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HOW MUCH TREATMENT DOES A PERSON NEED TO RECOVER?

SELF-CHANGE AND THE TREATMENT SYSTEM

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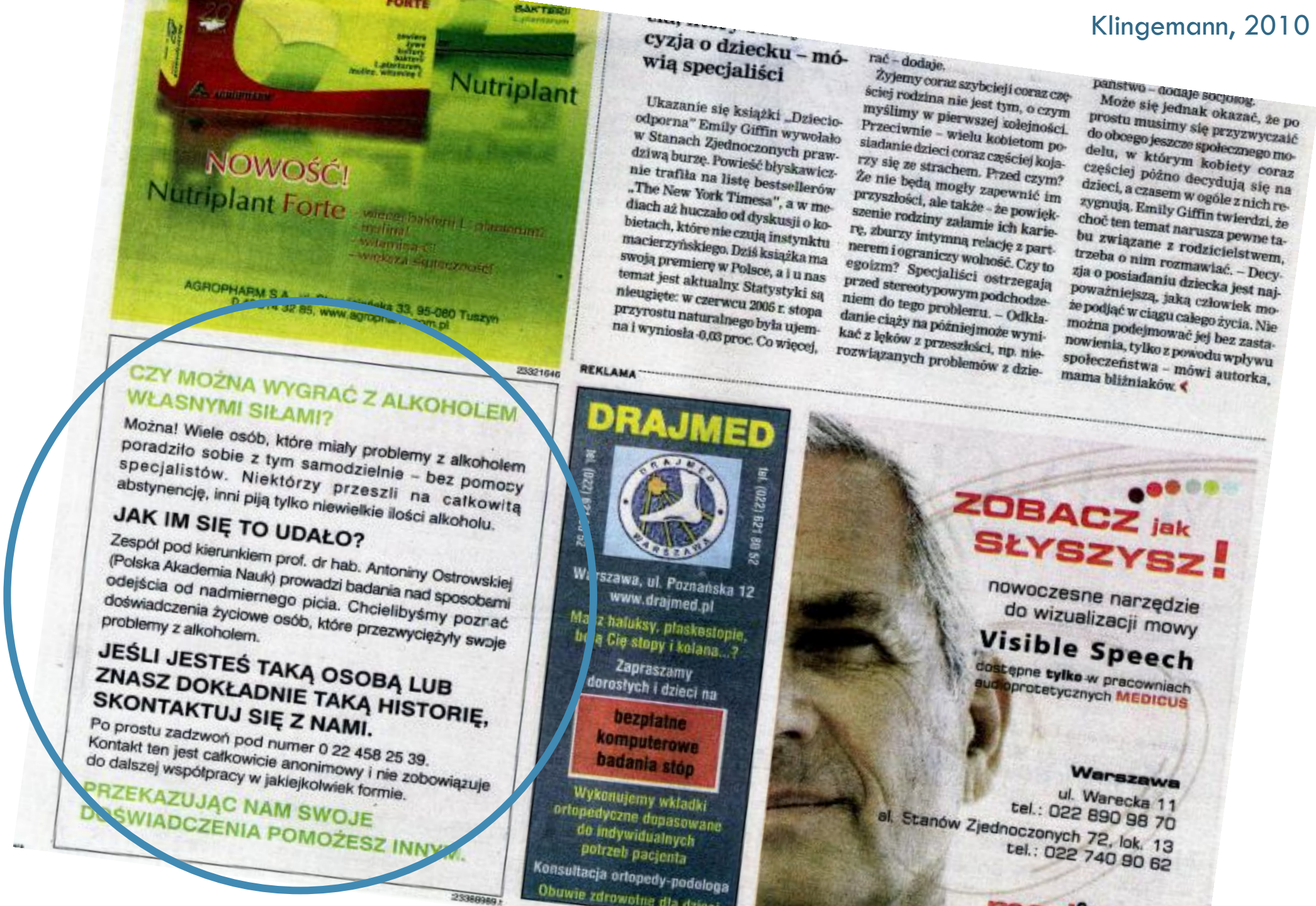
MEDIA RECRUITMENT

