

## Addiction Treatment vs. Recovery Services

Adapted from White, W., & Sander, M. (2008.) A recovery revolution: What if we really believed that addiction was chronic disorder? Workshop presented January 30 in Tampa FL. See White, M. L., Kurtz, E., & Sanders, M. (2006). *Recovery management*. Available at [www.williamwhitepapers.com](http://www.williamwhitepapers.com).

Addiction Treatment	Practices	Recovery Services
High threshold, crisis intervention, isolated outreach, high extrusion	<b>Engagement</b>	Low threshold (welcoming), emphasis on outreach, low extrusion
Pre-condition for treatment, absence defined as “resistance”, responsibility/blame on client	<b>View of Motivation</b>	A product of the service, emphasis on pre-action stages of change (“recovery priming”), responsibility/blame on service milieu
Killer “D”s = deficit-based problems for treatment plan, dysfunction, disease, diagnosis, deficits, & disabilities	<b>Screening/Assessment</b>	Strength/resilience-based assets for recovery plan global; continual: stages of change & recovery, inclusion of indigenous network and resources, consumer defines family
Professionally defined, focus on reducing pathology	<b>Service Goals</b>	Consumer directed choice for recovery plan, focus on building recovery capital, recovery vision reflected in mission
Focus on crisis and problem resolution, reactive, offer continuum of services	<b>Service Timing</b>	Focus on post-crisis recovery support activities, proactive, commitment to continuum of relationship
Stabilization	<b>Service Emphasis</b>	Sustainable wellbeing, recovery coaching, frequent (every contact) consumer feedback about the relationship and personal outcomes
Within the walls of the institution/agency, “How do we get the client into treatment?”	<b>Locus of Service</b>	Integrate services, “How do we nest the recovery process within the consumer’s natural environment?”



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Focus on “programs,” limited individualization, “gender/cultural sensitivity,” biomedical stabilization	<b>Service Technologies</b>	Focus on service and support menus; highly individualized, greater emphasis on physical/social/cultural ecology of recovery, faith-services
Exclusion, extrusion, recidivism, iatrogenic injury, experiments with parallel/sequential treatments	<b>Management of Co-Morbidity</b>	Concept of “serial recovery,” integrated model of care, multi-unit/agency teams, indigenous resources
Clinical role specialization, emphasis on academic/technical expertise, resistance to “prosumer” movement	<b>Service Roles</b>	“Adisciplinary,” role cross-training, “prosumers” in paid & volunteer roles, emphasis on mutual aid, role of primary care physician
Dominate-expert model: hierarchical, time-limited, transient (staff turnover), and often commercialized	<b>Service Relationship</b>	Partnership-consultant model: less hierarchical, potentially time-sustained, continuity or contact, less commercialized
Passive role that’s professionally prescribed, consumer dependency	<b>Consumer Involvement</b>	Consumer involvement/direction of service policies, goal setting, means selection, delivery & evaluation; focus on self-management; consumers as volunteers & employees; consumer-led support groups/services
Community defined in terms of other agencies	<b>Relationship to Community</b>	Focus on diminishing need for professional services, emphasize hospitality, supports within the natural community, and indigenous supports



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Aftercare is an afterthought or maintenance for life	View of Aftercare	Replace with Assertive Continuing Care: all care is continuing care, emphasis on community resources, provided to all consumers not just those who “graduate,” responsibility for contact shifts from client to service provider, role of recovery coach or guide, recovery checkups, electronic contacts
Focus on professional review of short-term outcomes of single episodes of service, recent emphasis on social cost factors – impact of hospitalizations, arrests, ER visits, etc.	Service Evaluation	Focus on long-term effects of service combinations and sequences on client/family/community, consumer-defined outcomes and review
Often limited to funding allowances, marketing and public relations approaches	Advocacy	Emphasis on policy advocacy to improve access, reduce discrimination and stigma (education), activist/community organization approach

