

A Call for Thriving-Oriented Substance Use Disorder Care in Human Services

Justin Spiehs and Dr. Stacy Conner

Department of Human Services

Washburn University



Presentation Objectives

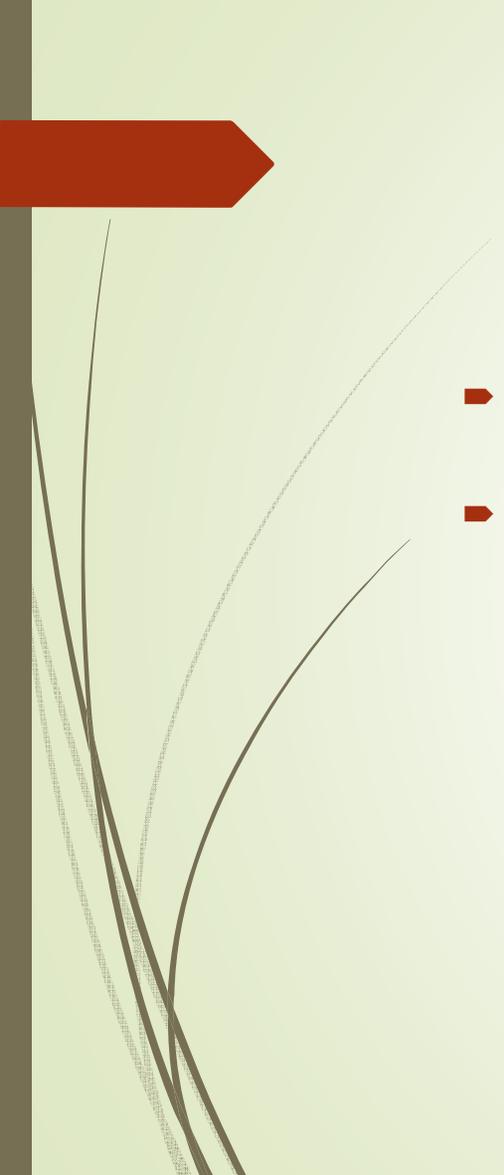
- Describe past and contemporary language used in substance use treatment
- Identify how language impacts SUD stigmatizations, treatment, and clients
- Illustrate the importance of language in the helping professions
- Differentiate between “recovery” and “thriving”
- Describe the “thriving-oriented” approach
- Justify using a thriving-oriented approach to SUD care in the Human Services
- See the value in using thriving-oriented language



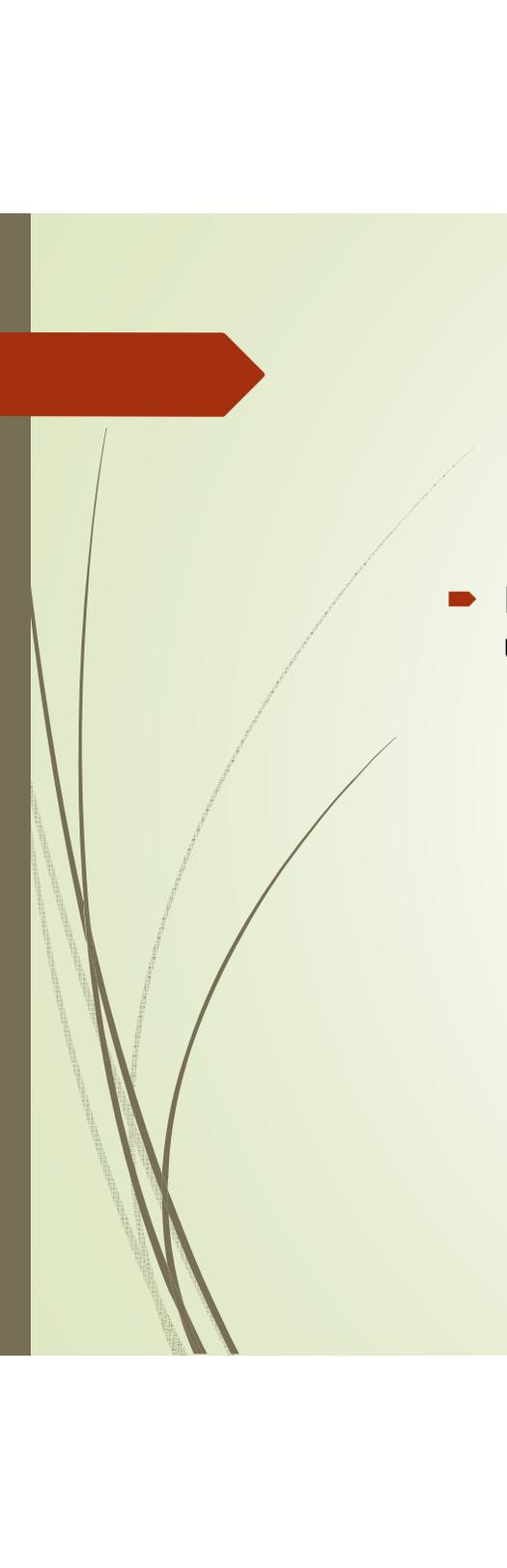
Introduction to the Problem

- Substance use disorders (SUD) are a public health concern widely impacting society including:
 - negative effects on employment
 - financial costs,
 - family welfare healthcare
 - criminal activity

(Conner, 2017)

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- The total economic cost of SUDs for the United States was \$193 billion in 2007
 - Contributing to this massive cost was:
 - criminal justice costs at \$61 billion
 - healthcare costs at \$11 billion
 - lost productivity in the workforce at \$120 billion contributing to this massive cost

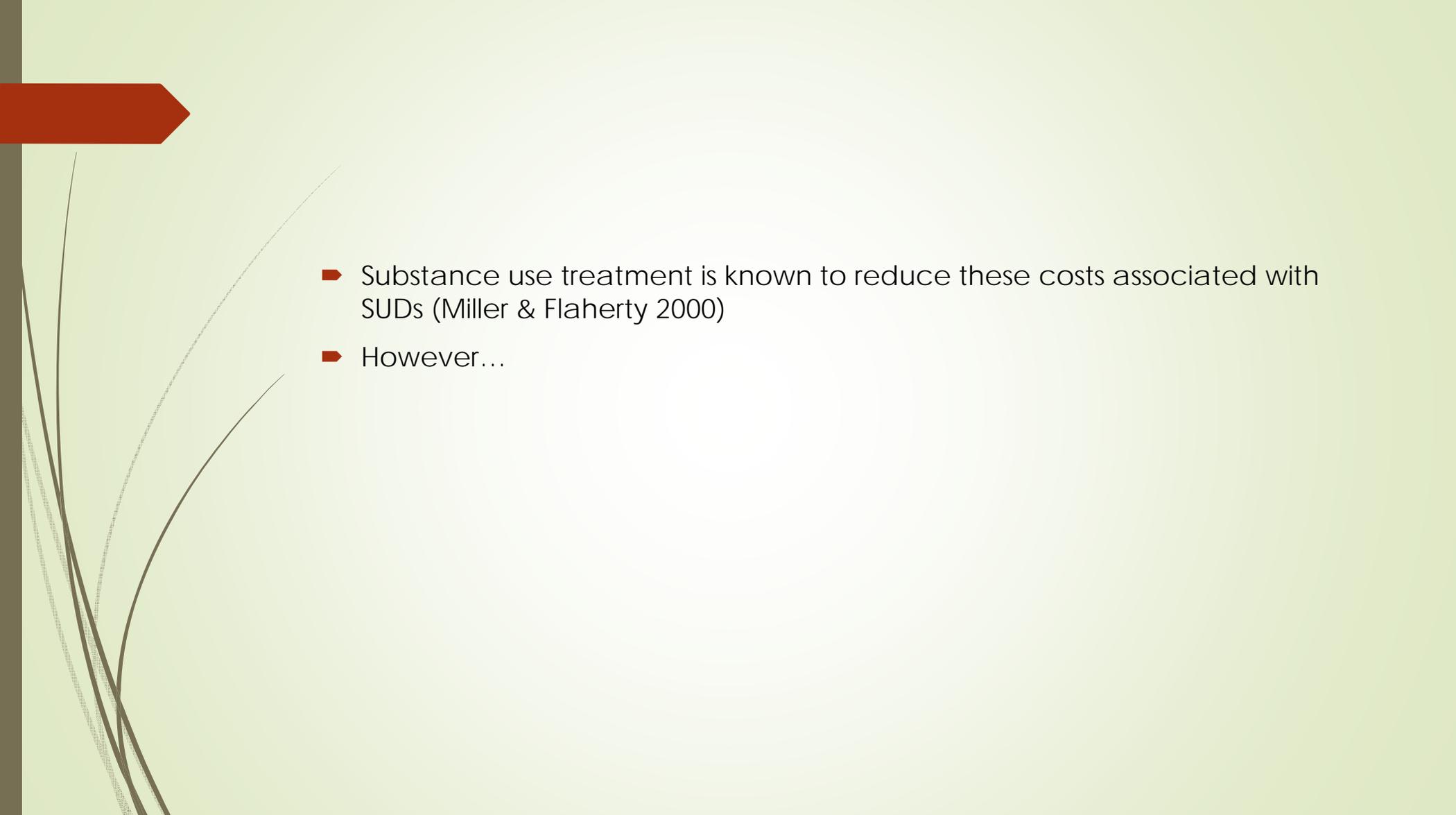
(National Drug Intelligence Center, 2011)

