

Understanding and Managing The Recovery Cycle

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Problem and Purpose

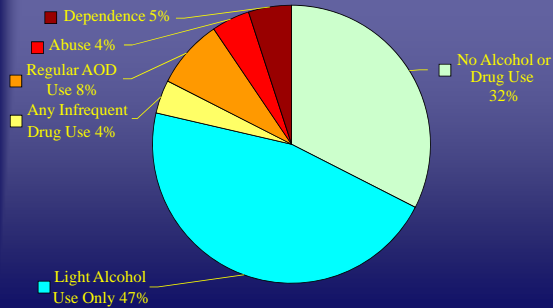
Over the past several decades there has been a growing recognition that a subset of substance users suffers from a chronic condition that requires multiple episodes of care over several years.

This presentation will present

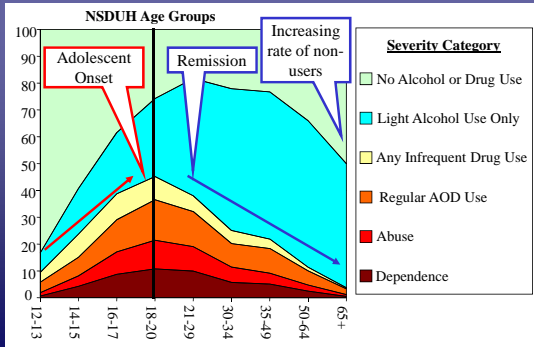
1. Epidemiological data to quantifying the chronic nature of substance disorders and how it relates to a broader understanding of recovery
2. The results of three experiments designed to improve the ways in which recovery is managed across time and multiple episodes of care.

Severity of Past Year Substance Use/Disorders

(2002 U.S. Household Population age 12+ = 235,143,246)

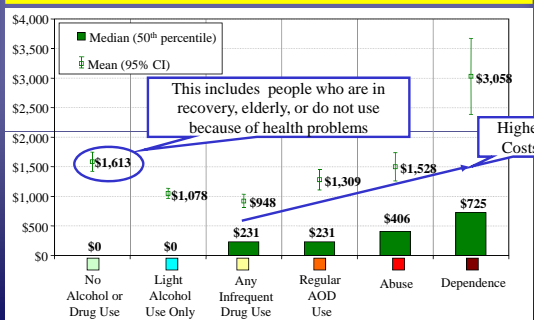


Problems Vary by Age



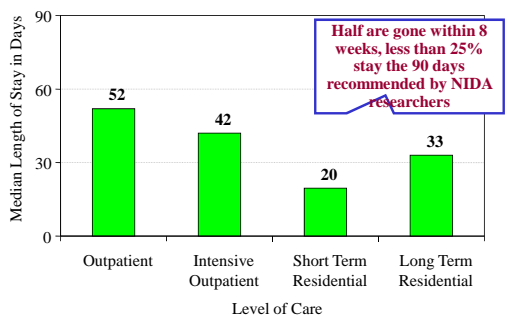
Source: 2002 NSDUH and Dennis & Scott in press

Higher Severity is Associated with Higher Annual Cost to Society Per Person



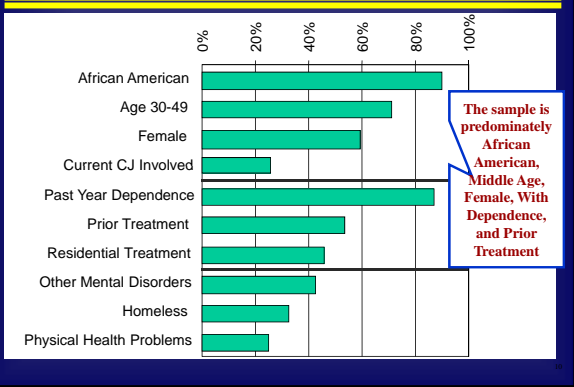
Source: 2002 NSDUH and Dennis & Scott in press

The Majority Stay in Tx Less than 90 days

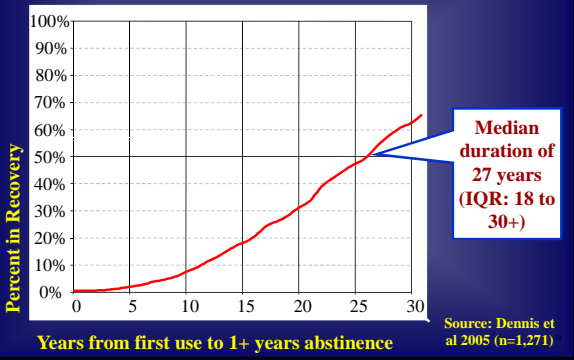


Source: Data retrieved through August 6, 2008 from 23 States (CA, CO, GA, HI, IL, IN, KS, MA, MD, ME, MI, MN, MO, MT, NE, NJ, OH, RI, SC, TX, UT, WI) as reported in Office of Applied Studies (OAS, 2005), Treatment Episode Data Set (TEDS), 2002, Discharges from Substance Abuse Treatment Services, DASH Series S-25, DASH Publication No. (SMA) 04-307, Rockville, MD, Substance Abuse and Mental Health Services Administration. Retrieved from http://www.data.samhsa.gov/teds2002/teds_04.pdf.