Klingemann, 2010




BOARD MARKER
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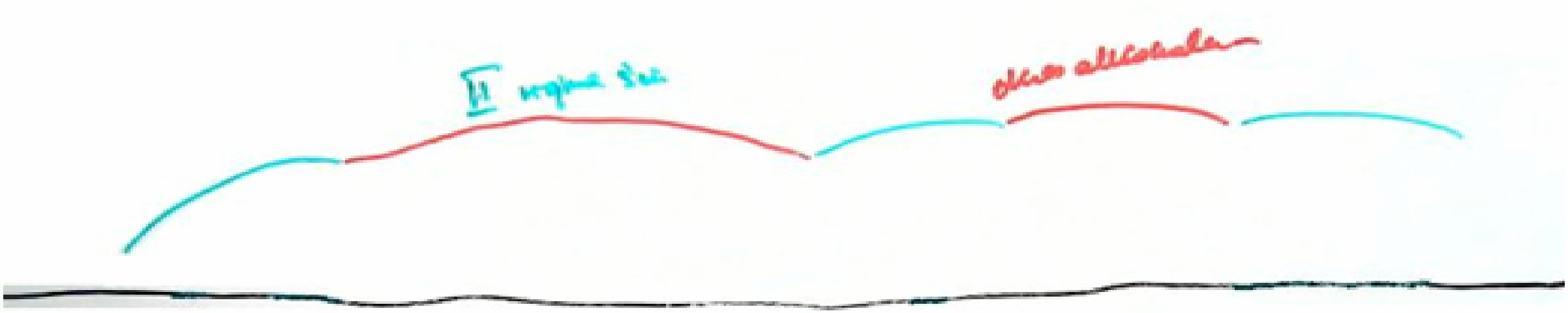
Klingemann, 2016



„Red means problems.

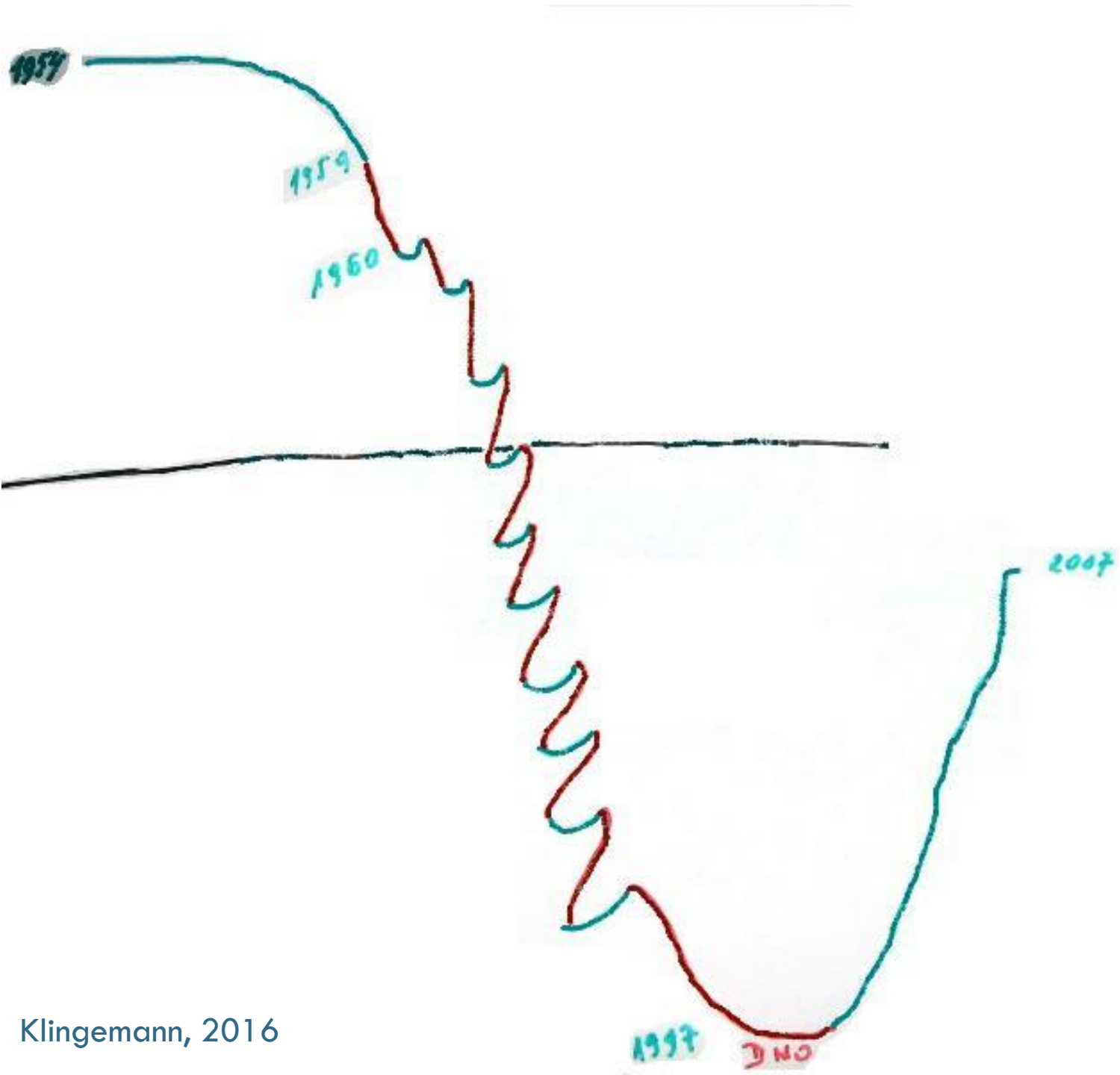
Beginning of my life was good, green. My childhood started before the war.

