Long-Term Recovery:
The Essential Roles of Families and Addiction Treatment Providers

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Disclosures

- Robert DuPont, MD, Douglas Tieman, and Gary Enos, MS, have disclosed no relevant, real, or apparent personal or professional financial relationships with proprietary entities that produce healthcare goods and services.
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- All planners/managers hereby state that they or their spouse/life partner do not have any financial relationships or relationships to products or devices with any commercial interest related to the content of this activity of any amount during the past 12 months.

- The following planners/managers have the following to disclose:
  - Kelly J. Clark, MD, MBA, FASAM, DFAPA – Consulting fees: Braeburn, Indivior
Learning Objectives

- Identify sustained recovery as the principal goal of addiction treatment, including abstinence.
- Summarize the core elements of the state physician health programs and long-term outcomes.
- Describe practical steps for providers to harness this care management strategy and include families.
Disclosures

- Robert L. DuPont, MD has disclosed no relevant, real or apparent personal or professional financial relationships with proprietary entities that produce health care goods and services.

- Douglas Tieman has disclosed he is employed by Caron Treatment Centers. He will present this content in a fair and balanced manner.
The Challenge

- Addiction treatment is typically stand-alone, short-term episodes of care
- Addiction is often a life-long biological disorder
- Medication-assisted treatment (MAT) considered “for life”:
  - About half of buprenorphine patients leave in 3-6 months and about half of methadone patients leave in 6-9 months
  - Almost all patients leaving MAT relapse to opioid use
- Many patients continue to use alcohol and other drugs while in MAT
Setting a Higher Standard: State Physician Health Programs

- Initial evaluation and intervention
- Monitoring contract
- Formal treatment
- Long-term monitoring
- Zero tolerance for any use – frequent drug/alcohol tests with interventions
- Intensive, continuous recovery support

- PHPs make recovery, not relapse, the expected outcome of treatment for SUDs, including opioid use disorders
PHP Long-Term Drug Test Results: Over the Course of 5 Years

- 78%: 0 positives
- 14%: 1 positive
- 2%: 2 positives
- 1%: 3 positives
- 2%: 5 positives
- 3%: 5+ positives
An Opportunity to Improve Outcomes

- Today relapse is the common outcome of treatment

- What is the goal of the treatment?
  - Reduced use of the “problem” drug while in treatment?
  - Temporary abstinence?
  - OR is it long-term abstinence – and more?

- Now is the time to improve the treatment of substance use disorders
Rethink the Roles of Families

- Look beyond the 3 Cs:
  - I didn’t Cause it
  - I can’t Cure it
  - I can’t Control it

- “Detach with love” seldom maximizes the role of the family in promoting recovery

- Treatment is not a “fix” for substance use disorders
Recovery

- Not substance-specific

- “A voluntarily maintained lifestyle characterized by sobriety, personal health, and citizenship”
  – Betty Ford Institute Consensus Panel
The Family Lives Addiction With the Addicted Loved One

- The family:
  - Needs guidance and support to promote recovery, like the addicted person
  - Must insist on long-term monitoring and intervention when relapse occurs
  - Needs to be involved with the health care of the addicted family member
  - Is not irrelevant – but essential – for recovery

- Though torn apart by active addiction, the family is made stronger and better by the addicted loved one’s recovery
A History Lesson Related to Outcomes

- 1800s – No Outcomes
- 1900s – Suspect Outcome
- 2000s – To Be Determined
A History Lesson

- 1800 to 2018
  - Washingtonians
  - Keely Institute
  - 12-step
  - Minnesota Model
  - Behavioral Modification
  - Therapeutic Community
  - Aversion Therapy
  - MAT
  - Etc.
A History Lesson

- So what happened? Were they effective?
- Outcomes
  - None
  - Anecdotal
  - Self-serving
  - What to measure?
  - No chronic illness perspective – flawed
- The Problem
  - What to pay for?
  - How much to pay?
Evolution of Research & Outcomes

- **NIDA & NIAAA**
  - Project Match (1993-1997)
  - Drug Abuse Treatment Outcome Studies (2003)
  - Positives & negative

- **Treatment Center accountability**
  - Do your own
  - CATOR/New Standards (1980s-90s)
  - NAATP Outcomes Pilot Program (2016 – Present)
  - Positives & negatives
Caron’s Response

- Non-profit advantage
- Commitment to “Recovery for Life”
- CATOR/New Standards
- Penn/TRI
Penn/TRI Outcomes Evaluation

- Recovery Care Services (Hazelden/Betty Ford, as well)
  - How it worked
  - What we learned
  - How to improve connectivity?
Recovery Care Services

- Began in 2005
- **Aftercare support program to:**
  - Provide a mechanism for program evaluation & improvement
  - Assess substance use outcomes—rates of continuous abstinence at 1, 2, 3, 6 and 12 months
- **It was not:**
  - Aftercare treatment
  - Initially designed as research
How It Works

- Over a 12-month period following discharge:
  - From 2005 – 2015
  - Brief monthly phone contacts (10-12 minutes)
    • “Recovery checkup” using standardized assessment and procedures
    • Encouraged ongoing recovery activities
    • Offered relapse support and interventions
    • Facilitated re-entry to Caron, if needed
  - Continued regardless of sobriety status
  - Relied on self-reported data
  - Included both alumni & their families
  - 2015 – Present
    • Automated process
    • Email
Recovery Care Services & Program Evaluation

- Documented progress
- Provided information for program improvement
  - Designed to determine whether program changes or additional service produced improvements in successful outcome rates
- Calculated probability of successful outcomes for specific subgroups of patients
What We Learned

