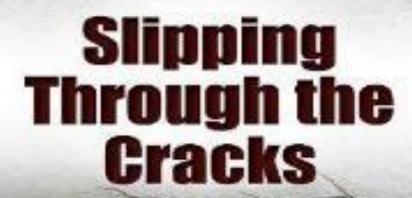
CCS Statewide Conference

Presents

Engaging Persons with Mental Illness and Substance Use Disorder in the Recovery Process

Presenter

Mark Sanders, LCSW, CADC

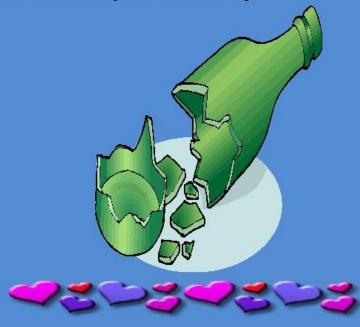


Intervention
Strategies for Clients
with Multiple
Addictions and Disorders

Mark Sanders, LCSW, CADC

Relationship Detox:

A Counselor's Guide to Helping Clients Develop Healthy Relationships in Recovery



Mark Sanders, LCSW, CADC

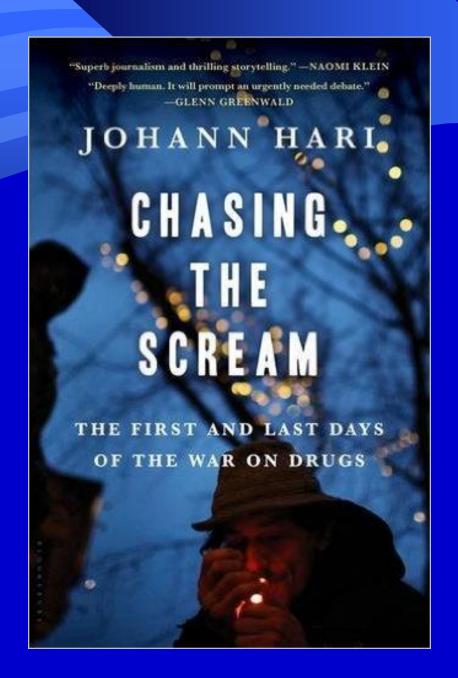


Slipping Through the Tracks

Going back and forth between chemical dependence, mental health, criminal justice and child welfare systems without recovering. This can also include multiple medical hospitalizations and periods of homelessness.

Primary reasons clients slip through the cracks

Unresolved Trauma



The Trauma of Unemployment

• Crack 1986

Meth 1990's

Heroin Today

- Are we losing a generation?
- STEM

Unresolved Grief

- Unspeakable losses
- Unacknowleged losses
- Ambivalent losses

A Hidden Psychiatric Disorder

- A. Phobia
- B. ADD
- C. Depression
- D. Personality Disorders
- E. Traumatic Stress Disorders

An untreated process addiction

Emersion into a drug sub-culture



Inadequate service dose

90 days of continuous recovery support

Loneliness and addictive relationships

Addictive Relationships

- Lots of drama
- Smothering
- Extreme jealous
- Abuse

Lack of recovery capital which leads to feelings of inadequacy and hopelessness

Recovery Capital

- Success prior to addiction
- A good education
- Reading comprehension
- Vocational Skills
- Good communication skills
- Stable relationships
- Leadership
- Hope for the future

A lack of integrated services

Engagement Strategies to help clients avoid slipping through the cracks

Initial Contact

- Create a welcoming environment
- Minimize confrontation
- Role with resistance
- Have an effective opening statement

Opening Statement

I know I can't make you stop getting high. I will honor whatever decision you make concerning your drug use.

Initial Contact Continued

- 3 sessions at a time
- Use incentives

Does a better quality of life lead to recovery or does recovery lead to a better quality of life?

Housing first

Community

Distance from destructive peer groups

Increase Recovery Capital

- Educational
- Vocational
- Relational
- Occupational

Provide longer term monitoring similar to how cancer and diabetes are addressed

Effectively Utilize Peers

Pre-treatment - 75%

In treatment - 50%

Post-treatment - 80% of relapses

Anchor Recovery in the Client's Natural Environment

- The use of peers
- Recovery drop in centers
- Churches
- Libraries
- Colleges

Become

- Trauma informed
- Dual diagnosis capable
- Address process addictions

Strive to Create Seamless systems of collaboration

- Treatment and peers
- Treatment and child welfare, criminal justice, mental health and medical communities