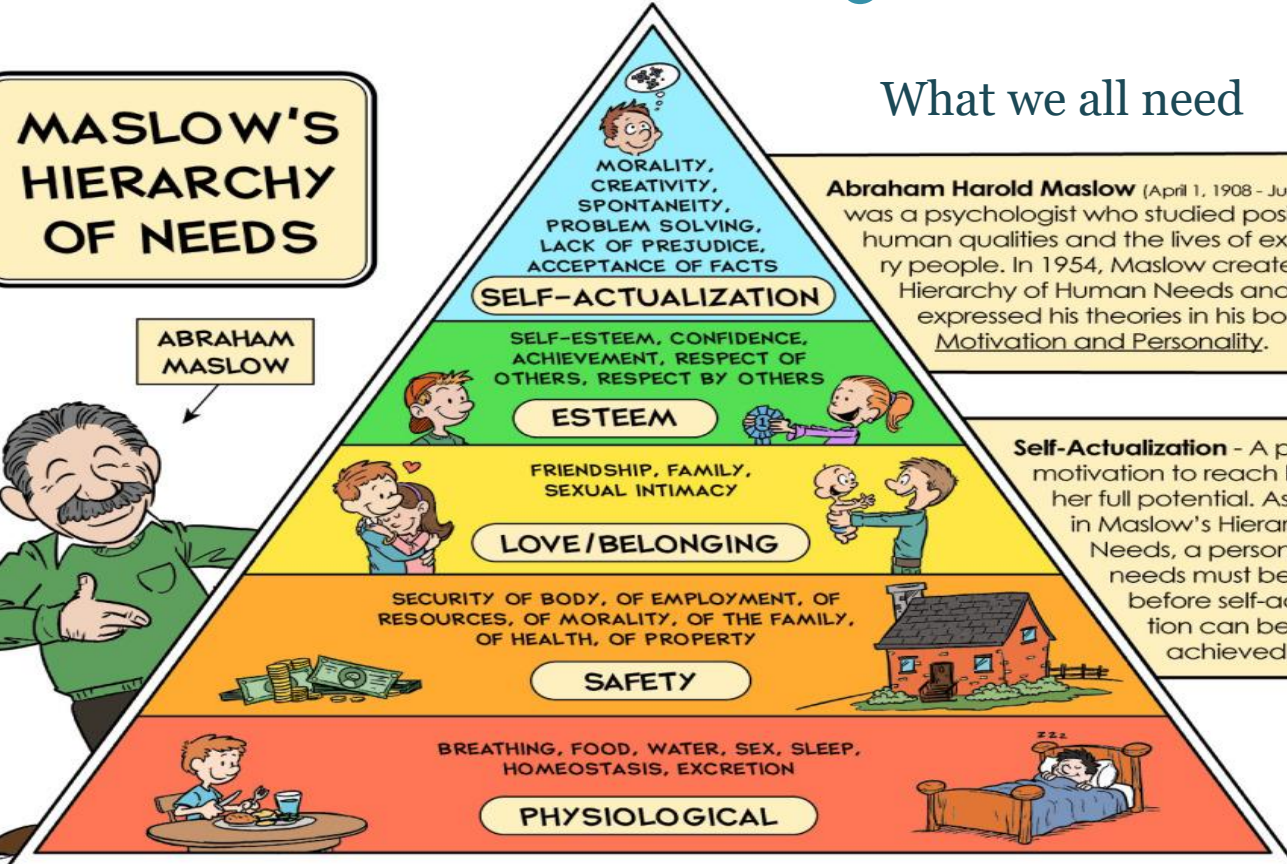
Evidence Based Care - Treatment

- Behavioral Therapy
- Cognitive-Behavioral Therapy (CBT)
- Contingency Management
- Rational Emotive Behavior Therapy (REBT)
- Motivational Interviewing
- Eye Movement Desensitization and Reprocessing Therapy (EMDR)
- Dialectical Behavior Therapy (DBT)
- Community Reinforcement and Family Training (CRAFT)
- Multidimensional Family Therapy
- Integrative Approach
- Person-Centered Therapy
- Matrix Model

