



NADCP

**National Association of
Drug Court Professionals**

RECOVERY MANAGEMENT: HELPING PEOPLE MOVE FROM ACTIVE ADDICTION TO LASTING RECOVERY

PRESENTED BY

TERRENCE D. WALTON, MSW

NADCP CHIEF OPERATING OFFICER

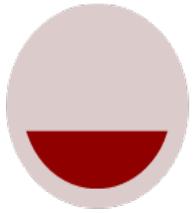
© NADCP, January 2021

The following presentation may not be copied in whole or in part without the written permission of the author or the National Association of Drug Court Professionals. Written permission will generally be given without cost, upon request.

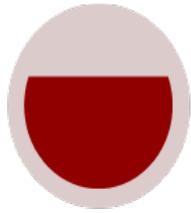
Overview

- Addiction, remission, recovery
- How people get better
- Recovery management

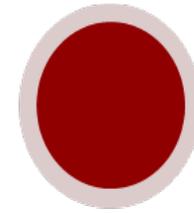




Addiction



Remission



Recovery

Addiction

American Society of Addiction Medicine

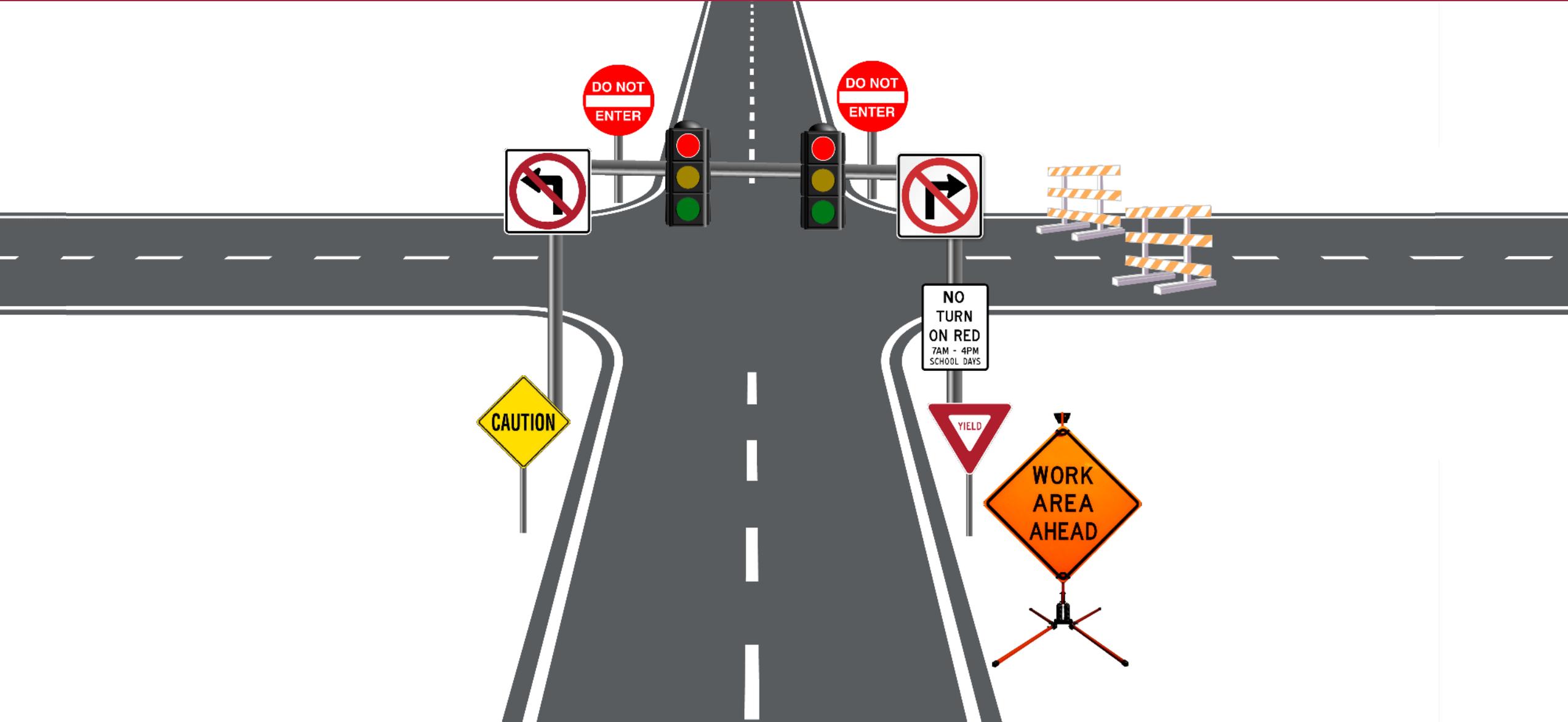
- Severe substance use disorder
- Treatable, chronic, medical
- Brain circuits, genetics, environment, experiences
- Substances, other behaviors
- Compulsive
- Harmful consequences
- DSM-5: At least 6 out of 11 symptoms

Remission

DSM-5

- Almost none of the 11 symptoms of SUD
- At least 90 days (early)
- At least 12 months (sustained)
- One symptom may persist – even in sustained remission

Do Not...



