The Colombo Plan Drug Advisory Programme (DAP)

Virtual Participant Manual

The PEER Model

Delivering Recovery Support Services: The PEER (Peer Experiences Empower Recovery) Model

THE COLOMBO PLAN

DAP Drug Advisory Programme

The Colombo Plan Drug Advisory Programme (DAP)

Delivering Recovery Support Services: The PEER (Peer Experiences Empower Recovery) Model

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The PEER Model

DAP
Drug Advisory Programme

ACKNOWLEDGEMENTS

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PUBLIC DOMAIN NOTICE

DISCLAIMER

The substance use disorder concepts and information described or referred to herein are the views of the authors and do not necessarily reflect the official position of INL or the U.S. Department of State. The guidelines in this document should not be considered as substitutes for individualized client care.

This document is provided for educational purposes. The information provided should be considered guidance and is not sufficient to qualify professionals to prescribe or make medication decisions for patients.

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PARTICIPANT ORIENTATION

Introduction

Recovery from substance use disorders is more than just not using alcohol or other substances. It is more than just going through substance use disorder treatment. It is a long-term process of learning to live life and solve problems without alcohol or other drugs. Long-term support is often necessary for individuals with substance use disorders to achieve and sustain recovery. People who take medication to treat substance use disorders (e.g., methadone, buprenorphine or naltrexone for opioid use disorder or naltrexone or disulfiram for alcohol use disorder) as prescribed by their provider meet the definition of recovery and are part of the intended audience for this course.

Peer-based recovery support is defined as the process of giving and receiving non-professional, non-clinical assistance to achieve long-term recovery from substance use disorders. This support is provided by people who are "experientially credentialed" to assist others in initiating recovery, maintaining recovery, and enhancing the quality of personal and family life in long-term recovery.

A literature review of ten studies show that peer-based recovery support provides benefits in the following areas: substance use, treatment engagement, human immunodeficiency virus/hepatitis C virus risk behaviors and secondary substance-related behaviors such as craving and self-efficacy. As the research shows, peer recovery support is effective in helping to improve lives and outcomes. Furthermore, investment in effective recovery support can help individuals who suffer from substance use disorders illness, families and communities where individuals live and work; and service systems that struggle to meet high levels of need on tight budgets.

This course is one of the courses of the Universal Recovery Curriculum (URC) and is designed to be a stand-alone course so that Recovery Support Professionals can be trained quickly in the field. This course provides a brief foundation that defines substance use disorders and recovery, and then provides the needed information about competencies and skills to work successfully as a Recovery Support Professional. It is created for those who already are working or want to work as a Recovery Support Professional and who are in sustained recovery from a substance use disorder.

This course is also designed for those whose lives have been seriously impacted, either directly or indirectly, by the behavior of the individual with a substance use disorder and who have embarked on their own journey of recovery as a result. Such persons, which most often includes family members and significant others, are qualified to offer peer recovery support by virtue of their "shared personal experience" with addiction and recovery. These persons are in effect "experientially credentialed" by having their lives dramatically impacted by addiction and working their own program of recovery in order to function and live fully.

Those trained in this course will have numerous benefits. First, they will be eligible to

take an exam through the Global Centre for Credentialing and Certification (GCCC) to qualify to work as a Recovery Support Professional in the field. (For more information contact: www.globalccc.org). Certification as a Recovery Support Professional will allow an individual to more fully contribute to the creation and support of recovery-oriented systems of care within their own communities and cultures.

Finally, our understanding of recovery from substance use disorders is evolving, including how it is understood across cultures, countries, and communities. INL is committed to expanding the recovery support professional workforce with credentialed individuals well-versed and trained in evidence-based information and approaches.

The Training

The five modules in this training may be delivered over 5 consecutive days or may be offered over the course of several weeks or months. Your trainers have given you an agenda with scheduling information.

The learning approach for this training includes:

- Trainer-led presentations and discussions;
- Frequent use of creative learner-directed activities, such as small-group and partner-to-partner exercises; and
- Reflective writing exercises.

You and your fellow participants bring to this training a wealth of experience, insight, knowledge, and creativity. You will be invited to connect as valuable resources to one another. Your active participation is essential to making this a positive and productive learning experience!

Goals, Objectives, and Materials

Training goals

- To instill in participants the core values, principles, and attitudes of effective recovery support services.
- To give participants a clear understanding of the challenges associated with SUDs, the concepts and practice of recovery support services.
- To provide opportunities for participants to learn and practice the skills of recovery support services.

Learning objectives

Participants who complete this course will be able to:

- Identify key elements of recovery support roles and services;
- Identify core services and responsibilities of recovery supporters;
- Identify core recovery support values and examples of those values in practice;
- Identify and explore core attitudes that support recovery support services;
- Identify and practice cross-cutting skills that apply to many recovery support services;
- Practice specific skills in the core services of recovery support;
- Identify ways of interacting with the wider environment in which recovery support services take place; and
- Identify risks and ethical considerations, and practice using a model of ethical decision making.

Training materials

Training materials include this Participant Manual and a notebook.

Each module of your Participant Manual includes:

- Training goals and learning objectives for the module;
- A timeline;
- PowerPoint slides with space for you to write notes;
- Resource Pages and worksheets containing additional information or instructions needed for the exercises; and
- A module summary.

The Participant Manual also has an Appendices section with hand-outs, resources pages, glossary, and references.

Your trainers will also give you a notebook to use as your personal journal. You can use this journal in a number of ways. For example, you can note:

- Shared resources you would like to review at a later date,
- Topics you would like to read more about,

- A principle you would like to think more about,
- A technique you would like to try,
- Ways you might be able to use some of the things you are learning in your practice, and
- Possible barriers to using new knowledge.

Your trainers will also ask you to complete short writing assignments.

Getting the Most From Your Training Experience

To get the most from your training experience:

- If you have a supervisor, speak to him or her before the training begins. Find out what his or her expectations are for you.
- Think about what you want to learn from each module.
- Come to each session prepared; preview the manual pages for the modules to be presented.
- Be an active participant. Participate in the exercises, ask questions, write in your journal, and think about what additional information you want.
- Speak to your supervisor (or co-workers, if you have no supervisor) after the training.
- Talk about what you learned, to be sure you understand how the information relates to your recovery support role.
- Discuss with your supervisor or co-workers ways in which you can put your learning into practice and continue to follow up on your progress.
- Have fun!

PART II:
POWER POINT SLIDES AND "EXPLANATION" TEXT

PART II: POWER POINT SLIDES AND "EXPLANATION" TEXT

This major section of the Participant manual offers in-depth descriptions of each part of the Course, including information about the content of each major topic in the Course.

U.S. DEPARTMENT OF STATE
MODULE 0

Explanation

Welcome everyone. Before we begin the training of our curriculum in _____, we are going to walk through a few slides that will appear at the opening of all courses funded by the U.S. Department of State's Bureau of International Narcotics and Law Enforcement Affairs (INL). We call this new opening "Module 0" and it invites all of us to become active participants in a rapidly growing global community of substance use professionals.

Explanation

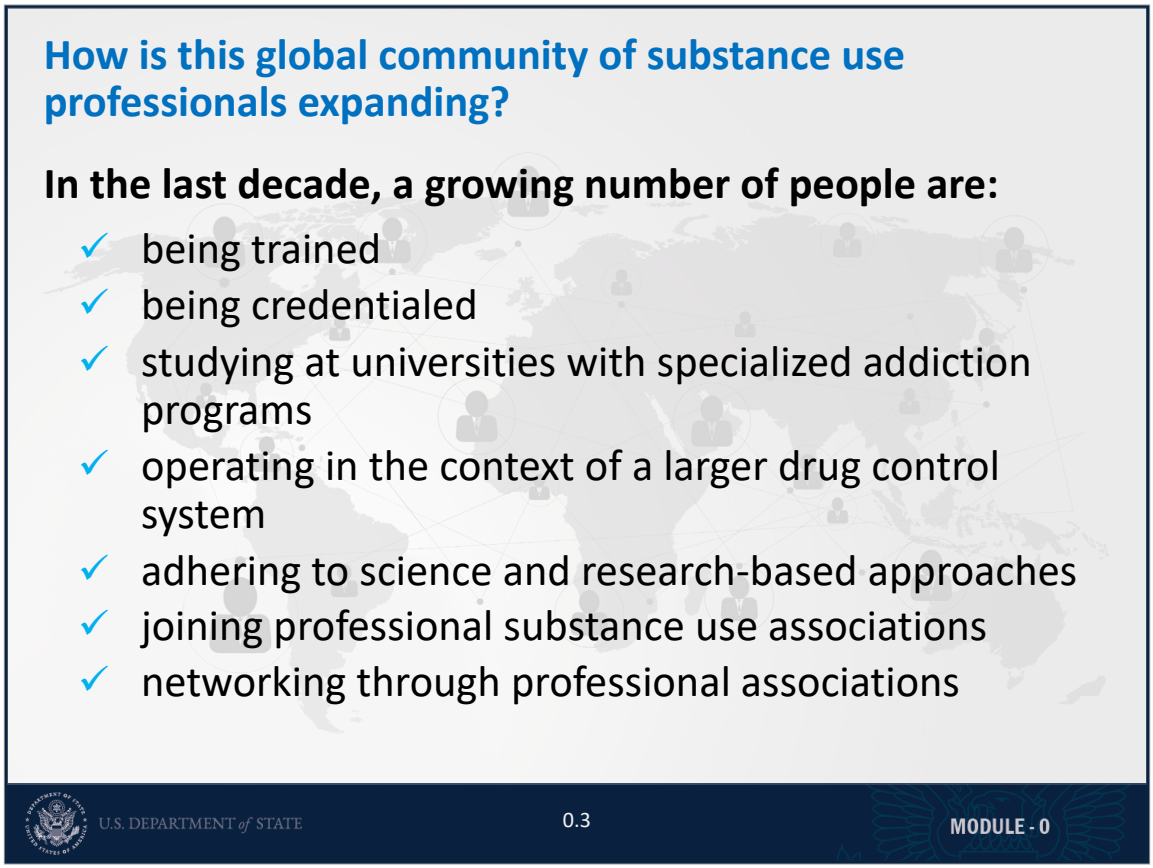
Congratulations, as a participant in this training, you are joining a rapidly growing global community of substance use professionals supported by the U.S. State Department's Bureau of International Narcotics and Law Enforcement Affairs (INL).

This training, and others like it around the world, are a part of a larger and ongoing process of professionalization of the global prevention and treatment workforce.

Let's look more closely at the word "professionalization." What does it actually mean?

Professionalization is the training and development of prevention and treatment knowledge and skills which can be validated through examination and the process of credentialing. We will talk about professionalization in greater detail in later slides.

For now, welcome to the growing global community of substance use professionals!

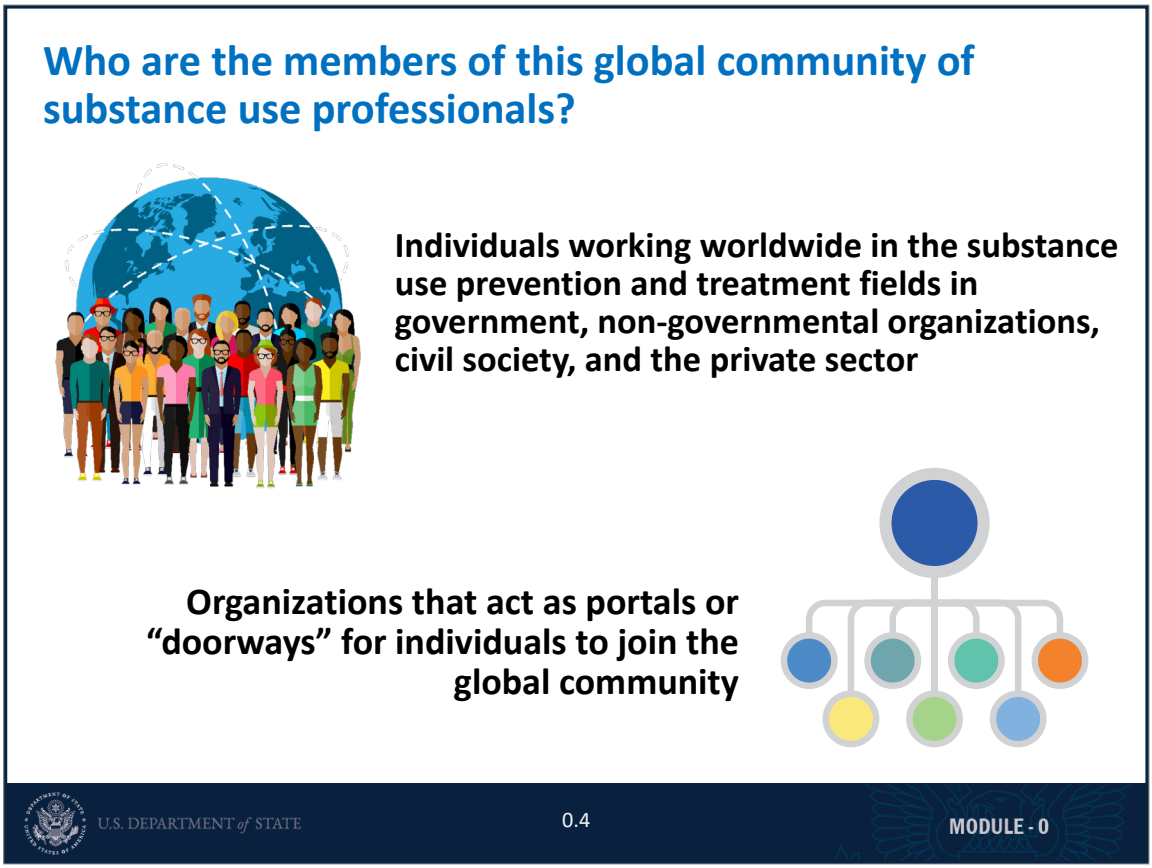


Explanation

The growing global community is made up of people like you. As of the beginning of 2020, more than 10,000 individuals worldwide are:

- *being trained in prevention and treatment knowledge and skills,*
- *being credentialed as prevention and treatment providers,*
- *studying at universities with specialized addiction programs,*
- *operating in the context of a larger drug control system,*
- *adhering to science and research-based approaches, and*
- *joining professional substance use associations and networking through them*

We will look more closely at each one of these areas of professional activity in later slides.



Explanation

Who are the members of this global community? They are both individuals and organizations.

There are thousands of individuals working worldwide in the substance use prevention and treatment fields in government, non-governmental organizations, civil society, and the private sector.

Examples of these substance use professionals are: drug control policymakers, prevention specialists, SUD treatment providers, medical doctors, mental health specialists, other clinicians in related health care and social service, law enforcement and criminal justice personnel who work in drug courts and other diversion programs, peer recovery support specialists, addiction scientists and researchers, and university students studying addiction.

Organizations act as portals for individuals to join the global community of substance use professionals. Three key global substance use professional organizations are:

- *The International Society of Substance Use Professionals (ISSUP)*
- *The International Consortium of Universities for Drug Demand Reduction (ICUDDR) and*
- *The Global Center for Credentialing and Certification (GCCC)*

Now let's take a brief look at each of these organizations that serve and unify this global community of substance use professionals.

Explanation

First we will look at ISSUP which was established by INL in 2015 to support the development of a global prevention and treatment workforce. ISSUP's broader mission is to ground and guide the drug demand reduction field in keeping with evidence-based approaches, quality standards, and sound ethical best practices.

ISSUP provides its members with opportunities and access to share knowledge, exchange experiences, and stay up-to-date with the latest research in the field. Membership at ISSUP can open the door to individuals and networks of professionals who will help you grow and expand your knowledge and skills.

To date there are more than 10,000 ISSUP members worldwide with national chapters in 14 countries and six more national chapters now in the process of being formalized.

You can learn more about ISSUP and join for free at: www.issup.net

We strongly urge you to join this week since this training that you are completing is recognized by ISSUP and credit hours of education will be documented on your private profile. This training record is valuable for purposes of certification or when applying for certain opportunities.

ISSUP stands for the International Society of Substance Use Professionals

- ✓ There are more than 10,000 ISSUP members worldwide
- ✓ Join one of ISSUPs four levels of membership for free at: www.issup.net
- ✓ You can earn credit for this and other courses with ISSUP

U.S. DEPARTMENT of STATE 0.6 MODULE - 0

Explanation

When you go to the ISSUP website www.issup.net to join for free, note that there are four levels of membership, each with its own criteria and benefits. They are as follows:

Regular Member

Criteria for Regular Membership:

- *An interested, non-professional applicant (can include volunteers, family members or non-accredited community members)*
- *Acknowledgment and acceptance of ISSUP's code of ethics*

Receives:

- *Access to relevant online networks*
- *Learning from the Knowledge Share section of the website*
- *Ability to share work and experiences with others*
- *Access to job opportunities from around the world*

Professional Member

Criteria for Professional Membership:

This category is for those that are undertaking a role that makes a contribution to the drug demand reduction field, even if not necessarily a specialist or 100% dedicated to that activity. This includes professions such as:

- *Social workers*
- *Religious leaders*
- *Medical profession*
- *Teachers*
- *Youth workers*
- *Community workers*
- *Academics*

Criteria:

- *An interest and/or contribution to drug demand reduction practice, policy or research*
- *Hold a professional qualification/credential/certification related to their field*
- *A minimum of 3 years' experience in their role*

Receives:

- *Access to relevant online networks*
- *Information provided to support ongoing professional development*
- *Access to job opportunities*
- *Learning from the Knowledge Share section of the website*
- *The opportunity to publish work to the field via the ISSUP website*

Drug Demand Reduction Professional Member

Criteria for Drug Demand Reduction Professional Membership

This level of membership is for those who have specific qualifications, expertise and experience directly linked to the drug demand reduction field.

Criteria:

Applicants should meet one or more of the following criteria:

- *A minimum of 5 years significant and relevant experience working in the field of drug demand reduction (Prevention, Treatment or Recovery Support)*
- *Demonstrate a specific professional qualification in a field that is directly related to drug demand reduction as one of its fundamental purposes*

- *Demonstrate completion of internationally recognised training relevant to drug demand reduction*
- *Hold relevant qualifications/credentials related to substance use disorder prevention, treatment and recovery support*

Receives:

- *Access to relevant online networks*
- *Information provided to support ongoing professional development*
- *Access to job opportunities*
- *Learning from the Knowledge Share section of the website*
- *The opportunity to publish work to the field via the ISSUP website*
- *Invitation and member discount to the ISSUP international/regional/national conferences*

Student Membership

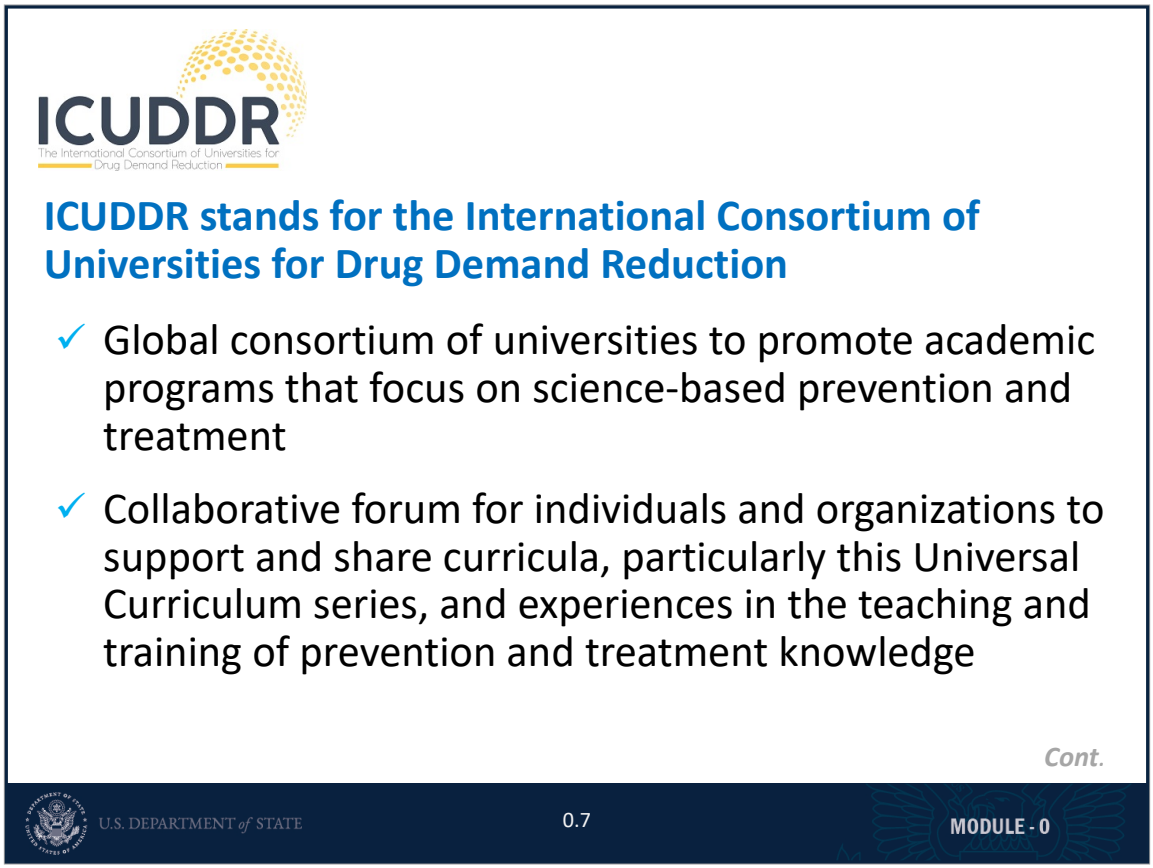
Criteria for Student Membership:

- *Attending an educational institution (any field) or attending training with drug demand reduction within their field of interest*
- *Acknowledgment and acceptance of ISSUP's code of ethics*

Receives:

- *Information provided to support ongoing professional development*
- *Access to student networks*
- *Access to early careers network to develop professional standing*
- *Access to job opportunities*
- *Learning from the Knowledge Share section of the website*
- *The opportunity to publish work to the field via the ISSUP website*
- *Invitation to progress to other levels of provision of documentation on completion of studies*

All ISSUP members must accept ISSUP's ethical principles



Explanation

ICUDDR stands for the International Consortium of Universities for Drug Demand Reduction. It was founded in April of 2016 by the Colombo Plan, the Organization of American States (OAS) and a panel of 20 university experts in addiction.

ICUDDR is a global consortium of universities which offer undergraduate, graduate, and postgraduate study programs specifically focusing on the transfer and adaptation of science-based prevention and treatment.

As of early 2020, there are over 215 ICUDDR member universities from over 65 countries.

ICUDDR functions as a collaborative forum to support and share curricula, particularly this Universal Curriculum series, and experiences in the teaching and training of prevention and treatment knowledge.

ICUDDR aims to promote and encourage the recruitment of persons interested in the research, prevention and treatment of substance use disorders and public health.

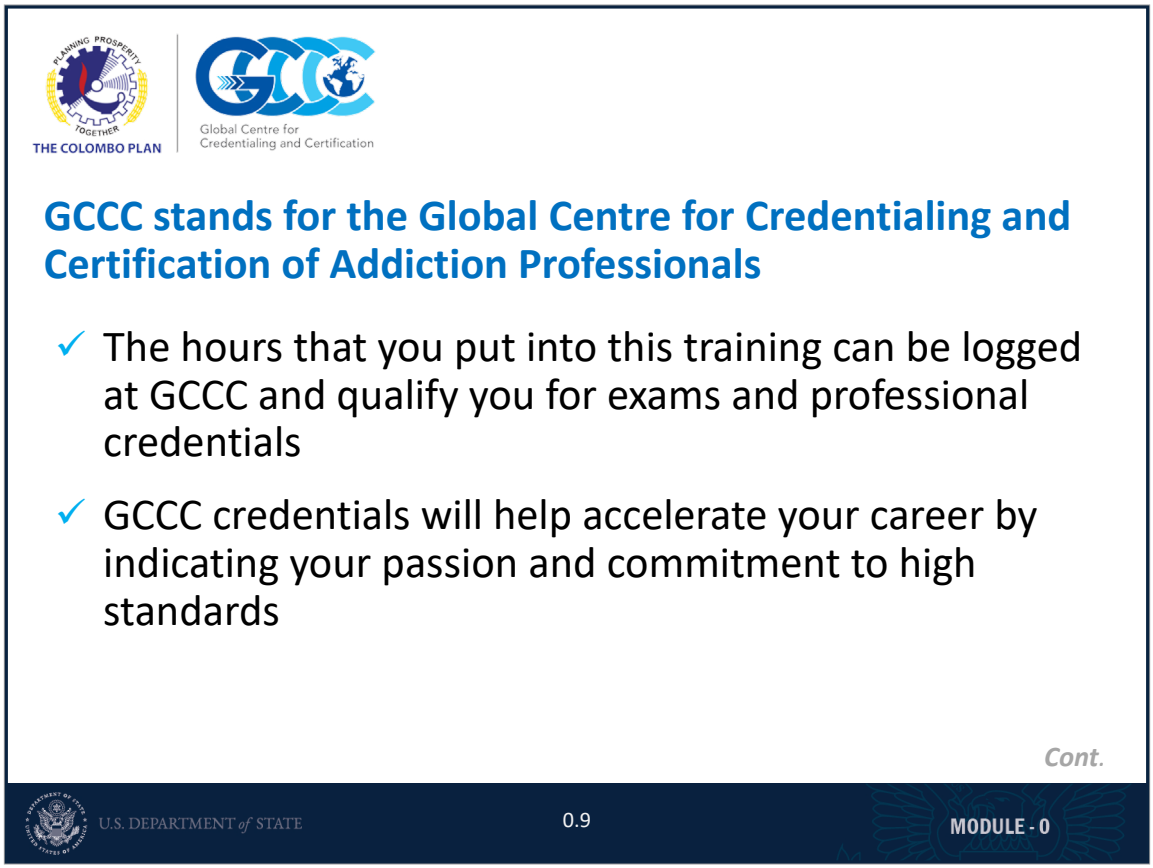
You are invited to learn about specialized addiction programs at universities worldwide at www.icuddr.com

ICUDDR stands for the International Consortium of Universities for Drug Demand Reduction

Learn about specialized addiction programs at universities worldwide at www.icuddr.com

Explanation

These are photos of some of ICUDDR events around the world.



Explanation

The Global Centre for Credentialing and Certification (GCCC) of Addiction Professionals was established in 2009. It is part of the international organization known as the Colombo Plan and falls under its Drug Advisory Programme (DAP). DAP's universal curricula and global trainings help prepare trainees to work as qualified professionals who are capable of applying the latest science-based treatment and prevention approaches.

It is GCCC's mission to provide both experience verification and appropriate exams to ensure that governments and other employers are hiring and utilizing the most qualified professionals.

The hours that you put into this training can be logged at GCCC and qualify you for exams and the opportunity to earn professional credentials.

Throughout the year, GCCC hosts International Certified Addiction Professional (ICAP) examinations around the world. The ICAP exams cover the necessary knowledge and skills needed to be an effective professional.

You are invited to visit the GCCC website at www.globalccc.org for more information about how to accelerate your career with credentials and build evidence of your commitment to the highest professional standards.

GCCC stands for the Global Centre for Credentialing and Certification of Addiction Professionals

Learn about how to apply the latest in research-based prevention and treatment at: www.globalccc.org

U.S. DEPARTMENT of STATE 0.10 MODULE - 0

Explanation

These are photos from some of GCCC events around the world

Who funds and supports this global community of substance use professionals?

The U.S. Department of State's Bureau of International Narcotics and Law Enforcement Affairs (INL) which is funded by the U.S. taxpayer

U.S. DEPARTMENT of STATE 0.11 MODULE - 0

Explanation

The funder of the global community of substance use professionals is the U.S. State Department's Bureau of International Narcotics and Law Enforcement Affairs (INL) --which is funded by the U.S. taxpayer.

Not only does INL have a long history of developing and supporting a global prevention and treatment workforce, it has also been the leader for many decades in overall international drug demand reduction efforts.

It is worth noting that the U.S. funds more than 80 percent of the world's drug research and that the U.S. also champions the right of every person to be free from slavery of any kind, including chemical slavery resulting from drug use.

Where does this global community of substance use professionals meet?

- ✓ Digitally- through ISSUP and its networks and
- ✓ Face to face – through trainings, on university campus settings, and at conferences held at the global, national regional and local levels

U.S. DEPARTMENT of STATE 0.12 MODULE - 0

Explanation

The members of this community "meet" in two ways. They "meet" digitally through ISSUP and its vast global networks. We will learn more about ISSUP's networks in later slides.

They also meet face-to face as well as digitally, through various platforms such as ZOOM, for on-line trainings, mentorships, on university campus settings, and at conferences held at the global, national, regional, and local levels.

Explanation

The global community of substance use professionals operates in the context of a larger international drug control environment which includes three key parts.

Let's take a brief look at each of the three elements of the international drug control environment within which the global community of substance use professionals operates.

The first aspect of the international drug control environment is made up of the three major treaties or "conventions" adopted by the United Nations to guide international drug control efforts.

The purpose of these treaties is to ensure that drugs are available for medical and scientific purposes while preventing abuse and diversion of those drugs into illicit channels. The 3 major treaties are:

1. *The Single Convention on Narcotic Drugs (adopted in 1961),*
2. *The Convention on Psychotropic Substances (1971), and*
3. *Convention Against Illicit Traffic in Narcotic Drugs and Psychotropic Substances (1988)*

A second element of the international drug control environment is the Commission on Narcotic Drugs (CND) which was established by the United Nations as a body by which

to supervise the application of the three UN international drug control treaties. Every year the world gets together at the annual CND to meet on the global drug issues.

A third element of the international drug control environment is the International Narcotics Control Board (INCB) which is an independent body that monitors the implementation of the United Nations international drug control conventions. The INCB helps member states to achieve the aims of the UN international drug control conventions by providing technical assistance and guidance to member states, and by monitoring the worldwide production, trade, and consumption of narcotic drugs and psychotropic substances. The INCB is made up of thirteen experts who are each elected in their personal capacity.

There are also five international drug demand reduction organizations with whom INL partners, that also operate within the context of this larger international drug control environment. We will now take a brief look at each of them in the next slide.

Explanation

There are also five international organizations which operate in the context of this larger international drug control environment. INL works with them as partners in drug control efforts around the world. They are: the Colombo Plan, the OAS-CICAD, UNODC, WHO, and the AUC.

Now let's take a brief look at the mission of each of these five organizations.

The Colombo Plan Drug Advisory Programme (DAP) spearheads drug demand and supply reduction solutions, mainly in the Asia-Pacific region, Africa, and Latin America. It also provides technical assistance, training, and programming across five continents. Since 2009, the Global Centre for Credentialing and Certification (GCCC) has operated as the credentialing division of DAP. Colombo Plan opened offices in Kabul, Afghanistan and Santiago, Chile in 2010 and 2017 respectively.

The Inter-American Drug Abuse Control Commission (CICAD) of the Organization of American States (OAS) is the Western Hemisphere's policy forum for dealing with the drug problem. The Demand Reduction Section of CICAD works with member states to build institutional and human resource capacity through training and certification programs.

The African Union Commission (AUC) is the policy making organ of the African

Union - an inter-Governmental organization of 55 African countries and is responsible for formulating continental policies and frameworks. It promotes the adoption of comprehensive, balanced and integrated polices to counter the world drug problem including scaling up evidence-based services to address health and social impact of drug use. AUC promotes minimum quality standards for drug treatment and seeks to strengthen epidemiological networks and research and data collection capacity.

The United Nations Office on Drugs and Crime (UNODC) operates in all regions of the world through an extensive network of field offices to assist Member States in responding to the world drug problem. UNODC encourages a balanced approach between drug supply and drug demand reduction activities, with a fundamental emphasis on respect for human rights.

The World Health Organization (WHO) is the directing and coordinating authority on international health within the United Nations system. It provides leadership on matters critical to health by shaping the research agenda, disseminating knowledge, implementing norms and standards, and articulating policy options that are based in both science and ethics.

ISSUP INTERNATIONAL SOCIETY OF SUBSTANCE USE PROFESSIONALS

How can I participate in this global community of substance use professionals?

The easiest way is to become an active member of ISSUP!

- ✓ Register for free on the ISSUP website at www.issup.net
- ✓ Click on the "Apply for Membership" icon
- ✓ Select one of four levels of membership -all are free!
- ✓ Begin networking with others on an ongoing basis

It takes only a few minutes to register and you can immediately connect with over 10,000 ISSUP members worldwide!

U.S. DEPARTMENT of STATE 0.15 MODULE - 0

Explanation

The easiest way to participate in this global community of substance use professionals is by joining and becoming an active member of ISSUP.

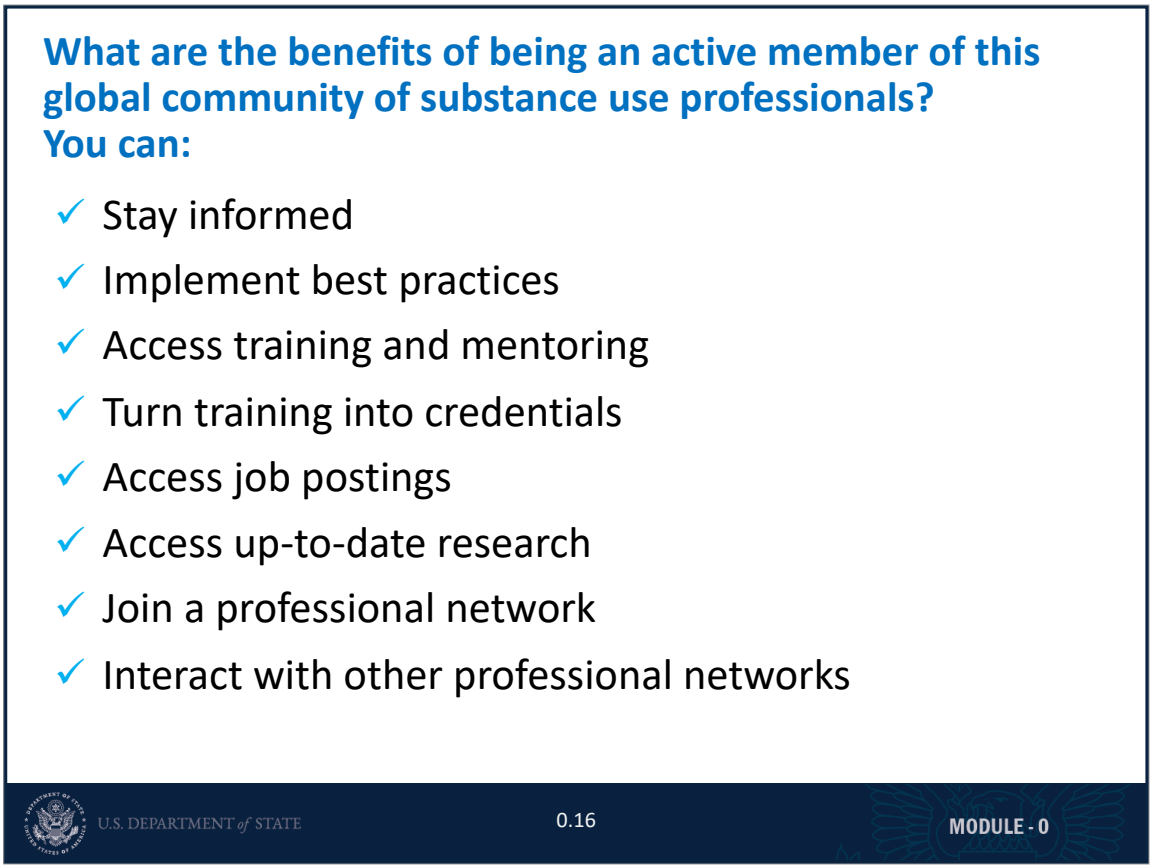
First of all, you can register on the ISSUP website at www.issup.net.

Registering takes only a few minutes and membership is free. All you need to do is click on this membership icon on the homepage. You can select one of four levels of membership-- and all are free.

Membership allows you to immediately connect with over 10,000 members worldwide.

As an ISSUP member, you can instantly access the latest information and news, scientific research, and training opportunities.

ISSUP is the fastest and easiest way to network both digitally and face-to-face with other members of the global community of substance use professionals.



Explanation

Being an active member of the global community of substance use professionals offers many substantial benefits including:

- *Staying informed as to SUD events around the world*
- *Learning how to implement evidence-bases practices/programs*
- *Access training and mentoring opportunities*
- *Taking advantage of credentialing opportunities*
- *Access postings for internships and employment opportunities*
- *Accessing the latest SUD research*
- *Joining a network in your area of specialization and*
- *Interacting with a broad set of professional networks*

As a member of ISSUP, the doors of ICUDDR and GCCC are also opened to you. On the ISSUP website, for example, you will be immediately informed on upcoming conferences and trainings being held around the world.

When you join ISSUP and interact in the ISSUP community, you will become more aware of the larger international drug control framework which unifies efforts in the field.

With access to research, training, mentoring, credentialing and networking, you will find yourself on a path towards enhancing your status as a professional with more opportunity for advancement.

Most importantly, you will possess a greater ability to make a contribution to addressing the drug problem, both in your community and globally.

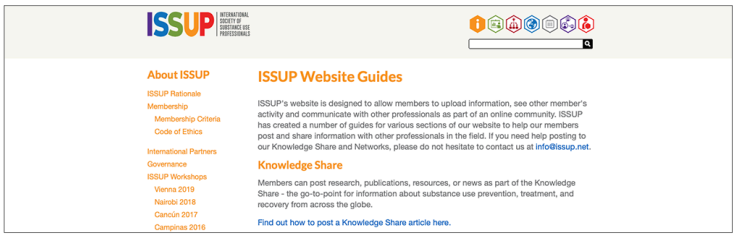
CALL TO ACTION

Next Steps

1. Join ISSUP at www.issup.net
2. Complete this training to earn credit
3. Send your credit hours to GCCC at www.globalccc.org

Participate in ISSUP

- Post on ISSUP: Find easy instructions for how to post on the ISSUP website
- Engage ISSUP's Networks: Connect with colleagues and broaden your impact



U.S. DEPARTMENT of STATE 0.17 MODULE - 0

Explanation

INL invites all members of this training to respond to a formal CALL TO ACTION.

INL encourages you to invest in yourself, your colleagues, and the field by taking three simple steps. First, join ISSUP. Second, complete this training. Third, send your credit hours to GCCC.

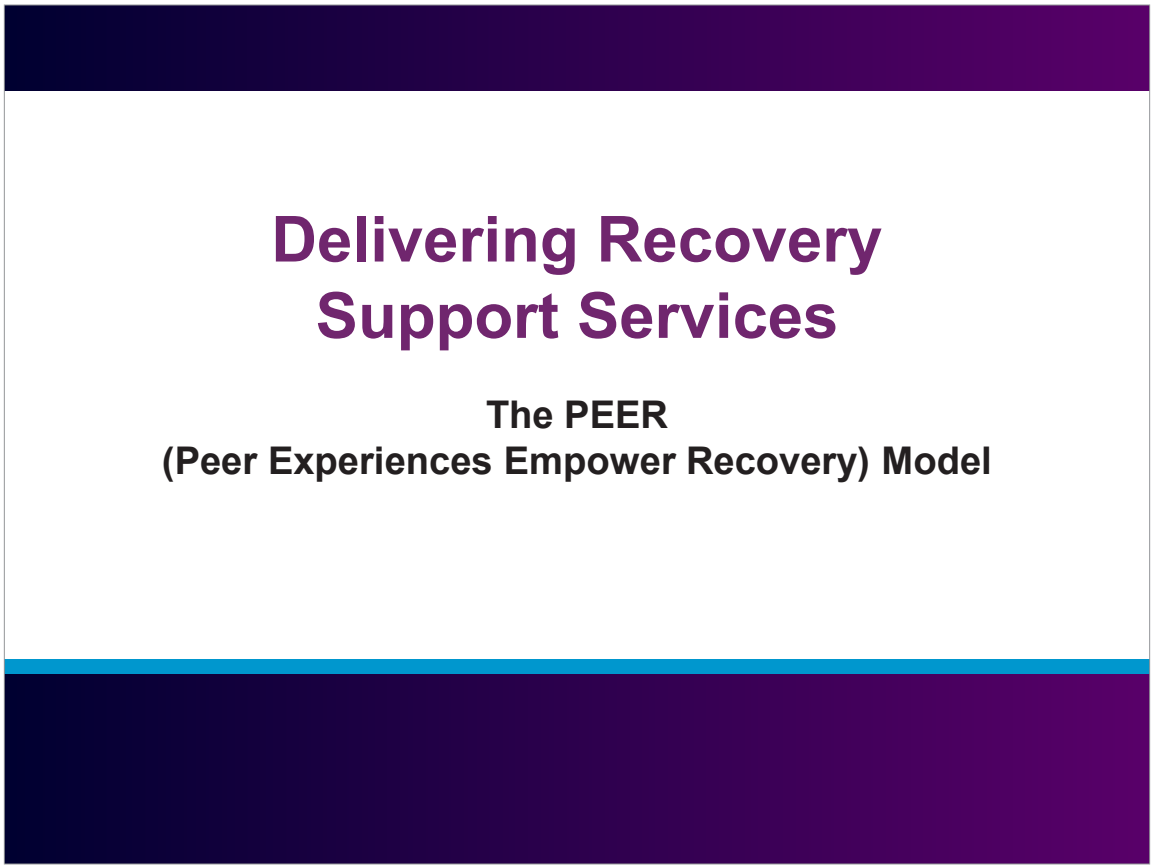
Participate as an active member of the global community of substance use professionals by learning to post on the ISSUP website and engage in one or more of ISSUP's networks. Enjoy connecting to the world of prevention and treatment professionals.

"Module 0" has hopefully provided you with a heightened awareness of the nature of the rapidly growing global community of substance use professionals to which you now belong by virtue of attending this training.

INL and your colleagues around the world warmly welcome you!

DELIVERING RECOVERY SUPPORT SERVICES

The PEER (Peer Experiences Empower Recovery) Model

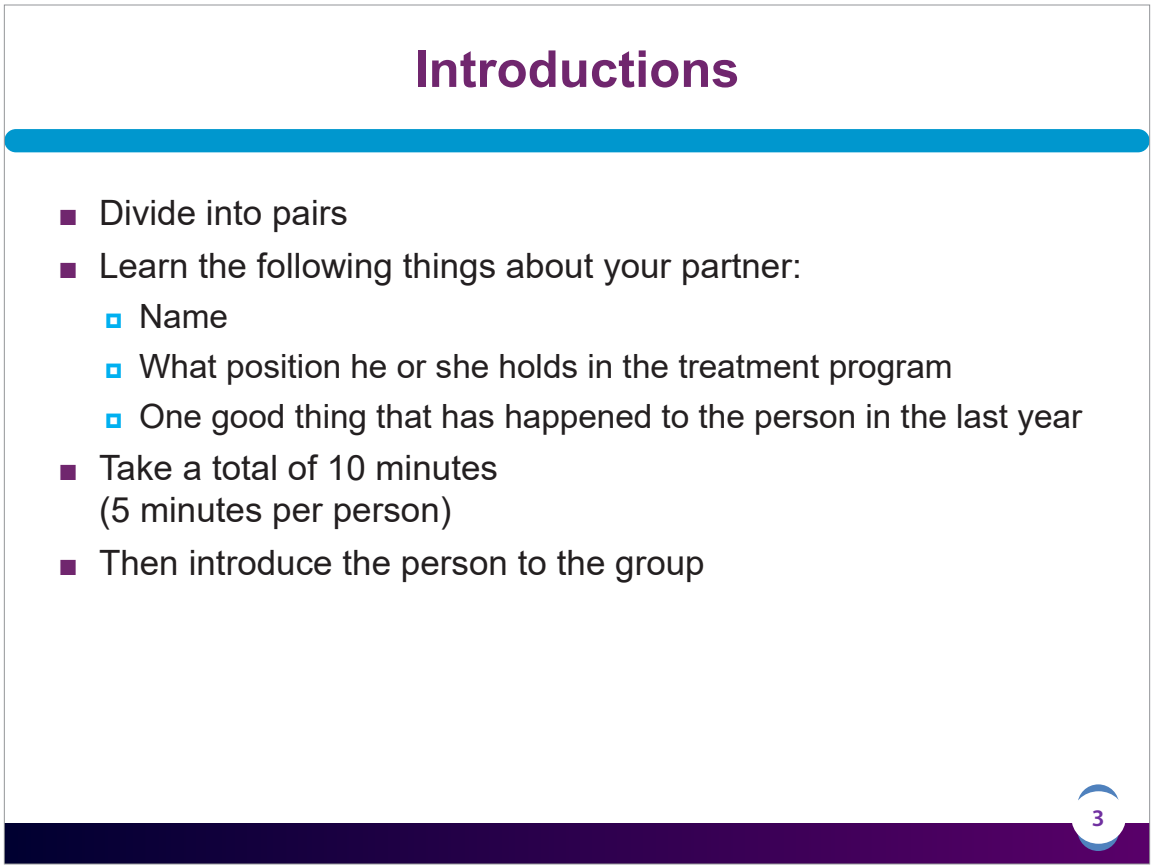


Explanation

- *Welcome to all of our guests and training participants. Thank you for taking your valuable time to attend this training. Your presence shows a great commitment and that you care about the future of your community and the people with whom you work. My name is _____ and my c-trainer (if applicable) is _____.*
- *We will be working together with you to ensure that this training is the best it can be. This is our PEER Model course. The goal is that this training is interactive and collaborative. Each person in this room brings a wealth of experience, knowledge and skills that we want to share with the group. This training has been designed to be very interactive and we look forward to each of you actively creating a learning community.*

Explanation

Before we get into the content of the course, let's share some introductory information. The first thing we need to do is to introduce everyone in the room.

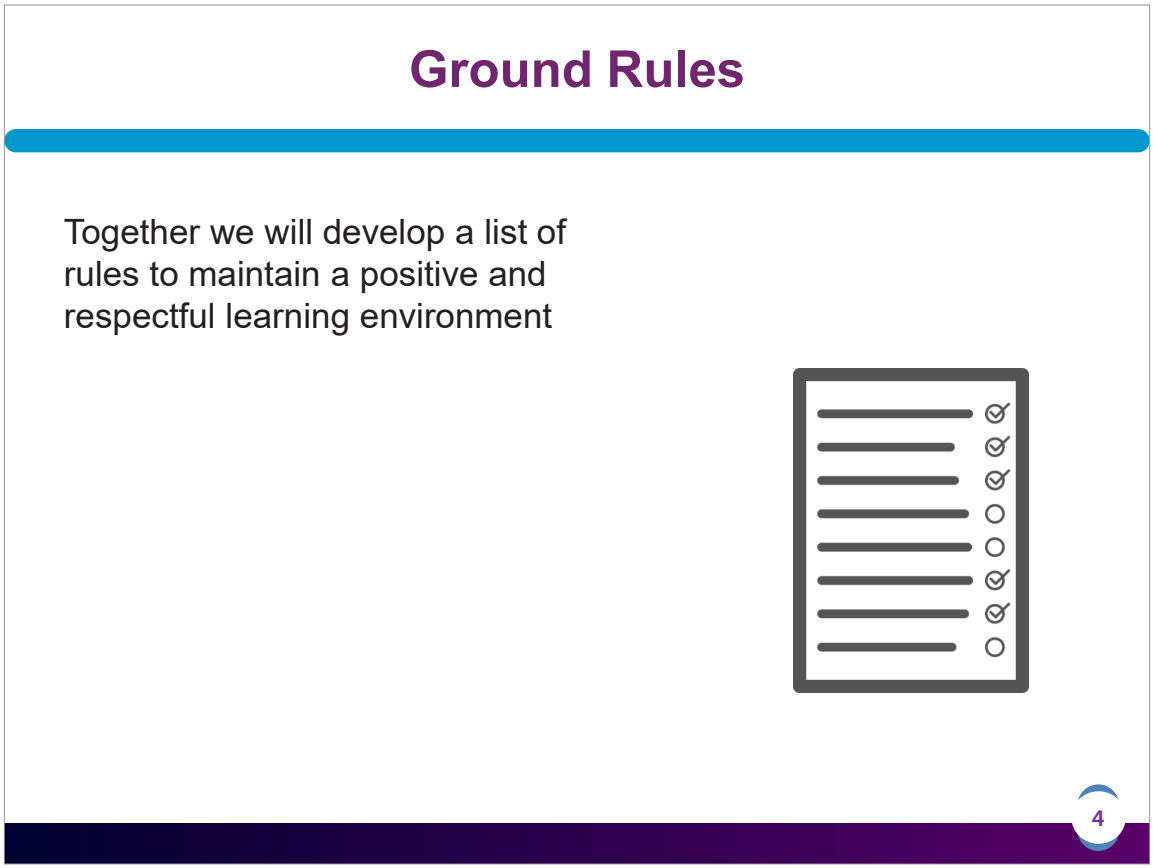


Explanation

- *Before we get into the course we want to make sure everyone gets to know each other. The way we will do that is to first divide into pairs. Everyone turn to a person next you. Once everyone has a partner, for the next 10 minutes, take the time to learn the following things about your partner:*
  - ✓ *His or her name and what he/she prefers to be called*
  - ✓ *What position he or she holds in the treatment program or in the field of treatment*
  - ✓ *One good thing that has happened to the person in the last year*

I will set the timer for 5 minutes and then you can switch to talk about the other person.

You will be asked to introduce your partner to the group.



