

Building a Unified Vision for Resiliency, Wellness and Recovery

Why We Need a Common Vision

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IRETA/NeATTC

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The Vision When I Began:

“Officer Krupke . . .I’m down on my knees, cause no one wants a fella with a social disease.”

- West Side Story, 1959

Past 'Visions' of Addiction:

- ❑ Moral Model
- ❑ Temperance Model
- ❑ Spiritual Model
- ❑ Learning Model
- ❑ Social Learning Model
- ❑ Cognitive Model
- ❑ Psychological Model
- ❑ Disease Model
- ❑ Bio-Psycho-Social (Spiritual) Model
- ❑ Characterological/ Personality Model
- ❑ Conditioning Model
- ❑ Socio-Cultural Model
- ❑ Systems Model
- ❑ Public Health Model

Please Note:

- **All Pathology Focused**
- **All Based on More or Less Acute Models of Care**

Evidence From Pathology (only)

Acute Care Models

1. Low Treatment Compliance

- > **50% of outpatients drop out of treatment within 1 month**
- > **40% of court-ordered patients do not complete treatment**
- > **misleading outcomes**

Watkins, Pincus, Tanislian, Lloyd, Journal of Studies in Alcohol,
March, 2003

Evidence From Pathology (only) Acute Care Models:

2. Relapse Rates Are High

- About 60% use drugs within 6 months following treatment discharge
- About 45% apply for residential treatment within 12 months.

Hubbard, Marsden, Rachal, Harwood, Cavanaugh,
and Gineburg, 1989; Simpson, Joe & Brooms, 2002

Conclusion of Pathology (only) Acute Care Model:

- Public expectations have not been met;
- Treatment is not very good; or
- We have the wrong model for the illness.

Building A New Vision:

“In spite of what all the maps might say . . . The world may not be flat.”

- Christopher Columbus to
Queen Isabella, CIRCA 1490

Comment

We have never known more about how to treat addiction nor ever had better science to support that treatment.

We need a vision and model that allows us to use the information we now have.

Emerging Movements For A New Approach To Address Addiction

Today there are two emerging movements that by their success or failure will shape the future of addiction and recovery in America:

- **Treatment Renewal Movement**

(e.g. chronic vs. acute model, continuum of care vs. unit or episode; performance measurement vs. outcome; medicated assisted treatments.

- **Recovery Advocacy Movement**

(e.g. enhanced and earlier linkage to recovery support; recovery plans; mentors and sponsors, measurement of one's recovery capital, et al evidenced by new research (NIDA, NIAAA); CSAT's led Recovery Summits; CSAT's Recovery Community Support Programs; ATR & RWI initiatives, et al)

Special Report & Recovery

SPECIAL REPORT

A Unified Vision for the Prevention and Management of Substance Use Disorders: Building Resiliency, Wellness and Recovery – A Shift from an Acute Care to a Sustained Care Recovery Management Model

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INSTITUTE FOR RESEARCH, EDUCATION AND TRAINING IN ADDICTIONS

RECOVERY

LINKING ADDICTION TREATMENT & COMMUNITIES OF RECOVERY:
A PRIMER FOR ADDICTION COUNSELORS AND RECOVERY COACHES

WILLIAM WHITE, MA • ERNEST KURTZ, PhD
SPECIAL PREFACE BY:
CHARLES BISHOP "THE BISHOP OF BOOKS"
AND MICHAEL FLAHERTY, PhD

RECOVERY-RELATED STUDIES
A SELECTED BIBLIOGRAPHY BY WILLIAM WHITE

 NORTHEAST
attc

By William White, Founder, Center for Recovery
A Division of Northeast Institute for Research, Education and Training in Addictions

