Transition: From the Culture of Addiction to the Culture of Recovery for Persons with Co-occurring Disorders

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Learning Objectives

• Identify at least 3 needs that must be met during the recovery process
• Explain how fostering the contemplation stage can provide momentum toward recovery
• List at least 5 interventions to use with clients with co-occurring disorders

Understanding the Culture of Addiction
“For addicts, addiction meets a multiplicity of needs and the culture of addiction provides a valued cocoon where these needs can be, and historically have been, met. No treatment can be successful if it doesn’t offer a pathway to meet those same needs and provide an alternative social world that has perceived value and meaning.”

Pathways from the Culture of Addiction to the Culture of Recovery
William L. White.

“The culture of addiction offers, as does its drug-specific subcultures, identification with symbols, rituals, relationships and lifestyles that meet significant personal needs of the newcomer.”

-William L. White

“The culture of addiction, like any culture, is a context for human needs to be met...people participate in this culture and its rituals (drug use) to address the needs all humans share. The culture of addiction provides an alternative for people who, for whatever reason, are unable to get such needs met through the society at large....The culture of addiction gives purpose and order to daily life...”

-William L. White
Eric Erikson’s 8 Stages of Development

• Trust vs. Mistrust
• Autonomy vs. Shame
• Initiative vs. Guilt
• Industry vs. Inferiority
• Identity vs. Role Confusion
• Intimacy/Solidarity vs. Isolation
• Generativity vs. Self Absorption/Stagnation
• Integrity vs. Despair

Trust

• You trust your friend when they say “try it”
• You trust the dealer to provide consistent product
• You trust in the drugs effect & desired outcome and
• You trust in the common bond with other addicts in your drug sub-culture

Autonomy

• The culture provides its members an illusion of normalcy along with the illusion of controlled use
• It helps them deny their addiction
Cheers
Cliff and Norm

Making your way in the world today Takes every thing you’ve got
Taking a break from all your worries sure would help a lot. Wouldn’t you like to get away?

Sometimes you want to go — where everybody knows your name
And they’re always glad you came
You wanna be where you can see our troubles are all the same
You wanna be where everybody knows your name

You wanna go where people go people are all the same
You wanna go where everybody knows your name

Initiative

• “Addiction becomes one’s religion, drugs become one’s God and rituals of use become the rites of worship.”
• “There is no yesterday and no tomorrow. There is only today and what one must do to maintain supply, sustain use, postpone or medicate sickness and avoid consequences of use.”
  -William L. White

Industry

• How to purchase and identify the quality and quantity of drugs
• Mastery of technique and etiquette
• Maximize drug effects and reduce drug risks and consequences
• How to hustle to get your drugs or drug $
• How to deal with ‘bad trips’
• How to spot a snitch or law enforcement
Identity

- Sub-culture identification is often based on the drug of choice
- Many addicts like the title “addict” because it sets them apart from the general society
- It provides them with a sense of both social and personal values

Intimacy/Solidarity

- Affiliation and loyalty to ones addiction identity increases with the duration of one’s involvement with drug use
- The culture of addiction becomes a surrogate family and provides a safety net within their sub-culture
- And, being with others whose drug use mirrors one’s own helps normalize their use and maintain the illusion of control over the drug

Generativity

- Groups of addicts protect each other
- Groups collaborate on hustles and share the spoils
- Access to Jailhouse Lawyers and known “get you off on a technicality” lawyers; show you how to beat your rap
- Providing “shooting galleries” and safe houses to use and purchase drugs or come down off a trip
- And, pass on information to perpetuate the culture and transmit the values and etiquette of that culture
**Integrity**

- Dealers, High Priests, Storytellers, Medicine Men, Jailhouse Lawyers and Ambassadors all impart their wisdom on addicts in their sub-culture.
- Learning to be a successful addict and the etiquette of the culture.
- You know what drug you want for what effect.
- Learning how to obtain the drug that will give you the high you want.

