Addressing Stigma in the Treatment Field; Bridging the Gap Between Non-Recovery and In-Recovery Treatment Providers

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Faculty Disclosures

- **Jim Gamache, MSW, LCSW, LICSW, LADC, MLADC, ICAADC**, has no financial relationships to disclose relating to the subject matter of this presentation.

Objectives

- Attendees will identify at least 3 key factors in the evolution of mental health and substance use treatment in the US
- Attendees will identify at least 3 key indicators that discrepancies and stigma exists between non-recovery and in-recovery staff
- Attendees will identify at least 3 strategies to raise awareness, decrease stigma and bridge the gap between non-recovery and in-recovery staff.

Agenda

- Review the evolution of Mental Health and Substance use treatment in the US.
- Compare and contrast the evolutionary differences between Mental Health and Substance use treatment.
- What are the signs your teams are experiencing internal discrepancies and stigma.
- What are the strategies to address the internal discrepancies and stigma.

Mental Health History

- Many people were incarcerated due to having a mental illness
- 1800's: Dorothea Dix begins a movement called "Moral Treatment"
- 1900's: Every state in the country had a hospital which due to cost states increased the size of the hospitals some with over 10,000 beds
- 1920's: Sterilization was introduced
- 1930's-1950's: Treatment interventions used were Insulin, Shock therapy, Lobotomies and Thorazine.
- 1950's: Experimental medications introduced to treat mood disorders with little success.
- 1950's-1960: Other types medications developed for the purpose of medication restraint

Mental Health History cont.

- 1963: Community Mental Health Act signed by President Kennedy
- 1970's: Deinstitutionalization occurs
- 1970's: Establishment of Community Mental Health Centers
- 1970's-1980's: Development of psychotropic medications that include antidepressants, antianxiety, stimulants, mood stabilizers and antipsychotic medications to treat symptoms **"not developed for medical restraint"**. Newer ECT treatment interventions developed. Emphasis placed on hospitalization for stabilization.
- 1990's-2000's: Continued development of psychotropic medications. holistic approaches and non evasive medical treatment such as, light therapy, Biofeedback, Transcranial magnetic stimulation (TMS).

The field of Psychology's evolution

- Structuralism
- Functionalism
- Behaviorism
- Gestalt Psychology
- Psychoanalysis
- Humanistic Psychology
- Cognitive Psychology
- Diagnostic and Statistical Manual
- As a result of these influences over 70 different therapeutic approaches were developed

Substance Use Treatment History

- 1750-1800's: Alcoholic Mutual Aid societies "Native American communities"
- 1820's: Homes for the Fallen "Inebriated Homes"
- **1850's: NY State Inebriated Asylum "The first nationally monitored addiction treatment program; Dr Joseph Edward Turner"**
- **1870's: Dr Leslie Keely overtime opens over 120 Keely Institutes in the US to treat alcoholism**
- **1870-1900: Medications to treat Alcoholism & Addiction: Double Chloride of Gold, Cocaine, Morphine, Belladonna Elixir,**
- **1901: Dr Charles B Towns Hospital opens to offer treatment for alcoholics**

Substance Use Treatment History cont.

- 1906: Emmanuel Clinic in Boston MA church based in spirituality & psychotherapy
- 1935: The first Narcotics Farm opens in Lexington KY "Prison system"
- 1935: Alcoholics Anonymous begins "AA"
- 1940's: Sober Farms "non-medical self-sustaining communities" & Minnesota Model of self-help AA & abstinence
- **1950's: Antabuse medication introduced**
- **1962: Veterans Administration opens medical addiction treatment units**
- 1963: Halfway houses developed

Substance Use Treatment History cont.

- **1967: Insurance companies begin re-imbursing for addiction treatment**
- **1968: Inpatient medical** and non-medical treatment centers begin opening, **and the emergence of Methadone treatment programs**
- 1970's: Staff shortages led to hiring people in recovery to support front line workers, professional state Licensure established & NAADAC
- 1980's: Formation of other types of self-help support groups i.e. CA, NA, Secular organization for sobriety, rational recovery etc.
- **1990's-current: Medications developed to treat addiction MAT; Acamprosate, Naltrexone, Buprenorphine**

MH and SUD Treatment

Mental Health Treatment	Substance Use Treatment
Medical/Scientific model	Spiritual model
Trained Medical staff	Untrained/trained non-medical staff
Long term treatment	Short term episodic treatment
Non peer supported	Peer supported
Medications	Abstinence
Ongoing treatment/aftercare	12 step support
Medical setting	None medical setting
Disease model	Moral
Profession licensure	Non-licensure
Therapeutic approach based in psychology	Approach based on personal experience

Challenges Non-Recovery Workers Experience

- Feel unprepared to provide services; “lack of education”
- Feel intimidated by others who are in-recovery, which is re-enforced by the connection to clients
- Unsure and/or unprepared to answer questions clients have around personal recovery; “recovery staff re-enforce this”
- Personal experience is perceived to be the predicter to therapeutic rapport and positive outcomes
- Lack understanding that addiction drives decision making
- At times treated as a necessary evil to bill for services
- Unsure if this is the field they want to work in

