

A photograph of a forest path with a teal overlay. The path is made of gravel and dirt, leading through a dense forest of tall trees. The teal overlay is a semi-transparent band across the middle of the image.

Next Steps:

Recovery Management and the Importance
of Post Treatment Supports

Cedars


First Nations Health Authority
Health through wellness



We would like to acknowledge that we are guests on this land that it is situated on the unceded traditional territories of the **xʷməθkʷəyəm (Musqueam)**, **Sḵw̓xwú7mesh (Squamish)**, and **səlilwətał (Tseil-Waututh) Nations** and has been stewarded by them since time immemorial.

Introductions

Dr. John Lawlor, Director of Continuing Care:

Dr. Lawlor brings an empathetic and experienced focus to substance use disorder recovery and mental health wellness. He has worked in the addiction treatment field since 2008 and has held clinical and management positions in inpatient, outpatient, and continuing care settings. His clinical specialty centres on the development and delivery of 'in-need' evidence-based programming utilizing the most current research findings, clinical approaches, and personal recovery experience.

Dr. Lawlor's dissertation research examined the psychological, social, and spiritual constructs of long-term recovery among individuals who identified as recovering or recovered alcoholics.

Aaron McCluskey, Alumni Relations Manager

Aaron has pursued education in journalism and marketing, but his true passion has always been connecting with people and sharing their stories. An alumni from 2015, Aaron's lived experience through treatment at Cedars, second stage, and peaks and pitfalls of early recovery gives him an informed and empathetic perspective on the journey our alumni take post treatment.



Outline



What is Continuing Care?



Recovery & Recovery Capital



Pathways to Recovery



Why is Continuing Care Essential?



Families



Employment



Transitions from SU to Recovery



Life in Recovery



Building Community



Continuing Care at Cedars



What is Continuing Care?



Continuing care is a general term used to describe any ongoing or follow-up treatment for substance use that occurs after an initial rehab program. No matter the setting, treatment provider, or methods used, the goals of addiction cont. care programs similar and include:

- To maintain **recovery** from substance use.
- Integration of relapse preventive measures.
- **Striving toward a life filled with rewarding relationships and a sense of purpose.**

Effective treatments will share a common philosophy that the best treatments account for the entire person and all their needs. Based on this treatment principle, the optimal continuing care programs will offer comprehensive services that address the individual's:

- Relationships
- Housing
- Goal Setting
- Therapeutic Care



Recovery & Recovery Capital

DEFINING RECOVERY

'abstinence, improved health, social connections and functioning, and enhanced quality of life'

- CCSA

'A process of sustained action that addresses the biological, psychological, social and spiritual disturbances inherent in addiction while addressing an individual's consistent pursuit of abstinence, impairment in behavioral control, dealing with cravings'

- ASAM

'a voluntarily maintained lifestyle characterized by sobriety, personal health, and citizenship'

- Betty Ford Institute

'the experience... through which individuals, families, and communities impacted... utilize internal and external resources to voluntarily resolve these problems, heal the wounds inflicted by AOD-related problems, actively manage their continued vulnerability to such problems, and develop a healthy, productive, and meaningful life.'

- William L. White



Commonalities in Recovery

- is a **continuous, multifactorial process** that continues throughout the lifespan
- is a personal journey toward **improved well-being**
- extends beyond the individual, **socially supported**
- is **voluntary**
- is **sustainable**
- involves improved **quality of life**
- **Consistent pursuit of abstinence**

Social

- Family and kinship networks
- Friendships
- Support groups
- Community affiliations