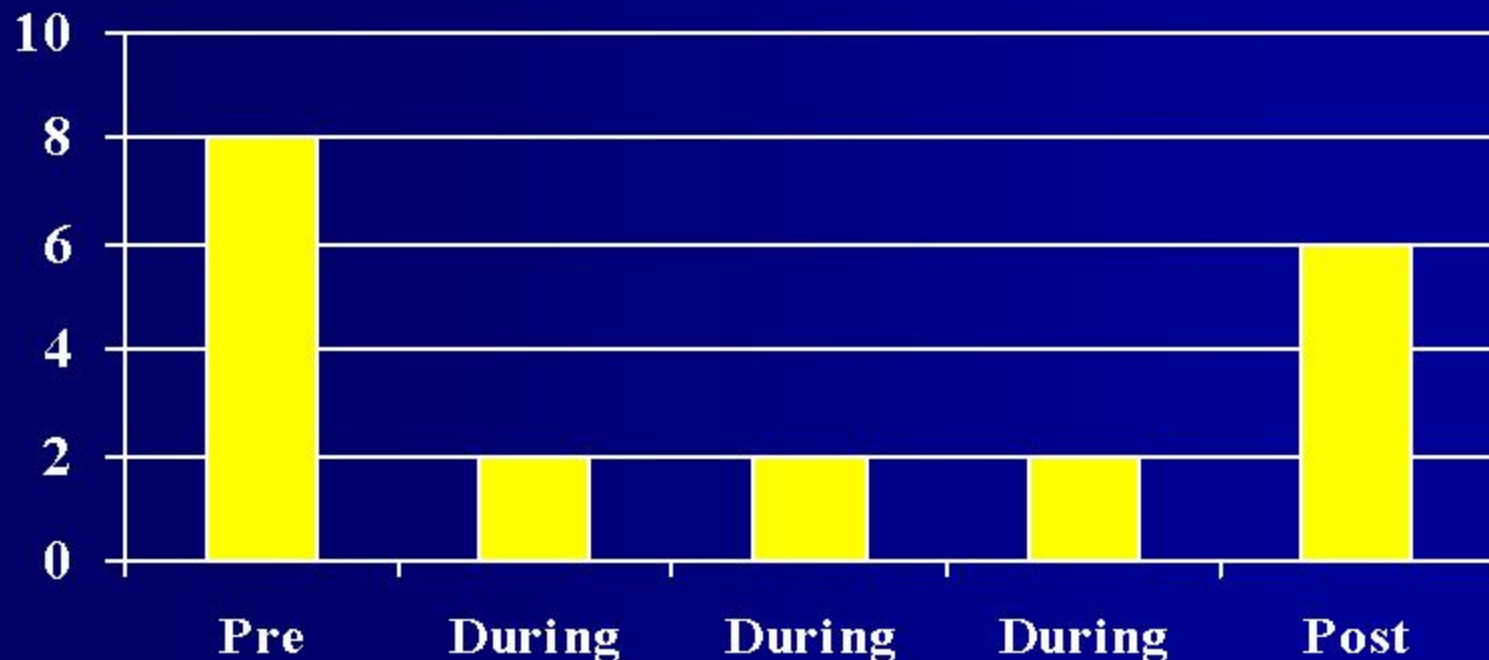
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Foundations of New Treatment Movement

- **Addiction is Best Understood as a Chronic Illness** (IOM, 2006; McLellan, 2002; NQF, 2007 (in edit) IRETA, 2006, et al)
- **Addiction Requires Continuing Care Over a Continuum of Care for Life** (Anglin, Keer & Grella, 1997; Dennis, Scott & Hristove, 2002)
- **Addiction Treatment Should Adhere to Proven Practices and Principles** (e.g. NIDA, 1999)
- **Treatment is Very Effective When the Above Ideas/Principles Are Followed**

