

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

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About your presenter

- 20 years in Human services
- Graduated from Canterbury Christchurch University, UK - Taught adapted Physical Education
- Graduated from SUNY Cortland with an MS in RT - CTRS since 2013
- Became a CASAC in 2016
- Training Institute Director at Helio Health
- Ph.D. candidate at Clemson University



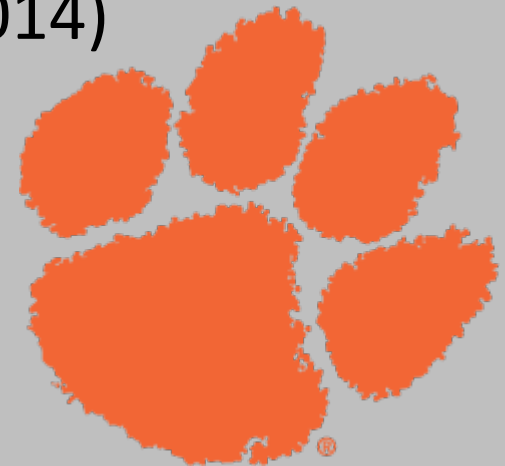
Session outline

- Introduction – background and RT work with people with SUDs
- Identity defined
- The Leisure Ability Model
- Pathways through SUD
- Social capital
- Recreation based recovery



History and development of SUD treatment in the US

- Substance use disorder rather than addiction (American Psychiatric Association, 2013; O'Brien, 2011)
- Disease concept (Levine, 1978; White, 2014)
- Treatment facilities early 20th Century (White, 2014)
- Minnesota model (Morojole & Stephenson, 1992)
- Professionalism and diversification of treatment (White, 2014)



Background

- 2014 - approximately 27 million people used illicit substances
- Population trend not indicative of future SUD
- Defined as:

“a chronic, relapsing brain disease that is characterized by compulsive drug seeking and use, despite harmful consequences”

(National Institute on Drug Abuse, 2007)



Treatment approaches

- Range of treatment services (SAMHSA, 2017)
- Individual and group counseling (NIDA, 2018)
- Levels of care (NIDA, 2018)
- Evidence based therapies - Cognitive Behavioral Therapy (CBT), Contingency Management, Motivational Enhancement Therapy, The Matrix Model, and Medically Assisted Therapies



Where does RT fit in this paradigm?



Challenge for RT

- Disrupted families
- Behaviors and identity
- Disrupted life = limited access to healthy recreation
- Benefits of sports and recreation:
 - Positive psychological states
 - Lower levels of negative affect & depression
 - Positive identity development
- Reintegration of recreation into a recovery oriented lifestyle, and in turn a recovery oriented identity



What is identity?

- Take a few minutes and note the various aspects of your identity
- Did you know where to start?
- What kinds of things did you list?



Identity defined

- “The distinctive character belonging to any given individual, or shared by all members of a particular social category or group” (Rummens, 2003 p. 12)



Social Identity Theory

- Outlines the reality of the individual as being centered on interactions with social groups (Buckingham & Best, 2017)
 - Individual behavior is shaped by participation in group formation
 - Via a process of collective action
 - Group identification with peers
- Group membership fluctuates
- Bias toward own group(s)

