Road to Recovery: Purposeful Post-Treatment Planning (Day 1)

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Gabriela Zapata-Alma LCSW CADC
Presenter Information

Gabriela Zapata-Alma, LCSW, CADC
Director of Policy and Practice on Domestic Violence and Substance Use, NCDVTMH
GZapata.Alma@ncdvtmh.org
US DHHS ACF FVPSA-Funded Special Issue Resource Center Dedicated to Addressing the Intersection of Domestic Violence, Trauma, Substance Use and Mental Health

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Learning Objectives

- Describe key elements of continuing recovery planning
- Identify trauma-informed discharge practices and aftercare services for individuals with substance use disorders, survivors of domestic violence and other trauma
- Become familiar with Recovery Management Checkups as a core component of aftercare services
Today’s Agenda

9:00 – 10:30 am Post-Treatment Planning

10:30 – 10:45 am Break

10:45 – 12:15 pm Continued Recovery Planning

12:15 – 12:30 pm Wrap up, Q&A, evaluations
When do you begin post-treatment planning?
Why are post-treatment planning and aftercare important?

FOR MOST PATIENTS RECOVERY IS CYCLICAL, NOT LINEAR The researchers tracked the average percentages of patients moving between points in the recovery cycle—living in the community and abusing substances, in treatment, or in recovery—each quarter during the 2-year study. The goal of the Recovery Management Checkup system is to increase treatment reentry and recovery (movement along the solid arrows).

† “Stable” indicates that patients did not transition from one point to another in the cycle.
The Importance of Post-Treatment Planning

Connection with ongoing community-based recovery support is associated with better recovery outcomes.

(Miller et al. 1997; Ritsher et al. 2002)
The Importance of Aftercare Services

Aftercare services have been found to support recovery maintenance, even services as simple as phone-based check-ins.

(McKay et al., 2005)
Combining Post-Treatment Planning and Aftercare Services

A study found that people who participated in both community recovery support and aftercare services had better long-term recovery outcomes than those who only accessed one.

(Fiorentine & Hillhouse, 2000)
What’s Our Role in Post-Treatment Planning?

Providers play a key role in preparing individuals for treatment end through:

- individualized planning
- linking to community resources
- facilitating transitions
- actively supporting early engagement in community-based recovery support

(CSAT/SAMHSA TIP 47, 2006)
Best Practices in Post-Treatment Planning

- Start Early
- Ongoing Planning
- Continuing Recovery Planning
- Continuity of Care
Start Early

Begin post-treatment planning during intake
Start Early 2

How will we know when treatment (or the level of care) is complete?

- Indicators are defined collaboratively and mutually understandable.
- What are the data sources for these indicators?
Start Early 3

Supports transparency, consistency, and predictability, while supporting autonomy within services - all essential aspects of trauma-informed approaches
Ongoing Planning

- Identify needed resources and facilitate access to potential community resources/partners early in the process

- Continue reviewing and updating as needs emerge and evolve
Who is Involved in Post-Treatment Planning?

- Person accessing services
- Their safe social supports (as defined by AND if desired by the person)
- Treatment team
Elements of Successful Post-Treatment Planning

- Individualized
- Comprehensive
- Puts together a well-coordinated system of continuous support
- Access to community resources
- Community reintegration
- “…practical and realistic and maximize available community resources for the benefit of the client.”
- Continuing recovery planning

(Baron et al., 2008)
Post-Treatment Planning: Considerations by Level of Care

Reflecting a Continuum of Care

Note:
Within the five broad levels of care (0.5, 1, 2, 3, 4), decimal numbers are used to further express gradations of intensity of services. The decimals listed here represent benchmarks along a continuum, meaning patients can move up or down in terms of intensity without necessarily being placed in a new benchmark level of care.

(American Society of Addiction Medicine - ASAM)
Post-Treatment Planning: Withdrawal Management (WM)

- WM is available at every level of care (WM alone is not considered treatment)
- Ongoing recovery support is critical for those completing WM services
- WM-alone for opioids (without stabilization and linkage to ongoing MAT) has been found to be increase risk of fatal overdose (Strang et al. 2003)
- MAT for opioid use disorder to essential – referrals are not enough to ensure continuous access.
- Overdose prevention education, naloxone distribution, and ongoing access to naloxone

Resource: www.ISaveFL.com
Detox & Discharge:
Fred’s Story
1. Fred’s Story: What could have the provider done differently?
Fred’s Story:
Large Group Debrief
Post-Treatment Planning and Withdrawal Management: Promising Practices

- Hospital-based buprenorphine induction (Liebschutz et al., 2014)

- Bridge MAT/MAR clinics (Sigmon et al., 2015)

- Recovery coaching and peer-based support (Scott et al., 2018)

- Active service linkages (‘warm handoffs’) (Duber et al., 2018)

- Seamless care coordination across settings (services follow the person) (Kirk et al. 2013)
Pause -
please return in 15 min
Post-Treatment Planning: Inpatient/Residential to Outpatient

What’s important to consider during post-treatment planning when someone is completing inpatient/residential services?
Post-Treatment Planning: Inpatient/Residential to Outpatient

