

# **Current Models of Recovery Support Services:**

## **Where We Have Data and Where We Don't**

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FACE YOUR  
DEMONS.

TAKE A  
PILL.



MATTREVERNS

GOOD SHRINK, BAD SHRINK

# Talk Objectives

1. Define “recovery”
2. Define a “recovery oriented system of care”
3. Identify different models of recovery support services
4. Identify recovery support service models that are evidence based and/or their limitations.

# What is Recovery?

*Recovery is a voluntarily maintained lifestyle comprised of sobriety, personal health and citizenship.*

Betty Ford Consensus Panel, 2007

# What is a recovery oriented system of care?

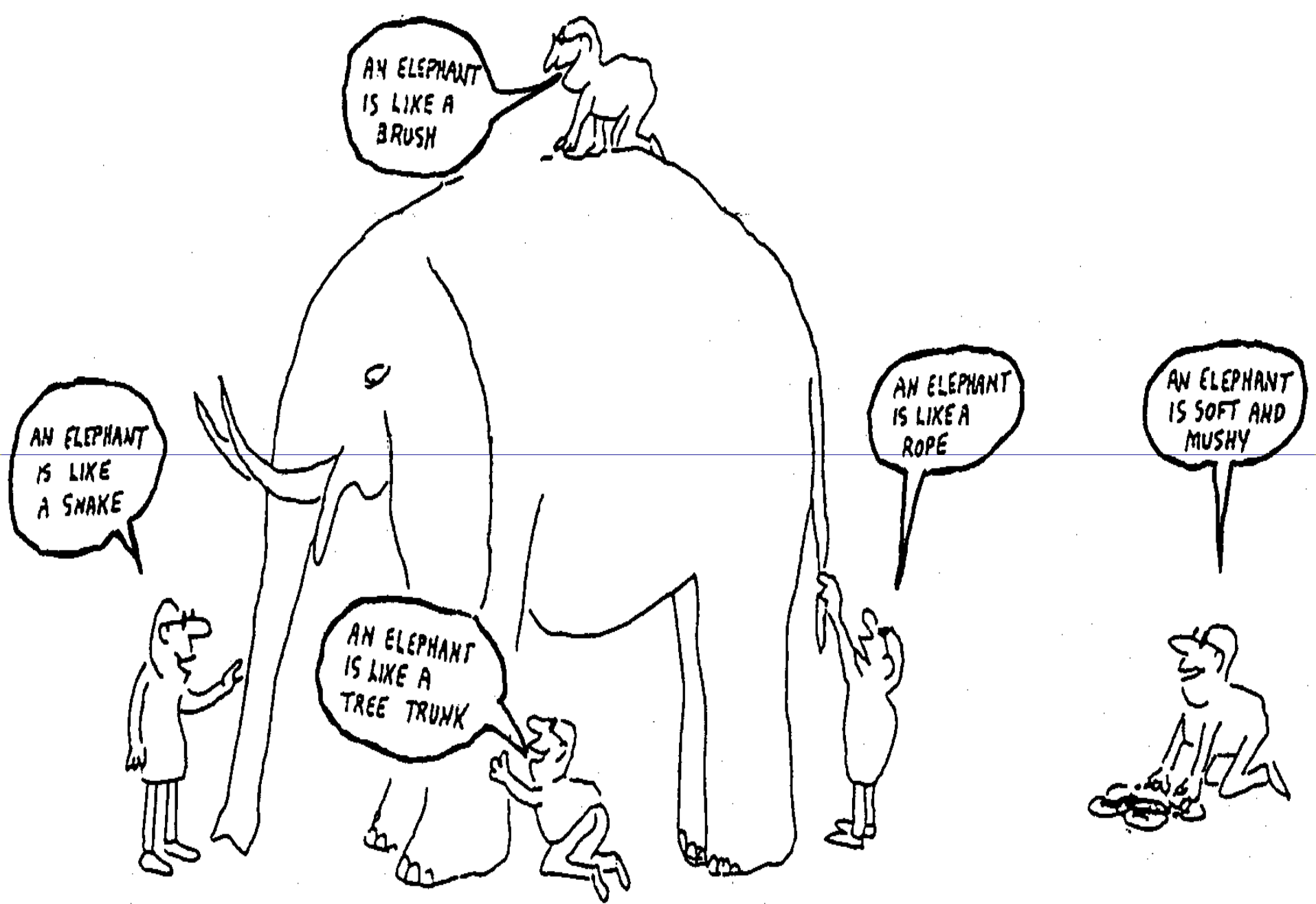
- Networks of formal and informal services developed and mobilized to sustain long-term recovery for individuals and families impacted by severe substance misuse. The system in ROSC is not a treatment agency but a macro level organization of a community, a state or a nation (William White).
- ROSC support person centered and self-directed approaches to care that build on the strengths and resilience of individuals, families and communities to take responsibility for their sustained health, wellness and recovery from alcohol and drug problems (CSAT).

