

This interview is part of *Perspectives on Systems Transformation: How Visionary Leaders are Shifting Addiction Treatment Toward a Recovery-Oriented System of Care*, the second in a series of monographs on recovery management published by the Great Lakes Addiction Technology Transfer Center (ATTC).



Recovery Management and Technology Transfer

***An Interview with Lonnetta Albright
By William L. White, MA***

INTRODUCTION

The Great Lakes Addiction Technology Transfer Center (Great Lakes ATTC) is one of 14 such centers in the United States and its territories. The centers are funded by the Substance Abuse and Mental Health Services Administration, Center for Substance Abuse Treatment (SAMHSA, CSAT) to improve the quality of addiction treatment by enhancing cultural appropriateness, advancing the adoption of new knowledge, developing and disseminating tools, building a better workforce, forging partnerships, and encouraging ongoing treatment system self-assessment and improvement. Each Addiction Technology Transfer Center (ATTC) takes on special initiatives that are of interest to their state constituencies and needed in their regions. In 2005, the Great Lakes ATTC began developing products and training presentations to help their state agencies and regional treatment providers shift from an acute-care model of addiction treatment to a model of sustained recovery management. In the brief interview below, Great Lakes ATTC Director Lonnetta Albright discusses this initiative.

William L. White, MA
Senior Research Consultant
Chestnut Health Systems

GREAT LAKES ATTC: Briefly describe your history of involvement in the addictions field.

LONNETTA ALBRIGHT: Early in my career I ran a Group Home for adolescent girls. On a number of occasions we would observe what I didn't know at the time were co-occurring disorders. These young women experimented, mostly with drugs, and at least half of them were receiving counseling and/or psychiatric help. Without any background in treatment, we started what were called "Rap Groups," and we reached out to the social service community. We were fortunate to have an organization called South Suburban Council on Alcoholism, which served this population. Their staff would conduct in-services for our team, as well as work with our girls. That early collaboration marks my first involvement in the field of addiction treatment. Following this initial involvement and understanding of the affects of substance use, it became clear that we all (staff, volunteers, and clients) needed to better understand how alcohol and drug use could prevent any progress and/or healing, and why at times it seemed we were spinning our wheels. And now, as I think about it, stigma, denial, shame, and a lack of understanding also perpetuated the problems that our communities faced. The schools, churches, and families all believed that alcohol and drug use were matters of morality and poor judgment. And to be honest, my basic beliefs were in line with that belief, associating stigma and discrimination with people whose problems I didn't understand. The science and the facts about addiction were all but non-existent.

Then (thankfully) during the next decade, my understanding of and education about addiction was developed by professionals in the treatment field who believed that people deserved help with their battle against drugs. As my career continued in the late 80's and early 90's, I became familiar with the TASC agency in Illinois, which exposed me to the criminal justice system and addiction and the nexus between the two. My education, training, and hands on experience led me to study and take a deeper look at addiction. I was trained in the neurobiological aspects of addiction and in other recent breakthroughs in knowledge that have revealed the tremendous gap between what was being learned in the research arena and what was actually happening on the front lines of addiction treatment. Interest in closing that gap brought me to my current position as Director of this region's ATTC. As a former educator, I thoroughly embrace the importance of clinician education in elevating the quality and effectiveness of addiction treatment. I was interested in how research could inform us about what works—not just on paper, but in the actual processes of assessment, engagement and retention, treatment planning, and long-term recovery support.

I've spent the past nine years helping systems and the workforce integrate what we're learning from the research and apply it affectively in practice, and this has been no small or easy task. We've learned there are cultural differences and myriad other factors that have to be addressed to effect change. I personally believe that change is good, particularly when it takes the best of what we already have and integrates new knowledge and technologies. These are very exciting and encouraging times for people and communities that have suffered so much. To the extent that this suffering has been exacerbated by the lack of understanding, I feel like we're making an important contribution as a source of healing for individuals, families, and communities.

On a personal level, addiction (primarily to alcohol) has also touched my immediate family. I've lost an aunt, uncle, and cousin to alcoholism and the medical complications brought on by this disease (e.g., hepatitis, kidney and liver failure, and stroke). None of my affected family members ever sought treatment or even acknowledged that they had a problem. They alienated themselves from the family, although the family was always there for them. My dad was what we called a functional alcoholic. When the floor bottomed out for him (a long, and touching story), he decided that the drinking was not worth what he stood to lose. Seeing both addiction and recovery close-up intensified my commitment to this field.