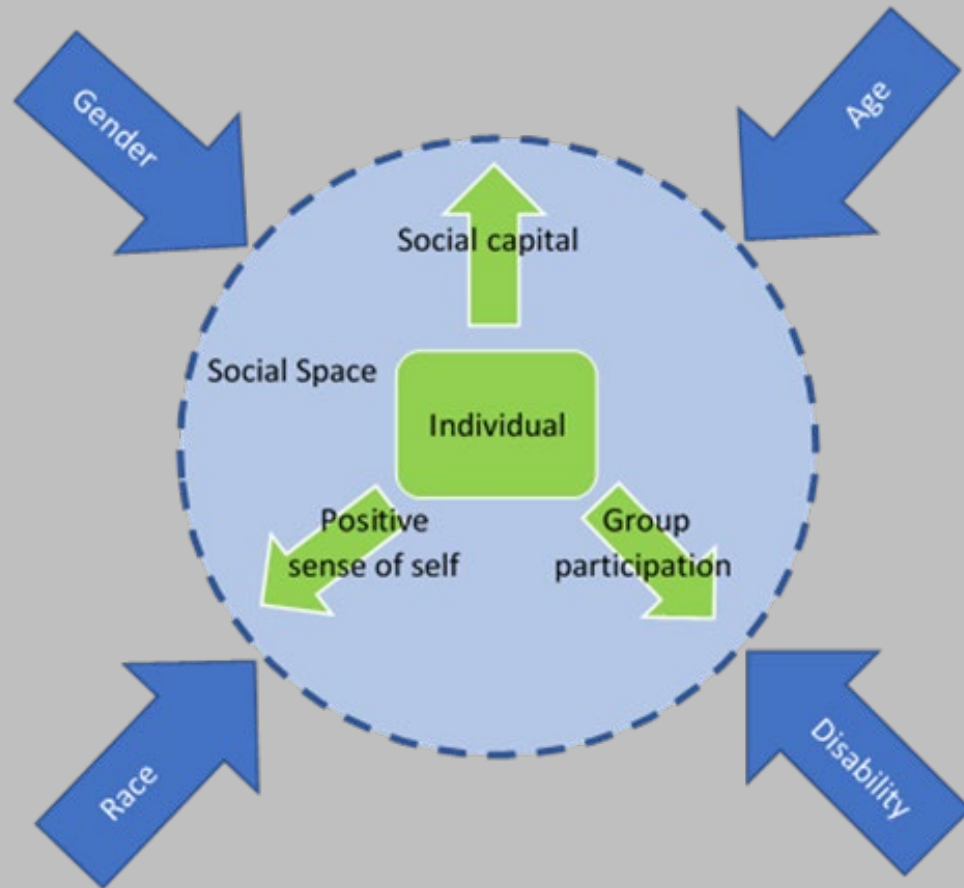


Social identity theory and identity theory

- Very similar theories
- Group focus vs role focus
- Dynamic process vs static role



Social identity and Intersectionality



- Intersectionality considers stigmatized identities based on group characteristics
- Based in critical feminist theories
- Accounts for diversity within groups and the need to understand groups as multidimensional entities