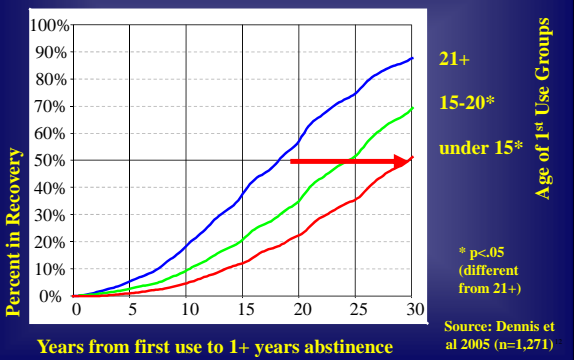
Pathways to Recovery Sample Characteristics



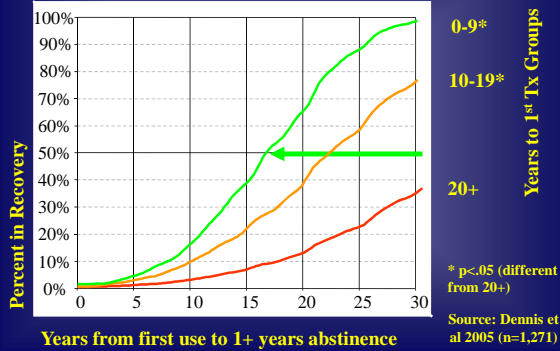
Substance Use Careers Last for Decades



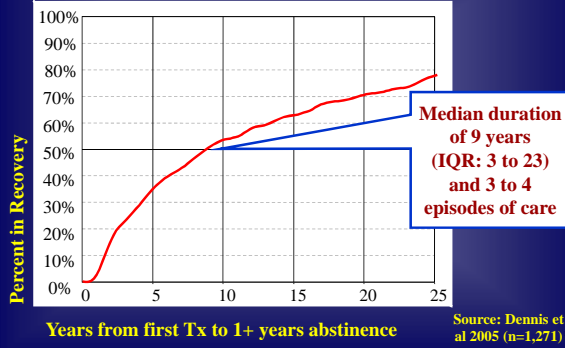
Substance Use Careers are Longer, the Younger the Age of First Use



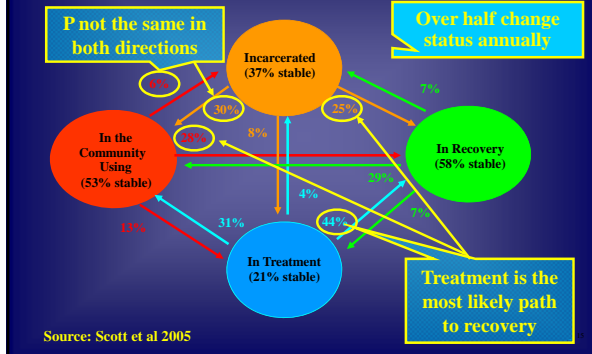
**Substance Use Careers are Shorter
the Sooner People get to Treatment**



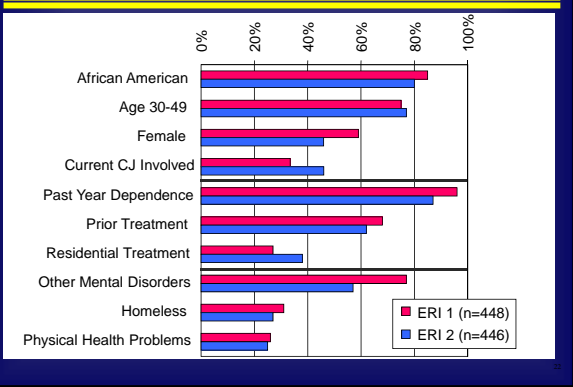
It Takes Decades and Multiple Episodes of Treatment



The Cyclical Course of Relapse, Incarceration, Treatment and Recovery



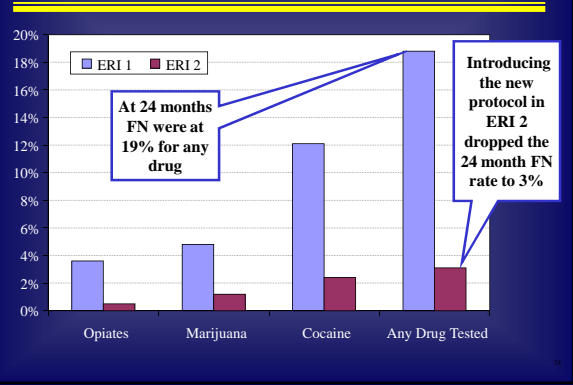
Sample Characteristics of ERI-1 & -2 Experiments