But then the II World War started: Germany, the forced labour concentration camp.

And then war ended - good happy times.

But then I started drinking.

And then I stopped, and again, wonderful green.” (K70, SW-A)



„U know that U-shape… that is how my line of life looks like.

Falling falling falling.

Hitting the bottom and going up.

I will mark here my treatments…

I went to treatment so many times…

It kept me from drinking … sometimes for few moths sometimes just for few days.

My treatment looks like going downstairs when you look at it that way.

It has been 40 years of drinking….

First treatment in 1959, the last one in 1997. And we are in 2007 now”

(M73, IP-A)

Klingemann, 2016

HOW MUCH TREATMENT DOES A PERSON NEED TO RECOVER?

SELF-CHANGE

- **TREATMENT GAP:** treatment programs usually reach only a small fraction of their potential target groups.
- **SELF-CHANGE & EPIDEMIOLOGICAL EVIDENCE:** when people are changing from addiction, they usually do so on their own (Dawson et al. 2005; Lipari and Park-Lee 2019; Mellor et al. 2021).
- **RECOVERY THROUGH SELF-CHANGE:** "the addicted individual is able to make informed choices and has the potential regain control over his/her life by developing individual recovery strategies and proactively seeking support" (Klingemann and Klingemann 2019).

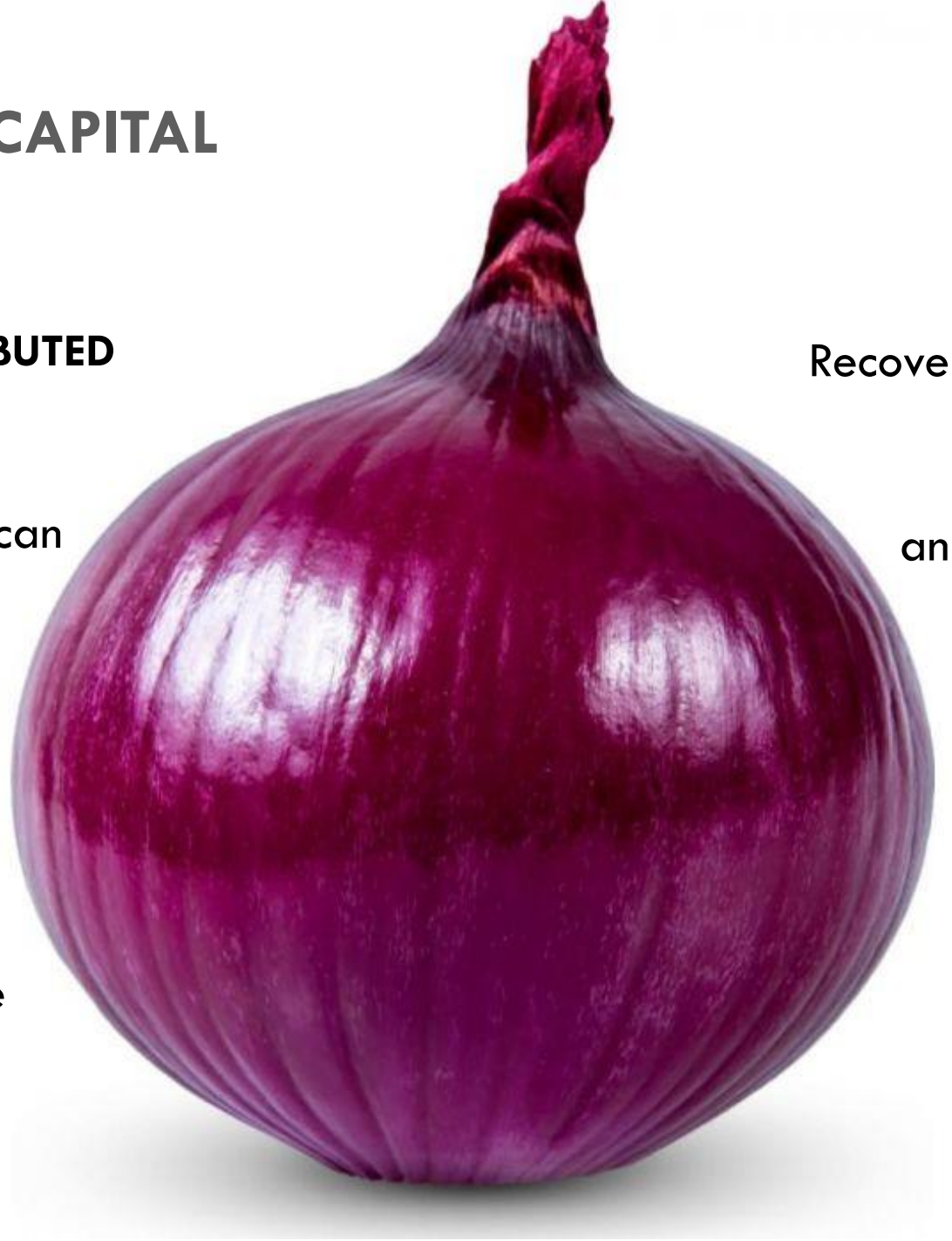
TRIGGERS OF SELF-CHANGE

- *Harm reduction* measures such as housing first programs (Watson 2017) enable active users and problem groups to start considering self-change or treatment seeking.
- Health issues and suffering can become a trigger to move towards the action stage of change of the addictive behavior ⇨ research has documented accounts describing a hospital stay and/or fear of disability or even death as life events which led some self-changers towards recovery (Humphreys et al. 1995; Klingemann 1991; Klingemann 2010).
- Change is not necessarily focused upon changing substance use to begin with ⇨ "the desire to improve life quality may be a more important motivation for treatment uptake than the reduction of substance use per se" (Muller et al. 2019)
- Many self-changers cannot pin down one specific factor that triggered change, but refer to a *constellation* of various factors that led to the decision to stop or limit their substance use.

RECOVERY CAPITAL

UNEQUALLY DISTRIBUTED

Access to resources in various domains can impede or promote change processes and consequently influence recovery capital over the life course.



Recovery process from salutogenic perspective:

not only the number of resources and their availability (= recovery capital), but the coping skills to use them Adequately.

Available resources and coping skills are strongly shaped and differentiated by socio-structural and socio-cultural conditions (Antonovsky 1987).

STIGMA REDUCES SOCIAL SUPPORT.