Outcome in Addiction Treatment

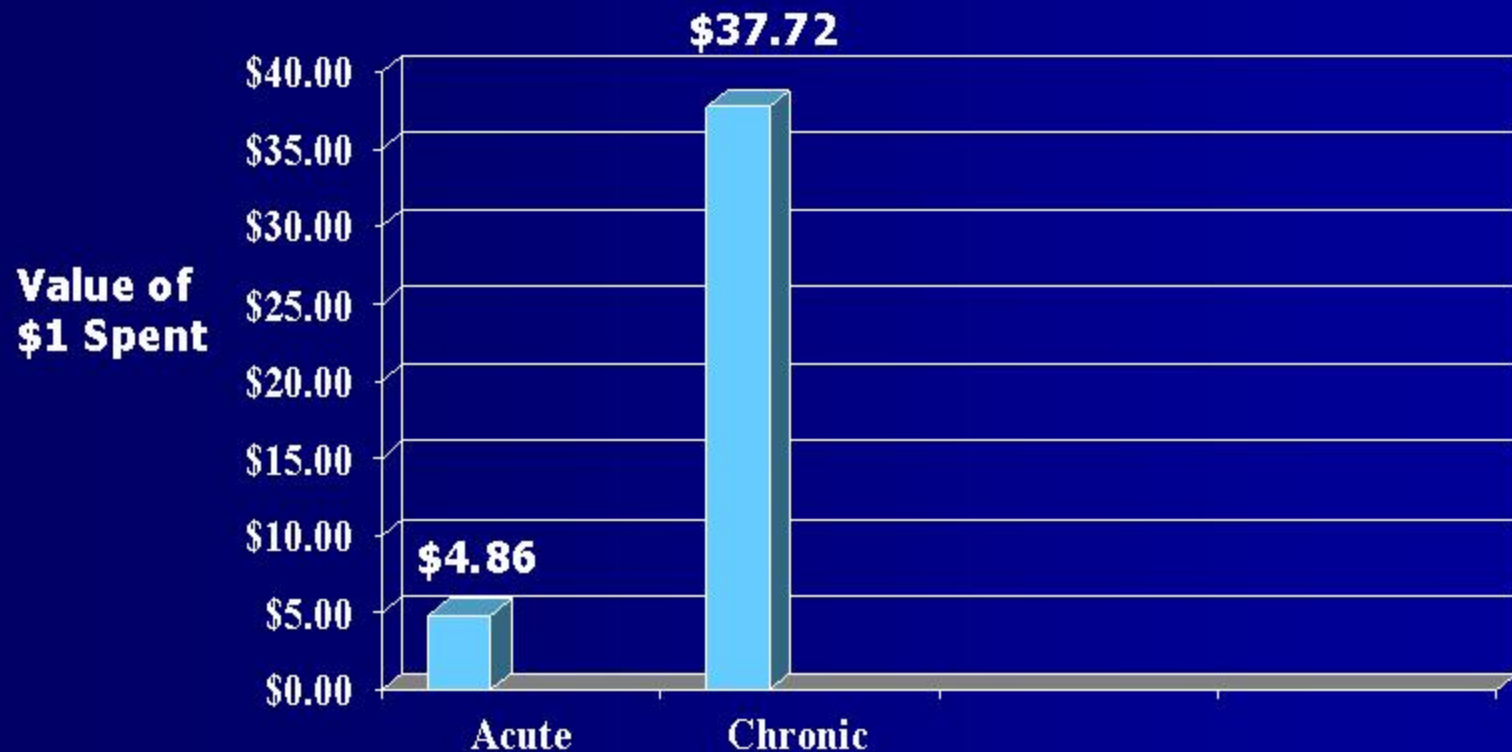


McLellan, A.T. (2003). "What's Wrong With Addiction Treatment."
NAADAC, Washington, DC. September 15, 2003.