GREAT LAKES ATTC: Provide a brief overview of GLATTC's mission and activities.

LONNETTA ALBRIGHT: The ATTC Network's stated mission is: *Unifying Science, Education and Services to Transform Lives*. At our Center's 2006 annual strategic planning and team-building session, we defined our regional mission as one of *Building Bridges That Foster the Advancement of Treatment and Recovery*. We use training, technical assistance, systems change, and technology transfer based on the latest science and evidenced-based and promising practices to: improve the knowledge and practices of substance use disorder (SUD) providers; build culturally competent recovery-oriented systems of care; and develop the SUD workforce in our region. I believe that the success of our regional effort is in large part due to the partnerships, collaboration, inclusiveness, and diversity of our key stakeholders, experts, and constituents. Our activities are driven by significant input from the communities we serve and based on the results of our various needs assessments. Beyond the region, all of our work is disseminated nationally via the ATTC Network.

GREAT LAKES ATTC: How did you first decide to involve the Great Lakes ATTC in the promotion of recovery management?

LONNETTA ALBRIGHT: Well, I've always believed in a comprehensive and holistic approach to care that encompasses medical, psychological, social, cultural, and spiritual dimensions of recovery. My decision to provide full support to the promotion of recovery management is both personal and professional. Several of our colleagues and staff are recovering practitioners. Many of them were embarking upon efforts to serve the people and communities that we work with more effectively. We all agreed that there is so much more to people in trouble—any type of trouble—and that dealing with only one part of the person (e.g., treatment needs) does not at all respect or acknowledge the fact that all people are more than their problems. More important, I personally believe that people can and do get better. I'm an eternal optimist, and I believe that people can change. And if supported effectively, we all have the power within us to continually develop, improve, and heal.

Our colleagues who were engaged in the CSAT-funded RCSP program around the country pulled us in a couple of years ago. They believed that the ATTC could assist them in developing various models, and in the development of what I frequently refer to as the recovery community workforce. And then, while GLATTC was involved in this work with the RCSPs, I began reading Bill White's writings and talking with him about Recovery Management (RM). I became a student of RM, and I can't tell you how much excitement this has generated within our team and across our region. As an ATTC, we also look at the science that supports the practices that we promote. The work Dr. Tom McClellan and his colleagues have done in documenting the parallels between addiction and other chronic diseases was also very influential in our decision to take on this initiative. On a personal note, I have first-hand experience observing my dad's eventual healing using these RM principles (another long story with a happy ending)

GREAT LAKES ATTC: What activities have you pursued to-date in the recovery management arena?

LONNETTA ALBRIGHT: To begin our initiative, we first worked to raise awareness about the recovery management model throughout the treatment and recovery field. This first step led us to develop papers and newsletters that were widely disseminated. We wanted to get the word out, to introduce people in our region to the key RM principles, service roles, challenges, and language. Our *GLATTC Bulletin* newsletter was the first publication on RM that was widely

distributed across our region and throughout the National ATTC Network. The ATTC National Office has posted this body of work on the home page of the network's national web site. Other ATTCs have produced reprints and disseminated our work in other parts of the country.

The response to the first newsletter was so positive that we followed it with a monograph on RM that included essays by Bill White, Dr. Ernie Kurtz, and our own Mark Sanders. This was the beginning of what we see as an ongoing Recovery Management Monograph Series. We've supplemented these written materials with more than 20 professional presentations, including conference keynote addresses, workshops, and panel presentations.

To-date, we have five significant RM collaborations underway. In Ohio, we're working with the Single State Agency to help them develop a Recovery Management approach for their offender re-entry program. In Michigan, we're working with their Office of Drug Control Policy on a statewide Workforce Development Initiative, and as part of this initiative we're training clinical supervisors in using RM principles and approaches. In Illinois, we've received a request to assist a Hispanic-Latino treatment provider to shift their service orientation toward an RM model. In Indiana, we're just beginning a system-transformation process focused on recovery management. Finally, we're collaborating with two other ATTC regions on projects working with policy makers interested in shifting their state treatment systems to a recovery management model.