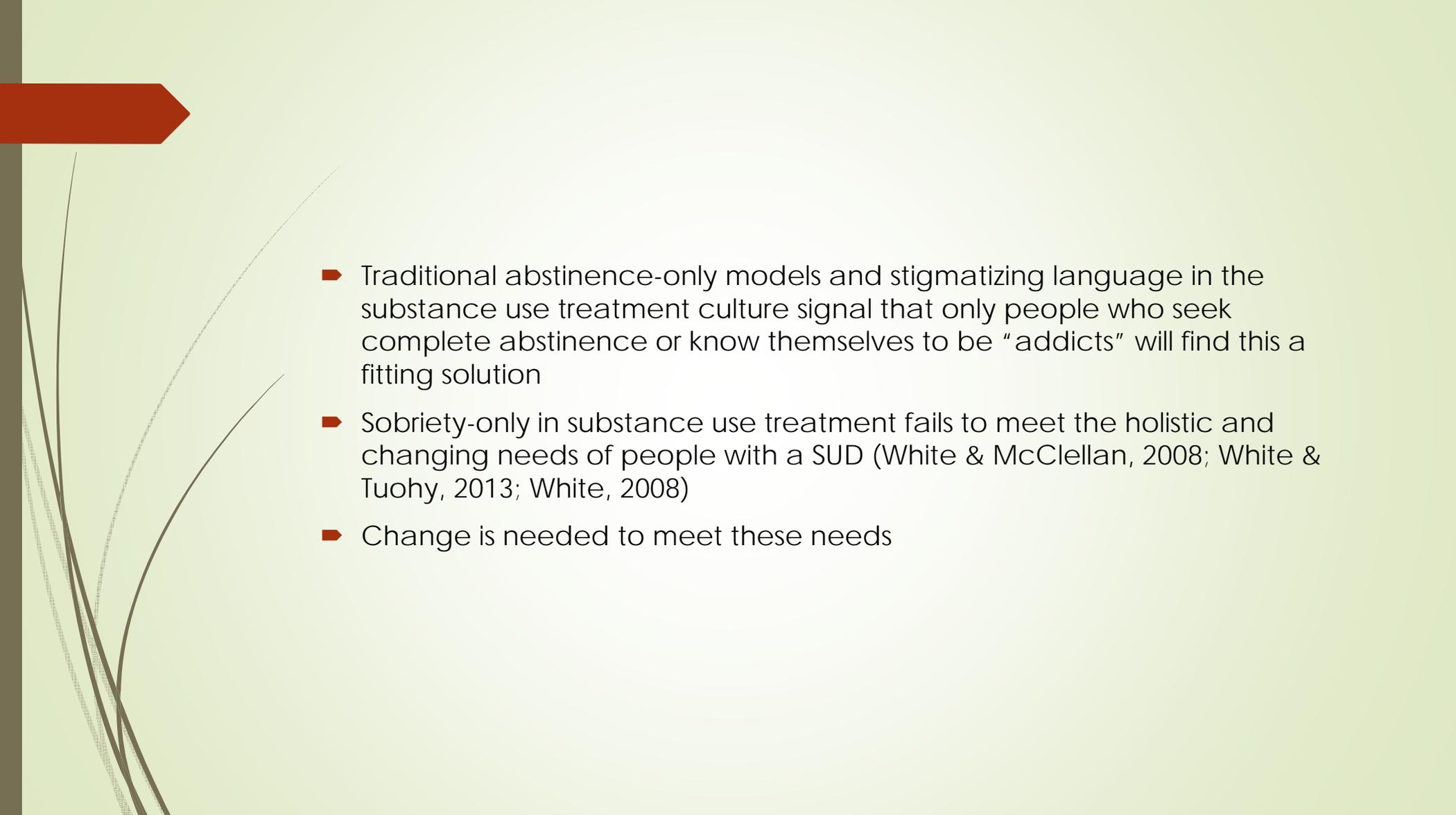
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- Due to these costs, significant federal dollars are dedicated to substance use treatment services to reduce the negative impacts of these disorders

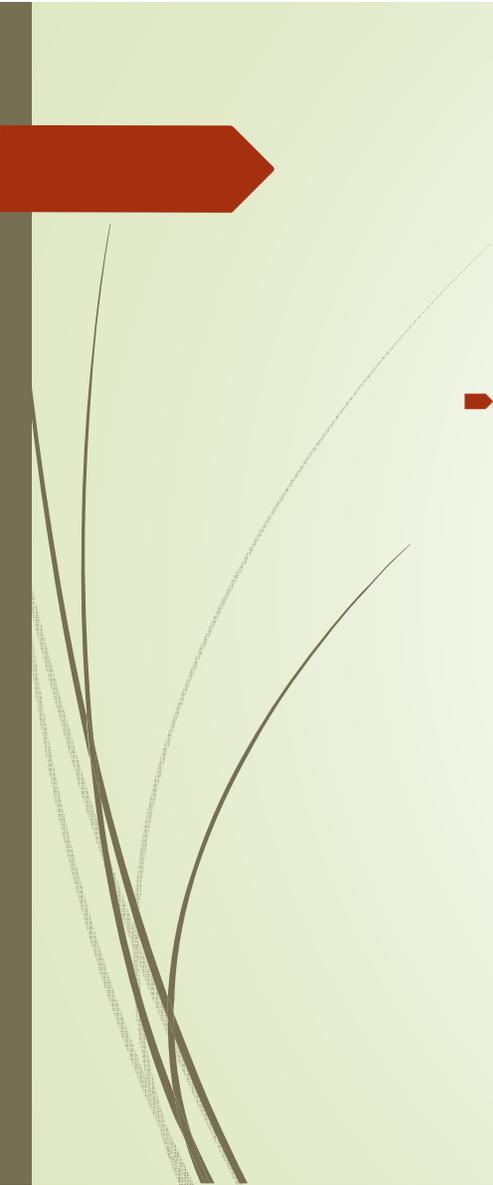
(Conner, 2017)

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- Opioid crisis in America recently formally acknowledged
 - From 2000 to 2015, more than half a million reported dead from drug overdoses
 - 91 Americans die every day from an opioid overdose
 - U.S. federal departments pooling resources to address this epidemic

(Centers for Disease Control and Prevention, 2017)

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- ▶ Substance use treatment is known to reduce these costs associated with SUDs (Miller & Flaherty 2000)
 - ▶ However...