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**Culture of Recovery**
“Why are you drinking?” demanded the little prince.
“So that I may forget,” replied the tippler.
“Forget what?” inquired the little prince, who already was sorry for him.
“Forget that I am ashamed,” the tippler confessed, hanging his head.
“Ashamed of what?” insisted the little prince, who wanted to help.
“Ashamed of drinking!” The tippler brought his speech to an end, and shut himself up in an impregnable silence.
And the little prince went away puzzled.
“The grown-ups are certainly very, very odd,” he said to himself.

-Antoine De Saint-Exupery
The Little Prince

Teachers, Healers, and Travel Guides

• We help them label their past and current experience
• We intervene to heal physical and emotional wounds
• We identify their broken needed resources
• We teach new skills
• We anticipate and prepare for new problems and opportunities
• We serve as advocates
• We help them heal

Let’s be honest about early Recovery

“There is just one thing you need to change in recovery and that is everything.”

-AA
Jumping into Recovery

Language/Communication Skills

• What’s in a name?
• Profanity
• Conversational themes
Symbols

- Shedding the symbols of addiction
- Symbol replacement

12 Step Groups

Differences and Similarities

Rituals

- Ritual identification
- Ritual replacement
Triggers

People, places and things

Erik Erikson’s Strengths of Developmental Outcome

- Trust = Drive and Hope
- Autonomy = Self-Control, Courage & Will
- Initiative = Purpose
- Industry = Method & Competence
- Identity = Devotion & Fidelity
- Intimacy/Solidarity = Affiliation & Love
- Generativity = Protection & Care
- Integrity = Wisdom

Six Guiding Principles in Treating Clients With COD

- Employ a recovery perspective
- Adapt a multi-problem viewpoint
- Develop a phased approach to treatment
- Address specific real-life problems early in treatment
- Plan for the client’s cognitive and functional impairments
- Use Support systems to maintain and extend treatment effectiveness
Motivational Interviewing

Four Basic Principles

• Express empathy
• Develop discrepancy
• Roll with resistance
• Support self-efficacy

Stage Wise Treatment

• Pre-engagement: The person does not have contact with a dual-disorder clinician
• Engagement: The person has had irregular contact with a clinician, but doesn’t have regular contact
• Early Persuasion: The person has regular contacts with a clinician, but has not reduced substance use
• Late Persuasion: The person shows evidence of reducing substance use over the past several weeks
• Early Active Treatment: The client has reduced substance use for more than 1 month, but still experiences some substance abuse
• Late Active Treatment: The client has not met criteria for substance abuse of the past 1-5 months
• Relapse Prevention: The client has not met criteria for substance abuse for the past 6-12 months
• In Recovery or Remission: The client has not met criteria for substance abuse for over 1 year

Pre-contemplation/Engagement

Treatment Goal

• Raise ambivalence
• Increase the perception of risks and problems

Treatment Interventions

• Assessment tools
• Outreach
• Practical assistance
• Stabilizing symptoms
Engagement Activities

• Help client gain access to housing, medical care, legal representative
• Help client improve housing/ explore wet housing
• Reinforce follow through on basic services
• Coordinate treatment appointments with all providers
• Furnish practical help and benefits without expectations or demands
• Provide access to doctor and medication
• Educate client about medication side effects and interactions
• Help client fill prescriptions
• Assist with legal constraints when necessary

Engagement Activities (cont.)

• Use crisis situation to establish relationship with disengaged clients
• Identify social factors that may contribute to crisis
• Assess clients level of involvement in structured activities
• Avoid concerted efforts to change client behavior
• Assist in assessing current social leisure and recreational activities
• Create recognition that things could be different, instill hope and empowerment
• Portray recovery process as a source of hope

Contemplation & Preparation/ Persuasion

**Treatment Goals**
• Evoke reasons for changing and risks of not changing
• Build confidence
• Increase clients commitment to change

**Treatment Interventions**
• Education
• Peer persuasion groups

• Determine the best course of action to change
• Make a viable, acceptable and effective plan of action
The Health Problem

- The acute and chronic effects of our alcohol/drug use have resulted in cellular damage that has impaired how we think, feel and behave.
- Nearly all of our body functions: digestion, sleep and even menstrual cycles, have adapted to the presence of alcohol/drugs. Over time, the presence of such drugs have become “normal” to our bodies.
- Through the progression of our addiction, the drug took priority over all of our other human needs often leading to deteriorating patterns of self-care. Habits of eating, sleeping and grooming were established that reflected our disregard for self.

