Illinois Association of Extended Care

Volume 3 Issue 1 **January 2017**

IAEC MONTHLY MEETING

Thursday, January 19
12 Noon to 2pm
The Women's Treatment Center
140 N. Ashland, Chicago
Parking: Church @ Warren & Ashland

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NARR Standards and the Social Model of Recovery
Dora Dantzler-Wright
Sterling Gildersleeve

1.5 CEU's, free to IAEC members,
$10.00 to non-members

"Remember how long you've been putting this off, how many extensions the gods gave you, and you didn't use them. At some point you have to recognise what world it is that you belong to; what power rules it and from what source you spring; that there is a limit to the time assigned you, and if you don't use it to free yourself it will be gone and you will never return." — Marcus Aurelius, Meditations

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ICB CERTIFICATIONS

The Illinois Certification Board (ICB) administers the NCRS on behalf of IAEC. Go to the ICB website at www.iaodapca.org and click on MEMBER VERIFICATION to check NCRS status.

From The Editor

It's a new year and what a year it will be.
A new administration takes the reigns of power in Washington, the state of Illinois still does not have a budget, the opioid dependency is become an epidemic, the 1115 Waiver may or may not be passed and funded, the CARA act may or may not be funded and more people than ever before are entering into one form of treatment or another for SUD (Substance Use Disorder).

These events and more will be followed closely by IAEC and chronicled in the pages of this, our association newsletter.

As we launch the inaugural edition of our e-newsletter, you will notice some changes. We now feature our association logo, weblinks are live, and the newsletter itself is a PDF that can be printed out or emailed.

It is with a sense of accomplishment for the year just passed and great expectations for the year ahead that I say Happy New Year, and may it ever be.
- James S. Berge NCRS, Secretary of the Board, Editor

Elected Representatives

U.S. Senator Durbin 202-224-2152
U.S. Senator Kirk 202-224-2854
Illinois Governor Rauner 217-782-0244
Illinois House Speaker Madigan 217-782-2728
Illlinois Senate President Cullerton 217-782-2728
Illinois Senate Majority Leader Clayborne 217-782-5399
Illinois House Majority Leader Currie 217-782-8121
Illinois House Minority Leader Durkin 217-782-0494

IAEC
Illinois Association of Extended Care
Volume 3 Issue 1 January 2017

NALTREXONE

Naltrexone works differently than methadone and buprenorphine in the treatment of opioid dependency. If a person using naltrexone relapses and uses the abused drug, naltrexone blocks the euphoric and sedative effects of the abused drug and prevents feelings of euphoria. Learn more about naltrexone. *https://www.samhsa.gov/medication-assisted-treatment/treatment*

Naltrexone is a medication approved by the Food and Drug Administration (FDA) to treat opioid use disorders and alcohol use disorders. It comes in a pill form or as an injectable. The pill form of naltrexone (ReVia, Depade) can be taken at 50 mg once per day. The injectable extended-release form of the drug (Vivitrol) is administered at 380 mg intramuscular once a month. Naltrexone can be prescribed by any health care provider who is licensed to prescribe medications. To reduce the risk of precipitated withdrawal, patients are warned to abstain from illegal opioids and opioid medication for a minimum of 7-10 days before starting naltrexone. If switching from methadone to naltrexone, the patient has to be completely withdrawn from the opioids.

How Naltrexone Works

Naltrexone blocks the euphoric and sedative effects of drugs such as heroin, morphine, and codeine. It works differently in the body than buprenorphine and methadone, which activate opioid receptors in the body that suppress cravings. Naltrexone binds and blocks opioid receptors, and is reported to reduce opioid cravings. There is no abuse and diversion potential with naltrexone.

If a person relapses..., naltrexone prevents the feeling of getting high. People using naltrexone should not use any other opioids or illicit drugs; drink alcohol; or take sedatives, tranquilizers, or other drugs. Patients on naltrexone may have reduced tolerance to opioids and may be unaware of their potential sensitivity to the same, or lower, doses of opioids that they used to take. If patients who are treated with naltrexone relapse after a period of abstinence, it is possible that the dosage of opioid that was previously used may have life-threatening consequences, including respiratory arrest and circulatory collapse. As with all medications used in medication-assisted treatment (MAT), naltrexone is to be prescribed as part of a comprehensive treatment plan that includes counseling and participation in social support programs.

