

# How to Run a Residential Treatment Program on Two Rules and a Pickle Story.

# Introductions

- 1. What has been your experience in working with or for a residential drug and alcohol treatment program?
- 2. If you could change one thing about how drug and alcohol treatment programs work with people in recovery, what would it be?
- 3. What made you select this seminar and what do you want to get from it?

# How the Typical Treatment Program works with Person's in Recovery

- 1. Therapeutic Community/Modified Therapeutic Community Model.
- 2. Has a foundational belief that having and enforcing rules is vital to a client getting sober and to controlling the program. People don't change unless consequences are enforced.
  - A. This can slip into:
    - i. A focus on rules, rule enforcement and punishment
    - ii. Staff energy can be focused on catching clients breaking the rules.
    - iii. Staff energy can be spent on using rule violations as justification to discharge problem clients
  - B. How do clients perceive this? Do they feel safe to take risks?

# Recovery Oriented System of Care (ROSC)

- 1. A ROSC is a coordinated network of community based services and supports that:
  - A. Is Person Centered
  - B. Builds on the strengths and resilience of the individual, families/family as the client defines it and communities to achieve abstinence and improve health, wellness and quality of life for those with or at risk of alcohol and other drug problems.

(williamwhitepapers.com)
- 2. The System of Care is typically external of the program itself. The program works to connect the client to a system of care, and to all the various things the person in recovery needs to support recovery. These things are often referred to as “Recovery Capital”.

# Recovery Management

- 1. Recovery Management:
  - A Engages individuals with chronic substance use conditions
  - B Assists the person in managing efforts to achieve long term recovery
  - C Individuals and their families are empowered to seek supports specific to the needs of the individual
  - D There is no formula or set of rote practices that everyone follows
  - E Different people require different resources
  - F It is the programs responsibility to coordinate access to resources and foster engagement

(SAMSHA Recovery Oriented Resource Guide, 2010)

# Recovery Management as a Guiding Philosophy

- Recovery Management is a philosophy within ROSC that can be incorporated within a program to guide how clients are treated and services provided. Recovery Management is:
  - A Person centered
  - B Self directed
  - C Strength based
  - D Includes family members, caregivers, significant others, friends and the community
  - E Collaborative in decision making
  - F Individualized and comprehensive
  - G Inclusive of community services and supports
  - H Inclusive of all stakeholders
  - I Inclusive of community/peer involvement

# What Does a “Typical” Client Entering Treatment Present Like?

- 1 Does anyone wake up one morning and say “the birds are singing, the sun is shining, I think I’ll go to treatment”?
- 2 What does cause someone to seek out treatment?
  - A Family
  - B Friends
  - C Employer
  - D Court/Legal issues
  - E Some sort of “If I don’t do this, this consequence will occur”
- 3 What does a “Voluntary” client look like and is anyone really “voluntary”?

# How Does the “Typical” Client Present for Treatment?

- 1 Angry
- 2 Compliant but not necessarily cooperative
- 3 Oppositional
- 4 Resentful
- 5 History of trying to prove that usage can be managed/controlled
- 6 Resistant/Reluctant
- 7 Distrust of authority
- 8 Trauma history
- 9 Sensitive to power imbalance between client and program staff
- 10 Criminal thinking

# What Drives The Characteristics of the “Typical” Client?

- 1 Look for Fear
  - Anytime a client shows or expresses resistance or reluctance...
- 2 Talk about frustration
  - Anytime a client wants things/people to be different than they are he/she is holding onto an unrealistic expectation...
    - I must be perfect!
    - Everyone must treat me fairly!
    - My life must be exactly the way I want!

# The Pickle Story

- 1 The Pickle Story
- 2 I don't want to be this!
  - Returns to usage can be characterized as attempts to prove that I am not powerless, that I can control my usage.
  - Stopping medication can be characterized as “I don't want to be this or have this issue.”
- 3 This process is what drives the cycle of seeking recovery and relapse or stopping medications whether medical or psychiatric.
  - If I accept this as fact, What else do I have to accept as fact?

# Pulling the Pieces Together

- 1 Considering the “typical” characteristics a client presents with, how will a client respond to a program where the focus will be on compliance and rule enforcement such as in the Therapeutic Community model?
- 2 Considering the “typical” characteristics a client presents with, how will a client respond to a program operating with the Recovery Management philosophy?

# Why?

- 1 Why only 2 rules?
- 2. Why engage rather than dispense punishment?
- 3 Why put effort into creating an environment where a client feels safe and willing to be vulnerable?
  - “Take a risk, do something different”
- 4 Why this doesn't mean that clinical concerns about the client are ignored or overlooked.

# Impact of The Recovery Management Philosophy

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# Closing Thoughts

- Discussion