Health Motivation

- The body can repair and replenish some of the tissue drugs/alcohol damaged, but this repair can only be completed if the body is given the needed ingredients (vitamins, minerals, trace elements) which can be provided through proper diet.
- The body can adapt and return to “normal” functions once the presence of drugs/alcohol are out of the picture.
- Disregard and disrespect for our bodies are incongruent with recovery and can increase potential for relapse.
Health and Self-Efficacy

• The speed at which your body can physically recover will, to a great extent, depend on what you put into it. There is a direct relationship between what and when you eat, and how you feel, think and act.
• You can help your body through the adjustment process of not having drugs/alcohol in it. Proper nutrition will both smooth and speed up this adjustment period.
• Establishing programs of proper diet and exercise are acts of self-respect that can and do speed up the recovery process.

Harm Reduction
### Persuasion Activities

- Explore consequences of substance abuse in the context of advocating for client needs
- Use motivational interviewing to address lack of follow through
- Conduct a functional analysis to troubleshoot poor follow through
- Involve family in promoting follow through
- Address needs which client previously rejected help
- Develop motivation by exploring effects of substance abuse while providing practical help
- Set limits on help addressing consequences of current substance abuse

### Persuasion Activities (cont.)

- Help client make connection between housing problems and substance abuse (Explore damp housing)
- Monitor medication adherence
- Use behavioral tailoring and motivational interviewing to address medication non-adherence
- Assist client in making connection between legal issues and substance abuse or treatment non-adherence
- Help client make connection between crisis and substance abuse
- Ensure consistency and availability of crisis response across treatment providers
- Develop positive expectations

### Persuasion Activities (cont.)

- Help establish regular constructive activities in clients life
- Facilitate sampling recreational activities
- Identify positive changes in new activities as they are explored
- Explore resumption of previous social and recreational activities
- Envision future state of recovery
- Explore how substances interfere with steps toward recovery
- Identify client strengths to use in making progress toward recovery goals
- Coordinate detoxification
### Action/Active Treatment

**Treatment Goals**
- Develop resources and skills to change
- Implement strategies to change

**Treatment Interventions**
- Cognitive behavioral therapy
- Social skills training
- Stress management
- Assertiveness training
- Pharmacotherapy

### The Return of Self-Care

**A New Self-Image**

- Psychosocial dysfunction
- Anhedonia
- Depression
- Impaired interpersonal skills
- Obsessive-compulsive behavior
- Feelings of guilt
- Autonomic disturbances
- Pessimistic thoughts
- Impaired concentration
- Mood Swings
- Lack of initiative
- Craving
- Inability to think clearly
- Memory problems
- Emotional overreactions
- Sleep disturbances
- Coordination problems
- Stress Sensitivity
- Sensitivity to pain
- Panic attacks
- Gen. anxiety disorder
- Suicidal ideation
### Active Treatment Activities

- Help client obtain services, housing and/or other privileges that their substance abuse formerly prevented access to
- Expand advocacy to other life areas and roles
- Support client decision making by shifting responsibility for follow through to client
- Use motivational interviewing when follow through wanes
- Continue to enlist/involve family in follow through
- Help clients experience increases in standard of living/better housing or “dry” housing
- Facilitate evaluation of medication to reduce cravings or substance abuse relapse

### Active Treatment Activities (cont.)

- Decrease prompts to take medication
- Assist in reduction of legal constraints
- Conduct an analysis of factors contributing to substance abuse relapses
- Avoid giving excessive attention to brief lapses of substance abuse
- Identify activities to fill time voids left by reduced substance abuse (boredom, lack of social contact)
- Encourage focus on external rather than internal stimuli, to reduce psychiatric symptoms