Addiction/Chronic Illness

Addiction/Chronic Illness	Compliance Rate (%)	Relapse Rate (%)
Alcohol	30-50	50
Opioid	30-50	40
Cocaine	30-50	45
Nicotine	30-50	70
Insulin Dependent Diabetes		
Medication	<50	30-50
Diet and Foot Care	<50	30-50
Hypertension		
Medication	<30	50-60
Diet	<30	50-60
Asthma		
Medication	<30	60-80

Benefit-Cost Ratio of the First Treatment Episode (Acute Care Model) vs Lifetime Treatment Episodes (Chronic Care Model) for Heroin Users



Source: Adapted from Zarkin, G.A., Bray, J.W., Mitra, D., Cisler, R.A., & Kivlahan, D.R. (2005 Jul). Cost methodology of COMBINE. *Journal of Studies on Alcohol*, Supplement, (15):50-55.

Foundations of the Recovery Movement

- Destigmatizes and decriminalizes the illness
- Reaffirms person centered care
- Reaffirms that ongoing or continuous care is best for recovery
- Celebrates the various pathways to recovery (e.g. AA, NA, Wellbriety, Women for Sobriety, et al)
- Supports Treatment while building Recovery Focused systems of care

Foundations of the Recovery Movement

In the "New Movement" the quality of care will be concurrently measured with the recovery achieved.

The Promise of the New Movement

- Individuals will stay in treatment and/or recovery supports longer which will enhance outcomes. (Today only 1 in 5 individuals use treatment and recovery support services concurrently. (Moos & Moos, 2005)
- Individual's risk of future relapse rates will drop below 15% if he/she remains in stable remission for 4-5 years. (Moos & Moos, 2005)
- Individuals will be supported through reoccurrence episodes based on the fact that resolution of severe problems can span years (sometimes decades) and that incorporation of recovery support and ongoing care minimize reoccurrences. (Dennis, Scott, Hristove, 2002)
- Individuals will not experience reoccurrence within 90 days after discharge from treatment at such a high rate (currently 80%). (Humphreys, Moos & Calen, 1997)
- Individual wellness will increase and be measurable. (Moos & Moos, 2005)

Research or Recovery?

To understand recovery should we base a science on what goes on in treatment or study what worked for those in recovery?

The Critical Question Today - Where Does Recovery Begin?

In chronic illness models we measure the disease state, the quality of life and the results of preventative approaches, i.e. anticipatory practice

A Provisional Definition of Recovery

Recovery from substance dependence is a voluntarily maintained lifestyle characterized by sobriety, personal health and citizenship.

- A lifestyle often best described as having acceptance of one's illness and a gratitude, honesty and increased sensitivity to the service to others in one's family and community;
- Positive, supportive relationships; and

Betty Ford Institute Consensus Panel
2007 (in print)

