



# THE EDGEWOOD NEWS

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## THE PROMISE OF RECOVERY MANAGEMENT

### Redefining the Scope of Addiction Treatment



If a cancer patient were to receive a single treatment episode for their illness; no follow-up visits to the oncologist, no regular check-ups with their physician, no network of community support and without the encouragement of their family, we wouldn't think much of their chances of recovering. If a person suffering from asthma, heart disease, arthritis or any one of a number of other chronic diseases was expected to recover without professional treatment, consistent follow-up and support we would know their chances for maintaining good health were, at best, questionable.

For more than 200 years addiction has been identified as “a

chronic, progressive disease” but until fairly recently, treatment has consisted of a period of specialized care, after which it is assumed that the individual is capable of staying clean, sober and maintaining prolonged abstinence. Unfortunately, post-treatment relapse rates tell a different story.

#### Treatment Just the Beginning

Services that help individuals and families recognize the disease, providing support in their consideration of treatment is ideally, the first introduction to the continuum of care. This level of engagement can be the catalyst for timely intervention and referral to effective treatment. What is **Cont'd. Page 2**



Intervention Specialist  
and Program Coordinator  
John Southworth of  
Southworth Associates

### SAM Program Integrates Recovery Monitoring and Long-term Support Services

“If you were to ask a room full of people in treatment ‘who wants to be monitored?’ not one hand is going to go up. But if you include monitoring as part of their overall treatment program, it's just built in, and everyone gets monitoring. You avoid the ‘Gee, how come I have to be monitored and he doesn't?’ thinking. Once you start, it's for everybody.”

So says John Southworth of Southworth Associates in Idaho. As an intervention specialist and program coordinator, John has been in the field of substance abuse and mental health for more than 40 years. His experience in the coordination of successful recovery monitoring programs for professionals (physicians, nurses, dentists, attorneys are just a few) led him to develop **Cont'd. Page 3**

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## Gratitude and New Beginnings

Today we are filled with gratitude! EDGEWOOD has been blessed with so many positive events and support that have enhanced our treatment program, our patients and our staff. As I write this article, our building expansion is in the final days and the results are truly breathtaking.

Many dedicated and talented people have contributed their skills and energy, at times above and beyond the call of duty, in order to help us reach our expansion objectives. Our sincere thanks to all of those men and women who worked so hard on our behalf. I would like to extend an invitation to all of our referral agents, alumni, and others in the EDGEWOOD 'family' to come and see how we've grown and share our delight in our new campus.

We are grateful also for those who organized our 'New Perspectives' conference, our guest speakers who presented at this, our first educational event on this scale and specifically for the generous financial support received from the Edgewood Foundation. Thanks also to all the visiting delegates from across Canada and the US who attended. A project of this scale necessarily provides opportunities for success as well as room for improvement, but by all accounts the conference was a success and deemed very worthwhile by all. My particular thanks to our keynote speaker Carl Erikson, an addictions researcher from the University of Texas whose brilliant observations have contributed immensely to our understanding and treatment of addictions as well as to our intervention specialists, Bill Maher, Heather Hayes and Joyce Sundin.

I am excited to see an article about my good friend John

Southworth in this edition of the newsletter, highlighting his insightful and cutting edge work with monitoring programs for people in recovery. John inspired us many years ago and EDGEWOOD has accepted the challenge of trying to offer a similar service to as many of our patients as possible over the next few years. Results from the recovery monitoring and support program show that extremely high rates of sobriety are possible for all forms of addictions and from all socioeconomic classes. It was this promise of recovery and monitoring programming that convinced us to open a Vancouver Office and develop the Seattle Office. As we gain experience in this area we will attempt to make this service available across Canada and the US.

Addiction has been called a chronic, relapsing disease, but perhaps the relapse occurs when there is no follow up, support or accountability. As our ability to effectively treat addiction and positively influence recovery rates with progressive and comprehensive programming grows we are bolstered in our efforts by the proven success of recovery monitoring. It is EDGEWOOD's commitment to long term sobriety that guides our path.

*This aerial shot gives a bird's eye view of the scale of our most recent expansion.*



### **Promise...***(cont'd. from page 1)*

called "the acute care model" of treatment alone may not be the best method for producing sustained recovery, but it's a good start.

Incorporated into the individual's treatment program is the concept of a continuum of care bridging their time

in treatment to their return to their community; an on-going support system that includes long term aftercare, recovery monitoring, re-intervention (if necessary), recovery coaching, family support and strong links to the community. These are all elements that are critical to optimizing recovery outcomes.

### **Cycles of Relapse Broken**

Change happens in stages: commitment, active implementation of change and maintenance; the maintenance phase being by far the most challenging. It's during this time that individuals are vulnerable to temptation, stress and old habits presenting themselves. Over long periods of time there's an 'ebb and flow' to recovery, that for many includes the very real possibility of suffering a relapse or even a series of relapses. Services that focus on sustained recovery management allow the individual to view their relapse not as a failure, but as part of the process of getting and staying healthy. Early re-intervention provides

an opportunity to get the individual "back on track" by renewing their commitment and resolve rather than succumbing to despondency. This level of encouragement and support helps the individual build on their strengths and resiliencies within a network of family and community which together, takes responsibility for a successful, sustained recovery.