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- ▶ Traditional abstinence-only models and stigmatizing language in the substance use treatment culture signal that only people who seek complete abstinence or know themselves to be “addicts” will find this a fitting solution
 - ▶ Sobriety-only in substance use treatment fails to meet the holistic and changing needs of people with a SUD (White & McClellan, 2008; White & Tuohy, 2013; White, 2008)
 - ▶ Change is needed to meet these needs

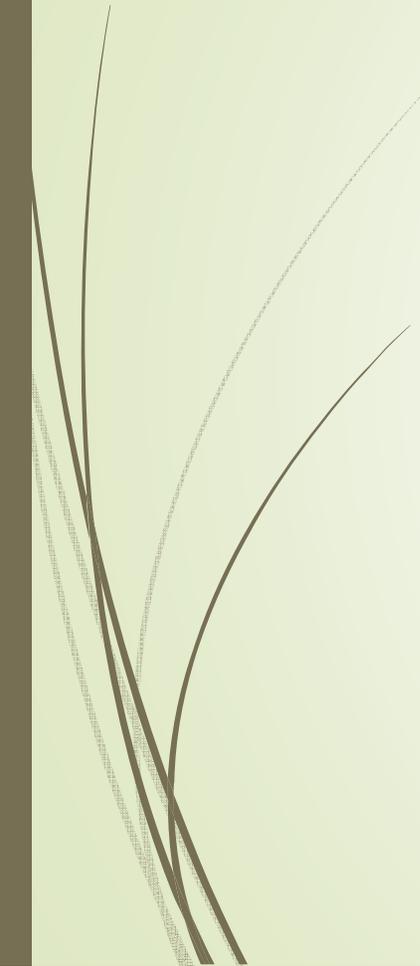
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- Change should reflect a progressive trajectory that increasingly incorporates:
 - Compassion
 - Care
 - A thorough understanding of SUDs and how to best treat them

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- ▶ Language is important
 - ▶ Much of the prevailing language perpetuates stigma (Botticelli & Koh, 2016)
 - ▶ Language influences how SUDs are conceptualized and treated (Richter & Foster, 2014)
 - ▶ Language affects how SUDs clients come to view themselves, impacting both self-esteem and motivation to change (Brener, von Hippel, von Hippel, Resnick, & Treloar, 2010)

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- ▶ The need to change the language in the substance use treatment culture was recently punctuated by:
 - ▶ Botticelli & Koh (2016)
 - ▶ Office of National Drug Control Policy in 2017
 - ▶ National Institute on Drug Abuse
 - ▶ Substance Abuse and Mental Health Services Administration.

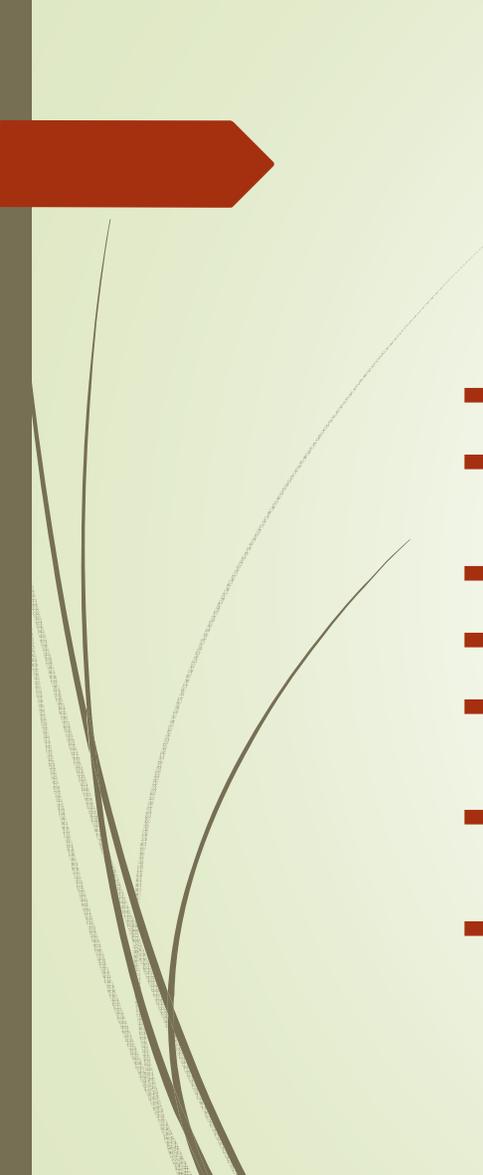


Socially Constructed Identity: The Importance of Language

- ▶ Bruner's (2004) "self-making"
 - ▶ Identity is constructed from the outside in
 - ▶ Self-making built on:
 - ▶ Messages others communicate to us directly
 - ▶ Messages culture instills indirectly
 - ▶ McAdams and Janis (2004) point out, "construction of self-defining [life stories] is always a social enterprise" (p. 166)
 - ▶ Thus...
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- ▶ The labels placed on those living with a SUD have the potential for harmful self-making
 - ▶ For example, common terms used in the culture of substance use treatment include:

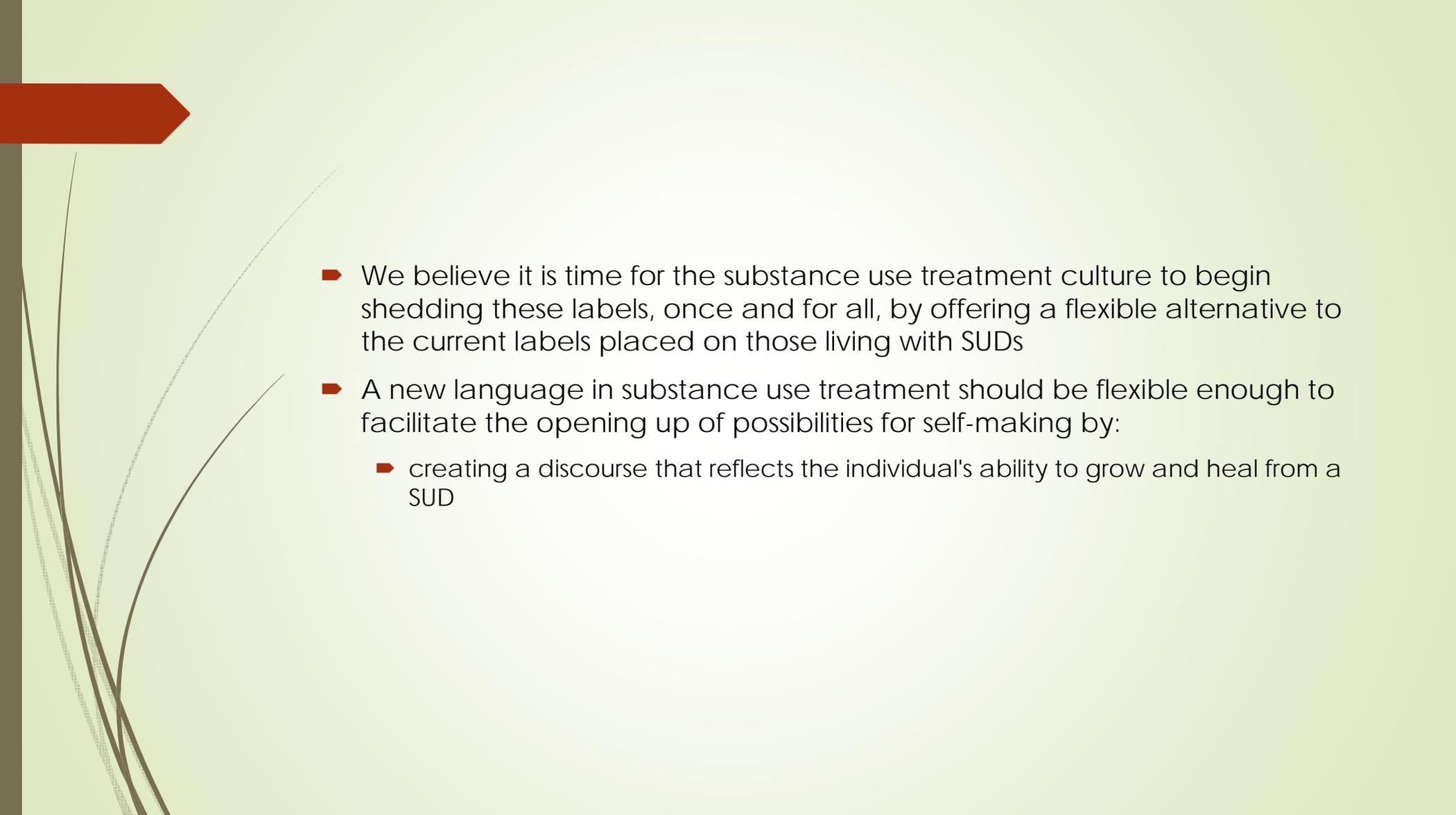
- ▶ "junkie"
- ▶ "addict"
- ▶ "weak"
- ▶ "user"
- ▶ "crackhead"
- ▶ "dopehead"
- ▶ "in recovery"
- ▶ "clean and sober"
- ▶ "getting clean"
- ▶ "clean time"
- ▶ "dirty"
- ▶ "disease"
- ▶ "alcoholic"

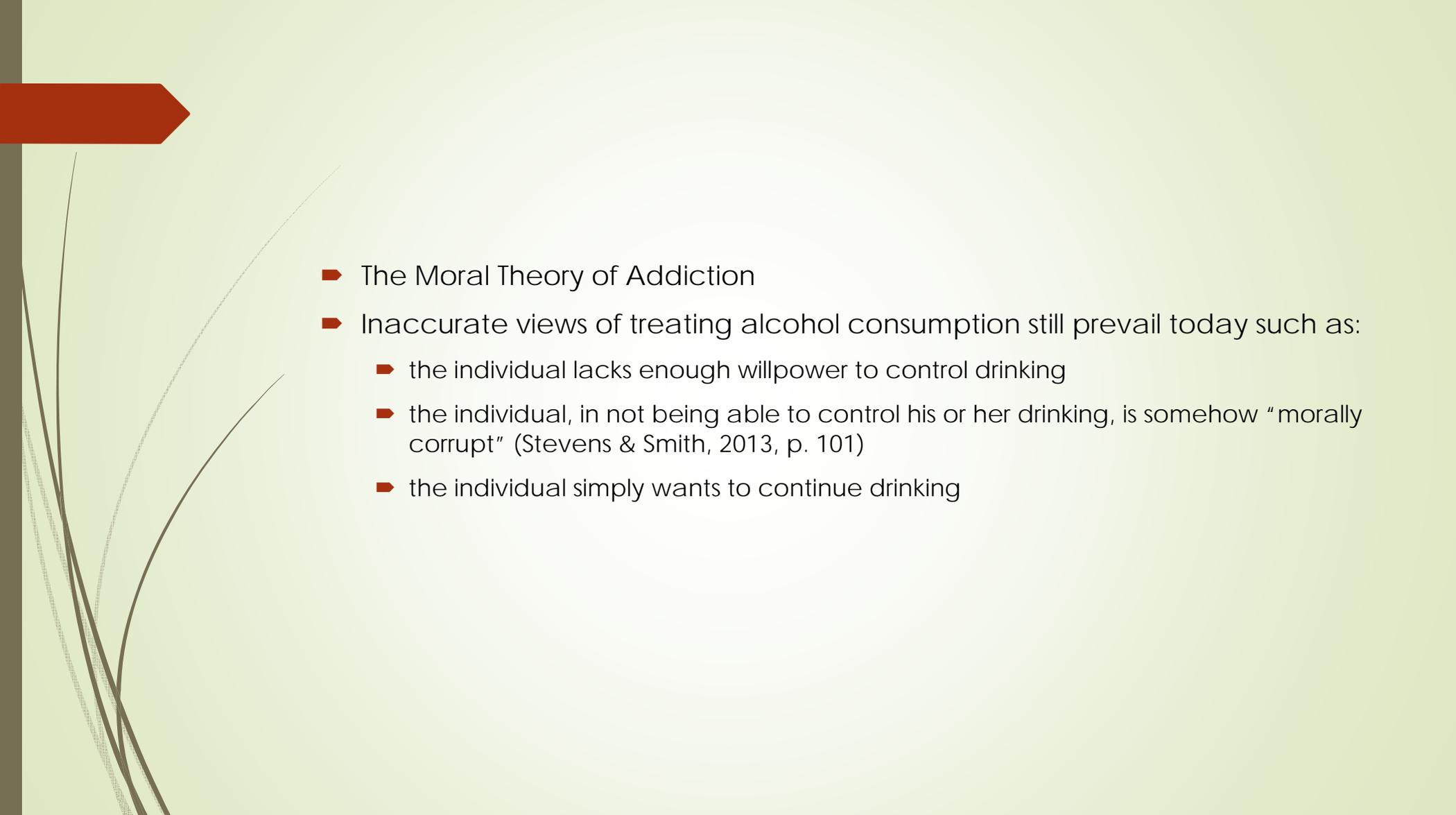
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- These labels turn into narratives
 - Narratives, in turn, reinforce and perpetuate negative, inaccurate, messages about one's substance use
 - Narratives strengthen destructive message that these words *identify* the person
 - Rather than describing the circumstances and events that the person *faces*
 - Deeply seeded cultural labels and narratives are difficult, if not impossible, to shed
 - Ultimately, "we are cospeaking ourselves into existence by inhabiting, mobilizing, and performing prevailing cultural discourses" (Madigan, 2011, p. 55)
 - Therefore, we must take seriously our role in co-speaking the culture of substance use disorders