- Safety needs
- Engagement in step-down outpatient care
- Housing and vocational support
- Recovery support network
- Recovery support for family
- Community reintegration
2. Marcy’s Story: Supportive Post-Treatment Planning
Marcy’s Story:
Large Group Debrief
Marcy’s Story: A Success Story
Pause -
please return in 15 min
Continuing Recovery Planning
Continuing Recovery Planning (CRP)

- Flows from dynamic treatment planning

- Main goals of Continuing Recovery Planning:
  - Maintain treatment gains
  - Support greater life goals/needs
  - Recovery capital (both internal and external resources)
  - Aftercare planning
CRP: Maintain Treatment Gains

- Individualized coping toolbox (cravings/cues)
- Anticipating situations that present a high risk to recovery gains, including strategies to
  - avoid and/or prevent
  - escape
  - cope
  - engage recovery supports
- Recovery setback response plan
Sample: CRP for Risk-to-Recovery Situations

If I encounter a high-risk situation:

- I will leave the situation and/or environment.
- I will put off the decision to use for 15 minutes. I will remember that most cravings are time-limited and I can ride it out.
- I will recognize my thoughts as thoughts, not absolute facts. Do I really need to use? Not likely. I will remind myself that my only true needs are for air, water, food, and shelter.
- I will think of something unrelated to using.
- I will remind myself of my successes to this point.
- I will call my list of emergency numbers.

(NIAAA, 2003)
Sample: Recovery Setback Response Plan

1. Get rid of the substance(s).

2. Get away from the place where I used.

3. Read this aloud: One use or even one day of use does not have to result in a relapse. I will not give in to feelings of guilt or shame because I know these feelings will pass in time. I can get through this.

4. Call a recovery support for help.

5. I will examine this use with my counselor (or Recovery Coach or sponsor), identify cues and my reaction to them. I will update my plan so that I will be able to cope with a similar situation in the future.

REMEMBER: THIS IS ONLY A TEMPORARY DETOUR ON THE ROAD OF RECOVERY

(NIAAA, 2003)
CRP: Greater Life Goals / Needs

- What’s most important for the individual, what are their greater life goals?
- How does continuing recovery fit in with their greater life goals?
- What remaining needs exist and how can we plan for them?
- What specific actions are needed in order to satisfy any court/legal mandates? (if applicable)
CRP: Recovery Capital

- The collection of internal and external supports a person can access that aid in the journey of recovery (White & Cloud, 2008)

- Community-based support resources

- Recovery-oriented social supports

- Core values and how they fit in with their experience of recovery and recovery goals
HUMAN
Skills, education, self-efficacy, hopefulness, personal values

SOCIAL
Family, intimate relationships, kinship, social supports

PHYSICAL
Physical health, safe shelter, basic needs, financial resources

COMMUNITY
Anti-stigma, recovery role models, peer-led support groups

Recovery Capital

(White & Cloud, 2008)
CRP: Aftercare Planning

- How can the treatment provider support the individual’s continuing recovery and pursuit of greater life goals?
- What aftercare services are available?
- How would the individual like to incorporate available aftercare services into their overall continuing recovery plan?
3. Continuing Recovery Planning: Marcy’s Next Chapter
Marcy’s Story: Large Group Debrief
Challenges in Post-Treatment Planning

- Increased anxiety about end of treatment
- Difficulty anticipating post-treatment needs
- Lack of community resources
- Lack of established protocols and training

(Baron et al., 2008; SAMHSA TIP 51, 2009)
How Can Organizations Support Post-Treatment Planning?

- Written post-treatment planning protocol
- Standardized planning forms
- Training for all staff involved in planning
- Review upcoming treatment closures and post-treatment plans in clinical staffing
- Cultivate community resources
- Routine review of clinical records to provide coaching and feedback for staff
- Routine review of protocols to improve their effectiveness
- Written protocols and staff support to provide post-treatment care coordination and collect follow-up data
- Collect/analyze follow-up data

(Baron et al., 2008)
Wrap Up

- Check-out (type in chat) - an idea for how to support long-term recovery that was inspired by today’s session.

- Please be sure to complete the evaluation for today (each day has its own evaluation).

- Tomorrow we’ll talk about continuity of care and aftercare services – see you then!
Resources

- Faces and Voices of Recovery (Recovery Community Organizations and Mutual Aid): https://facesandvoicesofrecovery.org/
- SAMHSA’s Treatment Locator: https://findtreatment.samhsa.gov/
- Florida Coalition Against Domestic Violence: https://www.fcadv.org/
- Florida Association of Recovery Residences: https://farronline.org/
- Florida Division of Vocational Rehabilitation: http://www.rehabworks.org/


References 3


Gabriela Zapata-Alma LCSW, CADC
Director of Policy and Practice on Domestic Violence and Substance Use

P: 312-726-7020
TTY: 312-726-4110
gzapata.alma@ncdvtmh.org
www.nationalcenterdvtraumamh.org

Twitter: @ncdvtmh
Instagram: @ncdvtmh
Facebook: facebook.com/ncdvtmh
Thank You!
Question & Answer