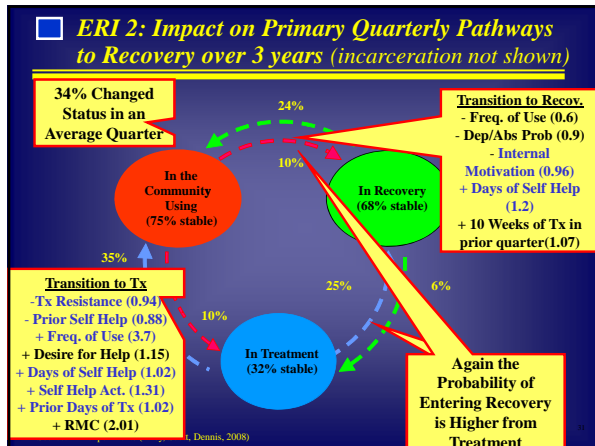


Recovery Management Checkups (RMC) in both ERI 1 & 2 included:

- Quarterly Screening to determining “Eligibility” and “Need”
- Linkage meeting/motivational interviewing to:
 - provide personalized feedback to participants about their substance use and related problems,
 - help the participant recognize the problem and consider returning to treatment,
 - address existing barriers to treatment, and
 - schedule an assessment.
- Linkage assistance
 - reminder calls and rescheduling
 - Transportation and being escorted as needed

Impact of On-site Urine On False Negative Urines





- Post Script on ERI experiments**
- Again, severity was inversely related to returning to treatment on your own and treatment was the key predictor of transitioning to recovery
 - The ERI experiments demonstrate that the cycle of relapse, treatment re-entry and recovery can be shortened through more proactive intervention
 - Working to ensure identification, showing to treatment, and engagement for at least 14 days upon readmission helped to improve outcomes
 - ERI 2 also demonstrated the value of on-site proactive urine testing versus the traditional practice of sending off urine for post interview testing

Assertive Continuing Care (ACC) Experiment (Godley et al)

Recruitment: 1998 to 2000

Sample: 183 adolescents admitted to Chestnut's residential substance abuse treatment in central Illinois

Substance Dep.: Marijuana (87%), alcohol (54%), cocaine (15%), other substance (14%)

Levels of Care: Treated for 30-90 days inpatient, then discharged to outpatient continuing care treatment

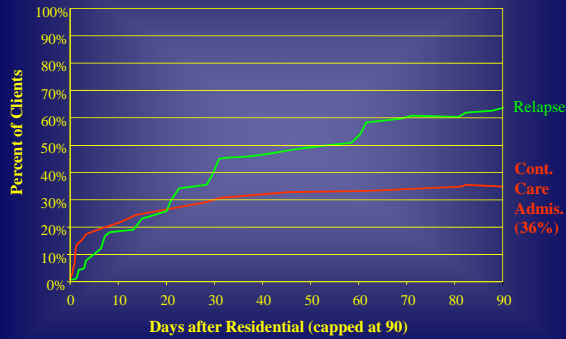
Instrument: Global Appraisal of Individual Needs (GAIN) and other measures

Design: Random assignment to usual continuing care (UCC) or "assertive continuing care" (ACC)

Follow-up: Over 90% follow-up 3, 6, & 9 months post discharge

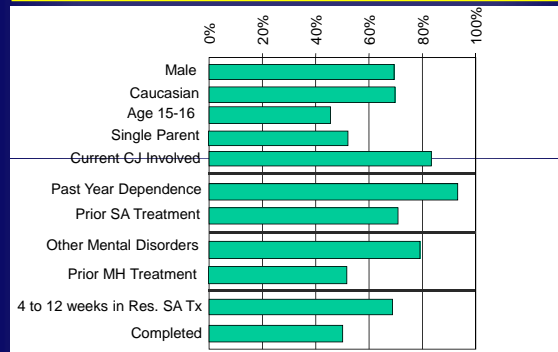
Funding: NIAAA grant 1R01 AA0103685 (Godley et al)

Time to Enter Continuing Care and Relapse after Residential Treatment (Age 12-17)



Source: Godley et al., 2004 for relapse and 2000 Statewide Illinois DARTS data for CC admissions

