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RECOVERY TO PRACTICE
Resources for Behavioral Health Professionals

E-Newsletter

July 25, 2013
Issue 14

Featured Practice

Intersection of Treatment and Prevention: Prevention and Recovery-Informed Care, by Ted N. Strader, Christopher Kokoski, and Stephen R. Shamblen, Ph.D. Professional practitioners across diverse, yet interrelated, fields (i.e., substance abuse prevention, addiction treatment, psychiatry, psychology, psychiatric nursing, social work) are beginning to realize their intersection, leading to synergistic impacts when coordinating substance abuse prevention and addiction treatment activities. This intersection can be nurtured to be quite broad to serve as a central hub of hope, recovery, and wellness for individuals, families, and entire communities.

Since the early 1980s, we have been involved in the discussion, development, and promotion of both substance abuse treatment and prevention certification. As early advocates serving on the original Kentucky certification boards for treatment and prevention, we had unsuccessfully argued that prevention and treatment were so deeply interconnected that they should share one common certification body. However, in Kentucky and throughout the nation, the two fields have evolved independently.

Treatment began largely as a short-term, client-centered service conducted in controlled environments (i.e., hospitals, treatment centers, etc.). Consistent with the medical paradigm that largely treats acute disease, a short-term approach emerged. Unfortunately, that approach often produced relatively short-term positive outcomes. When clients left this controlled environment and returned to the community, relapse into substance abuse and other unhealthy behavior patterns was commonplace. As a result of these undesirable long-term outcomes, the recovery movement of 12-step meetings (e.g., Alcoholics Anonymous, Narcotics Anonymous), sponsors and other peer support activities were combined with treatment regimens to help addicts transition more successfully following treatment. More support and longer-term support resulted in greater success.

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The field of substance abuse prevention evolved struggling for an identity. As founding President of the National Association of Prevention Professionals and Advocates in the 1980s, one of the authors witnessed the tension between factions who wanted to (a) broaden the field's interests to include all mental/physical health and wellness issues and (b) remain focused solely on substance abuse. Although the association disbanded in the early 1990s, both views continue to have strong followings and ongoing influence. Generally, substance abuse prevention has evolved with a much broader vision across individual, family, and community domains. In recent years, substance abuse prevention has broadened to include environmental approaches across multiple disciplines.

As both substance abuse prevention and treatment develop and gather new science- and evidence-based practices, growing bodies of treatment and prevention professionals are recognizing their overlapping roles and potential synergies. Strader and Boyd (2002) illustrated how one prevention curriculum recognized by SAMHSA's National Registry of Evidence-based Programs and Practices (NREPP) was being effectively integrated into treatment settings. This strategy has proven highly effective when both the prevention curriculum developer and treatment providers recognized and addressed the intergenerational and chronic nature of addiction and the family's role in both the disease and in recovery. Members of the Institute for Research, Education and Training in Addictions have recently been advocating for the convergence of these two fields to national audiences through a

series of presentations, Webinars, and publications (Flaherty & Strader, 2012). Prevention and treatment providers can also benefit from recognizing that the entire healthcare paradigm is shifting in this direction as evidenced (and promoted) by the Affordable Care Act. Citing recent research including the 2006 Institute of Medicine report that supports the view of addiction as a chronic disease, when applying a Chronic Care Model to the treatment of substance use it then becomes possible for communities to dynamically integrate recovery principles and prevention practice in a process that continuously builds individual and community recovery capital in their vibrant application (Flaherty, 2006). We have begun calling this approach Prevention and Recovery-Informed Care.

Recovery, like all behavior change, takes place in an environment. Behavioral change appears to happen most readily in an environment of awareness, knowledge, and clarity supported by ongoing openness and honesty. Professional, peer, and family support is often required over a lifetime with chronic conditions. In the past, addiction treatment has often only created a short-term environment that helps initiate change. This new model holds the potential to extend the environment of change throughout the client's family, workplace, and community. Under the Prevention and Recovery-Informed Care model, treatment providers will more readily link with recovery, peer support, and wider community and environmental support, including self-help and Web-based technologies such as In The Rooms online recovery support and Altus Day2Day (relapse prevention technologies) to help people with addictions transition more successfully upon leaving controlled treatment settings. Coordinated prevention-informed activities and recovery support supply a holistic environment of change for the individual and his or her extended family, friends, workplace, peers, etc., who may also benefit from services across the entire continuum of care (from primary prevention, early intervention, recovery, and post-recovery care to lifelong relapse prevention and wellness). Prevention and Recovery-Informed Care leads to individual and family recovery, intergenerational prevention, and long-term recovery support and health promotion throughout the community.

Having 35 years of experience with prevention, we reverted back to this original line of thought in our foundation. In prevention programs, we were referring many parents to treatment, and, as expected, children fared better when their parents entered treatment. As we continued to use this model of primary prevention (plus referrals), we recognized that individuals in recovery were attracted to our prevention model for their children. The recovering adults experienced recovery supports in our prevention programming in addition to gaining positive prevention results with their children. This stimulated a new level of cooperation and integration between the prevention and treatment professionals in our community—so much so that state prisons asked us to design a program for those transitioning back into the community from prison.