Explanation

- *For a training to be successful everyone needs to feel both physically and psychologically safe. Thus, let's develop a set of ground rules together that we can all agree to uphold during the training.*

Pre-Test

- 30 minutes is allocated to complete the test

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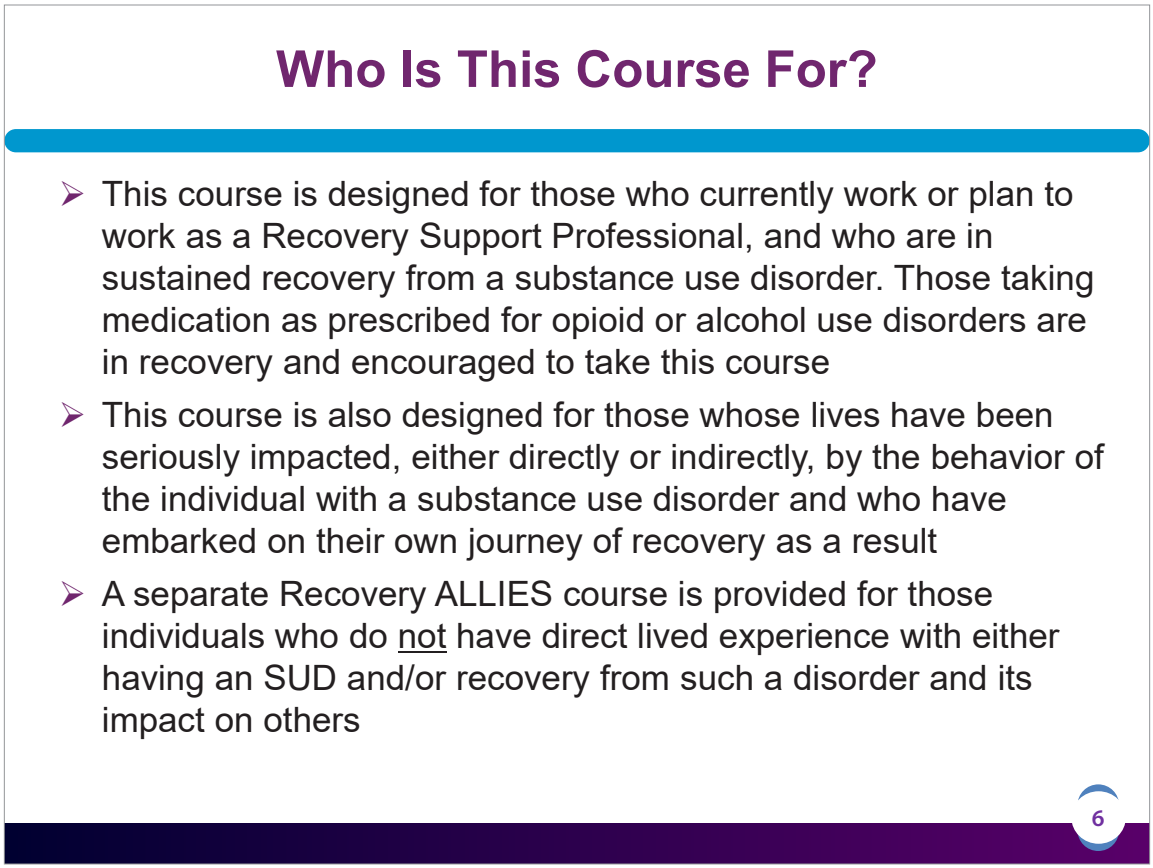
Explanation

- *Now we will see what information you know about peers as an important process in recovery. This pre-test helps us gauge what you know and serves as a baseline to measure what you have learned at the end of the course.*



Explanation

- *This course is a stand-alone course which provides a brief foundation that defines substance use disorders and recovery, and then provides the needed information about competencies and skills to work successfully as a Recovery Support Professional.*
- *It is created for those who already are working or want to work as a Recovery Support Professional and who are in sustained recovery from a substance use disorder. This includes those taking medications as part of their recovery journey.*
- *This course is also designed for those whose lives have been seriously impacted, either directly or indirectly, by the behavior of the individual with a substance use disorder and who have embarked on their own journey of recovery as a result. Such persons-- which most often includes family members and significant others-- are qualified to offer peer recovery support by virtue of their "shared personal experience" with addiction and recovery. These persons are in effect "experientially credentialed" by having their lives dramatically impacted by addiction and working their own program of recovery in order to function and live fully.*
- *A separate Recovery ALLIES course is provided for those individuals who do not have direct lived experience with either having a substance use disorder and recovery from such disorder and its impact on others.*

How is the PEER Model Course Organized?

- Module 1 Defining substance use disorders, treatment, recovery and the role of Recovery Support Professionals in treatment and recovery
- Module 2 Outlining the core competencies, roles and activities of Recovery Support Professionals
- Module 3 Minding Boundaries: Navigating challenging issues in recovery work
- Module 4 Defining and practicing self-care and avoiding secondary trauma
- Module 5 Knowing and navigating recovery support systems and services in your community

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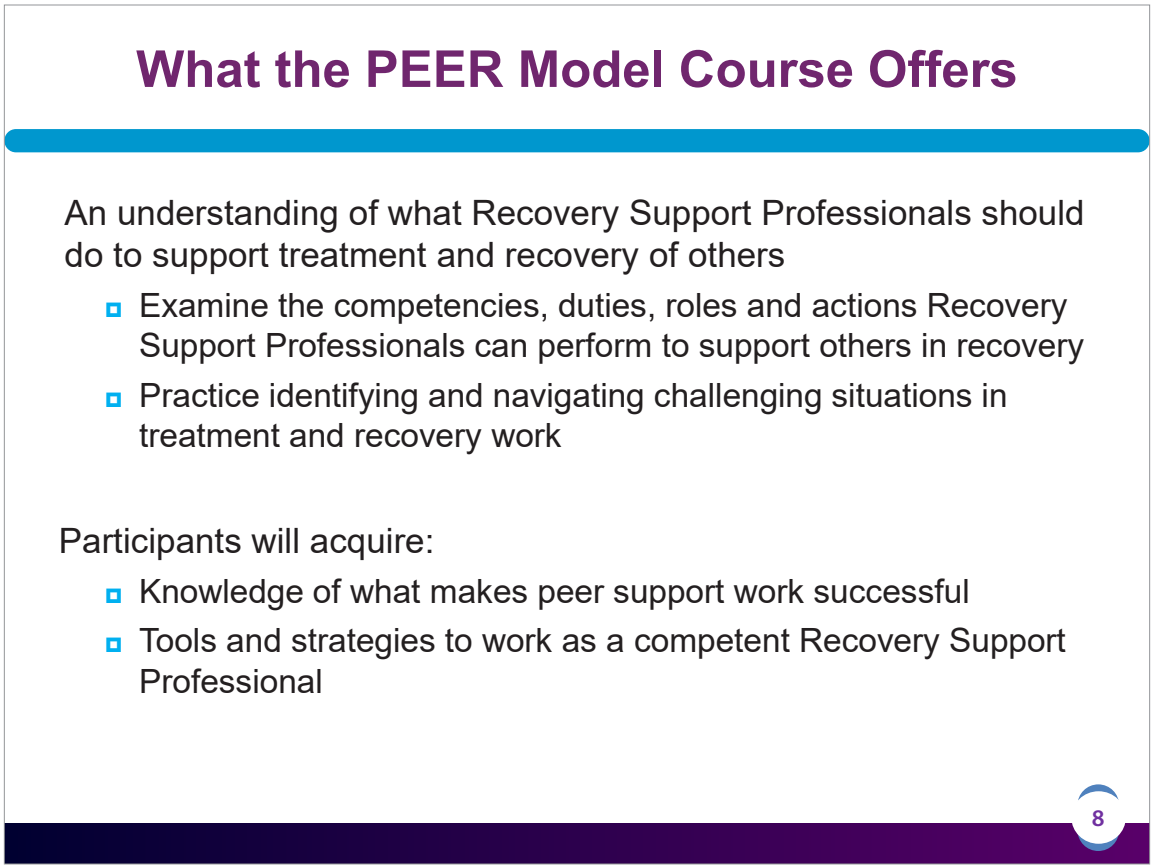
Explanation

- *This course was designed as 5 days with key topics being covered in each module.*
- *The first module starts by defining substance use disorders, its treatment modalities. It continues with a focus on definitions and concepts of recovery and outlining the role Recovery Support Professionals play in treatment and recovery.*
- *The second module then outlines the core competencies that Recovery Support Professionals need to practice in order to be successful in work.*
- *The third module provides essential information and practice in recognizing boundary issues and ways to navigate challenging issues in recovery work.*
- *The fourth module defines self-care and ways to practice self-care; such care is essential for all people working in the helping professions. Related to self-care is the avoidance of secondary trauma- the trauma that one experiences through listening to stories about harm that has come to those with whom we work.*
- *Finally, the fifth module has a more community focus. This module will help participants to learn about resources and develop ways for navigating recovery support systems and services.*



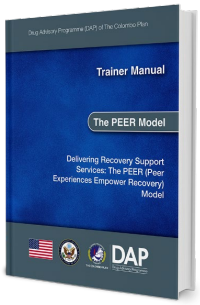
Explanation

- *This course provides key and essential information about what Recovery Support Professionals should do to support treatment and recovery of others. Together we will explore recovery concepts and examine the competencies, duties, roles and actions Recovery Support Professionals can perform to support others in recovery.*
- *This course also gives you time to practice identifying and navigating challenging situations in treatment and recovery work that Recovery Support Professionals often encounter in their work.*
- *By the conclusion of the course, participants will acquire knowledge of what makes peer support work successful as well as the ways to work as a confident and competent Recovery Support Professional.*

How this Course Fits into the Complete Universal Recovery Curriculum(URC)

- This course is one of the courses of the URC
- It is designed to be a stand-alone course so that Recovery Support Professionals can be trained quickly in the field

UNIVERSAL CURRICULA



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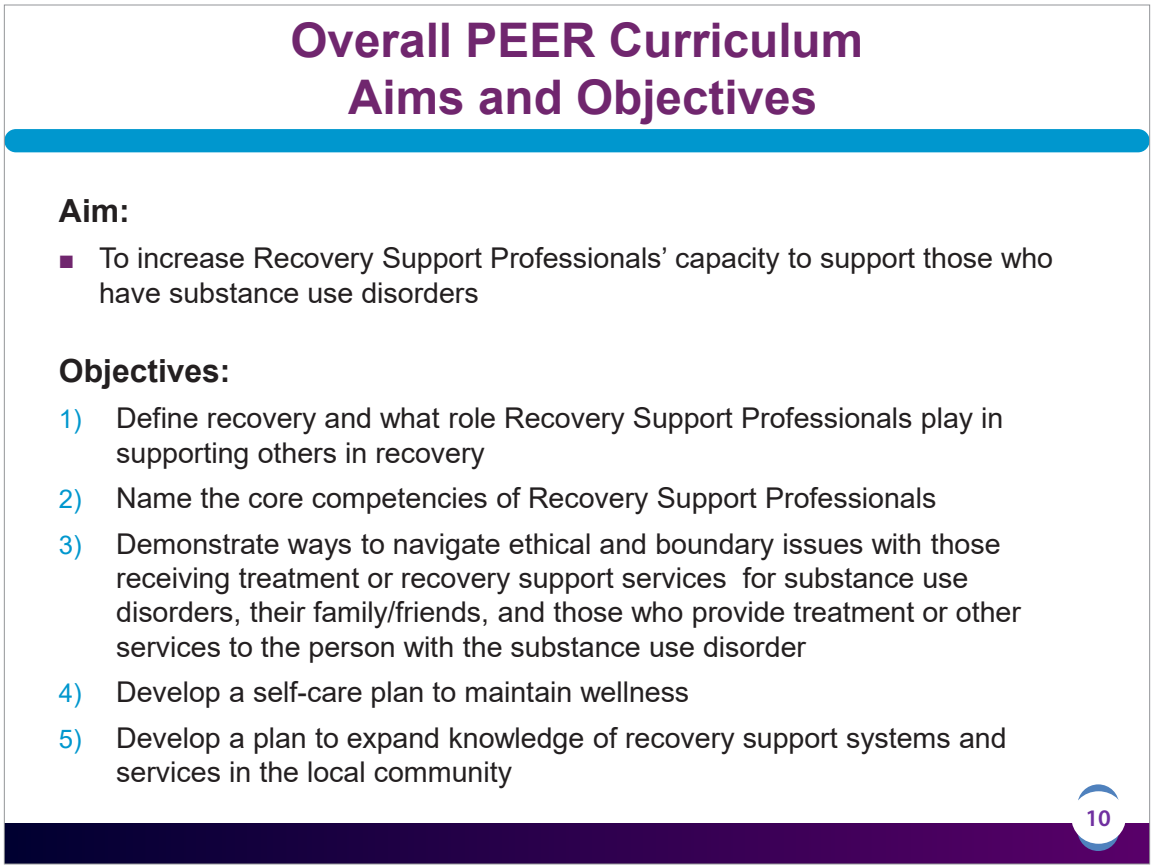
Explanation

- *This course is one of the courses of the URC.*
- *It is designed to be a stand-alone course so that Recovery Support Professionals can be trained quickly in the field and start to apply what they know to help others in recovery.*

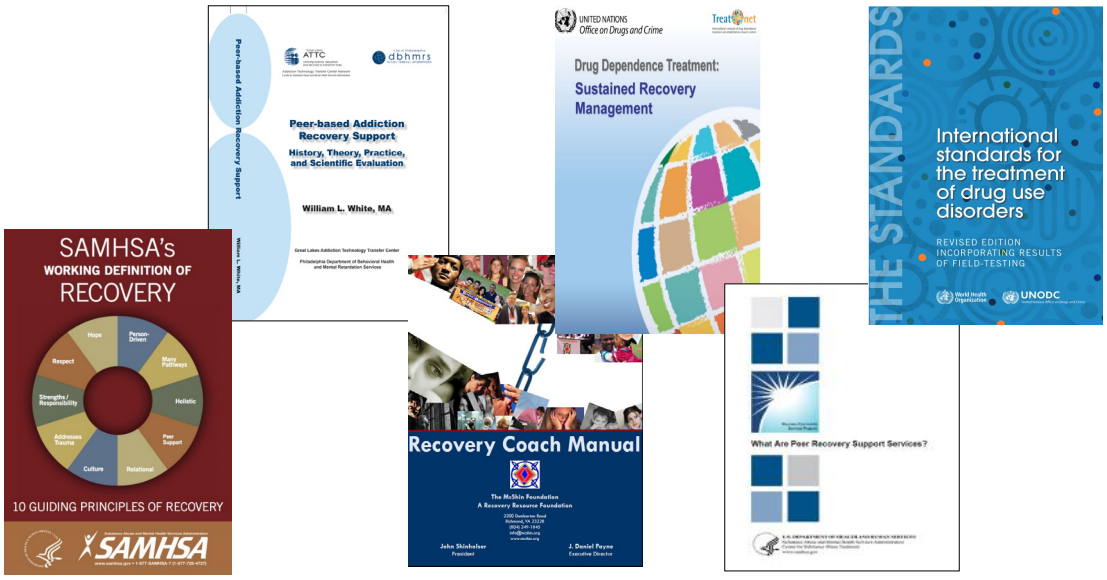


Explanation

- *As you can see on this slide, the aim of the overall PEER curriculum is to increase a trained person's capacity to help those who have substance use disorders to enter and sustain recovery.*
- *To achieve this overall aim, there are a specific set of course objectives. The number of each objective corresponds with the number of the module addressed by that objective.*

1. *Define recovery and what role Recovery Support Professionals play in supporting others in recovery*
2. *Name the core competencies of Recovery Support Professionals*
3. *Demonstrate ways to navigate ethical and boundary issues with those receiving treatment or recovery support services for substance use disorders, their family/friends, and those who provide treatment or other services to the person with the substance use disorder*
4. *Develop a self-care plan to maintain wellness*
5. *Develop a plan to expand knowledge of recovery support systems and services in the local community*

Key Documents



https://www.samhsa.gov/sites/default/files/programs_campaigns/brss_tacs/peers-supporting-recovery-substance-use-disorders-2017.pdf

Center for Substance Abuse Treatment, What are Peer Recovery Support Services? HHS Publication No. (SMA) 09-4454. Rockville, MD: Substance Abuse and Mental Health Services Administration, U.S. Department of Health and Human Services, 2009.

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Explanation

This slide shows the diverse array of documents that serve as key resources for this curriculum and for your reference. The links are available in the Appendix of this manual.

Explanation

- *In this first module, the focus is to ensure everyone has the same knowledge of substance use disorders as well as a common shared concept of treatment and recovery.*
- *Then we will turn to exploring the role Recovery Support Professionals play as a part of a team in the treatment setting and in helping individuals in their recovery*

Module 1 Learning Objectives

- Define substance use disorders
- Articulate the role of neurotransmitters in substance use disorders
- Summarize treatment modalities and define recovery
- Practice ways to overcome stigma
- Articulate the key roles and duties of a Recovery Support Professional

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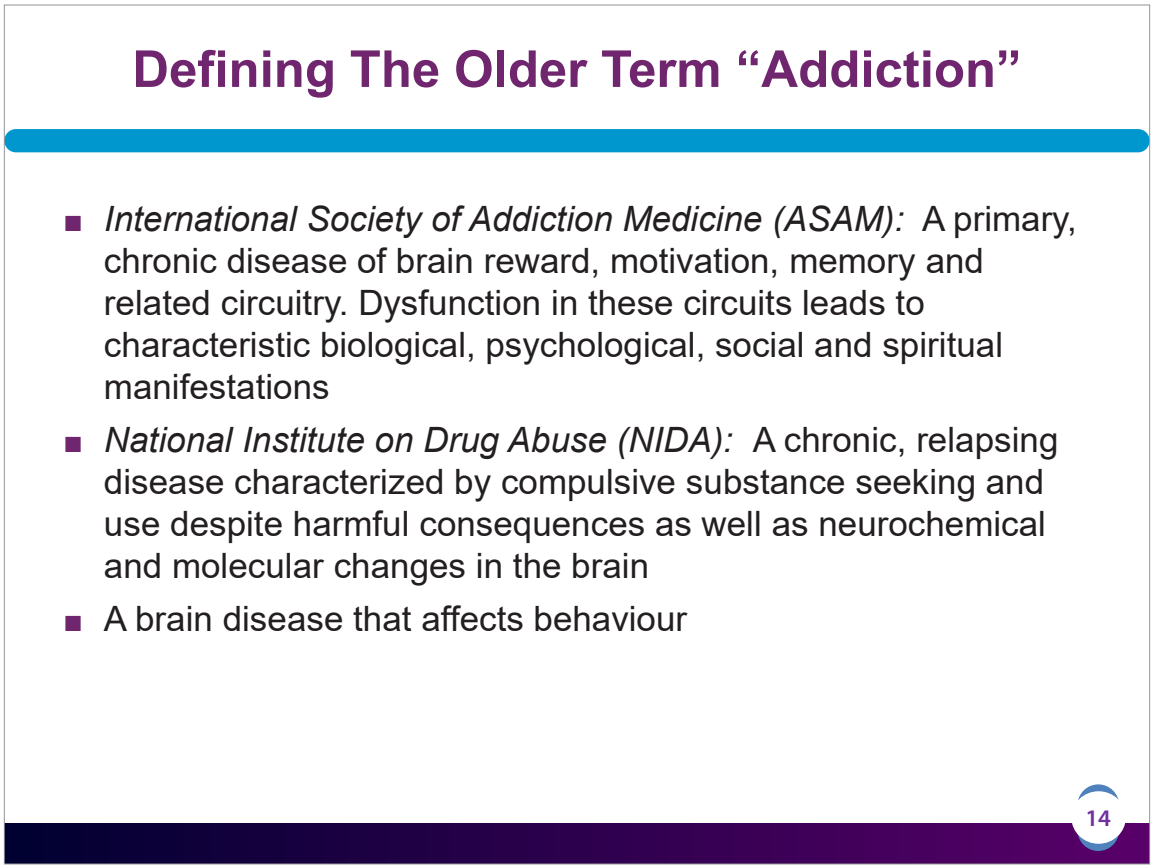
Explanation

- *In this first module we have five learning objectives. The first one is to define the meaning of "substance use disorder."*
- *The second learning objective is to articulate the role which neurotransmitters play in substance use disorders*
- *The third learning objective is to summarize treatment modalities and define recovery*
- *The fourth learning objective is to practice ways to overcome stigma*
- *The final learning objective is to articulate the key roles and duties of a Recovery Support Professional*



Explanation

- *There are two commonly accepted terms to use when discussing substances that are used in harmful ways. The first and older term is addiction. A commonly accepted definition of addiction was crafted by the International Society of Addiction Medicine (ASAM).*
- *This body of experts defined addiction as a chronic disease of brain reward, motivation, memory and related circuitry. The non-optimal functioning in these brain circuits leads to a variety of physical and other changes. These changes are in the areas of biology, psychology, as well as social and spiritual realms.*
- *Another similar definition of addiction is provided by the National Institute on substance Abuse (NIDA). It defines addiction as a chronic, relapsing disease characterized by compulsive substance seeking and use despite harmful consequences as well as neurochemical and molecular changes in the brain. Both definitions have the common elements of recognizing addiction as a disease of the brain that affects behaviour in multiple domains of life.*
- *Now that our understanding of addiction as a brain illness has evolved, there is the more specific term of "substance use disorder." This term is also less stigmatizing to use than "addiction."*

Defining Substance Use Disorders

- The *Diagnostic and Statistical Manual of Mental Disorders*, Fifth Edition (DSM-5), no longer uses the terms "substance abuse" and "substance dependence"
- These terms are now replaced with describing substance use disorders that are either mild, moderate, or severe
- The level of severity is determined by the number of diagnostic criteria met by an individual
- According to the DSM-5, a diagnosis of substance use disorder is based on evidence of impaired control, social impairment, risky use, and pharmacological criteria

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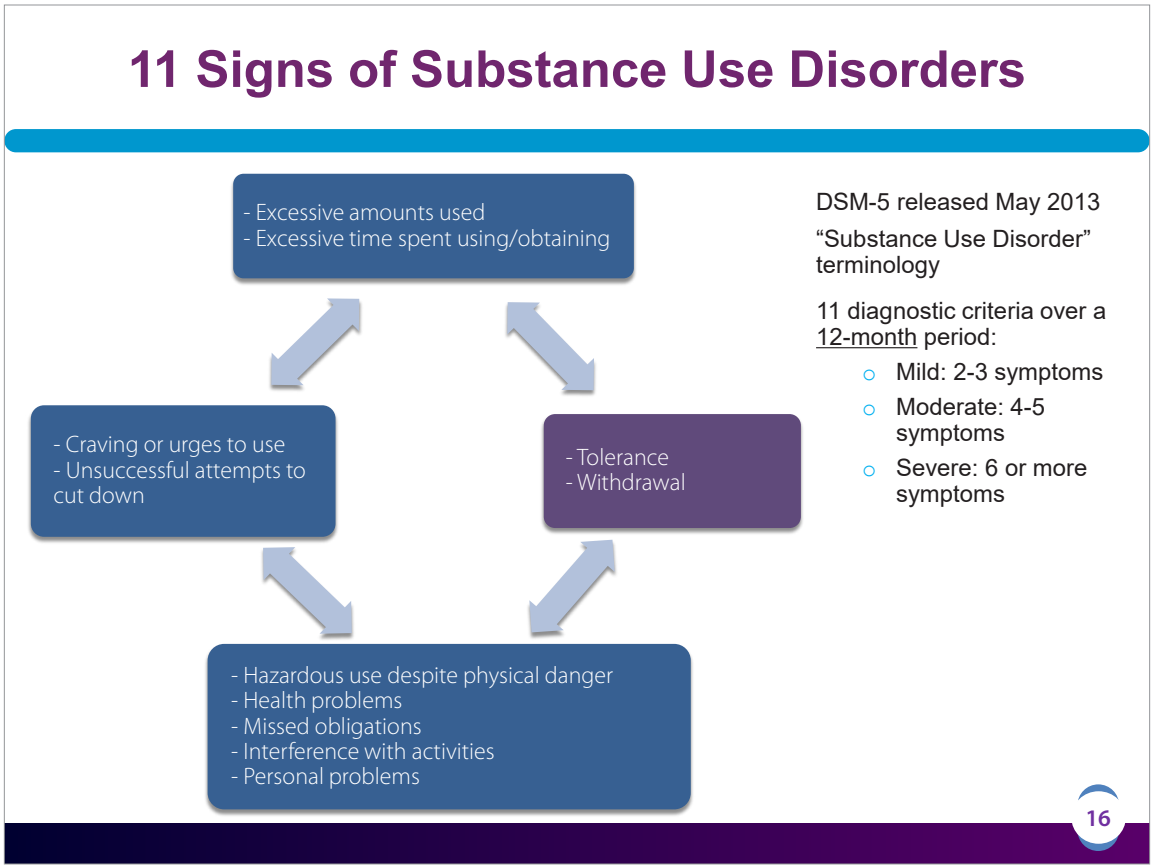
Explanation

- *The Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition (DSM-5), no longer uses the terms substance abuse and substance dependence, rather it refers to substance use disorders, which are defined as mild, moderate, or severe to indicate the level of severity, which is determined by the number of diagnostic criteria met by an individual.*
- *Substance use disorders occur when the recurrent use of alcohol and/or drugs causes clinically and functionally significant impairment, such as health problems, disability, and failure to meet major responsibilities at work, school, or home. According to the DSM-5, a diagnosis of substance use disorder is based on evidence of impaired control, social impairment, risky use, and pharmacological criteria.*



Explanation

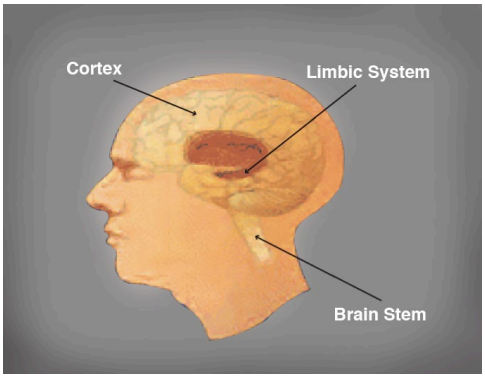
Substance use disorders span a wide variety of problems arising from substance use, and cover 11 different criteria as follows:

Note that 9 of the 11 signs or symptoms are behaviorial and only two are physiological.

- *Taking the substance in larger amounts or for longer than the individual meant to*
- *Wanting to cut down or stop using the substance, but not managing to*
- *Spending a lot of time getting, using, or recovering from use of the substance*
- *Cravings and urges to use the substance*
- *Not managing to do what one should at work, home or school, because of substance use*
- *Continuing to use, even when it causes problems in relationships*
- *Giving up important social, occupational or recreational activities because of substance use*
- *Using substances again and again, even when it puts the individual in danger*
- *Continuing to use, even when the individual knows they have a physical or psychological problem that could have been caused or made worse by the substance use*
- *Needing more of the substance to get the effect the individual seeks (tolerance)*
- *Development of withdrawal symptoms, which can be relieved by taking more of the substance*
- *Clinicians can specify how severe the substance use disorder is, depending on how many symptoms are identified. Two or three symptoms indicate a mild substance use disorder, four or five symptoms indicate a moderate substance use disorder, and six or more symptoms indicate a severe substance use disorder.*

Substance Use Disorders are Brain Illnesses

The human brain is the most complex organ in the body



The brain is made up of many parts that all work together as a team

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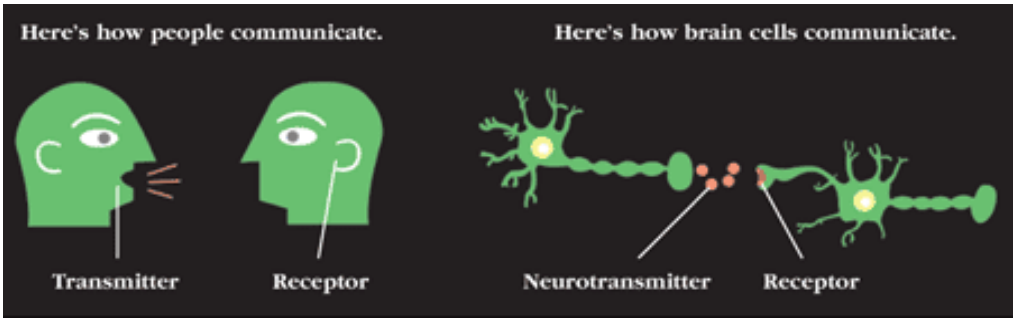
Explanation

- *Since substance use disorders are brain diseases, we need to understand basic aspects about the brain.*
- *The human brain is the most complex organ in the body. This three-pound mass of gray and white matter sits at the center of all human activity - you need it enjoy a meal, to breathe, to create art, and to enjoy everyday activities. In brief, the brain regulates your basic body functions; enables you to interpret and respond to everything you experience; and shapes your thoughts, emotions, and behavior.*
- *The brain is made up of many parts that all work together as a team. Different parts of the brain are responsible for coordinating and performing specific functions. Drugs can alter important brain areas that are necessary for life-sustaining functions and can drive the compulsive drug abuse that marks substance use disorder. Brain areas affected by drug abuse:*
- *The brain stem controls basic functions critical to life, such as heart rate, breathing, and sleeping.*
- *The limbic system contains the brain's reward circuit - it links together a number of brain structures that control and regulate our ability to feel pleasure. Feeling pleasure motivates us to repeat behaviors such as eating - actions that are critical to our existence. The limbic system is activated when we perform these activities - and also*

by drugs of abuse. In addition, the limbic system is responsible for our perception of other emotions, both positive and negative, which explains the mood-altering properties of many drugs.

- *The cerebral cortex is divided into areas that control specific functions. Different areas process information from our senses, enabling us to see, feel, hear, and taste. The front part of the cortex, the frontal cortex or forebrain, is the thinking center of the brain; it powers our ability to think, plan, solve problems, and make decisions.*

Brain Cell Communication



1) Neurotransmitter binds to receptor on second cell
2) This binding excites the second cell into action
3) The reward center in the limbic system contains thousands of nerves and many different neurotransmitters

teen.substanceabuse.gov / image courtesy of B. K. Madras

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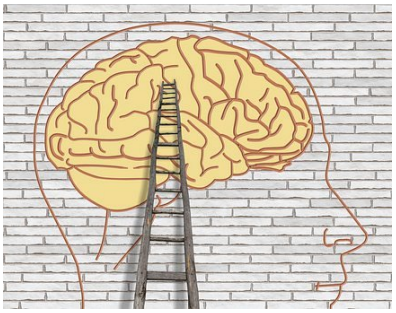
Explanation

- *An adult brain contains about 100 billion neurons. Neurons are also known as nerve cells that work all the time- they never sleep. Their job is to send and receive messages. Within a neuron, messages travel from the cell body down the axon to the axon terminal in the form of electrical impulses. From there, the message is sent to other neurons with the help of neurotransmitters.*
- *Neurotransmitters are also known as the Brain's Chemical Messengers*
  To make messages jump from one neuron to another, the neuron creates chemical messengers, called neurotransmitters. The axon terminal releases neurotransmitters that travel across the space (called the synapse) to nearby neurons. Then the transmitter attaches to receptors on the nearby neuron.
- *Receptors—The Brain's Chemical Receivers*
  To send a message, a nerve cell releases a chemical (neurotransmitter) into the space separating two nerve cells, called the synapse. The neurotransmitter crosses the synapse and attaches to proteins (receptors) on the receiving nerve cell. This causes changes in the receiving nerve cell, and the message is delivered.
- *As the neurotransmitter approaches the nearby neuron, it attaches to a special site on that neuron called a receptor. A neurotransmitter and its receptor operate like a key and lock, in that a very specific mechanism makes sure that each receptor will forward the right message only after interacting with the right kind of neurotransmitter.*

Psychoactive Substances Change the Brain

- A psychoactive substance ('substance') is a chemical substance that changes brain function
- It leads to changes in either mood or perception, or both, in the individual who has been exposed to the substance
- Many psychoactive substances have medicinal value and are used to treat aliments in the body



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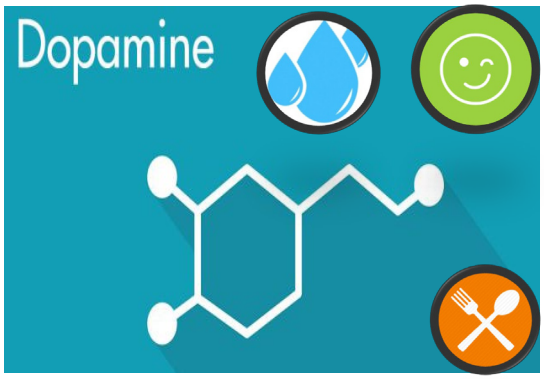
Explanation

- *A psychoactive substance ('substance') is a chemical substance that changes brain function.*
- *Use of such substances leads to changes in either mood or perception or both in the individual who has exposed to the substance.*
- *Many psychoactive substances have medicinal value, and are used for the treatment of a wide variety of ailments or for a number of different purposes -- for example, opioids are used in the treatment of pain.*

All Psychoactive Substances Release Dopamine



nanograms/deciliter	
40	Worst Day
50	Average Day
100	Great Day!
500- 1,100	Drugs

Source: https://www.youtube.com/watch?v=M5Mky3Jr960 R. Corey Waller

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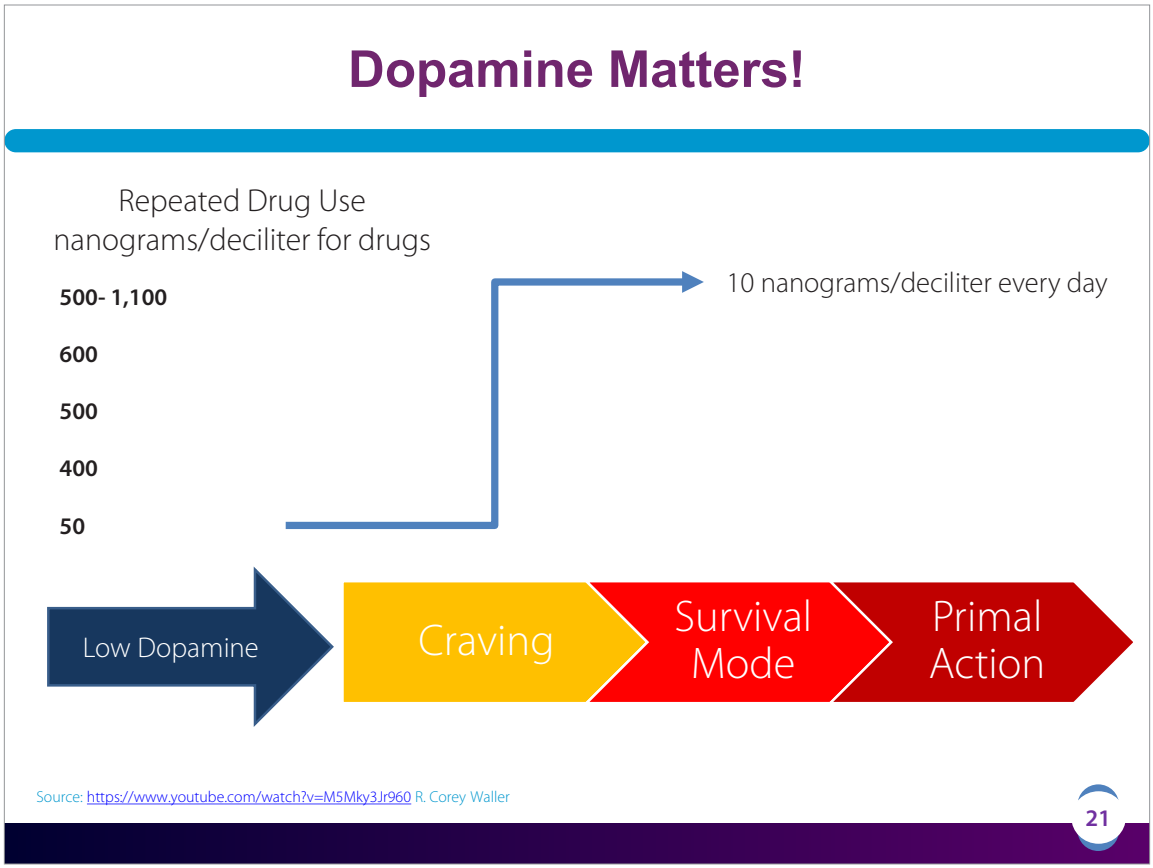
Explanation

- *All drugs that are misused have some things in common. They trick the brain in to releasing dopamine. Such a release makes the brain think it needs the drug for survival because the brain is looking for the dopamine release.*
- *There are a few things we all need for survival- water, food and dopamine.*
- *On a bad day- when you lost your keys, your children and your boss are mad with you, your dopamine is at about 40 ng/dL.*
- *On the typical day, things are going ok, your dopamine is about 50 ng/dL.*
- *On a great day, you won the lottery, you live at the beach and you have the life of your dreams, your dopamine is 100. Yet when you take drugs, the drugs overwhelm the release of dopamine so that the first time you take drugs it is 500-1,100 ng/dL of dopamine in your brain.*



Explanation

- *Then as you take drugs over and over, your brain is no longer able to release the same amount of dopamine over and over. Slowly, less and less dopamine is released after drug use.*
- *When a person has low dopamine, then they crave the need to feel adequate amounts of dopamine in their brain.*
- *This craving leads to fear and throws the person into survival mode. Basically, the brain is tricked into thinking it needs the drug to survive, because this is the only way for the brain to have a rush of dopamine released.*
- *When the brain goes into survival mode, then it will do anything to get the drug/ dopamine release. That is what underlies a drug use disorder.*

Substances Can Positively Reinforce Behavior

- Because psychoactive substances lead to changes in mood or perception they may serve as powerful positive reinforcers of behavior
- Such positive reinforcement can lead to continued use, and in some circumstances continued use, despite the result of negative consequences in one or more life areas

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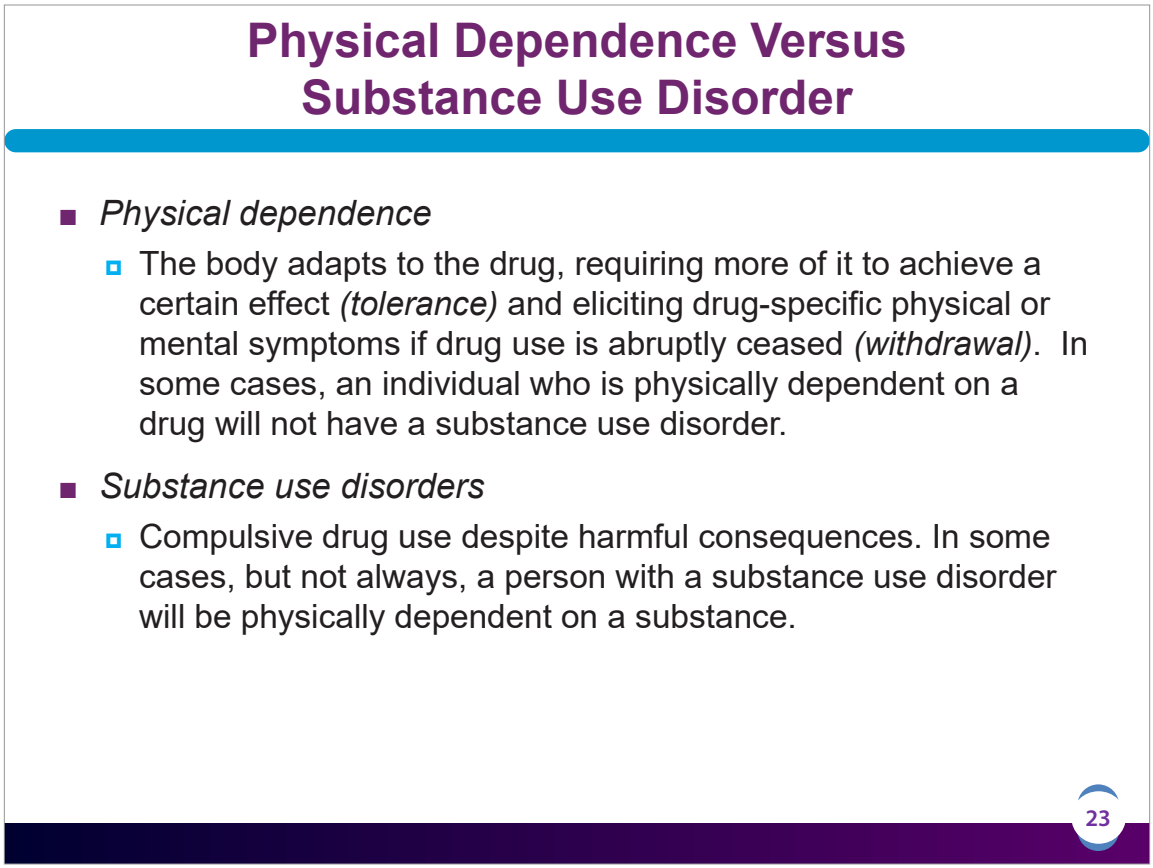
Explanation

- *While we know dopamine is released in the brain after drug use, this action is not something we can see easily. What we do see is the that psychoactive substances lead to changes in mood or perception that can be intoxication. Such intoxication can then serve as a powerful positive reinforcer of behavior.*
- *Such positive reinforcement can lead to continued use, and in some circumstances continued use despite the result of negative consequences in one or more life areas*

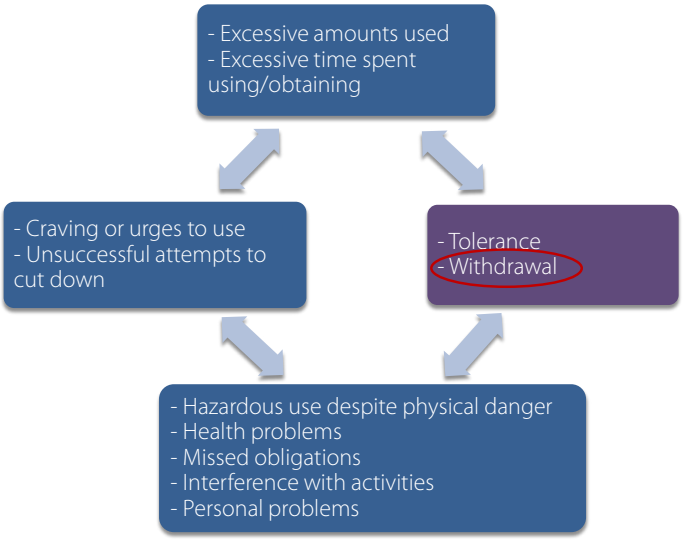


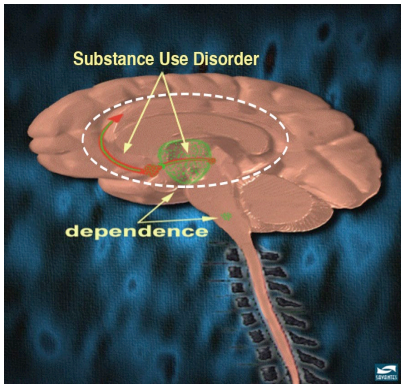
Explanation

- *Physical dependence in which the body adapts to the drug, requiring more of it to achieve a certain effect (tolerance) and eliciting drug-specific physical or mental symptoms if drug use is abruptly ceased (withdrawal). It can usually be managed by a tapering off the substance.*
- *In contrast, substance use disorders are defined as compulsive drug use despite harmful consequences—and is characterized by an inability to stop using a drug; failure to meet work, social, or family obligations; and, sometimes (depending on the drug), tolerance and withdrawal.*
- *For example, someone can be in the hospital and treated for pain and be prescribed opioids to manage the pain. That person may become physically dependent on the opioid – meaning the dose may need to be increased to adequately treat the pain and if the opioid was removed suddenly- that person may experience physical withdrawal from opioids. To prevent withdrawal- once the pain is decreasing, then lower and lower doses of opioids can be given to remove the opioids from the person's body and return the person to a substance free state.*

Brain Areas Differ for Physical Dependence and Substance Use Disorder

The only aspect that "Physical Dependence" and a substance use disorder have in common is withdrawal.





Physical dependence alone does not activate the brain's reward center

www.substanceabuse.gov

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Explanation

- *As you can see in this slide, while substance use disorders affect the reward pathways of the brain (including the mesolimbic pathway and the mesocortical pathway), physical dependence affects the thalamus and brainstem.*
- *A good example of how active substance use disorders and physical dependence differs include opioid use disorders.*
- *For example, if someone takes heroin, which can be used by injecting, snorting, or smoking, the heroin causes an almost immediate "rush," or brief period of intense euphoria. That euphoria wears off quickly and ends in a "crash." The individual then experiences an intense craving to use the drug again to stop the crash and reinstate the euphoria. The cycle of euphoria, crash, and craving—sometimes repeated several times a day—is a hallmark of a substance use disorder and results in severe behavioral disruption. These characteristics result from heroin's rapid onset and short duration of action in the brain.*
- *In contrast, methadone and buprenorphine are two medications, that when taken correctly, are not substitutes or replacements for heroin. These medications have gradual onsets of action and produce stable levels of the medication in the brain. As a result, those maintained on these medications do not experience a rush, while they also markedly reduce their desire to use opioids.*

- *If an individual treated with these medications tries to take an opioid such as heroin, the euphoric effects are usually dampened or suppressed. People undergoing maintenance treatment do not experience the physiological or behavioral abnormalities from rapid fluctuations in drug levels associated with heroin use. Maintenance treatments (such as methadone and buprenorphine) can save lives; they help to stabilize individuals, and retain them in treatment, allowing their medical, psychological, and other problems to be addressed—ultimately giving them the chance to contribute effectively as members of families and of society.*
- *Other examples of medications and substances that can lead to physical dependence without withdrawal are benzodiazepines and anti-depressants. For example, someone can take benzodiazepines for anxiety as prescribed by the doctor and have none of the signs of a substance use disorder. They take their medicine in the dose prescribed and at the day and time as directed by the doctor. They never misuse their medication. Then, if they suddenly were no longer able to have the medicine and suddenly stopped it, they would go into withdrawal. If they only went into withdrawal and did not show any of the other signs of a substance use disorder, then they were only physically dependent on the medication.*

EXERCISE
Teaching Others About Substance Use Disorders

Break into 4 groups and create a training exercise to show how you would train others on the following topics:

Group 1: Definition of substance use disorder

Group 2: Why dopamine is important in substance use disorders

Group 3: How neurons communicate

Group 4: Difference between physical dependence and substance use disorder

➢ Each group has 20 minutes to develop their work and then 5 minutes to present their actual training exercise

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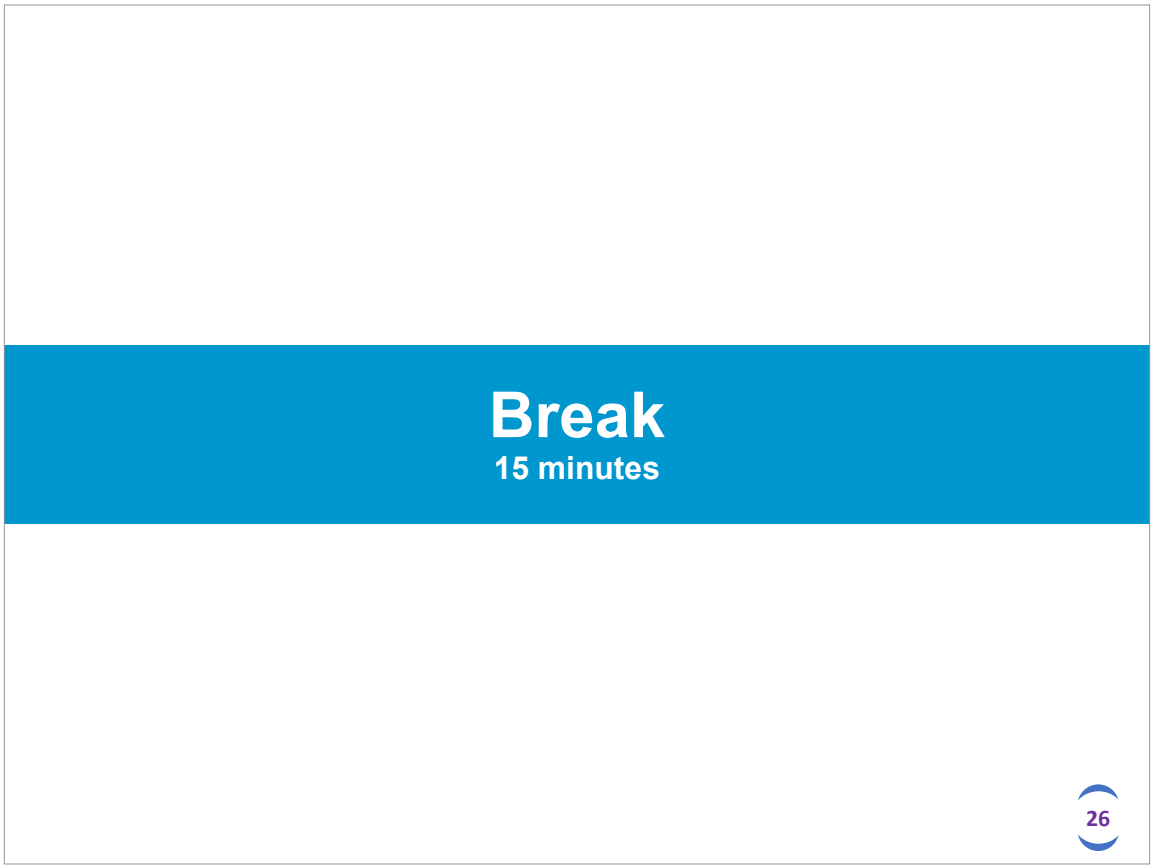
Explanation

- *The main point of this material is to provide you with the needed background to understand substance use disorders, and the brain's role in substance use disorders. The best way to show you have learned something is to teach it yourself.*
- *Let's have participants break into 4 groups and actually create a training exercise to show how one would train others on the following topic:*
  - ✓ *Group 1: definition of substance use disorder*
  - ✓ *Group 2: parts of the brain*
  - ✓ *Group 3: how neurons communicate*
  - ✓ *Group 4: difference between physical dependence and substance use disorder*
  - ✓ *Each group has 20 minutes to complete the work and then 5 minutes to present their actual training exercise*



Explanation

At this point in our training, let's take a break. Please return in 15 minutes so we can stay on track and be respectful of your time and the time of our other training participants.

