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RESEARCH ARTICLE

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Public Health, Population Health and the Self-Help Movement in Recovery

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ABSTRACT

The healing process for substance use disorders begins with a serious evaluation of an individual's use of alcohol or drugs. All Change appears to follow a series of stages, which is more spiral or circular than linear. Most people in early recovery progress from sobriety to relapse and back to sobriety. Most growth begins with recognizing guilt, embarrassment, and shame regarding regression (relapses) to previous stages of alcohol and drug use. Therapeutic healing can be accomplished by addressing the social determinants of health that influence many lifestyle choices and keeping our focus on the public health concerns of the community. From a behavioral health perspective, combined population health and public health focus would best be defined by the clinician's attention to both the biomedical issues and advocacy efforts to intervene and influence these complex social, behavioral, and environmental factors that affect individual members of diverse populations within the communities that one lives and works.

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Introduction

The central issue to positive mental health and the resolution of life challenges, such as alcohol or drug use, is for many individuals vested in a robust recovery management system that impacts a person's bio-medical, cultural, and social support networks. The healing process from a substance use disorder begins with a serious evaluation of an individual's use of alcohol or drugs. Long term recovery cannot find a satisfactory path to optimal health if one continues to maintain his/her past patterns of behavior [1]. Central to all stories of recovery is a commitment to change. Individuals have found personal and communal support from what is commonly referred to as the "Fellowship." Despite this support for many years, traditional A. A. members have been, at times, less than friendly to the professional mental health community who continued to see 12 Step work in conflict with treatment protocols [2,3]. This history is partly justifiable since a portion of mental health professionals seemed ignorant of recovery issues and, in general, antagonistic toward the spiritual aspects of healing. Except for Jung's analytical psychology and the transpersonal or existential movement, the field of psychiatry and psychology has traditionally been skeptical about Alcoholics Anonymous [4,5]. This skepticism persisted even though a 12 Step program gives individuals an environmental support system that can successfully be integrated into an evidence-based treatment approach to recovery.

How consumers/survivors of recovery can integrate a health perspective that embraces the culture of self-determination and is inclusive and responsive to the individual diversity needs of people is a significant challenge to the concept of multiple paths to recovery. Changing a behavioral system from a personal pathology focus to one based on the principles of resilience and transformation requires a concerted effort of both the recipient of service and the treatment community. Distinguishing recovery, which is a personal, individual pathway, from wellness, which embraces families and the whole community, involves a process of understanding and trust from the Fellowship community as well as those individuals promoting evidence-based practice guidelines [6].

The integration of Fellowship and evidence-based practice research which reaffirms the reality of long-term addiction recovery, celebrates the legitimacy of multiple pathways of recovery, enhances the variety, availability, and quality of local/regional treatment and recovery support services, and transforms existing treatment businesses into "recovery-oriented systems of care" is the challenge of our current system of health care [7,8].

A successful recovery process builds bridges between the traditions of 12 Steps, the faith and spiritual communities, and the evidence-based treatment professionals.

Culture of Recovery

For historical reasons, cultures of recovery (like the recovery process in general) in the United States have been greatly influenced by 12-Step groups such as A.A. and NA [9]. For many people, these support groups offer a clearly defined path to recovery. They provide members with rituals, daily activities, customs, traditions, values, and beliefs. The 12 Steps, along with the 12 Traditions, represent the core principles, values, and beliefs of a recovery healing process. Benefits such as, surrender; faith; acceptance, tolerance, and patience; honesty, openness, and willingness; humility; willingness to examine character defects; taking life one day at a time; and keeping things simple are the fundamental principles of a healthy lifestyle

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[10,11]. When comparing these values with those familiar to the drug culture, 12-Step groups install a set of values contrary to those found in drug cultures [12]. This newly acquired set of values provides significant emotional support and cognitive dissonance from a person's involvement in the drug culture [13]. Many of the benefits of Fellowship recovery are embodied in rituals that occur in meetings and members' daily lives [9]. This new cultural perspective on healing emanates from a wellness perspective and is particularly relevant to behavioral health challenges and the development of resilience. Wellness, as opposed to pathology, helps people recognize the more comprehensive worldview that one must create and make a part of their day to day reality. This worldview system brings a different perspective to an otherwise narrow life amid mental dysfunction, alcohol, and other drug use patterns [14].