# Defining Recovery Support Services

- Recovery support services include social support, linkage to and coordination among allied service providers, and a full range of human services that facilitate recovery and wellness contributing to an improved quality of life.
- They may be delivered by peers, professionals, faith-based and community-based groups, and others.

# Examples of Peer Recovery Support Services

- Peer-led support groups
- Assistance in finding housing, educational, employment opportunities
- Assistance in building constructive family and personal relationships
- Life skills training
- Health and wellness activities
- Assistance in managing systems (e.g., health care, criminal justice, child welfare)
- Alcohol- and drug-free social/recreational activities
- Peer coaching or mentoring



AN ELEPHANT IS LIKE A BRUSH

AN ELEPHANT IS LIKE A SNAKE

AN ELEPHANT IS LIKE A TREE TRUNK

AN ELEPHANT IS LIKE A ROPE

AN ELEPHANT IS SOFT AND MUSHY

# A Continuing Care Model

•Detox

- Duration
- Determined by
- Performance
- Criteria

•Rehab

- Duration
- Determined by
- Performance
- Criteria

•Continuing Care  
•Recovering Patient

# Models of Recovery Support Services

- Self/mutual help programs
- Medications
- Traditional counseling visits
- Recovery Centers
- Recovery “Check-ups”
  - Specialty & Primary care-based
- Home visits
- Telephone-based protocols
  - Monitoring, feedback and counseling
- Assertive Continuing Care



# Recovery Management Checkups

## Study Overview (Dennis, Scott et al, 2003)

- An early re-intervention experiment evaluated the impact of a Recovery Management Checkup (RMC) protocol.
- Included quarterly recovery management checkups (assessments, motivational interviewing, and linkage to treatment re-entry).
- Data compiled from 448 adults who were randomly assigned to either RMC or an attention (assessment only) control group.

# Recovery Management Checkups

## Intervention

- If patient reports any of the following.....
  - Use of alcohol or drugs on  $\geq 2$  weeks
  - Being drunk or high all day on any days
  - Alcohol/drug use led to not meeting responsibilities
  - Alcohol/drug use caused other problems
  - Withdrawal symptoms

*...Patient transferred to linkage manager*

# Recovery Management Checkups

## Intervention

- Linkage Manager provided the following:
  - Personalized feedback
  - Explored possibility of returning to treatment
  - Addressed barriers to returning to treatment
  - Scheduled an intake assessment
  - Reminder cards, transportation, and escort to intake appointment

# Recovery Management Checkups

## Results

- Participants assigned to RMC were significantly more likely to:
  - Return to Treatment
  - Return to treatment sooner;
  - Spend more subsequent days in treatment; and
  - They were significantly less likely to be in need of additional treatment at 24 months

# Recovery Management Checkups

## Conclusions

- These findings support the need and effectiveness of post-discharge monitoring and checkups.

# Assertive Continuing Care

## Study Overview (Godley et al, 2006)

- Compared assertive continuing care (ACC) to usual continuing care (UCC) on linkage, retention and a measure of continuing care adherence.
- A total of 183 adolescents, ages 12–17 years, with one or more DSM-IV substance use dependence disorder.
- ACC approach included assertive outreach by a case manager that included home visits and implementation of components of the community reinforcement approach.

# Assertive Continuing Care

## Study Overview

- Prior to discharge from residential treatment, participants were assigned randomly to receive either UCC, available at outpatient clinics in the 11-county study area, or ACC via home visits.
- Self-reported interview data were collected at intake, 3, 6, and 9 months post-residential discharge.

# Assertive Continuing Care

## Results

- ACC led to significantly greater continuing care linkage and retention and longer term abstinence from marijuana.
- ACC resulted in significantly better adherence to continuing care criteria which, in turn, predicted superior early abstinence.