Why TX Fails

MASLOW'S HIERARCHY OF NEEDS

ABRAHAM MASLOW



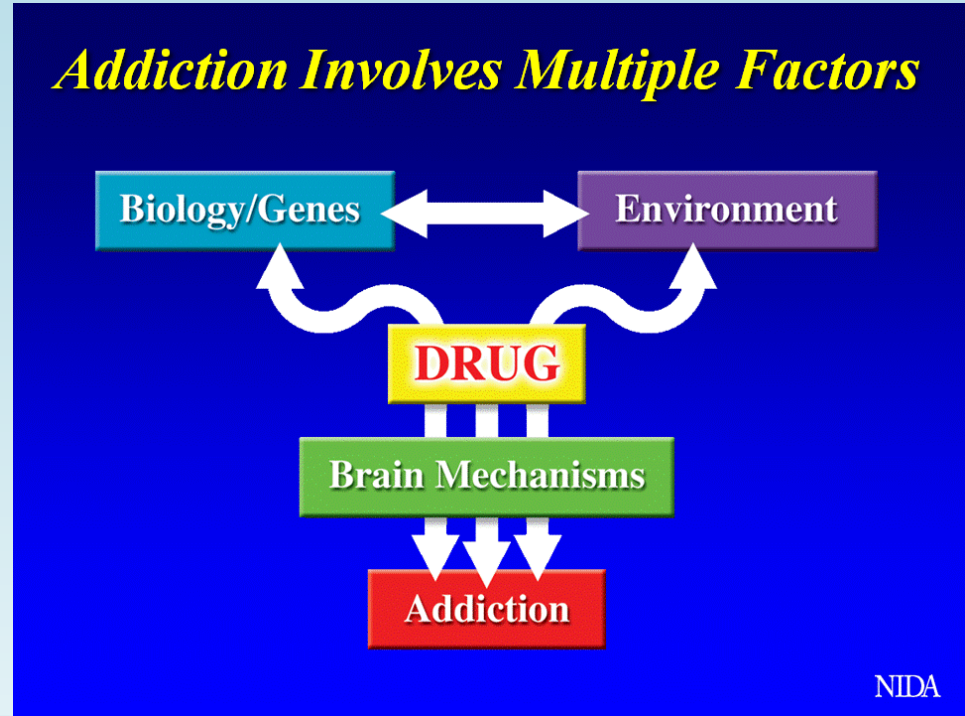
What we all need

Abraham Harold Maslow (April 1, 1908 - June 8, 1970) was a psychologist who studied positive human qualities and the lives of exemplary people. In 1954, Maslow created the Hierarchy of Human Needs and expressed his theories in his book, *Motivation and Personality*.

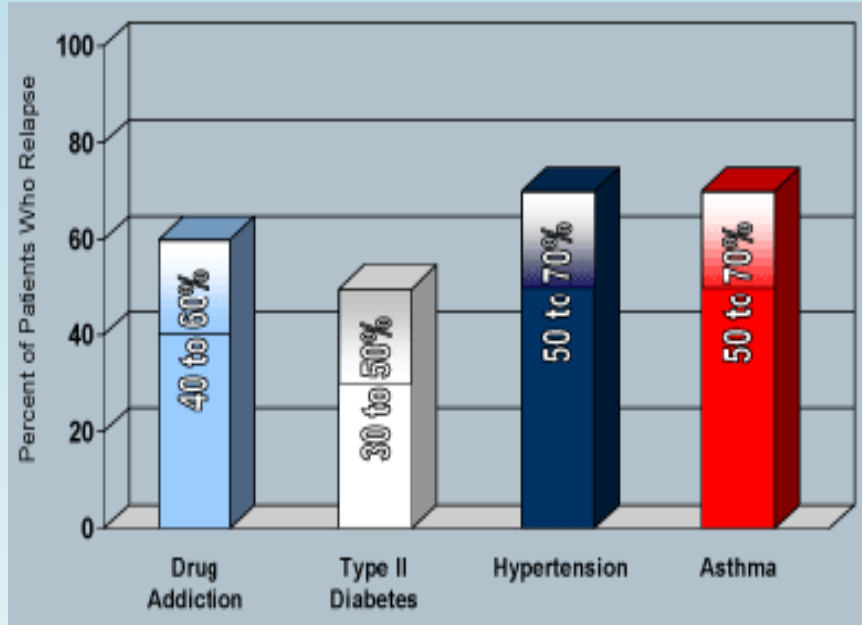
Self-Actualization - A person's motivation to reach his or her full potential. As shown in Maslow's Hierarchy of Needs, a person's basic needs must be met before self-actualization can be achieved.

Chronic Just like the rest

- Preventable
- Treatable
- Changes biology
- If left untreated
 - Lifetime consequences
 - death



Is Relapse Part of Recovery?