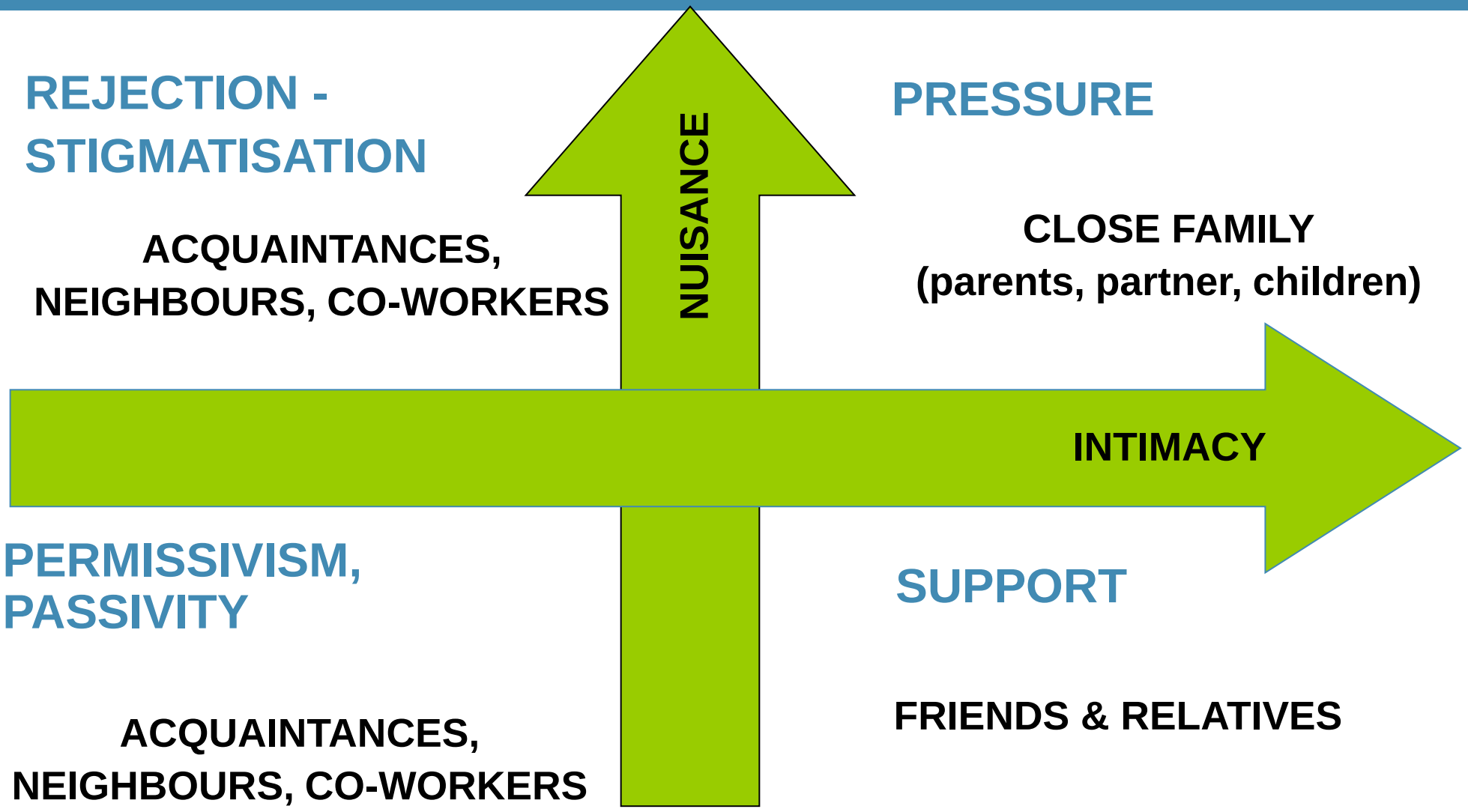
The role of primary and secondary groups, organizational settings, and opportunity structures may promote or impede self-change.

Societal beliefs about the nature and cause of social problems shape individual and collective responses to individual self-change.

- **How visible are these problems?**
- **How confident are we that people may eventually change their eating disorders, heroin or alcohol use, or pathological gambling on their own?**

The answers to these questions depend on the overall attitudes toward the addiction paradigms that prevail in societies.

SOCIAL CAPITAL



NEGATIVE SOCIAL CAPITAL

- a **'romantic bias'** of social capital studies (Brulé 2021) ⇨ criticized of neglecting negative effects such as the exclusion and discrimination of non-group members, the reigning in of more successful group members, levelling norms downwards; the enforcement of social conformity restriction and control
- negative health effects of social capital can be assumed when network connections and social norms in tightly knit groups are used to **diffuse health damaging information or behavior** (Vilalanga-Olives and Kawachi 2017)
- **moral concepts and stigmatization of addiction** undermining social support even after successful resolutions & reduce access to the job and housing market