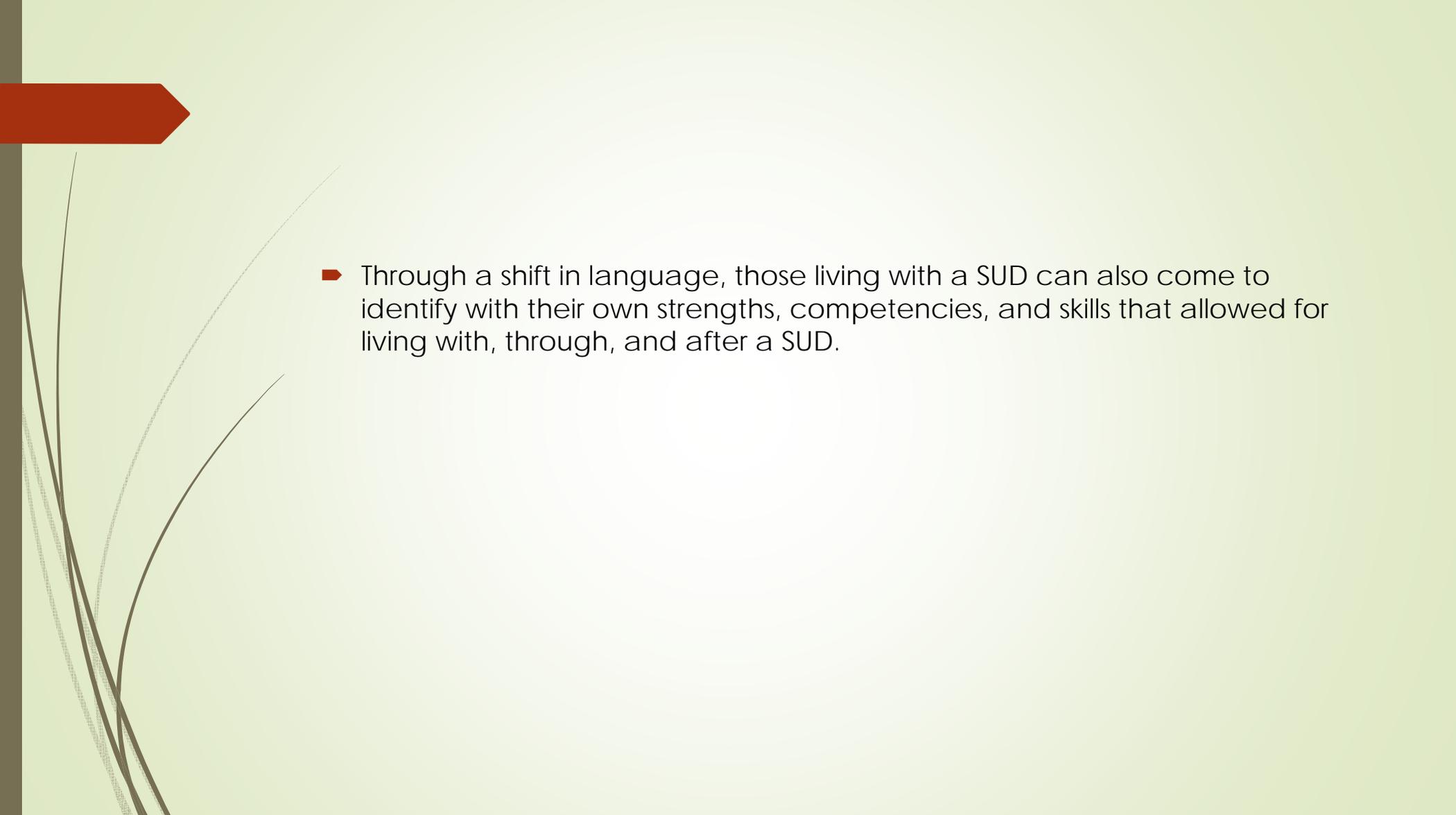
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- These labels may create additional problems
 - “Problems develop when people internalize conversations that restrain them to a narrow description of self. These stories are experienced as oppressive because they limit the perception of available choices” (Adams-Westcott, Dafforn, & Sterne, 1993, p. 262)
 - Language used in the contemporary substance use treatment field contributes to the development of client problems by:
 - Constricting available choices to create identity and define who they are

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- ▶ Through the application of labels, the substance use treatment culture has assisted in the self-making of countless “addicts” and “alcoholics” in “recovery” who “need to get clean”
 - ▶ These labels have the potential to turn into one’s dominate discourse (Freedman & Combs, 1996)
 - ▶ One comes to over-identify with the label ascribed to him or her from the outside

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- However, people are much more than their internalized cultural labels
 - Therefore, it is crucial that problems are separated from people (Freedom & Combs, 1996, pp. 47-48)
 - People identify with destructive stereotypes “simply because the culture does not offer flexible alternatives” (Osatuke et al., 2004, p. 196)

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- We believe it is time for the substance use treatment culture to begin shedding these labels, once and for all, by offering a flexible alternative to the current labels placed on those living with SUDs
 - A new language in substance use treatment should be flexible enough to facilitate the opening up of possibilities for self-making by:
 - creating a discourse that reflects the individual's ability to grow and heal from a SUD

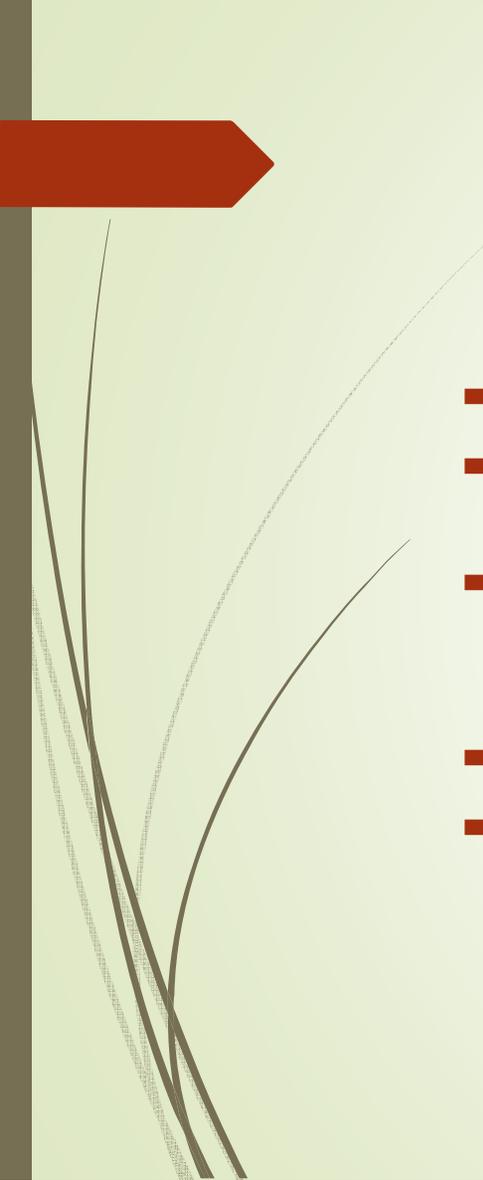
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- ▶ The Moral Theory of Addiction
 - ▶ Inaccurate views of treating alcohol consumption still prevail today such as:
 - ▶ the individual lacks enough willpower to control drinking
 - ▶ the individual, in not being able to control his or her drinking, is somehow “morally corrupt” (Stevens & Smith, 2013, p. 101)
 - ▶ the individual simply wants to continue drinking

