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)
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)
Due to these costs, significant federal dollars are dedicated to substance use treatment services to reduce the negative impacts of these disorders. (Conner, 2017)
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)
Substance use treatment is known to reduce these costs associated with SUDs (Miller & Flaherty 2000).

However...
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.
Change should reflect a progressive trajectory that increasingly incorporates:

- Compassion
- Care
- A thorough understanding of SUDs and how to best treat them
- 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)
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...
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”
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.
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, Daffon, & Steine, 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.
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
- However, people are much more than their internalized cultural labels.
- Therefore, it is crucial that problems are separated from people (Freedam & 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).
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
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
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.
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.
- 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
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.
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).
We propose using the word “thriver” 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.
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.
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.
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.
Rather, thriver means, “to grow strongly”

The thriver demonstrates the strength to live with, through, and after a SUD.
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.
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.
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
References

- Chicago: Great Lakes Addiction Technology Transfer Center, Northeast Addiction Technology Transfer Center and Philadelphia Department of Behavioral Health and Mental Retardation Services.