The Stages of Change in Recovery

All life change appears to follow a series of stages, which is more spiral or circular in progression than linear. Most people in early recovery progress from sobriety to relapse and back to sobriety, with the sequence being related to guilt, embarrassment, and shame regarding regression (relapses) to earlier stages of alcohol or other drug use. The research of Prochaska, DiClemente, and Norcross [2], indicates that most individuals go through different phases related to changing their addictive behaviors. Change has a cyclical process as opposed to a linear perspective. Most addictive people typically recycle (relapse) through various stages several times before termination of their maladaptive behavior. In many ways, relapse is a crucial component to recovery since the individual learns from his/her mistakes and tries something different the next time the "triggered" event resurfaces. In general, the more positive action one takes following one's relapse, the higher the probability of future success. In many ways, the stages of Change in recovery represent a way to understand a person's motivation through a series of life tasks [15].

Stages of Change

• **Pre-contemplation** - During this stage, most individuals are still in some form of denial, projection, and rationalization and appear to be unaware of their problems. In this new process, behavioral changes are related more to job or family pressure, and once the influence is diminished, many individuals quickly relapse back to their addictive patterns.

• **Contemplation -** During this stage, people are aware that a problem exists and give serious thought to overcoming the addiction but have not taken their ideas to an action stage. Many individuals can be in this phase of their recovery for up to two years. An essential aspect of this stage is weighing the pros and cons of one's substance abuse and considering solutions to their problems.

• **Preparation for Change -** This activity is the beginning of serious action and some behavioral change. A full commitment to a total lifestyle change begins to occur; most individuals are developing criteria for effective management of a different and new lifestyle.

• **Maintenance-** Individuals learn to avoid triggers and other temptations that would lead back to active addiction. To ensure ongoing recovery, the person needs to gather essential resources and supports [16].

A recovery/resilience-oriented system of Change must continue to focus on socio-environmental determinants and mechanisms of new behavioral health care that embrace both the individual and the general health care community. Since much therapeutic Change occurs with or without professional intervention, helpers need to understand better that the healing process of recovery must engage a system of interventions that help the individual better manage new life changes. The key to how individuals, families, and communities work together, and Change has more to do with a collaborative and healing environment that embraces and integrates a variety of therapeutic catalysts into a person's public and private life. Therapeutic catalysts were initially applied by Prochaska, and DiClemente, to individual therapy. The therapeutic catalysts used to community processes are:

- **Consciousness Raising**. The individual must increase information about their behavioral health challenges; personal interventions could include observations, interpretations, bibliotherapy, storytelling, etc.
- **Environmental Reevaluation**. The individual must assess how life stressors affect their personal and physical environment. Interventions could include empathy, training, and documentaries.
- **Emotional Arousal and Dramatic Relief.** The individual must experience and express feelings about their behavioral health challenges and solutions. Interventions could include role-playing, reframing, psychodrama, etc.
- **Self-Reevaluation.** This activity involves assessing how one feels and thinks about oneself concerning dysfunctional behaviors. Interventions could include clarifying values and challenging beliefs or expectations.
- **Self-Liberation.** Individuals must choose and commit to act or at least believe in his or her ability to change. Interventions could include commitment enhancing techniques, decision-making behaviors, and resolutions.
- **Counter Conditioning**. This involves substituting coping alternatives for anxiety caused by disruptive behaviors. Interventions could include relaxation training, desensitization, assertion, and positive self-statements.
- **Helping relationships.** One must focus on being open and trusting about challenges with people who care about their life. Interventions should include pastoral or other spiritual counseling, open and closed fellowship groups, or a professional therapeutic relationship [2,15].

A note of caution about the above change process: although change appears linear, one should be aware that the flow of energy, positive and negative, is circular. One is always allowed to revisit their denial, anger, hopelessness, stages of change, etc. throughout their healing process [17].

