

INTRO TO M.C.A.A.P.

(MENASHA COMMUNITY ADDICTION ASSISTANCE PROGRAM)

Understanding Addiction and Supporting Recovery



Presented by Todd Vander Galien

Unity Recovery Services

PRESENTED BY



Fox Valley PRISM Team

ACKNOWLEDGEMENTS

- Menasha Health Department
- Menasha Police, Fire and Public Works Departments
- Menasha Library
- Gold Cross Ambulance Services
- Wisconsin Department of Health and Human Services
- Cities and Villages Mutual Insurance Company
- Connecticut Community for Addiction Recovery (CCAR)

AGENDA

THE CHALLENGE

- What is Addiction ?
- The Window of Opportunity
- Changing Attitudes
- Spectrum of Attitudes
- Motivating for Change
- HOPE - The Turning Point

THE SOLUTION

- What is Recovery ?
- Stages of Recovery
- Barriers to Recovery
- It Takes a Community
- Spectrum of Care / Services
- Seven Dimensions of Wellness

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Service
Gaps

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Doubt

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Commitment

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- Service Gaps
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WHY DO PEOPLE BEGIN USING ADDICTIVE SUBSTANCES?

- Curiosity and peer pressure
- To feel good — feeling of pleasure, “high”
- To relieve stress
- To improve performance
- Medical / mental health conditions

THE SLIPPERY SLOPE

- Use – Taking medication as prescribed, drinking responsibly
- Misuse – Taking more than prescribed, getting drunk (occasional)
- Abuse – Frequent misuse
- Dependence – Perceived inability to function without
- Addiction – Obsession with the effect, compulsion to use
- Genetic predisposition – Born with increased risk of becoming addicted
- The invisible line – The undetectable point at which addiction begins

WHAT IS ADDICTION ?

- According to the American Society of Addiction Medicine (ASAM) addiction is a “primary, chronic disease of brain reward, motivation, memory and related circuitry.”
- If our actions are causing problems in our life, then our actions are a problem.
- Simply stated, addiction is a brain disorder characterized by compulsive engagement in rewarding stimuli despite adverse consequences.
- Loss of control (powerlessness)
- Inability to make good choices (unmanageability)

PHYSICAL SYMPTOMS

- Change in activity level (depending on the drug)
- Repetitive speech patterns
- Dilated pupils, red eyes, excessive sniffing and runny nose
- Looking pale or undernourished
- Change in eating habits, weight loss, clothes do not fit the same
- Missing work or school, dishonesty
- Illegal activity, borrowing money, unable to pay bills
- Hiding / possessing drug paraphenalia

NON-PHYSICAL STATE

- Relationship issues, inability to bond, selfishness
- Loss of control, hopelessness
- Paranoia, fear
- Denial,
- Cease to mature

THE WINDOW OF OPPORTUNITY

- Crisis – legal (arrest), security (job loss), relationship (divorce), medical (overdose), traumatic experience.
- Pain - the great motivator.
- Things will change when the pain of circumstances is greater than the anticipated pain of change.
- Self reflection vs. disease / fear (moment of clarity)

SHIFTING APPROACHES

- Addiction statistics
- If nothing changes nothing changes
- Success stories (new programs)
 - PAARI / QRT / Drug courts / Diversion programs
 - Peer-based services – CCAR / McShin / Solutions / Apricity
- [Video clip - The Anonymous People](#)

SPECTRUM OF ATTITUDES

- Treating People as Objects –
 - Provider believes they “know what is best” for the one they are servicing; and / or they have the right to determine their fate.
 - Those treated as objects have typically made some bad choices that put them there; and they know it.
- Treating People as Recipients -
 - Provider still believes they know what is best for the recipient; but they “give” them the “opportunity” to participate in the decision-making process.
 - Those treated as recipients typically feel they are receiving the *benefit* of services they have chosen.

SPECTRUM OF ATTITUDES

- Treating People as Resources –
 - The recipients described previously are most often receiving services from persons / organizations they consider to be resources.
 - There is a attitude of respect by the recipient for what the resource knows or can do.
 - The relationship between the resource and the recipient is a productive one. While the recipient benefits from the services they are receiving, the resource experiences growth in self esteem, self confidence, and connectedness.
 - A culture in which people and organizations are valued as resources has increased capacity to effectively treat people as recipients.