Naltrexone for Opioid Use Disorders

Extended-release injectable naltrexone is approved for treatment of people with opioid use disorder. It can be prescribed by any healthcare provider who is licensed to prescribe medications, special training is not required. It is important that medical managed withdrawal (detoxification) from opioids be completed at least 7 to 10 days before extended-release injectable naltrexone is initiated or resumed. Research has shown that naltrexone decreases reactivity to drug-conditioned cues and decreases craving. Patients who have been treated with extended-release injectable naltrexone may have reduced tolerance to opioids and may be unaware of their potential sensitivity to the same, or lower, doses of opioids that they used to take. Extended-release naltrexone should be part of a comprehensive management program that includes psychosocial support.

Naltrexone for Alcohol Dependence

When used as a treatment for alcohol dependency, naltrexone blocks the euphoric effects and feelings of intoxication. This allows people with alcohol addiction to reduce their drinking behaviors enough to remain motivated to stay in treatment and avoid relapses. Naltrexone is not addictive nor does it react adversely with alcohol.

Long-term naltrexone therapy extending beyond three months is considered most effective by researchers, and therapy may also be used indefinitely. Learn more about alcohol use disorders.

"When I hear somebody sigh, "Life is hard" - I am always tempted to ask, "Compared to what?" — Sydney Harris

IAEC

Illinois Association of Extended Care

Volume 3 Issue 1 January 2017

MEMBERSHIP

Individual Membership in IAEC is only $50.00 per year and includes many benefits such as 1.5 CEU's per month free of charge and more (see below).

Agency Membership is only $150 per year for a single location (for multiple locations, dues are $300 per year for 2 or more). This entitles your agency to a listing on the IAEC website, 1.5 free CEU's per month, and Training for up to four (4) attendees, and more (see below).

Affiliate Membership is open service providers in the Recovery Field, such as vendors, consultants and contractors. Dues are $150 per year (see below for additional benefits of this level of membership).

All levels of IAEC Membership offer a multitude of benefits including: subscription to the IAEC Newsletter; networking; continuing education; workshops; exclusive meetings with state level executives of agencies tasked with addictions treatment and recovery; opportunities at state and local levels to continue making changes in the world of addiction recovery.

Go to www.iaec-inc.org to join IAEC, renew your membership, or make a tax-deductible donation.

IAEC is a member of NARR (National Alliance of Recovery Residences) and IABH (Illinois Association of Behavioral Health)

IAEC BOARD

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RESOURCES

Alcoholics Anonymous
(312) 346-1475; www.aa.org

CRCC
(Chicago Recovering Communities Coalition)
(312) 420-7226 or
(773) 398-2305
www.chicagorecovery.org

Families Anonymous
www.familiesanonymous.org

Felons / Ex-Offenders
www.xamire.com

IABH
(Illinois Association for Behavioral Health *formerly IADDA*)
www.ilabh.comh

IAEC
Illinois Assoc. of Extended Care
(630) 891-9505 www.iaec-inc.org

Illinois State Resources
www.addictionrecoveryguide.org/resources/state/illinois

The Mustard Seed
(12-Step Meetings, Support)
(312) 664-6856
507 W North Ave., Chicago, IL
www.mustardseedgroup.org

Narcotics Anonymous
(708) 848-4884; www.chicagona.org

Suicide Prevention Hotline
www.suicide.org/hotlines/illinois-suicide-hotlines.html