### **The New Model for Recovery**

The delivery of a range of support services that optimizes a person's chances for regaining a healthy life free from addiction is the goal of the "sustained recovery management" model. These services are an artful blend of the "carrot and the stick"; empowerment, encouragement and on-going community support combined with sustained monitoring, education, recovery coaching and, if necessary, re-intervention.

This requires a shift toward the kind of long term care and support that other chronic medical illnesses receive. The task includes providing and integrating recovery services into a life long plan designed to provide creative post-treatment support that helps those in recovery to help themselves.



## SAM Program Integrates Recovery Monitoring (cont'd.)

a similar program for those in the general recovery population. SAM (Southworth Associates Monitoring) has been providing a range of support services employing the same diagnostic and recovery monitoring protocols that have been successfully applied in recovery programs developed for professional groups. We spoke to John in early September to find out more about his monitoring program.

### How did your recovery monitoring program start?

“We were under contract with the Idaho Medical Association through the Board of Medicine and we began a program that monitored doctors first, then we added nurses, dentists, attorneys, judges and finally pharmacists. Our recovery data was so good we decided we wanted to share with everybody.”

*“with treatment over 90 days and monitoring for one year post-treatment, we go to a 75% recovery rate. If we can monitor for 5 years, we jump to a 85-95% recovery rate.”*

*-John Southworth*

### How long is the monitoring program?

“First of all, what we have found is that anything less than 90 days in treatment was largely ineffective, so we don't use the 28 day 'spin dry', we're strictly 90 days in treatment followed by monitoring for 5 years. We do it one year at a time, letting mom, dad, husband, wife or employer know that our best results are over 5 years, but we start out offering one year of monitoring with the option of renewing.”

### How effective is the program?

“Well, you're either in compliance or you're not in compliance. We aren't going to babysit you. Basically we'll call mom, dad, employer and tell them you are out of compliance if that's the case, but I can tell you from my experience, that with treatment over 90 days and monitoring for one year post-treatment, we go to a 75% recovery rate. If we can monitor for 5 years, we jump to a 85-95% recovery rate.”

### What part does the family play in recovery?

“I think the biggest killer of recovery is codependency. At EDGEWOOD you do work with the families at the time the patient goes into treatment. Down here we're intervening on the family after the intervention on the patient. We get the person into treatment and then we go back to do an intervention on the family. Usually, during the intervention rehearsal we have identified who we need to look at.”

### So the family is involved in the monitoring?

“The disease of addiction is a lonely disease. As a former addict with 26 years in recovery, I remember feeling very badly about myself during that time. But when the whole family is involved in moni-

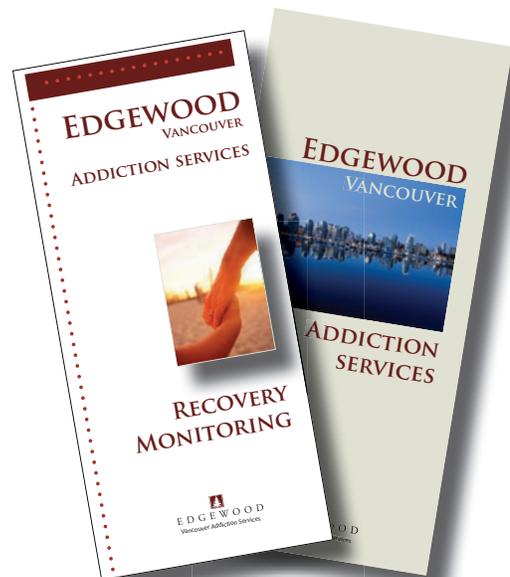
toring it's like 'Gee, I don't mind going to AA because everyone else is going to Al-Anon. I don't mind doing this because the whole family is getting well.' It's really a lot different once the whole family gets into recovery and, given that addiction is a family disease, it's our goal to involve the family in monitoring.”

“I don't think recovery monitoring will work unless it means everybody. It becomes built right into the treatment program. Many centers down here in the US are doing just that; we've tried it other ways, but it's pretty hit and miss and we're trying to get folks well. So this way, it's all included and once you start it, it's everybody. Monitoring is the biggest part of treatment because it's the longest lasting; monitoring becomes the “training wheels” of your recovery.

As far as I'm concerned, the disease doesn't go away. I personally have had other health issues; a stroke, a heart attack, bone marrow transplant—everything is monitored, except for my substance abuse.

If you have a hernia operation, you're monitored. If you have cancer, you're monitored; diabetes, you're monitored. With alcohol and drugs... you die. In my opinion, you'd best make monitoring a part of the treatment “tradition” or forget it.”

John Southworth can be reached at 1-800-386-1695 or via the web at: [www.southworthassociates.com](http://www.southworthassociates.com)



EDGEWOOD's Vancouver Addiction Services offers a wide range of on-going services from preliminary assistance in the recognition of the disease of addiction to family coaching, intervention services, treatment placement referrals as well as consistent, integrated aftercare.

For information about these services, please contact:

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