

Chapter 6

Continuing Care and Follow-up



Photo by Ellen Shapiro

Today, it is well understood that no single system can provide comprehensive and effective solutions to the host of problems confronting women in recovery for substance abuse.

Chapter 6

Continuing Care and Follow-up

C SAT defines alcoholism and other drug dependencies as chronic, progressive disorders comparable to other chronic disorders such as diabetes and hypertension but often characterized by relapse.

Thus, continuing care for women, which involves activities that support long-term rehabilitation and prevent relapse of female clients who have completed specific substance abuse treatment programs, is an essential component of effective treatment programs.

Given the effects of substance abuse on all areas of a woman's ability to function—physical, mental, emotional, social, economic, and spiritual—continuing care services must be both comprehensive and focused on individual needs. In fact, many believe that continuing care, which provides the support structures and services that empower women to live drug-free lives, should span a woman's lifetime, although diminishing over time. Support structures for women in continuing care may include frequent contact with other recovering women, individual and family therapy sessions, regular group support meetings, access to literature, life skills training, ongoing formal education, vocational training, job placement, and, when needed, respite or hospice care. These services must be culturally sensitive and competent, convenient, accessible, and affordable.

Today, it is well understood that no single system can provide comprehensive and effective solutions to the host of problems confronting women in recovery for substance abuse. In view of this fact, CSAT has taken the lead in establishing alliances with other programs in the U.S. Department of Health and Human Services as part of the Substance Abuse Linkage Initiative. These alliances facilitate new understandings in the field of substance abuse treatment and establish new directions in acquiring additional treatment services that offer more effective avenues for rehabilitation.

Today, it is well understood that no single system can provide comprehensive and effective solutions to the host of problems confronting women in recovery for substance abuse.

6.1 Issues Related to Continuing Care

Continuing care interventions, designed to address the complex issues in women's lives discovered throughout the treatment process, are often introduced during or near the end of the treatment process.

Services that programs should provide include the following:

- case management;
- the development of relapse prevention skills;
- assistance in accessing, and developing skills to access comprehensive services, including, for example, safe and affordable housing and child care; and
- the facilitation of women's entry into relevant education and job training programs.

The use of these services in the treatment process is discussed in Chapter 5. Their role in continuing care and in relapse prevention is described below.

6.1.1 Case Management During Continuing Care

Case management is essential to the successful continuing care of women recovering from abuse of alcohol and other drugs. The case manager facilitates continuing comprehensive care and follow-up services. The case manager also helps the recovering woman develop a healthier and more productive life for herself and her family. For example, the case manager can help clients obtain benefits and entitlements; assist with and arrange access to health care, housing, child care, and transportation; and coordinate appointments with mental health service providers. The case

Case management is essential to the successful continuing care of women recovering from abuse of alcohol and other drugs.

manager also provides ongoing assessments of clients' recovery and responds appropriately to requests from clients for additional services. The case manager is specifically responsible for identifying women who have relapsed or who are in danger of relapsing and for helping them to return to treatment, if necessary. Ideally, the case manager should hold weekly case conferences to ensure that clients' ongoing needs are addressed.

6.1.2 Relapse Prevention and Recovery Skills

In examining issues of continuing care and follow-up for women, it is important to consider relapse and recovery. The path of recovery is as unpredictable as the process of addiction. Clinicians and program directors should be aware of CSAT's definition of alcoholism and other drug dependency as a chronic, progressive disorder often characterized by relapse. Given this definition, and the fact that women who relapse may be in particular need of the treatment program's continued support, reentry opportunities to formal treatment must remain open. Continued relapses may also indicate the possibility of serious psychiatric problems, such as depression or bi-polar disorders. Issues related to dual disorders are discussed in greater detail in Chapters 3 and 5.

Staff of treatment programs must acknowledge that recovery is a lifelong process and, therefore, should realize that chronic relapse—which is often viewed as the client's fault—should instead be viewed as a preventable part of the recovery process. The program staff should be prepared to accept women who relapse and respond to their needs. Judgmental reactions on the part of treatment personnel towards women who relapse must be reduced by providing staff training on appropriate methods and manners of dealing with women who relapse. They should also periodically examine the program's treatment modalities to improve their effectiveness. For example, the treatment and continuing care program may

The path of recovery is as unpredictable as the process of addiction.

Issues related to substance abuse, such as past sexual abuse or incest, often require separate attention and may go beyond the scope of substance abuse treatment.

need to determine if its services are helping clients to secure the basic financial, emotional, and physical support needed to maintain recovery.

Largely because of financial constraints, formal treatment is often not extensive enough for a woman recovering from alcohol and other drug abuse. Issues related to substance abuse, such as past sexual abuse or incest, often require separate attention and may go beyond the scope of substance abuse treatment. Therefore, to prevent relapse, the client may have to continue addressing these issues long after leaving treatment. The program needs to help the client obtain services to deal with her specific issues at different times in her recovery.

For recovery to be successful, counselors must help the client identify stressful areas of her life and learn how to locate and use resources to deal with the stress. During discharge planning, the program builds on its efforts throughout treatment to empower the woman to handle stress.

Many programs include a formal relapse prevention component that offers mechanisms for early detection of relapse and mechanisms for intervention. Relapse prevention should in part focus on structured, supervised leisure time that will create a foundation for a client to handle leisure time more effectively after treatment.