Klingemann & Klingemann, in print

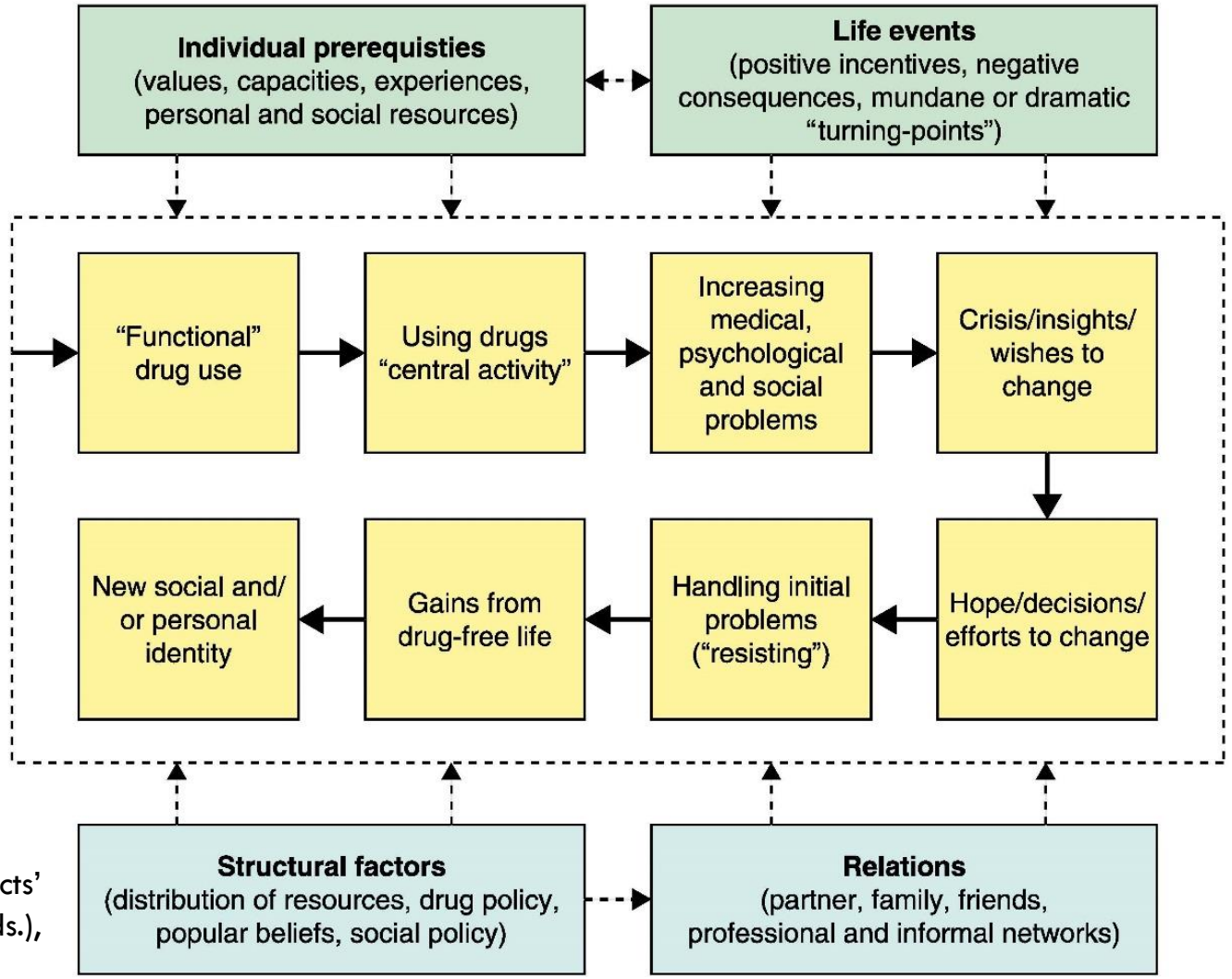
"INNER LOGIC" & MAIN DRIVING FORCES OF ENTRY INTO & EXIT FROM ADDICTION

SOCIAL & COGNITIVE PROCESSES ARE INTERTWINED

⇨ when individuals vote, decide on what to wear or what to eat, they do not do so in a societal vacuum ⇨ their actions are influenced and affected by society's values, trends, commercials, and campaigns

BUT

Decision-making processes related to recovery from addiction tend to be seen as occurring mainly within the individual or through interactions between individuals.



Blomqvist, J. (2004). Sweden's "War on Drugs" in the light of addicts' experiences. In P. Rosenqvist, J. Blomqvist, A. Koski-Jännes, & L. Öjesjö (Eds.), Addiction and life course (Vol. 44, pp. 139–172). Helsinki: NAD. p. 159.

BARRIERS TO TREATMENT

Tucker and Vuchinich, 1994; Luoma et al. 2007; Luoma, Kohlenberg, Hayes, Bunting, & Rye, 2008; Klingemann (1991, 1992); Copeland (1998); Kavanagh et al. (1999)

Self-change research informs treatment providers about the reasons why their programs are not accepted & helps them to design interventions more adequate to the needs of their (potential) patients.