If substance use and abuse is a multi-causal model, the onset, progression, type, and severity of this behavioral health challenge is influenced by biological, psychological, and social factors. In turn, addiction has a profound impact on an individual's physiological, mental, social, and spiritual functioning. For these reasons, all interventions should be multidimensional. In this multifaceted model, the focus of the

intervention will shift from one area to another, depending on the person's status and treatment needs. The early stages of response may focus on the pharmacologic management of medical and psychiatric concerns. As therapeutic help progresses and these crises fade, other biopsychosocial and spiritual factors can be addressed in such activities as individual or family counseling, meditation, Yoga, etc.

Public Health Model of Addiction and Recovery

According to the multi-causal model of public health (18), interventions may target any part of an individual's recovery, with the expectation that all aspects of health must be addressed to impact the problem.

The public health model of addiction and recovery emphasizes the overall health of the public, as opposed to traditional health care, which focuses on an individual's health. Public health uses a triangle approach to prevention and intervention. Historically, a public health approach focuses on a susceptible host (e.g, a person), an infectious agent, anda supportive environment (meaning an environment that makes the spread of addiction possible).

An integral part of any public health model of alcohol and drug use would involve a harm reduction approach to recovery. Harm reduction accepts the fact that it is not possible to eliminate substance abuse. Instead, the public health goal is to reduce the harmful effects of alcohol and drug use. Because substance abuse affects both individuals, families, and communities, harm reduction seeks to minimize harm through a variety of strategies that reflect the triangle approach to prevention and intervention mentioned above. The goal of such an approach is an overall improvement in public health. For instance, a harm reduction approach might be a public health campaign that encourages the use of a sober "designated driver." This approach accepts the fact that people will get drunk but reduces harm by providing an alternative to driving under the influence.

Generally, addiction and recovery harm reduction strategies are developed to reduce morbidity and mortality while promoting (1) the long-term health of users, (2) reduce crime and public nuisance, and (3) lower unhealthy drug use patterns. In the public health model, recovery consists of intervening at any level (host, agent, or environment) in varying degrees, as needed. A Public Health Model is an integrated approach. It identifies not only three but four key factors and the relationships between them: (1) The agent – characteristics and effects of the drug itself- (2) The host – attributes of the individual or group of users-(3) The environment – the context of the drug use. According to Duncan, a fourth-factor vector should be added to the public health addiction model. The vector by which the agent (drug itself) is transmitted to the host (drug users) is the drug peer group. Approaches to both prevention and treatment should be framed in terms of such a model. As professionals, we need to focus on the host, the agent, the environment, or the vector in planning our harm reduction strategies. We also need to attack all four factors in a comprehensive approach to addiction and recovery [19,20].

A Population Health Model of Addiction and Recovery

Through a multi-causal strength-based assessment, the American Society of Addiction Medicine (ASAM) criteria was developed, which attempts to address an individual's needs, various obstacles, and liabilities, as well as the individual's strengths, assets, resources and social support structure [21]. This multidimensional model encapsulates both public health and population health concerns. The public health model of assessment includes a medical examination, drug use history, psychosocial evaluation, and where warranted, a psychiatric evaluation, as well as a review of socioeconomic factors and eligibility for public health, welfare, employment, and educational assistance programs. The inclusion and expansion of individual and community health must embrace both the traditional public health bio-medical factors as well as the social and community population health concerns.

The behavioral health field is engaged in expanding the traditional medical treatment model (Public Health approach) to a more comprehensive and inclusive model that includes population health inequities and disparities. This is the critical focus of the Population Health Model [22]. The goal is to redirect the focus on the social determinants of health (SDoH) to reduce health inequities and disparities among different population groups [23].