# Assertive Continuing Care

## Conclusions

- ACC appears to be an effective alternative to UCC for linking, retaining and increasing adherence to continuing care

# A Recent ACC Study

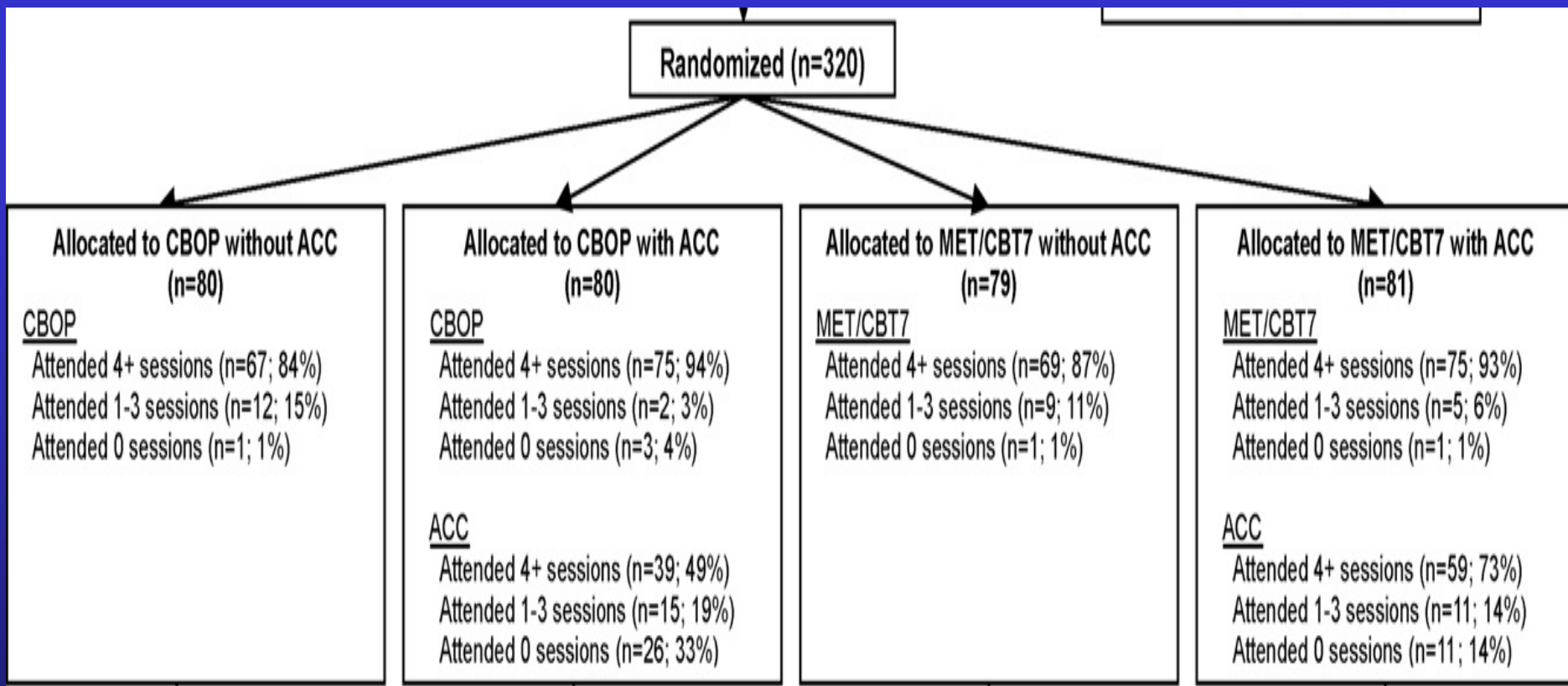
## Study Overview (Godley et al, 2010)

- Study evaluated the effectiveness of 2 types of outpatient treatment **with & without Assertive Continuing Care - ACC** for 320 adolescents with substance use disorders

# ACC Study Methods

Participants randomly assigned to 1 of 4 conditions:

