

Recovery Monitoring and Support (RMS) for Substance Use Disorders

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The Need for Recovery Monitoring and Support

Treatment for substance use disorders can reduce alcohol and other drug use and increase rates of abstinence. However, gains realized during the course of treatment often diminish over time, especially during the first 90 days after discharge. These results have led researchers and practitioners to shift from focusing solely on treatment episodes of care to viewing addiction as potentially recurring cycles of remission and substance use as clients move toward recovery. This indicates the need for longer-term recovery monitoring and support services after treatment to prevent or minimize relapse, facilitate return to treatment if needed, and promote recovery capital development as well as improvements in substance use.

Unfortunately, efforts to provide recovery monitoring and support services are often unsuccessful. A large percentage of individuals leave treatment early and receive no further care until a crisis prompts them to re-engage. Formal continuing care services provided by treatment programs are typically offered only to those who successfully complete an acute episode of treatment. Clients are expected to make the effort to connect with services and attend clinic-based sessions. If clients follow through with this recommendation, their substance use and related outcomes often continue to improve; yet, a significant number of clients never begin continuing care or drop out early. Attendance at mutual support groups is another common recommendation made by treatment programs that is associated with positive outcomes, but clients often stop going over time. Geographical distance, lack of transportation, inadequate public transportation systems and lack of childcare can also impact clients' ability to access traditional sources of recovery support. Therefore, it is important to explore other ways of providing ongoing recovery monitoring and support services that overcome these obstacles.

The Recovery Monitoring and Support Model

The purpose of Recovery Monitoring and Support (RMS) is to provide the following to individuals after discharge from an acute episode of treatment, regardless of whether or not the treatment was completed: (1) monitoring of substance use and use triggers; (2) support to increase recovery capital; and when needed, (3) early re-intervention and linkage back to treatment.

RMS uses an assertive outreach approach, is provided over a 12+-month period, and is initiated within 1 week of discharge from an acute treatment episode. For the first 3 months post-discharge, recovery monitoring and support sessions are scheduled weekly. Over the subsequent 9+ months, frequency is adjusted in response to and in support of each client's needs and functioning. RMS session frequency is never less than once per month. Recovery monitoring and support sessions occur at times convenient to clients and may be done by telephone or in person. RMS sessions are conversational in tone and take place in person in the community or at the office, over the phone, or by text.

RMS sessions are delivered by recovery support workers or trained/supervised peer volunteers who cover the following: (a) assessing any recent substance use or related problems;

(b) discussing recent relapse triggers that may have been experienced; (c) exploring upcoming situations that would be high-risk for relapse and creating alternative plans; (d) increasing pro-social/pro-recovery behavior (divided into two procedures: increasing pro-recovery peers and increasing pro-recovery activities); (e) setting positive and brief goals; and (f) negotiating client-directed homework to achieve goals. Clients receive praise for any efforts at engaging in pro-recovery activities with pro-recovery people and identify ways to increase these behaviors while problem-solving barriers to do so. RMS protocol allows recovery support workers to discuss topics that are most relevant to a client during a given session rather than trying to artificially force the discussion into a predetermined format. Urine screens are obtained monthly. Family support sessions are recommended but optional.

If the assessment that takes place every session indicates that the client could benefit from re-entry into substance use treatment (or other services), the Recovery Support Worker initiates assertive linkage procedures. These procedures include: (a) identifying and addressing barriers to treatment re-entry; (b) making an appointment with a treatment program for an assessment during a recovery support session; (c) bringing the client to the appointment; (d) monitoring attendance at recommended treatment; (e) maintaining contact with the client during treatment; and (f) collaborating with treatment staff to identify and intervene with clients who may drop out of treatment early.

Training and Certification

Training takes place over 1.5 days and consists of didactic presentations, interactive exercises, role-playing, and listening to examples of recovery support sessions. Certification in RMS involves audio-recording sessions and uploading them to a secure website. Next, an expert rater listens to the recordings and provides both scored and written feedback to the Recovery Support Worker until the worker has demonstrated competence in each RMS procedure, then RMS certification is awarded to Recovery Support Worker. Monthly coaching calls are also provided throughout the certification process in order to answer any questions, staff cases, discuss procedures, and offer support.

References and Further Reading

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