Reviewing Substance Classes

- Four main classes of substances:
  - Stimulants
  - Opioids
  - Depressants
  - Hallucinogens
    - The classifications are based on the main effects of the drugs on the central nervous system
    - Some substances do not fit neatly into a category; these substances include cannabinoids, Khat and Miraa, dissociative anesthetics (Ketamine and Phencyclidine) and inhalants (solvents, gasses and nitrites)
- These classifications comport with the overall UTC Curriculum

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Explanation

- *It is recognized that there are many different ways to classify substances. For this course we are going to use 4 main classes of substances based on the main effects of the substance on the central nervous system. These classes include:*

✓ *Stimulants (cocaine, amphetamine and methamphetamine are examples of this class of substance)*

✓ *Opioids (heroin, methadone, opium, and oxycontin are examples of this class of substance)*

✓ *Depressants (alcohol, valium/benzodiazepines, barbiturates are examples of this class of substance)*

✓ *Hallucinogens (LSD, mushrooms, mescaline are examples of this class of substance)*

✓ *The classifications are based on the main effects of the drugs on the central nervous system*

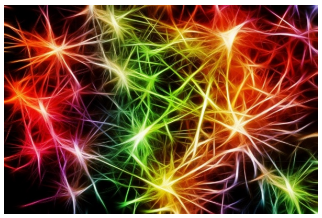
✓ *Some substances do not fit neatly into a category*

✓ *These substances include cannabinoids (marijuana), Khat or Miraa, dissociative anesthetics (Ketamine and Phencyclidine) and inhalants (solvents, gasses and nitrites)*

✓ *Please note that these classifications are in accordance with the UTC Curriculum*

1) Stimulants

- Stimulants increase the activity of the Central Nervous System (CNS)
  - They commonly have the effects of:
    - Increasing heart rate
    - Increasing breathing
    - May offer a feeling of excited euphoria
    - Do not commonly alter perception
  - Examples: nicotine, caffeine, amphetamines and methamphetamines, cocaine, and crack (smokable form of cocaine)



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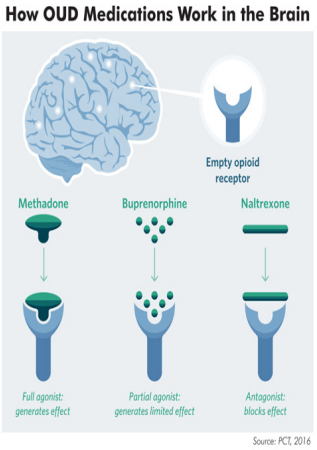
Explanation

- *These next slides will only touch on a number of most commonly used substances. As the name suggests, stimulants increase alertness, attention, and energy, as well as elevate blood pressure, heart rate, and respiration.*
- *Stimulants historically were used to treat asthma and other respiratory problems, obesity, neurological disorders, and a variety of other ailments.*
- *But as their potential for problem use and use disorders became apparent, the medical use of stimulants began to wane.*
- *Now, stimulants are prescribed to treat only a few health conditions, including ADHD, narcolepsy, and occasionally depression—in those who have not responded to other treatments.*

2) Opioids

- Selectively depress the CNS
- They reduce pain and tend to induce sleep
- The most noticeable short-term effect of opioid use is a flushed feeling, called a "high," along with intense feelings of pleasure and relaxation
- Heroin, morphine, and other substances used to treat severe pain. They are called opioids because they interact at the “opioid receptors” in the brain
- There are safe medications to treat opioid use disorders: Methadone, buprenorphine and naltrexone.
- Taking these medications is compatible with recovery!
- All people using opioids need access to naloxone – see Appendix for instructions on how to administer it



https://www.drugabuse.gov/publications/principles-drug-addiction-treatment-research-based-guide-third-edition/evidence-based-approaches-to-drug-addiction-treatment/pharmacotherapies

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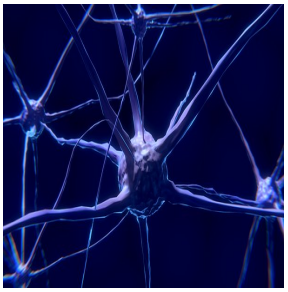
Explanation

- *The effects of opiate use can be felt very quickly after taking the drug, but the duration depends on the type and amount of opiate taken. The most noticeable short-term effect of opiate use is a flushed feeling, called a "high," along with intense feelings of pleasure and relaxation.*
- *Other short-term effects include:*
  - ✓ *Dry mouth*
  - ✓ *A feeling of heaviness in the arms and legs*
  - ✓ *Alternating between an alert or drowsy state*
  - ✓ *Impaired mental functioning*
  - ✓ *Nausea*
  - ✓ *Constipation*
  - ✓ *Itchy skin*
  - ✓ *Depressed respiration rate*
  - ✓ *Most of the short-term opiate effects are more severe in elderly patients, particularly those already suffering from a central nervous system illness.*

- *The long-term effects of opiate use include:*
  - ✓ *A suppressed immune system, leading to frequent infections and possible heart and liver problems*
  - ✓ *Frequent and severe constipation*
  - ✓ *Opioid endocrinopathy, with symptoms that include decreased libido and possible infertility, anxiety, loss of muscle strength and mass, irregular menstruation and an increased risk of osteoporosis*
  - ✓ *Opioid-induced hyperalgesia, a condition that makes patients more sensitive to pain*
- *There are safe medications to treat opioid use disorders: These medications are the opioid agonist, Methadone, the opioid partial agonist, buprenorphine and the opioid antagonist, naltrexone. See these videos https://www.youtube.com/watch?v=dw6laQ4-Zgs and https://www.drugabuse.gov/videos/facts-medication-treatment-opioid-use-disorder-oud*
- *Taking these medication is compatible with recovery!*
- *All people using opioids need access to naloxone – see Appendix for instructions on how to administer it*

3) Depressants

- Decrease the activity of the CNS as similar to opioids
- Tend to decrease heart rate
- Decrease breathing
- Offer a relaxed and sometimes sleepy sense of well-being or euphoria
- Examples: Alcohol, barbiturates, benzodiazepines, and GHB



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Explanation

Overall Effects of Alcohol

Short-term effects

In low doses:

- *A relaxing effect, reduced tension, lowered inhibitions, poor concentration, slow reflexes, slow reaction time, reduced coordination; slower brain activity, sensations and perceptions that are less clear*

In medium doses:

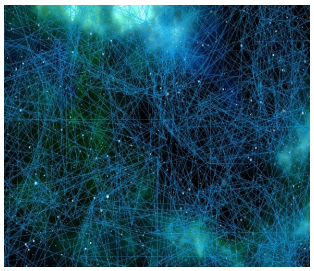
- *Slurred speech; sleepiness; altered emotions; poor vision; disruption of sleeping patterns; increased urine production; red face; lower core body temperature*

In high doses:

- *Vomiting; uncontrolled urination and defecation; breathing difficulties; passing out; alcohol poisoning; coma and death*

4) Hallucinogens

- Users may see images, hear sounds, and feel sensations that seem real, but do not exist
- Users experiences are often unpredictable effects which may vary with the amount ingested and the user's personality, mood, expectations, and surroundings
- The effects can be described as drug-induced psychosis—distortion or disorganization of a person's capacity to recognize reality, think rationally, or communicate with others
- Examples: LSD, mescaline (derives from a cactus), psilocybin (mushrooms), Ecstasy and other person-made or synthetic hallucinogens



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Explanation

- *Ingesting hallucinogenic drugs can cause users to see images, hear sounds, and feel sensations that seem real but do not exist. Their effects typically begin within 20 to 90 minutes of ingestion and can last as long as 12 hours. Experiences are often unpredictable and may vary with the amount ingested and the user's personality, mood, expectations, and surroundings.*
- *The effects of hallucinogens like LSD can be described as drug-induced psychosis—distortion or disorganization of a person's capacity to recognize reality, think rationally, or communicate with others.*
- *Users refer to LSD and other hallucinogenic experiences as "trips" and to acute adverse or unpleasant experiences as "bad trips." On some trips, users experience sensations that are enjoyable and mentally stimulating and that produce a sense of heightened understanding.*
- *Bad trips, however, include terrifying thoughts and nightmarish feelings of anxiety and despair that include fears of losing control, insanity, or death.*

5) Other Substances: Marijuana, Khat/Miraa, Dissociative Anesthetics and Inhalants

- Marijuana: Sedating or relaxing at low doses and may have enhanced sensory perception at higher doses
- Khat/Miraa: Can induce mild euphoria at low doses and higher doses can include mania and hyperactivity
- Dissociative Anesthetics (Ketamine): Can have hallucinating or depressant and stimulant effects
- Inhalants: Generally depressant effects but can have stimulating or hallucinating effects
- New Psychoactive Substances (NPS): New psychoactive substances are those that have been recently become available.

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Explanation

- *There are other substances that doe not fit neatly into a certain substance category. These substances include: Marijuana, Khat/Miraa, Dissociative Anesthetics and Inhalants*
- *When a smokes marijuana, the active ingredient THC quickly passes from the lungs into the bloodstream. The blood carries the chemical to the brain and other organs throughout the body. The body absorbs THC more slowly when the person eats or drinks it. In that case, the user generally feels the effects after 30 minutes to 1 hour.*
- *THC acts on specific brain cell receptors that ordinarily react to natural THC-like chemicals in the brain. These natural chemicals play a role in normal brain development and function.*
- *Marijuana over activates parts of the brain that contain the highest number of these receptors. This causes the "high" that users feel. Other effects include:*
  - ✓ *altered senses (for example, seeing brighter colors)*
  - ✓ *altered sense of time*
  - ✓ *changes in mood*
  - ✓ *impaired body movement*

- ✓ *difficulty with thinking and problem-solving*
- ✓ *impaired memory*

- *The long term effects of marijuana use may include mental health problems, chronic cough, frequent respiratory infections as well as loss of IQ points if use started during childhood.*
- *Withdrawal symptoms include grouchiness; sleeplessness; decreased appetite; anxiety and cravings and these issues may make it difficult to stop using.*
- *Khat or Miraa are substances that are smoked or chewed and they can induce mild euphoria at low doses and higher doses can include mania and hyperactivity*
- *Dissociative Anesthetics (Ketamine) – these substances are usually consumed in drinks or injected and can have hallucinating or depressant and stimulant effects*
- *Inhalants are usually breathed into the body in some way- they generally result in depressant effects but can have stimulating or hallucinating effects. Most inhalants produce a rapid high that resembles alcohol intoxication, with initial excitation followed by drowsiness, disinhibition, lightheadedness, and agitation.*
- *NPS – New psychoactive substances are substances of abuse, either in a pure form or a preparation, that are not controlled by the 1961 Single Convention on Narcotic Drugs or the 1971 Convention on Psycho-tropic Substances, but which may pose a public health threat. In this context, the term 'new' does not necessarily refer to new inventions but to substances that have been recently become available. See for more details: https://www.unodc.org/documents/scientific/NPS_Report.pdf and https://www.unodc.org/LSS/Page/NPS*

EXERCISE
Identify the Substance, Class, or Effect

Everyone stand up

- ✓ Please take a ball with a number on it
- ✓ After the question is read and you think you know the answer (e.g., the type of drug, drug classification, or drug effect), please throw your ball to the front of the room
- ✓ If your number is selected to answer- please share your answer with the group

- We will take 15 minutes for this exercise

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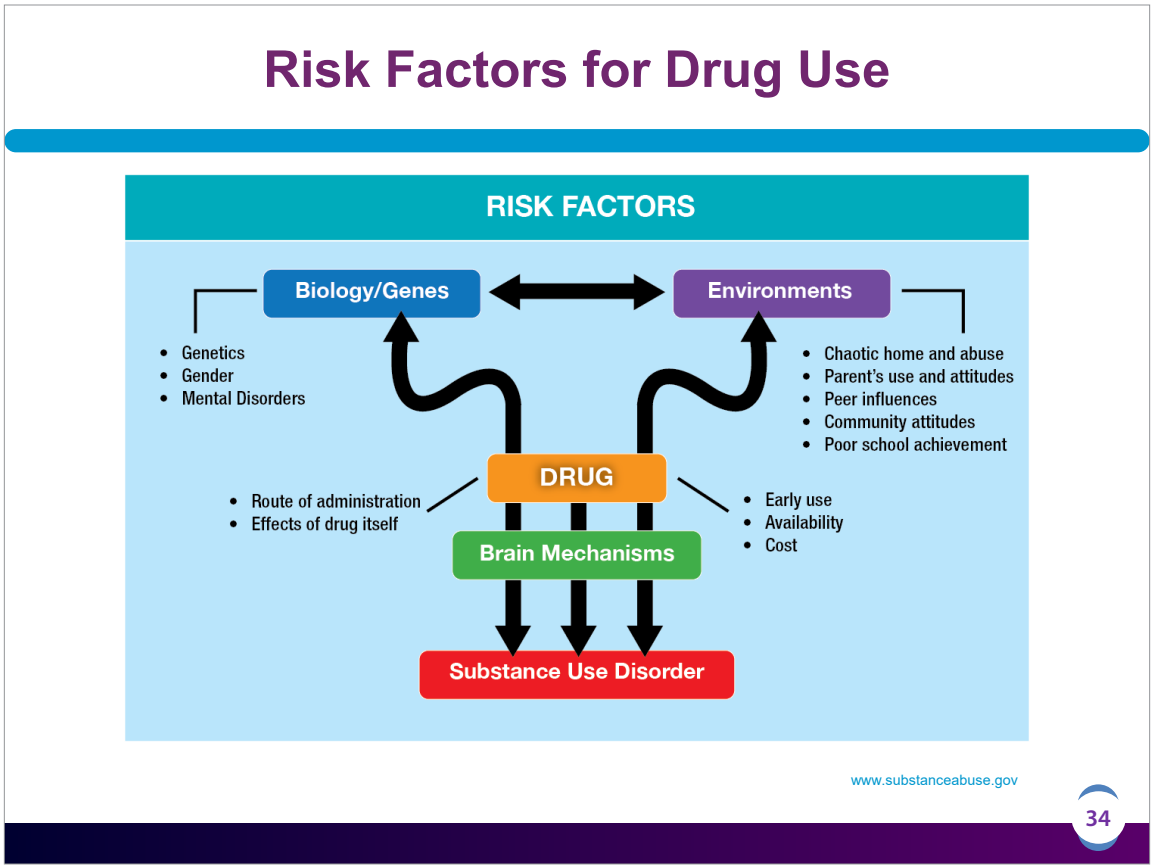
Explanation

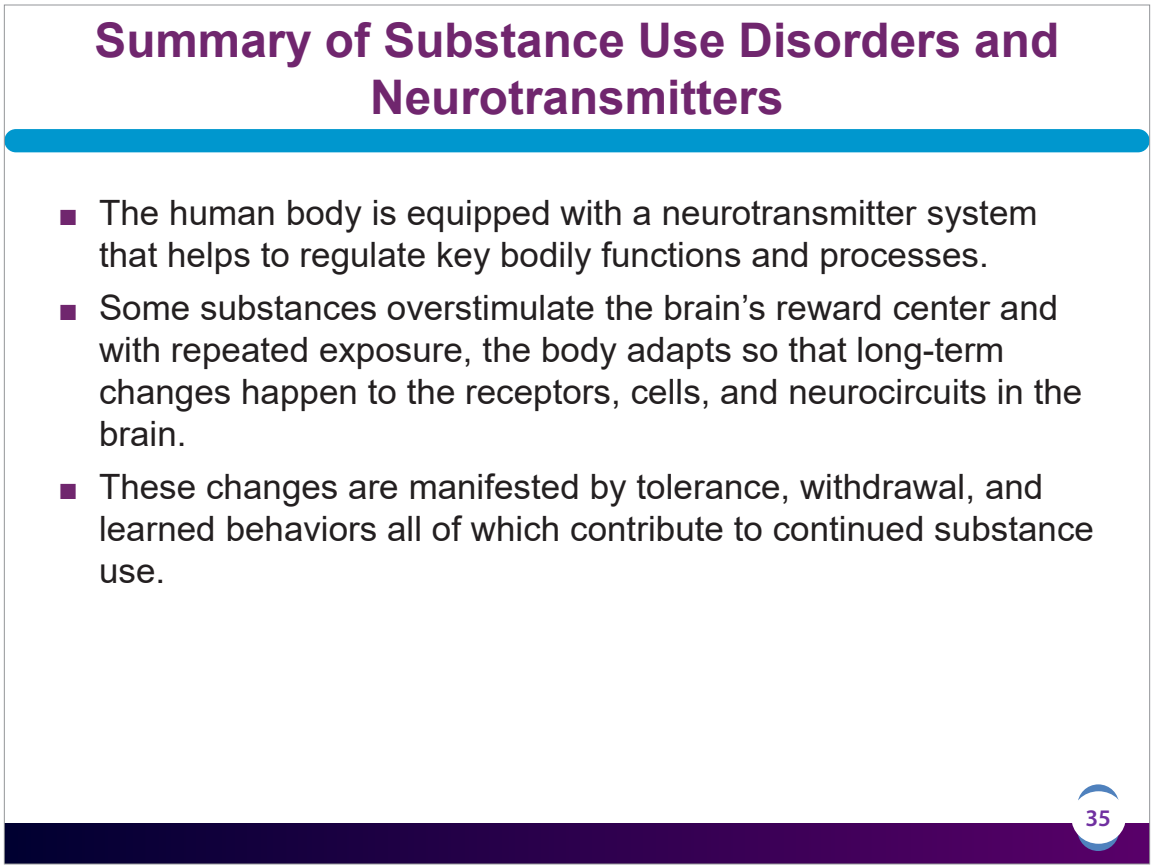
- *Everyone stand up so that we can play a game*
- *Please take a ball with a number on it*
- *After the question is read and you think you know the answer (e.g., the type of drug, drug classification, or drug effect), please throw your ball to the front of the room if you know the answer*
- *If your number is selected to answer- please share your answer with the group*
- *After the question and answer is over, please pick up another ball*



Explanation

- *Although many people experiment with drugs, only a small proportion progress to substance use disorders. For example, while most people in western countries reported having used alcohol in their lifetime, only a small percent meet criteria for alcohol use disorders.*
- *The reasons why some individuals progress to problem use are not understood, but individual differences in susceptibility likely occur at every stage in the drug use trajectory, from initiation to dependence, and they are likely to be related to both environmental and constitutional (i.e., inherent or biologically based) factors.*
- *Initiation of use is influenced by environmental factors such as social and cultural factors, as well as biologically influenced factors such as personality.*
- *Continuation of use is determined by context and consequences, as well as by genetically determined aspects of an individual's responses to a drug. Similarly, there are likely to be biologically based individual differences in the development of tolerance, severity of withdrawal, and ability to abstain from use.*
- *There is now a growing body of literature identifying sources of biological variation that can affect the tendency to use drugs, at each of these stages in the trajectory to drug use disorder.*

- *The existing literature on biologically-based individual differences in risk for abuse can be categorized into three arbitrarily selected categories: genetics, variables related to sex, and mental issues.*
- *For example, genetic association studies have shown that individuals with specific genotypes experience qualitatively and quantitatively different subjective or behavioral responses to drugs, which in turn may influence susceptibility to abuse drugs. Because the positive reinforcing effects of drugs are highly correlated with the pleasurable subjective states they produce, and because subjective effects are easier to measure, most of the studies to date have examined genetic factors in relation to subjective feelings of euphoria and drug liking. These studies have reported interesting individual variations in acute subjective responses related to genetic variations for several drugs, including caffeine and d-amphetamine.*
- *Genetically based variations have been found not only in the positive pleasurable effects such as "euphoria," but also in negative subjective effects such as "anxiety" and in the degree of psychomotor impairment after administration of the drug. This area of research may advance our understanding of individual differences in responses to acute and chronic drug administration, and elucidate some of the sources of variability in susceptibility to drug problems.*
- *For sex effects- the prevalence of drug use disorders is generally higher in men. Socio-cultural factors probably play an important role in the higher prevalence of drug use and use disorders among men, but there may also be a biological basis. Certain mental illness variables predict the likelihood of initiation or escalation of drug use in adolescents and young adults- depression and Post-traumatic Stress Disorder.*



Explanation

- *Over the last several sections we have looked at the key issues that those who are delivering recovery support services need to know about substance use disorders and the ways substances work in the body. We looked at the difference in definitions between addiction and substance use disorders. We compared the difference between addiction and physical dependence.*
- *We learned that the human body has a neurotransmitter system that helps regulate key bodily functions and processes. We know that some substances overstimulate the reward center of the brain and that with repeated exposure, the body adapts so that long-term changes happen to the receptors, cells, and neurocircuits in the brain.*
- *These changes are manifested by tolerance and withdrawal both which contribute to continued substance use. Many times people who have substance use disorders are no longer using substances to feel good, they are using them to feel normal or avoid feeling sick, sad and bad.*

Substance Use Disorders: Similar to Other Chronic Health Issues

Substance Use Disorder /Chronic Illness	Compliance Rate[1] %	Relapse Rate[2] %
Alcohol	30-50	50
Opioid	30-50	40
Cocaine	30-50	45
Nicotine	30-50	70
Insulin Dependent Diabetes		
Medication	<50	30-50
Diet and Foot care	<30	30-50
Hypertension		
Medication	<30	50-60
Diet	<30	50-60
Asthma		
Medication	<30	60-80

Source: O'Brien, C.P. and McLellan, A.T. (1996). Myths about the Treatment of Addiction. The Lancet, 347(8996), 237-240.
[1]For IDD, Hypertension and Asthma, the Compliance and Relapse Rates refer to medical treatment within 12 months.
[2]For Addiction, the Relapse Rate refers to 6-months follow-up

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Explanation

- *For people with addictions, the use of alcohol and the use of drugs are symptoms of a chronic health condition.*
- *Substance use disorder is not the only chronic health condition in which people often fail to follow medical advice, or they return to the same behaviors that put their health in danger, even after they've been in remission for a period of time.*
- *For example, people often go on healthy diets when they're diagnosed with diabetes or a heart condition, but in many cases they don't maintain these healthy eating habits all their lives. Another example is that people who quit smoking for health reasons often return to smoking.*
- *When researchers compare substance use disorders to other chronic illnesses that don't get better unless people change their behaviors, the compliance rates are very similar. By compliance rates we mean the percentages of people who follow medical advice and stay away from things that will hurt their health.*
- *It is not unusual for people with chronic health conditions to return to past behaviors, particularly when they are in pain (physical or emotional) and those behaviors feel comforting.*
- *It's even harder to change behavior with an illness like addiction to alcohol or drugs, because the illness itself has changed the brain in ways that lead to powerful*

cravings. These changes in the brain make it hard to have the kind of insight that leads to healthier choices.

- *Please note that the word "relapse" is used here and in places where the literature specifically uses the word relapse. Thus, we retained the use of the word to be consistent with the literature.*
- *Refer participants to this video for more information about the chronic disease model https://www.youtube.com/watch?v=Rlb7cjHyJS4*
- *NOTE: the word "compliance" is used here to be faithful to the scientific document. Adherence may be a less stigmatizing term.*

Types of Treatments for Substance Use Disorders

There are many options that have been successful in treating substance use disorders, including:

- behavioral counseling
- medication- remember that taking such medications is an important part of recovery for many people
- medical devices and applications used to treat withdrawal symptoms or deliver skills training

https://www.drugabuse.gov/publications/drugfacts/treatment-approaches-drug-addiction

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Explanation

There are many options that have been successful in treating substance use disorders, including:

- *Behavioral counseling. Behavioral therapies help people modify their attitudes and behaviors related to drug use increase healthy life skills.*

***Outpatient behavioral treatment** includes a wide variety of programs for people who visit a behavioral health counselor on a regular schedule. Most of the programs involve individual or group drug counseling, or both. These programs typically offer forms of behavioral therapy such as:*

- ✓ *cognitive-behavioral therapy, which helps peoples recognize, avoid, and cope with the situations in which they are most likely to use drugs*
- ✓ *multidimensional family therapy—developed for adolescents with drug abuse problems as well as their families—which addresses a range of influences on their drug abuse patterns and is designed to improve overall family functioning*
- ✓ *motivational interviewing, which makes the most of people's readiness to change their behavior and enter treatment*
- ✓ *motivational incentives (contingency management), which uses positive reinforcement to encourage abstinence from drugs*

***Inpatient or residential treatment** can also be very effective, especially for those with more severe problems (including co-occurring disorders). Licensed residential*

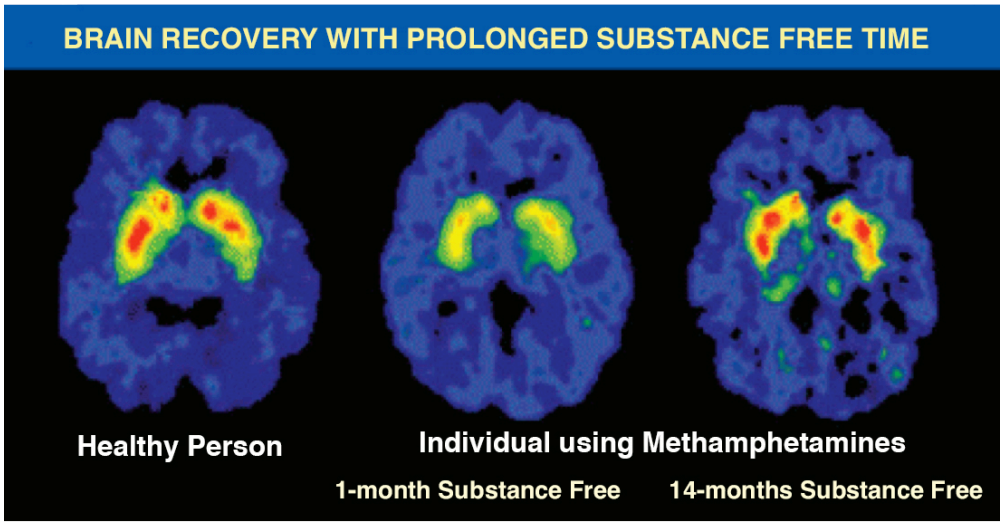
treatment facilities offer 24-hour structured and intensive care, including safe housing and medical attention. Residential treatment facilities may use a variety of therapeutic approaches, and they are generally aimed at helping the person live a drug-free, crime-free life after treatment. Examples of residential treatment settings include:

- ✓ *Therapeutic communities, which are highly structured programs in which people remain at a residence, typically for 6 to 12 months. The entire community, including treatment staff and those in recovery, act as key agents of change, influencing the person's attitudes, understanding, and behaviors associated with drug use. Read more about therapeutic communities in the Therapeutic Communities Research Report at https://www.drugabuse.gov/publications/research-reports/therapeutic-communities.*
- ✓ *Shorter-term residential treatment, which typically focuses on detoxification as well as providing initial intensive counseling and preparation for treatment in a community-based setting.*
- ✓ *Recovery housing, which provides supervised, short-term housing for people, often following other types of inpatient or residential treatment. Recovery housing can help people make the transition to an independent life—for example, helping them learn how to manage finances or seek employment, as well as connecting them to support services in the community.*

Medication. *Patients can use medications to help re-establish normal brain function and decrease cravings. Medications are available for treatment of opioid (heroin, prescription pain relievers), tobacco (nicotine), and alcohol addiction. Scientists are developing other medications to treat stimulant (cocaine, methamphetamine) and cannabis (marijuana) addiction. People who use more than one drug, which is very common, need treatment for all of the substances they use. Medications taken as prescribed are life-saving and part of recovery for many people.*

- *Medical devices and applications used to treat withdrawal symptoms or deliver skills training. Medications and devices can help suppress withdrawal symptoms during detoxification. Detoxification is not in itself "treatment," but only the first step in the process.*
- *Patients who do not receive any further treatment after detoxification usually resume their drug use.*
- *One study of treatment facilities found that medications were used in almost 80 percent of detoxifications. In November 2017, the Food and Drug Administration (FDA) granted a new indication to an electronic stimulation device, for use in helping reduce opioid withdrawal symptoms. This device is placed behind the ear and sends electrical pulses to stimulate certain brain nerves. Also, in May 2018, the FDA approved lofexidine, a non-opioid medicine designed to reduce opioid withdrawal symptoms.*
- ***evaluation and treatment for co-occurring mental health issues*** *such as depression and anxiety*
- ***Long-term follow-up to prevent a return to substance use***

Recovery of Brain Function Following Discontinued Substance Use



www.substanceabuse.gov

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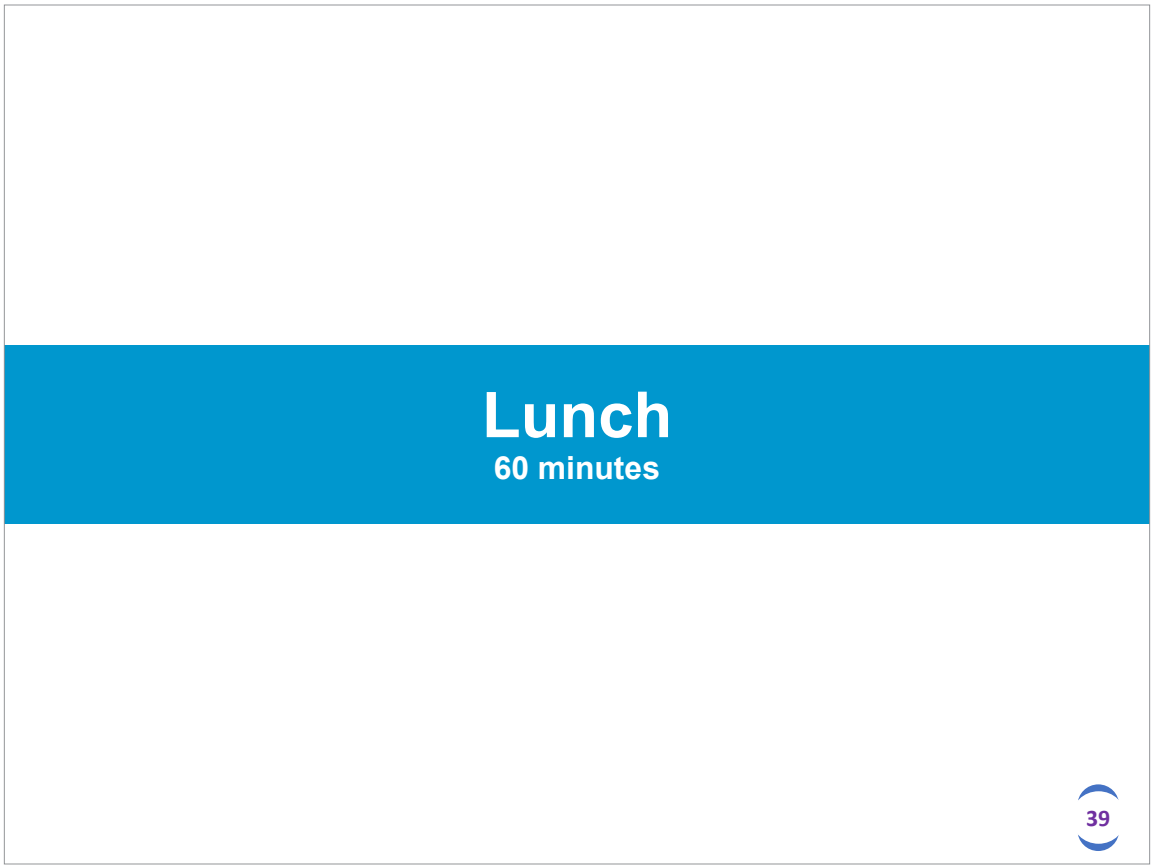
Explanation

- *Some of the neurobiological effects of chronic methamphetamine abuse appear to be at least partially reversible.*
- *People who had remained methamphetamine- free for 2 years exhibited a return to brain neuron functioning similar to the study's control subjects. Another neuroimaging study showed neuronal recovery in some brain regions following prolonged substance free time (14 but not 6 months).*
- *This recovery was associated with improved performance on motor and verbal memory tests. But function in other brain regions did not recover even after 14 months of substance free time, indicating that some methamphetamine induced changes are very long lasting.*
- *Moreover, methamphetamine use can increase one's risk of stroke, which can cause irreversible damage to the brain. A recent study even showed higher incidence of Parkinson's disease among past users of methamphetamine.*



Explanation

Let's now take the next 60 minutes for lunch.

Types of Stigma

- Social Stigma:
  - Enacted
  - Perceived
  - Internalized

Sheehan L., Nieweglowski K., Corrigan P.W. (2017) Structures and Types of Stigma. In: Gaebel W., Rössler W., Sartorius N. (eds) The Stigma of Mental Illness - End of the Story?. Springer, Cham. https://doi.org/10.1007/978-3-319-27839-1_3

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Explanation

- *We know that those who use substances are highly stigmatized and that stigma means different things to different people.*
- *The word stigma referred originally to a mark or brand on Greek slaves, clearly separating them from free men. Although the marks of crucifixion appearing on Christian saints' hands and feet are called stigmata, in common usage the word signifies a disgrace or defect.*
- *Social stigma may be experienced by an individual in three forms: enacted stigma (overt behaviors), perceived stigma (awareness of stereotype), and internalized stigma (personal value).*
- *Enacted stigma refers to overt acts of discrimination and humiliation directed at a person because of his or her stigmatized status, which captures the interpersonal aspect of stigma.*
- *By contrast, perceived stigma and internalized stigma captures the intrapersonal aspect of stigma. Perceived stigma refers to the subjective awareness of social stigma. Internalized stigma, also known as self-stigma, describes the process that an individual accepting society's negative evaluation and incorporating it into personal value and sense of self*
- *There are other types of stigma described in the literature, including label avoidance*

(avoiding the diagnosis can lead to treatment avoidance); structural stigma (policies of large entities (e.g., governments, companies, schools) that place restrictions on the rights or opportunities of persons living with mental illness- for example not allowing those with mental illness to remain in the military or are not promoted up the ranks), and courtesy stigma (what happens when the stigma is extended to people who are close to the person who is stigmatized. Courtesy stigma can lead to social isolation and decreased social support. For example, friends turn away from the person because they don't want to be seen in "bad company" or with someone who is not desirable to be with- seen as being with the "wrong crowd".)

- *The most important thing that we need is for Recovery Support Professionals to always practice is empathy. Empathy is the antidote for stigma.*

Where Does Stigma Come From?

Stigma is learned

Depictions of substance use disorders seem to contain two main fallacies that can taint reputability and reinforce negative stigma:

1) Inaccurate representations of the illness
2) Frequent depiction of mainly negative symptomology
3) Mischaracterization as moral flaws or social evils

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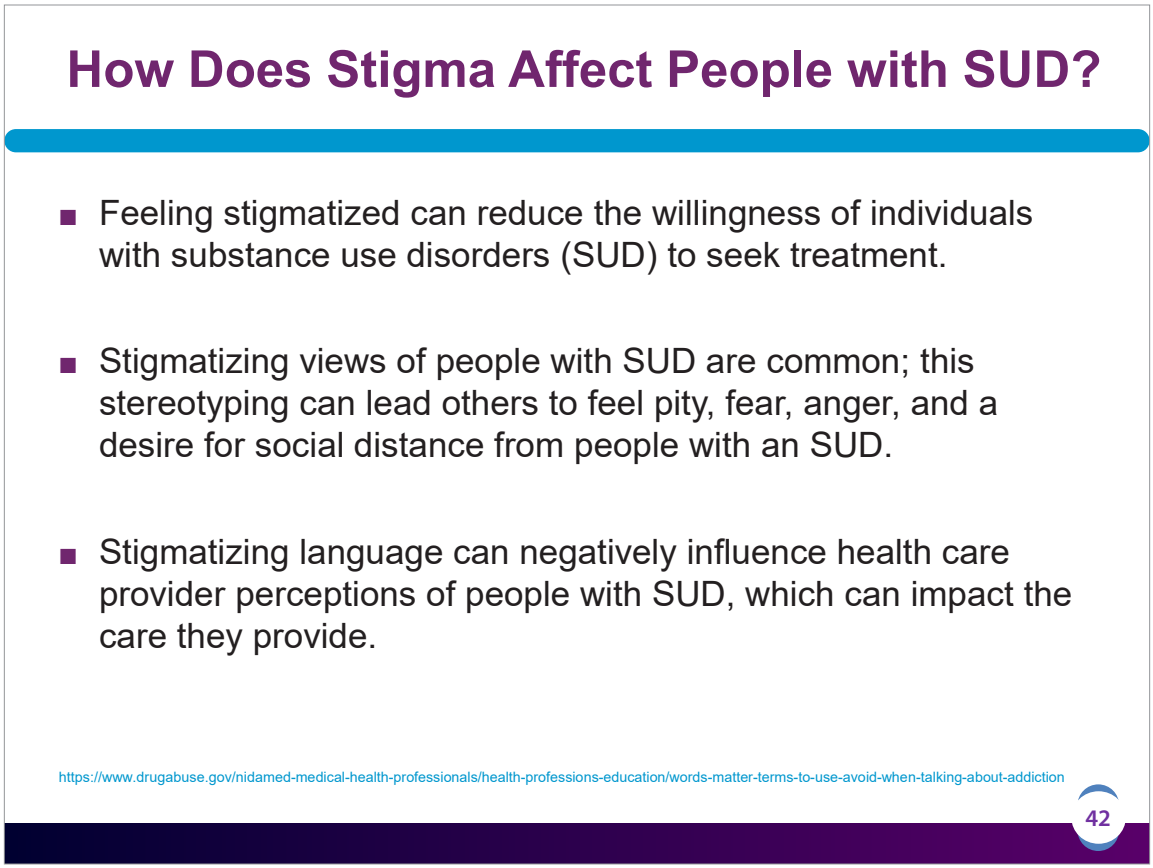
Explanation

- *How is stigma formed and reinforced?*
- *When we are born we have no negative perceptions of people. Stigma is taught by others and learned by the person.*

- *Stigma often has to do with how you are exposed to the illness- is it in the context of the illness or in the context of hope? Do people see treatment as working or not?*
  - ➤ *Media plays a big role in how we view illnesses*
- *Depictions of substance use disorders seem to contain two main fallacies that can taint reputability and reinforce negative stigma:*
  1. *inaccurate representations of the illness*
  2. *frequent depiction of mainly negative symptomology*
  3. *characterization of those with substance use disorders as weak, without will power, or socially harmful*
- *Think about movies, TV shows and publications you have seen and read- how are substance use disorders shown?*
- *For stereotyping, stigma is transmitted by grouping or categorizing persons under one heading and attributing characteristics to all the individuals under that heading, people then continue to make generalizations about groups of people. Stigma is transmitted when people are unable to see people as individuals with individual characteristics*



Explanation

- *Feeling stigmatized can reduce the willingness of individuals with substance use disorders (SUD) to seek treatment or stay in treatment.*
- *Stigmatizing views of people with SUD are common; this stereotyping can lead others to feel pity, fear, anger, and a desire for social distance from people with an SUD.*
- *Stigmatizing language can negatively influence health care provider perceptions of people with SUD, which can impact the care they provide. The providers and the system to care for those with SUD can also feel and experience stigma and discrimination in terms of limited space, funding and inadequate allocation of other resources to support those who need SUD care and those providing such care.*

How Do We Erase Stigma?

- Choose words carefully
- Valuing People
- Changing the expectations we have for ourselves and others
- Change our attitudes and beliefs about those with substance use disorders from negative to positive
- Use strategies to eliminate stigma

43

Explanation

- *The best ways to eliminate stigma are to first pay attention to the language we use when we talk about those with substance use disorders.*
- *We need to focus on the person and not their behavior. The person is always of value and deserves kindness and empathy. It is important to distinguish the person for his or her behavior. While we may disagree with someone's behavior, we must always value the person.*
- *We also need to have positive expectations for ourselves and for other people. When we expect the best from ourselves and from others and are open minded to understand why someone might behave in a certain way then we give ourselves the chance to have better and more positive interactions with others.*
- *Given that words and language are the main ways that we communicate with others in the world, let's focus on how we use language because what we say matters.*

Words and Language Have Power

Language is the key to changing the way people with substance use disorders see themselves and the way they are seen by others.

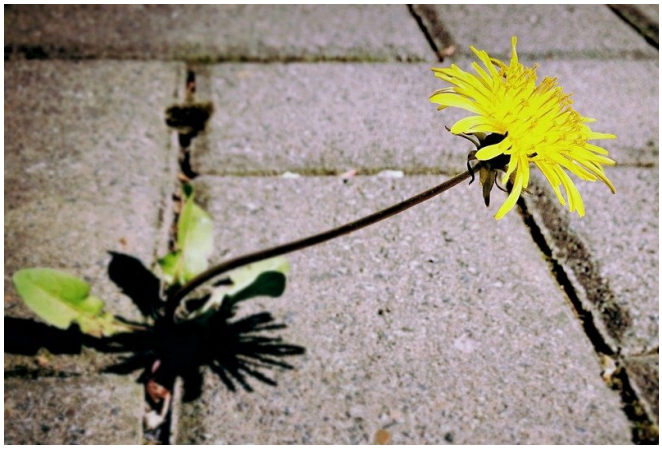
Changing language is a way to personally and culturally close one chapter in our history and open another.

44

Explanation

- *Language is the key to changing the way we see those who have substance use disorders as well as the way that those with substance use disorders see themselves.*
- *Changing language is a way to personally and culturally close one chapter in our history and open another. The next several slides will help us look at the language we use and examine ways we can change language to be more helpful and hopeful for others.*
- *For this section of the training to be effective, we need everyone to be committed to an open a discussion about the layers of meaning that fill our language while being respectful to all points of view.*
- *Be willing to question your beliefs and assumptions about the language we use.*

Words Matter



Words are important.
If you want to care for something, you call it a flower;

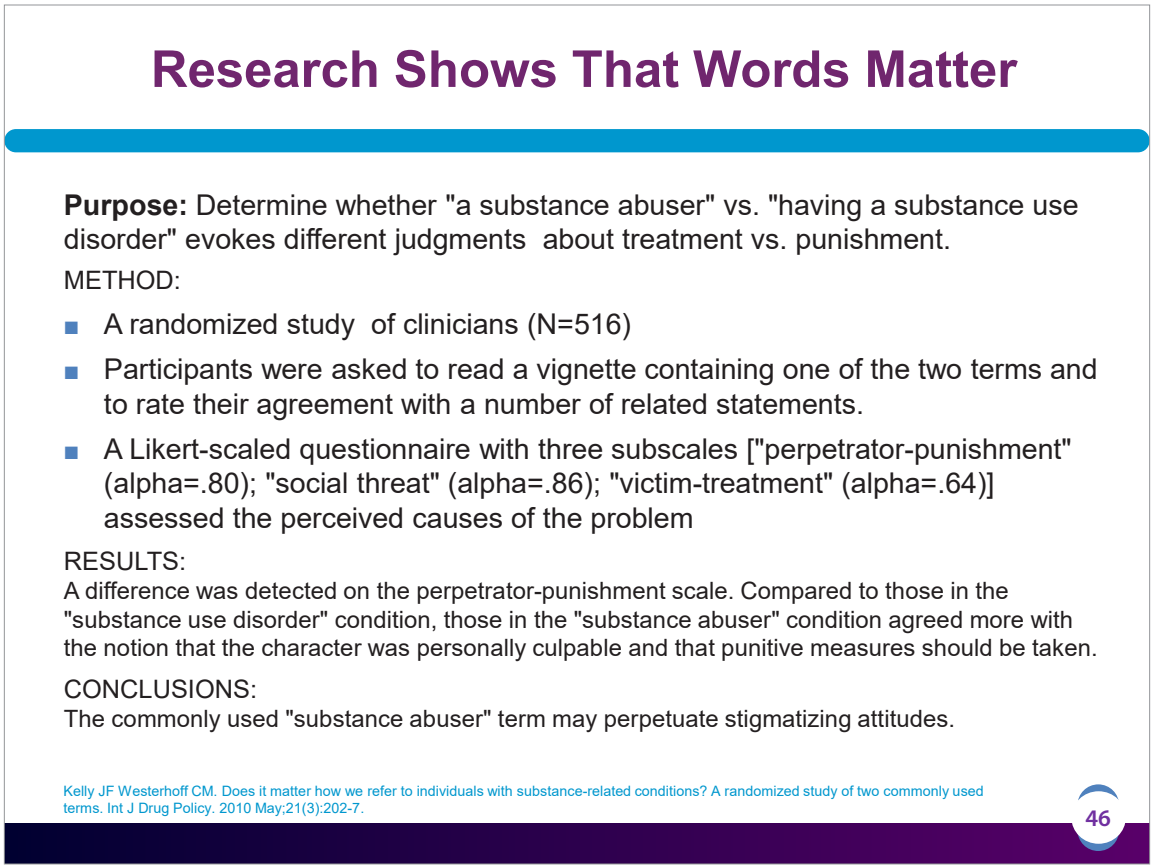
if you want to kill something, you call it a weed.

Don Coyhis

45

Explanation

What do you all think this poem has to do with those who have substance use disorders?

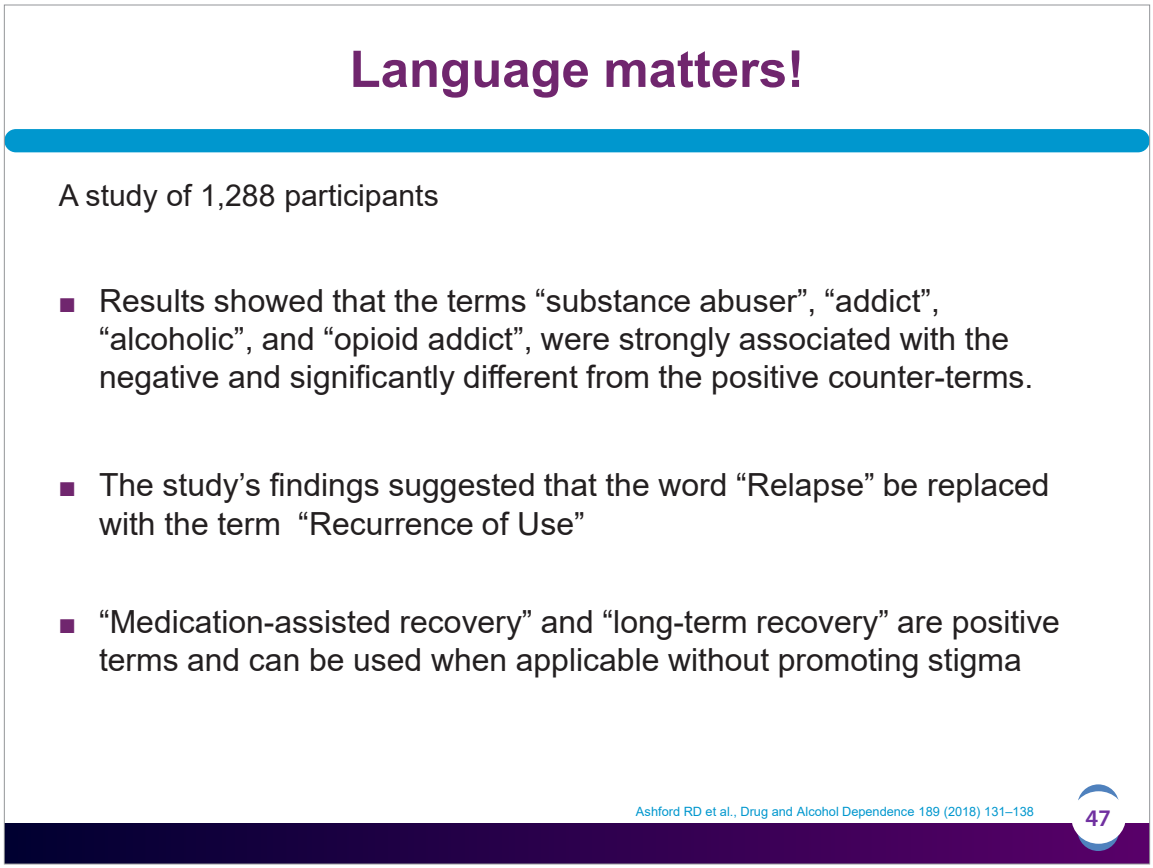


Explanation

- *This study focused on stigma as stigma is a frequently cited barrier to help-seeking for many with substance use disorders. Common ways of describing individuals with such problems may perpetuate or diminish stigmatizing attitudes yet little research exists to inform this debate. Thus, this study aimed to determine whether referring to an individual as "a substance abuser" vs. "having a substance use disorder" evokes different judgments about behavioral self-regulation, social threat, and treatment vs. punishment.*
- *The methods used to answer the research question was a randomized, between-subjects, cross-sectional design.*
- *Participants were asked to read a vignette containing one of the two terms and to rate their agreement with a number of related statements. Clinicians (N=516) attending two mental health conferences (63% female, 81% white, Mean age 51; 65% doctoral-level) completed the study (71% response rate).*
- *A Likert-scaled questionnaire with three subscales ["perpetrator-punishment" (alpha=.80); "social threat" (alpha=.86); "victim-treatment" (alpha=.64)] assessed the perceived causes of the problem, whether the character was a social threat, able to regulate substance use, and should receive therapeutic vs. punitive action.*
- *No differences were detected between groups on the social threat or victim-*

treatment subscales. However, a difference was detected on the perpetrator-punishment scale. Compared to those in the "substance use disorder" condition, those in the "substance abuser" condition agreed more with the notion that the character was personally culpable and that punitive measures should be taken.

- *Even among highly trained mental health professionals, exposure to these two commonly used terms evokes systematically different judgments. The commonly used "substance abuser" term may perpetuate stigmatizing attitudes.*



Explanation

- *Methods: 1,288 participants were recruited from Research Match.*
- *Participants were assigned into one of seven groups with different hypothesized stigmatizing and non-stigmatizing terms.*
- *Participants completed a Go/No Association Task (GNAT) and vignette-based social distance scale.*
- *Results: The terms “substance abuser”, “addict”, “alcoholic”, and “opioid addict”, were strongly associated with the negative and significantly different from the positive counter terms.*
- *“Relapse” was seen as a more negative term and the “Recurrence of Use” was viewed more positively*
- *Both “medication-assisted recovery” and “long-term recovery” are positive terms and can be used when applicable without promoting stigma.*

Recovery Words: Use First-Person Language

Language is an important key to eliminate stigma and discrimination and also inspire hope while advancing recovery

Stigmatizing Language	Preferred Language
Abuser/addict/alcoholic	A person with a substance use disorder/ person in recovery
Addicted to [alcohol/drug]	Has an [alcohol/drug] use disorder
Addicted infant or crack baby	Infant with withdrawal; infant with neonatal abstinence syndrome
Clean/clean screen	Drug-free; substance free
Dirty/dirty screen	Testing positive for substance use
Drug habit	Regular substance use
Lapse/relapse/slip	A single use after no use/a recurrence of use/resumed use
Opioid replacement/opioid replacement therapy	Opioid medication treatment
Pregnant addict	Woman with substance use disorder who is pregnant
Substance abuse or substance dependence	Substance use disorder

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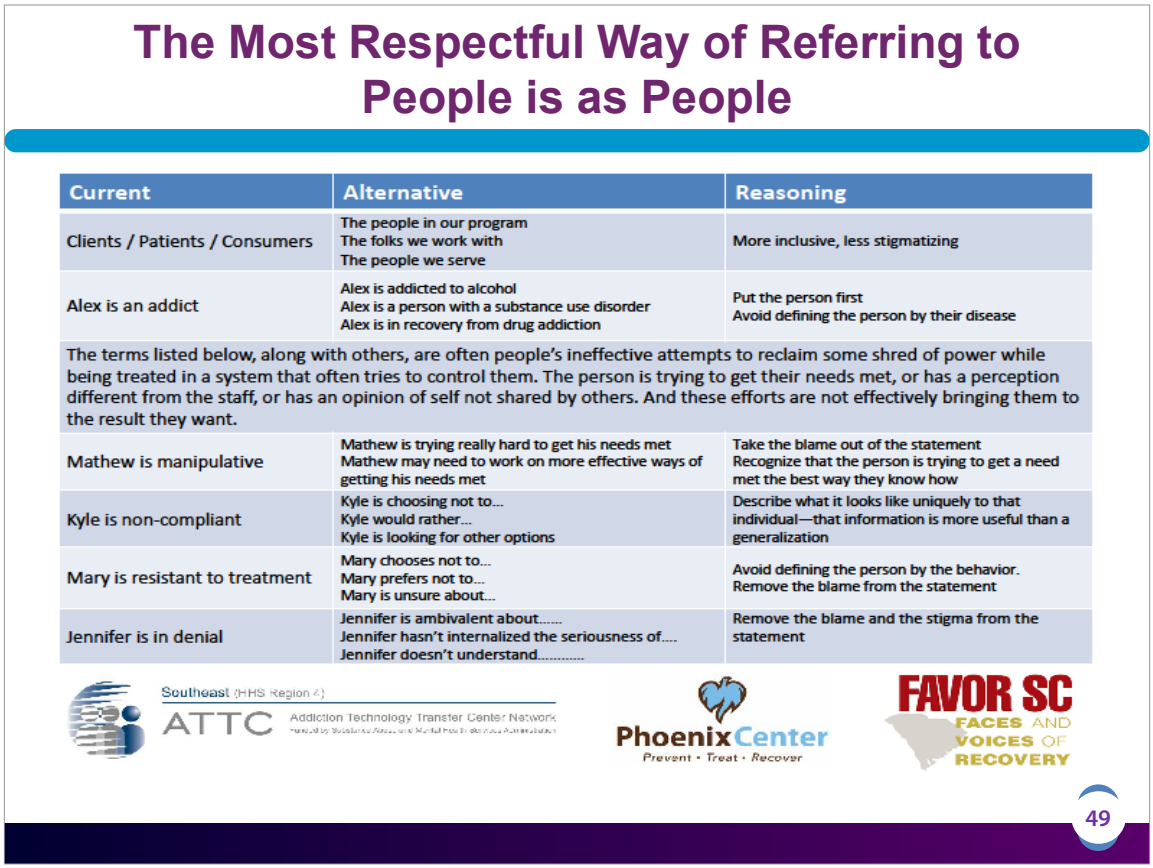
Explanation

- *The use of person-first or first-person language is an essential component of eliminating stigma.*
- *Here is a chart that we can read through together to look at words and some preferred words to say instead.*
- *Take a moment to read through it and let's discuss the terms together.*



Explanation

- *Here is another chart that we can read through together to look at the way things are said and some alternatives to say and the reason why it is important to say the alternative*
- *Take a moment to read through it and let's discuss the terms together.*

Language Must Be Positive

Cease using negative terms such as substance abuse

Remain committed to regularly updating these materials and campaigns in line with emerging research.

Language change will likely take a substantial investment of time, fiscal resources, and willingness.