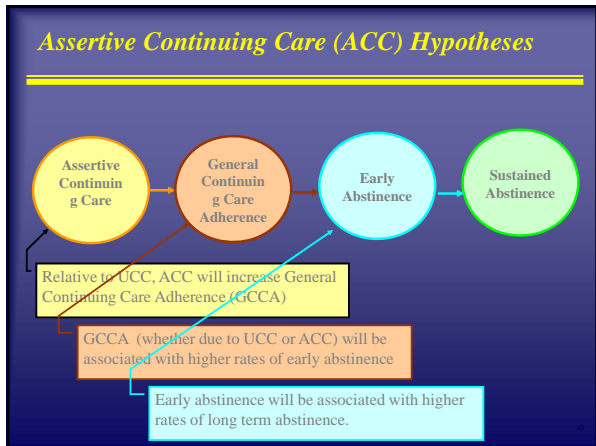
ACC Experiment Sample Characteristics

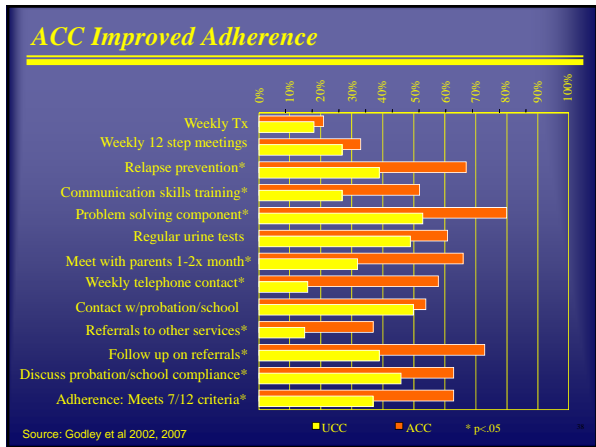


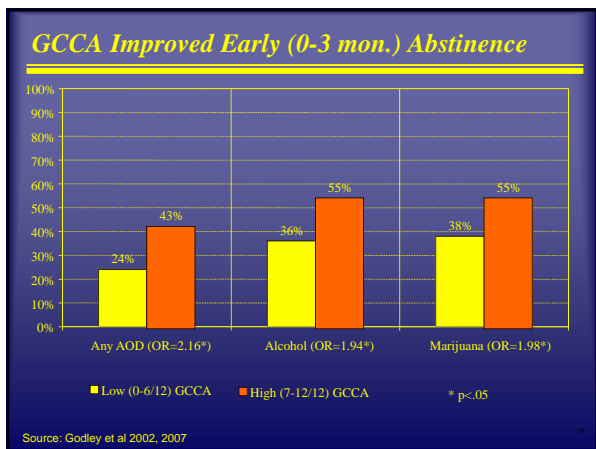
Source: Godley et al 2002, 2007

ACC Enhancements

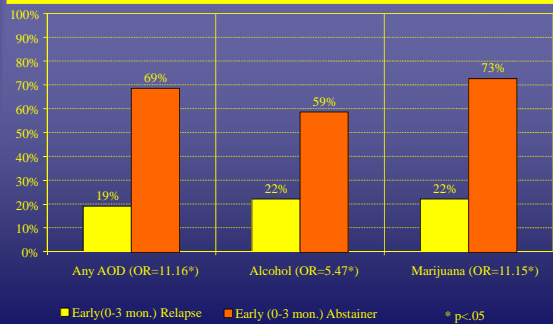
- Continue to participate in UCC
- Home Visits
- Sessions for adolescent, parents, and together
- Sessions based on ACRA manual (Godley, Meyers et al., 2001)
- Case Management based on ACC manual (Godley et al, 2001) to assist with other issues (e.g., job finding, medication evaluation)







Early (0-3 mon.) Abstinence Improved Sustained (4-9 mon.) Abstinence



Source: Godley et al 2002, 2007

Post script on ACC

- The ACC intervention improved adolescent adherence to the continuing care expectations of both residential and outpatient staff; doing so improved the rates of short term abstinence and, consequently, long term abstinence.
- Despite these gains, many adolescents in ACC (and more in UCC) did not adhere to continuing care plans.
- The ACC manual and main findings have been published
- A-CC is being replicated in over 30 sites as part of CSAT's Assertive Adolescent Family Therapy (AAFT) program and CSAT's Adolescent Residential Treatment (ART) program.
- A second ACC experiment is currently under way to evaluate whether providing contingency management will further improve outcomes.

These studies provide converging evidence demonstrating that

- substance use disorders are often chronic in the sense that they last for years and the risk of relapse is high
- the majority of people accessing publicly funded substance abuse treatment have been in treatment before, are likely to return, and may need several additional episodes of care before they reach a point of stable recovery.
- Multiple co-occurring individual and environmental problems are the norm and also need to be addressed
- Yet over half do make it to recovery and the odds of getting to and staying in recovery can be improved with proactive management.

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