Research indicates a high correlation among these social inequalities and health disparities [24]; thus, in primary care and public health, the lack of improvement in social determinants (SDoH) confounds our ability to improve the health of a community [25]. Studies have found that increases in income, educational opportunities, and accessible housing have the most significant positive effect on one's overall health [23] and that social spending, not health care spending, is significantly associated with improved mortality rates [26]. The social determinants of health (SDoH) focus on the social, environmental, and cultural concerns impacting children, adolescents, and adults who are members of diverse populations within our society [26]. *"Where we live, work, learn, and play is as significant as our genetic code"* [25]. According to the above thoughts, the behavioral health field is currently engaged in expanding the conventional medical treatment model of care, which emphasizes diagnosis and subsequent treatment, to the more comprehensive and inclusive model of population health. The goal is to redirect the focus on the social determinants of health (SDoH) as the means of reducing health inequities and disparities among different population groups. Figure 1 below summarizes the five social determinants that need to be addressed in a comprehensive health and wellness model.

All behavioral health challenges can be achieved by addressing both the social determinants that influence many lifestyle choices as well as keeping our focus on the public health concerns of the community. From a comprehensive health perspective, combined population health and public health focus would best be defined by the clinician's attention to both biomedical issues and advocacy efforts to intervene upon and influence a cultures complex social, behavioral, and environmental factors that affect individual members of diverse populations within the communities they serve. A shift to a wellness model of healing will be successful by creating a transformed system of care for adults with behavioral health challenges. This comprehensive model of care moves our health

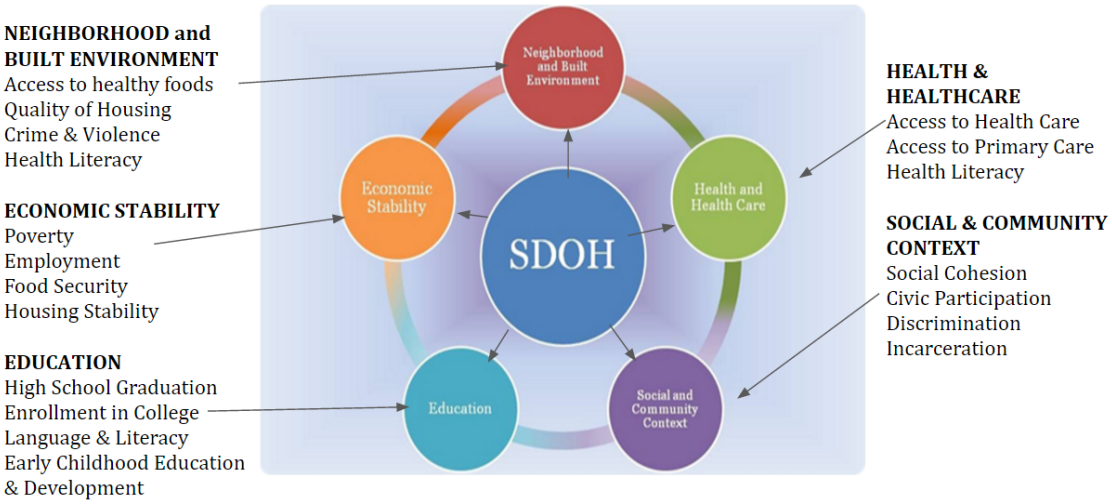

Figure 1. Social Determinants of Health (SDOH)

*Reproduced from Scoles, P and F. DiRosa [23].

strategies from a professionally-driven approach to a network of care that provides lifetime support while recognizing the many pathways to health [27].

In conclusion, behavioral health requires not only an individual who possesses a comprehensive therapeutic worldview but also a constellation of knowledge and skills needed to perform related to integrated community-based services [8]. Those critical skills include:

- developing and sustaining a supportive, non-exploitive, recovery/resilience-focused relationship with each individual and family seeking assistance,
- assessing each person, family and community's recovery capital and recovery resource needs,
- remaining aware of all national and local recovery/resilience support resources,
- empowering each individual or family to make choices related to his/her pathway,
- maintaining relationships with key individuals or groups within local communities of recovery,
- matching the needs and preferences of people to particular recovery/resilience support resources,
- Linking each person to an identified person/group designed to promote healing and the development of resilience and protective factors,
- Monitoring each person's response to a chosen path of healing and their need for amplified clinical or peer-based recovery/resilience support resources,
- Offering feedback and support related to recovery/resilience pathway/style choices,
- providing, when needed, early re-intervention and recovery re-initiation services,
- facilitating the development of necessary recovery support resources.

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