- Expensive & time intensive
- Contact Rates were not optimal
  - Patients are not being directly incentivized for contacts
  - Patients who are doing well may feel continued Recovery Care Services contact is not needed
  - Patients who are not doing well may not want further contact
- Outcome rates could be calculated for different patient subgroups, but were self-reported and not reliable
- Those that “stayed connected” stayed “sober”
My First Year of Recovery

Components from Physician Health Programs

- Continuous, ongoing, thorough
- Immediate, meaningful interventions
My First Year of Recovery

- My First Year of Recovery is a post-treatment counseling and monitoring program for recent patients and their families
- Introduced in 2012
- Verifiable results
- Personalized post-treatment plan designed by the treatment team
- Incorporates Family and Circle of Support
- Optional program
My First Year of Recovery

Goals

- **Integration**
  - Addressing life issues in early recovery

- **Develop a support system for one’s personal and professional life**

- **Identify a Circle of Support for early recovery**
  - Therapist, family members, peer assistance and/or an employer

- **Step into action**
  - Creating measurable actions & assignments
  - Structure and accountability

- **Carrying the message of hope, healing and recovery**
My First Year of Recovery

Key Elements

- Random drug and alcohol screenings
- Soberlink
- Tele-Counseling
- Development of achievable goals for both the patient and family
- Regular calls to patient & Circle of Support
- Recovery for Life Journal work
- Access to a library of audio, video and interactive materials
- Potential participation in Caron’s Breakthrough Program
My First Year of Recovery
Results

- 57.2% of alumni of the My First Year of Recovery program were continuously abstinent at completion of the one-year program\(^1\)
- 76.4% of alumni were abstinent at completion of the one-year program\(^1\)
  - When there was a relapse, the program’s high reengagement rate helped the alumni to get back on track with their recovery plan
- 93% of Caron patients report that their quality of life is good to very good\(^2\)

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\(^1\)Self-reported by MyFYR patients and verified by urinalysis, November 2012 – January 2018.
\(^2\)World Health Organization, Quality of Life Scale BREF, 2004, adapted for Caron’s My First Year of Recovery Program, participant data as of April 2017.
My First Year of Recovery

Results

- 68% of random urinalyses are completed with 94% testing negative for alcohol and drugs\(^1\)
- 93.7% of participants attend 12-step meetings\(^2\)

\(^1\)CSS, Inc. through Quest Labs. Caron's MyFYR program, participants, data as of January 2018.
\(^2\)Self-reported by MyFYR patients, November 2012 – January 2018.
My First Year of Recovery Family

- 69% of families attended FEP during Phase One treatment or during MyFYR
- Families reported:
  - 76% Set healthy boundaries
  - 45.5% of families attended a 12-Step meeting or other support group in January 2018
Lessons Learned

- Role of Family
- Accountability
- Time & Progress
  - Chronic Illness Model
The Patient is the Family
The Family is the Patient
Family Program & Connectivity

- FEP
- Breakthrough
- Family Restructuring
- Parent Support Group
- Parent Alumni Activities
Family Education Programs

- Specific to meet each patient groups’ unique needs and dynamics
  - Young Children
  - Teen
  - Young Adult
  - Adult
  - Adult Extended Care
  - Older
  - Relapse
  - Executive
  - Opioid
- Interactive programming
- Development of personal recovery action plans
Breakthrough

- Five-day program
- Helps adults overcome obstacles that have blocked their efforts to develop healthier relationships, positive connections and emotional stability
  - Experiential group work
  - Mindfulness training
  - Psychodrama
  - Small group sessions
  - Exercises that address complex grief and shame
Residential Restructuring

- Unique, immersive program
- Patient and their family members reside together in the same clinical setting
- Daily group therapy sessions
- Addresses barriers to recovery for both the patient and the family
  - Family of origin experiences
  - Internalized messages
  - Communication difficulties
  - Inconsistent boundaries between family member
Parent Support Groups & Activities

- Support Groups
  - Free
  - For parents & family members of patients in or out of treatment
  - Open to anyone, not just Caron alumni
- Parent-to-Parent Podcast
- Advocacy
Commitment to “Recovery for Life”

- NIAAA & NIDA Research
- Academic affiliation
- Training & research departments
  - Expertise is expensive
  - Philanthropy is key
“It is interesting that the high relapse rates among diabetic (30-50%), hypertensive (50-70%) and asthmatic patients (50-70%) following cessation of their medications have been considered evidence of the effectiveness of those medications, the need to retain patients in the medical monitoring and the need for compliance enhancement strategies. In contrast, relapse to drug or alcohol use (40-60%) following discharge from addiction treatment has been considered evidence of treatment failure.”

*Is Drug Dependence a Chronic Medical Illness: Implications for Treatment, Insurance and Outcome Evaluation*
A. Thomas McLellan, Treatment Research Institute
Summary

- **Commitment to Outcomes**
  - Recovery for Life
- Learn from the past & what works
  - Physician health program
- Continually learning/raising the bar
  - NIDA/NIAAA
- Learn from chronic illness
  - Time & accountability
- **Family Involvement**
  - Improves connectivity
Caron Treatment Centers
www.caron.org

- Caron Treatment Centers is a 501(c)3 non-profit organization with more than 60 years researching, treating and managing the chronic disease of addiction. Caron is a pioneer in combating addiction through outcomes-based disease management plans for patients and families.
IBH is a 501(c)3 non-profit organization that develops strategies to reduce drug use.
Tieman Resources + References


DuPont References + Resources

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THANK YOU

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