- **LOW AVAILABILITY AND/OR COST OF TREATMENT**
- **CULTURALLY SUPPORTED BELIEFS** ⇨ imperative to overcome problems without affecting others and downplaying the influence of social determinants of addiction
- **CONCERNS ABOUT STIGMA** ⇨ imposed by the treatment system
- **NEGATIVE IMAGE OF SUD TREATMENT & TREATMENT METHODS** ⇨ the belief it does not offer what is needed or negative attitudes toward treatment or hospitals in general
- **CONCERNS ABOUT BEING LABELLED AS AN ADDICT** ⇨ anticipated moral pressure
- **LACK OF ACCEPTANCE OF NON-ABSTINENCE TREATMENT GOALS**
- **GENDER-SPECIFIC TREATMENT BARRIERS** ⇨ both men & women felt that programs were not sensitive to their needs

IF SELF-CHANGE IS A MAJOR PATH OUT OF SUD ARE THERAPISTS NEEDED?

THE MAJORITY OF SELF-CHANGE FROM SUD STUDIES INDICATE A BETTER CHANCE OF NATURAL RECOVERY AMONG LESS SEVERE CASES WITH SOCIAL CAPITAL/SOCIAL SUPPORT AVAILABLE.

Therapists may assist self-change by helping set realistic objectives ⇨ studies highlight the various meanings that patients attribute to treatment episodes, as well as the interaction between self-management techniques and professional help ⇨ **AT THE END EVERY CHANGE IS A SELF-CHANGE**

Treatment systems have converged:

- The partial adoption of the stepped-care model and brief interventions which acknowledges the everyday life context of clients while using beneficial evidence-based practices.
- The long-term trend toward outpatient treatment which brings interventions closer to the community and avoids removing clients from daily context, as opposed to inpatient programs.
- The inclusions of harm-reduction approach by introduction of non-abstinence treatment goals, low-threshold programs, substitution treatment, motivational intervening and following the clients.