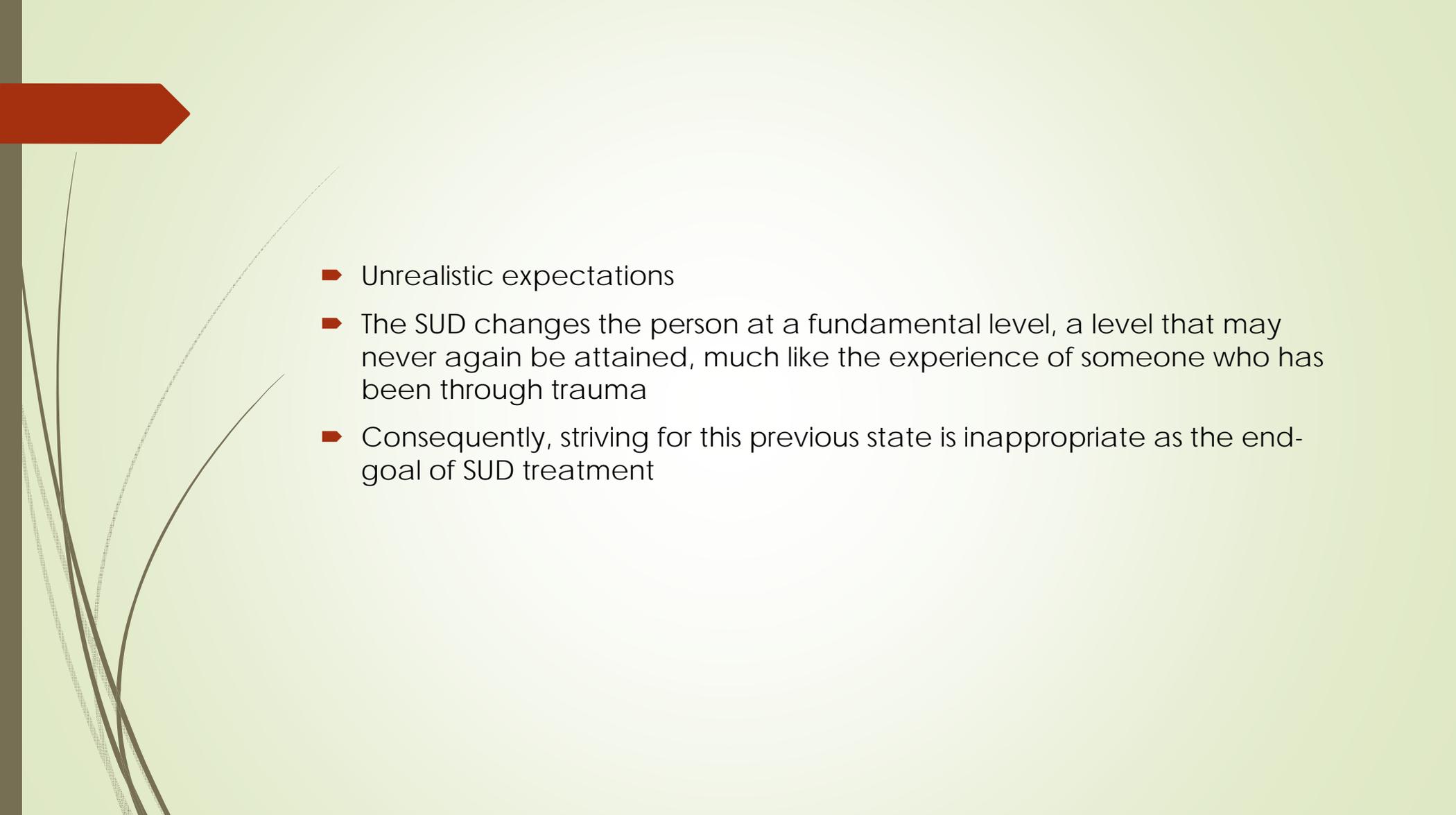
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- Through a shift in language, those living with a SUD can also come to identify with their own strengths, competencies, and skills that allowed for living with, through, and after a SUD.

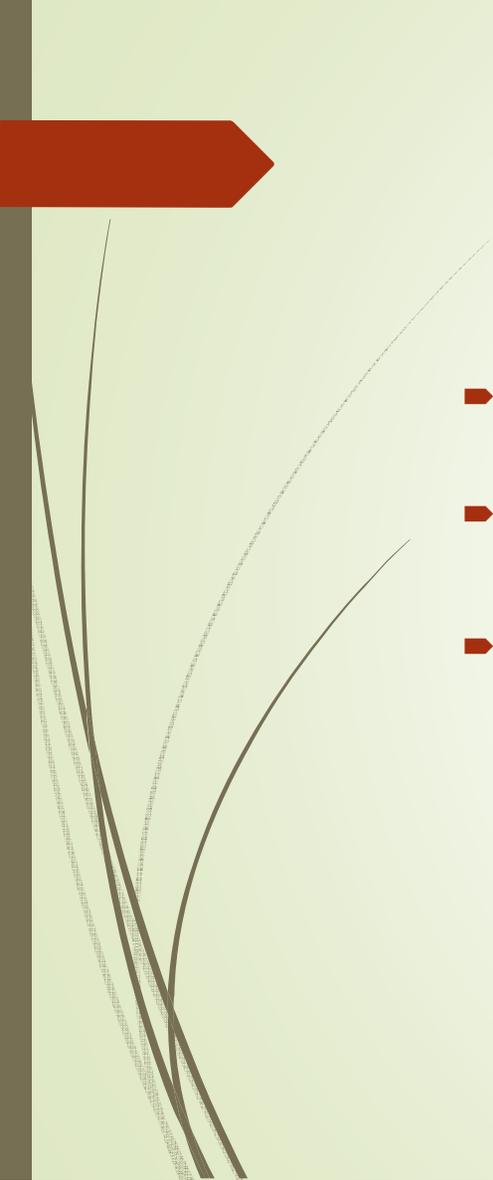


Strides in Language: Recovery vs. Healing

- We recognize the significant progress made in the recovery-oriented movement toward a less stigmatized view of SUDs
- These strides in language development catalyzed changes to policy and procedures at the treatment level and the level of local governments

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- ▶ This development cannot rest
 - ▶ Even the seemingly benign word “recovery” carries with it certain connotations and implications
 - ▶ What does it mean to recover?
 - ▶ There is an implication that to recover means to revert to a previous state, a pre-sickness state, to the person who existed prior to the substance use disorder
 - ▶ Recovery implies “‘return’ rather than moving forward”
 - ▶ This view eliminates the recognition that continued growth and development can and does occur sans substances

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- Unrealistic expectations
 - The SUD changes the person at a fundamental level, a level that may never again be attained, much like the experience of someone who has been through trauma
 - Consequently, striving for this previous state is inappropriate as the end-goal of SUD treatment

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- We believe “thriving” is more appropriate to use in conceptualizing and treating SUDs
 - Thriving implies a therapeutic process in which:
 - a person is moving forward in life toward becoming whole
 - This is accomplished through progressive movement, growth, and a focus on one’s inherent strengths and solutions to life’s challenges

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- ▶ From this “thriving-oriented” view, there is no end-state
 - ▶ Rather, a thriving-oriented perspective shows that there is only:
 - ▶ the “becoming” individual as he or she continuously adapts to and navigates an ever-changing environment consisting of gains, setbacks, and losses
 - ▶ This lack of an end state of development allows for the:
 - ▶ “opening up of possibilities for continued growth and [encourages] people to explore personal strengths” (Baltes & Freund, 2003, p. 33) rather than simply returning to a pre-sickness state, as is conveyed by recovery