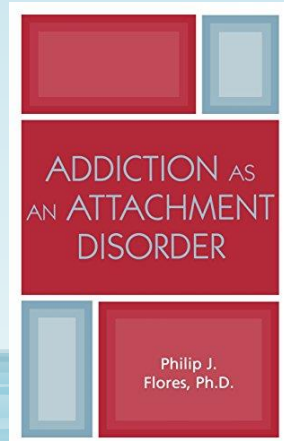
Chronic Disease

- People with diabetes continue to eat sugar and not exercise.
- People with asthma continue to smoke
- People with high blood pressure continue to eat salty foods.
- Nonpunitive

Addiction as an Attachment Disorder

- Adults with SUD often have insecure attachment styles
- Attachment to substances impairs relationships and substitutes for them. (Solo use)
- "Addiction is a disorder in self-regulation. Individuals who become dependent on addictive substances cannot regulate their emotions, self-care, self-esteem, and relationships."

So what does recovery look like if you frame addiction as an attachment disorder?



Trauma & Attachment

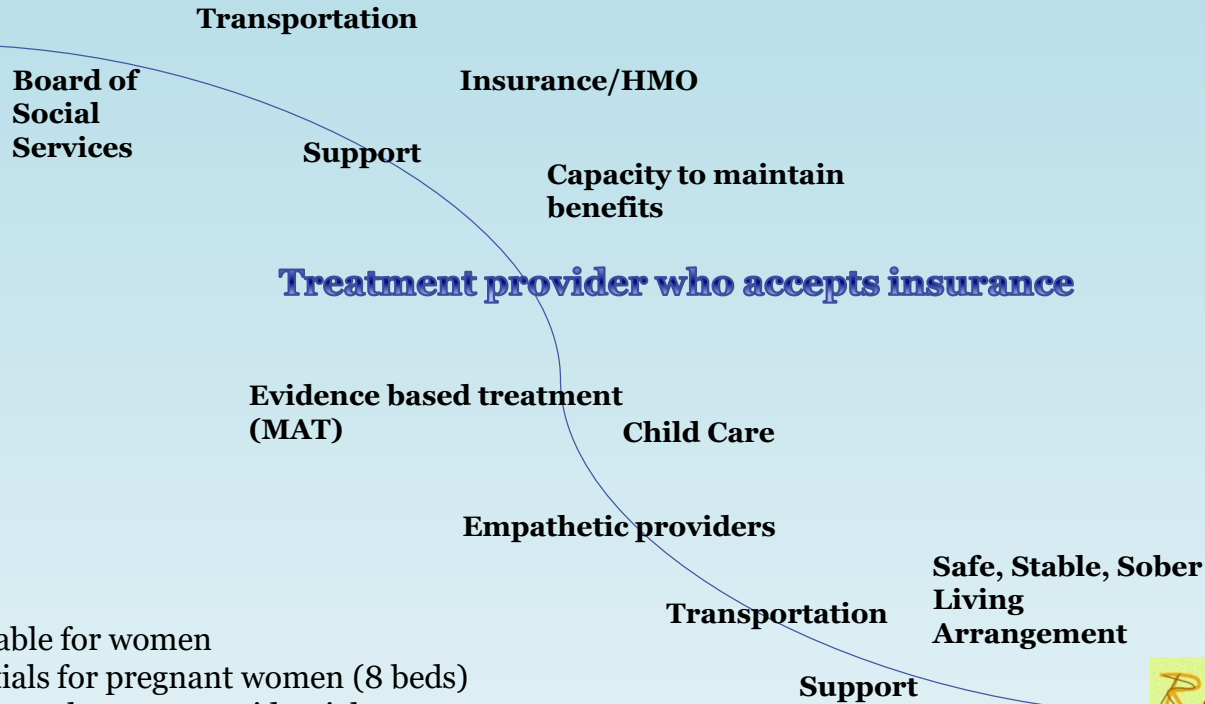
- **Attachment trauma** is a disruption in the important process of bonding between a baby or child and his or her primary caregiver. That **trauma** may be overt abuse or neglect, or it may be less obvious—lack of affection or response from the caregiver.
- Inconsistent or unavailable caregivers disrupt formation of secure attachments and promote reliance on ineffective emotion regulation strategies, leading to the formation of insecure attachment
- Attachment is highly predictive of future relationships

Addiction – Old ASAM Definition

Addiction is a primary, chronic disease of brain reward, motivation, memory and related circuitry. Dysfunction in these circuits leads to **characteristic biological, psychological, social and spiritual manifestations**. This is reflected in an individual pathologically pursuing reward and/or relief by substance use and other behaviors.