Recovery – A Provisional Definition

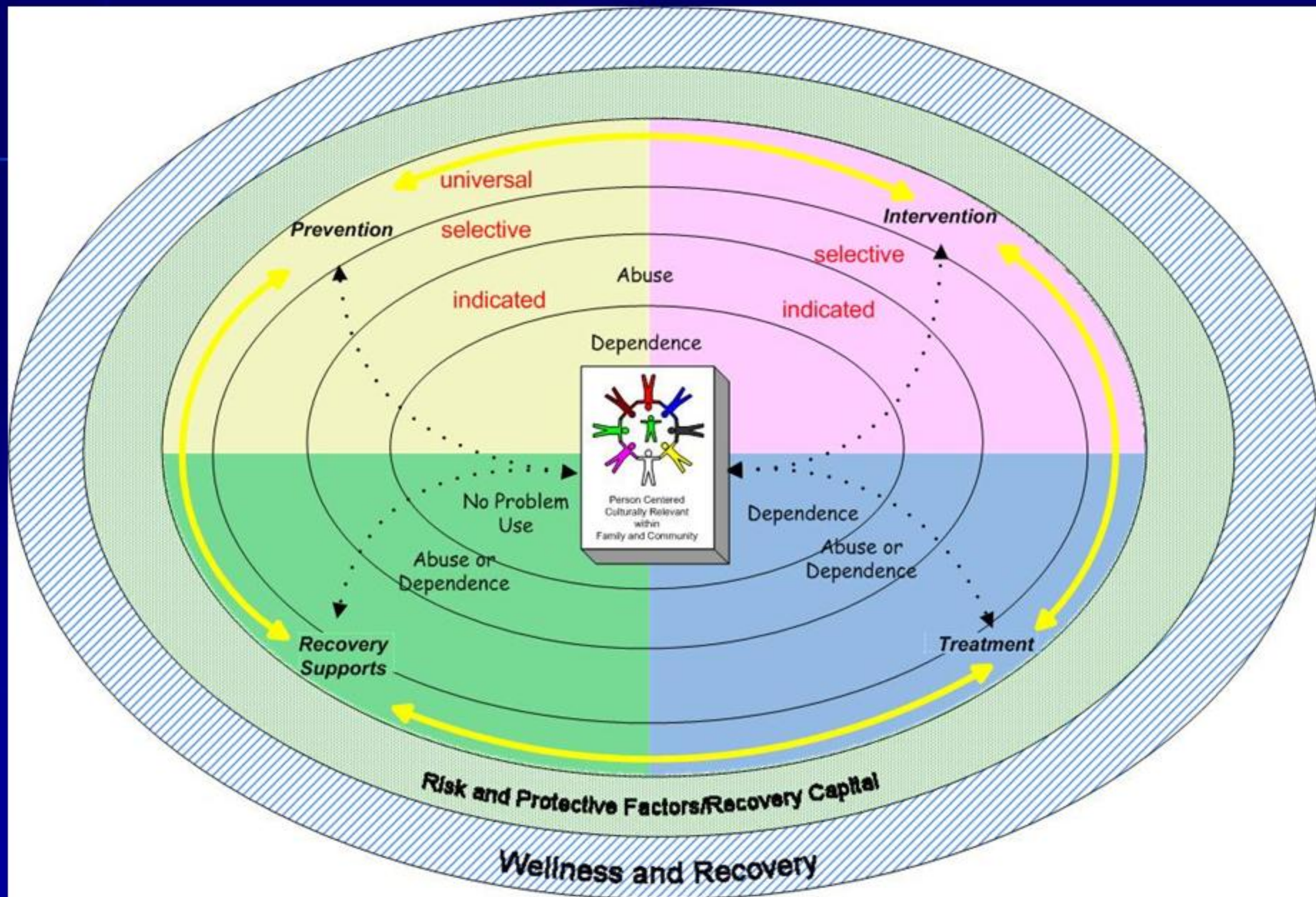
- Sobriety – Abstinence from alcohol and all other non-prescribed drugs
- Improved quality of life for self and others as measured by the following six domains (Bonomi, Patrick, Bushnell & Martin, 1999):
 - Physical
 - Psychological
 - Independence
 - Social
 - Environment
 - Spiritual

Bonomi, A.E., Patrick, D.L., Bushnell D.M., & Martin, M. (1999). Validation of the United State's Version of the World Health Organization Quality of Life (WHOQOL) Instrument.

Journal of Clinical Epidemiology, 53 (2000), 1-12.

A Model

Building Resiliency, Wellness and Recovery – A Model for the Prevention, Intervention and Management of SUDs



A Vision:

The right care, provided at the right time, by the right provider, for the right period and with the right resources everytime - no more, no less.

Making the Business Case

At the end of the day without a common vision we will remain divided in our understanding and efforts. Even with a strong business case and well-established cost benefits, the addictions field will not be able to move forward without a common vision that prioritizes the value of addressing addiction in America. In the end, this value is what will turn the corner for an illness that effects:

Making the Business Case: Impact

1 in 10 Americans

1 in 8 Veterans

1 in 5 Families

1 in 2 Homeless

1 in 7 Workers

1 in 4 Elderly

1 in 20 Newborns

35% School Students

80% Incarcerated

50-70% CYS

The Implications of This Common Vision and New Model Would Be Profound For

- Practice
- Policy
- Funding
- Research
- Recovery

You Are The Beginning!

THANK YOU

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