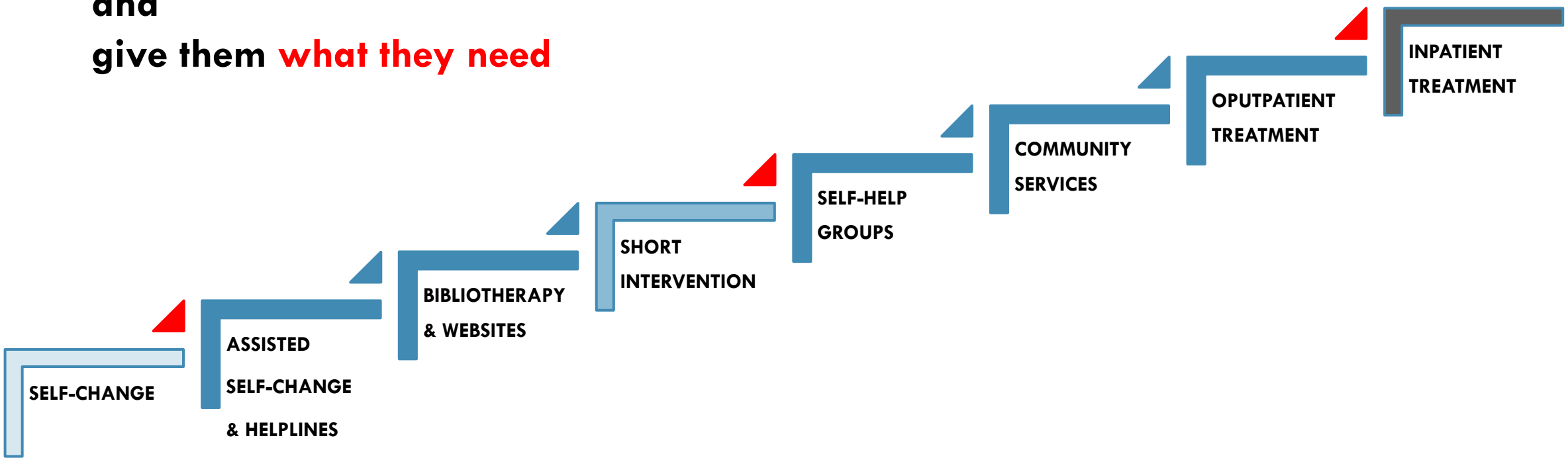
TREATMENT CORE MESSAGE

TRY

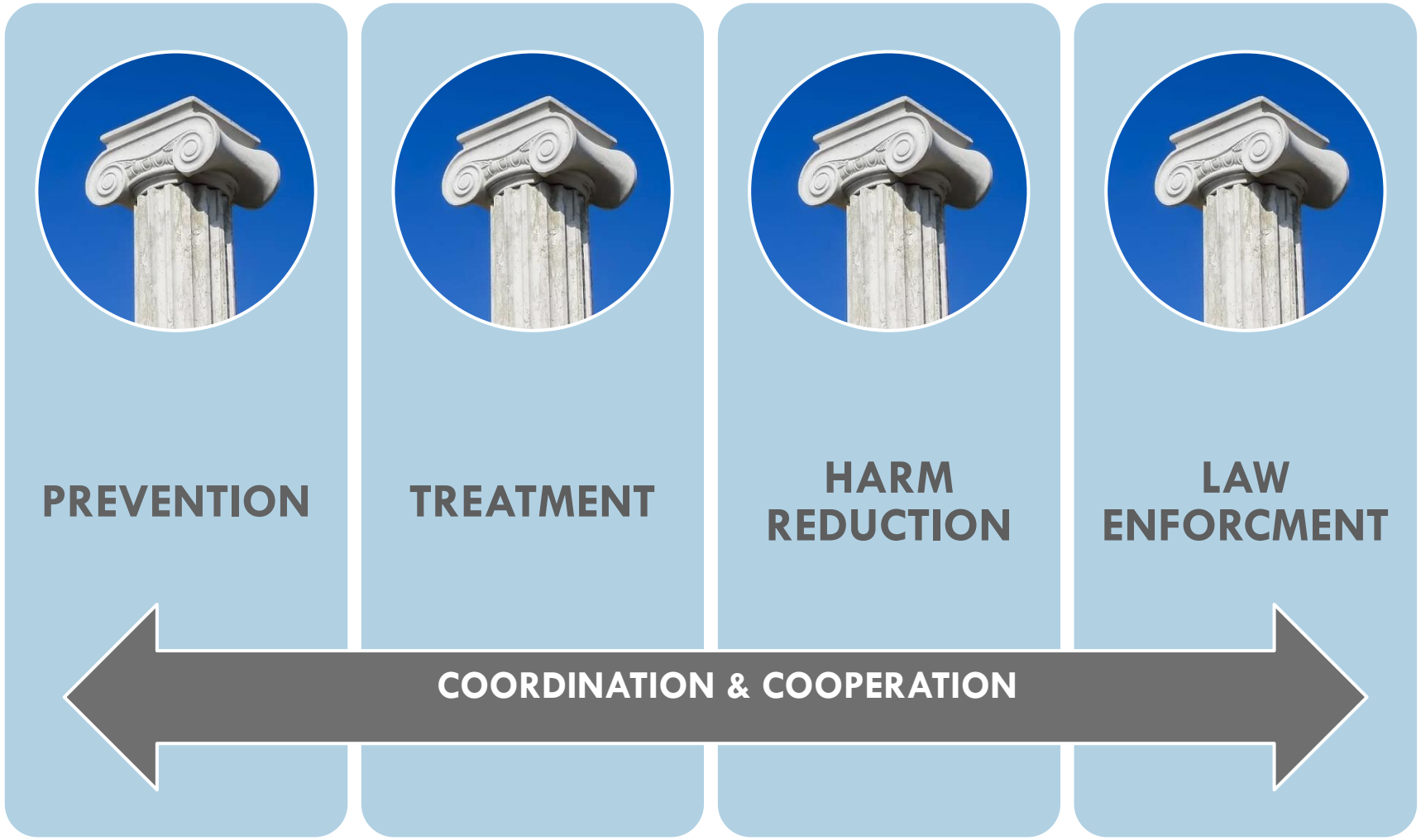
AND IF YOU DO NOT MANAGE COME TO US & WE WILL ASSIST YOU

STEPPED CARE MODEL

Let's meet the person with SUD
where they are
and
give them what they need



FOUR PILLARS MODEL



(SELF-)CHANGE FRIENDLY SOCIETY?

- The likelihood of (self-)change depends on:
  - the social stigmatization of addictive behaviors,
  - media portrayals of the nature of addiction,
  - population attitudes about the changeability of addictive behavior,
  - the availability of psychoactive substances,
  - the makeup of the treatment system.
- The frequent occurrence of self-change coupled with the general public's lack of awareness of such recoveries suggests that disseminating knowledge about the prevalence of self-change would be an intervention itself.

THANK YOU FOR YOUR ATTENTION

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