IAEC
Illinois Association of Extended Care
Volume 3 Issue 1 January 2017

I A E C A G E N C Y M E M B E R S

A Live Well Housing (for Men and Women)
1907 5th Ave; 1706 3rd Ave; Rock Island, IL; (309) 428-3369; 911 3rd Ave; Silvis, IL; www.alivewellhousing.com
A Safe Haven (for Men, Women, Adolescents)
2750 W Roosevelt Rd; Chicago, IL; (773) 435 8300; www.asafehaven.org
Affordable Recovery (for Men and Women)
13811 S. Western Ave., Blue Island, IL (708) 299-0758, www.affordablerecovery.org
Ashunti Residential Management Systems,Inc (for Women)
4909 W Huron St, Chicago, IL 60644; (773) 379-6981/6982; **ashuntirms@att.net**
Bogan Quarters, Inc. (for Men)
(847) 461-9211; Chicago, IL; www.boganquarters.org
Bridgehaus (for Men)
Multiple Locations; Chicago, IL; (773) 235-HAUS (4287); www.bridgehaus.com
Brighter, Behavior, Choices Inc., NFP (for Women)
6525 S. Campbell Ave.; Chicago, IL; (773) 434-5526; www.bbchoicesinc.wix.com
CBR Tranquility (for Men)
5134 S. Wolcott; Chicago, IL 60609; (773) 527-4960; director@cbrtranquilitydevelopmentnfp.com
Faithway Men's Facility
P.O. Box 499338, Chicago, IL; (773)484-8465
Guildhaus (for Men)
2413 Canal St., Blue Island, IL; (708)385-3228; www.guildhaus.org
Hand n Hand Outreach NFP (for Women)
4207 W. Carroll Ave. #100; Chicago, IL; (773) 772-7148; www.handnhandoutreach.org
Haymarket Center (for Men and Women)
120 N. Sangamon St.; Chicago, IL; (312) 226-7984; www.hcenter.org
Healthcare Alternative Systems, Inc. (HAS) (for Men and Women)
1866 N. Milwaukee Ave.; Chicago, IL; (708) 782-4734; www.hascares.org
Ignatia House (for Women)
3052 W. Belmont Ave.; Chicago, IL; (773) 604-4644; www.ignatiahouse.org
Loudek Community Services (for Men and Women)
10540 S. Western Ave., Suite 402, Chicago, IL; (773) 253-7052
N The Spirit (for Women)
7225 S. Yale Ave.; Chicago, IL; (773)892-3155; www.nthespirit.com
Phoenix Recovery Support Services (for Men)
501 N. Central; Chicago, IL; (708) 533-5482; www.phxrecovery.com
The Path (for Women)
7530 Lexington St., Forest Park, IL 60130; (708)657-4024; www.thepathrecoveryliving.com
RICCA (Rock Island City Counil on Addictions) (for Men, Women, Adolescents)
1607 John Deere Rd., East Moline, IL; (309) 792-0292
The Way Back Inn / Grateful House (for Men, Women)
104 Oak St., Maywood, IL; (708) 345-8422; www.thewaybackinn.org
Women's Treatment Center
140 N. Ashland Ave.; Chicago, IL; (312) 850-0050; www.womenstreatmentcenter.org
YANA House (for Men)
7120 S. Normal Blvd.; Chicago, IL; (708) 874-7120

IAEC
Illinois Association of Extended Care
Volume 3 Issue 1 January 2017

Stop Blaming the Client for the Failure of the Treatment

By Thaddeus Camlin 11/10/16

There is a commonly accepted idea that addiction is a lifelong struggle that most fail to overcome. The current opioid epidemic and the media coverage of celebrities whose downfalls are fueled by substance use perpetuate the idea that most people with substance use disorders are likely to fail in recovery. But it's more common than most people realize for people who battle an addiction to eventually obtain a stable recovery. In part, it depends on how one defines the term. Dr. Thaddeus Camlin spells out the case for addiction being a disorder that is commonly conquered…Richard Juman, PsyD

Many lies taint the integrity of the recovery industry. One of the most insidious of these lies is that most people in recovery fail. This article will challenge the lie that most people fail in recovery on three fronts: the evidence of success, the failure of treatment, and the common but misinformed criteria for success. This article will conclude by offering some evidence-based options to reinforce its primary objectives: to highlight how the recovery industry often fails its customers, and to honor the resilience of those who struggle with and often overcome problematic patterns of substance use.

The evidence of success in recovery is overwhelming. I often hear people toss around arbitrary and unfounded statistics in recovery like, "only 10% of people succeed," and that deviations from perfect abstinence inevitably lead to "jails, institutions, and death." The bad news is that "professionals" sometimes contribute to the spread of these unhelpful lies. The good news is that the lie that most people in recovery fail is unequivocally false.

(...) The recovery numbers tell a truth that stands in stark contrast to the idea that most people in recovery fail. For example, 99.2% of people achieve lifetime remission from a cocaine use disorder, 97.2% from a cannabis use disorder, and 90.6% from an alcohol use disorder. When I share these numbers most people don't believe me, even when I cite my sources (see Lopez-Quintero, Hasin, de los Cobos, Pines, Wang, Grant, & Blanco, 2011).

The numbers tell us the undeniable truth that most people recover from substance use problems. The latest diagnostic manual (DSM-5) even states that an alcohol use disorder is "often erroneously perceived as an intractable condition," and that the average person has a "much more promising prognosis" (p. 493). Based on a growing foundation of empirical support, the latest edition of the diagnostic manual for professionals recognizes that success, not failure, is the most common outcome for people who struggle with a substance use problem.

