CCS Statewide Conference

Presents

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

Presenter

Mark Sanders, LCSW, CADC
Slipping Through the Cracks

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
CHASING THE SCREAM

THE FIRST AND LAST DAYS OF THE WAR ON DRUGS

JOHANN HARI
The Trauma of Unemployment

- Crack 1986
- Meth 1990’s
- Heroin Today
- Are we losing a generation?
- STEM
Unresolved Grief

- Unspeakable losses
- Unacknowledged 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
Memory
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