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### ► [Recovery management and recovery-oriented systems of care: scientific rationale and promising practices.](#)

White W.L.

**Northeast Addiction Technology Transfer Center, Great Lakes Addiction Technology Transfer Center, Philadelphia Department of Behavioral Health/Mental Retardation Services, 2008.**

Sweeping, learned but practice-oriented tour-de-force from the US recovery advocate who sees the creation of a recovery-friendly environment as the best way to ensure a lasting resolution of substance use problems with or without abstinence.

**Abstract** This booklet defines and distinguishes acute care and recovery management models of addiction treatment, and the terms 'recovery management' and 'recovery-oriented systems of care'. It identifies recovery-focused [performance measures](#) which can be used to evaluate addiction treatment as a system of care and evaluate the performance of local organisations specialising in the treatment of severe alcohol and other drug problems, and presents research and administrative data related to these measures. Promising practices aimed at improving long-term recovery outcomes are highlighted and measures suggested which can be used to evaluate addiction treatment at both macro (system of care) and micro (individual programme/unit/worker) levels of performance.

The key points made in the monograph are that:

- Findings from scientific studies and systems-performance data relating to intervention for severe alcohol and other drug problems support extending the acute care model to a model of sustained recovery management.
- The findings also support addiction treatment system redesign efforts focused on: infrastructure enhancement; early intervention and improvements in service access and therapeutic engagement; improved systems of individual, family, and community assessment; broadening institutional and professional resources involved in service delivery; a shift in the service relationship to a partnership model; elevating the scope, duration, and quality of services; assertively linking individuals and families to communities of recovery; providing post-treatment monitoring, support and early re-

intervention services for all clients/families for up to five years following completion of primary treatment; and the systematic collection of long-term post-treatment recovery outcomes.

- Selected states, local communities, and addiction treatment institutions have already begun this recovery-focused systems-transformation process.
- Model components of the recovery management model (eg. assertive outreach, enhanced service access, evidence-based service ingredients, and recovery check-up pilots) are already in operation and can be refined for system-wide implementation.
- An existing model of intervention and long-term support which incorporates many dimensions of the recovery management model is the network of physician health programmes in the United States, whose evaluations have revealed the highest long-term recovery rates reported in the scientific literature.
- It is time we proactively managed the prolonged course of addiction and recovery careers rather than focusing on self-encapsulated episodes of biopsychosocial stabilisation.

The booklet summarised its findings as follows:

- Scientific research supports calls for a transformation in the structure and service processes in the United States from a model of acute intervention to a broader model of sustained recovery management. More specifically, the findings call for:
  - Strengthening the infrastructure of addiction treatment to ensure sustained continuity of support and accountability to the individuals, families, and communities served by addiction treatment institutions.
  - More proactive systems of identifying, engaging, and ensuring service access for individuals and families at the earliest possible stage of development of alcohol and other drug-related problems.
  - Individual, family, and community needs-assessment protocols which are comprehensive, strengths-based, and ongoing.
  - Use of multidisciplinary and multi-agency service models for supporting long-term recovery for individuals, families, and neighbourhoods experiencing severe, complex, and enduring alcohol and other drug problems.
  - Reconstruction of the service relationship from an expert model to a partnership model involving a long-term recovery support alliance.
  - Expanding the service menu, with an emphasis on evidence-based and recovery-linked service practices.
  - Ensuring each client and family an adequate dose and duration of pre-treatment, in-treatment, and post-treatment clinical and recovery support services.
  - Exerting a greater influence on the post-treatment recovery environment by shortening the physical and cultural distance between the treatment institution and the natural environments of those served, and by intervening directly to increase family and community recovery capital.
  - Assertive linkage of clients and families to recovery mutual aid groups and other indigenous recovery support institutions.
  - Models of post-treatment monitoring (recovery check-ups for up to five years following discharge from primary treatment), ongoing stage-appropriate recovery education, sustained recovery coaching, and, when needed, early re-intervention.
  - Systematic and system-wide collection and reporting of long-term post-treatment recovery outcomes for all individuals and families admitted to addiction treatment.



The booklet seeks to extend our vision of the addiction and de-addiction process across a life and across the entire social system, calling upon us to locate 'treatment as we know it' (time-limited bout of professional care for a problem which has become intolerably severe or attracted the attention of people in a position to lever the individual in to treatment) within this broader picture. In the process it redirects our attention to the large tracts of this widened vision missing or underdeveloped in current policies and service provision. Primarily these are ways of intervening before things have descended to this point and forms of extended monitoring and care after initial treatment, and the systems outside the clinic which shape the environment within which the patient must eventually sustain (or not) their attempt to reshape their life. Much of this is beyond the direct reach of any treatment institution, hence the emphasis on mutual aid, "communities of recovery", and public and political advocacy aimed at fostering a more recovery-friendly environment, within which de-stigmatisation and the public display of successful recovery are major strategies. This call for a rebalancing towards non-clinical aspects is carried in to the clinical encounter itself, where workers are called upon to see themselves not as experts directing the course of treatment, but as consultants helping the patient and their associates self-manage their problems and achieve their goals. Usefully chapters end with a set of performance measures which services and treatment systems can use to judge how far they have embraced this wider vision.

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