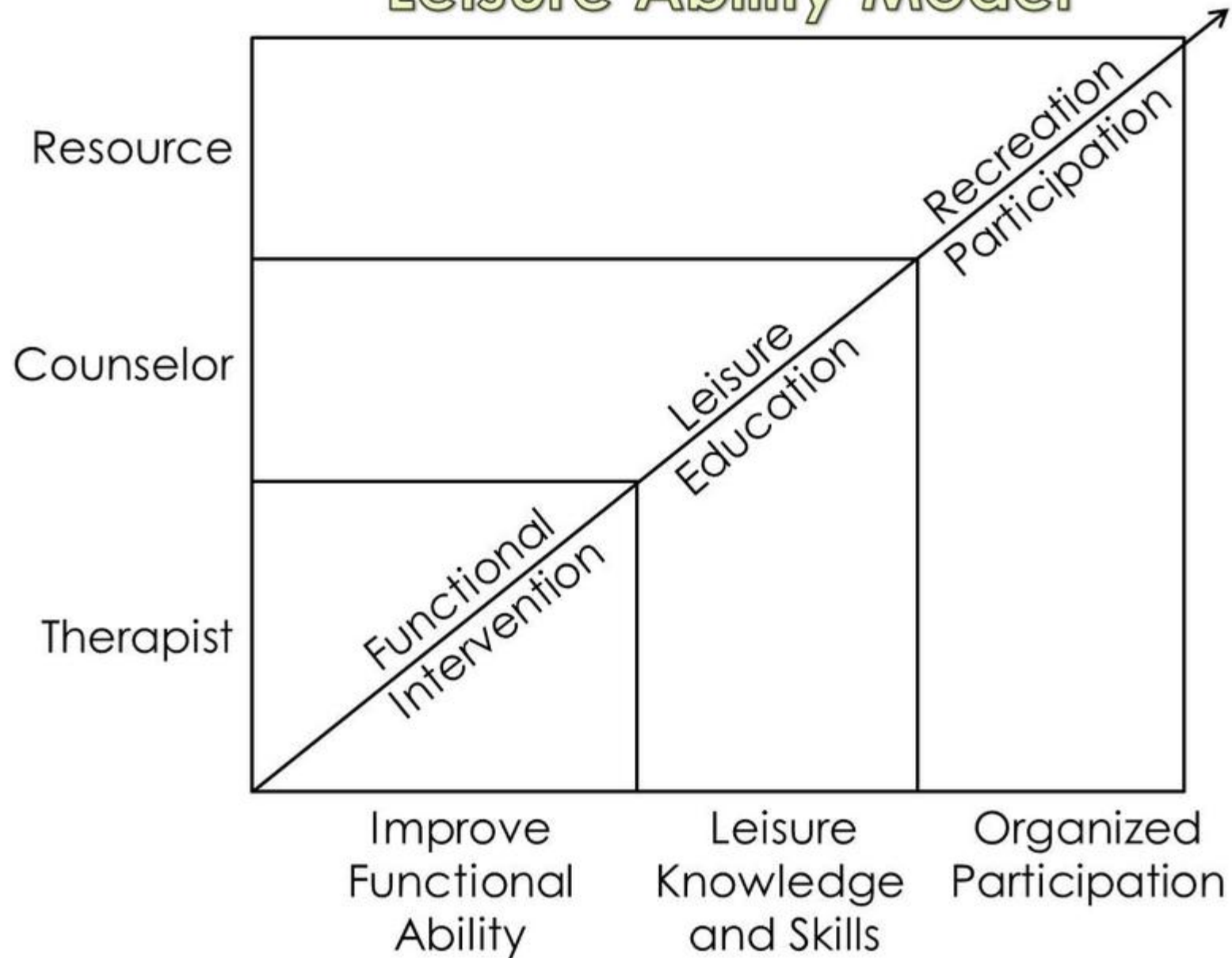


The Leisure Ability Model

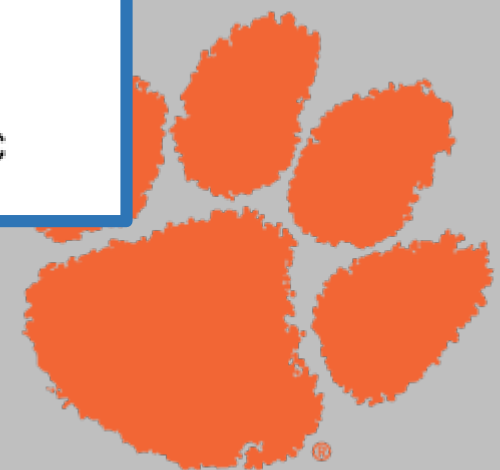
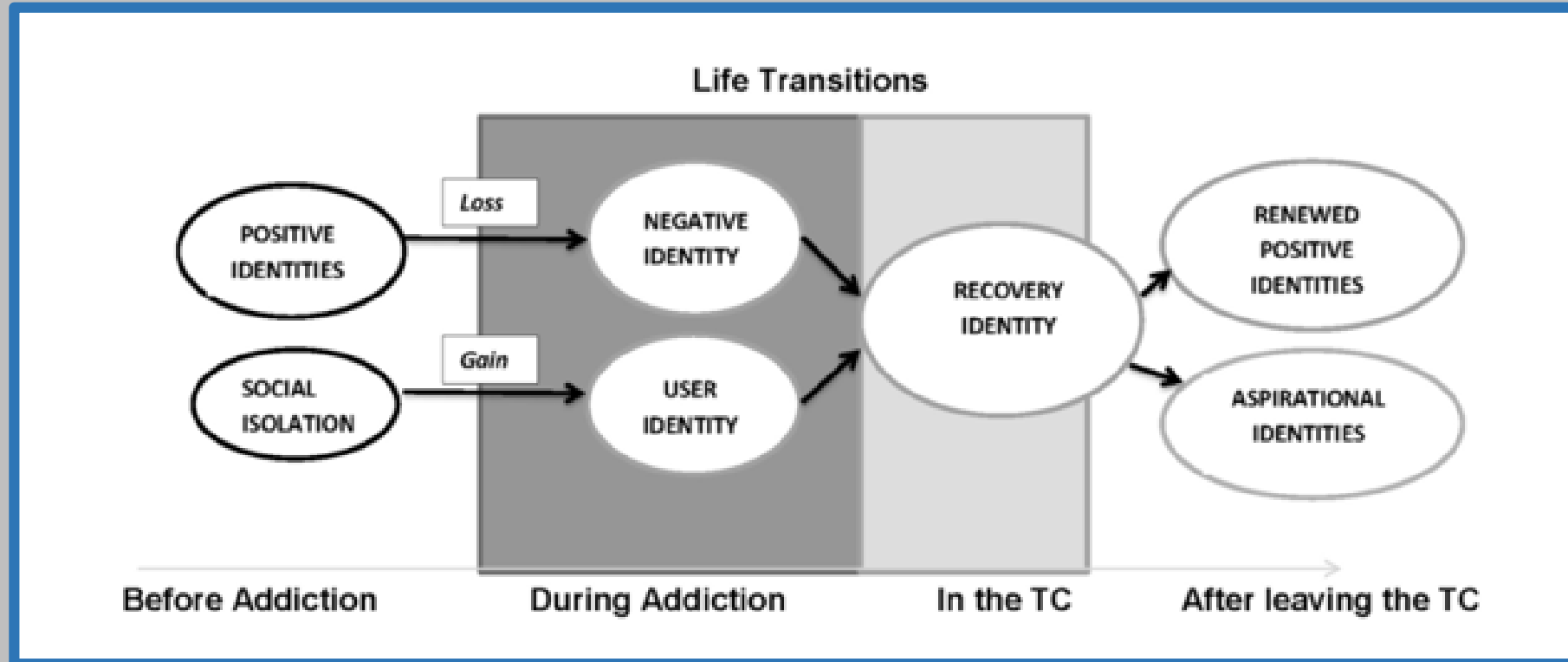
- Practice model
- Peterson and Gunn (1984)
- Revised by Stumbo and Peterson (1989)
- Framework



Leisure Ability Model



Pathways into, and out of, active SUD



LAM – Functional intervention

- High support
- 1:1 sessions
- Limited control for patient



Recovery capital and support

- Internal and external supports
- Self-verification of positive identity
- Supportive relationships
- Social identity
- Social networks and remission



LAM – Leisure Education



- The intent of leisure education is to increase leisure awareness, social interaction, leisure activity skills, and leisure resources (N. Stumbo & Peterson, 1998).
- Prepare service recipients for independent leisure



Recreational recovery support groups



- Mutual self-help groups (MSHG)
- Beyond 12-step groups
- Drug and Alcohol Recovery Expeditions (DARE)
- The Calton Athletic Recovery Group (CARG)



Recreation's value in SUD recovery

- Second Chance
- Desisting
- Trapped
- Self-change can be facilitated by recreation



