

**MARRCH ANNUAL
CONFERENCE**

PRESENTS

**20 STRATEGIES FOR INCREASING
RECOVERY RATES WITH
CHEMICALLY DEPENDENT
CLIENTS**

PRESENTER

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20 STRATEGIES FOR INCREASING RECOVERY RATES

1. Sharpen assessment and treatment skills.
 - A. Other addictions
 - B. A hidden psychiatric disorder
 - C. Trauma
 - D. Unresolved grief
 - E. Relationships
 - F. Impact of the drug culture

2. Provide the four essentials when possible.
 - A.
 - B.
 - C.
 - D.

3. Use evidence-based practices.
 - A. Cognitive behavioral therapy – Aaron Beck
 - B. 12-step facilitation – Nowinski
 - C. Family therapy – Todd and Stanton
 - D. Contingency management/incentives
 - E. The therapeutic relationship – Rogers, Miller, and Small
 - F. Integrated dual-disorders treatment

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4. Help to disengage from cultures of addiction.

Types of Drugs -

Socially celebrated
Socially tolerated
Socially prohibited

Types of Addicts -

Acultural
Bicultural

5. Help develop recovery capital – assets an individual possesses that aid in the recovery process:
- Success prior to addiction or mental illness
 - Vision for the future
 - Employability
 - Vocational skills
 - Family support
 - Community support
 - Spirituality
 - Return to culture
6. Provide treatment consistent with how we traditionally manage chronic illnesses.

Definition of Recovery Management

Recovery management is an approach that shifts from treating addiction in short-term acute episodes toward how we traditionally treat other chronic and progressive illnesses (diabetes, cancer, etc.). Recovery management stresses that recovery from addiction is best achieved within a sustained partnership that provides ongoing recovery support and anchors the recovery within communities.

3 Continuums of Care under Recovery Management

- A. Pre-recovery support
- B. In-treatment recovery support
- C. Post-treatment recovery support (long-term, in the client's natural environment)

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7. Try not to pack too much into the treatment plan too soon.

Stages of change

Precontemplation

Contemplation

Determination

Action

Maintenance

8. Help client successful complete treatment
 - A. Place clients in the level of care they are motivated for
 - B. Learn from client satisfaction surveys
 - C. Have strategies to keep clients motivated while they wait
 - D. Provide pre-treatment services
 - E. Provide gender specific services
 - F. Provide services that meet the needs of youth
 - G. Evaluate the hours the services are provided
 - H. Continue to increase program effectiveness
 - I. Provide an environment in which a diversity of clients feel welcome
 - J. Connect with families
9. Increase Family Involvement – What the research says:
 - A. Program staff are more effective recruiters than clients.
 - B. If you have one family members attend the initial intake session, you greatly increase the likelihood that the family will participate.
 - C. If you contact a relative while the client is in your office, you increase the chance that the relative will participate.

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- D. If you use well-trained, experienced workers as recruiters who are genuinely enthusiastic about family work, you increase the chance that the family will participate.
 - E. If you allow relatives to talk about their hurt, pain, and fear, you increase the chance that they will participate.
10. Consider multiple pathways to recovery.
- A. Native American Wellbriety Movement
 - B. GLIDE Memorial Church
 - C. Women for Sobriety
 - D. DDA
11. Increase 12-step attendance.
- A. Firm linkage
 - B. Escorts
 - C. Refer when stable
 - D. Suggest tasks
 - E. Go early
 - F. Volunteer
 - G. Stay late
 - H. Get involved in sober activities
 - I. Temporary sponsorship
 - J. Six different meetings
12. Teach social and living skills.
- A. How to dress for success
 - B. Public speaking

C. Conversation skills

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13. Connect with clients cross-culturally.
14. Help the client discover and rehearse high-risk relapse situations.
15. Conduct client surveys.
16. Use successful alumni.
17. Develop organizational health.
18. Guard against burnout and compassion fatigue.

Burnout differs from compassion fatigue in that burnout is caused by stress and compassion fatigue is caused by caring.

Signs of compassion fatigue

- Anger
- Frustration
- Tardiness
- Exhaustion
- Depression
- Feeling hopeless
- Blaming others
- Irritability
- Sleep problems
- Rudeness
- Gossiping
- Erosion of idealism
- Flashbacks
- Intrusive thoughts
- Spiritual distress
- Shift in world view

Five things that help

- A.
- B.
- C.

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D.

E.

19. Increase staff competence.

20. Celebrate small victories and encourage the client to do the same.

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