Recovery

- Change process
- Health and wellness
- Abstinence
- Self-directed life
- Full potential quest
- Personal condition, not a program
- Always a choice

Real Recovery

R

E

A

L

**Recovery Doesn't
Happen in _____**

Support

A _____

A _____

A _____

A _____

**Recovery Doesn't Happen in the
Absence of _____**

Recovery Requires _____

and _____

Five Essential Action Steps

- 1. Get ready**
- 2. Break free**
- 3. Break the connection**
- 4. Choose the right path**
- 5. Deal with temptation**



Recipe for Recurrence

Abstinence fatigue

+

Euphoric recall

+

Abstinence violation effect

=

SUD recurrence



Recovery and Recovery Capital

Language of Recovery

Current Terminology

Treatment is the goal; Treatment is the only way into recovery

Untreated addict / alcoholic

Substance abuse

Drug of Choice / abuse

Denial

Relapse prevention

Pathology based assessment

Immediate Focus is on total abstinence from all illicit and non-prescribed substances the CLINICIAN identifies

A drug is a drug is a drug

Clean/sober

Relapse is part of Recovery

Relapse

Self help groups

Drug overdose

Graduate from treatment



Alternative Terminology

Treatment is an opportunity for initiation into recovery (one of multiple pathways into recovery)

Individual not yet in recovery

Substance use disorder / Addiction / Substance use

Drug of use

Ambivalence/ doesn't see the extent of the problem

Recovery management/SUD recurrence prevention

Strength / Asset-based assessment

Focus first on the drug or other issue the CLIENT feels is creating problems

Illicit substances have both similar & unique interactions in the brain; medication if available is appropriate

Drug free / Free from illicit and non-prescribed medications

Recurrence / Return to use may occur as part of the disease

Recurrence / Return to use

Mutual aid group

Drug poisoning

And continue recovery



The Most Respectful Way of Referring to People is as People



Current	Alternative	Reasoning
Clients, patients, offenders	<ul style="list-style-type: none"> • The people in our program • The folks we work with • Participants 	More inclusive, less stigmatizing
Alex is an addict	<ul style="list-style-type: none"> • Alex is addicted to alcohol • Alex is a person with a substance use disorder • Alex is in recovery from drug addiction 	Put the person first Avoid defining the person by their disease
<p>The terms listed below help to reframe apparently negative participant behaviors more positively—i.e., as ineffective attempts to reclaim some shred of power; trying to get their needs met; having a perception different from the staff; or having an opinion of self not shared by others, while clarifying to participant that their perceptions and opinions are not effectively achieving the result they want.</p>		
Mathew is manipulative	<ul style="list-style-type: none"> • Mathew is trying really hard to get his needs met • Mathew may need to work on more effective ways of getting his needs met 	<ul style="list-style-type: none"> • Take the blame out of the statement • Recognize that the person is trying to get a need met the best way they know how
Kyle is non-compliant	<ul style="list-style-type: none"> • Kyle is choosing not to... • Kyle would rather... • Kyle is looking for other options 	Describe what it looks like uniquely to that individual – that information is more useful than a generalization
Mary is resistant to treatment	<ul style="list-style-type: none"> • Mary chooses not to... • Mary prefers not to... • Mary is unsure about... 	Avoid defining the person by the behavior Remove the blame from the statement
Jennifer is in denial	<ul style="list-style-type: none"> • Jennifer is ambivalent about... • Jennifer hasn't internalized the seriousness of... • Jennifer doesn't fully understand... 	Remove the blame and the stigma from the statement

Recovery Happens

What is Recovery Capital

- The breadth and depth of internal and external resources that can be drawn upon to initiate and sustain recovery from SUD.
- The sum total of person's resources that can be brought to bear on the initiation and maintenance of recovery.
- Recovery capacity



Assessment of Recovery Capital (ARC) Scale

50 Statements in 10 domains



1. Substance Use and Sobriety
2. Psychological Health
3. Physical Health
4. Citizenship and Community Involvement
5. Social Support

Assessment of Recovery Capital (ARC) Scale

- 6. Meaningful Activities
- 7. Housing and Safety
- 8. Risk-Taking
- 9. Coping and Life Functioning
- 10. Recovery Experience



Depleted Recovery Capital

- Obstacle to recovery is not insufficient pain or punishment, but the absence of hope, connectedness, and potential for fulfillment.
- The catalytic turning point for those with depleted recovery capital is more likely to be seeing an achievable top, not hitting bottom.



NADCP

**National Association of
Drug Court Professionals**

Thank You

TERRENCE D. WALTON, MSW

twalton@allrise.org