Robert D. Ashford, Austin M. Brown & Brenda Curtis (2019) "Abusing Addiction": Our Language Still Isn't Good Enough, Alcoholism Treatment Quarterly, 37:2, 257-272, DOI: 10.1080/07347324.2018.1513777

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Explanation

- *Educational materials, marketing campaigns (i.e., public advertising), should immediately not only cease using negative terms such as substance abuse, but also should remain committed to regularly updating these materials and campaigns in line with emerging research.*
- *We would also suggest that such endeavors be careful in their execution so as not to create a "before and after" binary that further promotes the stigmatizing language being replaced.*
- *Language change will likely take a substantial investment of time, fiscal resources, and willingness. However, given the negative impact that stigma plays in improving healthcare services, and the seeking out of those services by some of our most vulnerable populations, it is an investment that is necessary.*
- *Negative associations, in the form of implicit bias or automatic attitudes, do exist within the language used to describe and identify those with SUDs.*
- *The recommended alternative term to substance abuser, person with a substance use disorder, was found to also induce a negative association; this association was less severe than the negative association with substance abuser, however. The findings suggest a measurable benefit of using the phrase person with a substance use disorder, but this benefit does not produce a positive association, merely a less negative one than substance abuser.*

EXERCISE
Overcome Stigma with Language

Break into small groups and create your own charts for your communities with preferred and non-preferred language

Then create a way to educate your team about the new language. Use your skills to show us how you will teach and show us the methods you will use to reinforce the preferred language being used and how you will discourage the old language from being used.

Take 15 minutes to create the charts and methods

- Each group has 5 minutes to present their work

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Explanation

- *Now we will practice what we have just learned and you have a chance to practice the skill of teaching and showing us how you will teach in a creative way.*
- *Break into small groups (e.g., 4) and create your own charts for your communities with preferred and non-preferred language- use the charts on the previous slide as sources of inspiration for this work*
- *Then create a way to educate your team or the individuals with SUD that you will care for about the new language. Show us how you will teach by teaching us and demonstrate the methods you will use to reinforce the preferred language being used and how you will discourage the old language from being used.*
- *Use the flip charts to create your language charts*
- *Be creative with your teaching and reinforcement*
- *Take 15 minutes to create the charts and methods*
- *Each group has 5 minutes to present their work*

Closing Thought: Words Matter

Watch your thoughts,
they become words
Watch your words,
they become actions,
Watch your actions,
they become habits
Watch your habits,
they become character
Watch your character,
it becomes your destiny

---Anonymous

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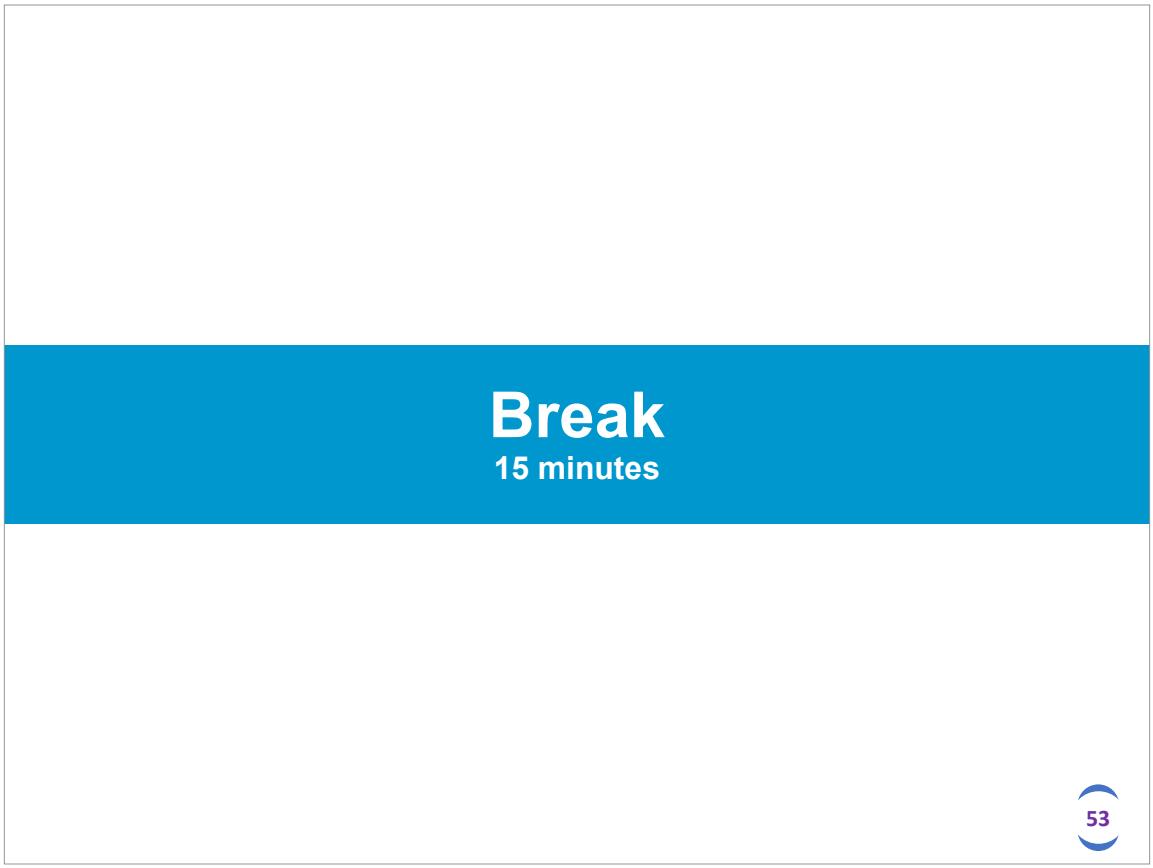
Explanation

- *By changing our language we can start the process of others changing their language and perception*
- *We need to bring unequivocal messages of hope that the problems of substance use disorders can be resolved*



Explanation

At this point in our training, let's take a break. Please return in 15 minutes so we can stay on track and be respectful of your time and the time of our other training participants.

EXERCISE
Re-framing the Myths

Break into 6 groups and make two lists about people who have substance use disorders

List the myths and stigmatizing comments about people who use substances- make sure to include statements about women, gender identity minorities and other groups of individuals who are severely stigmatized

Review the list and then develop counter-statements to each myth or comment

- You have 10 minutes to complete the exercise

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Explanation

- *Now that we have looked at stigma and ways to reduce it. Let's practice what we have learned. Please break into 6 groups and make two lists about people who have substance use disorders. The purpose of this exercise is for the training participants to show that they can train others on this information- this exercise gives them real practice in training others and allows them to look at their own feelings about individuals using drugs*
- *List the myths and stigmatizing comments about people who use substancesReview the list and then develop counter-statements to each myth or comment*
- *You have 10 minutes to complete the exercise*
- *We will then have a large group discussion with different groups offering examples of what they came up with for comments and counter-comments.*

What You Can Do To Reduce Stigma

- One of the most powerful tools you can use to overcome and reduce stigma is to practice empathy

  Merriam Webster *Empathy*

  The action of understanding, being aware of, being sensitive to, and vicariously experiencing the feelings, thoughts, and experience of another of either the past or present without having the feelings, thoughts, and experience fully communicated in an objectively explicit manner

- Empathy is the most important skill you can practice to reduce stigma
- Practicing empathy can lead to greater success, both personally and professionally; the more you practice empathy, the happier you may become!

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Explanation

- *One of the most powerful tools you can use to overcome and reduce stigma is to practice empathy. In fact , empathy is the most important skill you can practice to reduce stigma.*
- *Practicing empathy has many radiating effects, including the chance that such practice will lead to greater success personally and professionally and will allow you to become happier the more you practice it.*

How to Increase Your Empathy

Practical tips for increasing empathy:

- Listen with your heart, eyes and ears (listen to body language)
- Don't interrupt the person speaking
- Smile at the person
- Use the person's name
- Take a personal interest in the person
- Be fully present when you are with the person
- Practice the "93% rule"

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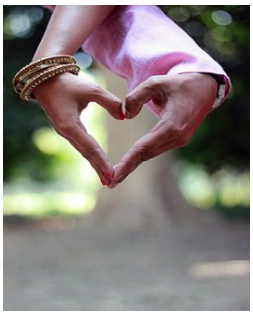
Explanation

- *There are a number of simple and effective ways to increase your empathy.*
- *Listen – truly listen to people. Listen with your ears, eyes and heart. Pay attention to others' body language, to their tone of voice, to the hidden emotions behind what they are saying to you, and to the context.*
- *Don't interrupt the person talking or anyone else you are with. Don't dismiss their concerns offhand. Don't rush to give advice. Don't change the subject. Allow people to have their moment with your focus on him or her.*
- *Smile! It makes you more attractive to another person and it makes you happier*
- *Use the person's name. Also remember the names of the person's family and caregivers so that you can refer to them by name.*
- *Take a personal interest in the person. Being curious about understanding what he or she likes, dislikes and how he or she sees the world as it shows the person that you care. Ask the person questions about his or her hobbies, challenges, families, and hopes for the future.*
- *Be fully present when you are with the person. Don't check your email, look at your watch, or take phone calls when with the person. Put yourself in the person's shoes. How would you feel if someone did that to you?*

- *Practice the "93 percent rule". Albert Mehrabian of UCLA, found out that the things we say account for only 7 percent of the total message that people receive from us. The other 93 percent of the message that we communicate when we speak is contained in our tone of voice and body language. It's important, then, to spend some time to understand how we come across when we communicate with others about our feelings and attitudes.*

Increasing Empathy Keeps You Healthy

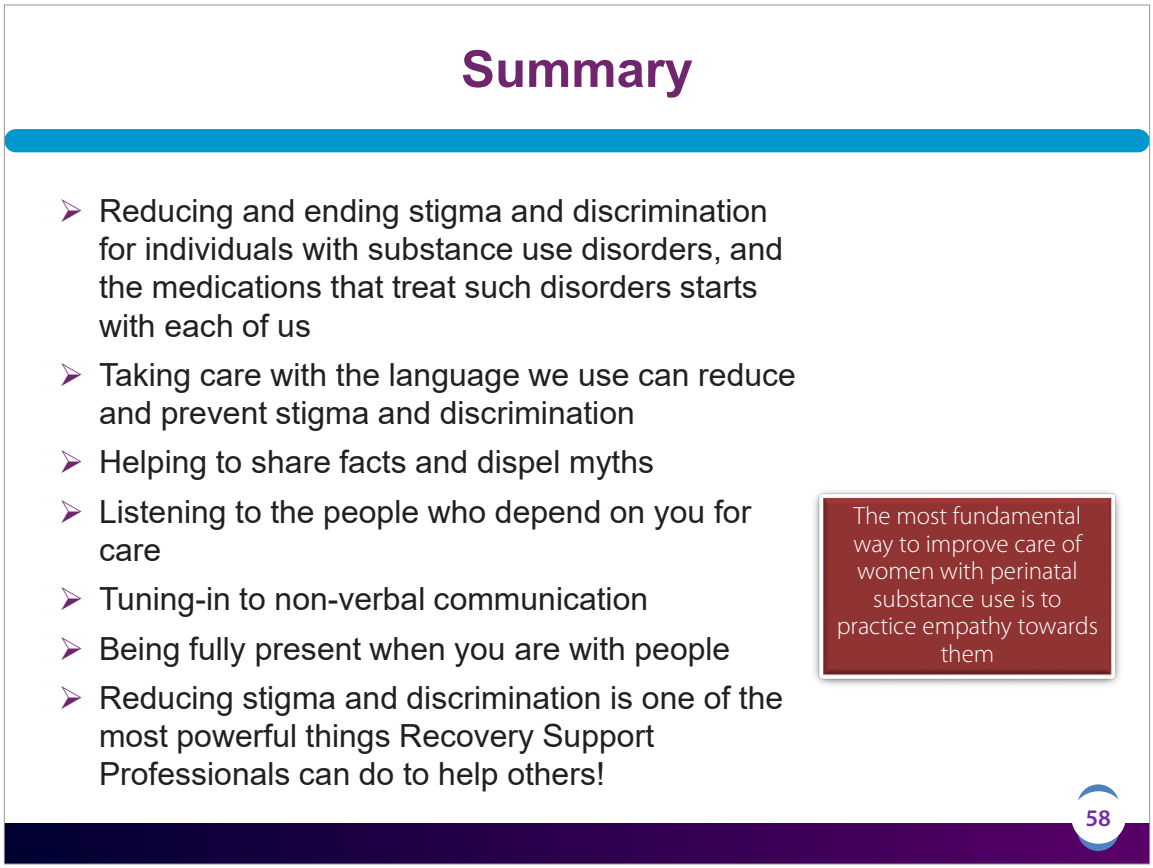
The importance of micro-moments


57

Explanation

- *Empathy is a micro-moment of connection shared with another. And decades of research now shows that empathy, seen as these micro-moments of positive connection, fortifies the connection between your brain and your heart and makes you healthier.*
- *It can seem surprising that an experience that lasts just a micro-moment can have any lasting effect on your health and longevity. Yet there's an important feedback loop at work here, an upward spiral between your social and your physical well-being.*
- *That is, your micro-moments of empathy not only make you healthier, but being healthier also builds your capacity for empathy. Little by little, empathy begets empathy by improving your health. And health begets health by improving your capacity for empathy.*
- *So the more you find the moments of connection the healthier and happier you will be.*



Explanation

- *We each have a responsibility to reducing and ending stigma and discrimination for those with substance use disorders*
- *We can do this by taking care with the language we use – words we use can reduce and prevent stigma and discrimination*
- *We need to tell stories of recovery and hope and share facts and dispel myths*
- *We have a responsibility to really listen with ears and hearts to those who need us*

EXERCISE
Increasing Empathy

- First, we are going to ask everyone to write down 6 statements that you have heard different people in treatment say.
- Place statements in a pile in a central location.

- ✓ I will read the statements from the pile one at a time and our participants will stand in three single file lines.
- ✓ After I read the statement the three contestants (one from each team) will say something empathetic in response to the story. Those three immediately behind these responding will then decide which person make them feel most understood or displayed the most empathy. The person with the most empathetic response wins that round gets one point. Remember your points so we can see who wins at the end.

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Explanation

Now let's put into practice what we have learned in terms of reducing stigma and increasing empathy. Now we are going to practice increasing your skills.

First, we are going to ask everyone to take a piece of paper and write down 6 statements that you have heard different people in treatment say. For example, I have heard people say "I feel like using drugs today" or " I just lost my job and I feel worthless" or "I just picked up my 30 day drug free token today".

Once you have written your 6 statements please cut the statements so they are each on separate strips of paper.

Place them in a pile in a central location.

- ✓ *We are going to play a fake game show where people compete to show how empathetic they are. The person who provides the most empathetic answer that round wins the round. Here is how we play*
- ✓ *I will read the statements from the pile one at a time and our participants will stand in three single file lines.*
- ✓ *After I read the statement the three contestants (one from each team) will say something empathetic in response to the story. Those three immediately behind these responding will then decide which person make them feel most understood*

or displayed the most empathy. The person with the most empathetic response wins that round gets one point. Remember your points so we can see who wins at the end.

- ✓ *After 6-8 rounds or everyone has had a chance to give an empathetic response then the game will end and each person scores tallies their score to the person with the overall most frequent empathetic responses wins.*

Day 1 Wrap-Up

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Explanation

- *Thank you for your time and attention today as well as your dynamic participation.*
- *Please make sure that you take the time to let us know any feedback that can be used to improve the overall course.*

EXERCISE
Defining Recovery

How do you define recovery from substance use disorders?

1) In one sentence
2) In 5 words
3) One word

- We will take 30 minutes for this activity

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Explanation

As we move through this first module, it is important that we first explore how everyone in the room defines recovery. Please take individual pieces of paper and write down your one sentence definitions of recovery. We will post them around the room.

Next, write five single words to define recovery – each word needs to be one a separate piece of paper. Now I am going to ask one person to post their five papers with the words in separate columns.

Now I will call each person to come up and see if they have overlapping words or is another column needed. Eventually everyone will place their words into themes – there may be a few outliers and that is fine.

Now let's have everyone come up and place their one word into the existing categories or as outliers.

Let's have a group discussion to see what themes people see about the definition of recovery.

Recovery Is….

1) More than just not using alcohol or other substances
2) More than just going through substance use disorder treatment
3) A long-term process of learning to live life and solve problems without alcohol or other drugs

Source: White, W.L., Kurtz, E. and Sanders, M. (2006). Recovery management. Chicago, IL: Great Lakes Addic-on Technology Transfer Center.

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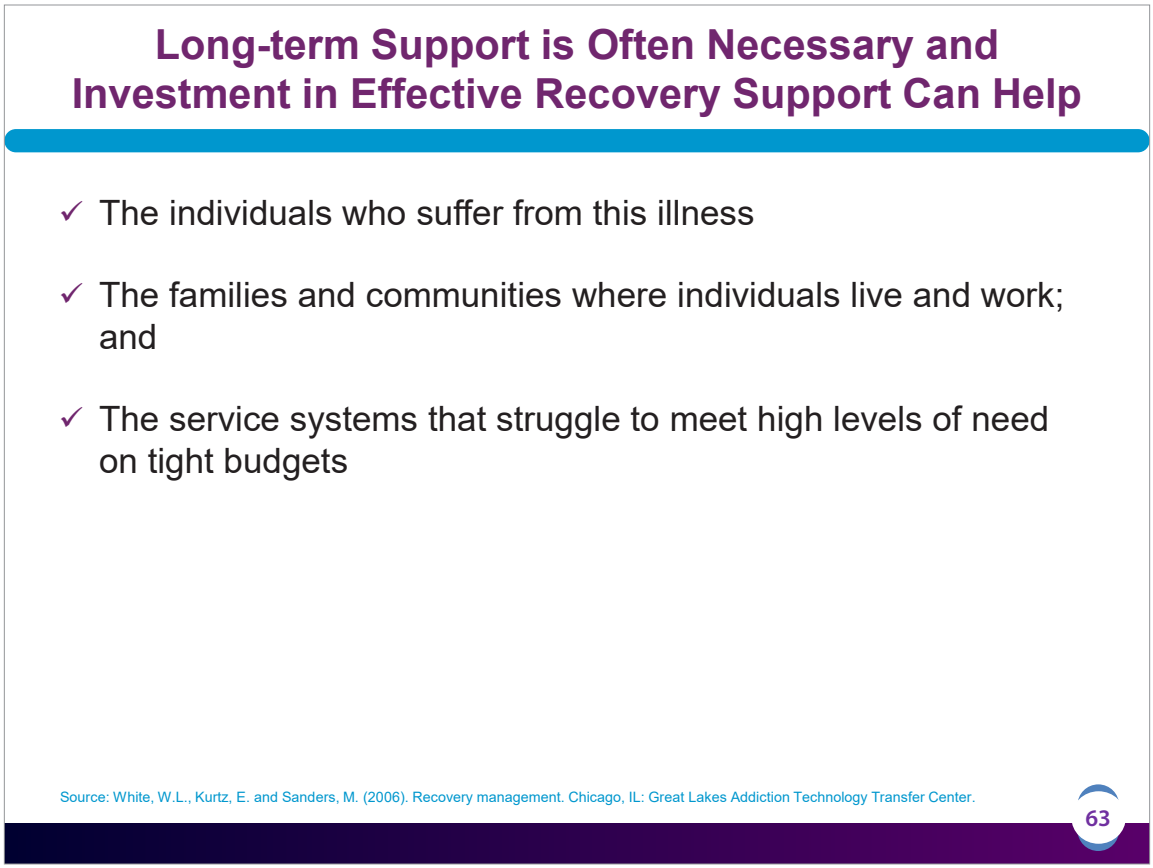
Explanation

- *There are also many mistaken beliefs about what "recovery" is.*
- *Many people think that word just means not using substances*
- *Some people use the word "recovery" as another word for going through treatment*
- *If we're going to understand and promote recovery, we need to understand people's patterns of behavior.*
- *We need to recognize the roles that alcohol and other drugs play in people's attempts to live their lives and deal with the pain of living. We also need to help people find better ways of surviving and coping.*



Explanation

Healing and recovery from the effects of substance use disorders take place on all these levels: the individual level, the family level, the community level and the system ideally needs to support that wellness.

Recovery: Far More Than Just Changing Substance Use

Recovery includes many changes beyond the physical, including changes in attitudes, beliefs, and values.

Recovery is made possible through mutual sharing, respect, connection, and appreciation of diversity.

Supportive relationships are important in recovery groups.

This training group can also create supportive relationships.

Friendship and collaboration you build in this training can last.

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Explanation

- *This course is based on the belief that the process of recovery includes many changes, and some of the most important of these are changes in attitudes, beliefs, and values. These are the kinds of things that sustain recovery.*
- *This kind of change can happen only through mutual sharing, respect, connection, and appreciation of diversity. Developing community-based recovery support systems is committed to this process.*
- *What you bring to this training, in terms of your wisdom, knowledge, experience, and dedication, is absolutely important to the success of the training, and the richness of this experience for your fellow participants.*
- *This training group can create the same kinds of connections. We hope the friendship and collaboration you build here will last far beyond the training experience.*

Defining Recovery

Recovery is a primary goal for behavioral health care

- There must be a belief that anyone can recover and/or manage conditions successfully

Working definition of recovery from substance use disorders:

- A process of change through which individuals improve their health and wellness, live a self-directed life, and strive to reach their full potential.

Source: SAMHSA (2012) Working definition of recovery. http://store.samhsa.gov/shin/content//PEP12-RECDEF/PEP12-RECDEF.pdf.

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Explanation

- *There are many definitions for recovery. Let's begin by examining SAMHSA's working definition of recovery from mental health disorders and/or substance use disorders.*
- *According to this definition, recovery is "A process of change through which individuals improve their health and wellness, live a self-directed life, and strive to reach their full potential."*
- *Recovery is a non-linear process.*
- *Recovery has a history that is only recognized recently.*

Stages of Recovery

Early recovery:

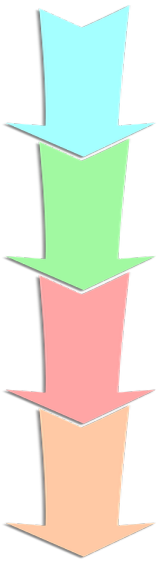
In treatment and is focusing on starting and maintaining being substance free or taking SUD treatment medication as prescribed. This stage generally will last from 1 month to 1 year.

Middle recovery:

There is a greater feeling of stability in living substance free (including taking medications for SUD treatment as prescribed). Life changes are noted in positive ways. This stage generally takes at least a year to complete, but can last indefinitely.

Late recovery /maintenance:

While remaining substance free, the person continues to make changes unrelated to substance use in their attitudes and responsive behavior. This stage has no end.



Source: SAMHSA (2012) Working definition of recovery. http://store.samhsa.gov/shin/content//PEP12-RECDEF/PEP12-RECDEF.pdf.

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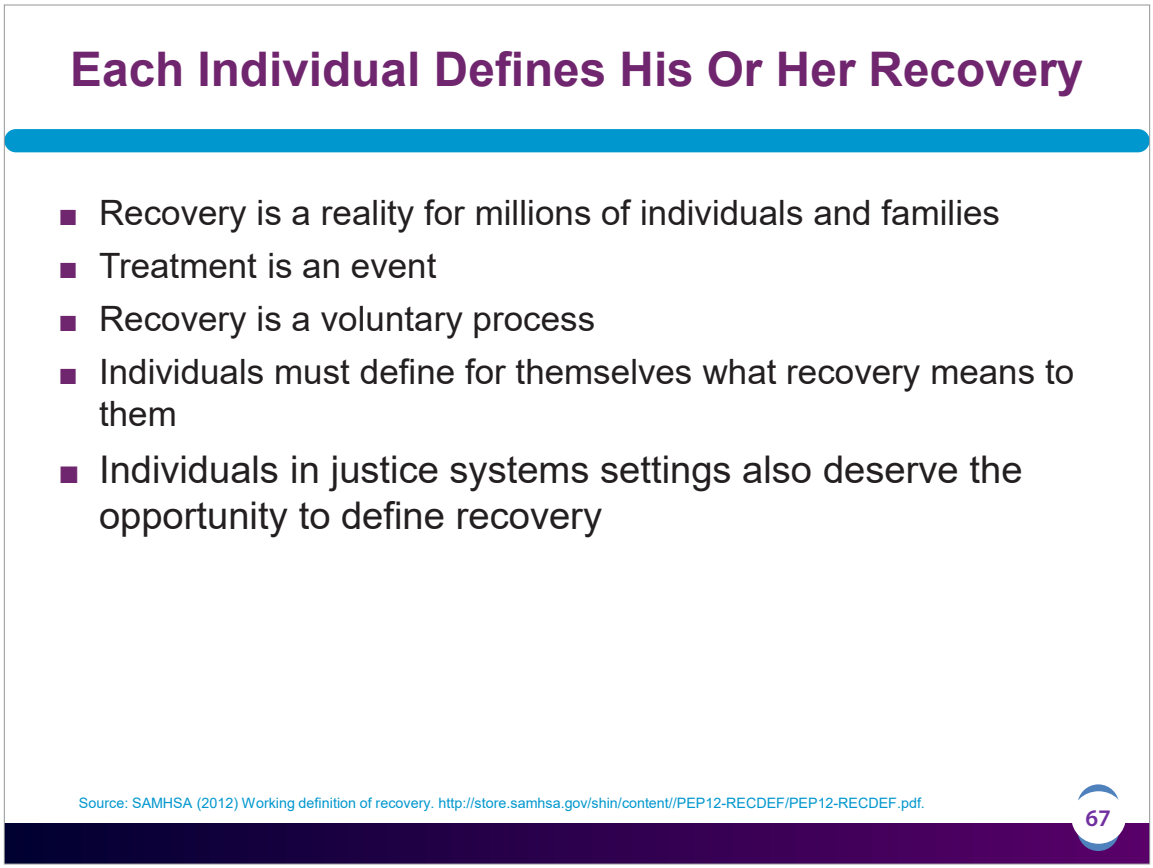
Explanation

- *While recovery has been seen as a non-liner process, there are stages of recovery that have been noted by SAMHSA.*
- *Early recovery. The person with a substance use disorder is in treatment and is focusing on becoming substance free and then on remaining substance free. Individuals in this stage of recovery are particularly vulnerable to relapse. This stage generally will last from 1 month to 1 year.*
- *Middle recovery. The person feels secure in substance abstinence. Cravings and other triggers are able to be recognized and dealt with. Nonetheless, the risk of return to substance use remains.*
- *Late recovery/maintenance. People work to maintain abstinence while continuing to make changes unrelated to substance use in their attitudes, thoughts and responsive behavior. Because recovery is an ongoing process, this phase has no end.*
- *Remember that taking medications to treat substance use disorders like opioid and alcohol use disorder is part of recovery for some people and they deserve to be honored and recognized as being in recovery.*



Explanation

- *Recovery is "A process of change through which individuals improve their health and wellness, live a self-directed life, and strive to reach their full potential."*
- *Often as professionals we look at the early and middle stages of the illness, we do not always get to see the more hopeful positive part of the other side of the illness where recovery is a reality for millions of individuals and families.*
- *Treatment differs from recovery in that treatment is a time-bound event that takes place with specific interventions; treatment has a beginning and an end, whereas recovery is an ever-continuing and ongoing process of life change– a maintenance of life-change for the positive*
- *While we can operate under general definitions of recovery, in reality, individuals must define for themselves what recovery means to them, what their personal goals are, what it means to live a fulfilling and productive life, and how to manage their condition effectively.*
- *Individuals in justice systems settings should be afforded the opportunity to define their recovery in partnership with the other key stakeholders such as judges, justice treatment providers, and correctional officials*

The Difference Between Recovery and Treatment

- Recovery and treatment are not the same.
- Treatment can be an important component and foundation for recovery.
- Treatment definition:
  - Services that focus on initiating and maintaining an individual's recovery from alcohol and/or substance use and on preventing a return to substance use.

Source: SAMHSA. (2016). Treatment for substance use disorders. http://www.samhsa.gov/treatment/substance-use-disorders.

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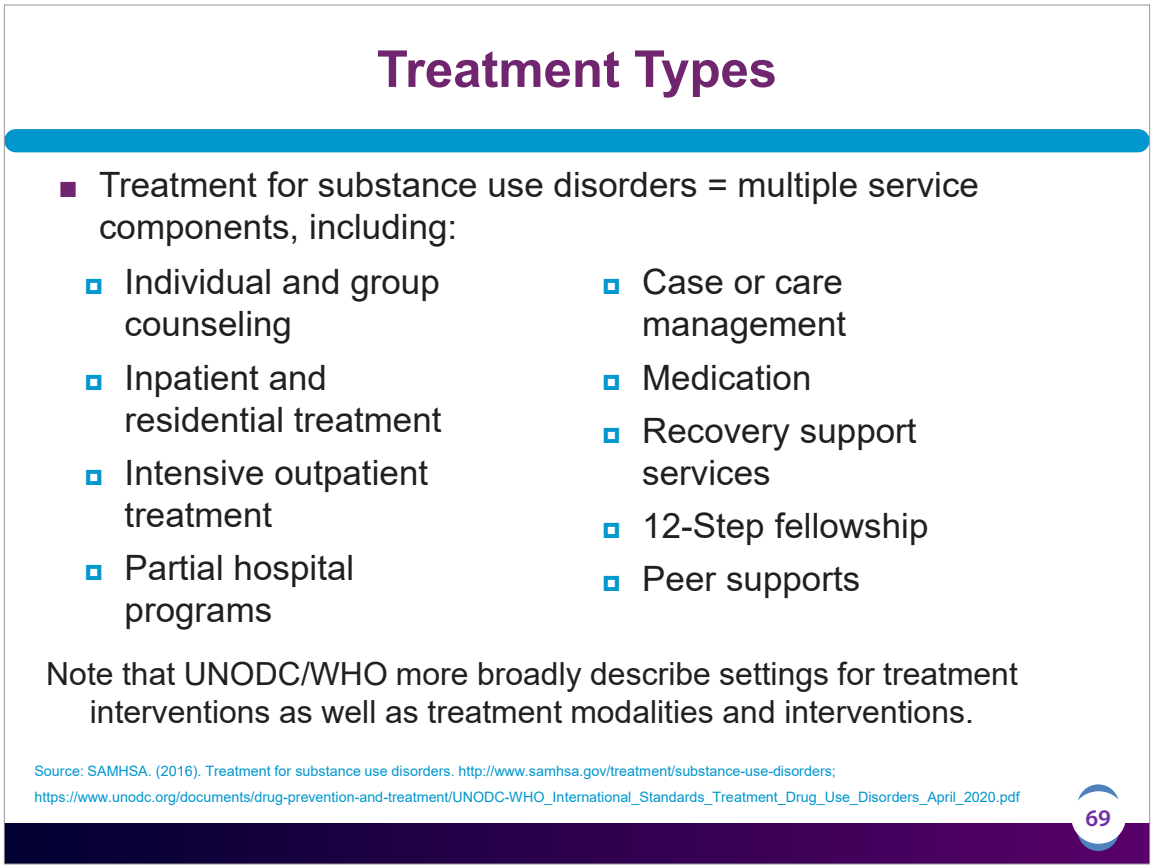
Explanation

- *There is a difference between treatment and recovery.*
- *Recovery and treatment are interconnected, but not the same. Treatment is an important component but not the only component to the recovery process. Treatment is like a suitcase full of tools and processes to help a person find recovery. Recovery is a way of life- a process or journey through life.*
- *Treatment is defined as inpatient or outpatient services that focus on initiating and maintaining an individual's recovery from alcohol and/or substance use and on preventing a return to substance use.*



Explanation

Treatment is defined as inpatient or outpatient services that focus on initiating and maintaining an individual's recovery from alcohol and/or substance use and on preventing substance use return. As we mentioned previously, there are different types of treatment. Here we remind ourselves of the treatment types and some components of treatment

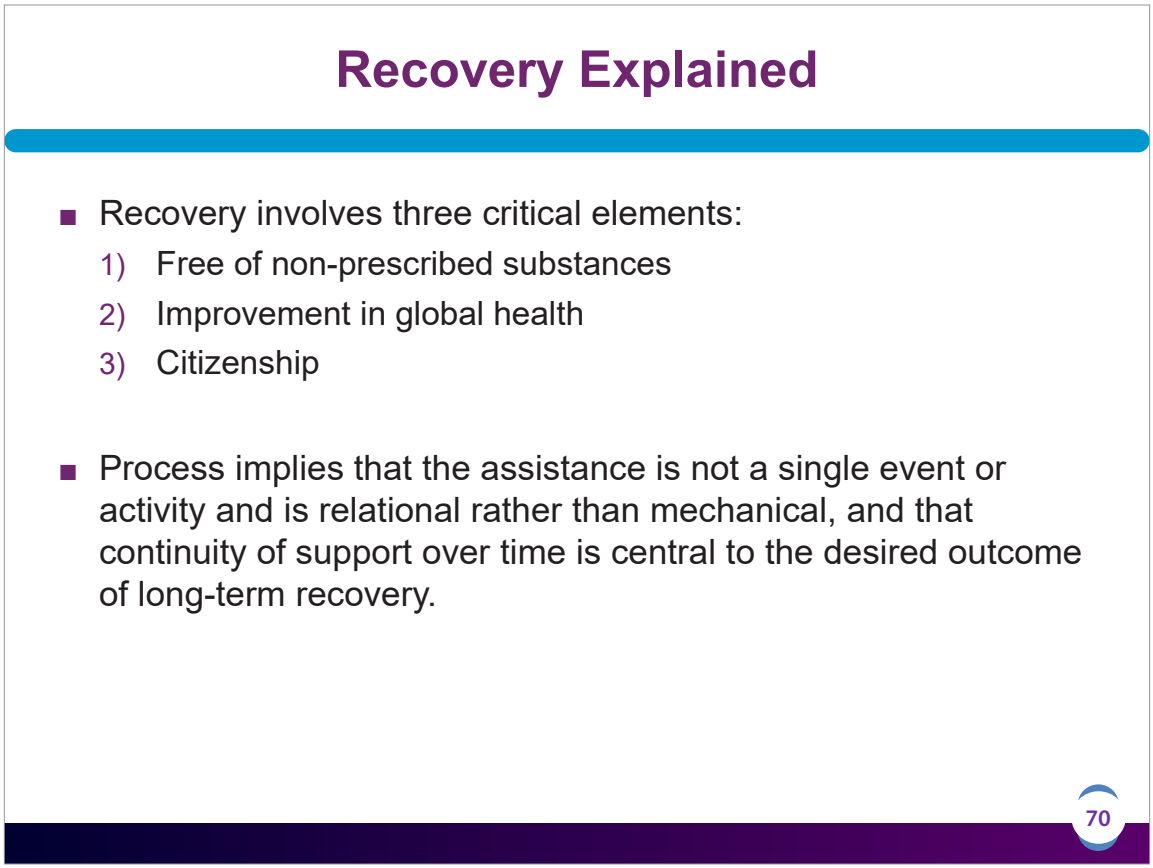
Treatment for substance use disorders is comprised of multiple service components, including:

- *Individual and group counseling - Individualized counseling focuses on reducing or stopping substance use; it also addresses related areas of impaired functioning. Group therapy either is offered in conjunction with individualized drug counseling or is formatted to reflect the principles of therapy theories.*
- *Inpatient and residential treatment- inpatient provides 24 hour care often in a hospital setting and monitoring while residential treatment provides care 24 hours a day, generally in non-hospital settings*
- *Intensive outpatient treatment- Outpatient treatment varies in the types and intensity of services offered. Such treatment costs less than residential or inpatient treatment and often is more suitable for people with jobs or extensive social supports. In many*

outpatient programs, group counseling can be a major component. Some outpatient programs are also designed to treat patients with medical or other mental health problems in addition to their drug disorders.

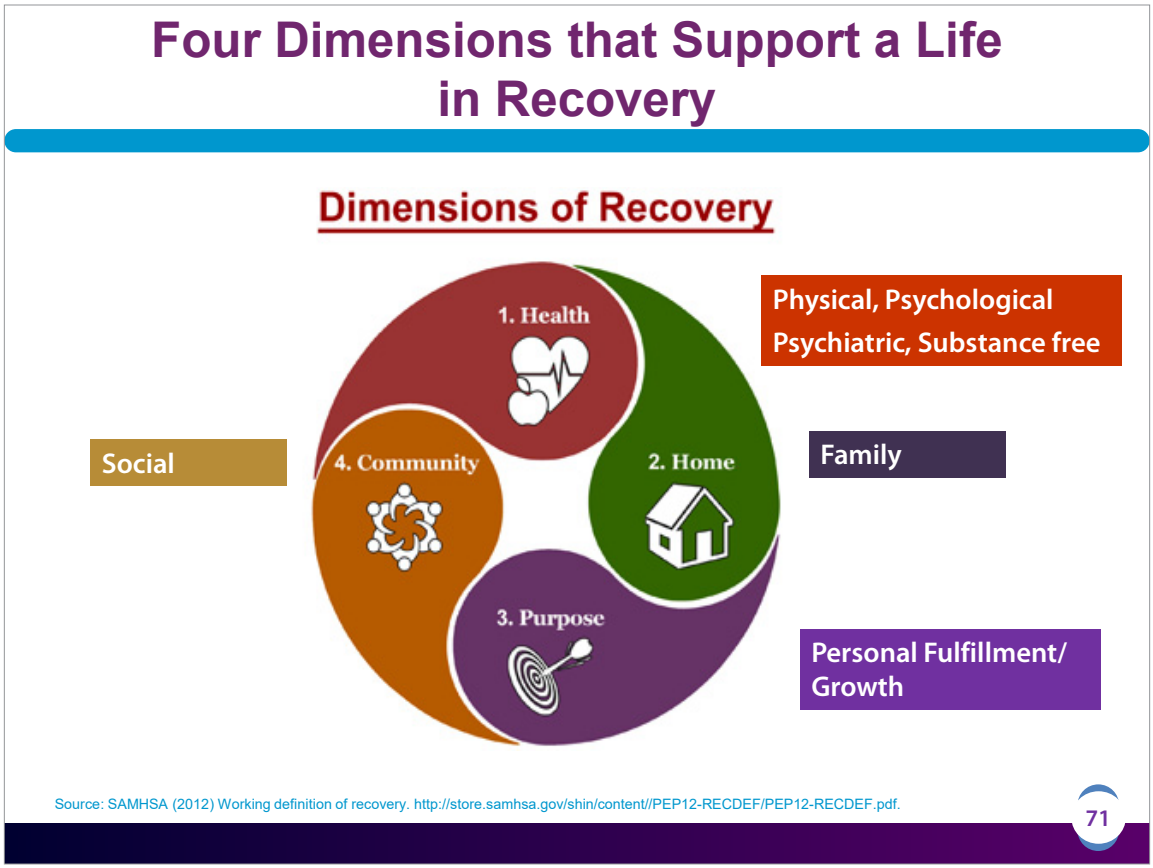
- *Partial hospital programs- the most intensive form of outpatient treatment – usually individuals spend at least 4 hours every week day in treatment at the center*
- *Case or care management- services that provide needed referral and help for other needs individuals have*
- *Medication- often includes medications to treat alcohol, benzodiazepine or opioid use disorders*
- *Recovery support services- peer or recovery coaches, outreach by such an individual and other supports*
- *12-Step fellowship- mutual self-help such as AA and NA*
- *Peer supports- can also be recovery support but by a person who is in recovery from SUD*

A person accessing treatment may not need to access every one of these components, but each plays an important role. These systems are embedded in a broader community and the support provided by various parts of that community also play an important role in supporting the recovery of people with substance use disorders.



Explanation

- *Recovery for this course includes three critical elements:*
  1. *free of non-prescribed substances (abstinence from alcohol, tobacco, and non-prescribed drugs)*
  2. *improvement in global health (physical, emotional, relational, and ontological—life meaning and purpose), and*
  3. *citizenship (positive participation in and contribution to community life)*
- *Recovery support involves the provision of informational, emotional, social, and/or material aid.*
- *Process implies that the assistance is not a single event or activity and is relational rather than mechanical, and that continuity of support over the time is central to the desired outcome of long-term recovery.*



Explanation

- *Most experts today agree that recovery is much more than healing and growing beyond having symptoms. It means living a life to be proud of. It means having a stable home, a healthy lifestyle, meaningful relationships, and making progress towards life goals. There are four dimensions of recovery.*
- *Health, home, purpose, and community are facets of life that are important to keep in mind when working with patients on changing their lives. Recovery doesn't only mean the absence of non-prescribed substance use or the management of symptoms. It also means making life precisely what they want it to be.*
- *Let's examine each dimension.*
- *Health: This means overcoming or managing one's disease(s) or symptoms. For example, abstaining from use of alcohol, illicit drugs, and non-prescribed medications if one has an addiction problem. For everyone in recovery, it means making informed, healthy choices that support physical, emotional, and psychological wellbeing*
- *Home: This means having a stable and safe place to live. This might also mean enjoying your home and gaining satisfaction from your home environment. Home may also represent to some people their family and this dimension may be helpful to explore.*
- *Purpose: This means engaging in meaningful activities, such as a job or school,*

volunteering, caring for your family, or being creative. It might also include a meaningful work life that brings you independence, income, and resources to participate in society. Purpose is about believing and contributing to something more than yourself. A person sees themselves as a part of a greater whole. Your contributions to the world are valued. For some people this domain may include spiritual or other ways of gaining personal growth and fulfillment.

- *Community: This means building relationships and social networks that provide support, friendship, love, and hope. For many recovering from substance use this may mean rebuilding relationships that were impaired during illness. This domain may represent for some people the social or connections with others.*

Research on the Four Dimensions

- National Survey of Substance Abuse Treatment Services survey results found that:
  - Health Recovery - addressed by the majority of treatment facilities
  - Home Recovery - addressed by offering case management, discharge planning, and aftercare
  - Purpose Recovery - only 37% offered employment counseling
  - Community Recovery - addressed by the majority of treatment facilities

Source: Strashny A Recovery Services Provided by Substance Abuse Treatment Facilities in the United States. The CBHSQ Report. Rockville (MD): Substance Abuse and Mental Health Services Administration (US); 2013-.2014 Sep 11.

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Explanation

- *Substance use often impacts multiple aspects of an individual's life, person with SUDs often enter treatment with housing issues, employment problems, and damaged family or social relationships.*
- *Through the Recovery Support Strategic Initiative, the Substance Abuse and Mental Health Services Administration has identified Health, Home, Purpose, and Community as the four major dimensions that support recovery from substance abuse. The extent to which SAT facilities were providing recovery support services across each of the four dimensions of recovery was examined in the 2012 National Survey of Substance Abuse Treatment Services (N-SSATS) data.*
- *In 2012, the Health recovery dimension was addressed by the majority of treatment facilities offering comprehensive substance abuse assessments or diagnoses (91%), mental health disorder screenings (68%), substance or alcohol urine screenings (84%), and substance abuse education (96%); 28% tested for HIV, 24% tested for hepatitis C, 22% tested for hepatitis B, and 21% tested for sexually transmitted diseases.*
- *The Home recovery dimension was addressed by SAT offering case management (80%), discharge planning (94%), and aftercare or continuing care services (84%); in addition, 49% assisted person with SUDs in locating housing. 74% of SAT offered social skills development and 62% used a sliding-fee scale*
- *In reflection of the Purpose recovery dimension, this was narrowly defined as employment-though only 37% offered employment counseling.*
- *The Community recovery dimension was addressed by the majority of treatment facilities offering individual, group, and family counseling (98, 93, and 82%, respectively) and community outreach (57%). Findings from this report indicate that the nation's substance abuse treatment facilities offered a range of services that reflect SAMHSA's four key recovery dimensions.*

EXERCISE
Teaching the Definition of Recovery

- Let's break into groups and in 15 minutes please develop an interactive and fun activity that you would use to teach individuals with substance use disorders to define recovery.
  - ✓ Each group reports for no more than 5 minutes

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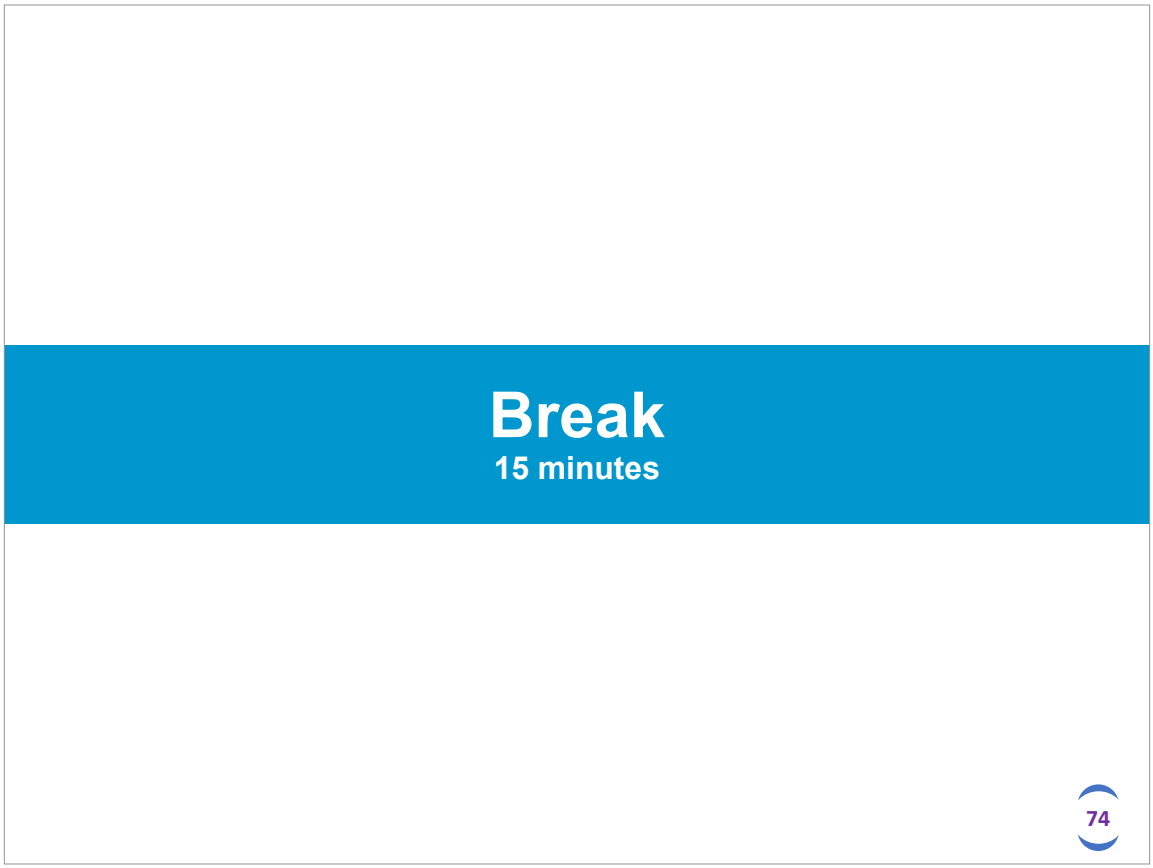
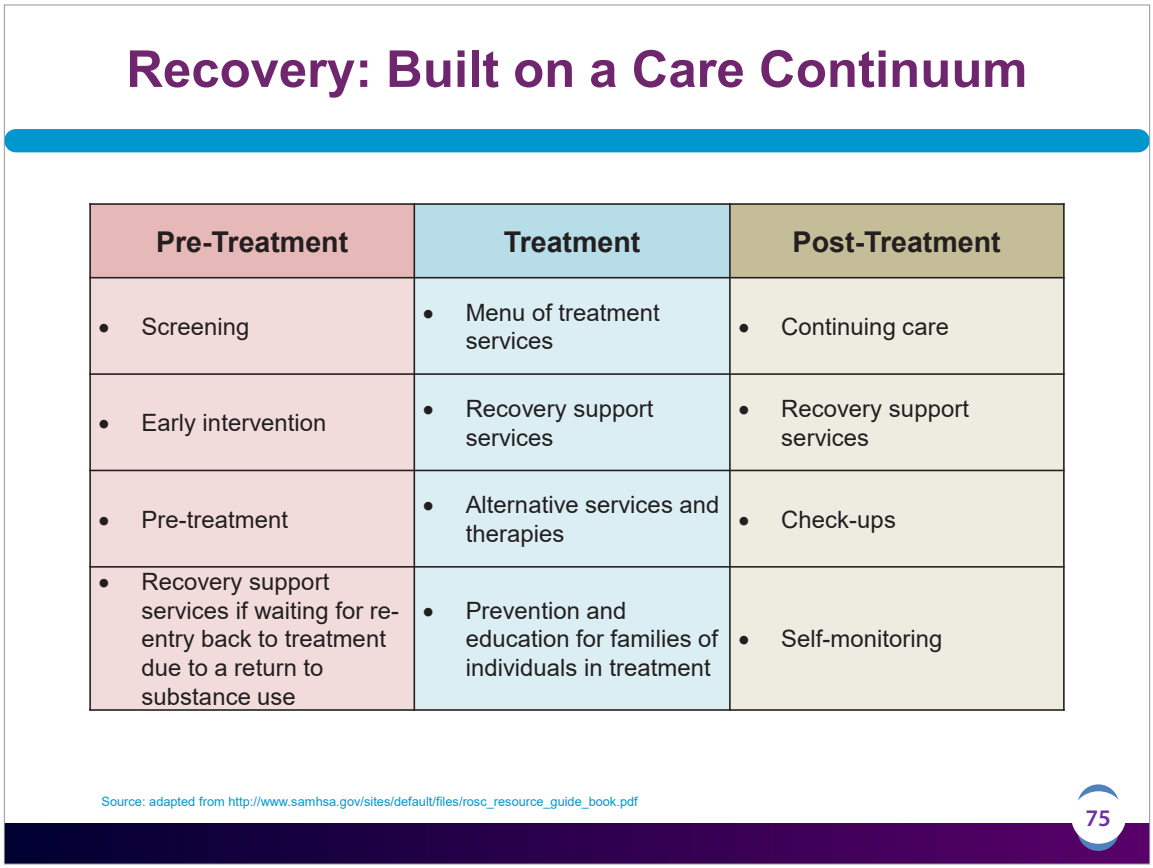
Explanation

- *Let's break into groups (e.g., 4) and in 15 minutes please develop an interactive and fun activity that you would use to teach individuals with substance use disorders to define recovery.*
- *You can use non-verbal ways or verbal ways that are engaging, creative and fun.*



Explanation

At this point in our training, let's take a break. Please return in 15 minutes so we can stay on track and be respectful of your time and the time of our other training participants.



Explanation

- *Recovery is built on a continuum of care. For this course we are defining pre-treatment services as those actions that happen before treatment occurs or before someone goes back into treatment following a return to substance use. The chart is only to be read in columns NOT making comparisons across rows.*
- *Treatment are those formal services that are provided in outpatient, detoxification, residential services, etc.*
- *Post-treatment are the actions that happen where the person is still followed but in a non-formal or intensive way.*
- *In a long term system of care, the continuum of care includes recovery-oriented activities, such as prevention, early intervention, treatment, continuing care and recovery in partnership with other disciplines, such as mental health and primary care.*
- *The table shows some examples of how recovery is built within a long term system of care. This infrastructure helps to effectively addresses the full range of substance use problems within communities.*
- *Furthermore, the recovery-oriented activities are not just available to people in recovery, their families, and the community, but they are also available to the general population, at-risk populations, harmful users of alcohol and substances, those with dependence, and those with chronic dependence.*
- *Services are designed to be accessible, welcoming, and easy to navigate.*
- *Remember that mental health services may be an important component for some people*

10 Guiding Principles of Recovery

1) *Recovery emerges from hope*
2) *Recovery is person driven*
3) *Recovery occurs via many pathways*
4) *Recovery is holistic*
5) *Recovery is supported by peers and allies*
6) *Recovery is supported through relationships and social network*
7) *Recovery is culturally-based and influenced*
8) *Recovery is supported by addressing trauma*
9) *Recovery involves individual, family and community strengths and responsibility*
10) *Recovery is based on respect*

Source: SAMHSA (2012) Working definition of recovery. http://store.samhsa.gov/shin/content//PEP12-RECDEF/PEP12-RECDEF.pdf.

