THE CHALLENGED ADDICT

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ADDICTION RECOVERY

WITH

CONCURRING DISORDERS: CO-OCCURRING, DEVELOPMENTAL AND LEARNING DISORDERS

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Addiction Recovery: Supported Sobriety

AGENDA

- Addiction and recovery for challenged and challenging individuals: concurring disorders
- Philosophy and approaches
- Training
- Challenges and Outcomes
Learning objectives

Participants will be able to:

1. Define recovery and opportunities for recovery for those living with Developmental and Learning Disorders

2. List obstacles to recovery for those living with Developmental and Learning Disorder

3. Identify ways (at least 3) to support someone living with ASD, learning disorders, and intellectual disabilities achieve and maintain sobriety.

4. Recognize the essential components of a 24-hour recovery-oriented residential supports program

5. Identify relapse prevention goals as well as prepare for some of the challenges to success
Do you know these individuals?

- Angry
- Defensive
- Fearful
- Resistant
- Manipulative
- Somaticizing
- Frequent flyers

15% of providers caseloads include challenging individuals that absorb the most work time and personal energy.

(Jackson and Kroenke, Archives of Internal Medicine, 1999)

- How does that number fit with your experience?

- Do you agree about the amount of time and personal energy these individuals are consuming?
Learning Disability
Simple Screening Tool

- Adapted from lists developed by various learning disabilities national associations and councils in the early 1990s
- 29-item checklist identifying challenges with everyday tasks
  - Attention/concentration/memory
  - Language; written, receptive, expressive, comprehension, reversals, omissions
  - Social communication
  - Physical coordination with daily tasks

www.onestops.info/article
Nonverbal communication skills: Impaired or nonexistent

- Social/emotional responses
- Turn taking
- Engagement in topics not of interest – redirect conversation back to interest/focus.
- Eye contact
- Facial expressions or gestures
- Tone
- Initiate social interaction
- Limited interest in peers
Barriers to recovery

- Reading and reading comprehension
- Transportation
- Processing abstract content
- Social rules confusing
- Insight, perception, and identification

Environment

- Social learning
- PTSD
- Coping with current stressors
How would you answer?

2015 national prevalence is approximately 9.3%
(SAMHSA.gov, 3.3.2017)

True or False?

For people living with intellectual disabilities, addiction isn’t as serious as it is for the general population.

The prevalence ranges from 2 – 20%
(Annand, 2002; HHS-Office on Disability, 2010; Weiss, 2013)
Supported Sobriety

- 2013 - Dungarvin opens 24-hour recovery-oriented program for individuals that were in prisons, institutions, and the streets

- Individualized, cognitive-behavior-spiritually-based program that targets lifestyle changes

- Principles of recovery in daily living, work, recreation, spirituality, and learning to negotiate conflict in relationships.
24 hour plan

5-step plan for the day

1. Self reflection
2. Communication about how they feel
3. Go to an AA/NA meeting
4. Do something positive for myself and another person
5. Self reflection at the end of the day
Stress management, communication, or conflict resolution strategies

- Participants select a stress management, communication, or conflict resolution strategy, from their list to discuss

- Cognitive-behavioral skill building is empowering
Program strategies and tools

- Interactive exercises
- Completed and/or reviewed twice a day during the self reflection sessions
- Individuals create daily journal of their growth and journey through these tools
Program strategies/tools con’t

- Multi-sensory, multi-media
- Rote memory, visual/kinesthetic learning
- 1\textsuperscript{st} step and 5\textsuperscript{th} step start and end day with plan (meditation and explicit expectations for the day) and review of the day’s interactions (measure progress; end with meditation)
- Keep copy of all exercises for when original gets trashed (it will)
Person-centered programming

- Each individual reviews the 24-hour plan, the forms, the strategies, and the information being collected with his or her team.
- Develops treatment plan with provider
- Individual participates in staff training
Environment tools

Flood home environment with recovery multi-media
Positive activities

Wall board in the kitchen with recreational and social activities
Staff training

- Co-occurring disorders
- Mental Health First Aid
- Recovery Capital
- Stages of change
- Motivational Interviewing/active listening
- Supported Sobriety approach
- Co-occurring quadrant
- Positive Behavioral Supports
Recovery Capital

- Inventory what stressors, deficiencies, or disabilities interfering with successfully managing life challenges.

- Recovery inventory = recovery capital

- Internal and external assets people have to draw on in their efforts to initiate and sustain recovery from severe alcohol and drug use problems.

Greenfield, R. & Cloud, W. 1999
Internal Recovery Capital

- Physical health, financial assets, health insurance, safe shelter appropriate for recovery, clothing, food and access to transportation

- Personal values, knowledge, education/vocational skills, problem-solving capacity, self-awareness, self-efficacy, hope and sense of meaningfulness in life.
External Recovery Capital

- Family, supportive social network, leisure activities, supportive community with local recovery resources such as 12-Step meetings, and culturally relevant recovery support and resources.
Stages of Change
Motivational Interviewing

“What if we don’t change at all ... and something magical just happens?”
Recovery-oriented support co-occurring quadrant

- Staff assess appropriate support level co-occurring quadrant methodology
  - mental health (MH) or substance addiction (SA) influenced
    - low severity MH, low severity SA
    - high severity MH, low severity SA
    - low severity MH, high severity SA
    - high severity MH, high severity SA

- Staff provide the support needed: preventative, wellness enhancement, recovery/relapse, or acute support.
Positive Behavioral Supports

- Eliminate challenging behaviors
- Replace with pro-social skills
Supporting Team and Family

- Difficulty acknowledging disease
- Frequent education/reminding
- Over-estimate individual’s processing skills to connect consequences for conduct
- Meetings to understand impact of mental health and learning disabilities has on addiction and recovery
- Re-focusing on recovery vs. dysfunction
Outcomes since 2013

- **N = 16**
- **11 (70%)** maintained sobriety; longest sobriety two have experienced
  - 4 (25%) left the program – all relapsed
    - 2 individuals returned to family home
    - 2 were of legal capacity and s/o program – both currently homeless
- **8 (50%)** attend 12-step meetings regularly; 2 (.13) have sponsors
  - 4 (.25) do not attend; 1 (SNF), 3 (.19) decline
- **8 (50%)** are employed, 3 (19%) are seeking employment, 1 (.06%) SNF
- **11 (81%)** reconnected with families and made friends in the community. 1 individual is new to program.
So, what do we know?

- Is recovery possible for those challenged with mental health disorders, addiction, and learning/social communication disorders? Yes

- Does Dungarvin’s Supported Sobriety’s program adapt evidenced-based relapse prevention for the most challenged individuals? Yes

- How important is training? Critical

- What is the future for Supported Sobriety?
  - Research on outcomes and effective staff training/coaching
  - Continued education and public awareness about the nature of this disease and how to effectively intervene and prevent relapse
Questions and comments

What do you think?
Thank you for participating!

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