STAGES OF CHANGE

- One of the most influential models in Substance Use Disorders treatment in the last 20 years.
- Model developed by Prochaska and DiClemente (1982).
- Developed for and with people with substance use disorders.
- Has been used widely to understand change including in prevention and systems change.
- Taught as part of the CCAR recovery coach certification curriculum.
- Model is considered cyclical not linear.
- People typically cycle back from advanced stages to previous ones; however, rarely back to the first stage.

STAGES OF CHANGE - PRECONTEMPLATION

- Person shows no intent to change a problem behavior
- Person may be unaware behavior is a problem, or unwilling to do anything about it
- Person may lack confidence to change behavior due to previous failed attempts
- Person tends to view target behavior as having more positive than negative (Decisional Balance)
- Person believes behavior to be under control or at least manageable
- Characteristics - Defensive, resistant to suggestions of problems associated with their drug use, uncommitted or passive in treatment, avoids steps to change drug use, lacks awareness of the problem, often pressured or mandated to seek treatment

STAGES OF CHANGE - CONTEMPLATION

- Person is considering change, but has not yet initiated any change behavior
- Person is considering implications and consequences of target behavior
- Person is visibly distressed by target behavior
- Person has started to weigh the positives and negatives of the target behavior
- Person will typically seek out relevant information about the target behavior
- Characteristics - Seeking to evaluate and understand their behavior, distressed about behavior, desire to exert control over behavior, thinking about making change, have not started to make change and are not yet prepared to do so, have made frequent attempts to change behavior in the past, actively evaluating pros and cons of making change

STAGES OF CHANGE - PREPARATION

- Person is getting ready to change the target behavior, both in attitude and behavior
- Person intends to change soon
- Person already may have started to increase self-regulation around target behavior
- Person may be prepared to make or may already be making small changes to the target behavior
- Characteristics - Intending to change their behavior, Ready and committed to change behavior both in attitude and behavior, on the verge of taking action, engaged in the change process and/or treatment, prepared to make firm commitments, making or prepared to make decision to change

STAGES OF CHANGE - ACTION

- Person is actively making change to target behavior
- Person is modifying his/her attitudes and responses to target behavior
- ,Person is learning skills to prevent relapse or reversal of target behavior
- Action stage typically lasts an average of 6 months in people working to change substance use.
- Characteristics - Person has decided to make change, person has made a firm commitment to change and is involved in process, efforts to modify behavior and environment have begun, person presents motivation and effort to achieve behavioral change, person is willing to follow suggested strategies and activities to change behavior

STAGES OF CHANGE - MAINTENANCE

- Person sustains and strengthens changes made to the target behavior
- Person is practicing skills to prevent relapse or reversal of target behavior
- Person establishes basic “habits” and “rituals” around modified behavior
- Characteristics - Person has made change and is working to sustain change behavior, considerable attention is focused on avoiding relapses, person may feel anxiety and fear around relapse and high risk situations, person has less frequent urges to use

MOTIVATIONAL INTERVIEWING

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THE TURNING POINT

- Initiating recovery
- Physical detox
- Education
- Obsession and compulsion

GUEST SPEAKER

- 1) Describe your “bottom” (your crisis) ?
- 2) Who did you reach out to for help ?
- 3) What community resources did you use; or would you have used, had you been aware they were available to you ?
- 4) What is required for you to maintain long-term recovery ?

WHAT IS RECOVERY ?

- SAMHSA process of change through which individuals improve their health and wellness, live a self-directed life, and strive to reach their full potential
- Process
- Relearn some of the basic concepts of right living
- Commitment
- Decision to resist urges to react in old ways
- Make good choices

STAGES OF RECOVERY

(FROM CCAR RECOVERY COACH TRAINING)

- Stabilization
- Deepening
- Connectedness
- Integration
- Fulfillment

STAGES OF RECOVERY - STABILIZATION

- learning about addiction
- staying clean and sober, but free no matter what
- physical detox and stabilization
- learning to socialize in a group setting
- learning to break the pattern of isolation
- developing role models for healthy recovery
- anxiety management
- staying away from risky places, situations and people
- developing self-responsibility
- learning to ask for help and support
- 0 – 6 months (aligns with the ACTION stage of change)

STAGES OF RECOVERY - DEEPENING

- identifying old behaviors that don't feel right anymore
- emotional detox
- changes in verbal attitude, feeling and behavior
- increase in the quality of physical health
- increase in the ability to tolerate feelings
- beginning to make distinctions between and among feeling states
- increased commitment to working on recovery
- 6 months – 2 years
- aligns with post-acute withdrawal period