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Explanation

- *The 10 Guiding Principles of Recovery were developed to provide a shared understanding of the key ingredients needed for an adult behavioral health system to promote recovery.*
- *The 10 Principles are: Hope, Person-Driven, Many Pathways, Holistic, Peer Support, Relational, Culture, Addresses Trauma, Strengths/Possibility, Respect*
- *In addition to health, home, purpose and community, SAMHSA offers 10 Guiding Principles of Recovery, which include:*
  1. *Recovery emerges from hope – belief in the process and reality of recovery is vital for struggling individuals to face and cope with their disease or disorder*
  2. *Recovery is person driven – each person is ultimately in charge of their own recovery, setting goals and creating a path to achieve them*
  3. *Recovery occurs via many pathways – people recovering from substance abuse or mental disorders have different backgrounds and face unique challenges. As a result, the paths that people take toward recovery will vary from person to person*
  4. *Recovery is holistic – in order for long-term recovery to take root, a person must address every aspect of their life, from mental and physical health to income and housing to seeking support and maintaining medication if needed*

5. *Recovery is supported by peers and allies – having peers that have experienced similar challenges and come through it provides a model for those in recovery to lean on, refer to and receive support from*
6. *Recovery is supported through relationships and social network – an emotional bond with family members, friends and peers that believe in a person's ability to recover can offer the strength and determination to get through these difficult times*
7. *Recovery is culturally-based and influenced – services for recovery must consider an individual's unique cultural beliefs, values and traditions, stories, and other important aspects for the person*
8. *Recovery is supported by addressing trauma – sexual assault, domestic violence, emotional abuse and any other trauma has to be treated if recovery is to be long lasting and successful*
9. *Recovery involves individual, family and community strengths and responsibility – each person in recovery is responsible for their own care, though families and significant others also bear a responsibility, especially with recovering teens or young people, to support their loved ones. Communities also have a responsibility to make sure that those in recovery can live free of discrimination and have opportunities to have housing, employment and education*
10. *Recovery is based on respect – recovering from addiction and psychiatric issues require bravery on the part of the individual. Communities and social systems that acknowledge this lessen the stigma associated with these disorders and offer people a healthier atmosphere in which they can get better and give back*

Recovery: Good Nutrition Needed

- Those with alcohol use disorder (AUD) and/or substance use disorder (SUD) typically suffer from nutrient deficiencies.
- These nutrient deficiencies may play a role in physical and mood disorders (e.g., anxiety and depression) that some people with AUD and SUD have.
- Brain processes that support survival are stimulated both by food, particularly sweet foods, and by substance use. For example, people recovering from SUD often crave foods with sugar and carbohydrates.
- Poor nutritional negatively impacts the physical and psychological health of those with AUD and SUD and this poor health can make it harder to resist substance use and recover their health.

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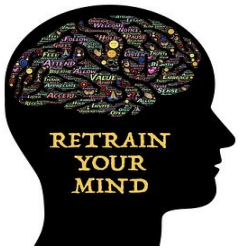
Explanation

- *Those with alcohol use disorder (AUD) and substance use disorder (SUD) typically have nutrient deficiencies.*
- *These nutrient deficiencies may underlie alcoholic heart and bone problems, and mood disorders including anxiety and depression.*
- *Those with AUD or SUD and poor nutrition may have altered body composition and altered hormonal metabolic functioning.*
- *Additionally, brain chemicals are stimulated both by food, particularly sweet foods, and by substances, with evidence supporting confusion (addiction transfer) when recovering from SUD between cravings for a substance and craving for food.*
- *Poor nutritional status harms physical and psychological health and can reduce one's capacity to resist substances.*

Recovery: Individual Responsibility

- There's a reason personal responsibility is one of the key principles of recovery
- It involves taking action and doing what needs to be done to get well and stay well
- Actions include:
  - Self-acceptance
  - Take a personal inventory
  - Take back self-control through techniques and skills



Source: SAMHSA (2012) Working definition of recovery. http://store.samhsa.gov/shin/content//PEP12-RECDEF/PEP12-RECDEF.pdf.

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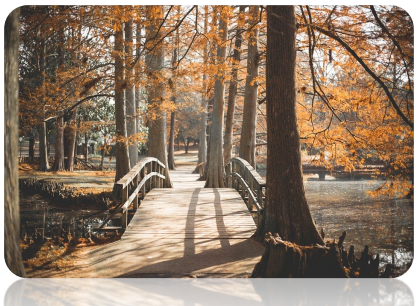
Explanation

- *Personal responsibility is such a key principle of recovery as the individual with the illness is the only one who ultimately controls his or her own recovery.*
- *Self-responsibility is necessary in recovery and it is important to help the person to begin by accepting him or herself the way he or she is, and where in life the person is*
- *Individuals with SUD need to be taught to take responsibility and not blame others*
- *Actions to live a life in recovery include:*
- *Self-acceptance meaning – loving the self without having to like one's past behavior. To forgive the self for things that have been done in the past and accept life on life's terms. The foundation of positive relationships with others is first accepting and loving one's self.*
- *To take a personal inventory means to take account of things that one has in terms of strengths and ways that one needs to grow and mature. To reflect on that inventory and see how it changes and where one wants to continue to work.*
- *Take back self-control by learning and applying techniques, strategies, and skills.*
- *Remember, that recovery is only possible when the individual begins to take responsibility for him or herself*

Scope and Depth of Recovery

- There is no set time requirement
- Individualized process whereby each person's journey of recovery is unique



SAMHSA http://blog.samhsa.gov/2011/05/20/recovery-defined-a-unified-working-definition-and-set-of-principles/#.V1bR69eJs8J

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Explanation

- *There is no set time requirement for recovery as it is recognized that this is an individualized process whereby each person's journey of recovery is unique and whereby each person in recovery chooses supports, ranging from clinical treatment to peer services that facilitate recovery.*
- *We also know that sometimes that process is not a straight line but a winding road that includes ups and downs.*

Process of Recovery

Recovery is a time-sustained process

- The process of recovery is highly personal
- Recovery is characterized by continual growth and improvement in one's health and wellness that may involve setbacks
- The process of recovery can be supported or hindered by how the individual experiences the social determinants of health in their life

Kelly JF, White WL eds. *Addiction Recovery Management*. Theory, Research and Practice. New York, New York: Humana Press. 2011. p.70
Galea S, Vlahov D. Social determinants and the health of drug users: socioeconomic status, homelessness, and incarceration. Public Health Rep. 2002;117 Suppl 1(Suppl 1):S135-45.

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Explanation

- *Recovery is a time-sustained process. Many scientific studies suggests that recovery from substance use problems is a stage-dependent process.*
- *The process of recovery is highly personal and occurs via many pathways. It may include clinical treatment, medications, faith-based approaches, peer support, family support, self-care, and other approaches.*
- *Recovery is defined by continual growth and improvement in one's health and wellness that may involve setbacks at times. Resilience to overcome setback is a key component of recovery.*
- *The process of recovery can be supported or hindered by how the individual experiences the social determinants of health in their life. For example, social and economic factors shape risk behavior and the health of people who use drugs. Such social and economic conditions affect health indirectly by shaping the person's drug-use behavior. These same social and economic conditions can affect health directly by affecting the availability of resources, access to social welfare systems, marginalization, and the ability to take medication as prescribed. People in minority groups experience a disproportionately high level of the social factors that adversely affect health so interventions aimed at improving the health of those who use substances must address the social factors that accompany and exacerbate the health consequences of substance use.*

Quality and Quantity (Time And Type) of Recovery

- The indicators can help provide the extent to which recovery is being achieved
  - Taking care of physical and mental health, coping with problems without non-prescribed drug use, eating and sleeping well, stable housing, regular legal income, predictable daily routine, enjoying hobbies, etc.
- Recovery is a highly individualized process; recovery services and supports must be flexible and responsive across the life-span
- Recovery must be practiced every day for it to work- no matter how long one has been in recovery

Neale J, Vitoratou S, Finch E, Lennon P, Mitcheson L, Panebianco D, Rose D, Strang J, Wykes T, Marsden J. DEVELOPMENT AND VALIDATION OF 'SURE': A PATIENT REPORTED OUTCOME MEASURE (PROM) FOR RECOVERY FROM DRUG AND ALCOHOL DEPENDENCE. Drug Alcohol Depend. 2016 Aug 1;165:159-67.

Explanation

- *The indicators can help provide the extent to which recovery is being achieved. Such Indicators include*
- *Because recovery is a highly individualized process, recovery services and supports must be flexible and responsive across the life-span.*
- *Recovery must be practiced every day for it to work- no matter how long the person has been in recovery*

EXERCISE
Describe Your Recovery Heroes or Sheroes

- Think of a person you know who is honest, lives with purpose, gives back to others, and is a respected role model. What about that person do you admire? How do their qualities embody recovery (even if they are not in recovery)
- Please divide into pairs
- Take about 5 minutes to tell your partner about this person. What qualities make him or her a recovery hero/shero.
  - ✓ What have you learned from your recovery hero/shero?
- Then switch speaker and listener and repeat the above steps for 5 minutes
  - ✓ We will then have a large group exercise to discuss the themes of recovery heroes/sheroes and how active listening was shown and felt

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Explanation

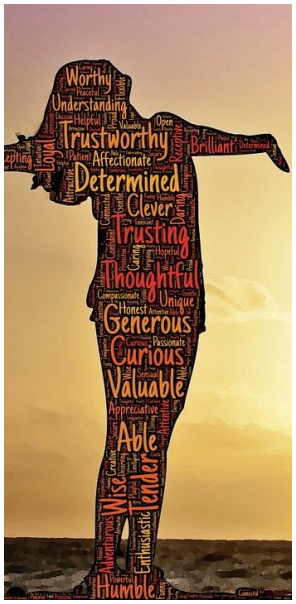
- ✓ *Think of a person you know who is honest, lives with purpose, gives back to others, and is a respected role model. What about that person do you admire? How do their qualities embody recovery (even if they are not in recovery)*
- ✓ *Please divide into pairs*
- ✓ *Now you are going to demonstrate your active listening skills as well as summary skills. This means that as you do this exercise you are going to deeply listen to the other person, show you are listening and then summarize what you heard them say.*
- ✓ *Take about 5 minutes to tell your partner about this person. What qualities make him or her a recovery hero/shero.*
- ✓ *What have you learned from your recovery hero/shero?*
- ✓ *Then switch speaker and listener and repeat the above steps for 5 minutes*
- ✓ *Take 10 minutes to complete the exercise*
- ✓ *Then let's have a large group discussion to share what are the main qualities you heard from your partner about recovery heroes/sheroes.*

Explanation

- *When we completed that recovery hero activity, we learned that those recovery heroes have a lot of recovery capital.*
- *How do you define recovery capital?*

Recovery Capital Includes

- "Recovery capital" includes all the strengths and resources that people bring to the recovery process, assets that can help them start and stay in recovery.
- The strengths and resources that help people "buy" recovery
- Types of Recovery Capital are:
  - Personal
  - Family/ Social
  - Community



CPIC (2005). A strength-based approach toward addiction treatment for women. Chicago, IL: Chicago Practice Improvement Collaborative.

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Explanation

- *"Recovery capital" includes all the strengths and resources that people bring to the recovery process, assets that can help them start and stay in recovery.*
- *Sometimes recovery capital can be seen like the currency or money of recovery.*
- *Different people have different types and amounts of recovery capital, and the same person can have different types and amounts at different times*
- *If they have a serious case of addiction but they have a lot of recovery capital, they're more likely to be able to get sober and stay sober without a lot of extra services and support.*
- *If they have a serious case of addiction and not much recovery capital, they'll need a lot of help and support to build up more recovery capital and help them stay in recovery.*
- *It can be helpful to "take inventory" of people's recovery capital at the beginning of the treatment process and the recovery support process, and to continue to update that inventory over time. Types of recovery capital include personal – like confidence, charisma etc., family/social- likes having many friends in recovery or who never had problems with substances, and finally community- having safe places to go to and places that bring comfort and joy to go to*
- *This is because the effects of addiction make it easy for people to give up hope. So*

do the effects of the judgmental attitudes that families and communities often have toward addiction, and the feelings of shame and guilt that many people experience when they have this condition.

- *A focus on their strengths and resources can help people realize that they can and do have hope, and help them concentrate on the strengths they need in the recovery process, and in life as a whole.*

Examples of Recovery Capital

- Inner resources
- Practical skills
- Different kinds of intelligence
- The ability to learn from their own mistakes
- The ability to forgive themselves or others
- A sense of humor
- There are people, places and resource materials
- Building recovery capital is dynamic and takes practice and mentoring

CPIC (2005). A strength-based approach toward addiction treatment for women. Chicago, IL: Chicago Practice Improvement Collaborative.

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Explanation

- *Inner resources like courage, morality, spirituality, and generosity*
- *Practical skills, like the ability to keep track of finances or find their way through service systems;*
- *Different kinds of intelligence, like the ability to read and understand material or the ability to know what other people are feeling and understand their experiences*
- *The ability to learn from their own mistakes and the ability to stop making the same mistakes again and again*
- *The ability to forgive themselves or others;*
- *A sense of humor and a sense of perspective; and*
- *The ability to love and allow others to love them*
- *There are many places in the home, the community, and the culture where people can identify other resources they need.*
- *There are people who care, sometimes forming caring support networks within the family, the community, and beyond—and many of these people are in the training today.*
- *There are books, pamphlets, web pages, organizations, libraries, professional recovery coaches, and peer recovery support services and organizations*
- *People may feel alone, but they're not really alone, if they have access to these*
- *Building recovery capital is dynamic- it is a process not a destination – you can never have too much- and takes practice and mentoring*

EXERCISE
Recovery Capital Scale

- Take the next 10 minutes and complete your own recovery capital scale.
- Then we will have a large group exercise to talk about it.

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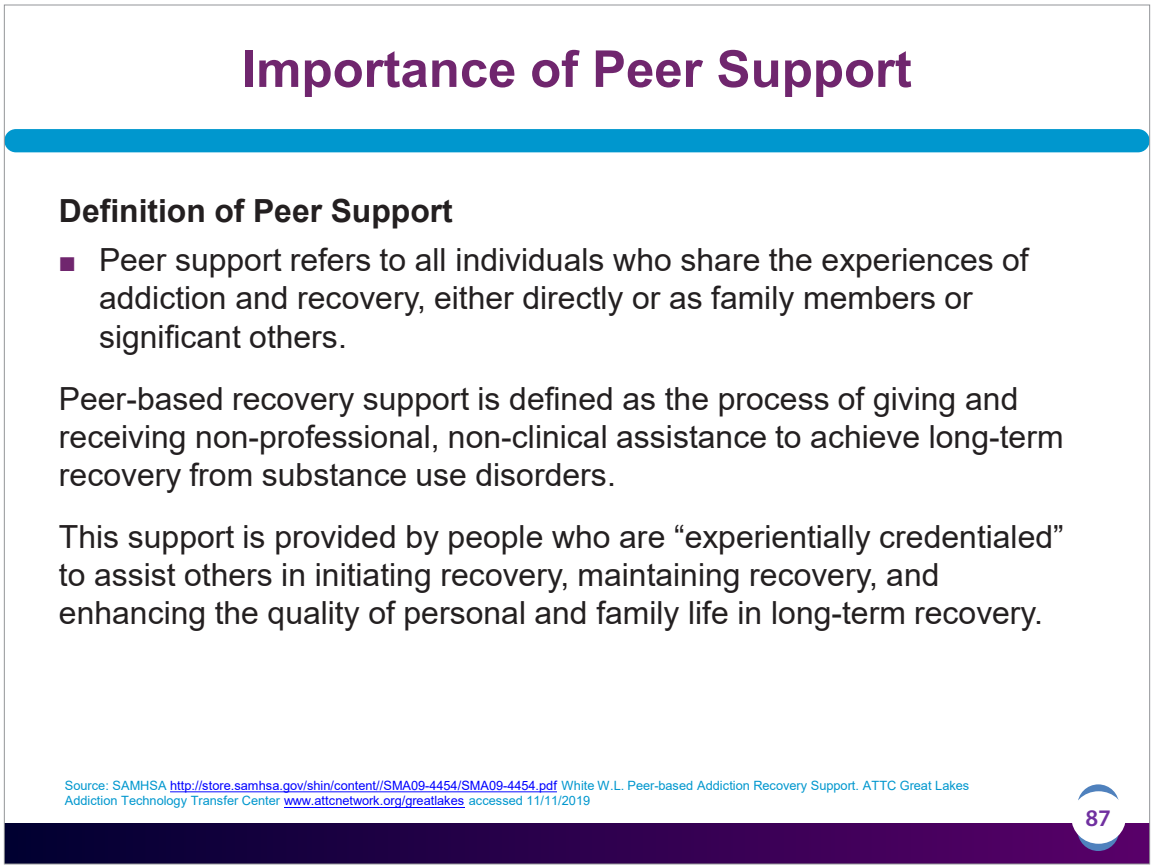
Explanation

- *This is an individual exercise*
- *Take the next 10 minutes to complete the form for yourself.*
- *Let's not talk about your individual responses. Rather, we will talk about the items on the scale. Which ones are good? Are there any that are not helpful?*
- *Are there any items that should be added?*
- *We will use this scale again to role play working with people with substance use disorders and develop their plan of recovery with them later in the course.*



Explanation

- *The following definition is offered as a starting point for discussion.*
- *Peer support is provided by individuals who have common life experiences with the people they are serving.*
- *People with substance use disorders have a unique capacity to help each other based on a shared affiliation and a deep understanding of this experience.*
- *In self-help and mutual support, people offer this support, strength, and hope to their peers, which allows for personal growth, wellness promotion, and recovery.*
- *Peer-based means that the supports and services are drawn from the experience of individuals who have successfully achieved addiction recovery and/or who share other characteristics (for example, age, gender, ethnicity, sexual orientation, co-occurring disorders, prior prison experience, family experience, or other identity-shaping life experiences) that enhance the service recipient’s sense of mutual identification, trust, confidence, and safety.*
- *What constitutes peer is defined by each individual, rather than by an organization. The reference to peer-based implies that services are provided by peers and that peers play an important role in the design, development, delivery, and evaluation of services.*

Peer-based Recovery Support Defined

- Peer-based recovery support isn't a particular role or service. It's an essential part of recovery.
- Peer-based recovery support is reciprocal.
- Peer-based recovery support is provided by people whose experience can help people begin recovery, stay in recovery, and have better personal and family life in long-term recovery.

White, W.L. (2009). Peer-based addiction recovery support: History, theory, practice, and scientific evaluation. Chicago, IL: Great Lakes Addiction Technology Transfer Center and Philadelphia Department of Behavioral Health and Mental Retardation Services.

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Explanation

- *Peer-based recovery support isn't a particular role or service. It's an essential part of recovery.*
- *Peer-based recovery support is reciprocal. The support passes back and forth among people in recovery, based on people's needs and resources. People in recovery are both givers and receivers of peer support. In many recovery circles, they believe that giving recovery support helps the one "giving" the support even more than it helps the one "receiving" support.*
- *Peer-based recovery support is provided by people whose experience can help people begin recovery, stay in recovery, and have better personal and family life in long-term recovery.*

Theoretical Foundation of Peer-based Recovery Support

Theoretical Framework	Proposed Active Ingredient of Mutual Helping	Psychological/Social Process	Proponent
Social Psychology	Commitment to Change	Helping others strengthens one's own commitment to change and anchors key ideas and activities that support change.	Reissman, 1965 [132]
Group Psychotherapy	Altruism	Helping others serves as a personal antidote to self-absorption.	Yalom, 1985 [133]
Social Learning Theory	Enactive Attainment	Helping others spurs personal change by enhancing the self-efficacy and self-esteem of the helper.	Bandura, 1995 [134]
Cognitive Consistency Theory	Resolution of Ambivalence	Helping others forces resolution of one's own ambivalence about changing.	Petri, 1996 [135]
Self Psychology	Alteration of Personal Identity	Helping others strengthens one's own identity as a changed person.	Kaplan, 1996 [138]

132 Reissman, F. (1965). The "helper" therapy principle. Social Work, April, pp. 27-32

133 Yalom, I. (1985). The theory and practice of group psychotherapy (3rd edition). New York: Basic Book.

134 Bandura, A. (1995). Self-efficacy: The exercise of control, New York: Freeman.

135 Petri, H.L. (1996). Motivation (4th edition). Pacific Grove, CA: Brooks/Cole.

136 Kaplan, H.B. (1996) Psychosocial stress. New York: Academic Press.

White W.L. Peer-based Addiction Recovery Support. ATTC Great Lakes Addiction Technology Transfer Center www.attcnetwork.org/greatlakes accessed 11/11/2019

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Explanation

- *A number of academic disciplines have set forth theories about the active ingredients of mutual peer support. Magura and colleagues' review of these theories is outlined in the Table.*
- *As you can see peer based recovery is focused on a commitment to change, altruism, helping others reach their own full potential. Moving forward through ambivalence and seeing one's self as changed for the better.*
- *Peer-based recovery uses personal stories to enact change.*
- *Peer recovery support helps to remedy the inequality of power/authority, perceived invasiveness, role passivity, cost, inconvenience, and social stigma associated with professional help for those with substance use problems.*
- *Peer recovery support is powerful in that it provides exposure to the personal stories and lives of people in recovery can serve as a catalyst of personal transformation for people with substance use problems.*
- *Peer recovery support helps to remedy the inequality of power/authority and social stigma associated with professional help for substance use problems.*

Research Shows Peer Support Works

- A literature review of 10 studies found benefits in the following areas:
  1) substance use
  2) treatment engagement
  3) human immunodeficiency virus/hepatitis C virus risk behaviors
  4) secondary substance-related behaviors such as craving and self-efficacy

Sources: Smith DC, Davis JP, Ureche DJ, Dumas TM. Six Month Outcomes of a Peer-Enhanced Community Reinforcement Approach for Emerging Adults with Substance Misuse: A Preliminary Study. J Subst Abuse Treat. 2016 Feb;61:66-73. Tracy K, Wallace SP. Benefits of peer support groups in the treatment of addiction. Subst Abuse Rehabil. 2016 Sep 29;7:143-154. eCollection 2016. Myrick K, Del Vecchio P. Peer support services in the behavioral healthcare workforce: State of the field. Psychiatr Rehabil J. 2016 Sep;39(3):197-203.

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Explanation

- *There have been a number of studies that examined the effect of using peers as a part of treatment.*
- *A study searched electronic databases of relevant peer-reviewed research literature and used 10 studies that met minimum inclusion criteria, including randomized controlled trials or pre-/post-data studies, adult participants, inclusion of group format, substance use-related, and US-conducted studies published in 1999 or later.*
- *Studies demonstrated associated benefits in the following areas: 1) substance use, 2) treatment engagement, 3) human immunodeficiency virus/hepatitis C virus risk behaviors, and 4) secondary substance-related behaviors such as craving and self-efficacy.*
- *Limitations were noted on the relative lack of rigorously tested empirical studies within the literature and inability to disentangle the effects of the group treatment that is often included as a component of other services.*
- *Finally, there is abundant and growing literature illustrating how peer support services have become an integral component of behavioral health care systems in many states.*
- *Peer support services have the potential to increase access to recovery-oriented services for people with mental and substance use disorders served by the public behavioral health care system. Numerous initiatives in various states are being undertaken to build this workforce.*

Effectiveness of Peer Recovery Support

Explanation

- *This poster is from SAMHSA.*
- *Here is outlined a set of what SAMHSA characterizes as peer recovery coaching. The literature has challenges in defining what is peer recovery support versus coaching versus Recovery Support Professionals.*
- *Regardless of the term used, the points are important in that peer recovery support is effective in helping to improve lives and outcomes.*

Para-professional Roles

- Outreach
- Recovery Coaches- not a requirement that the person be in recovery
- Recovery Support Professionals – some are in recovery and some are not
- Recovery alone is NOT sufficient to be a Recovery Support Professional; training is REQUIRED
- Recovery Support Professionals are those who have the required training to be able to work within a treatment and recovery setting; some self-identify as being in long-term recovery, some do not.

White, W.L. (2009). Peer-based addiction recovery support: History, theory, practice, and scientific evaluation. Chicago, IL: Great Lakes Addiction Technology Transfer Center and Philadelphia Department of Behavioral Health and Mental Retardation Services.

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Explanation

- *There are number of para-professional roles in the treatment and recovery from substance use disorders.*
- *For example, outreach workers are important in engaging people before treatment and helping them make the transition to professional services.*
- *Outreach workers: Reach out to people before they've entered services; visit them in the community settings where they live, encourage people to look for recovery resources in the community and make recovery part of their everyday lives.*
- *Outreach workers can help remove obstacles that are keeping people from getting help—and these might be obstacles in their ideas about what recovery means, or obstacles in their everyday lives, like needing child care or transportation so they can receive services or go to recovery meetings.*
- *Outreach workers also help people find and strengthen their own reasons for wanting help; and help people learn hope for their own lives and their own recovery. Hope is often one of the most important resources that are lost in active addiction. If people don't have a sense of hope that recovery might work for them and make things better, they're less likely to take that scary step.*
- *Like outreach workers, recovery coaches also help remove obstacles to recovery.*

- *Recovery coaches form a human connection between the individual and the communities.*
- *A recovery coach can be a personal guide and a mentor, helping the newly recovering person navigate the sometimes confusing world of recovery. Recovery coaches can help individuals and their families.*
- *Recovery coaches enter people's lives soon after people have started services.*
- *Recovery coaches are important members of any treatment or recovery support team.*
- *Recovery support becomes a much stronger force in people's stability if it starts early in the process.*
- *Recovery coaches bring a strong recovery perspective, and they're in the best position to help with the assessment and planning process and guide people through their treatment and recovery plans.*
- *Recovery coaches participate actively in the ongoing assessment, planning, and recovery support processes.*
- *They help people find and connect with communities of recovery*
- *Recovery coaches may be working in a paid "paraprofessional" role, or doing it on a volunteer basis. Many of these roles are held by people in recovery. Recovery coaches are often part of treatment. There is no requirement that a recovery coach be a peer in recovery*
- *Recovery Support Professionals are those who have the required training to be able to work within a treatment and recovery setting; some self-identify as a peer in long-term recovery, some do not.*

Core Characteristics of Recovery Support Professionals

- Recovery Orientation
- Strengths-based
- Ecology of Recovery
- Core Knowledge
- Core Skills
- Temporal Orientation
- Motivational Fulcrum
- Use of Self
- Service Vision
- Roles of Professional Treatment and Community in Recovery
- Community Education
- Community Development
- Advocacy
- Empowerment
- Degree of Personal Involvement
- Fidelity and Endurance

✓ **Appropriate training on paraprofessional boundaries and confidentiality is required for Recovery Support Professionals**

✓ **Recovery Support Professionals DO NOT deliver clinical services**

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Explanation

- *Looking at the ideal characteristics of a Recovery Support Professional is one way to think about what distinguishes people providing these non-clinical services from outreach workers, case managers, or addiction counselors, as well as from recovery mutual-aid sponsors.*
- *Recovery Orientation: Focus on long-term recovery rather than brief biopsychosocial stabilization; focus on full recovery rather than remission; working across multiple (religious, spiritual, secular, cultural) frameworks of recovery rather than within a particular framework; emphasis on a person's self-determination and service philosophy emphasizing personal choice.*
- *Strengths-based: Focus on individual strengths and enhancement of recovery capital via enmeshing individuals/families in a "culture of health" rather than focusing on disease and disability; orientation toward potential rather than toward problems.*
- *Ecology of Recovery is a focus more interpersonal than intrapersonal; emphasis on building individual, family, and community recovery capital; assertive efforts to design and deliver family-focused peer-based recovery services.*
- *Core Knowledge: Pathways, styles, and stages of long-term recovery; ecology of recovery; organizational structure, core ideas, language, and meeting rituals of local communities of recovery; service protocols of recovery community institutions; indigenous and formal support within larger community.*
- *Core Skills: Engagement, motivational enhancement, recovery planning; liaison with communities of recovery; assertive linkage between indigenous and formal recovery*

supports; intervention for any return of substance use; recovery education; recovery checkups and coaching; recovery resource development; reputation maintenance within communities of recovery; ability to access mainstream institutions; generalist rather than specialist role in recovery support.

- *Temporal Orientation: Focus on the present, next steps, and near future rather than focus on feelings about past personal experience.*
- *Motivational Fulcrum: Hope-based rather than pain-based motivational strategies, attracting people to recovery based on what recovery can add to one's life rather than on what painful consequences can be escaped.*
- *Use of Self: Strategic use of one's own story; making recovery contagious via energy and example; relating, not out of a position of expertise, superiority, or objectivity, but out of mutual identification and humility; striving for invisibility while deflecting praise and leadership opportunities to others in the community.*
- *Service Vision: Long-term personal/family/community recovery; growth of individual/family/community recovery capital.*
- *Roles of Professional Treatment and Community in Recovery: Professionalized services not viewed as the first line of response to need, but as a safety net for needs that cannot be met by natural community (relationships that are non-hierarchical, enduring, and non-financial); P-BRSS specialist immersed in community life; community invited to support individuals/families in recovery.*
- *Community Education: Every opportunity used to educate the community about addiction recovery at personal, family, and community levels; shifts pathology-focused discussions within the community to solution-focused discussions; raises awareness of the approximately 90% of persons with substance use disorders are not seen in professional treatment.*
- *Community Development: Role combines personal/family recovery support functions with recovery-focused community organization and cultural renewal/revitalization functions.*
- *Advocacy: Assertive advocacy on recovery-related issues that transcend personal, professional, and institutional interests.; advocacy to reduce/eliminate service disparities; reduce/eliminate stigma/discrimination; and make addiction treatment more responsive, effective, and efficient.*
- *Empowerment: Recovering people play key roles in governance of service organizations; emphasis on voluntary consent for participation in peer support services; choice and self-determination highly valued;*
- *Degree of Personal Involvement: This is a very tricky issue. Often, there can be more involvement in the recovering person's life; however, if the Recovery Support Professional is working for an agency, then the agency needs to define the para-professional boundaries and ensure that they are clear for the Recovery Support Professional as well as the person receiving the support.*
- *Fidelity and Endurance: Continuity of contact with individuals, families, and community institutions over a sustained period of time.*

The Role of Peer Support

The Role of Peer Support is multifaceted

- Illness Self-Management- meaning giving the person with SUD the tools to handle issues on their own, but with support when needed
- Prevention of Return to Substance Use Planning
- Crisis Management Plans
- Person with substance use disorder Self-Advocacy
- Wellness Recovery Action Planning
- The peer works as a part of the treatment team and needs clinical supervision

Sources: SAMHSA http://store.samhsa.gov/shin/content//SMA09-4454/SMA09-4454.pdf. Jacobson N, Trojanowski L, Dewa CS. What do peer support workers do? A job description. BMC Health Services Research 2012:12:205.

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Explanation

- *A peer support is a paid position in a treatment center – he or she will have been in sustained recovery from a substance use disorder for at least 2 years before being employed as a peer support.*
- *In a peer-helping-peer service alliance, a peer leader in stable recovery provides social support services to a peer who is seeking help in establishing or maintaining his or her recovery. Both parties are helped by the interaction as the recovery of each is strengthened.*
- *The main types of direct work are advocacy, connecting to resources, experiential sharing, building community, relationship building, group facilitation, skill building/ mentoring/goal setting, and socialization/self-esteem building.*
- *With regard to crisis management- peers can work with the person to create the plan and they can serve as someone for the person to call on to help initiate the plan if needed*
- *The main types of indirect work are group planning and development, administration, team communication, supervision/training, receiving support, education/awareness building, and information gathering and verification.*
- *In addition, peers also do work aimed at building relationships with staff and work aimed at legitimizing the peer role. Experience, approach, presence, role modeling,*

collaboration, challenge, and compromise can be seen as the tangible enactments of peers' philosophy of work.

- *Boundaries are the biggest challenge for the person to become practiced in. Not everyone can or should be a peer support- there are issues of ethics when one cannot work with already established friends or family in this professional capacity. Clinical supervision is needed for peer workers.*
- *The peer is an important part of the care team – and should introduce themselves to the other members of the care team such as the case manager/ doctor etc. involved with the person's treatment and work to ensure clear and timely communication with the team keeping in mind roles around confidential information and privacy of the person with SUD.*

Recovery Support Professionals - Skills

- Listening is the single most important skill
- Recovery Support Professionals serve as a mirror to those they serve in a number of ways
- Mentoring is another important set of skills
- Identify recovery objectives
- Establish goals and milestones
- Create back up plans
- Advocating when needed

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Explanation

- *Listening may be the single most important skill.*
- *Recovery Support Professionals serve as a mirror to those they serve in a number of ways. They hold up the person's behavior for them to see and reflect back thoughts and feelings for discussion.*
- *Mentoring is another important set of skills. Recovery Support Professionals share their knowledge and experience with individuals who have not progressed as far down a chosen path as they have. The Recovery Support Professional does not have to have all of the answers, but they need to be able to ask questions and provide different perspectives for consideration.*
- *Recovery Support Professionals need to work with the person in identifying objectives that will help him or her meet recovery goals*
- *Recovery Support Professionals will work with the person in establishing milestones to measure progress; developing skills and strategies to stay on course; and, creating contingency plans for times when things don't go as planned.*
- *Recovery Support Professionals are often called upon to serve as advocates for those with whom they work. Generally, this advocacy does not involve public speaking, but, from time-to-time, it may be appropriate to speak in a courtroom or to a group on behalf of a person being helped.*
- *Most often, however, the advocacy role of the Recovery Support Professional consists of simpler activities, such as calling, speaking in person with, or writing a letter to a potential landlord or employer, probation or parole officer, or a judge.*

Recovery Support Professionals - Duties

Assistance in:

- Finding housing, educational, employment opportunities
- Building constructive family and personal relationships
- Life skills training
- Health and wellness activities
- Assistance managing systems (e.g., health care, criminal justice, child welfare)
- Alcohol- and drug-free social/recreational activities
- Finding spiritual/faith-based support, if needed
- Providing phone support
- Going to court with the person as an emotional support

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Explanation

- *A Recovery Support Professional can be helpful in all of the items listed on this side.*
- *Further, the Recovery Support Professional may be a travel person to enable one to keep medical, clinical and other appointments in an effort to maintain early stages of recovery.*
- *It may require driving the person to necessary appointments or engagements.*
- *The service provider should always have a formal agreement for specific services and identification that would define the Recovery Support Professional's roles and responsibilities.*

Core Functions of Recovery Support Professionals

These core functions can be divided into four overlapping stages of recovery support:

1) pre-recovery engagement
2) recovery initiation and stabilization
3) recovery maintenance, and
4) enhancement of quality of life in long-term recovery

White W.L. Peer-based Addiction Recovery Support. ATTC Great Lakes Addiction Technology Transfer Center www.attcnetwork.org/greatlakes accessed 11/11/2019

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Explanation

These core functions can be divided into four overlapping stages of recovery support:

1) pre-recovery engagement, 2) recovery initiation and stabilization, 3) recovery maintenance, and 4) enhancement of quality of life in long-term recovery. (One advantage of this staged view of recovery is that it provides a way to transcend the traditional polarization between harm reduction and treatment interventions.)

These same functions also encompass different "zones of action and experience" in recovery: physical, psychological (cognitive/emotional), relational, occupational/leisure, and ontological (spirituality/life meaning and purpose).

1. *Within pre-recovery engagement*
   - *Assertive outreach to identify and engage those in need of recovery—*
   - *Minimization of harm to self, family, and community in the transitions through identification, engagement, destabilization of addiction, and recovery initiation*
   - *Recovery capital needs assessment for individual/family/community*
   - *Recovery education and coaching for individual/family (normative recovery information, encouragement, support, and companionship; enhancement of recovery self-management skills), often delivered in the natural environment of the individual/family*
   - *Community-level recovery education*

2. *recovery initiation and stabilization,*
    - *Recovery resource identification, mapping, and development, including volunteer recruitment*
    - *Recovery resource mobilization (activating a state of readiness to respond to the needs of an individual/family at a particular point in time)*
    - *Community-level recovery resource development*
    - *Assertive linkage to communities of recovery (support groups and support institutions)*
    - *Assertive linkage to and systems navigation within addiction treatment and allied human services*
    - *Liaison (bridging, brokering/negotiating, partnering) between individual, family, organization, and community*
    - *Recovery-focused skill training aimed at full community participation (education, employment, housing, leisure, worship and pro-recovery family and social relationships)*
    - *Companionship and modeling of recovery lifestyle, including participation in leisure activities that would be judged a breach of ethics for addiction counselors, e.g., eating together at a restaurant, attending or participating in a sporting event, attending a social event such as a concert or recovery celebration even*
    - *Problem-solving to eliminate obstacles to recovery, e.g., linkage to resources for child-care, transportation, community re-entry from jail/prison*
3. *recovery maintenance, and 4) enhancement of quality of life in long-term recovery*
    - *Recovery check-ups (sustained monitoring, support/companionship, and recovery promotion)*
    - *Recovery advocacy for individual/family needs (empower individuals and family members to assert their rights and needs)*
    - *Recovery advocacy for aggregate community needs*
    - *Recovery leadership development*
    - *Conducting a regular self-inventory of personal and organizational performance via reflection, dialogue with service constituents, and analysis of recovery-focused service benchmark data*

Types of Social Support Provided by Recovery Support Professionals

Figure 1-Type of Social Support and Associated Peer Recovery Support Services

Type of Support	Description	Peer Support Service Examples
Emotional	Demonstrate empathy, caring, or concern to bolster person's self-esteem and confidence.	Peer mentoring Peer-led support groups
Informational	Share knowledge and information and/or provide life or vocational skills training.	Parenting class Job readiness training Wellness seminar
Instrumental	Provide concreate assistance to help others accomplish tasks.	Child care Transportation Help accessing community Health and social services
Affiliational	Facilitate contacts with other people to promote learning of social and recreational skills, create community, and acquire a sense of belonging.	Recovery centers Sports league participation Alcohol-and drug-free Socialization opportunities

Source: SAMHSA http://store.samhsa.gov/shin/content//SMA09-4454/SMA09-4454.pdf

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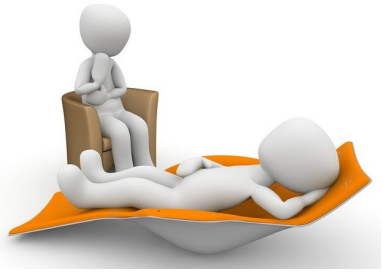
Explanation

- *This figure shows the types of social support that peers can provide.*
- *They are in the domains of emotions. Informational, instrumental and affillitational. Take a moment to read the figure and then we can discuss it.*

What a Recovery Support Professional is Not

A Recovery Support Professional is:

- NOT a clinician
- NOT a legal or judicial advisor
- NOT a spiritual advisor
- NOT responsible for case management, housing or other life needs
- Remember: NOT all persons in recovery are suitable to work as Recovery Support Professionals



99

Explanation

- *A Recovery Support Professional is NOT a:*
- *Counselor*
- *Social worker*
- *Case worker*
- *Psychologist*
- *Marriage counselor*
- *Doctor*
- *Judge*
- *Lawyer*
- *Landlord*
- *Financial adviser*
- *Pastor, priest, rabbi, imam, or other spiritual advisor*
- *Sponsor*
- *Roommate*
- *Best friend*

Cultural Competency in Recovery

- Recovery Support Professionals must recognize that many recovery pathways exist and that those pathways are no more or less valid than their own pathways
- They will need to develop the knowledge and skills required to effectively support individuals in pursuing their unique pathways
- Openness to diverse perspectives on substance use disorders and recovery is essential if Recovery Support Professionals are to truly embrace the person's stories and pathways, supporting them in authentically navigating their unique recovery journeys.

The "recovery community" —a term once used to refer collectively to members of local 12-Step groups—has morphed into diverse "communities of recovery" who…are forming a new consciousness of themselves.

https://www.yumpu.com/en/document/read/18155886/recovery-coach-manual-mcshin-foundation

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Explanation

- *Recovery Support Professionals must recognize not only that other recovery pathways are no more or less valid than their own pathways, but also that they will need to develop the knowledge and skills required to effectively support individuals in pursuing them.*
- *While in practice this may be challenging, in principle, it is natural to the role of the coach, which is not to provide the answers that a particular path may offer, but to support individuals in following the paths that are authentic to them.*
- *The concept of cultural competency is increasingly taking on new dimensions in the domain of Recovery Support Professional. As the number of recovery communities and recovery pathways expands, it is becoming clear that Recovery Support Professionals must not only develop the knowledge and skills necessary to effectively serve individuals who may differ in terms of racial and ethnic heritage or may have other cultural affiliations that set them apart from the Recovery Support Professional; they must also become familiar with diverse recovery pathways.*
- *Multiple recovery communities are now contributing to the national dialogue on recovery, and the range of mutual aid options is also expanding as groups, such as Women for Sobriety, Smart Recovery, and Celebrate Recovery, take a foothold in new communities.*
- *Effectively serving individuals whose recovery paths differ significantly from theirs can be a tall order for Recovery Support Professionals.*
- *However, doing so provides an opportunity to broaden one's perspectives and deepen one's understanding of recovery and of one's own chosen recovery pathway.*

EXERCISE
Defining Recovery Support Professional Work

- Take the next 10 minutes and complete your own job description of a Recovery Support Professional
  - ✓ Which aspects of the job do you think will come to you most naturally?
  - ✓ Which might be more challenging?
  - ✓ In terms of role definition, what are some potential pitfalls for the Recovery Support Professional?
- Then we will have a large group exercise to talk about it.

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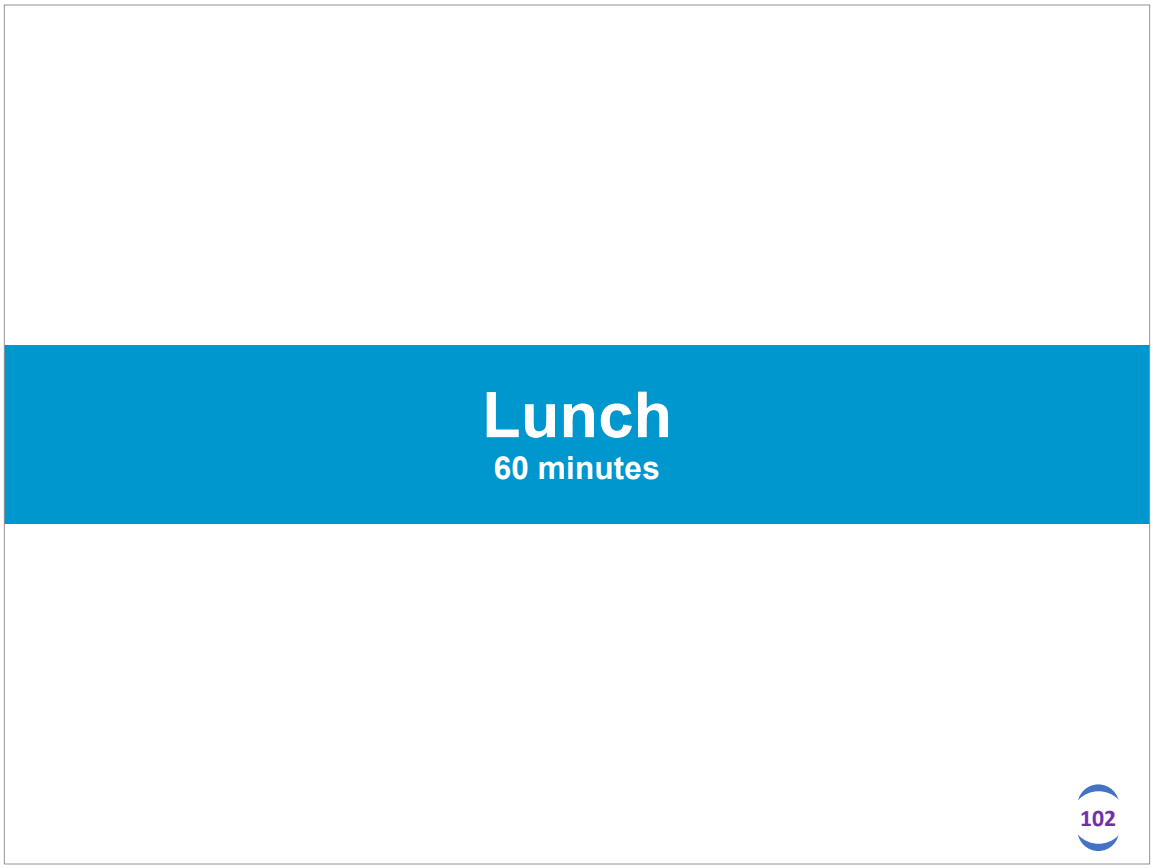
Explanation

- *Take the next 10 minutes and complete your own job description of a Recovery Support Professional*
- *Include roles, duties, qualifications*
- *Which aspects of the job do you think will come to you most naturally?*
- *Which might be more challenging?*
- *In terms of role definition, what are some potential pitfalls for the peer recovery specialist?*
- *Then we will have a large group exercise to talk about it.*



Explanation

Let's now take the next 60 minutes for lunch.