We conducted a year-long needs assessment, gathering information from local, state, and national resources; local agencies serving the prison reentry and substance abuse recovery populations; and—most important—cultural input from reentry and recovery individuals through a series of surveys and focus groups. This research allowed us to design culturally relevant prevention programs (relapse and recidivism prevention) that met the expressed needs of adults in prison reentry and substance abuse recovery. The three most common requests were as follows: we need respect, relationship skills, and skills to obtain and keep a job.

Integrating this information with our existing prevention knowledge and skill, we designed two new curricula, the *Creating Lasting Family Connections (CLFC) Fatherhood Program: Family Reintegration*, for fathers, and the *CLFC Marriage Enhancement Program*,

for married and/or committed couples. The goal of this integrated prevention approach was ***connect-immunity*** (the more emotionally connected one is, the more immune to social disease one becomes). Details of the theoretical underpinnings of the CLFC program are discussed more fully elsewhere (Strader, Collins, & Noe, 2000). We set out to increase relationship skills as a basis of recovery support, to provide "soft" job skills, deepen awareness of chronicity and family recovery and intergenerational prevention, and provide referral and networking with aftercare programming and peer support. We integrated these Prevention and Recovery-Informed Care services with other services offered to reentry populations. Based on a study with fathers and another with married couples, participants showed statistically significant improvement in all nine targeted relationship skills (communication, conflict resolution, intrapersonal, interpersonal, emotional awareness, emotional expression, relationship management, relationship satisfaction, and relationship commitment; Shamblen, Arnold, McKiernan, Collins, & Strader, 2013). Two studies involving adult men demonstrated dramatic reductions in recidivism. Participants were three (2.94) times *less* likely to recidivate than comparison group participants in one study, and four (3.7) times *less* likely in the other (McKiernan, Shamblen, Collins, Strader, & Kokoski, 2012). Both interventions should be listed on SAMHSA's NREPP this month.

It was the integration of our prevention and treatment knowledge that led to this success. We started with the foundation of our evidence-based *CLFC* curriculum series (connect-immunity), which shares skills and information on how to (a) strengthen individuals and families, (b) increase awareness through self-reflection and review of family history, and (c) increase resiliency through emotional management, refusal skill training, and developing close, connected relationships built on clear understandings, open and honest communication, unconditional love, personal accountability, and ever-evolving levels of trust. Throughout the *CLFC* programs, we encouraged participants to consider sharing program material with their children for prevention, and many of them did.

Our prevention experience engendered our ability to bring an even broader approach of mutual responsibility to an individual with addiction and all people involved in that individual's life. Prevention often involves networking and developing community coalitions with multiple providers to access needed services (transportation, housing, child support, job readiness, job placement, and more).

Since prison reentry and recovering populations may have limited networks of support (e.g., family members, friends, counselors, ministers, probation officers, therapists, or other interested parties) that may be invested in their long-term success, we created a special approach to case management and recovery management called the Joint Intervention Meeting (JIM). JIMs involve a Prevention and Recovery-Informed Care model of encouraging, supporting, and setting up accountability partners for participants in early periods of recovery or reentry when the risks for behavioral slippage are typically high. *CLFC* program staff and partners indentified and interrupted early signs of behavioral slippage (risky behaviors). In essence, the JIM is the intentional intersection of community and personal networks to intervene in an individual's current patterns of risky behavior (treatment) and prevent future risky behavior (prevention) through mutual support, accountability, and referral to needed community services.

Conclusion

As in the recovery movement, the prevention field benefits greatly by viewing addiction as a long-term, chronic disease. Prevention and treatment professionals who also recognize addiction as a family disease with intergenerational tendencies can assist with developing community-wide networks of information and support. Prevention professionals often have experience

and tools to address the intellectual clarity, knowledge, and skills for the necessary behavioral changes needed across all the individual, family, workplace, and community domains, along with experience in working across the entire continuum of care from primary prevention, early intervention, treatment, and long-term recovery.

Prevention and treatment professionals can co-create individual, family, workplace, and community clarity about the lifelong chronic nature of addiction and the necessity of treating the disease with a long-term, holistic individual, family, and community approach. Prevention professionals often recognize the complex genetic, environmental, and lifestyle factors leading to addiction and how to prevent the progression from substance use to addiction. Prevention professionals also have the knowledge and skills to help individuals and families intervene in addiction, support recovery, and reconnect people to recovery support when relapse occurs.

Finally, prevention activity often brings in a positive focus on wellness and health, rather than sickness. Cutting-edge prevention and addiction professionals are recognizing and understanding that addiction is a chronic, family disease and that developing recovery and wellness is a holistic, environmental experience that takes place across individual, family, workplace, and community domains. The role of effective treatment and prevention professional practice is to teach and promote self-care versus "fighting" a disease at the individual level; self-care versus enabling attitudes and behaviors at the family and workplace level; and, systemic self-care, support, and health promotion through workplaces, peer support networks, school, media, employee assistance, and wellness programs and other environmental approaches at the community level.

As prevention and treatment continue to evolve in collaborative interaction to address addiction, we are seeing not only a broad intersection, but an even more complex and interactive pattern emerging for the future. The individual strands of best practice from prevention and treatment can be woven together into a strong rope for use along the pathway of hope for individuals, families, and communities. This rope of Prevention and Recovery-Informed Care may be used to climb back out of the valley of addiction, up and onto the flatlands of recovery, and beyond, as individuals ascend the peaks of wellness toward personal fulfillment and intergenerational improvement.

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