STAGES OF RECOVERY - CONNECTEDNESS

- there is an increase in honesty and depth of emotions
- the need to go back and redo some earlier tasks in recovery
- avoidance of drama in one's life
- the outer world of the person is beginning to reflect the inner world
- connections are made to a wider circle of people both in and out of recovery
- 2 – 5 years
- Typically a period of strong spiritual growth

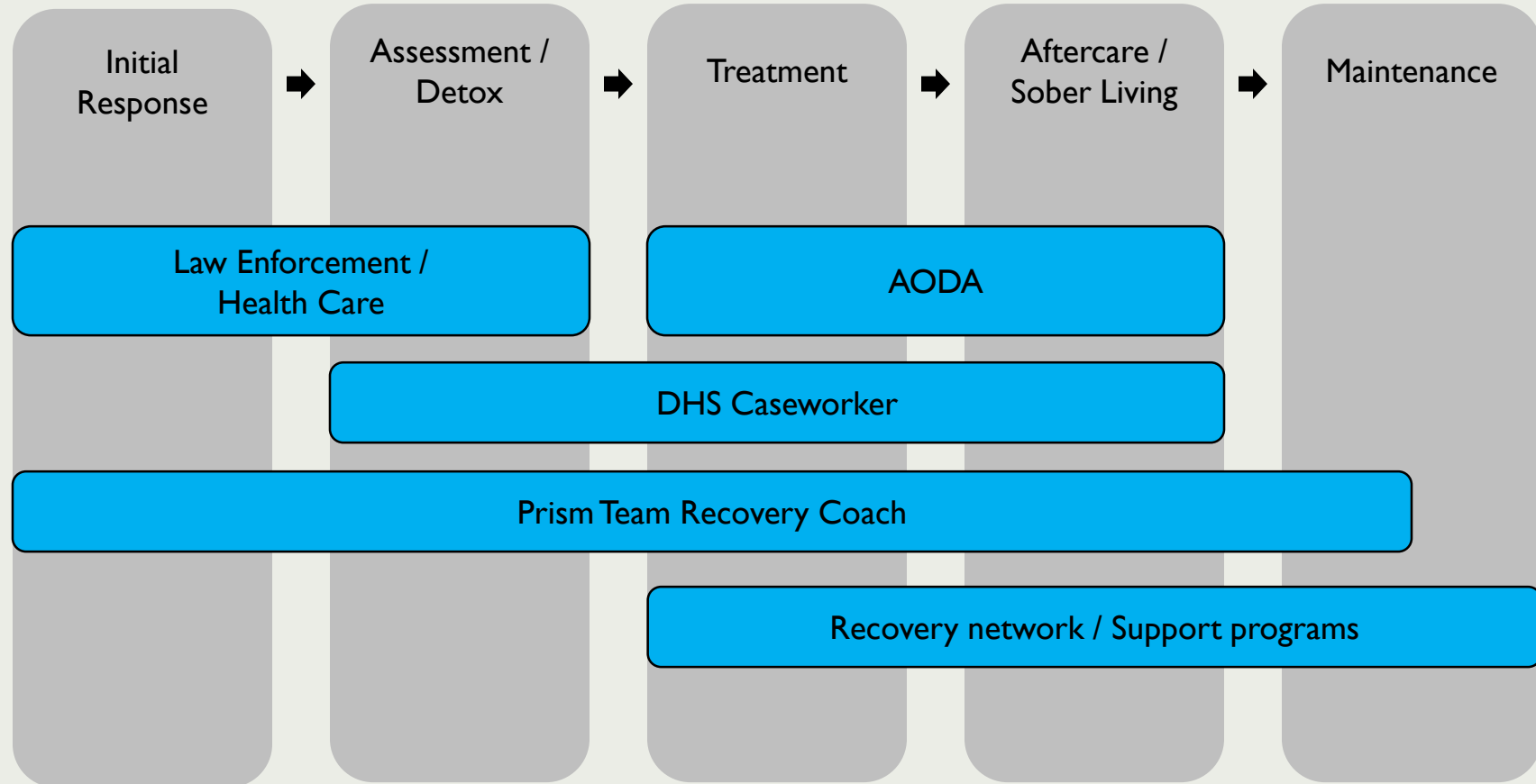
STAGES OF RECOVERY - INTEGRATION

- relationships based on love rather than need
- avoiding “stuckness”
- the automatic use of tools of recovery
- an ability to act on knowledge and insight and follow through
- self-forgiveness
- having fun and joy in life
- 5 -15 years
- maturing, finding one’s self