Physical

- Personal property
- Employment
- Housing

Human

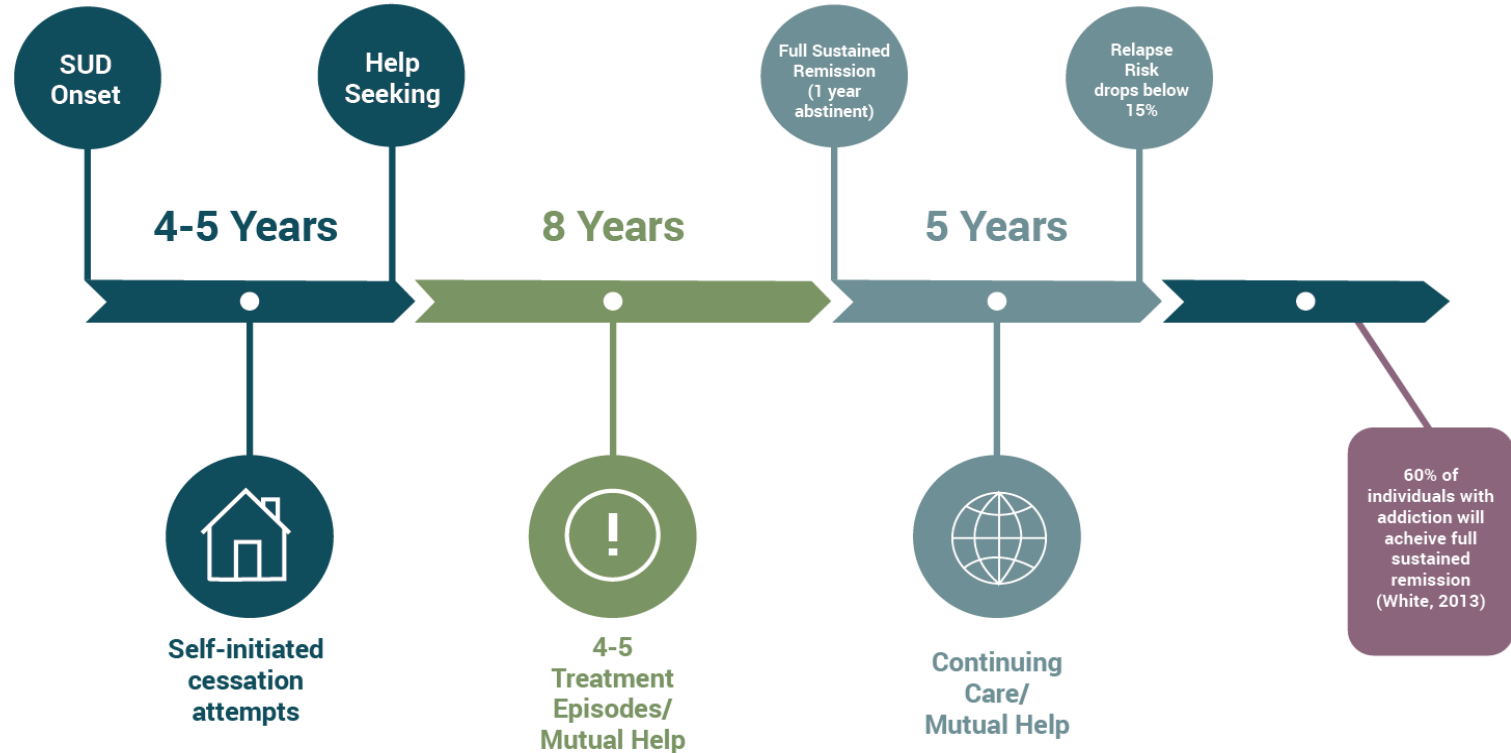
- Skills and talents
- Education
- Dreams and aspirations
- Personal/Intangible resources

Cultural

- Access to cultural activities
- Connection to cultural institutions
- Belief systems

Course of Recovery from SUD

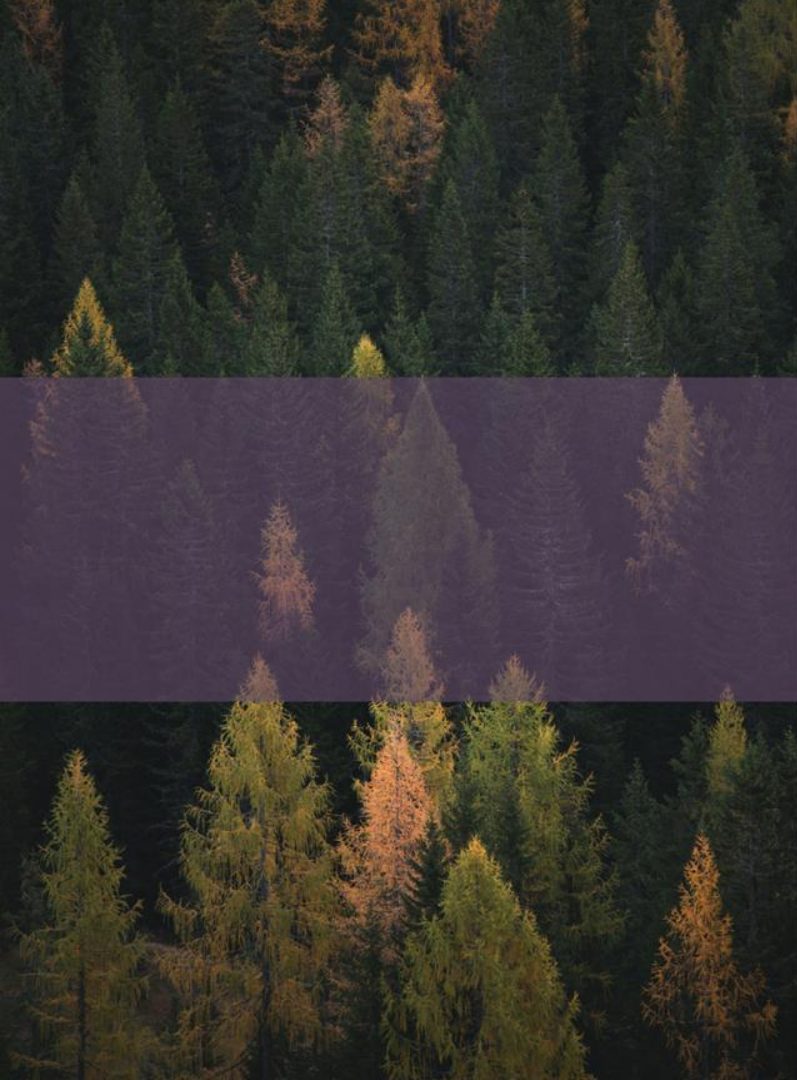
Achievement of Stable Recovery Can Take a Long Time



