

The Implementation of the Recovery Oriented Systems of Care in Southwest Michigan

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Introduction

The Recovery Oriented Systems of Care (ROSC) came as reaction to the methods used by its alternative the Acute Care model (AC). While both the AC and ROSC methods of practice can be successful, the difference resides in the long-term recovery outcomes. Although the AC model can help the addicted individual achieve short-term abstinence, the ROSC is preferred, because, by its essence, it looks beyond the 28 days of abstinence. The ROSC offers a more sustained recovery outcomes to the individual, the family and the community.

White (2007) defines the ROSC as "A networks of formal and informal services developed and mobilized to sustain long-term recovery for individuals and families impacted by severe substance use disorders P18." To better bring a fundamental change in treatment outcomes some observers are advocating a "fundamental shift in thinking" (Moos, 2003). White (2005) calls it a "fundamental redesign" while Humphreys (2006) refers to it as "a seismic shift rather than a mere tinkering." And a "sea change in the culture of addiction service delivery" (Miller, 2007). Despite its conceptual framework easily found in the literature, and mandated by states, the ROSC is not very well understood by substance abuse treatment providers, consequently, its implementation is still very timid.

This study is meaningful in the sense that it will offer other centers an implementation example and some insights into the challenges, and opportunities implementers of this model might encounter as they adapt it for their specific treatment center

Methods

Setting: Outpatient Treatment Center in Southwest Michigan.

Procedure: Sampling selection required access to the site of study especially permission from the "gatekeepers." Creswell (2007) argues that to gain access to sites and individuals also involves steps regardless of the approach to inquiry. In keeping with this view, access to the site was granted by an approved letter from the gatekeepers and from Western Michigan University's Institutional Review Board (IRB). Before the interview sessions the investigator verified that participants have read and signed the informed consent form to indicate their agreement.

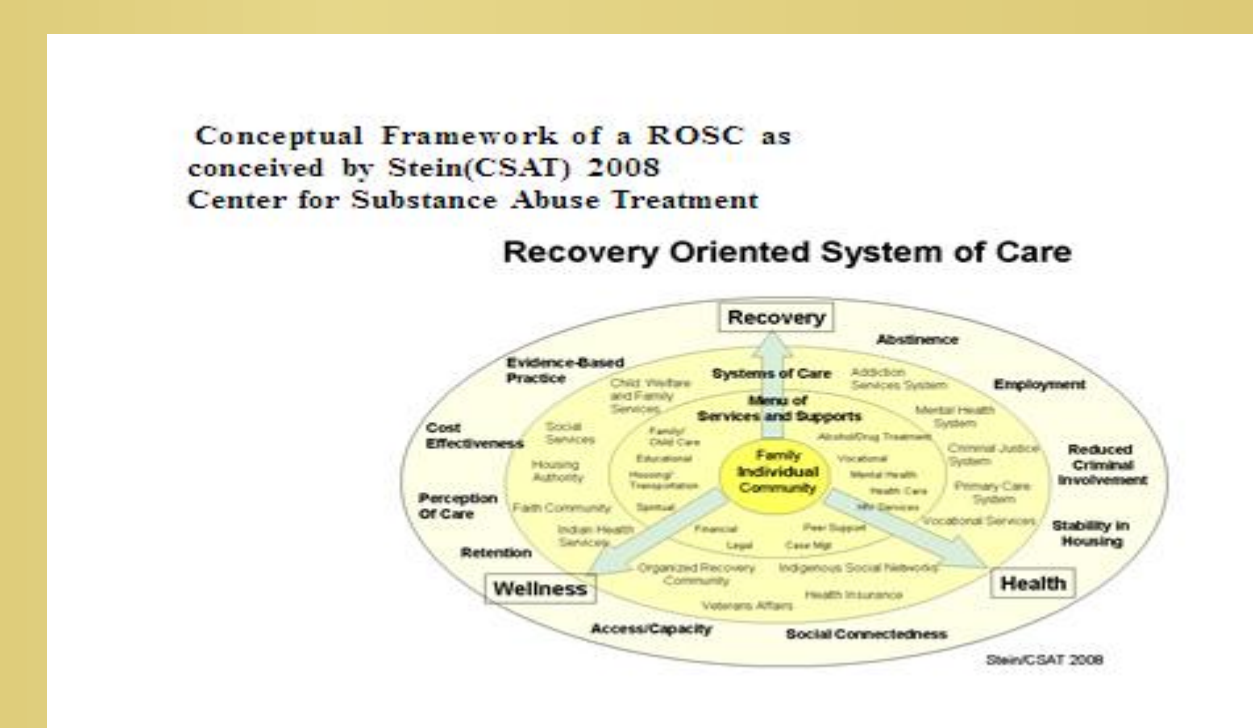
Sample. Purposeful (N = 7) consenting adults currently employed at the specified site. Participants were counselors, nurse, and administrative staff .

Measures: Primary data collection instrument were semi-structured interviews. The questions were open-ended. The Interview sessions were tape-recorded and were about 45-60 minutes in duration with each consenting participant.

Data Analysis: Constructivist approach – categorical aggregation or direct interpretation against the research questions (Stake, 1995). Field notes and recordings were used to analyze data. The digital recordings of each session were transcribed verbatim. Data reduction was done with in vivo codes (data analysis not completed).

Abstract

The Recovery Oriented Systems of Care (ROSC) is in part an ecological systems theory that demonstrates comprehensive ways to meet the needs of individuals and families seeking alcohol, drug and mental health services. When compared to its alternative, Acute Care (AC) model, the ROSC provides long-term recovery outcomes, requires the participation of all stakeholders, and facilitates dialogue among service providers and clients. This study intended to increase public knowledge of the ROSC, its feasibility for practice, and its relevance for behavioral health research. Data collection was done using a purposeful sample, which consisted of N = 7 consenting adults currently serving individuals with substance use disorders. The study used a single, instrumental case study to explore the initial implementation of the ROSC at a substance abuse treatment agency in Southwest Michigan.



Research Questions

This study was guided by the following questions: How are the clinic and staff experiencing the process of implementing the ROSC?

Subquestions

- What structures, strategies, and processes have they put in place to implement the ROSC?
- How do they describe the degree of their implementation of the ROSC?
- How do they think the ROSC is working for their patients?
- What challenges are they encountering as they implement the ROSC?
- How are they responding to these challenges?

Future Plans

Process and outcome Evaluation with particular attention to the core values of the ROSC model, which are:

- Each person must either lead or be the central participant in his or her own recovery.
- All services need to be organized to support the developmental stages of this recovery process.
- Person-centered services offer choice, honor each person's potential for growth, focus on a person's strengths, and attend to the overall health and wellness of a person with mental illness and/or addiction.

Use of triangulation in data collection

Study Status

Study in Progress