I am most proud of our RM Symposium for Policy Makers from the Midwest states this past March. Fourteen states attended, Dr. Clark was our keynote presenter, and our panel of presenters was phenomenal. Not only did our regional single state agencies support and attend the day-long session, but leaders from around the Midwest—including 4 ATTCs and our national ATTC office—were on hand as well. Since that event the past few months have been full of requests from participants who are now pursuing system-change efforts to transform their treatment systems to Recovery Oriented Systems of Care.

GREAT LAKES ATTC: What has been the response from the states and from front-line service workers to this initiative?

LONNETTA ALBRIGHT: To be honest, I've been pleasantly surprised. I'd anticipated some resistance, particularly given the field's track record with change. But it's as if our states and front-line workers had been waiting for this. When we launched our work, the response was overwhelming. We are now challenged to figure out how to keep up with the demand for information, workshops, and more information and workshops. Each of the states in our region decided to include Recovery Management as a major part of its annual conference. Then there are academic institutions that have purchased hundreds of copies of the RM Monograph to use in their Addictions Studies coursework. And our partners and other members from the Recovery Community have embraced this body of work and tell us how pleased they are that we're looking at a long-term or sustained recovery approach that involves the community.

GREAT LAKES ATTC: To what do you attribute such a positive response?

LONNETTA ALBRIGHT: I think the model makes sense, not to mention that the data and science support it. When I first began in the human services field, working with children and families in the child welfare system, these same principles worked. What I mean is that we worked, not only with the client, but also with the family, school, faith community, friends, employers, and anyone else the client believed were important. As a former certified Reality Therapist—a model that also believes in a person's own power, strengths and assets to deal with and

overcome personal challenges—I am not surprised that the field sees the benefit and promise of RM. I also believe that the timing is right. For the past eight or nine years we have been working with the field around adopting evidence-based practices. We have made some great inroads into reducing resistance and helping individuals, organizations, and systems change, not only their practices, but also their attitudes and mindsets. I think we're a smarter field today that is open to new approaches that can positively impact people's lives. That's hopeful and encouraging.

GREAT LAKES ATTC: What do you hope to achieve in establishing the Great Lakes ATTC as a Center of Excellence in Recovery Management?

LONNETTA ALBRIGHT: This Center of Excellence in RM has moved from a vision to an actual plan that we are now implementing. We are especially excited about having a new partner in this effort. The Northeast ATTC has agreed to collaborate on developing and implementing this new Center of Excellence. As with any new model, there will be many different interpretations of principles and variations in practices. We run the risk of lots of misinterpretation and fragmentation of the model. Rather than just raise awareness, we need to facilitate a clear definition of this model and how its core elements can best be implemented. And we want to make sure that we incorporate what we're learning from the research at every step of this process. I frequently quote Dr. Timothy Condon, Deputy Director at NIDA, who says "we want to teach what we *know*, not just what we *think or feel*."

This shift is about system change, and there is a process. We intend to follow the appropriate and most effective steps from the ATTCs' perspective. There are many organizations and people who will have a role in helping the field adopt a sustained recovery support approach to helping people with substance use disorders. We have carved out a role for our ATTC that begins with awareness and education. We plan to follow that by helping the field look at service redesign and ways in which the model can be implemented. We plan to use our successful technology transfer strategies to help us develop the workforce, including front-line staff, peer coaches and mentors, clinical supervisors, faith-based providers, and the next generation of leaders and trainers. We will also focus on new professionals (students at academic institutions and other vocational programs).

GREAT LAKES ATTC: What do you see as the future role of the ATTCs in helping shift addiction treatment from a model of acute care to a model of sustained recovery support?

LONNETTA ALBRIGHT: I am continually impressed by the effectiveness and success of the ATTC Network, particularly related to helping the field develop a comprehensive and collective approach that is replicated across the country. The network has a well thought-out strategic approach for harnessing our varied and diverse levels of expertise, abilities, and resources. We have worked hard to "master" the art of collaboration, which as you know is easier said than done. When we started this effort, others joined us. Many partnerships have formed, and new projects are continuing to be formulated. As a network, we are getting the message out across the country and internationally. I anticipate that an ATTC Network response will be developed and implemented at the various levels (workforce development, policy and system change, products, and best practices). We will use all of the tried and proven strategies, and other strategies will be developed by this very creative, responsive, and committed network of professionals who work in partnership with our communities and constituents.