STAGES OF RECOVERY - FULFILLMENT

- discovering and following through on life purpose
- living within an aura of peace/serenity
- dramatic reduction in worry (faith)
- acceptance
- high level of morality, integrity
- confidence balanced with humility
- embracing the concept of being both precious AND insignificant at the same time
- gratitude penetrates all actions
- celebration
- 15 + years
- contentment, peaceful coexistence

RECOVERY SERVICES TIMELINE



BARRIERS TO RECOVERY

- Financial (access to services)
- Lack of resources / service gaps
- Stigma
- Fear / lack of understanding
- Hopelessness / shame / lack of confidence
- Prejudice
- Impact
- Punishment



stig·ma

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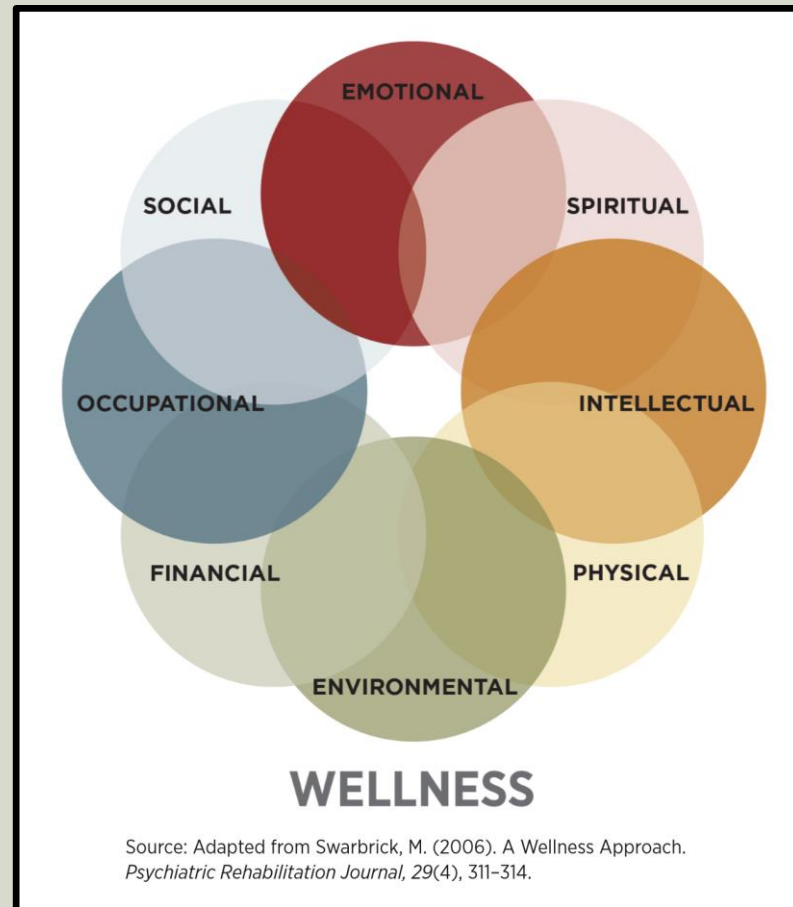
noun

1. a mark of disgrace associated with a particular circumstance, quality, or person.
"the stigma of having gone to prison will always be with me"
synonyms: [shame](#), [disgrace](#), [dishonor](#); [More](#)

IT TAKES A COMMUNITY

- [Quick Response Team video](#)
- Develop a continuum of services
 - Prevention, treatment, and recovery assets
 - Recovery schools, corrections-based programs, recovery coaching, alternative peer groups
- Address / remove barriers
- Ensure basic needs are met
- Embrace an active, vibrant recovery community

EIGHT DIMENSIONS OF WELLNESS



WHAT SHOULD I DO IF:

- 1) I encounter a person in a restaurant that is slouched over at their table?
- 2) A friend asks what they should do because they found paraphernalia hidden in their son's or daughter's bedroom.
- 3) EMS is called to a neighbor's house because their son or daughter poisoned themselves with alcohol?

NEXT STEPS

- Peer-based Response Information Support and Maintenance (P.R.I.S.M.)
- Community Addiction Response Education (C.A.R.E.)
- Menasha Community Addition Assistance Program (M.C.A.A.P.)

QUESTIONS / DISCUSSION