Recovery Support Professional Work Differs from Recovery Coach (1 of 5)

	Recovery Support Professional	Professional Recovery Coach	Sponsor
Other titles	Peer Specialist, Recovery Support Professional, Peer Mentor	Recovery Coach, Recovery Life Coach, Professional Coach	12-step sponsor AA or NA sponsor
Role Purpose	Promote long-term substance use disorder recovery, with recovery most frequently defined in terms of sobriety (or remission), enhancement of wellness and recovery capital, and healing of person-community relationship (citizenship)	Personal transformation resulting in peace with past and others; present life in good order; imagining and working towards a powerful, positive, and compelling vision of future; manifest life in recovery	Share experience, strength and hope and role modeling the working of the 12-steps
Role - Nature	Non-clinical and non-diagnostic, recovery model, integrated into behavioral health, supports multiple recovery paths	Non-clinical, non-diagnostic, supporting multiple pathways to recovery, rooted in strengths and wellness; expansion of the personal and business coaching models, focus is on personal transformation	Non-clinical, non-diagnostic, shared common ground based on mutual desire to seek recovery

Alida Schuyler MS, PCC; Jan Brown, BA, MRLC; William White, MA. The Recovery Coach: ROLE CLARITY MATRIX

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Explanation

- *Given that there are many terms and titles that have been confused in the work we do, let's spend some time taking a careful look at the difference between Recovery Support Professional, a professional recovery coach and a sponsor.*
- *Who would like to volunteer to reach each of the rows- let's have a different person read each row.*
- *What do you think of this information?*

Recovery Support Professional Work Differs from Recovery Coach (2 of 5)

	Recovery Support Professional	Professional Recovery Coach	Sponsor
Relational Nature	Natural/Partnership non-hierarchical, therapeutic relationship duration bound by treatment model	Partnership of equals co-created in service of the client: Business relationship and structure; collaborative, strengths-based	Partnership, never involved in payment per 12-step traditions
Recovery Philosophy	Recovery most often viewed as something that happens in one's relationship with oneself, higher power, family, and community; strong advocacy role to shape pro-recovery policies and practices in the community	View recovery as something that is naturally attractive and occurs when the client is in touch with the outcomes they want in their life and has ongoing support and accountability in their capacity to be successful	Spirit of 12-step philosophy and traditions; work and share experience in accordance with 12 step traditions and unity of group fellowship

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Explanation

- *For the relational nature- the Recovery Support Professional is a reciprocal, non-commercialized, and potentially enduring relationship. This position uses his/her own story as a means of offering testimony to the reality and power of recovery, uses his/her own story as guidance on how to live in recovery.*
- *The professional recovery coach- this partnership is of equals co-created in service of the person with the substance use disorder: The person with the substance use disorder is the expert on themselves and at choice, coach brings expertise in communication, and as change agent.*
- *The sponsor's relational nature is partnership and never a paid service. The Recovery Support Professional and recovery coach have time bound and contractual aspects of their relationship with the person being served. The sponsor does not.*
- *For recovery philosophy- the Recovery Support Professional- Recovery most often viewed as something that happens in one's relationship with oneself, God, family, and community; strong advocacy role to shape pro-recovery policies and practices in the community.*
- *For the professional recovery coach- Views recovery as something that is naturally attractive and occurs when the client is in touch with the outcomes they want in their life and has ongoing support and accountability in their capacity to be successful*
- *For the sponsor- it is based on the 12 step traditions and philosophy*

Recovery Support Professional Work Differs from Recovery Coach (3 of 5)

	Recovery Support Professional	Professional Recovery Coach	Sponsor
Support across recovery stages	May include collaboration with professionals on recovery initiation and extends to time allowed by treatment or recovery program	May work individually or as part of team, supporting multiple pathways to recovery across all stages	12 steps are worked by individual slowly and over time
Recovery Goals	Focus on removing obstacles to recovery	Focus on facilitating self-understanding and a higher level of functioning & performance;	Focus on growing personally and free from illicit or non-therapeutic drugs
Recovery Planning Framework	Development of a person-driven recovery plan	Development of client-driven goals & plans based on their stated outcomes	Sponsor guides the sponsee on the 12 steps for recovery

Alida Schuyler MS, PCC; Jan Brown, BA, MRLC; William White, MA. The Recovery Coach: ROLE CLARITY MATRIX

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Explanation

Support across recovery stages

- *Recovery Support Professional- May include collaboration with substance use disorder treatment professionals, transition from recovery maintenance to enhanced quality of life in long-term recovery*
- *Professional recovery coach- May work individually or as part of team, supporting multiple pathways to recovery across all stages from pre-recovery through long-term. Supports client's choice of where to begin, what to work on, and vision of desired outcomes*
- *For the sponsor- the 12 steps are worked on an individualized basis slowly and over time*

Recovery Goals

- *Recovery Support Professional- Focus on removing obstacles to recovery and building personal, family, and community recovery capital to support long- term recovery*
- *Professional recovery coach- Focus on facilitating self-understanding and a higher level of functioning & performance; helping client achieve their life, business, and recovery goals more easily and quickly than they would on their own; increasing internal and external skills and assets*

- *For the Sponsor- the focus is on helping the sponsee to grow personally and to be free from illicit or non-therapeutic drugs*

Recovery Planning Framework

- *Recovery Support Professional- development of a person-driven recovery plan, much broader in scope and more community- and recovery-focused than traditional treatment plans*
- *Professional recovery coach- development of client-driven goals & plans based on their stated outcomes, and facilitates the skills needed to achieve them; broader than abstinence to include lifestyle and vision of success.*
- *For the sponsor- the 12 steps guide recovery*

Recovery Support Professional Work Differs from Recovery Coach (4 of 5)

	Recovery Support Professional	Professional Recovery Coach	Sponsor
Words Used to Describe the Activities of the Role	Identify, engage, encourage, motivate, share, express, enhance, orient, help, link, consult, monitor, transport, praise, enlist, support, organize, advocate, empower, model	Coach, facilitate, converse, co-create, partner, inspire, brainstorm, clarify, questioning consult, reframe, motivate, listen, reflect, challenge, accountability	Experience, strength and hope
Education and Training	Credibility springs from direct experience use experiential knowledge to affect change in oneself and others certification status for Recovery Support Professionals varies	Coach training program Credentialing may occur through professional coaching organizations such as Recovery Coaches International (RCI), International Coaching Federation (ICF), International Association of Coaching (IAC), European Mentoring and Coaching Council (EMCC), etc.	There is not education or a credential required. Lived experience is the only requirement

Alida Schuyler MS, PCC; Jan Brown, BA, MRLC; William White, MA. The Recovery Coach: ROLE CLARITY MATRIX

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Explanation

Words Used to Describe the Activities of the Role

- *Recovery Support Professional- Identify, engage, encourage, motivate, share, express, enhance, orient, help, link, consult, monitor, transport, praise, enlist, support, organize, advocate, empower, model*
- *Professional recovery coach- Coach, facilitate, converse, co-create, partner, inspire, brainstorm, clarify, questioning consult, reframe, motivate, listen, reflect, challenge, accountability*
- *Sponsor- the words are experience, strength and hope*

Education and Training

- *Recovery Support Professional- Credibility springs from experiential knowledge (direct experience) and experiential expertise (demonstrated ability to use experiential knowledge to affect change in oneself and others), certification status for Recovery Support Professionals varies widely*
- *Professional recovery coach- Coach training program, credentialing may occur through professional coaching organizations such as Recovery Coaches International (RCI), International Coaching Federation (ICF), International Association of Coaching (IAC), European Mentoring and Coaching Council (EMCC), etc.*
- *Sponsor-There is not education or a credential required. Lived experience is the only requirement*

Recovery Support Professional Work Differs from Recovery Coach (5 of 5)

	Recovery Support Professional	Professional Recovery Coach	Sponsor
Core Competencies	Knowledge of and modeling of core recovery competencies or values; knowledge of diverse cultures of recovery; ability to navigate service structures of local recovery mutual aid groups and recovery community organizations skills in recovery planning	Knowledge and use of professional coaching skills, understanding or knowledge of recovery and addiction, and additional topics as needed, establishing person-driven goals for coaching, asking for permission before offering advice or resources, coaching to increase the person's motivation and confidence; excellent skills in listening, questioning, and reflecting; ability to generate possibility and elicit positive change talk	Recovery, lived experience and focus on working the 12-steps

Alida Schuyler MS, PCC; Jan Brown, BA, MRLC; William White, MA. The Recovery Coach: ROLE CLARITY MATRIX

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Explanation

- *Core Competencies*
- *Recovery Support Professional- Knowledge of and modeling of core recovery competencies or values; pathways, styles and stages of personal & family recovery; knowledge of diverse cultures of recovery; ability to navigate service structures of local recovery mutual aid groups and recovery community organizations; skills in recovery planning; assertive linkage to indigenous recovery supports; capacity to navigate linkage to formal service systems*
- *Professional Recovery Coach- includes knowledge and use of professional coaching skills, understanding or knowledge of recovery and substance use disorders, and additional topics as needed with a given client; screening a person for their ability to benefit from coaching; establishing person-driven goals for coaching; asking for permission before offering advice or resources; adapting to the person's learning style and changing capacity; coaching to increase the person's motivation and confidence; excellent skills in listening, questioning, and reflecting; ability to generate possibility and elicit positive change talk; supporting and challenging; skill in setting goals, organizing and creating effective plans (including recovery plans), addressing health care issues including impact of addictions and behaviors on self, family, community*

Sponsor core competencies are recovery, lived experience and focus on working the 12-steps

EXERCISE
What a Recovery Support Professional Does

- Let's break into groups and in 15 minutes please develop a symbol based chart of what a Recovery Support Professional does in the areas of:
  - ✓ Role Purpose
  - ✓ Role - Nature
  - ✓ Relational Nature
  - ✓ Recovery Philosophy
  - ✓ Support across recovery stages
  - ✓ Recovery Goals
  - ✓ Recovery Planning Framework
  - ✓ Words Used to Describe the Activities of the Role

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Explanation

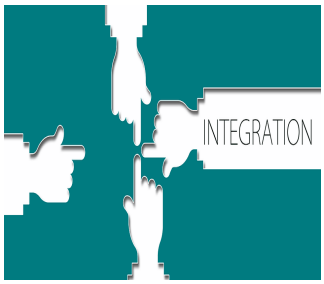
- *Let's break into groups and in 15 minutes please develop a symbol based chart of what a Recovery Support Professional does in the areas of:*
  - *Role Purpose*
  - *Role - Nature*
  - *Relational Nature*
  - *Recovery Philosophy*
  - *Support across recovery stages*
  - *Recovery Goals*
  - *Recovery Planning Framework*
  - *Words Used to Describe the Activities of the Role*
- *You can use non-verbal ways or symbols without words that are engaging, creative and fun.*

Integrating Recovery Support Professionals into the Workforce

Employing recovery support professionals can be seen as an early intervention strategy

Successful integration of Recovery Support Professionals in the workforce requires:

- Clear job and service descriptions
- Training and on-going monitoring in skills-based recovery
- Certification and professional advancement
- Supervision, code of ethics, and a culturally diverse recovery support professional workforce



Source: http://www.iccmhc.org/sites/default/files/resources/Integrating Peers in the Workforce-Strengthening OrganizatonalCulture.pdf

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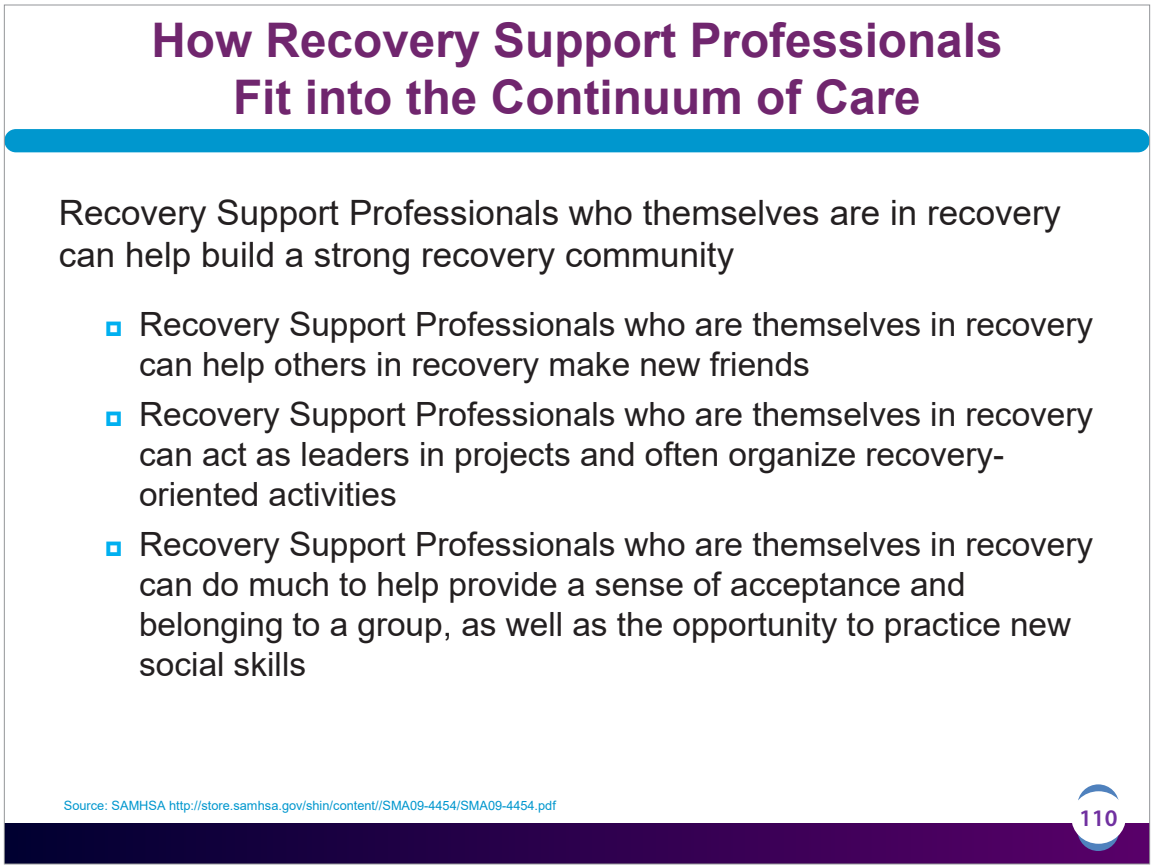
Explanation

- *Employing peer recovery specialists can be seen as an early Intervention strategy and has the direct effect in supporting persons who are on a waiting list for intake. Successful integration requires clear job and service descriptions, and job related competencies.*
- *Training and on going monitoring in skills based recovery as well as competencies based on a testing process.*
- *Certification and ongoing Continuing Education and Professional Advancement Opportunities are needed.*
- *Peers need opportunities for networking and information exchange, workforce development and sustainable funding, good supervision, a Recovery Support Professional's Code of Ethics (see Appendix) and Culturally Diverse Peer Workforce.*



Explanation

- *A person in early recovery is often faced with the need to abandon friends and/or social networks that promote and help sustain a substance use disorder, but has no alternatives to put in their place that support recovery.*
- *Recovery support professionals who are themselves in recovery can help others in recovery make new friends and begin to build alternative social networks.*
- *Recovery Support professionals who are themselves in recovery can act as leaders in projects and often organize recovery-oriented activities that range from opportunities to participate in team sports to family-centered holiday celebrations and to payday get-togethers that are alcohol- and substance-free.*
- *These activities provide a sense of acceptance and belonging to a group, as well as the opportunity to practice new social skills.*

Sponsors Versus Recovery Support Professionals

Sponsor:

- Maintains regular contact with sponsee
- Offers emotional support and guidance
- Teaches sponsee how to work the 12 Steps
- Recommends certain meetings to attend
- Introduces sponsees to others in recovery
- Models positive attitudes and behaviors

- A **Recovery Support Professional** who is in recovery is an occupational title of a trained individual who engage with peers in a formal capacity that can include any number of in-person activities, or over the telephone.
- The **Recovery Support Professional** can work with individuals as they develop and implement a personal recovery plan, which can also serve as a contract for engagement.

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Explanation

Key functions of the sponsor include (but are not limited) to the following:

- *Regular contact with the sponsee (perhaps daily phone calls);*
- *Offers emotional support and guidance;*
- *Teaches the newcomer how to work each of the 12 Steps;*
- *Recommends certain meetings that match the person's needs and interests*
- *Introduces sponsee to others in recovery to assist in expanding his/her peer support*
- *Models the positive attitudes and behaviors of a person in recovery*
- *Sponsors take their expertise from their own experience. Their qualification for this role is based on their reputation within the recovery community. They are tied to a particular recovery program or group.*
- *Peer help is not a role or a person, but a process fulfilled by many people sharing their recovery, in many roles.*
- *Recovery Support Professionals who themselves are in recovery have received training and work in conjunction with highly trained and educated professionals. They fill a gap by providing support from the perspective of someone who has first-hand direct-lived experience with recovery, something that professionals cannot learn from training or education.*
- *Recovery Support Professionals who themselves are in recovery hold an occupational title; they are trained individuals who engage with peers in a formal way around any number of in-person activities, or over the telephone. The Recovery Support Professional can work with individuals as they develop and implement a personal recovery plan, which can also serve as a contract for engagement.*

Community Support Examples

- 12-step
- Celebrate Recovery
- Rational Recovery

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Explanation

- *In 1938, Bill W. and Dr. Bob founded Alcoholics Anonymous (AA) and developed what would come to be known as the foundational twelve-steps to recovery. In 1953, AA first published Twelve Steps and Twelve Traditions, which cemented the steps and the basic Fellowship function of the group. Since then, the twelve steps have expanded their relevance to recovery from alcohol dependence to a wide range of substance-abuse and dependency problems. The steps can be used to help a person through the difficult transition from substance use to sobriety. They can also be modified to meet the needs of the person. If the concept of a higher power doesn't work, keep the essence of the step and find a way that it can be achieved using the specific needs of the person.*
- *Celebrate Recovery is a Christ-centered, 12 step recovery program for anyone struggling with hurt, pain or addiction of any kind.*
- *Celebrate Recovery is a safe place to find community and freedom from the issues that are controlling our life.*
- *While Rational Recovery and AA promote abstinence, the programs use radically different strategies. Rational Recovery repeatedly claims that there is no better time to construct a "big plan" to abstain from drinking/using than now, and that AA's idea*

of "one day at a time" is contradictory to never using again.

- *Rational Recovery does not regard alcoholism as a disease, but rather a voluntary behavior.*
- *Rational Recovery discourages adoption of the forever "recovering" drunk persona.*
- *There are no Rational Recovery groups (although meetings were held throughout the country during the 1990s).*
- *Great emphasis is placed on self-efficacy There are no discrete steps and no consideration of religious matters, or requirement to put one's trust in any sort of higher power, whether it be a god or a group of people.*

EXERCISE

How A Recovery Support Professional Differs From A Sponsor

- Let's break into groups and in 10 minutes please summarize how a Recovery Support Professional differs from a sponsor
- We will have 20 minutes for a larger group discussion.

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Explanation

Lets break into groups and in 10 minutes please summarize how a Recovery Support Professional differs from a sponsor.

- *Walk around the room and make sure that everyone is on task and contributing. If you see someone not talking, work to engage that person in the discussion by asking probing questions to him or her.*
- *After each group has presented, make sure to summarize the similarities and a few unique issues that were brought up.*

SUMMARY
Module 1 Learning Objectives

- Define substance use disorders
- Articulate the role of neurotransmitters in maintaining a substance use disorder
- Summarize treatment modalities and define recovery
- Practice ways of overcome stigma
- Articulate the key roles and duties of a Recovery Support Professional

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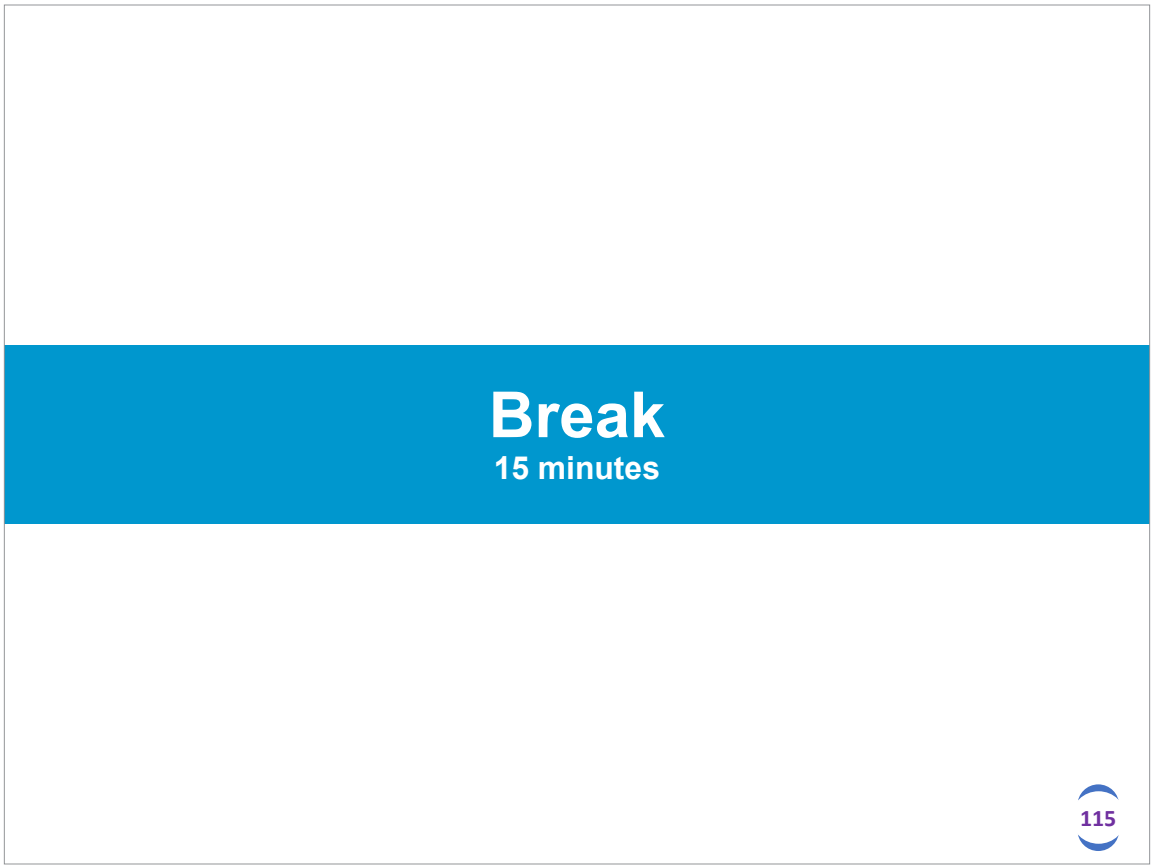
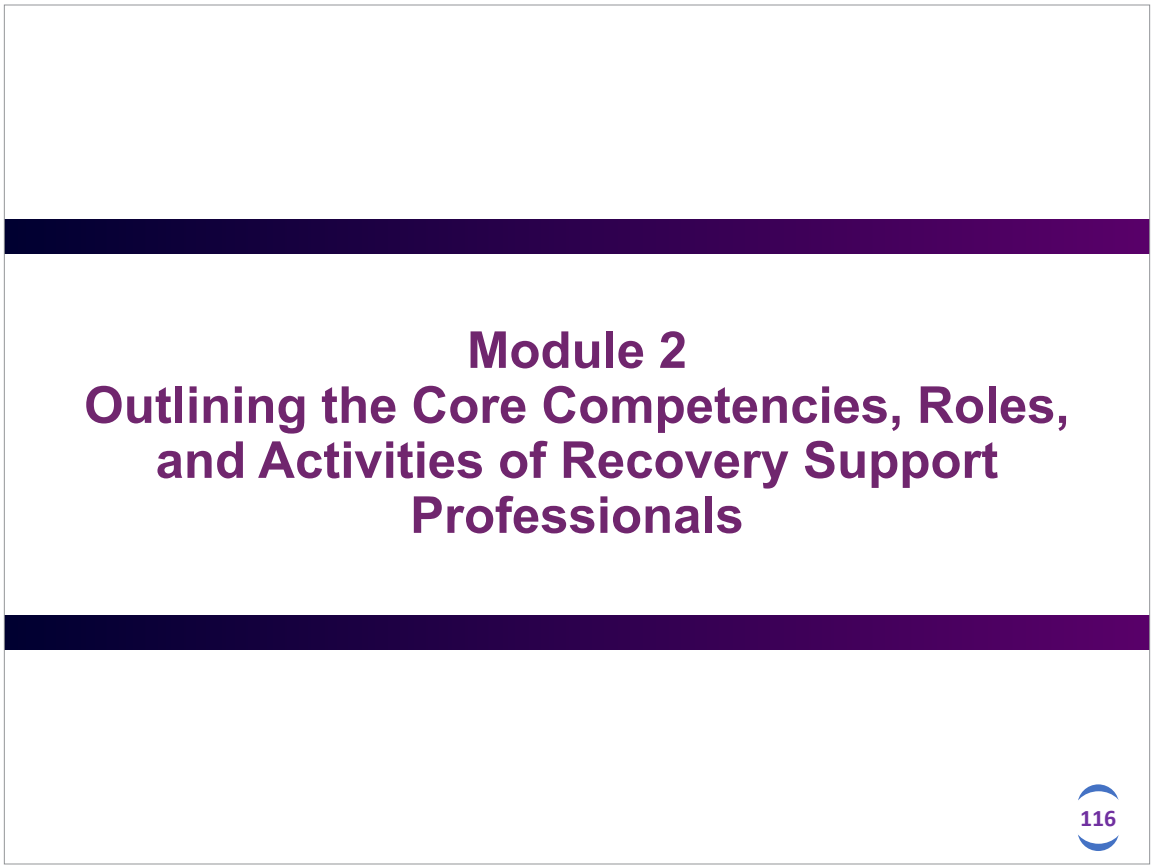
Explanation

- *In this first module we had five learning objectives.*
- *The first one defined what substance use disorder means- it is largely defined by behavior- continuing to use substances in spite of many diverse negative consequences*
- *The second learning objective articulates the role of neurotransmitters play in maintaining a substance use disorder- dopamine is important in that it tricks your brain into thinking it needs drugs to survive*
- *The third learning objective is summarize treatment modalities and to define recovery- treatments are many that include behavioral skills building and medications as well as outpatient or residential settings to name a few. Defining recovery is about a life-long process that builds and maintains a diverse full life of positive purpose.*
- *The fourth learning objective is to practice ways to overcome stigma – you had a chance to practice empathy-building work*
- *The final learning objective is to articulate the key roles and duties of a Recovery Support Professional- who can name those roles and duties? Being hopeful, being honest, maintain boundaries are examples.*



Explanation

At this point in our training, let's take a break. Please return in 15 minutes so we can stay on track and be respectful of your time and the time of our other training participants.



Explanation

- *Now let's take a look at the core competencies of Recovery Support Professionals.*
- *Knowing the core competencies will help a Recovery Support Professional clarify how to best spend their time for effective work to help others in recovery.*

Module 2 Learning Objectives

- Articulate the core competencies of Recovery Support Professionals
- Demonstrate the daily activities of a Recovery Support Professional

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Explanation

- *As noted on the slide, the first learning objective is to articulate the core competencies of Recovery Support Professionals*
- *For our second objective, trainees will demonstrate the daily activities of a Recovery Support Professional*

EXERCISE
Peer Support: Skills, Qualities, Values and Responsibilities

- In small groups take 10 minutes to please describe:
  - ✓ Group 1- Skills: What skills are necessary to be an effective Recovery Support Professional?
  - ✓ Group 2- Qualities: What distinct characteristics does the Recovery Support Professional need to have to be effective?
  - ✓ Group 3-Values: The importance of personal ideas. What values does the Recovery Support Professional need to be effective?
  - ✓ Group 4- Responsibilities: What should a Recovery Support Professional be responsible for when doing their work? What is unique about their work?
  - ✓ Take 3 minutes to please summarize what you discussed

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Explanation

- *Before we talk about core competencies of Recovery Support Professionals, let's talk about the needed skills, qualities, values and responsibilities that make up effective Recovery Support Professionals.*
- *Take the next 10 minutes to work in small groups and summarize a list or several statements about your group topic.*
  - ✓ *Group 1- Skills: What skills are necessary to be an effective Recovery Support Professional?*
  - ✓ *Group 2- Qualities: What distinct characteristics does the Recovery Support Professional need to have to be effective?*
  - ✓ *Group 3-Values: The importance of personal ideas. What values does the Recovery Support Professional need to be effective?*
  - ✓ *Group 4- Responsibilities: What should a Recovery Support Professional be responsible for when doing for their work? What is unique about their work?*

Recovery Support Professionals

- Engage in a wide range of activities:
  - advocacy
  - linkage to resources
  - sharing of experience
  - community and relationship building
  - skill building
  - mentoring
  - goal setting
  - needs regular clinical supervision

Mead, S., Hilton, D. & Curtis, L. (2001). Peer support: A theoretical perspective. Psychiatric Rehabilitation Journal, 25(2), 134-141. Jacobson, N. et.al. (2012). What do peer support workers do? A job description. BMC Health Services Research. 12:205

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Explanation

- *What is a peer worker? The role of the peer support worker has been defined as "offering and receiving help, based on shared understanding, respect and mutual empowerment between people in similar situations."*
- *Peer support has been described as "a system of giving and receiving help" based on key principles that include "shared responsibility, and mutual agreement of what is helpful."*
- *Peer support workers engage in a wide range of activities, including advocacy for the person in recovery or for the larger issue of recovery, linkage to resources for the person he or she is helping, sharing of experience to model the non-linear path to recovery, community and relationship building, skill building, mentoring, goal setting, and more.*
- *To perform ethically and in the safest ways, such recovery support professionals need regular clinical supervision- this means once a week ideally to review the issues the person faces in their work.*

What are Core Competencies?

- Core Competencies are the capacity to easily perform a role or function.
- Clusters of the knowledge, skills, and attitudes a person needs to have in order to successfully perform a role or job
- The ability to integrate the necessary knowledge, skills, and attitudes

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Explanation

- *Core Competencies are the capacity to easily perform a role or function.*
- *They are often described as clusters of the knowledge, skills, and attitudes a person needs to have in order to successfully perform a role or job, or, as the ability to integrate the necessary knowledge, skills, and attitudes.*
- *Training, mentoring, and supervision can help people develop the competencies needed to perform a role or job.*
- *This section provides integrated guidance on competencies for Recovery Support Professionals who have substance-use and recovery lived experience.*

Knowledge Competency

- The most important knowledge competency is self-knowledge of your own path of recovery
- A professional knowledge of recovery concepts is also needed

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Explanation

- *The core competencies are the central and the most important part of the Recovery Support Professional abilities*
- *The most important knowledge competency is self-knowledge of your own path of recovery.*
- *While Recovery Support Professionals may have lived experience via their own personal journey of recovery, they also need knowledge of recovery concepts in a formal way to ensure that they have the knowledge to help others who are different from themselves.*

Why Do We Need To Identify Core Competencies For Recovery Support Professionals?

- Recovery Support Professionals are central to people's efforts to live with or recover from substance use disorders
- Both the person with substance use disorder and the substance use disorder recovery community recognize the need for Core Competencies
- Potential Uses of Core Competencies: Core Competencies have the potential to guide delivery and promote best practices in recovery support professional work.

SAMHSA's Working Definition of Recovery. PEP12-RECDEF, Rockville, MD: Center for Mental Health Services, Substance Abuse and Mental Health Services Administration, U.S. Department of Health and Human Services, 2012. 4 Henandez, R.S., O'Connor, S.J. (2010). Strategic Human Resources Management in Health Services Organizations. Third Edition. Delmar Cengage Learning. P. 83. 5 Sperry, L. (2010). Core Competencies in Counseling and Psychotherapy: Becoming a Highly Competent and Effective Therapist. Routledge. P. 5.

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Explanation

- *Recovery Support Professionals have become increasingly central to people's efforts to live with or recover from mental health and substance use disorders.*
- *Community-based organizations led by people who have lived experience of mental health conditions and/or who are in recovery from substance use disorders are playing a growing role in helping people find recovery in the community.*
- *Both the person in need of services and the substance use disorder recovery communities have recognized the need for Core Competencies and both communities actively participated in the development of these peer recovery support worker competencies.*
- *Potential Uses of Core Competencies: Core Competencies have the potential to guide delivery and promote best practices in peer support. They can be used to inform peer training programs, assist in developing standards for certification, and inform job descriptions.*
- *Supervisors will be able to use competencies to appraise peer workers' job performance and peers will be able to assess their own work performance and set goals for continued development of these competencies.*

Core Competencies Guide Development

- Core Competencies provide guidance for the development of initial and on-going training
- Core Competencies, Principles and Values: Core Competencies for Recovery Support Professionals reflect certain foundational principles identified by members of the mental health consumer and substance use disorder recovery communities
  - Recovery-oriented
  - Person-centered
  - Voluntary
  - Relationship-focused
  - Trauma-informed

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Explanation

- *Core Competencies are not intended to create a barrier for people wishing to enter the peer workforce. Rather they are intended to provide guidance for the development of initial and on-going training designed to support peer workers' entry into this important work and continued skill development.*
- *Core Competencies, Principles and Values: Core Competencies for peer workers reflect certain foundational principles identified by members of the mental health consumer and substance use disorder recovery communities.*
  - *RECOVERY-ORIENTED: Peer workers hold out hope to those they serve, partnering with them to envision and achieve a meaningful and purposeful life. Peer workers help those they serve identify and build on strengths and empower them to choose for themselves, recognizing that there are multiple pathways to recovery.*
  - *PERSON-CENTERED: Peer recovery support services are always directed by the person participating in services. Peer recovery support is personalized to align with the specific hopes, goals, and preferences of the individual served and to respond to specific needs the individuals has identified to the peer worker.*
  - *VOLUNTARY: Peer workers are partners or consultants to those they serve. They do not dictate the types of services provided or the elements of recovery*

plans that will guide their work with peers. Participation in peer recovery support services is always contingent on peer choice.

- *RELATIONSHIP-FOCUSED: The relationship between the peer worker and the peer is the foundation on which peer recovery support services and support are provided. The relationship between the peer worker and peer is respectful, trusting, empathetic, collaborative, and mutual.*
- *TRAUMA-INFORMED: Peer recovery support utilizes a strengths-based framework that emphasizes physical, psychological, and emotional safety and creates opportunities for survivors to rebuild a sense of control and empowerment.*

Core Competencies for Recovery Support Professionals in Behavioral Health Services I

Category I: Engages peers in collaborative and caring relationships

1) Initiates contact with peers
2) Listens to peers with careful attention to the content and emotion being communicated
3) Reaches out to engage peers across the whole continuum of the recovery process
4) Demonstrates genuine acceptance and respect
5) Demonstrates understanding of peers' experiences and feelings

https://www.samhsa.gov/sites/default/files/programs_campaigns/brss_tacs/core-competencies.pdf

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Explanation

- *There are several categories of core competencies.*
- *Category I: Engages peers in collaborative and caring relationships This category of competencies emphasized peer workers' ability to initiate and develop on-going relationships with people who have behavioral health condition and/or family members.*
- *These competencies include interpersonal skills, knowledge about recovery from behavioral health conditions and attitudes consistent with a recovery orientation.*

1. *Initiates contact with peers*
2. *Listens to peers with careful attention to the content and emotion being communicated*
3. *Reaches out to engage peers across the whole continuum of the recovery process*
4. *Demonstrates genuine acceptance and respect*
5. *Demonstrates understanding of peers' experiences and feelings*

Core Competencies for Recovery Support Professionals in Behavioral Health Services II

Category II: Provides support

1) Validates peers' experiences and feelings
2) Encourages the exploration and pursuit of community roles
3) Conveys hope to peers about their own recovery
4) Celebrates peers' efforts and accomplishments
5) Provides concrete assistance to help peers accomplish tasks and goals

https://www.samhsa.gov/sites/default/files/programs_campaigns/brss_tacs/core-competencies.pdf

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Explanation

- *Category II: is focused on providing support*
- *The competencies in this category are critical for the peer worker to be able to provide the mutual support people living with behavioral health conditions may want.*

1. *Validates peers' experiences and feelings*
2. *Encourages the exploration and pursuit of community roles*
3. *Conveys hope to peers about their own recovery*
4. *Celebrates peers' efforts and accomplishments*
5. *Provides concrete assistance to help peers accomplish tasks and goals*

Core Competencies for Recovery Support Professionals in Behavioral Health Services III

Category III: Shares lived experiences of recovery

1) Relates their own recovery stories, and with permission, the recovery stories of others' to inspire hope
2) Discusses ongoing personal efforts to enhance health, wellness, and recovery
3) Recognizes when to share experiences and when to listen
4) Describes personal recovery practices and helps peers discover recovery practices that work for them

- **EXERCISE QUESTION: Give examples of competencies 1-3 in action in your community**

https://www.samhsa.gov/sites/default/files/programs_campaigns/brss_tacs/core-competencies.pdf

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Explanation

- *The Category III: is Shares lived experiences of recovery*
- *These competencies are unique to peer support, as most roles in behavioral health services do not emphasize or even prohibit the sharing of lived experiences. Peer workers need to be skillful in telling their recovery stories and using their lived experiences as a way of inspiring and supporting a person living with behavioral health conditions. Family peer support worker likewise share their personal experiences of self-care and supporting a family-member who is living with behavioral health conditions.*

1. *Relates their own recovery stories, and with permission, the recovery stories of others' to inspire hope*
2. *Discusses ongoing personal efforts to enhance health, wellness, and recovery*
3. *Recognizes when to share experiences and when to listen*
4. *Describes personal recovery practices and helps peers discover recovery practices that work for them*

Core Competencies for Recovery Support Professionals in Behavioral Health Services IV

Category IV: Personalizes peer support

1) Understands his/her own personal values and culture and how these may contribute to biases, judgments and beliefs
2) Appreciates and respects the cultural and spiritual beliefs and practices of peers and their families
3) Recognizes and responds to the complexities and uniqueness of each peer's process of recovery
4) Tailors services and support to meet the preferences and unique needs of peers and their families

https://www.samhsa.gov/sites/default/files/programs_campaigns/brss_tacs/core-competencies.pdf

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Explanation

- *Category IV is about personalizing peer support*
- *These competencies help peer workers to tailor or individualize the support services provided to and with a peer. By personalizing peer support, the peer worker operationalizes the notion that there are multiple pathways to recovery.*

1. *Understands his/her own personal values and culture and how these may contribute to biases, judgments and beliefs*
2. *Appreciates and respects the cultural and spiritual beliefs and practices of peers and their families*
3. *Recognizes and responds to the complexities and uniqueness of each peer's process of recovery*
4. *Tailors services and support to meet the preferences and unique needs of peers and their families*

Core Competencies for Recovery Support Professionals in Behavioral Health Services V

Category V: Supports recovery planning

- Assists and supports peers to set goals and to dream of future possibilities
- Proposes strategies to help a peer accomplish tasks or goals
- Supports peers to use decision-making strategies when choosing services and supports
- Helps peers to function as a member of their treatment/recovery support team
- Researches and identifies credible information and options from various resources

https://www.samhsa.gov/sites/default/files/programs_campaigns/brss_tacs/core-competencies.pdf

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Explanation

- *Category V: Supports recovery planning*
- *These competencies enable peer workers to support other peers to take charge of their lives. Recovery often leads people to want to make changes in their lives. Recovery planning assists people to set and accomplish goals related to home, work, community and health.*
  1. *Assists and supports peers to set goals and to dream of future possibilities*
  2. *Proposes strategies to help a peer accomplish tasks or goals*
  3. *Supports peers to use decision-making strategies when choosing services and supports*
  4. *Helps peers to function as a member of their treatment/recovery support team*
  5. *Researches and identifies credible information and options from various resources*

Core Competencies for Recovery Support Professionals in Behavioral Health Services VI

Category VI: Links to resources, services, and supports

1) Develops and maintains up-to-date information about community resources and services
2) Assists peers to investigate, select, and use needed and desired resources and services
3) Helps peers to find and use health services and supports
4) Accompanies peers to community activities and appointments when requested
5) Participates in community activities with peers when requested

EXERCISE QUESTION: Give examples of competencies 4-6 in action in your community

https://www.samhsa.gov/sites/default/files/programs_campaigns/brss_tacs/core-competencies.pdf

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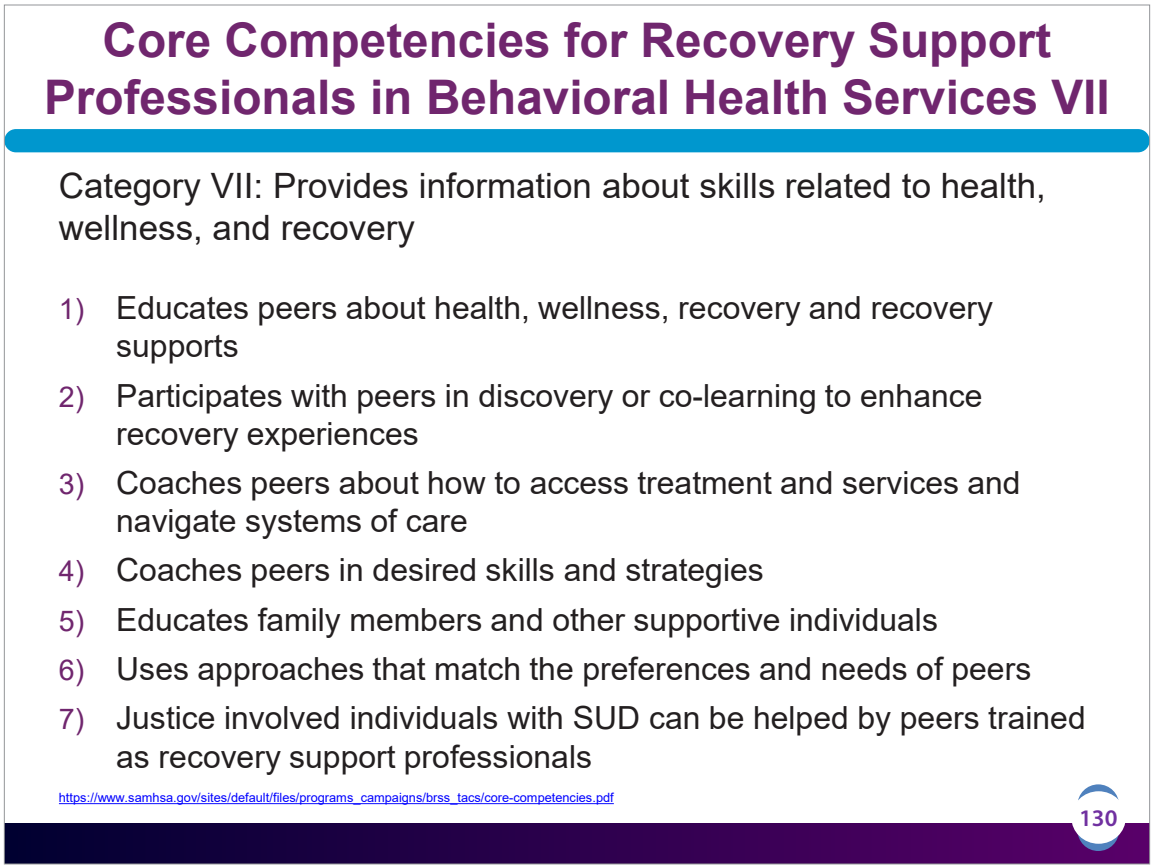
Explanation

- *Category VI: Links to resources, services, and supports*
- *These competencies assist peer workers to help other peers acquire the resources, services, and supports they need to enhance their recovery. Peer workers apply these competencies to assist other peers to link to resources or services both within behavioral health settings and in the community. It is critical that peer workers have knowledge of resources within their communities as well as on-line resources.*

1. *Develops and maintains up-to-date information about community resources and services*
2. *Assists peers to investigate, select, and use needed and desired resources and services*
3. *Helps peers to find and use health services and supports*
4. *Accompanies peers to community activities and appointments when requested*
5. *Participates in community activities with peers when requested*



Explanation

- *Category VII: Provides information about skills related to health, wellness, and recovery*
- *These competencies describe how peer workers coach, model or provide information about skills that enhance recovery.*
- *These competencies recognize that peer workers have knowledge, skills and experiences to offer others in recovery and that the recovery process often involves learning and growth.*

1. *Educates peers about health, wellness, recovery and recovery supports*
2. *Participates with peers in discovery or co-learning to enhance recovery experiences*
3. *Coaches peers about how to access treatment and services and navigate systems of care*
4. *Coaches peers in desired skills and strategies*
5. *Educates family members and other supportive individuals about recovery and recovery supports*
6. *Uses approaches that match the preferences and needs of peers*

Remember that justice-involved people can also benefit from peer recovery support services too

Core Competencies for Recovery Support Professionals in Behavioral Health Services VIII

Category VIII: Helps peers to manage crises

1) Recognizes signs of distress and threats to safety among peers and in their environments
2) Provides reassurance to peers in distress
3) Strives to create safe spaces when meeting with peers
4) Takes action to address distress or a crisis by using knowledge of local resources, treatment, services and support preferences of peers
5) Assists peers in developing advance directives and other crisis prevention tools

https://www.samhsa.gov/sites/default/files/programs_campaigns/brss_tacs/core-competencies.pdf

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Explanation

- *Category VIII: Helps peers to manage crises*
- *These competencies assist peer workers to identify potential risks and to use procedures that reduce risks to peers and others.*
- *Peer workers may have to manage situations, in which there is intense distress and work to ensure the safety and well-being of themselves and other peers.*

1. *Recognizes signs of distress and threats to safety among peers and in their environments*
2. *Provides reassurance to peers in distress*
3. *Strives to create safe spaces when meeting with peers*
4. *Takes action to address distress or a crisis by using knowledge of local resources, treatment, services and support preferences of peers*
5. *Assists peers in developing advance directives and other crisis prevention tools*

Core Competencies for Recovery Support Professionals in Behavioral Health Services IX

Category IX: Values communication

1) Uses respectful, person-centered, recovery-oriented language
2) Uses active listening skills
3) Clarifies their understanding of information when in doubt of the meaning
4) Conveys their point of view when working with colleagues
5) Documents information as required by program policies and procedures
6) Follows laws and rules concerning confidentiality and respects others' rights for privacy

EXERCISE QUESTION: Give examples of competencies 7-9 in action in your community

https://www.samhsa.gov/sites/default/files/programs_campaigns/brss_tacs/core-competencies.pdf

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Explanation

- *Category IX: Values communication*
- *These competencies provide guidance on how peer workers interact verbally and in writing with colleagues and others. These competencies suggest language and processes used to communicate and reflect the value of respect.*
  1. *Uses respectful, person-centered, recovery-oriented language in written and verbal interactions with peers, family members, community members, and others*
  2. *Uses active listening skills*
  3. *Clarifies their understanding of information when in doubt of the meaning*
  4. *Conveys their point of view when working with colleagues*
  5. *Documents information as required by program policies and procedures*
  6. *Follows laws and rules concerning confidentiality and respects others' rights for privacy*

Core Competencies for Recovery Support Professionals in Behavioral Health Services X

Category X: Supports collaboration and teamwork

- Works together with other colleagues to enhance the provision of services and supports
- Assertively engages providers from mental health services, addiction services, and physical medicine to meet the needs of peers
- Coordinates efforts with health care providers to enhance the health and wellness of peers
- Coordinates efforts with peers' family members and other natural supports
- Partners with community members and organizations to strengthen opportunities for peers
- Strives to resolve conflicts in relationships with peers and others in their support network

https://www.samhsa.gov/sites/default/files/programs_campaigns/brss_tacs/core-competencies.pdf

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Explanation

- *Category X: Supports collaboration and teamwork*
- *These competencies provide direction on how peer workers can develop and maintain effective relationships with colleagues and others to enhance the peer support provided.*
- *These competencies involve not only interpersonal skills but also organizational skills.*

1. *Works together with other colleagues to enhance the provision of services and supports*
2. *Assertively engages providers from mental health services, addiction services, and physical medicine to meet the needs of peers*
3. *Coordinates efforts with health care providers to enhance the health and wellness of peers*
4. *Coordinates efforts with peers' family members and other natural supports*
5. *Partners with community members and organizations to strengthen opportunities for peers*
6. *Strives to resolve conflicts in relationships with peers and others in their support network*

Core Competencies for Recovery Support Professionals in Behavioral Health Services XI

Category XI: Promotes leadership and advocacy

1) Uses knowledge of relevant rights and laws
2) Advocates for the needs and desires of peers
3) Uses knowledge of legal resources and advocacy organization to build an advocacy plan
4) Participates in efforts to eliminate prejudice and discrimination
5) Educates colleagues about the process of recovery
6) Actively participates in efforts to improve the organization
7) Maintains a positive reputation in peer/professional communities

https://www.samhsa.gov/sites/default/files/programs_campaigns/brss_tacs/core-competencies.pdf

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Explanation

- *Category XI: Promotes leadership and advocacy*
- *These competencies describe actions that peer workers use to provide leadership within behavioral health programs to advance a recovery-oriented mission of the services.*
- *They also guide peer workers on how to advocate for the legal and human rights of other peers.*

1. *Uses knowledge of relevant rights and laws (ADA, HIPAA, Olmstead, etc.) to ensure that peer's rights are respected*
2. *Advocates for the needs and desires of peers in treatment team meetings, community services, living situations, and with family*
3. *Uses knowledge of legal resources and advocacy organization to build an advocacy plan*
4. *Participates in efforts to eliminate prejudice and discrimination of people who have behavioral health conditions and their families*
5. *Educates colleagues about the process of recovery and the use of recovery support services*
6. *Actively participates in efforts to improve the organization*
7. *Maintains a positive reputation in peer/professional communities*

Core Competencies for Recovery Support Professionals in Behavioral Health Services XII

Category XII: Promotes growth and development

1) Recognizes the limits of their knowledge and seeks assistance from others when needed
2) Uses supervision (mentoring, reflection) effectively by monitoring self and relationships, preparing for meetings and engaging in problem-solving strategies with the supervisor (mentor, peer) and knows when to seek supervision help
3) Reflects and examines own personal motivations, judgments, and feelings that may be activated by the peer work, recognizing signs of distress, and knowing when to seek support
4) Seeks opportunities to increase knowledge and skills of peer support

EXERCISE QUESTION: Give examples of competencies 10-12 in action in your community

https://www.samhsa.gov/sites/default/files/programs_campaigns/brss_tacs/core-competencies.pdf

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Explanation

- *Category XII: Promotes growth and development*
- *These competencies describe how peer workers become more reflective and competent in their practice. The competencies recommend specific actions that may serve to increase peer workers' success and satisfaction in their current roles and contribute to career advancement.*

1. *Recognizes the limits of their knowledge and seeks assistance from others when needed*
2. *Uses supervision (mentoring, reflection) effectively by monitoring self and relationships, preparing for meetings and engaging in problem-solving strategies with the supervisor (mentor, peer) – it is also important for the peer to know when to seek help from the clinical supervisor- for example, if the peer is feeling overwhelmed, worried, not sure how to proceed or decide*
3. *Reflects and examines own personal motivations, judgments, and feelings that may be activated by the peer work, recognizing signs of distress, and knowing when to seek support*
4. *Seeks opportunities to increase knowledge and skills of peer support*

EXERCISE
Core Competencies

- In small groups take 10 minutes to please develop a role play to show:
  - Group 1- Competencies 1-3
  - Group 2- Competencies 4-6
  - Group 3- Competencies 7-9
  - Group 4- Competencies 10-12
  - ✓ Take 5 minutes to show the role play

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Explanation

Take the next 15 minutes to work in small groups and develop a role play to show how the assigned competencies work.

Group 1- Competencies 1-3

Group 2- Competencies 4-6

Group 3- Competencies 7-9

Group 4- Competencies 10-12

Make sure that everyone has a role.

After each role play, ask the audience to state how they saw the assigned competencies being shown in action.

Day 2 Wrap-Up

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Explanation

- *Thank you for your time and attention today as well as your dynamic participation.*
- *Please make sure that you take the time to let us know any feedback that can be used to improve the overall course.*

The Various Roles of a Recovery Support Professional with Lived Recovery Experience

- Identifies and engages hard-to-reach individuals
- Encourages and celebrates the person's recovery achievements
- Encourages the client's self-advocacy and economic self-sufficiency.
- Genuinely cares and listens
- Identify areas that present roadblocks to continued abstinence
- Offers their life as living proof of the transformative power of recovery
- Facilitates the transition to a personal recovery plan

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Explanation

- *Now that we have examined the core competencies of Recovery Support Professionals. Let's look at the roles that a Recovery Support Professional with lived recovery experience takes on for an agency that hires such a position.*
- *First, for some agencies, a Recovery Support Professionals serves to find and engage those who need treatment. A Recovery Support Professional may have an outreach type function but that is only one of many roles that a Recovery Support Professional plays. Outreach worker: Identifies and engages hard-to-reach individuals; offers living proof of transformative power of recovery and makes recovery attractive.*
- *The Recovery Support Professional can serve as a motivator. To exhibit faith in the person's capacity for change; encourages and celebrates their recovery achievements and mobilizes internal and external recovery.*
- *Being resourceful is a role of the Recovery Support Professional- to encourage the person's self-advocacy and economic self-sufficiency.*
- *Being an ally - The Recovery Support Professional genuinely cares and listens to the person; can identify areas for potential growth for the person.*
- ***Truth-Teller:** Provides feedback on the person's recovery progress. Identify areas which have presented or may present roadblocks to continued abstinence.*
- ***Role Model and Mentor:** Offers their life as living proof of the transformative power of recovery and provides stage-appropriate recovery education.*
- ***Planner: Facilitates the transition from a professionally directed treatment plan to a client-developed and directed personal recovery plan. The Recovery Support Professional assists in structuring daily activities around this plan.***

The Various Roles of a Recovery Support Professional with Lived Recovery Experience (Cont.)

- Helps resolve personal and environmental obstacles to recovery
- Knowledgeable of resources for individuals or for their families
- Sober companion
- Introduces newcomers into the local culture of recovery
- Provides an invaluable service for those resistant to remaining abstinent from drugs and/or alcohol
- Informs about the many pathways and life-styles of long-term recovery
- Enhances cooperative relationships between professional service organizations and recovery support groups

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Explanation

- ***Problem Solver:*** *Helps resolve personal and environmental obstacles to recovery.*
- ***Resource Broker:*** *Knowledgeable of resources for individuals or for their families, is aware of sources of sober housing, can suggest employment that would be suitable for a person in recovery, pinpoint health and social services, and offer additional recovery support that matches the client to particular support groups or twelve-step meetings.*
- ***As sober companion,*** *the Recovery Support Professional may discuss a person's response to their therapeutic services, or their mutual aid (12 step) exposures to enhance the engagement of recovery, and reduce the possibility of attrition.*
- ***Introduces newcomers into the local culture of recovery;*** *provides an orientation to recovery; provides an orientation to recovery roles, rules, rituals, language, etiquette and opens doors to the client for engagement in the recovery community.*
- ***Advocate:*** *Help the individual or their families navigate the complex social service and legal systems.*
- ***Educator:*** *Can facilitate the processes necessary for the person to remain free from the addiction, inform the person of the professional helpers within the community and about the many pathways and life-styles of long-term recovery.*
- ***Community Organizer:*** *Enhance cooperative relationships between professional service organizations and local recovery support groups cultivate opportunities for their people in recovery to participate in volunteerism. For some, this is done through several one-on-one sessions each week, while some clients prefer daily telephone contact. Assists individuals and their families to develop sobriety-based rituals of daily living; and encourages activities across religious, spiritual and secular frameworks that will enhance life meaning and purpose.*

Sitting Down for the First Time

Sitting Down for the First Time before you develop the partnership agreement

- What brought you here today?
- How do you feel about being here today?
- Moving forward, we'll be working as a team.
- My goal is to help you meet your recovery goals.
- Do you have any questions about how we will be working together or any preferences or needs that it might be helpful for me to know about?
- What would you like to accomplish through working with us?
- Do you have goals that your addiction has kept you from meeting
- What does recovery mean to you?

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Explanation

Sitting Down for the First Time before you develop the partnership agreement that we will talk about on the next slide, it is important to establish rapport and ask some key questions

- *What brought you here today?*
- *How do you feel about being here today?*
- *Moving forward, we'll be working as a team.*
- *My goal is to help you meet your recovery goals.*
- *Do you have any questions about how we will be working together or any preferences or needs that it might be helpful for me to know about?*
- *What would you like to accomplish through working with us?*
- *Do you have goals that your addiction has kept you from meeting*
- *What does recovery mean to you?*

You can, of course, come up with your own questions and own approach.

The key idea here is that you are laying the groundwork of a relationship that will be more like that of a consultant or partner than that of an expert.

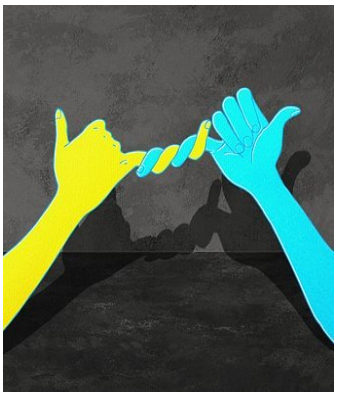
You are helping the person find and solidify his or her own recovery pathway, rather than telling them how to follow yours. This is important to remember, even when you and the person are following the same recovery pathway.

One of the first orders of business for the Recovery Support Professional working with a new person is to clarify expectations. That is, what does the recover support professional expect of the person?