Pathways to Recovery

Every individual has a unique story about how they found and sustained long-term recovery. One thing that all supports have in common is - recovery is a journey for everyone. **Recovery is not linear requiring continual growth in order to lead a mentally, emotionally, physically and spiritually fulfilling life.** These pathways address these fundamentals:

- Treatment
- Therapy
- Alcoholics Anonymous
- Narcotics Anonymous
- SMART
- Recovery Dharma
- Refuge Recovery
- Wellbriety
- Religion
- Spirituality
- Natural



*Why is
Continuing Care Essential?*



- Continuing Care is vital given the potential for relapse, particularly in early recovery
- Findings among Methamphetamine treatment outcomes showed highest rates of relapse occurring soon after treatment completion with over half relapsing within six months (*Brecht & Herbeck, 2015*)
- Following intensive treatment individuals, with fundamentally changed awareness around their addiction, return to communities and families that are sometimes inadequately equipped to support them



- Widespread support from the literature underscoring the benefits of CC social support in initiating and sustaining abstinence/recovery
- *McKay (2017)* posits that **contemporary approaches/treatments are excessively focused on reducing substance use rather than identifying/developing sources to increase the likelihood of sustained abstinence**
- *Cochrane Report (2020)* compared AA/TSF to clinical interventions (CBT, MET) at 12, 24, and 36 months based on 27 studies comprising 10,565 participants
- AA/TSF produced similar findings to other treatments on all drinking related outcomes (e.g., percentage days absent, drinking intensity) except for continued abstinence and remission where AA/TSF was superior
- In a distillation of the *Cochrane Review*, *Kelly and colleagues (2020)* described the findings as "high quality evidence" for the use of AA/TSF in initiating and maintaining abstinence/remission rates



- Decreased rate of relapse
- Sustained abstinence
- Increased social functioning
 - **Families**
 - **Employers**
 - **Transition: addiction to recovery**



Families

- Increasing awareness as a social phenomenon. Support to families can have a significant positive impact on the addicted family and family members
- Many families do not reach out for support due to feeling unsupported, sense of shame, or unsure of how to access services (*Daly et al, 2018*)
- Findings (e.g., *McPherson et al, 2016*) indicate family involvement during inpatient treatment is associated with higher completion rates compared to those lacking family engagement
- **Families can play a pivotal role in not only enabling but sustaining recovery** especially in terms of destigmatizing the members condition (*Best et al, 2015*)



- Research shows economically disadvantaged individuals, especially those unemployed, experience difficulty initiating and/or sustaining recovery (*Silverman et al, 2016*)
- Employment alone may not be sufficient to maintain recovery and the use of reinforcement (workplace drug/alcohol screening) may be required
- Second stage housing, screening, and steady employment are associated with long- term optimal outcomes