Addiction is characterized by inability to consistently abstain, impairment in behavioral control, craving, **diminished recognition of significant problems with one's behaviors and interpersonal relationships, and a dysfunctional emotional response**. Like other chronic diseases, addiction often involves cycles of relapse and remission. Without treatment or engagement in recovery activities, addiction is progressive and can result in disability or premature death.

Access and Barriers - Getting to Recovery



1/3 or less beds available for women
Less than 10 residential for pregnant women (8 beds)
Medicaid does not cover short term residential
Halfway housing does not traditionally accept patients on MAT
Estimated 1 in 10 receive treatment



RECOVERY

Destroyed relationships
Lack of support system

Municipal Court fines
Other fines

License suspension

Department of Children & Families

Stigma

Criminal Record

Lack/negative
Employment history

Poor credit history

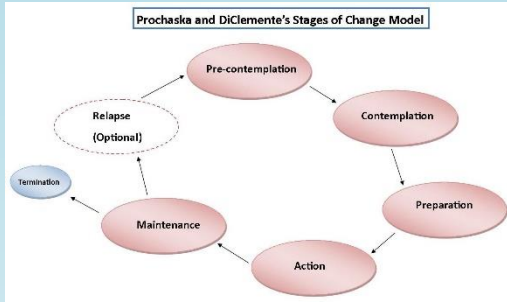
Evictions



Barriers



Stages of Change



PRECONTEMPLATION

Build awareness for my need to change

CONTEMPLATION

Increase my pros for change
and decrease my cons

PREPARATION

Commit and plan

ACTION

Implement and revise my plan

MAINTENANCE

Integrate change into my lifestyle

Shaffer, J.A. (2013). Stages-of-Change Model. In: Gellman, M.D., Turner, J.R. (eds) Encyclopedia of Behavioral Medicine. Springer, New York, NY. https://doi.org/10.1007/978-1-4419-1005-9_1180

Big Bad Bias

- Tendency, trend, inclination, feeling, or opinion
- How I feel about something
- My view, belief system & theoretical framework

Fixing the Issue

- ✓ Understanding and acknowledging my own history
- ✓ Understanding professional role & responsibilities
- ✓ Understanding the bias in the system in which I work



The Choice

Autonomy –

- Fostering the right to control the direction of one's life
- Fundamental principle of professional ethical behavior
 - What my patient wants is what we do
- Harm Reduction – Safe Injection sites- treatment planning



**Patient
Rights**

AMERICAN COUNSELING ASSOCIATION (2014). ACA CODE OF ETHICS. ALEXANDRIA, VA:
AUTHOR.

Trauma Informed Care

“Trauma-informed care is a **strengths based** framework that is grounded in an understanding of and responsiveness to the impact of trauma, that emphasizes **physical, psychological, and emotional safety** for both providers and survivors, and that creates opportunities for survivors to rebuild a sense of **control and empowerment.**”

Hopper, Bassuk, & Olivet, 2010

Recovery– with MAT is still **RECOVERY**

- Medication Assisted Treatment (MAT)

- Methadone & Buprenorphine & naltrexone

- MAT rather than controlled withdrawal because withdrawal has highest rates of relapse

- Reduces harmful behaviors

- Comprehensive Holistic Care Including –

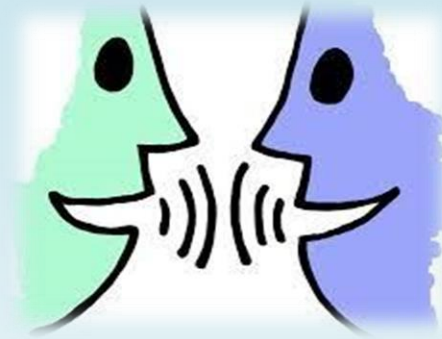
- Evaluation and management of co-occurring psychiatric disorders, infectious diseases & social stressors.

- Behavioral Health therapy

- For pregnant women - Counseling regarding the importance of breastfeeding, contraception and neonatal abstinence syndrome.

Hard Conversations about Recovery

- Come from a place of curiosity and respect
- Listen to **learn** not just to **respond**
- Normalize whenever possible
- Know your policies and protocols



- **Clear**
- Concise
- **Kind**
- Empathetic
- **Thoughtful**

The **WE** in Culture Change

Policy,
procedures
& practices

Stigma

Sense of
helplessness
of the medical
staff

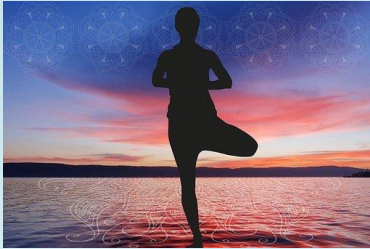
Compassion
fatigue

Bias & beliefs

Lack of
tangible
knowledge
regarding
addiction
treatment



Multi-Modality Treatment



SAMHSA Working Definition of Recovery

Four Major Dimensions:

1. Health
2. Home
3. Purpose
4. Community

SAMHSA's WORKING DEFINITION OF RECOVERY



10 GUIDING PRINCIPLES OF RECOVERY

DEFINITION

Working definition of recovery from mental disorders and/or substance use disorders

A process of change through which individuals improve their health and wellness, live a self-directed life, and strive to reach their full potential.

