Micro-connecting: Effective Outreach & Engagement Strategies with Persons Seeking Recovery

Presenter

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Five Crises that Preceded the Need for Community Outreach

1. Crack crisis of the 1980’s

- Cocaine replaced marijuana
- Baking soda replaced ether
Richard Pryor
Crack Crises Continued

- War on drugs

- 1985 - 400,000 inmates
- 1995 - 1 million inmates
- 2005 - 2 million inmates
- Today - 2.5 million inmates
Cocaine lost status
Many inpatient programs became major profit centers
Greater distance between the treatment and 12-Step communities
Stigmatizing term “crack baby” was born

“We were all on crack.”
Chris Rock
2. Managed Care Crisis
“Combine some hardware and a few common Chemicals, with about as much skills as it takes to bake a cake, and you have a methamphetamine epidemic in rural America.”

Neal Conan

- Number one legal problems in some states
- Number one cause of rural fires
Methamphetamine Crisis Continued

- Number one public health problem in some states

- A number of states report that, in spite of the crisis, only a small percentage of methamphetamine users make it to treatment

- Meth users only constitute 4-7% of treatment admissions
4. The OxyContin and Heroin Epidemic

- High overdose rates
- Low treatment admission rates
5. Limitations of the Acute Care Model

- Ineffective service dose
- Difficulty with attraction

75% of chemically dependent clients will never get help for their addiction
5. Limitations of the Acute Care Model Continued

- Long waiting lists and high dropout rates
- High administrative discharge rates
- Abandonment – aftercare as an afterthought
In summary, outreach is needed to engage the 75% of persons with addictions who will never seek addictions treatment and to provide ongoing recovery support in the natural environment for persons leaving treatment.
Three Levels of Outreach

1. Pre-treatment Engagement
   - Increased client motivation for treatment and recovery.
   - To help with other services while the client waits for treatment.
   - To encourage clients to decrease the harm related to their substance use.
Three Levels of Outreach Continued

2. In-treatment Recovery Support
   - To help create a seamless system of care from treatment into the community.
Three Levels of Outreach Continued

3. Post-treatment Recovery Support

- To help with the fragility of early recovery.
- To help clients with the many challenges they will face in early recovery.
Areas of Support Needed in Early Recovery in the Natural Environment

1. Return to an anxious home

2. Dealing with pressure from bill collectors

3. Early efforts to disengage from a drug culture
<table>
<thead>
<tr>
<th>Types of drugs</th>
<th>Types of drug users</th>
</tr>
</thead>
<tbody>
<tr>
<td>Socially celebrated</td>
<td>Acultural</td>
</tr>
<tr>
<td>Socially tolerated</td>
<td>Bicultural</td>
</tr>
<tr>
<td>Socially prohibited</td>
<td>Culturally Immersed</td>
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</tbody>
</table>

Source: White, W. Pathways from the Culture of Recovery. Center City, Minnesota: Hazelden.
4. Feelings of uselessness in the community

5. Separation/Divorce

6. Disengagement from self-help groups and other sources of support
Types of Support Needed Continued

7. Unresolved grief and trauma

8. Development of recovery capital

9. Chronic pain

10. Addictive relationships

11. Memory
What it takes to provide effective outreach
Effective Outreach

- Total acceptance and a non-judgmental attitude
- Ability to create privacy where there is none
- Resourcefulness - “Gift giving”
Effective Outreach Continued
The ability to connect with your
Effective Outreach Continued

A strength based approach

- What do you do well?
- How have you been able to endure so much?
- What have you learned from what you have gone through?
- Which of your experiences has taught you the most about your own resilience?
Effective Outreach Continued

Naturally Therapeutic Qualities

- Empathy
- Warmth
- Genuineness
Effective Outreach Continued

Ability to establish a relationship that promotes equality

- A voice in the treatment plan
- Discovering what the client wants
Effective Outreach Continued

Honor Maslow’s Hierarchy of Needs

1. **Physiological** - food, clothing, shelter
2. **Safety**
3. **Belonging**
4. **Self esteem**
5. **Self actualization**
Effective Outreach Continued

Ability to establish trust

- Awareness of differences and micro-aggressions (intentional and unintentional slights)
- Keep your word
- Patience
Effective Outreach Continued

Stage based interventions

- Pre-contemplation
- Contemplation
- Readiness
- Action
- Maintenance
Effective Outreach Continued

- Awareness of resources available in the community to support recovery
- Ability to develop resources where none exist
Effective Outreach Continued

- Ability to view the entire community as the treatment center
Non-traditional Referral Sources

- GED programs
- Community College
- Churches
- Medical clinics
- Libraries
- Monks, rabbis, medicine men
Effective Outreach Continued

- Advocacy

- Acceptance of multiple styles of recovery
Multiple Styles of Recovery

- Solo
- Treatment assisted
- 12 Step
- Telephonic
Multiple Styles of Recovery
Continued

- Religious style
- Cultural style
- Text messaging
- Temporary drug substitution
Multiple Styles of Recovery
Continued

- Partial recovery
- One drug at a time
- Medication assisted recovery
- Harm reduction
Examples of Harm Reduction

- Not sharing needles
- Not mixing drugs
- Use of condoms
- Not mixing drugs with alcohol
Which of the following are important to you in selecting a recovery support group?

(Check all that apply)

**People who:**

- Have experience with my primary drug
- Are the same gender
- Are close to my age
- Share my ethnic, cultural background
- Share my view on religion, spirituality, secularity
- Share my sexual orientation
- Smoke tobacco
- Do not smoke tobacco
- Have tolerant attitudes toward medication prescribed for addiction or mental illness
- Have prior experience in the criminal justice system
Do not have prior experience in the criminal system

Have approximately the same income level

Have had severe alcohol/drug problems

Have had mild to moderate alcohol/drug problems
Share my goal of complete abstinence
Share my goal of moderate use

Source: Recovery, Northeast ATTC, 2006
Effective Outreach Continued

- Practice acts of self care on the road