- *What can the person expect from the Recovery Support Professional?*
- *What commitments are being made when we work together? What are the limits of the relationship?*
- *What is the Recovery Support Professional's responsibility, and what is the responsibility of the person? Clarity in these matters helps build a solid foundation for future work.*

Where To Start With A New Person: The Recovery Support Professional Partnership Agreement

- The person needs to work in "partnership" with you
- Set clear expectations and limits
- Inform what services the relationship will entail
- Set agenda for each session
- Set measurable goals
- Evaluate benefit of services with client
- Ask permission when offering referrals/ resource



141

Explanation

- *To start the relationship off correctly with a new person you are working with, discuss terms with the person at the initial session.*
- *Talk about what you can and cannot provide.*
- *Talk about what the limits are of the relationship and service.*
- *Set agenda for each session at the start- for example, you are not there to be a friend- rather, you are there to help the person create and implement a plan for recovery*
- *Set measurable goals for the sessions and for overall recovery*
- *Evaluate benefit of services with the person- what is he or she expecting? What are the benefits of what is being offered/ What are the person's expectations?*
- *Ask permission when offering referrals/ resources*

The Partnership Agreement

- The partnership starts with an agreement. It should be a written document so each person is clear about what the partnership entails and what each person's responsibilities are in the relationship.
- The agreement makes the clear by:
  - Discussing the peer support process
  - Articulate strengths in the positive relationship and where the pressure points or issues for expectation management are needed to be discussed

- Identifying one or more achievable goals
- Setting clear parameters, expectations, and logistics of the relationship

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Explanation

The partnership starts with an agreement. It should be a written document so each person is clear about what the partnership entails and what each person's responsibilities are in the relationship.

The agreement makes the clear by:

- *Discussing the peer support process*
- *Using the initial meeting(s) to screen for where the strengths are in the positive relationship and where the pressure points or issues for expectation management are needed to be discussed*
- *Identifying one or more achievable goals that are not based on the emotional state of the person*
- *Setting clear parameters, expectations, and logistics of the relationship: for example, setting scheduling, established limits of confidentiality agreements, and the inclusion of others when appropriate.*
- *Clarifying what this relationship and support will entail. (for example, coaching is not therapy, tutoring, sponsorship, or consulting, medical and/or legal advice.*
- *Many of those who choose this area of work may find themselves in relationships with those they serve for prolonged periods of time. This can be both positive and negative. The Recovery Support Professional should always make sure to maintain his/her own recovery program and seek supervision to maintain a balance between the work and their personal recovery.*

EXERCISE
Develop A Partnership Agreement Template

- In small groups take 15 minutes to please develop an outline of a document that would be tailored to each person with whom you work:
  - Elements in the agreement to cover
    - Roles and responsibilities of the Recovery Support Professional and the person receiving help
    - What does each person expect from the other person
    - What are the limits and boundaries in the relationship
    - What will the usual agenda be for each time you meet
    - What are the signs that each of you will know the relationship is going well?
    - How will you each know when the relationship needs to be closed?
    - What is the expected length of time you will work together?
    - What other issues should be included in the agreement?

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Explanation

In small groups take 15 minutes to please develop an outline of a document that would be tailored to each person with whom you work:

Elements in the agreement to cover

Roles and responsibilities of the Recovery Support Professional and the person receiving help

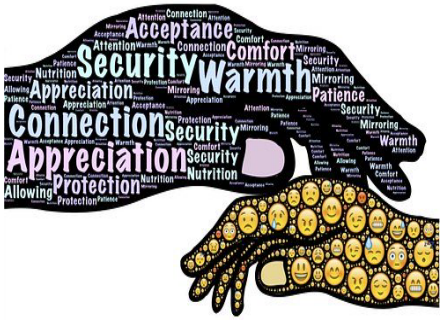
- *What does each person expect from the other person*
- *What are the limits and boundaries in the relationship*
- *What will the usual agenda be for each time you meet*
- *What are the signs that each of you will know the relationship is going well?*
- *How will you each know when the relationship needs to be closed?*
- *What is the expected length of time you will work together?*
- *What other aspects need to be covered?*

Remember here again is an exercise where you will be showing and improving your listening and empathy skills through demonstrating this exercise.

Once the outline of the document is completed, please take no more than 5 minutes to present the work to the larger group.

Where To Start With A New Person: Create a Supportive Relationship

- Create safe, trusting, respectful environment
- Make clear agreements
- Respect client's learning abilities
- Recognize cultural factors
- Encourage positive behaviors and actions
- Be fully present and engaged
- Praise successes
- Use play and humor
- Ask permission where necessary



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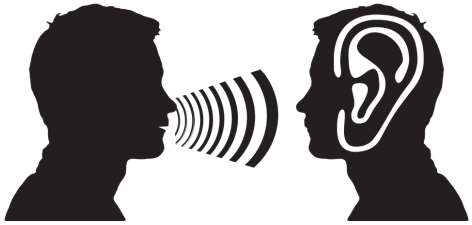
Explanation

- *In combination with the agreement, it is essential to create a supportive relationship with the person you are helping.*
- *Create safe, trusting, respectful environment*
- *Make clear agreements as to what and what is not acceptable in the relationship*
- *Respect client's learning abilities – be patient and repeat or re-phrase things as needed*
- *Recognize cultural factors- your experience is different from theirs and everyone sees things from a unique vantage point*
- *Encourage positive behaviors and actions*
- *Be fully present and engaged*
- *Praise successes*
- *Use play and humor*
- *Ask permission where necessary, especially before giving advice*
- *Be engaged, fully present, confident, flexible, and responsive.*
- *Acknowledge the person's successes and failures as "growth experiences".*
- *Inform client that attaining recovery goals takes time and effort.*

What To Do: Effective Communication and Support

- Listen actively
- Pay attention to the person's agenda not your own
- Reflect back to the person his/her values, goals, feelings, beliefs
- Encourage the person to see "Big Picture"
- Determine how long and short term goals impact
- Assess progress



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Explanation

- *In order to establish a positive peer partnership the Recovery Support Professional should:*
- *Be aware of the person's needs, desires, strengths and potential*
- *Help the person define his or her life purpose to sustain recovery- this needs to be the person's agenda, not yours*
- *When reflecting back to the person- Encourage self acceptance and understanding; Develop social assets and relationships, help explore with the person how to expand interests to support positive lifestyle changes and develop on going sustainable recovery. Reflects what the person has stated while considering the person's values, goals, feelings, and beliefs.*
- *Encourage the person to see "Big Picture"-many times it is easy to get stuck in the small details or focus only on what is not going well*
- *Determine how long and short term goals impact recovery and other aspects of life*
- *Invites the person to move between long-term and short-term goals to be able to better plan for his/her future plans and actions.*
- *Assess progress with the person at regular intervals- what is working well and what needs to change?*

What To Do: Effective Communication Skills

- It is important to listen to what is and what is not said
- Speak clearly and to the point
- Challenge assumptions and limiting beliefs with the client's permission
- Provide clear, honest, and compassionate feedback
- When re-framing offer new or different perspectives to increase awareness.
- Encourage focus on goal or topic under discussion as necessary.
- Monitor your non-verbals and the person with whom you are working

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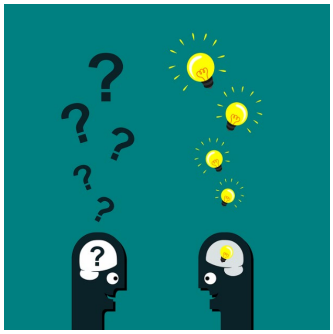
Explanation

- *Good communication skills are important in establishing and maintaining a positive relationship.*
- *It is important that a Recovery Support Professional listens to what is and what is not said- for example, a person might talk a lot about how bad and hard things are and not focus on the good things that have changed since being drug free.*
- *It is the Recovery Support Professional's job to point out what is not being said and highlight the good things and the growth of the person.*
- *Speak clearly and to the point.*
- *Challenge assumptions and limiting beliefs with the client's permission.*
- *Provide clear, honest, and compassionate feedback*
- *When re-framing, offer new or different perspectives to increase awareness.*
- *Encourage focus on goal or topic under discussion as necessary*
- *Monitor your non-verbal behavior and the person with whom you are working- this statement means that you need to check in with yourself to ask yourself – what is by face, body language and other parts of my presence conveying to the person I am working with? What do I notice about the person's facial expressions, body stance, posture etc.? Is there anything not being said in some way that I need to pay attention to?*

What To Do: Effective Questioning

- Questions are more effective than telling people what to do
- Questions help people think through what they need to do and how they need to do it to make or sustain positive behavioral changes
- When asking questions allow time for the person to process and respond.
- Ask questions that:
  - discover
  - reveal
  - show your understanding
  - evokes self-understanding
  - elicits positive change talk



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Explanation

- *Questions are more effective than telling people what to do*
- *Questions help people think through what they need to do and how they need to do it to make or sustain positive behavioral changes*
- *When asking questions allow time for the person to process and respond.*
- *Ask questions that:*
  - *discover the person's needs, values, desires, and hopes*
  - *reveal self-awareness, options, and learning*
  - *helps the person know that you understand his/her big picture*
  - *evokes self-understanding and knowledge of how substance use and/or addictive behaviors impact the person and other in his or her life*
  - *elicits positive change talk and avoid questions that encourage negative change talk*

What To Do: Effective Responding

- Restate what you understand the speaker to have said
- Be empathetic, verbally and physically
- Ask questions about what you hear or what you think you are hearing from the speaker
- Be positive and hopeful

Article Source: http://EzineArticles.com/1054920

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Explanation

- *Restate what you understand the speaker to have said.*
- *You can either literally restate what was said or you can restate your understanding in your own words. This ensures that you are both on the same page on the communication.*
- *Be empathetic, verbally and physically.*
- *Respond to what you hear physically and with your voice, to show not only that you understand what you are being told, but that you understand how the other person feels about what they have said. This comes naturally to most people.*
- *Think about the time you have been with a colleague who has needed someone to listen to them. You have shown via your body language and your voice that you not only understand what they have said, but you empathize with how they feel about the situation.*
- *Ask questions about what you hear or what you think you are hearing from the speaker.*
- *People who have a tremendous amount of personal power never get out of a conversation without asking questions. They always ask questions. They want the greatest possible understanding of what they are being told. In that way, they show*

the ultimate respect for what is being said. They care enough to want to learn more. Asking questions is absolutely crucial to managers.

- *Be positive and hopeful*
- *Give positive feedback on their communication to you. Be hopeful- there is always something a situation to be hopeful about. State the positive.*

What To Do: Effective Self-Management

- Develop an awareness of your own processes, prejudices, reactions, and fears
- Be aware of your reaction to the person's behaviors
- Manage your own vulnerability and reactions
- Avoid over-involvement in the life and feelings/emotions of the person
- Maintain an awareness of personal and cultural beliefs and biases
- Manage your beliefs and biases to avoid conscious or unconscious harm to the people you help

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Explanation

- *Develop an awareness of your own process prejudices, reactions, and fears while creating a balance of detachment, and compassion*
- *Be aware of your reaction to other's behaviors.*
- *Manage your own vulnerability and reactions.*
- *Avoid over-involvement in the life and feelings/ emotions of the person you are tasked with helping.*
- *Maintain an awareness of personal and cultural beliefs and biases.*
- *Manage your beliefs and biases to avoid conscious or unconscious harm to others.*

EXERCISE
Practice Effective Skills

- In small groups take 15 minutes to please develop a role play to show:
  - Group 1- How to create a supportive relationship between a Recovery Support Professional and person he/she is working with
  - Group 2- Effective communication skills between a Recovery Support Professional and person he/she is working with
  - Group 3- Effective questioning between a Recovery Support Professional and person he/she is working with
  - Group 4- Effective responding between a Recovery Support Professional and person he/she is working with
  - Group 5- A training for Recovery Support Professionals on effective self-management

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Explanation

In small groups take 15 minutes to please develop a role play to show:

Group 1- How to create a supportive relationship between a Recovery Support Professional and person he/she is working with

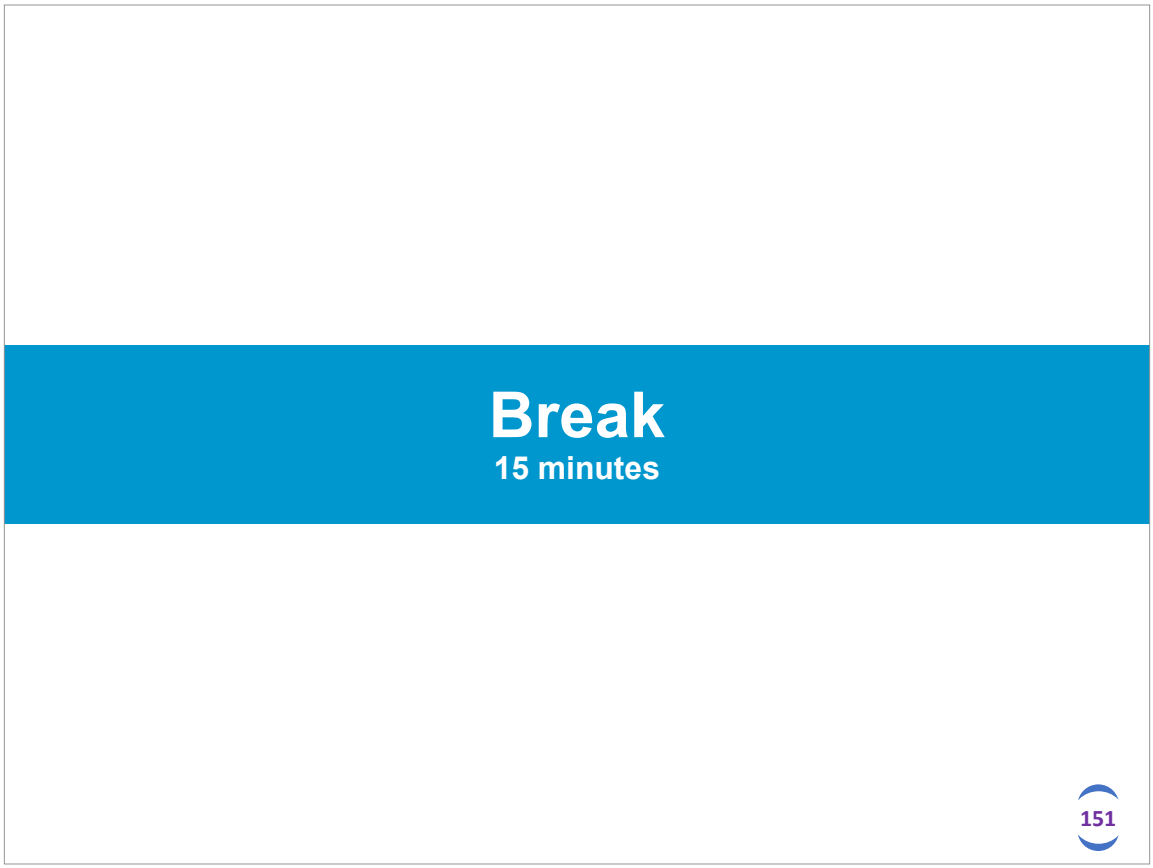
Group 2- Effective communication skills between a Recovery Support Professional and person he/she is working with

Group 3- Effective questioning between a Recovery Support Professional and person he/she is working with

Group 4- Effective responding between a Recovery Support Professional and person he/she is working with

Group 4- A training for Recovery Support Professionals on effective self-management

- ✓ *Make sure that everyone has a role. The role play should not last longer than 5 minutes*



Explanation

At this point in our training, let's take a break. Please return in 15 minutes so we can stay on track and be respectful of your time and the time of our other training participants.

Daily Activities of the Recovery Support Professional

- Works with the person to identify their recovery goals
- Assists the person in identifying and owning their recovery capital
- Assists the person in developing a recovery plan
- Communicates clearly to the person that supporting their recovery is the top priority
- Emphasizes the person's abilities and autonomy
- Helps the person recognize obstacles to progress and helps the person identify ways to overcome the obstacles

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Explanation

- *So, what does a Recovery Support Professional actually do? In a nutshell:*
- *Works with the person to identify their recovery goals.*
- *Assists the person in identifying and owning their recovery capital. (This process does not simply occur at the beginning of the process; it continues throughout. One way of looking at this is as an ongoing inventory of recovery capital).*
- *Assists the person in developing a recovery plan that leverages existing recovery capital and develops additional capital in order to meet their recovery goals.*
- *Communicates clearly to the person that supporting their recovery is the top priority.*
- *Emphasizes that no one but the person can actually do the work of recovery.*
- *Helps the person recognize obstacles to progress and helps the person identify ways to overcome the obstacles while allowing the person the autonomy and support to make the decisions about how to move forward*

Daily Activities of the Recovery Support Professional: Categorizing Risk and Resilience Factors

- Focusing on strengths may not be easy.
- The more you learn about the person you work with, the more you are able to see him or her as a person, and increase your ability to identify qualities or characteristics he or she possesses that can serve as a good foundation for rebuilding his or her life
- Use this form to have a conversation with the person about what the person brings to recovery

Domain	Risk	Resilience
Individual Physical Mental		
Family		
Friends/peers		
Employment/school		
Community		
Society/political/ culture		

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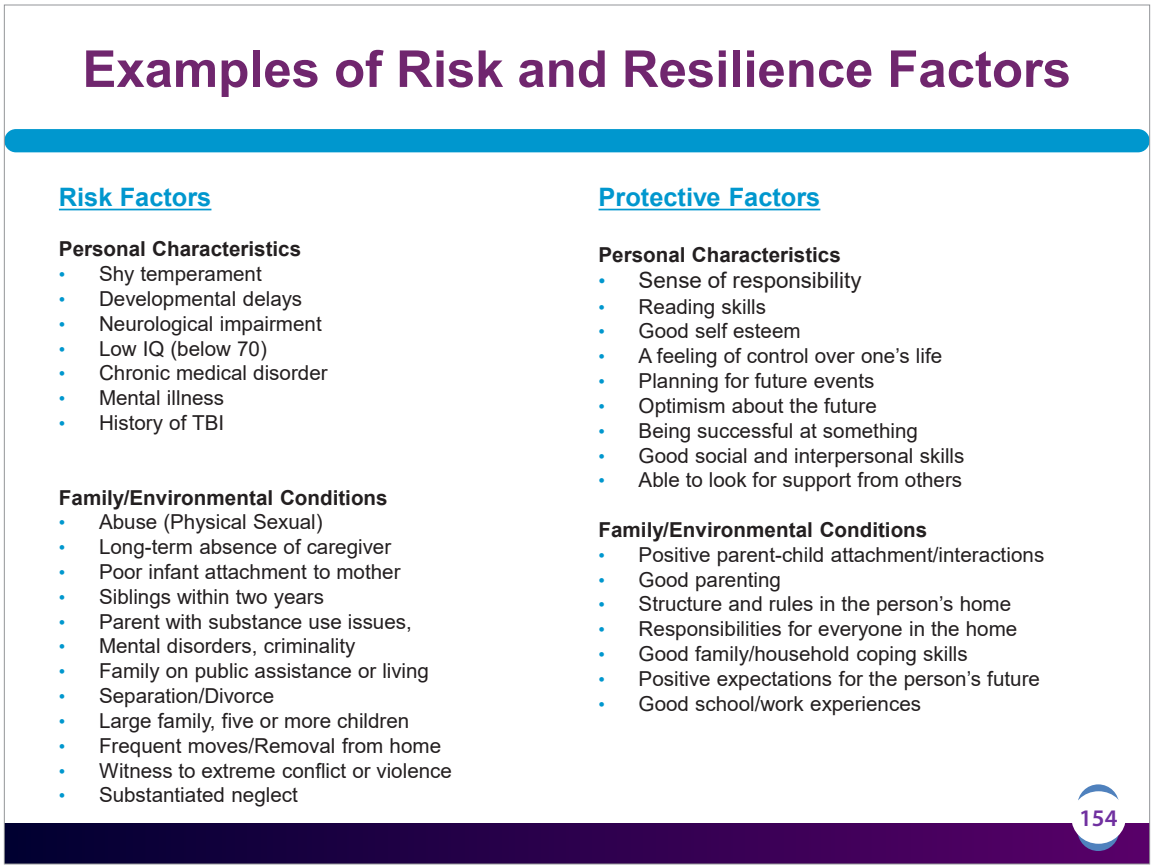
Explanation

- *Some people do well in life in spite of many hardships or risk factors.*
- *There are certain safeguards that protect people from the effects of risk factors and in general help the person in life. These safeguards are called protective factors. These are personal, family, relationship and environmental qualities that help people successful manage problems.*
- *People struggling with addictions and with trauma histories oftentimes have many risk factors to overcome.*
- *While it is important that we are aware of and attend to the many risk factors in lives of those with whom we work, it is equally important to focus on identifying the protective factors they already possess and helping them to develop new ones.*
- *When you review the following lists of potential risk factors and protective factors, notice how many risk factors you are aware of, and the scarcity of protective factors, in the lives of most of those with whom we work.*



Explanation

Please use the list to consider risk and resilience factors with reference to the individual for whom you were filling out the form on the previous slide. There are many other factors than those listed here; these are just examples.

Note that these factors are not static, they are dynamic and may change over time.

Daily Activities of the Recovery Support Professional: Creating a Recovery Plan

Creating A Recovery Plan- Using the Wheel of Life

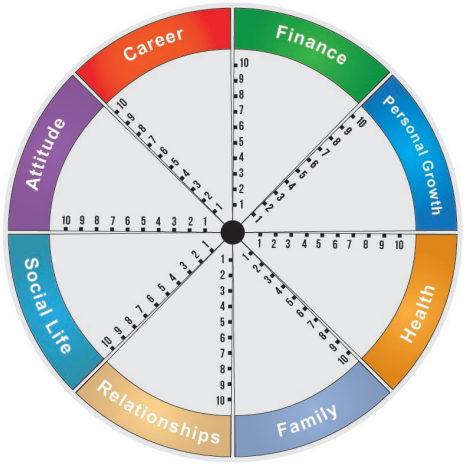
Scoring is as follows:

- 0-4 means they are not satisfied
- 5-7 means they are more or less satisfied, but further attention should be sought.
- 8-10 means there is a high level of satisfaction

For any areas that are 7 or less, these can be used for goal setting. As you think about establishing goals with the person you are working with, think of the following:

Goals should be:

- Specific and strategic
- Measurable
- Attainable and achievable
- Realistic
- Time specific



Killeen, 2013, Recovery Coaching: A Guide to Coaching People in Recovery from Addictions

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Explanation

- *Life goals help clients determine what they want to achieve and then devise a plan for achieving that. Once clients have identified their life goals they can begin working towards it. Having life goals also help clients assess their progress in the path of recovery.*
- *The Wheel of Life tool is separated into eight components of equal size. These represent the eight components in our lives which are: finances, friends and family, personal growth, romance, physical environment, career/business, health, fun and recreation. As you can see all components are of equal size which demonstrates balance and harmony, although this is not necessarily how they are represented in our actual lives.*
- *A Recovery Support Professional can take each component of the wheel, one at a time and have the person consider each component. The center of the wheel is marked as 0 represents the lowest satisfaction level. The edge of each component is marked as 10 as the highest level of satisfaction.*
- *A person will score their satisfaction levels for each component of their life from 0-10. 0-4 means they are not satisfied 5-7 means they are more or less satisfied, but further attention should be sought. 8-10 means there is a high level of satisfaction*

- *Once the person has marked each of the components from 0 (total dissatisfaction) to 10 (complete satisfaction) a line will be drawn to connect the marks around the wheel. According to this will give the person and the Recovery Support Professional a visual representation of how balanced his/her life is, which areas make them happy and show the person what areas that may be addressed in the Plan.*
- *The areas that received low scores are those that may need more attention.*
- *To further process the Wheel of Life tool results, the Recovery Support Professional can help the client identify the lowest satisfaction level areas (those with the lowest numerical score) and prepare an action plan on how to achieve balance.*
- *For example you might ask the person "what is it about this area of life that made you score it low?" Then to build on their response, you could ask "what are the specific steps that you could take to ensure satisfaction in this area?" Having the person write these steps down is a powerful tool. These steps may also be incorporated into the plan*
- *Develop effective recovery and/or general life goals by:*
- *Guide the person in identifying urgent concerns.*
- *Explore the variety of options and help clients identify preferred outcomes.*
- *Assist the person to clearly define and specify chosen goal(s).*
- *Support the person to develop goals.*

Daily Activities of the Recovery Support Professional

- Help the person to identify current recovery resources
- Build a map of what you have available to you right now in your life
- Choose the resources you want to develop further
- Draw up a plan of what you want to develop
- Plan how you are going to develop the resources you have chosen
- For each resource you have chosen, plan a sensible goal

Let's look at the steps to developing a recovery capital above. This plan comes from:http://www.williamwhitepapers.com/pr/Recovery%20Capital%20Scale.pdf

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Explanation

- *Help the person to identify current recovery resources- use the tool in the appendix*
- *Build a map of what you have available to you right now in your life.*
- *Choose the resources you want to develop further*
- *Draw up a plan of what you want to develop. This might be developing new resources for your recovery or strengthening those you already have.*
- *PLAN how you are going to develop the resources you have chosen*
- *For each resource you have chosen, plan a sensible goal.*

EXERCISE
Using the Wheel of Life and the Recovery Capital Scale to Develop a Recovery Plan

- Divide into pairs
  - ✓ Each of you will play the recovery support professional and the person being helped
  - ✓ Decide which of you will take which role first.
  - ✓ Switch roles First work on completing the Wheel of Life (given in the Appendix)
  - ✓ Then compete the Recovery Capital Scale (given in the Appendix)
  - ✓ Practice assessing and developing a Recovery Plan with each other
- Take 20 min to review the tool and develop and plan and then switch roles
- *Remember to show your active listening and empathy skills!*

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Explanation

- *Divide into pairs*
- *Each of you will play the recovery support professional and the person being helped*
- *Decide which of you will take which role first.*
- *Note you both get to play each role as we will switch roles First work on completing the wheel of life (given in the Appendix)*
- *Then compete the Recovery Capital Scale (given in the Appendix)*
- *Practice assessing and developing a recovery plan with each other*
- *Take 20 min to review the tool and develop and plan and then switch roles*
- *We will have a large group discussion about what it was like to be in each role. What worked well and what would you need to change to make the tools and process most useful in your settings?*
- *Remember to show your active listening and empathy skills!*

Recovery Plan

- Create measurable plans with those you are helping
- Identify actions that lead to accomplishing agreed-upon goals
- Create a change plan with steps that lead to success
- Assist in effecting a change plan

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Explanation

- *Create measurable plans with the person not for the person. The person needs to be actively engaged in the process.*
- *Identify ways to manage barriers and a person's strengths that facilitate success.*
- *Develop a plan that is realistic, relevant, and supportive of the person's stated goal(s).*
- *Identify potential barriers and find ways to either overcome them or cope with them.*
- *Use measurable goals to recognize progress and accountability*

Recovery Plan Process: Talking about Actions

- Methods that create effective actions and show progress:
- Assist the person in choosing, designing, and committing
- Clarify specific requests for actions/activities
- Encourage awareness of the freedom to decline, accept, or renegotiate any actions you request
- Create attitude of accountability by supporting the client's agreement for activities and actions
- Support actions that enhance self-esteem

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Explanation

The recovery plan process can include:

- *Talking about methods that create effective actions and show progress, such as to help clients in choosing, designing, and committing to actions and activities between sessions.*
- *Clarify specific requests for actions/activities that help clients attain goals.*
- *Encourage awareness of the freedom to decline, accept, or renegotiate any actions you request*
- *Create attitude of accountability by supporting client's agreement for activities and actions.*
- *Support actions that enhance self-esteem*

Recovery Plan Process: Talking about Accountability, Progress

- Accountability includes:
  - Maintaining boundaries and expectations
  - Develop a structure that holds client accountable for agreed-upon actions/activities
  - Encourage motivation and commitment
  - Celebrate actions
  - Challenge to articulate behaviors or actions that effect recovery
- Progress includes:
  - Facilitating progress towards achieving goals
  - Expressing genuine concern and curiosity
  - Supporting identifying and leveraging expanded resources, skills, strengths, and self-care
  - Integrating learning with new information and/or changes
- Revisiting plan- assess progress towards the achievement of goals while incorporating any agreed-upon changes into the plan

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Explanation

Accountability would include:

- *Maintaining boundaries and expectations that support agreements and goals, such as to:*
- *Develop a structure that holds the person accountable for agreed-upon actions/ activities.*
- *Encourage motivation and commitment asking the person to report progress*
- *Celebrate actions client has taken and explore what has been learned and insights gained.*
- *Challenge the person to articulate behaviors or actions that effect recovery.*

Progress would include:

- *Facilitating progress towards achieving goals, such as:*
- *Expressing genuine concern and curiosity about the person's change process and development.*
- *Supporting client in identifying and leveraging expanded resources, skills, strengths, and self-care*

- *Integrating learning with new information and/or changes.*
- ***Revisiting plan;** assess progress towards the achievement of goals while incorporating any agreed-upon changes into the plan.*
- *Encouraging the person to identify feelings and associated needs Helping a person identify where, how, and why they got stuck and to take self-directed action to find practical solutions.*
- *Assisting the person in exploring and identifying patterns that limit their ability to change, and in finding internal and/or external resources that support their ongoing development. Referring people to appropriate resources (for example, therapist or medical doctor).*

What to Do in Case of Substance Use Return

- Was the recovery plan followed?
- Does it need to be modified?
- In the future, what could the person do differently?
- Is there something that you, as the Recovery Support Professional, might want to do differently in the future?
- See the event as an opportunity for you and the person to learn

Be hopeful and encouraging!

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Explanation

- *When a return to use occurs, the Recovery Support Professional helps the person get right back on track!*
- *The Recovery Support Professional does not go to a bar or place where drugs are used to retrieve the person.*
- *However, it is appropriate for the Recovery Support Professional to meet the person in a recovery environment.*
- *Ask for permission, and if permission is given then offer your experiences with return to substance use.*
- *If the person is willing to continue on the pathway to recovery, review the recovery plan with the person and talk about what to revise.*
- *The slide has a set of questions to review.*
  - *Does the recovery plan need to be modified?*
  - *In the future, what could the person do differently?*
  - *Is there something that you, as the Recovery Support Professional, might want to do differently in the future?*
  - *See the event as an opportunity for you and the person to learn. That opportunity*

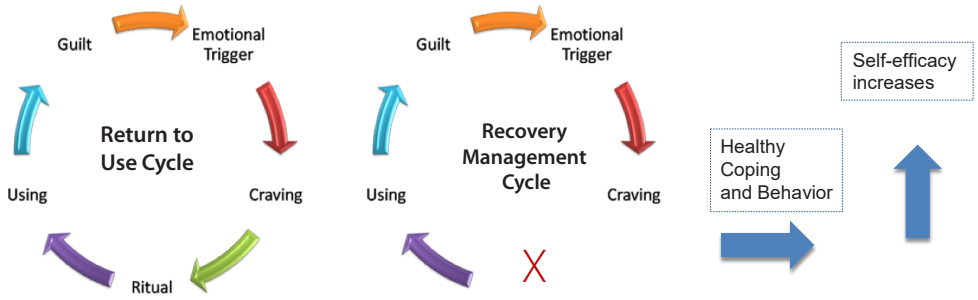
may be lost, however, if you or the person focus on blaming self or the other. Invest your recovery capital in the person.

- *If you do so and detach from the results, your investment will pay off, even if the person does not manage to turn the corner at the time that you are working with him or her*

- *Be empathetic and not judgmental. Being judgmental does not help the person get better. At this time, the person may be feeling bad, discouraged, worried, fearful or your response to the return to use. Separate the support of the person from the feelings you may have about their behavior- shaming and guilting someone does not help recovery.*

Role of Preventing Return to Use In Recovery Management: Example

Such prevention is defined as the cognitive and behavioral skills that create positive coping responses that do not result in substance use.



Source: Adapted from Christian S Hendershot, Katie Witkiewitz, William H George and G Alan Marlatt. Relapse prevention for addictive behaviors. Hendershot et al. Substance Abuse Treatment, Prevention, and Policy 2011, 6:17

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Explanation

- *Part of the work you will do with the person you are helping is to help them understand how to prevent a return to substance use.*
- *There are times in recovery when we need to help people after a return to substance use. In the return to use cycle, we can see that such use can start any place in the cycle. It can be guilt after using, that leads to other negative emotions, that then lead to craving and then the seeking and preparation of substances as a maladaptive way of coping with the negative feelings and thoughts one has. The starting point of the return to use cycle can really be at any point. Often individuals say that "they just use" and do not know why. In fact, when the return to use cycle is broken into steps, there is often a feeling or thought that leads to craving or seeking and using substances.*
- *Please note that Relapse Prevention has become an umbrella term encompassing most skills-based treatments that emphasize cognitive and behavioral skills building and coping responses that do not result in a return to substance use. In this course we use the wording around preventing a return to substance use as the word relapse has been shown to have negative connotations.*
- *In the example seen in the Recovery Management wheel, successful navigation of high-risk situation such as an emotional trigger for which the person uses a healthy*

coping strategy such as taking a walk or calling a sponsor may increase self-efficacy (one's perceived capacity to cope with an impending situation or task), in turn decreasing the probability of a return to substance use.

- *For both cycles, guilt does not always have to be present.*
- *Conversely, a return to substance use behavior (not shown in the picture) can undermine self-efficacy, increasing the risk of future return to substance use..*
- *Additionally, attitudes or beliefs about the causes and meaning of a lapse may influence whether a full return to substance use with problems ensues. Viewing a single and very limited return to use as a personal failure may, but not always, lead to feelings of guilt (as shown in the figure). This reaction, termed the Abstinence Violation Effect (AVE) is considered more likely when one holds a dichotomous view of return to substance use and/or neglects to consider situational explanations for any use at all.*
- *In sum, this prevention framework emphasizes high-risk contexts (like an emotional trigger or people places or things triggers) and healthy coping responses, can lead to increases in self-efficacy that help prevent a return to use.*
- *In the recovery management cycle we can see how prevention of use can be accomplished by recognizing the emotional trigger and craving and then addressing the craving, Such work can stop the cycle and allow for healthy behaviors that are part of both preventing use return and recovery management.*
- *As a reminder, what is shown in the cycles is only one example, there could be other examples that lead up to the return to substance use or the use of a healthy coping skill that does not result in such substance use return.*

A Word About Confrontations

- Confrontation is controversial and not well understood.
- Qualitative interviews with 38 people with substance use (82% male and 79% white) about their experiences of being confronted.
- Confrontation was defined as warnings about potential harm related to substance use. Results from coded transcripts indicated that helpful confrontations were those that were perceived as legitimate, offered hope and practical support, and were delivered by persons who were trusted and respected.
- Unhelpful confrontations were those that were perceived as hypocritical, overtly hostile, or occurring within embattled relationships.
- Contextual factors are important in determining how confrontation is experienced.

Polcin D, J Psychoactive Drugs. 2012 ; 44(2): 144–152

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Explanation

- *Those with substance use disorders commonly face confrontations about their use from family, friends, peers, and professionals.*
- *Yet confrontation is controversial and not well understood. To better understand the effects of confrontation researchers conducted qualitative interviews with 38 individuals who reported substance use (82% male and 79% white) about their experiences of being confronted.*
- *Confrontation was defined as warnings about potential harm related to substance use.*
- *Results from coded transcripts indicated that helpful confrontations were those that were perceived as legitimate, offered hope and practical support, and were delivered by persons who were trusted and respected.*
- *Unhelpful confrontations were those that were perceived as hypocritical, overtly hostile, or occurring within embattled relationships. Experiences of directive, persistent confrontation varied.*
- *Limitations of the study include a small and relatively high functioning sample. We conclude that contextual factors are important in determining how confrontation is experienced. Larger studies with more diverse samples are warranted.*

- *It is recognized that in many places around the world confrontation type practices continue to be used as part of interventions for the treatment of SUDs. It is important to note that there can often be a fine line between confrontation and actual abuse or even a violation of a person's human rights. Confrontation practices have the potential for increasing a person's trauma rather than being helpful in supporting recovery.*
- *The Internationals standards for the treatment of drug use disorders published by the United Nations specifically addresses interventions that should be avoided as follows: Interventions that should be avoided include: harsh verbal confrontation or shaming techniques, punitive or restrictive techniques (including physical restraints), approaches such as counter-conditioning, punitive interventions, or shock therapy, and any other intervention that compromises individual safety or dignity.*

Caution: Social Media May Not Help That Much

- The 43 articles cover 28 unique interventions using different social media technologies.
- The interventions were generally easy to implement, but in most cases the implementation of the complex interventions was found to be dependent on sustained organizational support.
- Between 70% and 90% of the participants found the interventions to be useful and easy to use.
- The rates of sustained use were also generally high, except for simple interventions with an open internet-based recruitment and some information and education modules of the complex interventions.

Conclusions: The digital interventions included in this review were in general feasible but were not consistently effective in helping people in recovery from substance use disorder reduce their substance use or achieving other recovery goals.

Nesvåg S, McKay JR Feasibility and Effects of Digital Interventions to Support People in Recovery From Substance Use Disorders: Systematic Review J Med Internet Res 2018;20(8):e255

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Explanation

- *The 43 articles cover 28 unique social media (e.g., app) interventions, of which 33 have been published after 2013.*
- *The interventions are aimed at different target groups (defined by age, substance, or comorbidity). Based on the number of features or modules, the interventions can be categorized as simple or complex.*
- *The interventions were generally easy to implement, but in most cases the implementation of the complex interventions was found to be dependent on sustained organizational support.*
- *Between 70% and 90% of the participants found the interventions to be useful and easy to use. The rates of sustained use were also generally high, except for simple interventions with an open internet-based recruitment and some information and education modules of the complex interventions.*
- *Across all interventions, slightly more than half (55%) of the studies with control groups generated positive findings on 1 or more substance use outcomes, with 57% of the interventions also found to be efficacious in 1 or more studies. In the positive studies, effects were typically in the small to moderate range, with a few studies yielding larger effects. Largely due to the inclusion of stronger control conditions, studies of simple interventions were less likely to produce positive effects.*
- *Conclusions: The digital interventions included in this review were in general feasible but were not consistently effective in helping people in recovery from substance use disorder reduce their substance use or achieving other recovery goals.*
- *Thus, caution is needed when relying on social media to help with recovery and recovery goals.*

What to Do When People do not Follow their Recovery Plans

- In the relationship, it is important that any return to use be seen as a learning opportunity and not a failure on the part of the person, the Recovery Support Professional, or both.
- Don't confront the person.
- When use occurs, it may be helpful to emphasize that as a Recovery Support Professional, you are not looking for perfection from the person, but rather a genuine effort to work toward recovery.
- Ask the person if he or she is ready to take steps (or additional steps) toward recovery and would like to work with you on accomplishing them.

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Explanation

- *When this occurs, don't panic and don't blame yourself or the person.*
- *Review the plan with the person.*
- *Is it an appropriate plan for them at that point, or should it perhaps be modified?*
- *Don't confront the person.*
- *Rather, note that they do not appear to be following the plan that they developed with you, and ask them if there is anything that might make the plan work better for them.*
- *If the answer is no, you may want to explore whether they are confident that they can achieve recovery and to what extent they are ready to pursue it.*
- *When a return to use occurs, it may be helpful to emphasize that as a Recovery Support Professional, you, are not looking for perfection from the person, but rather a genuine effort to work toward recovery.*
- *That commitment to genuine effort sometimes includes picking back up if there has been a slip or full-blown return to use.*
- *Ask the person if he or she is ready to take steps (or additional steps) toward recovery and would like to work with you on accomplishing them.*
- *If the answer is yes, work with the person being helped to establish goals, next steps, and regularly scheduled check-ins on progress. If the return to use was severe, or if there may be withdrawal issues, referral for an assessment may be appropriate.*
- *Discuss the return to substance use honestly and without judgement; use personal experiences and those of others when a person puts down their recovery.*

When and How to Consult Supervisors

- When you are not sure what to do
- Supervision is done at different frequencies in different places
- Communication with your supervisor and colleagues should be ongoing, and not only as a response to problems
- That makes for a healthier, less stressful environment and allows you and the people you are helping to avoid many problems before they occur

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Explanation

- *He or she may also set up a regular schedule for supervisory meetings.*
- *On the other hand, your supervisor might work in a more ad hoc, or day-to-day fashion. There is no one right way to supervise.*
- *In general, we would recommend that you review your work with your supervisor at least weekly during your first 3-to-6 months as a new Recovery Support Professional.*
- *Additionally, we strongly recommend that you consult with a supervisor or more experienced Recovery Support Professional whenever a situation arises for which your training has not prepared you.*
- *Other times to consult with a supervisor include when you are not sure how to proceed in a specific situation and when you are having difficulties in your relationship with a person being helped or are concerned about that individual. You should also consult with a supervisor, of course, if you are having difficulties with a colleague or if you observe something that could be detrimental to a Recovery Support Professional, the person being helped, the organization, or anyone else.*
- *Finally, it's a good idea to check regularly with colleagues and supervisors on the progress of the people being helped, their recovery plans, and any challenges they are encountering. You should also make yourself available to discuss the progress of other people being helped by other Recovery Support Professionals.*

- *When this is done regularly two significant benefits emerge: First, the entire Recovery Support Professional team improves as team members gain from each other's insights and recommendations. Second, those being helped have improved access to services since other Recovery Support Professional will be familiar with their status and able to help out when you are not available.*
- *One thing is certain: Communication with your supervisor and colleagues should be ongoing, not simply a response to problems. That makes for a healthier, less stressful environment and allows you and the person you are helping to avoid many problems before they occur.*
- *Moreover, within your organization, the Recovery Support Professionals and their supervisors should work as a team. This not only makes for a healthier environment, it also makes for better services for those being helped and ensures that there will be someone familiar with their situation with whom they can consult when you are not available.*

EXERCISE
Dealing Effectively with A Return to Substance Use

- Please divide into groups and complete the following activities
  - ✓ Group 1 and 2: Create a story and a visual to show the people with substance use disorders with whom you work how "return to use" prevention is a part of recovery management
  - ✓ Group 3: Ali, who is 21 years old just came out of a 90 day treatment program; he lives with his mother and continuously visits his "old friends" and hangs out in places where drug use is apparent. He attends 12-step recovery meetings twice each week. You have been working with him for a month and he tells you he used alcohol and opioids last night. How would the Recovery Support Professional address the return to use? What would be said, what actions would be taken?
  - ✓ Group 4: Janna, is 29 years old, lives with her husband; she lost her job and tells you she used drugs all day after a year of recovery. How would the Recovery Support Professional address the return to use? What would be said, what actions would be taken?
  - ✓ Group 5: Raj, is 47 years old and in recovery for 3 years; he was out with friends and saw a past girlfriend, they got high together for 3 days. How would the Recovery Support Professional address the return to use? What would be said, what actions would be taken?
- Take 15 minutes to complete the exercise and 5 minutes to report to the entire group

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Explanation

- *Please divide into groups and complete the following activities*
- *Group 1 and 2: Create a story and a visual to show the people with substance use disorders with whom you work how prevention of a return to use is a part of recovery management*
- *Group 3: Ali, who is 21 years old just came out of a 90 day treatment program; He lives with his mother and continuously visits his "old friends" and hangs out in places where drug use is apparent. He attends 12-step recovery meetings twice each week. You have been working with him for a month and he tells you he used alcohol and opioids last night. How would the Recovery Support Professional address the return to use? What would be said, what actions would be taken?*
- *Group 4: Janna, is 29 years old; lives with her husband; she lost her job and tells you she used drugs all day after a year of recovery. How would the Recovery Support Professional address the return to use? What would be said, what actions would be taken?*
- *Group 5: Raj, is 47 years old; in recovery for 3 years, was out with friends and saw a past girlfriend, they got high together for 3 days. How would the Recovery Support Professional would address the return to substance use. What would be said, what actions would be taken?*
- *Take 15 minutes to complete the exercise and 5 minutes to report to the entire group*

SUMMARY
Module 2 Learning Objectives

- Articulate the core competencies of Recovery Support Professionals
- Demonstrate the daily activities of a Recovery Support Professional

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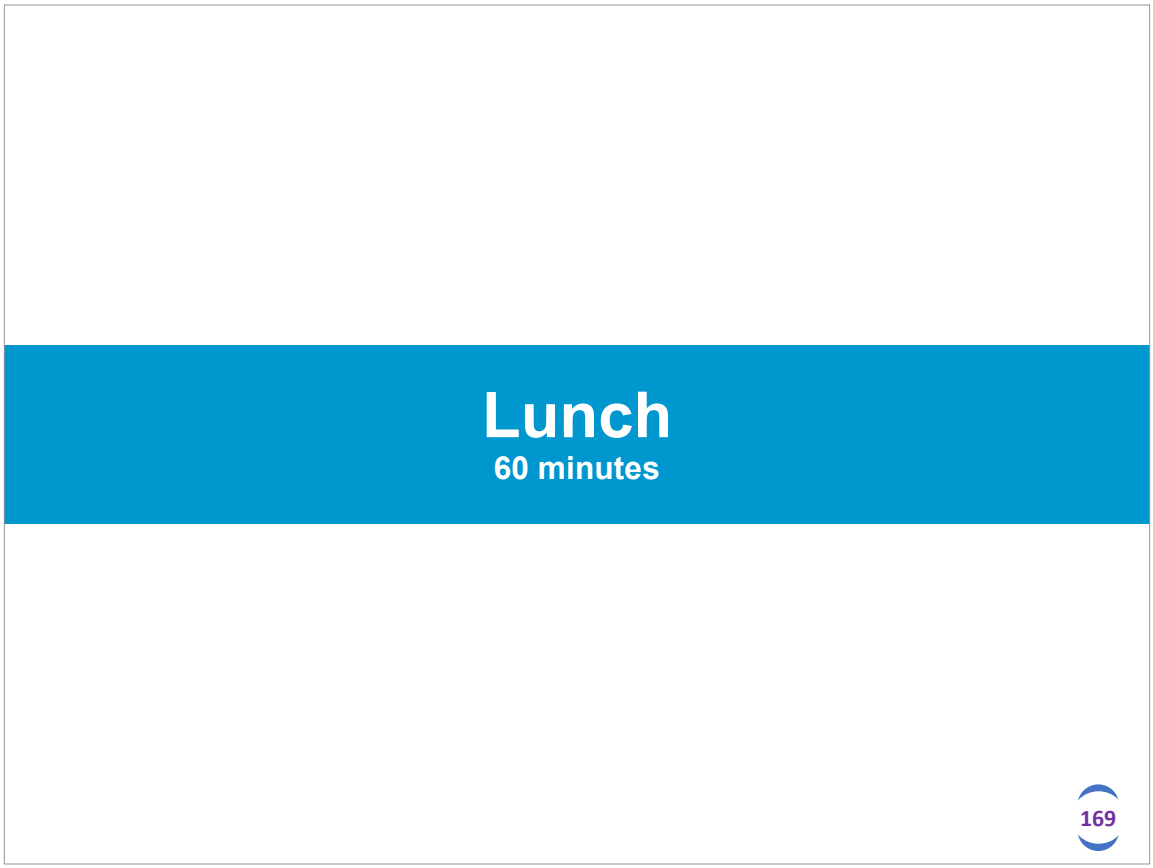
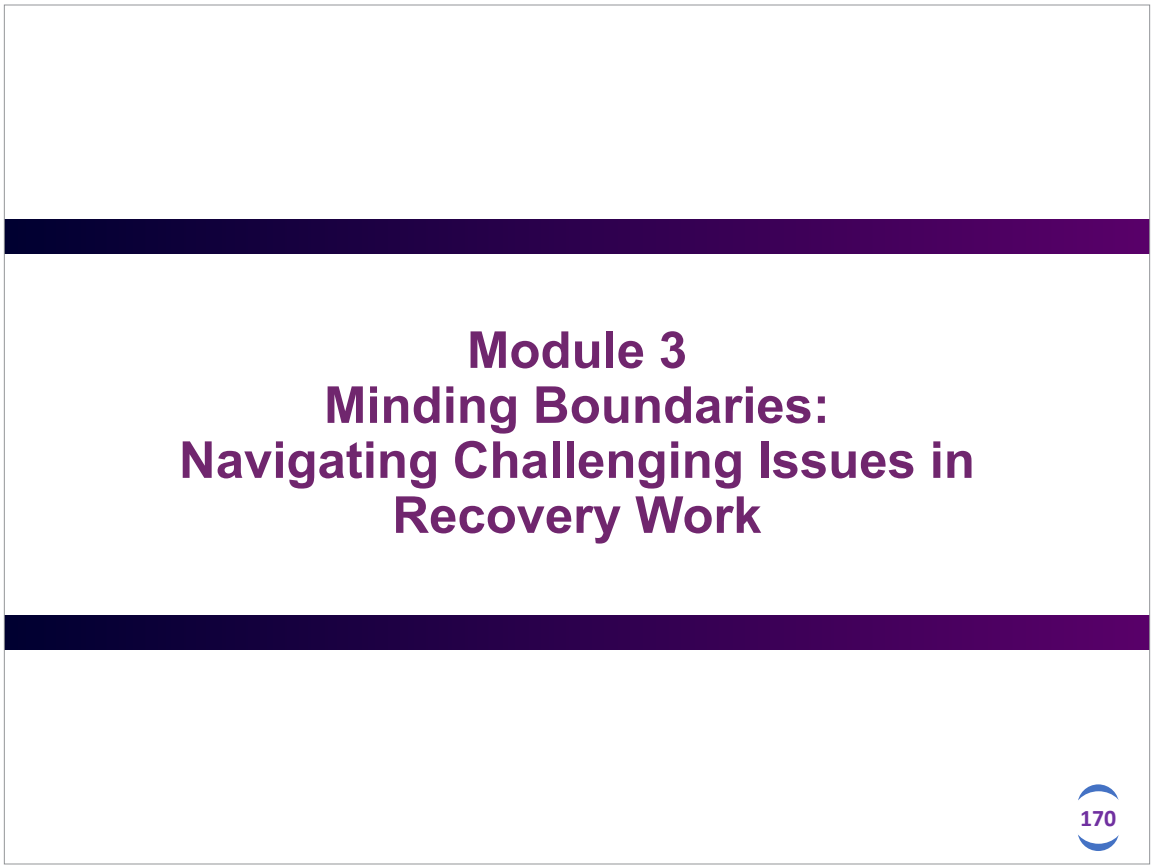
Explanation

- *As noted on the slide, the first learning objective is to articulate the core competencies of Recovery Support Professionals*
- *For our second objective, trainees will demonstrate the daily activities of a Recovery Support Professional. What are those activities that are imporntant?*



Explanation

Let's now take the next 60 minutes for lunch.



Explanation

Now let's take a look at how to set boundaries and navigating challenging issues in recovery work.

Module 3 Learning Objectives

- Define and determine boundaries for Recovery Support Professionals
- Articulate at least three ways to effectively address common boundary issues experienced by Recovery Support Professionals

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Explanation

- *As noted on the slide, the first learning objective is to define and determine boundaries for Recovery Support Professionals*
- *The second learning objective is to articulate at least three ways to effectively address common boundary issues experienced by Recovery Support Professionals*

How Do You Define Boundaries?