Every member of a family can be affected by substance abuse, and this problem often extends across many generations. Therefore, continued family involvement and intervention are necessary to help the woman recover and become a more functional part of her family system. The history and current status of her family members—including significant other(s), children, and parents—are extremely important. For example, if a woman's significant other has been in recovery but relapses, the program should make an effort to help refer him/her to treatment and work closely with the client to help her avoid relapse.

Because many addicted women will need a constellation of services ancillary to direct treatment, the continuing care network must include all of the services that she used while in treatment. If any of these services were not available, it could create stressors that may lead a client to relapse. These services include housing, health care, employment, and child care.

6.1.3 Access to Services

Ensuring access to adequate comprehensive services following treatment is critical to successful recovery. This section briefly describes issues related to this phase of care.

Housing. Traditionally, housing has not been considered a treatment program concern. But today, the lack of affordable and safe housing has become a major obstacle for women leaving treatment and reentering the community. In addition, it is an added stress factor that can be related to relapse. Often, clients cannot go back to their previous housing because they are no longer welcome; they have lost their place in public housing communities by being in treatment; or they cannot return to their partners. The housing issue is important to all women who leave treatment, but it is a particularly critical issue for women who have been physically and/or sexually abused, women just released from prison, homeless women, and displaced or runaway teenagers. In most geographic areas, few halfway houses exist for women with children and for women who are vision- or hearing-impaired or who have other disabilities. Continuing care must include effective approaches to help all of these women and their children locate housing that is inexpensive, safe, and drug free.

Women in early recovery often need frequent, high-intensity reinforcement of their recovery efforts. During this time (e.g., the first year or two), it may be advisable for clients to live in halfway houses or

The lack of affordable and safe housing has become a major obstacle for women leaving treatment and reentering the community.

Women in early recovery often need frequent, high-intensity reinforcement of their recovery efforts.

group homes with other recovering women, rather than on their own. In this way, clients can develop support structures and positive peer relationships. For those who are too young to manage independent living situations and who do not have an intact home, long-term living arrangements, such as therapeutic foster care, should be developed. Program staff should try to identify a wide range of housing options in the community.

Some ways to help women who are discharged from intensive treatment to find suitable housing include the following:

- form an alliance with the Public Housing Authority and other housing programs to identify subsidized housing in safe, reasonably drug-free neighborhoods or recovery-oriented enclaves in high-risk neighborhoods;
 - maintain a data bank on housing that is accessible to women with disabilities;
 - network with Habitat for Humanity and similar nonprofit and church-related groups to locate houses where women in recovery and their families could live;
 - hire a housing coordinator to connect recovering women with housing programs and group living facilities that are self-governing, self-supporting, based on recovery principles, and drug free;
 - work with sister corporations that buy and rehabilitate apartment buildings and houses, and then sell or rent space to women in recovery and their families;
 - target particular blocks of neighborhoods or streets which are safe for women and children and “zoned drug free”; and
 - provide long-term halfway house services for women only, for women with children, and for women who are severely debilitated from alcohol and other drug abuse. (Providing
-

graduated phases of decreasing intensity of treatment in these houses will help clients resume recovery more quickly).

Health Care. The program should make provisions for continued access to adequate health care services, as appropriate, before a woman leaves treatment. Some approaches include the following:

- network with existing women's health services, women's hospitals, medical colleges, university interns and residents, and public health nurses to identify primary health care services for women and their children;
- develop a directory of local physicians, dentists, and health care and medical facilities, including teaching hospitals, that can offer flexible payment plans, accept Medicaid, provide services for the indigent, or provide a limited number of free hours of service. This directory should include information on the accessibility of offices and the types of services offered to women with disabilities;
- meet with physicians, hospital administrators, and health clinic managers to develop agreements so that all women can receive gynecological care; pregnant and postpartum women can receive prenatal, delivery, and postnatal care; and parenting women can receive pediatric care for their children; and
- assist women who are eligible for Medicaid in preparing their applications.

Financial Independence. Economic self-sufficiency is an important goal in the recovery process for women. While job readiness should be part of ongoing treatment, it is essential prior to discharge and during aftercare. However, problems of illiteracy, inadequate job skills, and child care can exacerbate a client's difficulties in finding work and thus must be addressed in the discharge plan and by the continuing care program. The

Problems of illiteracy, inadequate job skills, and child care can exacerbate a client's difficulties in finding work.

program can help women overcome these and related problems in the following ways:

- teach women how to write resumes and develop job histories using all relevant skills and experiences, including household, church, school, and volunteer work;
 - conduct assessments of interests, capabilities, literacy, and bilingual skills for placement of the client in appropriate vocational and educational programs;
 - teach basic skills and techniques needed to obtain a job; for example, rehearsing for a job interview;
 - provide information on the Americans with Disabilities Act which offers protection against employment discrimination and other forms of discrimination;
 - provide apprenticeships, job referrals, and job placements that are in environments supportive of recovery and where attention is paid to the physical and psychological exigencies of abuse/addiction and potential impairment; and
 - establish small, for-profit, majority women-owned businesses in which recovering women can work as paid apprentices or employees, buy shares of stock in the business, and learn business management skills. Examples of potential program and/or client-run businesses include food cooperatives, bakeries, restaurants, clothing shops, building rehabilitation companies, information management services, and child care services. Some portion of the profits could return to the women's treatment program and continuing care program that helped to initiate the business. Start-up money for this type of business is available from sources such as the Department of Housing and Urban Development's Community Development grants and loans, Small Business Administration (SBA) loans, women's business associations, and minority business associations.
-