



Recovery Management: Helping People Move from Active Addiction to Lasting Recovery

Presented by Mark Panasiewicz

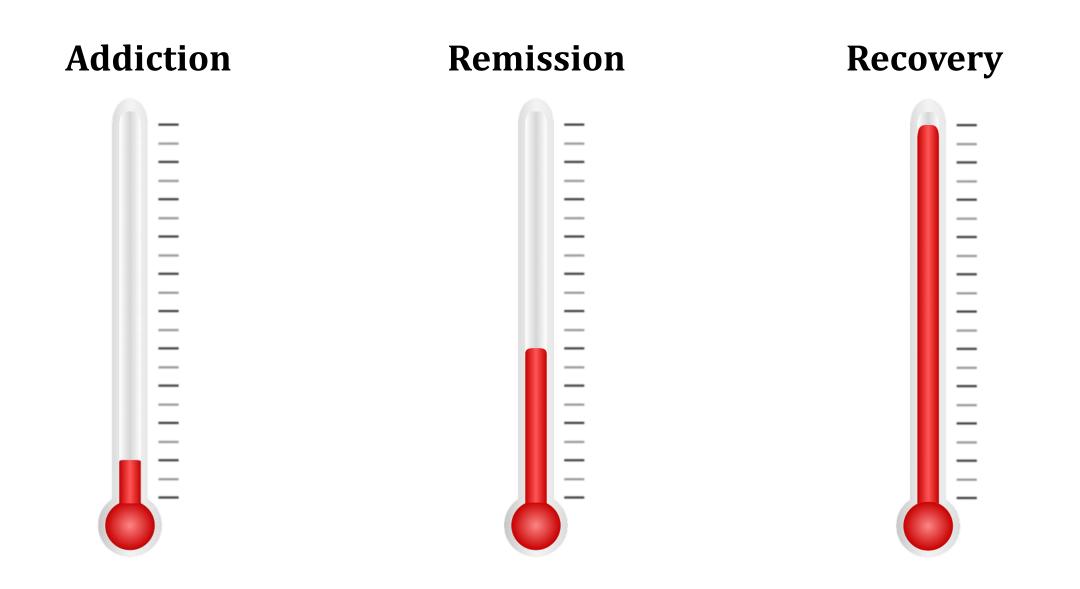
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Overview

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



Addiction

American Society of Addition 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



Recovery

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



Recovery Doesn't Happen in Isolation

Support

Affirmation Advice Accountability Affiliation



Recovery Doesn't Happen in the Absence of Hope

Recovery Requires Connection and Belief



Five Essential Action Steps

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





Recovery and Recovery

Capital

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 nonprescribed 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 Misuse

Drug of Use

Ambivalence

Recovery Management

Strength / Asset Based Assessment

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

Each illicit substance has unique interactions with 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

Commence Recovery

The Most Respectful Way of Referring to People is as People

Current	Alternative	Reasoning
Clients Patients Consumers	 The people in our program The folks we work with The people we serve 	More inclusive, less stigmatizing
Alex is an addict	 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
The terms listed below, along with others, are often people's ineffective attempts to reclaim some shred of power while being treated in a system that often tries to control them. The person is trying to get their needs met, or has a perception different from the staff, or has an opinion of self not shared by others. And these efforts are not effectively bringing them to the result they want.		
Mathew is manipulative	 Mathew is trying really hard to get his needs met Mathew may need to work on more effective ways of getting his needs met 	 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	 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	 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	 Jennifer is ambivalent about Jennifer hasn't internalized the seriousness of Jennifer doesn't understand 	Remove the blame and the stigma from the statement



How likely are people to recover?

Recovery Happens



Understanding 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







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