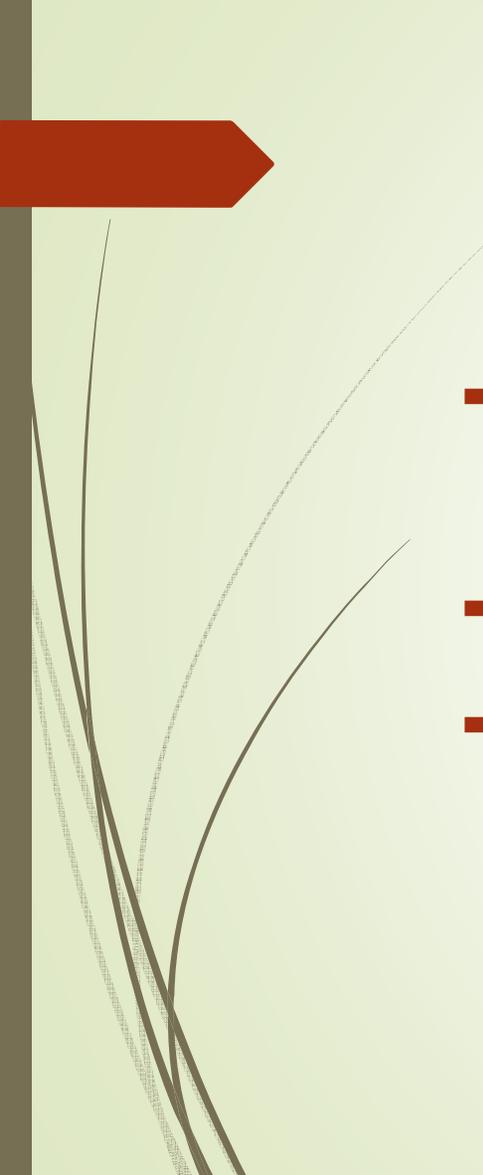


A Proposed Shift

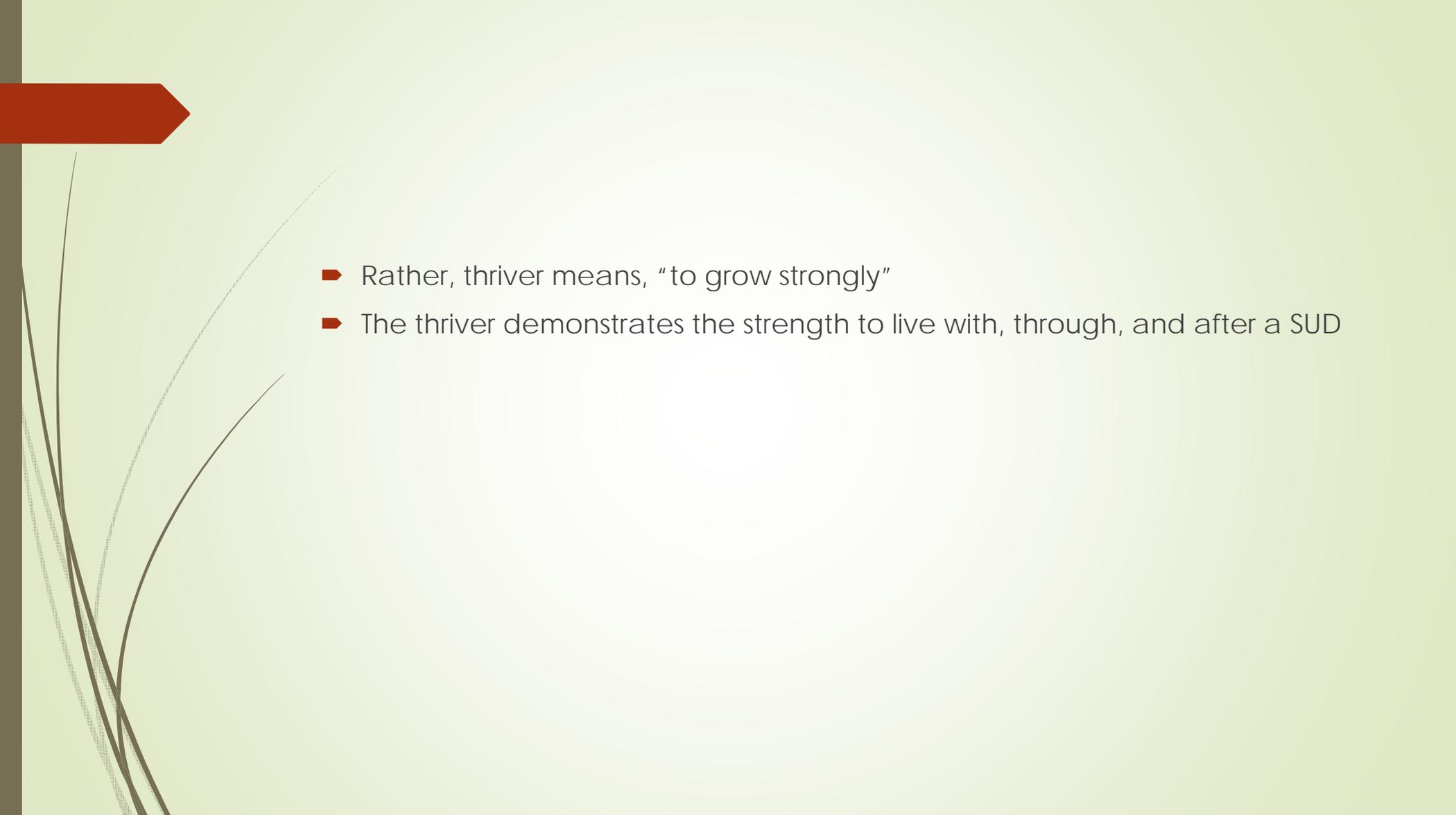
- ▶ We are calling for a “re-authoring” (White & Epston, 1990) of the substance use treatment field
- ▶ A thriving-oriented approach to SUDs care progresses from the existing recovery-oriented perspective
- ▶ The SUDs field needs to come up with more appropriate and sensitive language to describe those living with a SUD
- ▶ The reason for this need is that:
 - ▶ “by altering language, meanings are also altered, and it is that process that catapults change within individuals” (Atkinson Leslie, 2011, p. 315)

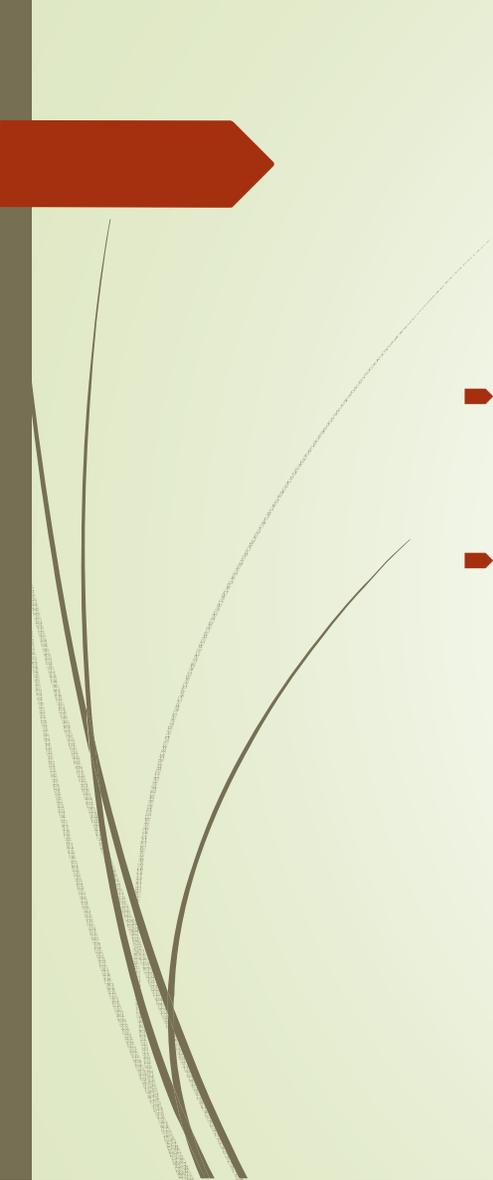
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- We propose using the word “thrivers” to describe those who have experienced a SUD
 - We should expect that *thrivers* can and do begin to live a life no longer programmed by substance using thoughts and behaviors

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- There exists a difference in the dominant discourse of the thriver who identifies as one who is thriving rather than one who is recovering
 - Recovery - follows a narrative of a return to pre-sickness health where substance using thoughts and behaviors still dominate one's identity construction
 - Thriving - follows a becoming whole narrative, not from sickness, but in the pursuit of personal strengths and continued growth across the lifespan.