Challenges In-Recovery Workers Experience

- Typically, less educated and report feeling intimated by people who are more educated and credentialed
- Treated like second class citizens
- Issues related to background checks
- Entry level positions; “most client interaction with least supervision”
- Even Licensed or Credentialed staff experience stigma because the license or credential is not in mental health
- Certification “CRSW or CPS” can be stigmatizing
- The field re-enforces professional MH licensure

Treatment/Clinical Points of Contention

- Medical model vs 12 step recovery model
- Medications
  - Medication assisted Treatment
  - Mental health medications
- Therapy vs 12 step recovery:
  - Empowerment vs powerlessness
  - Thinking through the drink vs thinking to drink
  - Medical disease vs spiritual illness
  - Avoiding environmental triggers vs life is a trigger
- Co-Occurring disorders
  - Trauma vs personal self-inventory
  - Thought and Mood disorder symptoms vs Restless, Irritable and Discontent “Rid”

Other areas of contention?

Signs and Behaviors Internal Discrepancies & Stigma Exists "Individual"

- A developed lack of confidence in other treatment team approaches/treatment model.
- Individual prefers to work alone and can be resistance to the team process and others clinical viewpoints.
- May be driven by their own experiences in recovery/treatment
- Acts independently from the team
- May work against team decisions
- May not enforce policies and procedures
- Does not see the "big picture"

Signs and Behaviors Internal Discrepancies & Stigma exists "Individual" Cont.

- Does not communicate effectively
- May engage in water cooler conversations "Toxic"
- Individual not open to feedback/direction
- Resistant to change or new treatment approaches
- Takes on more than they can complete "can't say no"
- Reluctant to ask for help
- Overall poor performance

The Signs and Behaviors internal Discrepancies & Stigma Exists "Team"

- Erodes trusting relations with team members.
- The team is reluctant sharing in the moment what we are thinking or feeling about decisions
- The Team becomes stagnant and unable to make decisions
- Martyr/scapegoat syndromes are developed
- Team becomes fearful of conflict "No one wants to talk about the elephant in the room"
- Disorganization
- The team becomes emotionally and mentally exhausted

The signs and behaviors internal Discrepancies & Stigma exists "Team" cont.

- Language and how we identify clients
- Disempowers the team and creates an us vs. them dynamic
- New team members feel the negative energy and tension!
- The team becomes task orientated vs creative
- The team becomes fragmented and disorganized
- The team loses focus of evidenced based practices/accepted clinical practices
- Parallel process; "Team & Clients

Can you think of other examples?

Strategies to support On-Boarding of In-Recovery Staff

- Review the concepts of "Wearing Two Hats" during onboarding process *
- Re-enforce the concepts of 12 step recovery and clinical approaches:
  - Chapters 7 & 9 of the Big Book "MI, assessment, harm reduction, Medical and Psychiatric treatment etc."
- Provide education on effective EBP approaches *
- Invite speakers that are in recovery that have benefited from clinical treatment "NAMI, DDA/DDR" *
- Provide inhouse trainings on clinical approaches and how they support 12 step recovery *
- Co-Occurring Disorder Treatment Review *
- Review the different kinds of 12 step support meetings, require attendance and process in **supervision** *
- Re-enforce interdisciplinary team approach and model *

Strategies to support On-Boarding of Non-Recovery Staff

- Provide on boarding orientation to non-recovery staff about 12 steps
- Invite guest speakers to team meetings to educate non-recovery staff *
- Provide 12 step material, roles in 12 step recovery, require 12 step attendance and process in supervision *
- Review the different kinds of 12 step support meetings *
- Core components to support therapeutic alliance in SUD treatment:
  - Unconditional Positive regard
  - Empathy and compassion
  - Judgment free zone
  - Listen and learn/experience
- Co-Occurring Disorder Treatment Review *
- Provide inhouse trainings on 12 step recovery and how they support clinical approaches *
- Re-enforce interdisciplinary team approach and model *

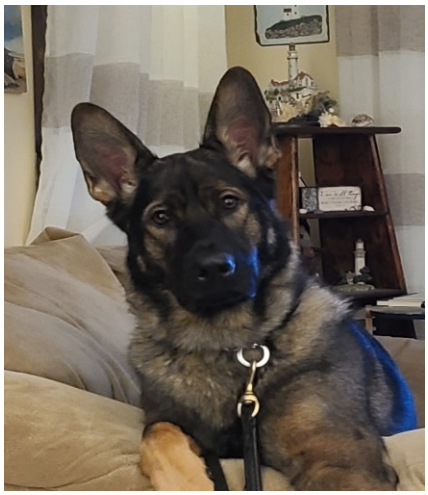
Mantras to re-enforce the team environment

- Seek to understand rather than to be understood
- It takes a village
- Teamwork is dream work
- Open communication “transparency and authenticity”
- Embracing conflict is healthy and creates team cohesion
- You cannot take someone where you're not willing to go yourself
- When the team is effectively working together the clients are working effectively on their recovery “Parallel Process!”
- Re-enforce a recovery culture
  - Incorporate the steps in the work culture
  - Incorporate elements of the clinical program

Closing thought

“Science seeks to enlighten our minds, while spirituality seeks to awaken our hearts. Each is necessary for a full fruition of the other”. (Rafael Espericueta)

Questions?



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