

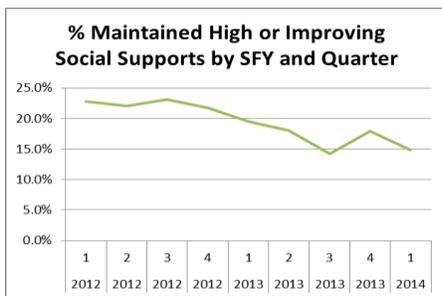
Why Think About Social Supports and Substance Abuse Treatment?

Research shows that people with strong social connections are more successful in recovery. <https://apha.confex.com/apha/141am/webprogram/Paper281555.html>

The social supports measure is linked to funding. It is one of SAMHSA’s National Outcomes Measures (NOMS) and is presented to legislators in Washington DC to inform decision making for substance abuse funding. It is also a measure, along with treatment engagement, that the Vermont Agency of Administration is using to assess substance abuse treatment effectiveness in Vermont.

Current data indicates that 65% of those receiving outpatient and MAT treatment in Vermont have no social supports on admission.

Fewer than 20% maintain a high level of social supports or increase the level of social supports during the treatment process and this has been decreasing over time.



This means that more than 45% of people receiving treatment have no social supports on discharge.

How Can We Improve Social Connectedness Measures?

There are two actions we are taking to improve social supports. One is clarifying and expanding the description of social supports. The next is providing guidance about how social supports intersect with the treatment process.

The updated measure includes more specific guidance about activities that qualify as social supports in order to better elicit information from clients. We are specifically including faith based support groups and providing a better description of other common groups. The updated measure is:

In the past 30 days, how many times/days did you participate in a non-professional or peer driven organization devoted to helping individuals who have addictions related problems such as: Alcoholics Anonymous, Narcotics Anonymous, Oxford House, Secular Organization for Sobriety, Women for Sobriety, Recovery Centers visits such as Turning Point Centers, peer support, and recovery coaching OR religious/faith affiliated recovery self-help groups OR meetings of organizations that support recovery other than the organizations described above such as mental health peer support programs, Wellness Co-Op, etc.

Possible Responses:

- 1 – No attendance in past
- 2 – 1-3 times in past month (less than weekly)
- 3 – 4-7 times in past month (1-2 times weekly)
- 4 – 8-15 times in the past month (2-3 times a week)
- 5 – 16-30 times in past month (4 or more times weekly)
- 6 – Some attendance in the past month, but frequency unknown
- 7 – Unknown

Connecting Social Supports and Treatment

Assessment:

All treatment programs should be assessing a client's recovery environment. It is important to understand the amount and types of social contacts that can support or jeopardize the client's efforts for recovery. All programs are required to complete the ASAM pre-placement criteria at the time of assessment which includes dimension IV, the recovery environment. Assessment of the recovery environment requires:

- 1) review of the client's current social support system;
- 2) the level of risk given the environment;
- 3) review of the client's skills at coping effectively given the level of support and risk.

All staff conducting assessments should have a working knowledge of dimension IV to ensure they are incorporating relevant questions about the recovery environment when conducting the assessment interview.

Treatment Planning:

For clients exploring recovery, the establishment of treatment goals associated with the development of pro-social drug free activities must be recommended. This exploration can take many forms and usually involves engagement in a 12-step recovery group.

For those who are reluctant to engage in a 12-step group, you may want to explore what pro-social nondrug use activities the client has engaged in the past and develop a goal of increasing the frequency of engagement in these activities between treatment sessions.

A new initiative taking place in Vermont Recovery Centers is the Making Recovery Easier workshop. This interactive, educational workshop addresses myths about 12-step recovery by creating a supportive environment for sharing and discussing experiences – both positive and negative.

Any good relapse prevention plan should focus on helping the client improve social integration and social supports within natural social networks and reducing opportunities for negative social interaction.

Aftercare Plans:

In preparing for discharge treatment or transition from one level of care to another, all clients are required to collaborate with their treatment provider in the development of a written aftercare/recovery plan.

The plan not only identifies treatment providers and scheduled appointments, but should also identify positive social supports like NA, AA, recovery coaching, and peer based recovery programming like Vermont's Turning Point programs and recovery centers.