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- By identifying as a thriver healing from a substance use disorder, the individual can begin to “reauthor” (White & Epston, 1990) a thriving narrative in which substance using thoughts and behaviors are no longer part of the dominant discourse
 - Opens up the possibility to create a new strengths-based discourse that the individual is in control of authoring
 - This allows:
 - the individual to de-identify with destructive discourses
 - write a narrative, a new identity, of her or his choosing that reflects inherent strengths, solutions, and drive to live a full life without substances

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- We acknowledge that a thriver may not feel like he or she is thriving in the absence of drugs and alcohol
 - He or she may feel the opposite – that life without substances is a continual struggle
 - Therefore, the word thriver is not meant in terms of “flourishing,” or “growing well or vigorously”
 - This simply is not always a realistic expectation

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- ▶ Rather, thriver means, “to grow strongly”
 - ▶ The thriver demonstrates the strength to live with, through, and after a SUD

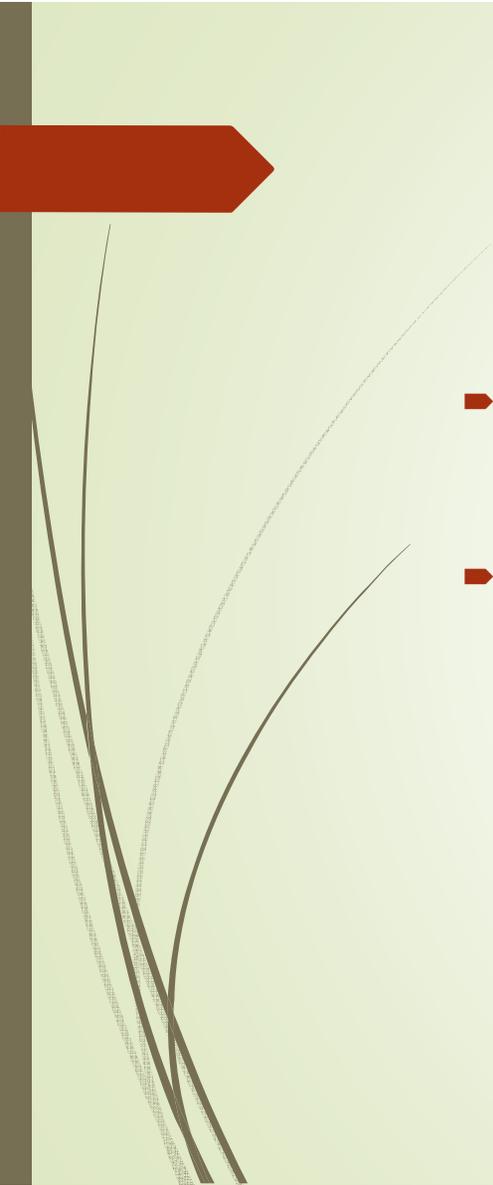
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- In treating substance use disorders, we believe it is important to highlight the thriver's ability to grow strongly across the lifespan even when faced with the inherent adversities of a substance using lifestyle
 - Identifying as a thriver creates new possibilities to reconstruct dominate discourses that part ways with destructive labels and instead work to facilitate:
 - self-compassion
 - self-acceptance
 - self-worth



Conclusion

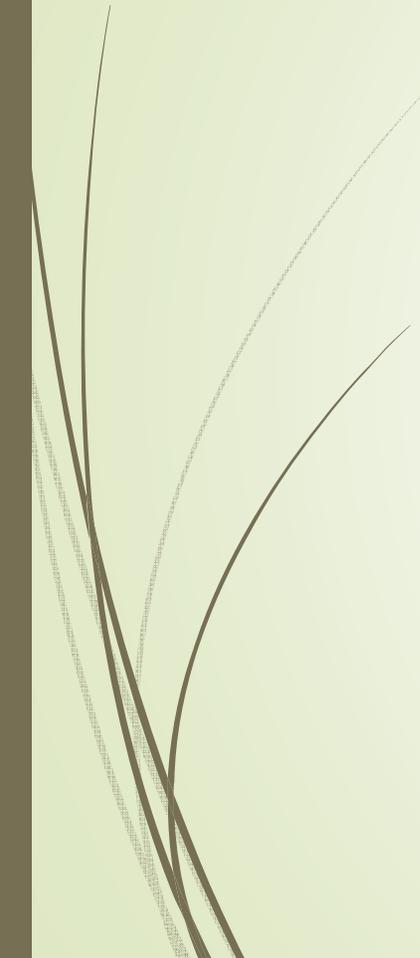
- Thriver is presented here as a means for extending the conversation toward a healing-oriented perspective in the human services substance use treatment culture
 - We welcome a further dialogue with others on this proposal of language
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- The dominant discourse that currently permeates the SUDs field is that “once an addict, always an addict”
 - This narrative needs to end
 - This narrow and constraining view implies that a life no longer programmed by substance using thoughts and behaviors is just not possible
 - As a result, one becomes certain he or she is condemned to always be influenced by substances

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- However, a thriving-oriented approach to SUDs recognizes:
 - people can and do thrive in life no longer influenced by disordered substance using thoughts and behaviors
 - It may turn out that an “addict” is not always an addict if counselors instead view the addict as a thriver who is growing strongly in the absence of drugs and alcohol

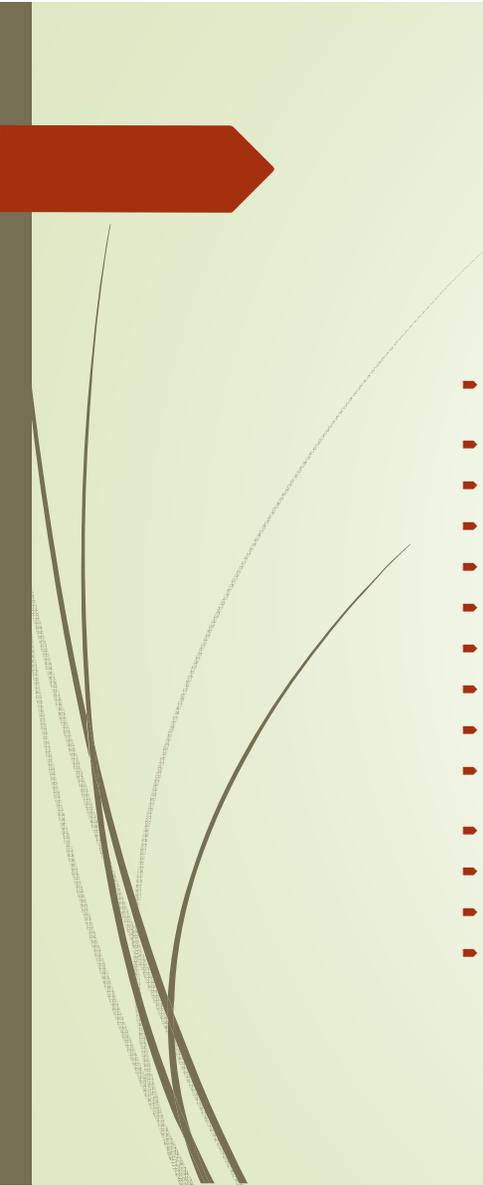


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