LAM – Recreation participation/I.L.L

- Little to no therapist involvement
- Range of opportunities
- Blurred line



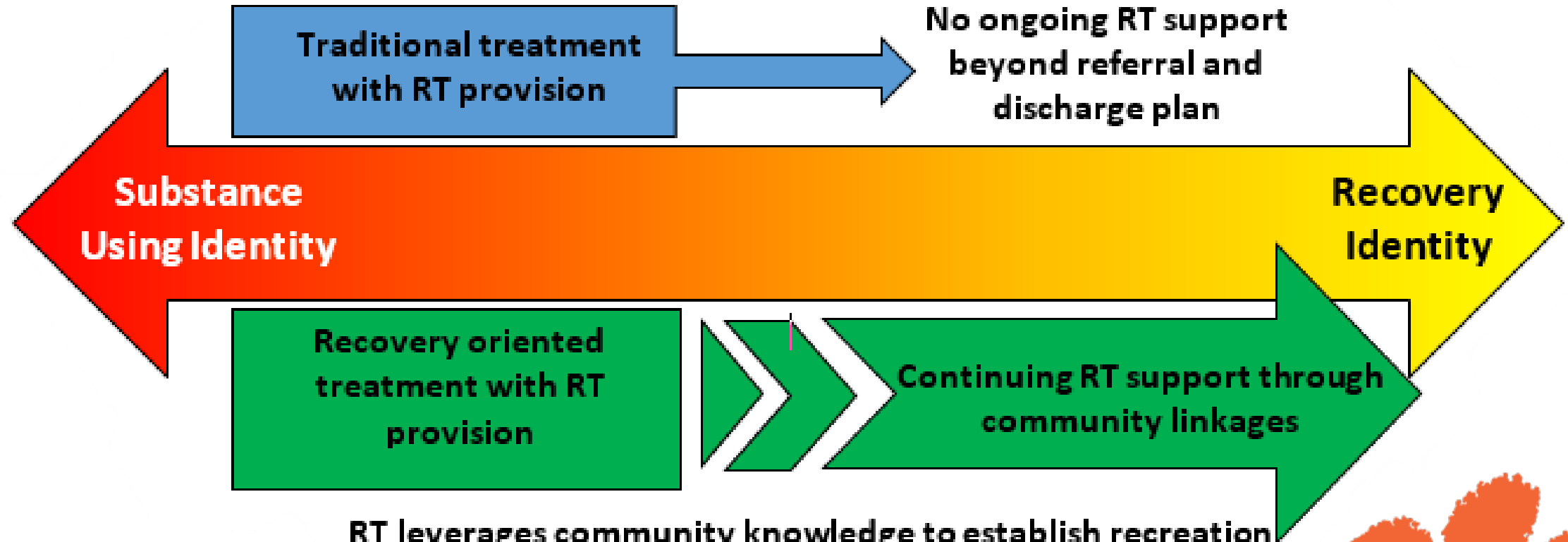
Toward a new paradigm



- Role of the RT
- Shift in treatment approaches
- New opportunities
- Scaffolding role
- Recovery identity reinforced by recreation



Recreation Therapy SUD Recovery Identity Continuum



RT leverages community knowledge to establish recreation based recovery supports within the local community. Refers patients to these programs upon discharge.



So where do we stand?

- So places are already doing this
- Recovery centers
- Referrals to recreation based support groups – ROCovery locally, Phoenix nationally
<https://thephoenix.org/>
- Some barriers exist
- Limited resources
- Treatment/community linkages
- Local government provision
- Patient resistance



Conclusion

- Recreation offers a wide variety of benefits to people in recovery from SUDs.
- Unprecedented opportunity to develop comprehensive recovery services
- Need to consider a wide range of programming options
- Recreation Therapists should be central in the planning of these services
- Exploring partnerships and programs with local recreation providers to offer appropriate recreational outlets