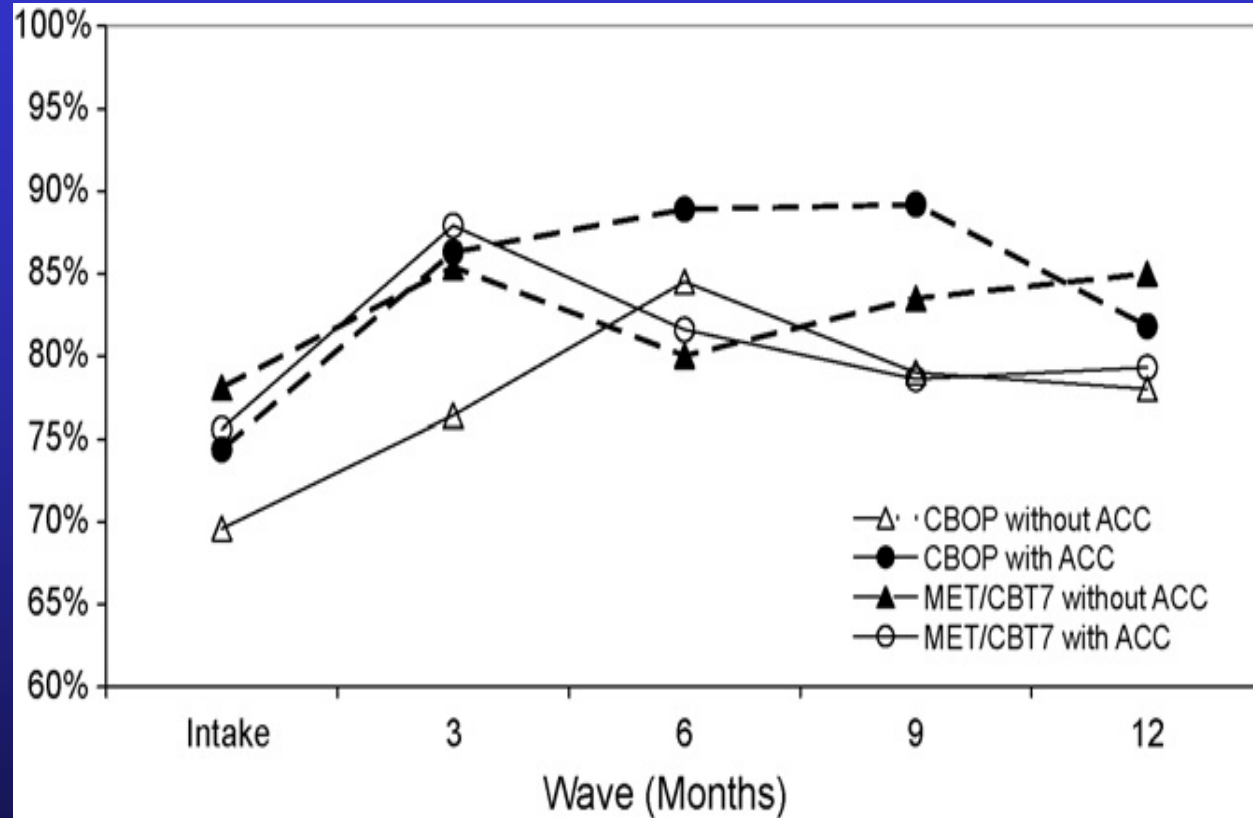
1. Chestnut's Outpatient Treatment (CBOP) **without** ACC
2. CBOP **with** ACC
3. Motivational Enhancement Therapy/Cognitive Behavior Therapy-7 session model (MET/CBT7) **without** ACC
4. MET/CBT7 **with** ACC



Follow-up interviews were completed with over 90% of the adolescents at 3, 6, 9, and 12 months after treatment admission.

# Results by Condition

- Unlike previous findings with the ACC model, there were no statistically significant findings with regard to the incremental effectiveness of ACC following outpatient treatment



Data are shown for the mean values of % of days abstinent from alcohol and other drugs by condition

# Telephone-Based Continuing Care

## Overview of Model

- Potential to promote better long-term engagement and participation because:
  - Convenient for client
  - Promotes “self-management”
  - Reduces stigma of weekly trips to the treatment program
  - Individualized attention
  - Can be automated (Helzer, Searles et al.)
  - Lower costs of ongoing care (face-2-face care)

# Telephone-Based Continuing Care

## Study Overview (McKay et al, 2005)

- Study sought to compare telephone-based continuing care with 2 more intensive face-to-face continuing care interventions.
- Alcohol- and/or cocaine-dependent patients (N = 359) who completed a 4-week intensive outpatient program.
- A randomized 3-group clinical trial with a 2-year follow-up was conducted at 1 community-based and 1 Veterans Affairs medical center facility and 2 outpatient substance abuse treatment programs.

# Telephone-Based Continuing Care

## Study Overview

- Three 12-week continuing care treatments: weekly telephone-based monitoring and brief counseling contacts combined with weekly supportive group sessions in the first 4 weeks (TEL), twice-weekly cognitive-behavioral relapse prevention (RP), and twice-weekly standard group counseling (STND).

