

The Role of Recreation and Recreation Therapists, in Developing a Recovery Oriented Identity for People with Substance Use Disorders

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Summary of research findings

Individuals with substance use disorders (SUDs) often enter treatment reporting disrupted social supports. These disruptions, across the social sphere, deny individuals with SUD's access to more appropriate coping techniques offered by recreation; as well as, other psychological and physical benefits (Pressman et al., 2009). The disrupted recreation patterns of people with SUD's presents a challenge to recreational therapists (RTs) as they consider how to reintegrate recreation into a recovery oriented lifestyle, and in turn a recovery oriented identity.

Identity undergoes two phases of transition through SUD (Dingle, Cruwys, & Frings, 2015). The first comes as an individual develops an SUD. The second comes as an individual begins to develop a recovery oriented identity (Dingle, et al., 2015). During this latter transition individuals stop identifying with their disordered identities and begin to break with their past, creating a new future orientation (Howard, 2006). Due to recovery's ever changing nature, individuals seeking to maintain recovery often need to draw on a range of internal and external sources of support. Internally, one needs to be able to identify positive identity traits that they possess (Johansen, Brendryen, Darnell, & Wennesland, (2013). Externally individuals should develop a positive social identity, that builds on internal recovery resources (Buckingham, Frings, & Albery, 2013). This social identity should also be reinforced by social support. Social support becomes more valuable if it is composed of non-using individuals who are also in recovery (Mawson, Best, Beckwith, Dingle, & Lubman, 2015).

Mutual self-help groups (MSHG) provide an important means of building social support in early recovery. Some of these groups use recreation as a basis for recovery support. The Drug and Alcohol Recovery Expeditions (DARE) group in North Wales and the Calton Athletic Recovery Group (CARG) in Glasgow, Scotland, provide two examples. DARE views the North Wales hills they walk as the embodiment of the challenge facing people in recovery. DARE offers support to their members as they face the immediate challenge of the topography and the long term challenge of recovery.(Livingston, Baker, Jobber, & Atkins, 2011). CARG attendees can take part in a range of sports and fitness activities and claim several benefits of membership including social support and a sense of belonging (Malloch, 2011). However, members of these groups may require additional support to be successful. Participants may experience trapped identities and become less able to generalize their experiences beyond sports and have a greater risk of relapse despite ongoing counseling. (Landale & Roderick, 2014). In this vein, recovery from SUD requires self-change which needs to be given opportunities to occur, which structured recreation can provide (Landale & Roderick).

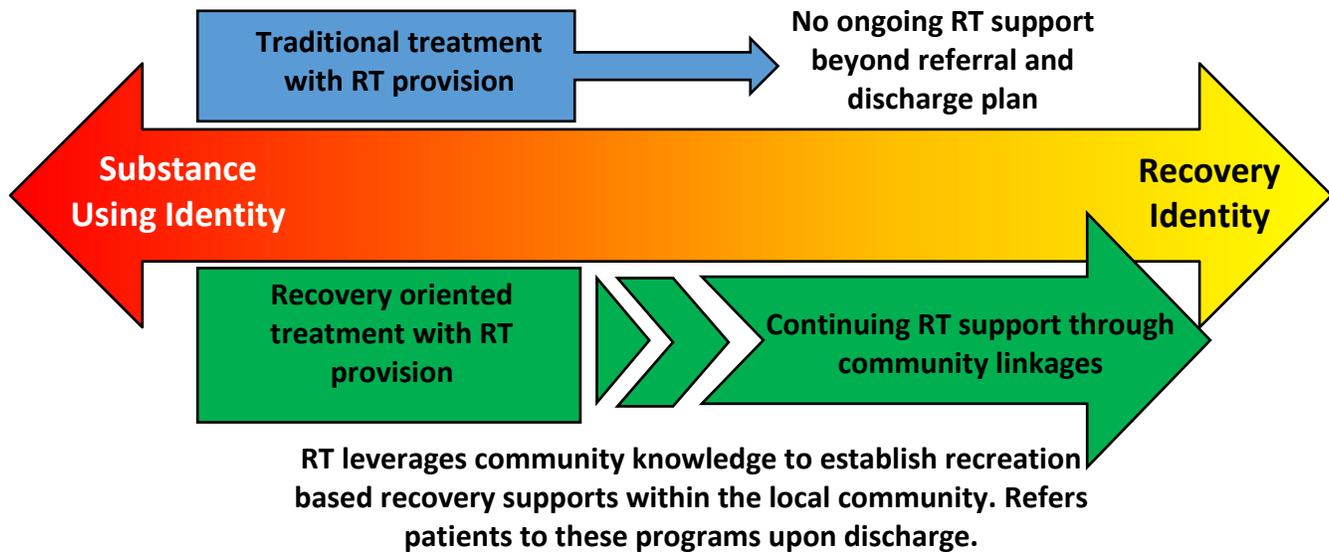
Knowledge Translation Plan

The Affordable Care Act (ACA) and other health care reform efforts continue to create change in SUD treatment. Within this changing environment, RTs have an opportunity to develop new linkages that can support patients through the addiction-recovery identity transition. Traditionally, this transition has been worked on in silos between treatment providers (Dingle et al., 2015), or through MSHGs (Livingston et al., 2011; Malloch, 2011). While RTs have been active in the former sphere, the latter remains the realm of few. Within the traditional sphere, RTs should continue to develop leisure awareness and recovery skills through targeted interventions. However, as new opportunities present, with the advent of the ACA, RTs can start looking beyond traditional treatment settings to support recovery and its requisite identity change. With research showing strong links between coping skill development, identity development, and recreation (Buckingham et al., 2013; Mawson et al., 2015; Pressman et al., 2009) RTs can consider alternatives to traditional community support programs and begin to build effective recovery programming that can help build more stable recovery for those they serve.

Implications for Recreation Therapy practice

Within new treatment structures RTs have an opportunity to foster patient involvement in MSHGs that, like DARE and CARG, use recreation as their means of support. RTs can use their knowledge of community recreation to help build new recovery supports, not as replacements for established groups, but as supplements. RT's can take the lead in working with community recreation groups to help provide safe recreation spaces for people in recovery. This could involve education sessions for community partners, forming planning committees, cultivating community involvement, or offering contacts, and support, for patient led recovery recreation ideas. It is from this role that RTs can help support the growing recovery movement and set up systems that will offer longer term support to individuals as they transition from an identity shrouded in drug use to one that thrives on recreation and recovery.

Recreation Therapy SUD Recovery Identity Continuum



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