Future direction

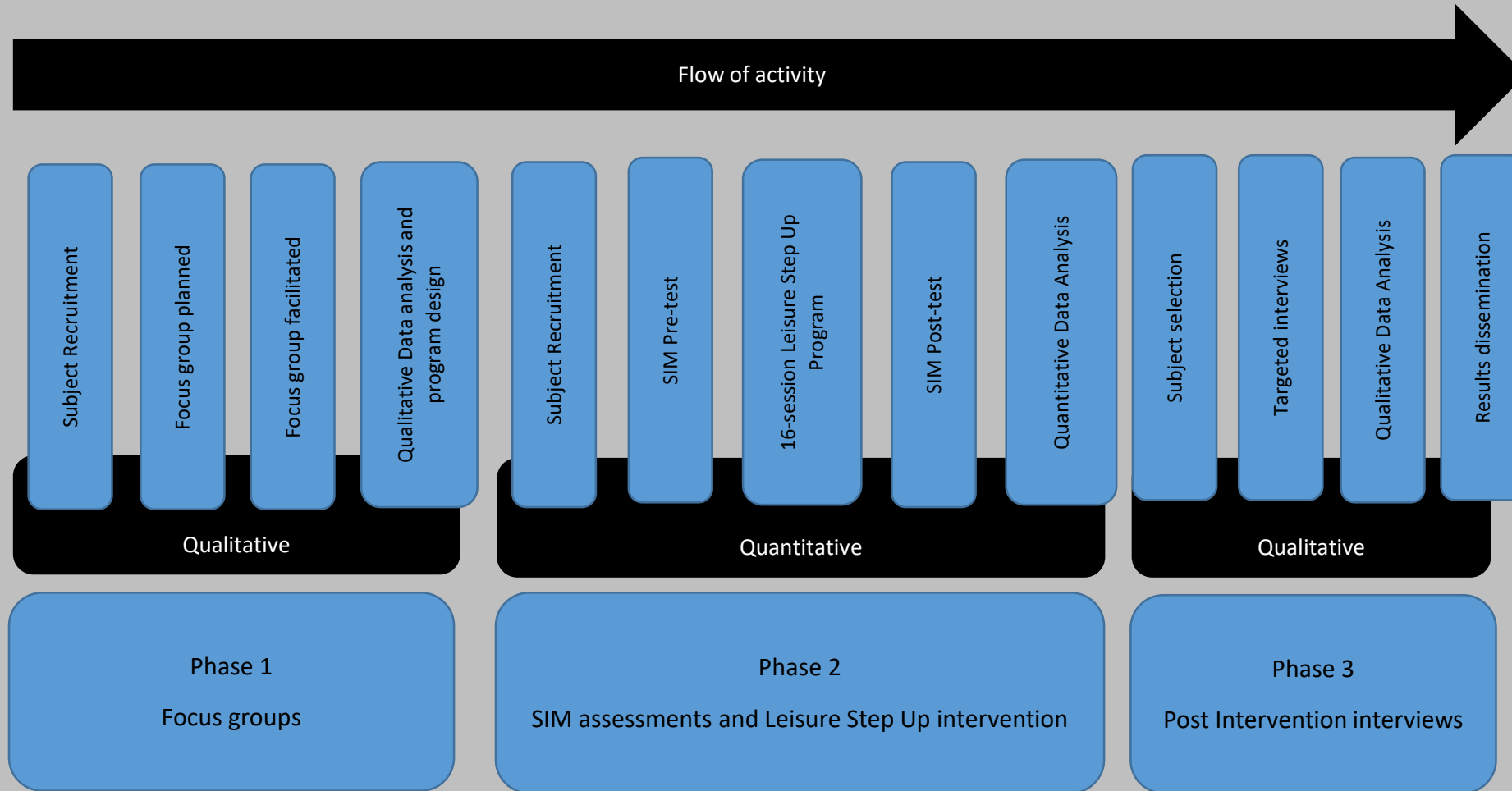
- Background work
- Social identity mapping
- Leisure education intervention
- Attempt at direct measurement of identity transition



Update



Study Design





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