Through the Recovery Support Strategic Initiative, SAMHSA has delineated four major dimensions that support a life in recovery:

Health

Overcoming or managing one's disease(s) or symptoms—for example, abstaining from use of alcohol, illicit drugs, and non-prescribed medications if one has an addiction problem—and for everyone in recovery, making informed, healthy choices that support physical and emotional wellbeing.

Home

A stable and safe place to live

Purpose

Meaningful daily activities, such as a job, school, volunteerism, family caretaking, or creative endeavors, and the independence, income and resources to participate in society

Community

Relationships and social networks that provide support, friendship, love, and hope

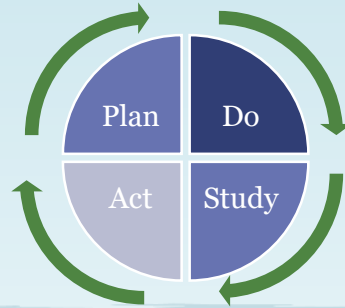
10 Guiding Principles of Recovery

1. Recovery emerges from hope.
2. Recovery is person-driven.
3. Recovery occurs via many pathways.
4. Recovery is holistic.
5. Recovery is supported by peers and allies.
6. Recovery is supported through relationship and social networks.
7. Recovery is culturally-based and influenced.
8. Recovery is supported by addressing trauma.
9. Recovery involves individual, family, and community strengths and responsibility.
10. Recovery is based on respect.

GAP Analysis

Gap analysis: The comparison of a current condition to the desired state*

1. Define the Scope
2. Understand the current situation.
3. Identify the ideal / future state goals
 - Have defined measures of performance
4. Analyze the GAP
5. Identify ways to close the gaps
6. Create an action plan to implement



*<https://asq.org/quality-resources/quality-glossary/g>

Ambulatory Innovative Initiatives

**Low Barrier: Walk-In
Access, Expanded Hours,
Community Center
Philosophy**

**Integrated Behavioral
Health: Group therapy,
family therapy, trauma
therapy, EMDR**

Group Medical Visits

Nurse Care & Protocols

Medical Assistant Visits

Creative Wellness Initiative



EMPOWR: Perinatal SUD Program

The Cooper Center for Healing EMPOWR Program
Empowering Mothers to Parent and Overcome with Resilience



Wrap-Around Care for Mothers and Children

- Addiction Care
- Mother & Infant Medical Treatment
- Medication Coverage
- Emergency Housing
- Behavioral Health
- Collaborative Care
- Transportation
- Essential Baby Items
- Innovative Neonatal Withdrawal Treatment

End game

Expectations

Opinion matters



References:

- Hopper, E. K., Bassuk, E. L., & Olivet, J. (2010). Shelter from the Storm: Trauma-Informed Care in Homelessness Services Settings. *The Open Health Services and Policy Journal*, 2009, 2, 131-151. http://www.traumacenter.org/products/pdf_files/shelter_from_storm.pdf
- Shaffer, J.A. (2013). Stages-of-Change Model. In: Gellman, M.D., Turner, J.R. (eds) *Encyclopedia of Behavioral Medicine*. Springer, New York, NY. https://doi.org/10.1007/978-1-4419-1005-9_1180
- SAMSHA Working Definition of Recovery: 10 guiding Principals. Substance Abuse and Mental Health Services Administration (SAMHSA, 2012). <https://store.samhsa.gov/sites/default/files/d7/priv/pep12-recdef.pdf>
- NIDA. 2020, June 9. What Are Therapeutic Communities?. Retrieved from <https://nida.nih.gov/publications/research-reports/therapeutic-communities/what-are-therapeutic-communities-on-2022>
- Public Policy Statement: Definition of Addiction. 2011. American Society of Addiction Medicine. https://sitefinitystorage.blob.core.windows.net/sitefinity-production-blobs/b0209701-2099-441a-92c3-eb60c4a387cb?sfvrsn=a8f64512_0

Questions?

THANK YOU!!!!