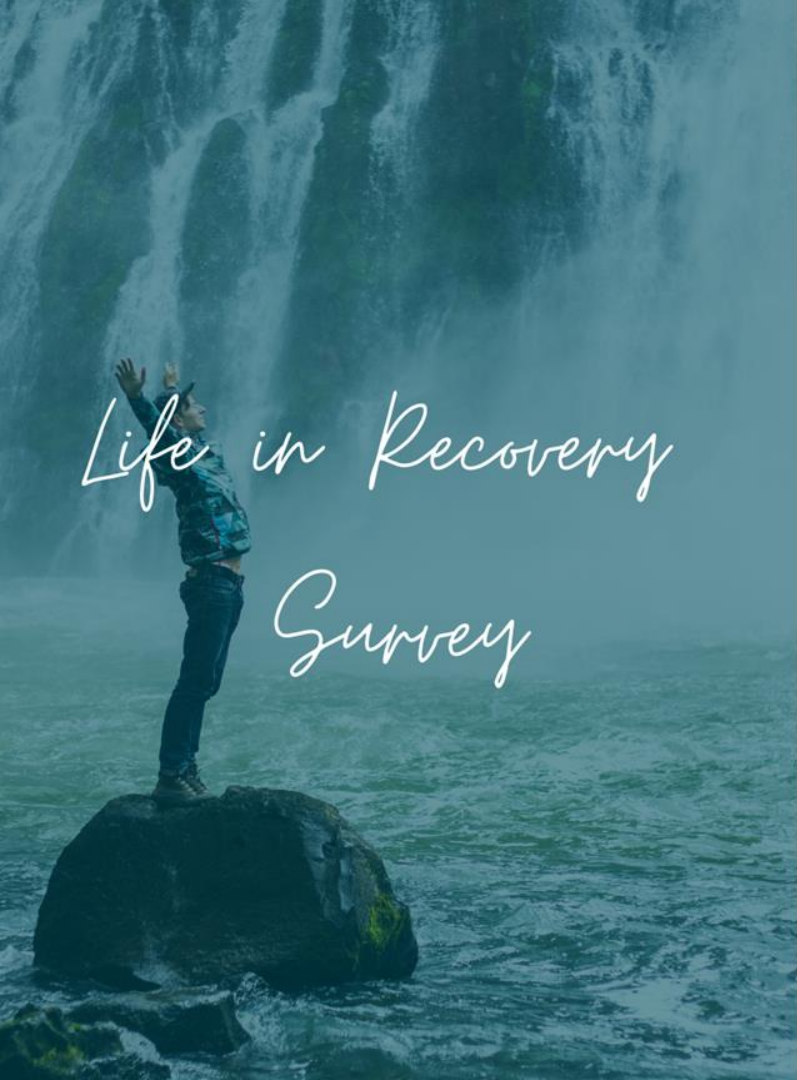


Transition:
Addiction to Recovery

- Maintaining recovery involves a transformational process from addiction to recovery identity (*Best et al, 2017*)
- Social network changes. Associated with social capital in terms of bonding capital and bridging capital
- Identity change. A phased personality change that reflects recovery norms. Research among long-term AA members (>25 years) showed a lifelong retention of 'recovering alcoholic' identity (*Lawlor, 2018*)



Life in Recovery



	While Using Substances	Recovery
Work and Study		
Remain steadily employed	52.60%	79.10%
Frequently miss work or school	60.70%	4.30%
Finances		
Frequently unable to pay your bills	61.20%	17.30%
Pay taxes on time	43.40%	77.40%
Legal Issues		
Get arrested	42.30%	2.30%
Drive under the influence of alcohol or other drugs	80.20%	3.50%
Family Life		
Lose custody of children	10.40%	1.40%
Commit or experience family violence	41.20%	4.90%
Health		
Get regular medical checkups	33.70%	82.80%
Misuse tobacco products	80.10%	34.20%

A group of people are silhouetted against a sunset over the ocean. The sky is a mix of blue, purple, and orange, with clouds catching the low light. The people are in various poses, some standing, some sitting, and some with their hands on their heads, suggesting a range of emotions or activities. The overall mood is contemplative and serene.

90.7%

reported their quality of life as either excellent, very good or good.

51.2%

achieved recovery without experiencing a single relapse.



*Building Communities
Physically & Digitally*



- Telehealth and Video Conferencing integration
- Capacity to modify in Community Care modalities for all environments and technological barriers
- Ongoing online therapeutic involvement
- Vibrant web based communities



- New people, challenges, relationships, insights
- Rediscover old passions, find new ones
- Re Engagement in Community & Supports
- Mutual Support Groups:
 - AA
 - NA
 - SMART
 - Wellbriety
- Building reciprocal and mutually beneficial relationships (family, friends, elders, sponsors, others on the recovery journey)
- Engaging in new experiences
- **Becoming and remaining well is fundamentally grounded in connection and inherently part of who we are as a social species**

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