The majority of treatment centers and providers root approaches to substance use treatment in the 12 steps of Alcoholics Anonymous and Narcotics Anonymous. Twelve-step, abstinence-only recovery certainly helps some people, but there are large numbers of people who find it unhelpful. The need is for a wider range of treatment options, and it is worth considering how professional help can be more effective in facilitating the efforts of people trying to change a problematic pattern of substance use.

Not only are people often lied to about the likelihood of their success in recovery; they are also often lied to about viable means to achieve success in recovery. According to NESARC, about 50% of people achieve remission from a substance use disorder through moderation.

"Stop Blaming the Client for the Failure of the Treatment" Continued on Page 8

IAEC
Illinois Association of Extended Care
Volume 3 Issue 1 January 2017

Introducing Version 2 of the NARR Standard for Recovery Residences

An expanded copy of the following standards is available on the NARR website at this link.

NARR CERTIFIED RECOVERY RESIDENCES SHARE THE FOLLOWING STANDARDS:

Are guided by a mission and vision
Adheres to legal and ethical codes
Are financially honest and forthright
Collect data for continuous quality improvement
Operate with prudence

Uphold resident rights

Communicate rights and requirements before agreements are signed
Promote self and peer advocacy
Support housing choice
Protect privacy

Are recovery oriented

View recovery as a person-driven, holistic and lifelong process
Are culturally responsive, congruent and/or competent

Are peer staffed and governed

Involve peers in governance in meaningful ways
Use peer staff and resident leaders in meaningful ways
Maintain resident and staff leadership based on recovery principles
Create and sustain an atmosphere of recovery support
Ensure staff are appropriately trained and credentialed
Provide support staff supervision

Recovery support

Promote health
Encourage residents to own their own recovery
Inform residents about community-based supports
Offer recovery support services in informal settings
Offer recovery support services in formal settings
Offer life skills development in formal settings
Offer clinical services in accordance with State law

Provide a home

Provide a physically and emotionally safe, secure and respectful environment
Are alcohol and drug-free environments
Are cultivated through structure and accountability

Inspire purpose

Promote meaningful daily activities

'NARR Standards' cont'd on p7

IAEC
Illinois Association of Extended Care
Volume 3 Issue 1 January 2017

IAEC MEMBER EVENTS

Have Your Event Listed Here for Free, Contact The Editor at jamesberge@gmail.com

'NARR Standards' cont'd from p6

Cultivate community
Create a "functionally equivalent family"
Foster ethical peer-based mutually supportive relationships between residents and/or staff
Connect residents to the local recovery community

Property and Architecture
Promote recovery
Create a home-like environment
Promote community

Promote health & safety
Promote home safety
Have an emergency plan

Good neighbor
Are good neighbors
Are compatible with the neighborhood
Are responsive to neighbor complaints
Have courtesy rules

"Stop Blaming the Client for the Failure of the Treatment"
Continued From Page 5

Treatment options for helping people moderate are under-promoted and underutilized. One of the foremost, internationally recognized professionals in the field of substance use, Andrew Tatarsky, PhD, describes the current climate in recovery as a "Tyranny of Abstinence." The tyranny of abstinence in the recovery industry leads into the third aspect of recovery failure this article addresses: the common but misinformed criteria for success.

The lie that most people in recovery fail is perpetuated by the misinformed criteria that perfect abstinence is the only success in recovery. AA and NA are of little use to people who are working towards moderating substances effectively. In AA and NA, any recurrence of substance use is branded a failure and the client is blamed (e.g. "He didn't work the steps well enough"). The solution? Start over in the same treatment and try harder. True to Einstein's insight, trying different methods of treatment increases the likelihood of success. If treatment doesn't work, the treatment is to blame, not the client. Substance use is the only area I'm aware of that blames treatment failure on the client.

To summarize, most people succeed in recovery; most do so on their own; perfect abstinence is not the only way to succeed; and there are a variety of evidence-based approaches to help people succeed in recovery. The preponderance of abstinence-only treatment options highlights a major gap between treatment desired and treatment available.

Thaddeus Camlin, PsyD works as a substance use therapist for Practical Recovery in San Diego. His experience and training span a variety of settings from acute psychiatric facilities to individual outpatient services. He employs an existential-integrative methodology to offer personalized, self-empowering treatment. Email Dr. Camlin at thad.camlin@practicalrecovery.com

The content of this article has been edited for space. For the complete article, please go to *https://www.thefix.com/stop-blaming-client-for-failure-treatment*