### Active Treatment Activities (cont.)

- Establish route of recreational activities
- Focus on lifestyle changes incompatible with substance abuse
- Facilitate development of new social outlets
- Keep recovery goals alive through encouragement
- Continue to focus on client strengths
- Celebrate small successes as steps toward recovery goals
### Maintenance/Relapse Prevention

**Treatment Goals**
- Identify and use strategies to prevent relapse
- Resolve associated problems
- Make larger life changes

**Treatment Interventions**
- Twelve step groups
- Pharmacotherapy
- Supported Employment programs

### Slips and Relapse

### Relapse Variations
- Relapse as Response to Drug Hunger
- Relapse as Impulse
- Relapse as a Cognitive Test
- Relapse as Flight
- Relapse or “Go Crazy”
- Relapse and Loss
- Relapse as Rage
- Relapse as Vacation
Responding to Slips/Relapse

Relapse Prevention Activities
- Help clients learn to advocate for themselves
- Step back from promoting follow through
- Allow clients to learn from their own mistakes
- Encourage logs or journals to develop follow through skills
- Expand client’s ability to get their own basic needs met
- Provide skills training and supports to foster independent living
- Teach skills to negotiate medication issues with prescriber
- Train recognition of early warning signs and symptoms of relapses
- Decrease frequency of medication monitoring

Relapse Prevention Activities (cont.)
- Drop legal constraints or allow to expire
- Train clients in self-monitoring skills
- Facilitate skills for self-management of crises
- Work to improve prediction and prevention of future crises
- Expand structured activities to new areas
- Provide encouragement, coaching and education to maintain regular exercise and/or involvement in social organizations
- Expand range of social/leisure activities and of lifestyle changes
- Actualize and expand recovery goals
- Keep ownership for recovery and its direction with the client
Trust
Drive and Hope
• The therapeutic relationship may be the first trusting experience in early recovery
• Trusting relationships will provide drive and motivation
• You know your basic needs can be met
• You seek support from those that you trust
• It takes time to trust oneself

Autonomy
Self-control, Courage, Will
• By supporting self-efficacy we build the clients sense of autonomy
• Clients gain a sense of being capable of handling problems on their own
• The client gains courage and self-control
• An increase in available choices is realized

Initiative
Purpose
• The client is learning to live and accept the world around them
• They are learning basic life skills as a person in recovery
• They face the complexities of planning, developing and preparing to reach goals
• Self-limits are realized but often tested
• A sense of purpose may evolve
Industry
Method and Competence
• Hope returns
• Begin taking on personal responsibility
• Eager to learn and accomplish more complex skills
• The belief systems is evaluated
• Moral values change to fit the recovery lifestyle
• Instant gratification becomes less important
• Self-esteem grows

Identity
Devotion and Fidelity
• Achieve a sense of identity regarding who they are and where their lives are headed
• There is a reconciliation between ‘the person one has come to be’ and ‘the person society expects one to become’
• Re-establish personal boundaries
• Identify the object/person of one’s fidelity
• There is a need to be needed and valued

Intimacy/Solidarity
Affiliation and Love
• Capacity to form or repair intimate, reciprocal relationships
• Ready to make long-term commitments to others
• Willingly make the sacrifices and compromises that relationships require
Generativity
Protection and Care

• Clients may be motivated to tell their recovery story or volunteer to help others
• There is a desire to “make a difference” with one’s life, to “give back,” to “take care” of one’s community and one’s planet

Integrity
Wisdom

• Contemplate our accomplishments
• Develop feelings of contentment and integrity
• Increased desire to live life to its fullest
• We ponder the wisdom of our life’s changes

Summary

• It is possible to transition from a culture of addiction to a culture of recovery.
• It is possible to speed up and/or facilitate change
• The beliefs we hold about a person’s ability to change will effect the outcome
• It is possible to RECOVER!
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