# Telephone-Based Continuing Care

## Results

- Participants in TEL had higher rates of total abstinence over the follow-up than those in STND ( $P < .05$ ). In alcohol-dependent participants, 24-month - glutamyltransferase levels were lower in TEL than in RP ( $P = .005$ ). In cocaine-dependent participants, there was a significant group x time interaction ( $P = .03$ ) in which the rate of cocaine-positive urine samples increased more rapidly in RP as compared with TEL.

# Telephone-Based Continuing Care

## Results

- Participants with high scores on a composite risk indicator, based on co-occurring alcohol and cocaine dependence and poor progress toward achieving intensive outpatient program goals, had better total abstinence outcomes up to 21 months if they received STND rather than TEL, whereas those with lower scores had higher abstinence rates in TEL than in STND ( $P = .04$ ).

# Telephone-Based Continuing Care

## Study Overview (Farabee et al, 2008)

- Seeks to examine the impact of 4 telephone support interventions to promote abstinence and increase aftercare attendance among stimulant users (N=300).
- Telephone conditions consist of 7 calls conducted 1, 2, 4, 6, 8, 10, and 12 weeks following outpatient treatment discharge. Research assessments are conducted at baseline, and 3 and 12 months later.
- Subjects were randomized to 1 of 4 call conditions (structured vs. directive), or a control group (no telephone support).

# Telephone-Based Continuing Care

## Preliminary Conclusions

- Analysis of 145 subjects indicated assignment to any of the “call” conditions (combined as a single group to maximize statistical power) was associated with positive trends regarding drug avoidance activities.

# Data on 12-Step Programs

## Summary of Findings (Humphreys, 2004)

- Longitudinal studies associate AA and NA participation with increased abstinence, improved social functioning, and greater self-efficacy.
- Participation seems more helpful when members engage in other group activities in addition to attending meetings.
- 12-step self-help groups significantly reduce health care utilization and costs, removing a significant burden from the health care system.

# Data on 12-Step Programs

## Conclusions (Humphreys, 2004)

- Self-help groups are best viewed as a form of continuing care rather than as a substitute for acute treatment services

# Data on 12-Step Programs

## Summary of Findings (Donovan, 2008)

- Longitudinal studies usually find that 12-Step involvement after treatment is associated with higher rates of abstinence regardless of the kind of treatment received;
- Consistent and early attendance/involvement leads to better substance use outcomes;
- Small amounts of participation may be helpful in increasing abstinence, whereas higher doses may be needed to reduce relapse intensity;

# Data on 12-Step Programs

## Summary of Findings (Donovan, 2008)

- Attendance is not involvement; when AA attendance and AA involvement (e.g. reading 12-step literature, getting a sponsor, “working” the steps, or helping set up meetings) are both measured, involvement is a stronger predictor of outcome; and
- Reductions in substance use associated with 12-Step involvement are not attributable to...influences such as motivation, psychopathology, or severity.

# Recovery Coaching

- San Mateo Pilot Project
  - High severity patient group with co-occurring psychiatric disorders.
  - Funded via a capitation payment arrangement
  - “Recovery Coach” serves as the case manager, continuing care manager, problem solver, counselor, patient advocate. Primary role is to maintain contact with patient and sustain their involvement in recovery activities.

# EnCAL Recovery Centers

## Pilot Overview (Rawson et al, 2010)

- Site Visits were conducted by UCLA to better characterize recovery centers within San Bernardino and Mariposa counties.
- Recovery centers are funded to provide a range of recovery services within the County AOD system.
- Cost-free services include self help meetings, life skills, employment and educational support, sober activities, peer support, informal recovery monitoring by staff members and encouragement to engage in an initial phase of, or return to, treatment, if needed.

# EnCAL Recovery Centers

## Results

- Counties have long recognized the importance of recovery support services (RSS) provided by recovery centers, which extend outside of a formal treatment system.
- Lack of clear guidelines on RSS measurement may result in data collection procedures that are not standardized.
- Pilot testing to 1) measure RSSs using established measures within the literature and 2) determine the feasibility of pilot data collection efforts is needed.

# Financial Challenges

- Reimbursement for these services is not well established, especially those delivered after “discharge” from acute care.
- Health Care Reform is likely to promote increased medicalization of treatment for SUD (medications, treatment by licensed staff, treatment in medical settings, etc). Under these conditions, reimbursement may be an even bigger challenge.

•Thanks for your attention