- Boundaries are firm limits that do not move
- In our work they are more ambiguous
- They are the unseen lines that you won't cross
- The are often undefined physical and emotional distances
- Parameters that make you unique
- Self-imposed and self-defined
- Boundaries require the use of good judgment

V. K. Aravind, V. D. Krishnaram, and Z. Thasneem Indian J Psychol Med. 2012 Jan-Mar; 34(1): 21–24.

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Explanation

- *All of the helping professions (medicine, nursing, psychology etc.) have established codes of conduct.*
- *This is because there exists an accepted inherent belief that not addressing these issues unacceptably increases the chances of harm and/or exploitation for a person (client) seeking services.*
- *In as much as Recovery Support Professionals may be employees, they should not be treated differently or have additional rules created to enhance or excuse them from standards of conduct that is expected of all non-employed or contracted Recovery Support Professionals.*
- *When acting within one's role as a professional, a Recovery Support Professional must be able to recognize, maintain and balance boundaries that establish appropriate limits to relationships. If we lose our ability to be objective, we tend to become too involved in a person or situation.*
- *Good, healthy, and appropriate boundaries are the distance and emotional detachment that need to be maintained to ensure an effective perspective on a situation. Maintaining personal boundaries is indicative of a well-trained, experienced peer supporter.*
- *In our work, boundaries are more ambiguous. They are: The unseen lines that you won't cross, undefined physical and emotional distances, parameters that make you unique, self imposed and self defined*
- *Boundaries require the use of good judgment.*

Professional Boundaries Define Effective and Appropriate Interaction

- Professional boundaries define effective and appropriate interaction between professionals and the public they serve.
- They exist to protect both the professional and the person being served.
- Workplace boundaries can sometimes be a difficult concept to grasp because it isn't something that we can see.
- But just because we can't see a boundary doesn't mean that it isn't there or that it isn't important.
- The definition of a boundary is the ability to know where you end and where another person begins.

http://jaapl.org/content/jaapl/20/3/269.full.pdf

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Explanation

- *The amount & type of boundary responsibility you have with a person differs according to the type of relationship.*
- *In the area of mental health the term client is used to describe a person who is seeking professional psychiatric services. Depending on their circumstances each individual may hold different types of power and authority*
- *Professional boundaries define effective and appropriate interaction between professionals and the public they serve.*
- *They are the space between the professional's power and the person being served's vulnerability.*
- *They exist to protect both the professional and the person being served.*
- *Workplace boundaries can sometimes be a difficult concept to grasp because it isn't something that we can see.*
- *But just because we can't see a boundary doesn't mean that it isn't there or that it isn't important.*
- *The definition of a boundary is the ability to know where you end and where another person begins.*

Why Boundaries are Important

- Understand what dual relationships are & why they can be harmful
- Understand why there are policies surrounding ethics & acceptable practices for Recovery Support Professionals with lived experience in recovery
- Clarify different types of boundaries
- Develop a framework for making better decisions at work

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Explanation

- *This discussion is important because we need to:*
- *Understand what dual relationships are & why they can be harmful.*
- *Understand why there are policies surrounding ethics & acceptable practices for Recovery Support Professionals with lived experience in recovery*
- *Clarify different types of boundaries. In many ways boundaries are a guide to how to treat others and how we want to be treated.*
- *Understand how violations are harmful & how to recognize boundary violation patterns.*
- *Develop a framework for making better ethical decisions at work.*

Healthy Boundaries For Recovery Support Professionals

- Stay within organization's policies and procedures
- Articulate what constitutes taking too much responsibility
- Discuss openly interactions and reactions
- Devote a similar amount of time and effort to each person – if you would not do something for everyone, then you should do it for no one
- Respect your own limits by prioritizing self-care

Sources: http://atr-resources.altaruminstitute.net/sites/default/files/resource-file-uploads/ATR3_TA_PKG_Ethics-boundary-issuesFINA http://mentalhealthrecovery.com/info-center/peer-support-boundaries-and-limits/

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Explanation

The following guidelines for healthy boundaries may help Recovery Support Professionals determine where to set boundaries:

- *Clinicians are taught that boundaries keep people in "appropriate" roles: the patient is the patient and the clinician is not.*
- *In Recovery Support Professional positions we have less fixed roles with each other. Sometimes we are the listener, sometimes the listened to, and sometimes that even changes in one conversation!*
- *This gets confusing sometimes. Sometimes traditional boundary policies become pretty tempting because they allow us to set an arbitrary line and not have to set individual, situational limits.*
- *For example, we start telling people that workers don't ever give out their home number or we say that workers can't be recipients or guests. We start using boundaries to separate ourselves and then fall into the same power dynamics as a traditional helping relationship.*

Here is an example:

- ✓ *Michael and John were co-workers as Recovery Support Professionals in a substance use disorder treatment program. They were mutually supportive and were able to use their relationship to help each other work through tough times. One weekend, John relapsed after 10 years of being in recovery. John was able to*

enter the outpatient substance use disorder treatment program. He was relieved when he found out that Michael was working in the treatment center that week.

- ✓ *John went to Michael at the end of the second day to get some support. Michael was quite cold and said rather bluntly, "workers can't be friends with patients." John was crushed. When had this policy been set? How did that fit with his relationship with Michael? When confronted, Michael told John that he had been afraid to do peer recovery support with him now because he worried he might say the wrong thing.*

- *Boundaries create a safe space, both physically and emotionally, within which the Recovery Support Professional with lived experience in recovery and the person served can both work together toward recovery.*
- *Just as confidentiality is crucial for people seeking help to overcome their mistrust and anxiety, appropriate boundaries allow people to form trusting relationships that help them learn about substance use disorders, participate in the process of recovery, and deepen their own self-awareness. Boundaries involve a careful and strategic balance between providing support and setting limits.*
- *The issue of boundaries is critical for Recovery Support Professionals. In their efforts to offer a caring, supportive relationship to people seeking recovery, many Recovery Support Professionals have a tendency to "go the extra mile." Although this is commendable in most situations, it can lead to the blurring of boundaries and attempts to "rescue" the people they serve.*
- *Recovery Support Professionals cannot ignore the program's policies and procedures for persons with SUDs by lending money or having contact outside of scheduled hours.*
- *When organizations train and supervise Recovery Support Professionals, organizations should help them understand the value of boundaries. People with active substance use disorders typically do not establish and maintain healthy boundaries.*
- *Their relationships tend to be co-dependent. Others prevent them from fully experiencing the natural consequences of their actions, which helps them avoid accountability. In recovery, individuals must learn new behaviors so they can become responsible within relationships.*
- *Recovery Support Professionals can help by modeling healthy boundaries.*
- *Modeling healthy boundaries is complicated because appropriate boundaries can vary dramatically due to various factors, such as culture, gender, personality characteristics, and organizational setting.*
- *A few ways to maintain good boundaries are to stay within organization's policies and procedures.*
- *To have a policy that articulates what constitutes taking too much responsibility.*
- *To discuss openly interactions and reactions to those we serve and to have regular supervision around these issues.*
- *To devote a similar amount of time and effort to each person – it is easy to favor some over others and that gets us into trouble.*
- *Respect your own limits by prioritizing self-care.*

Standards of Professionalism for Recovery Support Professionals

- uphold basic human rights!
- voluntary
- hopeful
- open minded
- empathetic
- respectful
- facilitate change
- honest and direct
- mutual and reciprocal
- equally shared power
- strengths-focused
- transparent
- be kind, clear and uphold boundaries wherever necessary

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Explanation

- *Within boundaries for Recovery Support Professionals are the standards of professionalism that need to be maintained.*
- *First is that one must uphold and respect human rights –see this site of the UN's for the declaration https://www.un.org/en/about-us/universal-declaration-of-human-rights*
- *Recovery is a personal choice.*
- *The most basic value of peer support is that people freely choose to give or receive support. Being coerced, forced or pressured is against the nature of genuine peer support.*
- *The voluntary nature of peer support makes it easier to build trust and connections with another. Belief that recovery is possible brings hope to those feeling hopeless. Hope is the catalyst of recovery for many people.*
- *Recovery Support Professionals with lived experience in recovery demonstrate that recovery is real—they are the evidence that people can and do overcome the internal and external challenges that confront people with mental health, traumatic or substance use challenges. As role models, most Recovery Support Professionals with lived experience in recovery make a commitment to continue to grow and thrive as they "walk the walk" in their own pathway of recovery.*
- *By authentically living recovery, Recovery Support Professionals inspire real hope that recovery is possible for others. Being judged can be emotionally distressing and harmful. Recovery Support Professionals "meet people where they are at" in their recovery experience even when the other person's beliefs, attitudes or ways of approaching recovery are far different from their own. Being nonjudgmental means holding others in unconditional positive regard, with an open mind, a compassionate heart and full*

acceptance of each person as a unique individual.

- *Empathy is an emotional connection that is created by "putting yourself in the other person's shoes." Recovery Support Professionals do not assume they know exactly what the other person is feeling even if they have experienced similar challenges.*
- *They ask thoughtful questions and listen with sensitivity to be able to respond emotionally or spiritually to what the other person is feeling. Each person is valued and seen as having something important and unique to contribute to the world.*
- *Recovery Support Professionals treat people with kindness, warmth and dignity.*
- *Recovery Support Professionals accept and are open to differences, encouraging people to share the gifts and strengths that come from human diversity.*
- *Recovery Support Professionals honor and make room for everyone's ideas and opinions and believe every person is equally capable of contributing to the whole. Some of the worst human rights violations are experienced by people with psychiatric, trauma or substance use challenges.*
- *They are frequently seen as "objects of treatment" rather than human beings with the same fundamental rights to life, liberty and the pursuit of happiness as everyone else. People may be survivors of violence (including physical, emotional, spiritual and mental abuse or neglect). Those with certain behaviors that make others uncomfortable may find themselves stereotyped, stigmatized and outcast by society. Internalized oppression is common among people who have been rejected by society.*
- *Recovery Support Professionals treat people as human beings and remain alert to any practice (including the way people treat themselves) that is dehumanizing, demoralizing or degrading and will use their personal story and/or advocacy to be an agent for positive change. Clear and thoughtful communication is fundamental to effective Recovery Support Professional work. Difficult issues are addressed with those who are directly involved. Privacy and confidentiality build trust.*
- *Honest communication moves beyond the fear of conflict or hurting other people to the ability to respectfully work together to resolve challenging issues with caring and compassion, including issues related to stigma, abuse, oppression, crisis or safety.*
- *Each person has skills, gifts and talents they can use to better their own life. Recovery Support Professionals focus on what's strong, not what's wrong in another's life. Recovery Support Professionals share their own experiences to encourage people to see the "silver lining" or the positive things they have gained through adversity.*
- *Through Recovery Support Professionals, people get in touch with their strengths (the things they have going for them). They rediscover childhood dreams and long-lost passions that can be used to fuel recovery. Recovery Support Professional support is the process of giving and receiving non-clinical assistance to others in recovery to assist them in achieving long-term recovery from severe psychiatric, traumatic or addiction challenges.*
- *Recovery Support Professionals who have lived experience in recovery are "experientially credentialed" to assist others in this process. Transparency refers to setting expectations with each person about what can and cannot be offered in a peer support relationship, clarifying issues related to privacy and confidentiality.*
- *Recovery Support Professionals communicate with everyone in plain language so people can readily understand and they "put a face on recovery" by sharing personal recovery experiences to inspire hope and the belief that recovery is real.*
- *All people have a fundamental right to make decisions about things related to their lives. Recovery Support Professionals inform people about options, provide information about choices and respect their decisions. Recovery Support Professionals encourage people to move beyond their comfort zones, learn from their mistakes and grow from dependence on the system toward their chosen level of freedom and inclusion in the community of their choice.*

Tricky Boundary Issues in Recovery Support Professional Work

- Dual relationships
- Self Disclosure
- Professional ethics and boundaries

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Explanation

- *Peer delivered services are still seen as relatively new concepts in formal systems of substance use disorder treatment and recovery care.*
- *Subsequently, concern has been voiced about:*
- *Dual relationships that can include Recovery Support Professionals being viewed as a "friend" rather than as a provider*
- *Self disclosure*
- *Professional ethics and boundaries*

Dual Relationship

- Dual relationship is one in which roles are or could be mixed
- A Recovery Support Professional is providing services to a person with whom they were in treatment together previously
- A Recovery Support Professional is hired in the treatment program where she received treatment three years ago and her past therapist is her supervisor

goodtherapy.org/blog/psychpedia/dual-relationship-definition

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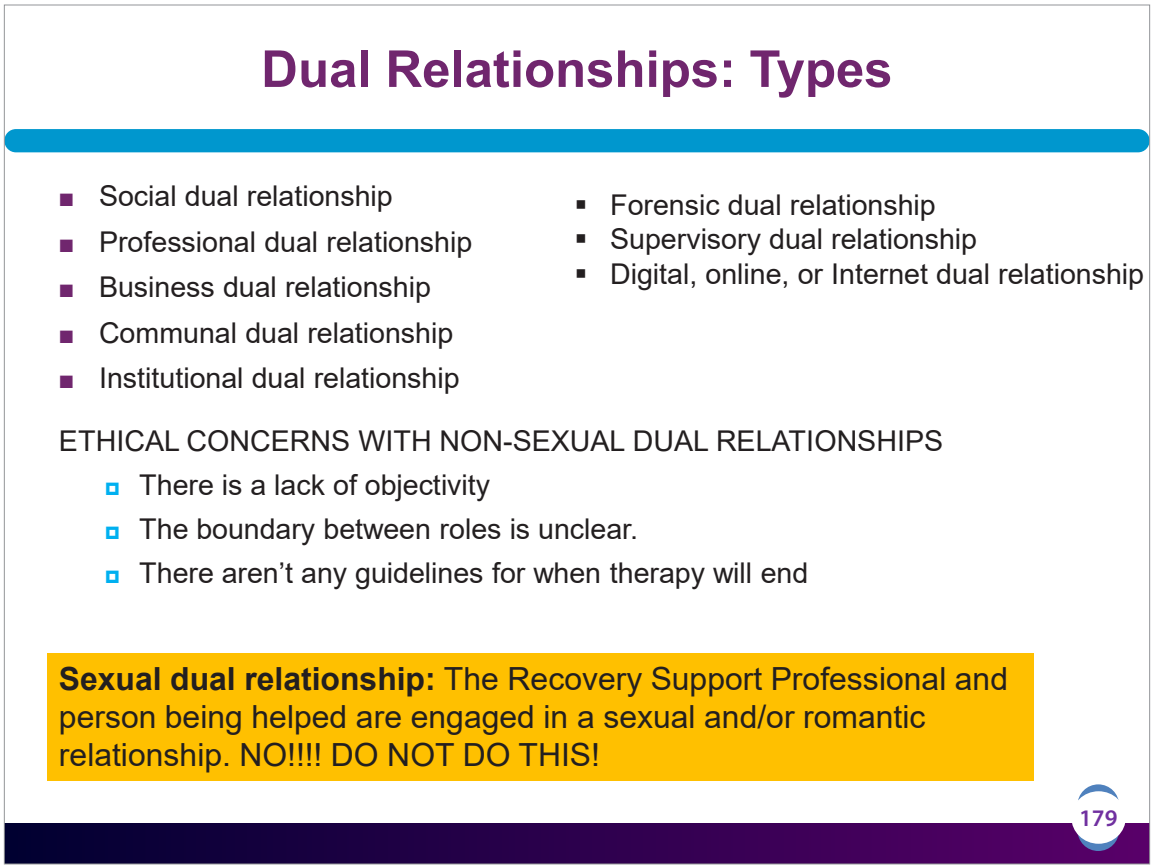
Explanation

- *In clinical care, a dual relationship occurs when a hired staff member has a second, significantly different relationship with the person he or she is providing services to in addition to the traditional peer support and person being helped roles.*
- *For example- let's look at those on the slide.*
- *Some dual relationships are unavoidable, as may be the case when a Recovery Support Professional is mandated to testify in court.*
- *But there are others which are voluntary or coincidental, such as when a Recovery Support Professional and person being helped end up at the same12-step meeting. Regardless of the circumstances in which a dual relationship arose, a Recovery Support Professional should be careful to follow ethical guidelines and maintain healthy boundaries.*



Explanation

Let's look at some common types of dual relationships:

- *Social dual relationship: The Recovery Support Professional is also a friend*
- *Professional dual relationship: The Recovery Support Professional doubles as someone's work colleague or collaborator.*
- *Business dual relationship: The Recovery Support Professional t is also involved with someone in buying, selling or transactions of some type.*
- *Communal dual relationship: Both the Recovery Support Professional and person being helped are members of a small community and will likely run into each other or be involved in the same activities outside of the office.*
- *Institutional dual relationship: The Recovery Support Professional serves an additional role inherent to a particular institution, such as a prison, hospital, or military base. For example, a Recovery Support Professional could be their parole evaluator or nurse.*
- *Forensic dual relationship: The Recovery Support Professional is a witness in legal trials or hearings involving the person he or she is helping.*
- *Supervisory dual relationship: The Recovery Support Professional is also responsible for overseeing and supervising the person's development as a Recovery Support*

Professional, as often occurs in educational settings.

- *Digital, online, or Internet dual relationship: The Recovery Support Professional is connected with the person on social media sites such as Facebook, Twitter, and LinkedIn.*

Ethical concerns with nonsexual dual relationships

- *Nonsexual dual relationships can be ethical or unethical depending on the circumstances.*
- *The distinguishing factor is often the establishment of mutual trust. Can each party rely on the other to respect their boundaries and needs? Or does one party misuse the other's vulnerability?*
- *In some cases, the dual nature of the relationship may be beneficial from a clinical standpoint. For example, if the Recovery Support Professional and the person being helped are colleagues in the mental health field, they may be interested in exploring certain techniques together. This exploration could prove useful for both parties so long as guidelines are agreed upon ahead of time.*
- *In other cases, the dual relationship can be a detriment to the relationship. A dual relationship is more likely to be harmful when:*
- *There is a lack of objectivity.*

  Example: A Recovery Support Professional may treat an influencer they follow on social media. Their admiration of the person may skew their clinical judgment.

- *The boundary between roles is unclear.*

  Example: If a person being helped and Recovery Support Professional are friends, they may inadvertently begin to discuss issues outside the office.

- *There aren't any guidelines for when therapy will end.*

  Example: A person may be reluctant to terminate services with a Recovery Support Professional for fear of awkward encounters later as they are both in the same chess club or their children are in the same circle of activities and friends.

- *The difference in power makes it easy for the Recovery Support Professional to potentially harm the person.*

  Example: The Recovery Support Professional is also the person's teacher and can give the person a bad grade..

- *Sexual dual relationship: The Recovery Support Professional and client are engaged in a sexual and/or romantic relationship.*

SEXUAL DUAL RELATIONSHIPS ARE NOT ACCEPTABLE!

Self-disclosure

- Help and a hindrance
- It is important to know when to disclose and how much
- Before sharing any information

  - ask yourself-

1) Will sharing the information help the person or me more?
2) Is it true, honest, kind?

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Explanation

- *Self-disclosure can be a help and a hindrance when working with those in recovery.*
- *It is important to know when to disclose and how much.*
- *Will sharing the information*

  help the person or me more? Is it true, honest, kind?
- *To begin working with someone and tell your story before they even have a chance to share their story could imply that you are more interested in yourself them that person. The focus should always be on the recovering individuals.*
- *For example, if a person you are working with asks you about the last time you had a return to use, rather than giving the details of what happened, focus on what you learned from the experience and what the person could apply in their life from your take away lessons.*

Professional Ethics and Boundaries

- “Ethics” are the non-negotiable rules that guide a profession
- In this course we will use the "Code of Ethics for Recovery Support Professionals" that appears in the Appendix

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Explanation

- *“Ethics” are The non-negotiable rules that guide a profession.*
- *In this course we will use the "Code of Ethics for Recovery Support Professionals" that appears in the Appendix.*
- *Let’s take a look at the document*

Boundary Violations

Boundary violations are any behavior or interaction which:

- Damages a person being helped, the Recovery Support Professional, and/or the interaction
- Leads to victimization and/or exploitation of the person being helped by a Recovery Support Professional
- Leads to betrayal of trust

✓ Preservation of boundaries need not be seen as a barrier to the relationship, but rather as a way to facilitate it.

✓ Maintaining boundaries protects the safe space in the relationship thereby enhancing the building of the trust which is essential to enable person being helped to reveal his/her needs.

adapted from MINNESOTA BOARD OF NURSING, January 2000

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Explanation

Boundary violations are any behavior or interaction which:

- *Damages a client, a professional, and/or the professional interaction*
- *Leads to victimization and/or exploitation of a person by a Recovery Support Professional; and also leads to betrayal of the sacred covenant of trust.*
- *A boundary violation occurs when a Recovery Support Professional, consciously or unconsciously, uses the peer-person relationship to meet personal needs rather than the needs of the person being helped.*
- *Boundary violations can be harmful to both the person and the Recovery Support Professional. The ramifications can be widespread.*
- *Preservation of boundaries need not be seen as a barrier to the professional relationship, but rather as a way to facilitate it.*
- *Maintaining boundaries protects the safe space in the relationship thereby enhancing the building of the trust which is essential to enable the person being helped to reveal this or her needs.*

Small-group Exercise: Boundary Violations

- Please divide into groups and complete the following: Discuss the case. What is the boundary issue? What are the options to address it?
  - Group 1: A Recovery Support Professional was overheard telling a person newly in recovery that he is weak, has no will power and needs to shut up and listen to him. His was and is the only way.
  - Group 2: A person in recovery comes to you to complain about her Recovery Support Professional. She says that the Recovery Support Professional is too touchy, she hugs her, puts her hand on her shoulder and tries to whisper things in her ear about how proud she is of her.
  - Group 3: A Recovery Support Professional runs out of gas on the way to visit a person he is helping. He calls the person to let him know why he is late. The person then offers to come get the Recovery Support Professional and bring him gas money. The Recovery Support Professional agrees and thanks him for coming quickly.

Cont.

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Explanation

- *Group 1: A Recovery Support Professional was overheard telling a person newly in recovery that he is weak, has no will power and needs to shut up and listen to him. His was and is the only way.*
- *Group 2: A person in recovery comes to you to complain about her Recovery Support Professional. She says that the Recovery Support Professional is too touchy, she hugs her, puts her hand on her shoulder and tires to whisper things in her ear about how proud she is of her.*
- *Group 3: A Recovery Support Professional runs out of gas on the way to visit a person he is helping. He calls the person to let him know why he is late. The person then offers to come get the Recovery Support Professional and bring him gas money. The Recovery Support Professional agrees and thanks him for coming quickly.*

Small-group Exercise: Boundary Violations

- Group 4: A person is applying to be a Recovery Support Professional in the organization where she received treatment 5 years before. The person who interviews her and who would be her supervisor is the therapist she had in treatment.
- Group 5: A person who has been in recovery finds out that it will be her Recovery Support Professional's birthday and gets the other people being helped by the Recovery Support Professional to give her a surprise birthday party at an expensive restaurant. They know her partner likes wine so they make sure several special bottles are there.

➢ Take 15 minutes to complete the exercise and 5 minutes to report to the entire group

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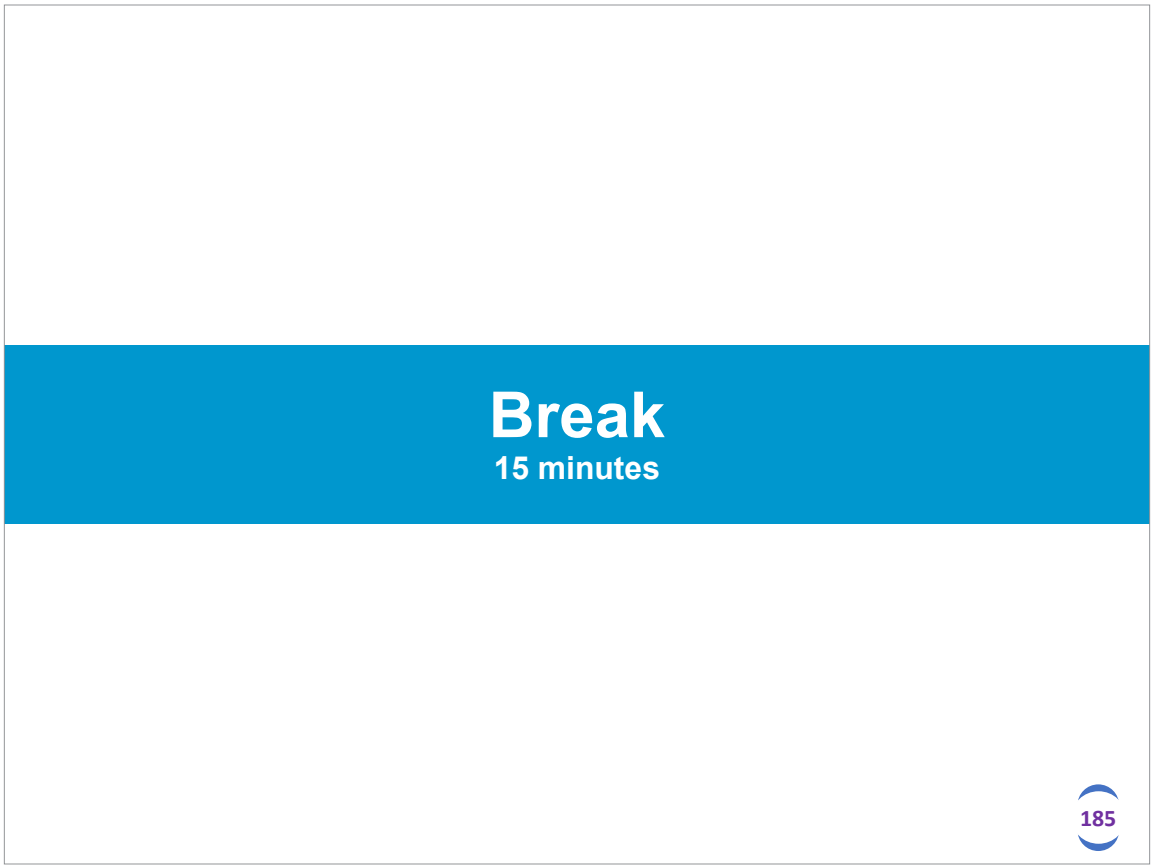
Explanation

- *Group 4: A person is applying to be a Recovery Support Professional in the organization where she received treatment 5 years before. The person who interviews her and who would be her supervisor is the therapist she had in treatment.*
- *Group 5: A person who has been in recovery finds out that it will be her Recovery Support Professional's birthday and gets the other people being helped by the Recovery Support Professional to give her a surprise birthday party at an expensive restaurant. They know her partner likes wine so they make sure several special bottles are there.*



Explanation

At this point in our training, let's take a break. Please return in 15 minutes so we can stay on track and be respectful of your time and the time of our other training participants.

Some Warning Signs of Boundary Violations

The following are some of the warning signs of boundary violations:

- Choosing sides or making exceptions
- Keeping secrets
- Giving or receiving gifts or borrowing or lending money
- Feeling as if only you can help or care
- Feeling responsible for a client's progress or failure
- "Owning" a person's successes or failures
- Confiding personal or professional issues or troubles

REMINDERs:

- Separate your personal recovery from your work as a Recovery Support Professional
- Never sponsor anyone you are helping as a Recovery Support Professional
- Limit self-disclosure
- Avoid dual relationships – blending the recovery support professional relationship with another

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Explanation

Although not an exhaustive list, the following are some of the warning signs of boundary violation,

- *Choosing sides among those you are helping*
- *Making exceptions for those you are helping*
- *Keeping secrets*
- *Giving or receiving gifts*
- *Borrowing or lending money*
- *Feeling as if no one other than you have interest in the person you are helping*
- *Feeling as if no one but you will be able to assist the person who are helping*
- *Feeling responsible for a client's progress or failure*
- *"Owning" a person's success's or failure's*
- *Confiding personal or professional issues or troubles*

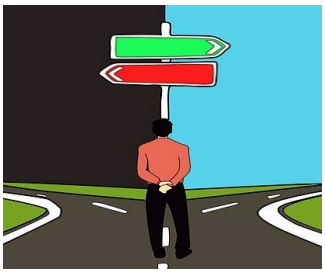
Reminders:

- *Separate your personal recovery from recovery work*
- *Never sponsor anyone you are helping as a Recovery Support Professional*
- *Self-disclose only for the purpose of helping the person seeking recovery*
- *Avoid dual relationships – blending the recovery support relationship with another*

Boundary Violations- Clear Rules

The Recovery Support Professional relationship with the person seeking or in recovery should be therapeutic and professional in nature.

The relationship should never include:



- Physical Abuse
- Psychological Abuse
- Neglect
- Exploitation

It is not appropriate for you to:

- Develop social relationships with those that you provide services to
- Provide services to a person from a pre-existing social relationship
- Discuss work concerns /issues with people you are helping
- Form social or business relationships with current or past people you have helped

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Explanation

- *A Recovery Support Professional's relationship with people he or she is helping should be therapeutic and professional in nature. In order to protect the welfare of person being helped, a Recovery Support Professional should adhere to professional standards and preserve the public image and integrity of the field and the position.*

The relationship should never include:

- *Physical Abuse*
- *Psychological Abuse*
- *Neglect*
- *Exploitation*

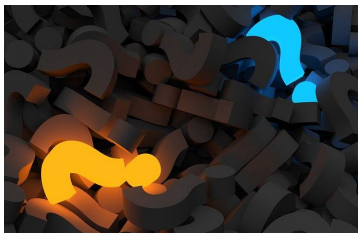
It is not appropriate for you to:

- *Develop social relationships with those that you provide services to.*
- *Provide services to a person from a pre-existing social relationship*
- *Discuss work concerns /issues with people you are helping*
- *Form social or business relationships with current or past people you have helped.*

Questions to Ask About Boundary Violations

If you are unsure about your interactions, try asking yourself the following questions:

- Is the relationship in the person's best interest?
- Is this something that other ethically-minded Recovery Support Professionals would do?
- Can this affect my objectivity in providing care?
- Will this cause confusion in my role?
- How would this appear to others?
- How does this appear to the person I am helping?
- Is this decision making me uncomfortable?



https://www.drugabuse.gov/publications/principles-drug-addiction-treatment-research-based-guide-third-edition/principles-effective-treatment

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Explanation

If you are unsure about your interactions try asking yourself the following questions:

- *Is the relationship in the person's best interest?*
- *Is this something that other Recovery Support Professionals would do?*
- *Can this affect my objectivity in providing care?*
- *Will this cause confusion in my role?*
- *How would this appear to others?*
- *How does this appear to the person you are helping?*
- *Is this decision making me uncomfortable?*

Trouble-Shooting Problem Spots: Time

- When, where, and how often you meet with the person you are working with can be a troublesome issue.
- If it feels wrong, it probably is. Ask yourself the following questions to help clarify the situation:
  - How much time am I spending with the person?
  - Does it vary from the time that is spent with other people?
  - Am I spending “off duty” time with the person?

https://www.drugabuse.gov/publications/principles-drug-addiction-treatment-research-based-guide-third-edition/principles-effective-treatment

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Explanation

When, where, and how often you meet with a client can be a troublesome issue. If it feels wrong, it probably is.

Ask yourself the following questions to help clarify the situation:

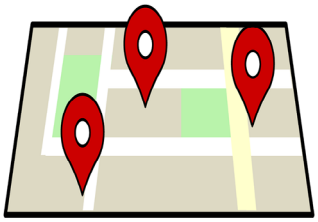
- *How much time am I spending with a client?*
- *Does it vary from the time that spent with other clients?*
- *Am I spending “off duty” time with the client?*

Trouble-Shooting Problem Spots: Location

If a person you are helping wants to talk or meet somewhere other than an approved location, you're beginning to slide towards a questionable boundary as well as a possible policy violation.

Try asking:

- Is the location of the interaction appropriate to the relationship?
- Would you provide Recovery Support Professional services to other people at this location?
- Is there a legitimate need to meet?
- Have I made the meeting known to others and documented it?



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Explanation

- *If a person you are helping wants to talk or meet somewhere other than an approved location, you're beginning to slide towards a questionable boundary as well as a possible policy violation, try asking:*
- *Is the location of the interaction appropriate to the relationship?*
- *Would you provide Recovery Support Professional services to other people at this location?*
- *Is there is a legitimate need to meet?*
- *Have I made the meeting known to others and documented it?*

Trouble-Shooting Problem Spots: Gifts

- Does the gift giving create a sense of obligation on the part of you or the recipient?
- Do you do this routinely as part of your job, regardless of the age or gender of the person you are helping?
- Is the gift of a personal nature that would only be to or from a specific person?
- Is there a department or center policy regarding gifts?

https://www.drugabuse.gov/publications/principles-drug-addiction-treatment-research-based-guide-third-edition/principles-effective-treatment

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Explanation

- *Does the gift giving create a sense of obligation on the part of you or the recipient?*
- *Do you do this routinely as part of your job, regardless of the age or gender of the person you are helping?*
- *Is the gift of a personal nature that would only be to or from a specific person?*
- *Is there a department or center policy regarding gifts?*

Trouble-Shooting Problem Spots: Other Issues

- Most of the harm done to persons in recovery by Recovery Support Professionals is not intentional.
- Examples include:
  - Heavy confrontation
  - Unwelcome touch
  - Paternalism
  - Not providing an adequate amount of recovery
  - Biases – Based upon gender, race, religion,
  - Blind spots- Like our own issues

Ethical Considerations

There may be times when you are obligated to breach confidentiality (such as when a person is feeling suicidal)

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Explanation

- *Most of the harm done by Recovery Support Professionals to persons in recovery who they are trying to help is not intentional. Examples include:*
- *Heavy confrontation. The substance use disorder treatment field has a long history of using heavy confrontation to "break denial." Research indicates that the use of heavy confrontation can lead to premature termination of services, heavier substance use, and can traumatize persons seeking recovery who have histories of trauma.*
- *Unwelcome touch. Frequent hugs between those helping and those being helped. As a large percentage of persons seeking recovery have histories of trauma, unwelcome touch by Recovery Support Professionals can be re-traumatizing.*
- *Paternalism. Some in the treatment and recovery field talk about establishing a relationship with persons seeking recovery that resembles the parent-child relationship. Where there is paternalism there is a differential of power. With this type of relationship the person seeking recovery does not have a voice in recovery planning. He/she is therefore disempowered to change.*
- *Not providing an adequate amount of recovery support. Research reveals that persons seeking recovery need 90 days of continuous recovery support in order to be launched on the pathway of recovery. Providing fewer than 90 days of recovery support can unintentionally harm persons seeking recovery.*

- *Biases. The biases of Recovery Support Professionals based upon gender, race, religion, sexual orientation, drug of use, etc., can inadvertently harm persons seeking recovery. It is important for Recovery Support Professionals to be aware of their biases and strive to ensure that those biases do not negatively affect the relationship. Seeking supervision may be one way Recovery Support Professionals can talk about some of their biases to help ensure that they do not negatively affect the person seeking recovery.*
- *Blind spots. Blind spots are things about the Recovery Support Professional that he/she cannot see; however, others may be aware of the Recovery Support Professional's blind spots. Some blind sports include-*
- *The need to control and fix everything as well as perfectionism and the need to assume too much responsibility for person seeking recovery to change.*
- *Childhood abandonment, which preceded the use disorder and recovery. When it is time for the Recovery Support Professional relationship to end; some specialists have difficulty with relationship endings because it triggers their own abandonment issues. Seeking supervision or personal counseling can help the Recovery Support Professionals with this issue.*
- *Strong need for approval from person seeking recovery.*
- *Rescue fantasies. Recovery Support Professional believes that he/she can save the whole world!*

Ethical Considerations can be tricky – knowing when to say something or not say something. There may be times when you are obligated to breach confidentiality such as when a person is feeling suicidal or says they want to harm someone else. Seek supervision immediately when that occurs.

EXERCISE
Trouble-Shooting Problem Spots

- Please divide into 5 groups and discuss the following questions and then present a summary of your discussion to the larger group.
- Provide some additional examples of the trouble spots.
  - ✓ What are some specific ways when you know that you are working for the benefit of the person seeking recovery and when you are working for your own benefit?
  - ✓ As a Recovery Support Professional, what frustrates you the most? What types of people do you have the hardest time working with?
  - ✓ What are some ways to overcome trouble spots?
- Take 15 minutes for discussion and 5 minutes for a summary

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Explanation

- *Please divide into 5 groups and discuss the following questions and then present a summary of your discussion to the larger group.*
- *Provide some additional examples of the trouble spots.*
- *What are some specific ways when you know that you are working for the benefit of the person seeking recovery and when you are working for your own benefit?*
- *As a Recovery Support Professional, what frustrates you the most? What types of people do you have the hardest time working with?*
- *What are some ways to overcome trouble spots?*

Tips for Trouble-Shooting Problem Spots

- Professional feedback – colleagues may be aware of your blind spots
- Supervision
- Mutual aid groups
- Practicing acts of self-care:
  - Separating personal recovery from recovery work with others
  - Taking regular breaks and lunch at work
  - Going home on time / not over-working
  - Honoring plans for mental, emotional, physical, social, and spiritual growth

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Explanation

- *Giving and seeking peer feedback can be invaluable. At all times, if you are unsure about a situation or confused about whether an interaction could be interpreted as a boundary violation you always should consult your supervisor, refer to the code of Ethics, and consult other clinical colleagues*
- *Supervision. Supervisors can be helpful in helping you become a better Recovery Support Professional, helping you remember to practice acts of self-care, strive for a balanced life, and address frustrations in your role*
- *Mutual aid groups. having a great day in your role as a Recovery Support Professional is not a substitute for working on your own personal recovery. Attending their own mutual aid groups helps ensure that Recovery Support Professionals will maintain their own personal recovery while helping others recover.*
- *Practicing acts of self-care guards against burnout and compassion fatigue which could lead to under-involvement with persons seeking recovery. Acts of self-care can include:*
- *Separating personal recovery from recovery work with others*
- *Taking regular breaks and lunch at work*
- *Going home on time / not over-working*
- *Having a balanced life*
- *Remember… It is never a good idea to ignore a situation or interaction and just hope all works out.*

Navigating Problem Spots

A set of universal values can be helpful as a framework for ethical decision making and navigating complex situations:

- Recovery
- Capability
- Credibility
- Loyalty
- Tolerance
- Protection
- Gratitude and Service
- Honesty
- Fidelity
- Hope
- Autonomy and Choice
- Advocacy
- Use of Self
- Authenticity of Voice
- Humility
- Dignity and Respect
- Discretion
- Stewardship

White W. Journal of Substance Abuse Treatment 33 (2007) 229–241

195

Explanation

Having a framework of values can help guide ethical decision making and help navigate through tricky boundary issues.

Components of the ethical framework include:

- *Recovery: All service hinges on personal recovery.*
- *Gratitude and Service: Carry hope to individuals, families, and communities.*
- *Use of Self: Know thyself. Be the face of recovery. Tell your story and know when to use it.*
- *Capability: Improve yourself. Give your best.*
- *Honesty: Tell the truth. Separate fact from opinion. When wrong, admit it*
- *Authenticity of Voice: Represent accurately your recovery experience and the role from which you are speaking*
- *Credibility: Walk what you talk.*
- *Fidelity: Keep your promises.*
- *Humility: Work within the limitations of your experience and role.*
- *Loyalty: Don't give up. Offer multiple chances.*

- *Hope: Offer yourself and others as living proof. Focus on the positive—strengths, assets, and possibilities—rather than problems and pathology.*
- *Dignity and Respect: Express compassion. Accept imperfection. Honor each person's potential.*
- *Tolerance: "The roads to recovery are many" (Wilson, 1944). Learn about diverse pathways and styles of recovery*
- *Autonomy and Choice: Recovery is voluntary. It must be chosen. Enhance choices and the making of choices.*
- *Discretion: Respect privacy. Don't gossip.*
- *Protection: Do no harm. Do not exploit. Protect yourself and others. Avoid conflicts of interest.*
- *Advocacy: Challenge injustice. Be a voice for the voiceless. Empower others to speak.*
- *Stewardship: Use resources wisely*

Boundaries, Ethics and Social Media: What is a Recovery Support Professional to Do?

- Social Media comes in many forms and is evolving
- There are Cross platform/device issue concerns around:
  - Confidentiality
  - Multiple Relationships
  - Informed Consent
  - Minimizing Intrusions on Privacy

https://www.onlinetherapyinstitute.com/ethical-framework-for-the-use-of-social-media-by-mental-health-professionals/

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Explanation

Recovery Support Professionals are in a unique role when it comes to navigating boundaries, ethics and social media with those with whom they work. When hired by treatment or recovery organizations, it is important that Recovery Support Professionals follow the policies of the particular organization. If there are not policies in place, they need to be created by the organization to avoid harm to staff and those who are receiving care for substance use disorders.

- ***Confidentiality:*** *Recovery Support Professionals understand that it is their primary obligation to protect the confidentiality of those with whom they work and they understand that this means they must also protect confidential information stored in any medium/device/platform.*

  For example- if a person in recovery from substance use disorders texts the Recovery Support Professional. That text must be protected and treated as personal health information.

- ***Multiple Relationships:*** *Practitioners of all types working in substance use disorders need to refrain from entering into any multiple relationships when these relationships could reasonably be expected to impair objectivity, competency, or effectiveness in performing clinical functions or if they pose any risk of exploitation or harm to those with whom we enter into these relationships. This is why Recovery Support*

Professionals cannot be sponsors of those they are helping to support in recovery. It also means great care should be taken in being social media "friends"- even that term blurs the boundaries of the Recovery Support Professional and the person they are helping in recovery.

- ***Informed Consent:*** *When practitioners provide services in person or via electronic means, they obtain the informed consent of the individual or individuals using their services as early in treatment as is feasible. Informed consent includes how to contact each other such as text, social media platforms. There needs to be a discussion about how those methods have pros (e.g., ease of contact) and cons (e.g., not secure and can be over-used).*
- ***Minimizing Intrusions on Privacy:*** *Recovery Support Professionals should not discuss confidential information on status updates, social media or on their social networking profiles. Discuss confidential material only for appropriate scientific or professional purposes and only with persons who are clearly related to their work (e.g. supervision that is documented and that takes place in private settings, not publicly archived settings). For example- re-posting that one of your Recovery Support Professional individuals that you are supporting in recovery has been drug free for a year would be a violation of privacy.*
- ***Documenting and Maintaining Records:*** *Practitioners including Recovery Support Professionals create, maintain, and store records related to their work in order to facilitate care by them of those who are in recovery from substance use disorders and to ensure compliance with legal requirements. Any communication with those you are providing care to or about those you are caring for can be considered personal health information and parts of a medical record chart. The program or agency you work for needs to have a policy about how to handle such data.*

Boundaries, Ethics and Social Media: What is A Recovery Support Professional to Do? (cont.)

- Personal vs. professional behavior on the web for Recovery Support Professionals
- "Friend" and "follow" requests
- Search Engines
- Interacting using email, SMS, @replies and other on-site messaging systems
- Location-based services
- Online support

https://www.onlinetherapyinstitute.com/ethical-framework-for-the-use-of-social-media-by-mental-health-professionals/

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Explanation

There are many social media interactions which relate to ethical principles that Recovery Support Professionals need to deal with. These include:

- ***Personal vs. professional behavior on the web for practitioners:*** *Recovery Support Professionals need to be aware of the implications of discussing any issues about the people they provide care to for recovery within their own person social networks in Tweets, status updates, and blog posts, and they are aware that messages may be read by wide networks of non-professionals. It is also possible that even masked data may provide enough detail to potentially identify a person with whom you work (e.g., a social media posit saying you are attending a 6 month recovery celebration at 113 Ria Rd may let others know who lives there and who you are working with).*

  Recovery Support Professionals need to understand that messages posted on personal and professional networks may be archived and seen by other parties to whom they are not authorized to release confidential information, and they adjust their behavior accordingly.

- ***Friend and follow requests:*** *Recovery Support Professionals are mindful of the ways that connecting with those they help for recovery from substance use disorders on social networks may potentially compromise the person's confidentiality or may create multiple relationships with people with whom we have already established one type of professional relationship.*

- ***Search Engines:*** *Recovery Support Professionals need to inform those whose recovery they are supporting whether they utilize search engines as a standard means of collecting the person's information, whether this is done routinely as part of care, or whether there are particular circumstances (i.e., emergencies) in which they may obtain this information. Recovery Support Professionals needs to document such activity in the person's chart if this is an aspect of providing clinical care and/or assessment.*
- ***Interacting using email, SMS, @replies, and other on-site messaging systems:*** *Recovery Support Professionals need to be aware that third-party services that offer direct messaging often provide limited security and privacy. Thus, remain aware that communicating on such systems with those you are in charge of caring for may expose confidential client data to third parties.*

  Recovery Support Professionals inform those they work with at the beginning of care about appropriate ways to contact them and let them know that if they choose to send messages on these networks and that these messages may be intercepted by others.

  Practitioners are aware that all messages exchanged with those they care for may become a part of the clinical and legal record, even when strictly related to housekeeping issues such as change of contact information or scheduling appointments. All therapeutic communication should offer encryption security or the equivalent. Practitioners should define the record according to the laws of their jurisdiction and according to their defined professional scope of practice.
- ***Location-based services (LBS):*** *Recovery Support Professionals need to be aware that placing their businesses as check-in points on LBS's may allow those with LBS-enabled devices to indicate when they are visiting their offices. Practitioners understand that this may compromise privacy and they need to let everyone they care for know of this potential exposure.*
- ***Online support:*** *If Recovery Support Professionals are providing tele-services via text-based or video chat, they need to be aware of additional ethical requirements related to these types of care such as encryption.*

SUMMARY
Module 3 Learning Objectives

- Define and determine boundaries for Recovery Support Professionals
- Articulate at least three ways to effectively address common boundary issues experienced by Recovery Support Professionals

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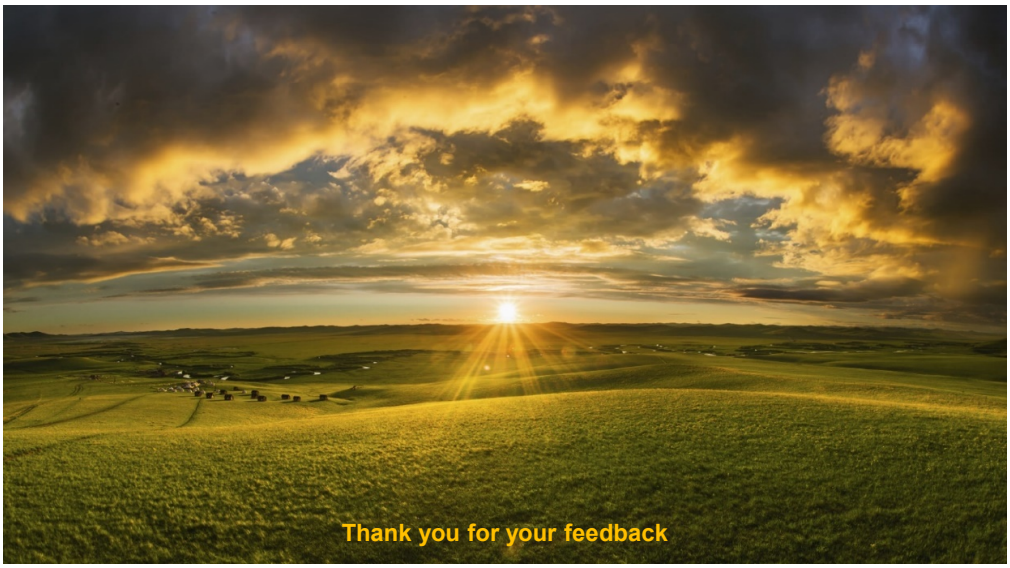
Explanation

- *As noted on the slide, the first learning objective is to define and determine boundaries for Recovery Support Professionals*
- *Boundaries are firm limits that do not move. They are the unseen lines that you won't cross. The are often undefined physical and emotional distances. Boundaries require the use of good judgment.*
- *The second learning objective is to articulate at least three ways to effectively address common boundary issues experienced by Recovery Support Professionals*
- *Peer feedback – peers may be aware of your blind spots; supervision, mutual aid groups and practicing acts of self-care as well as communication are good ways to address issues.*

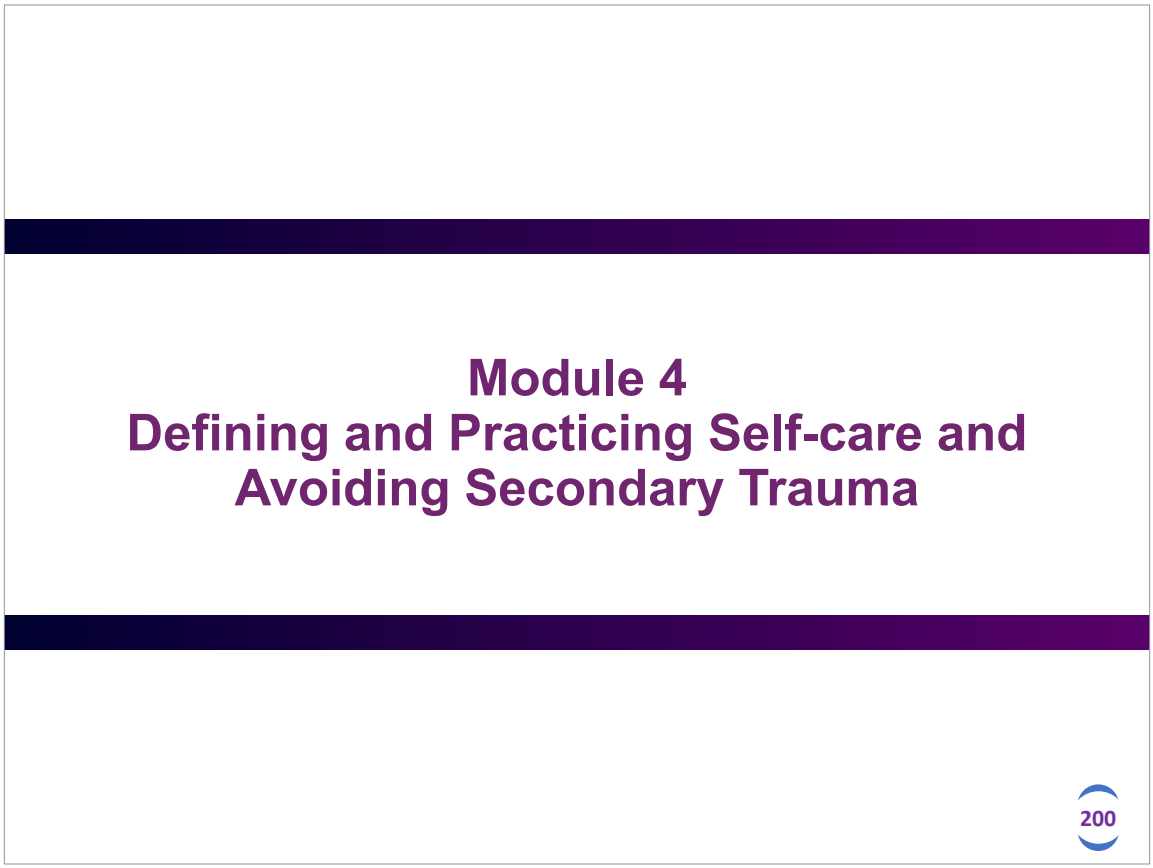
Day 3 Wrap-Up



199

Explanation

- *Thank you for your time and attention today as well as your dynamic participation.*
- *Please make sure that you take the time to let us know any feedback that can be used to improve the overall course..*



Explanation

Now we will turn to looking at how to define self-care, ways to practice it, and how to avoid secondary trauma. Secondary trauma is also known as vicarious trauma. That is the second-hand way of experiencing the harm that others experience directly.

Module 4 Learning Objectives

- Demonstrate the teaching of what trauma is and why it is important to understand when working as a Recovery Support Professional
- Define secondary/vicarious trauma and why it matters for Recovery Support Professionals
- Articulate at least three ways of addressing vicarious trauma
- Develop a self-care plan

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Explanation

- *As noted on the slide, the first learning objective is to demonstrate the teaching of what trauma is and why it is important to understand when working as a Recovery Support Professional*
- *For our second objective, define vicarious trauma and why it matters for Recovery Support Professionals*
- *For the third objective, articulate at least three ways of addressing vicarious trauma*
- *The final learning objective is to develop a self-care plan*

Original Definition of "Trauma" Has Expanded

- The word "Trauma" originally referred to a physical wound
- The original definition of trauma has expanded
- People tend to refer to a traumatic event as being:
  - Fear-inducing
  - Painful
  - Dangerous or violent
- Trauma can evoke anger, sadness, guilt and shame

(Oxford English Dictionary, 6th Ed.; SAMHSA)

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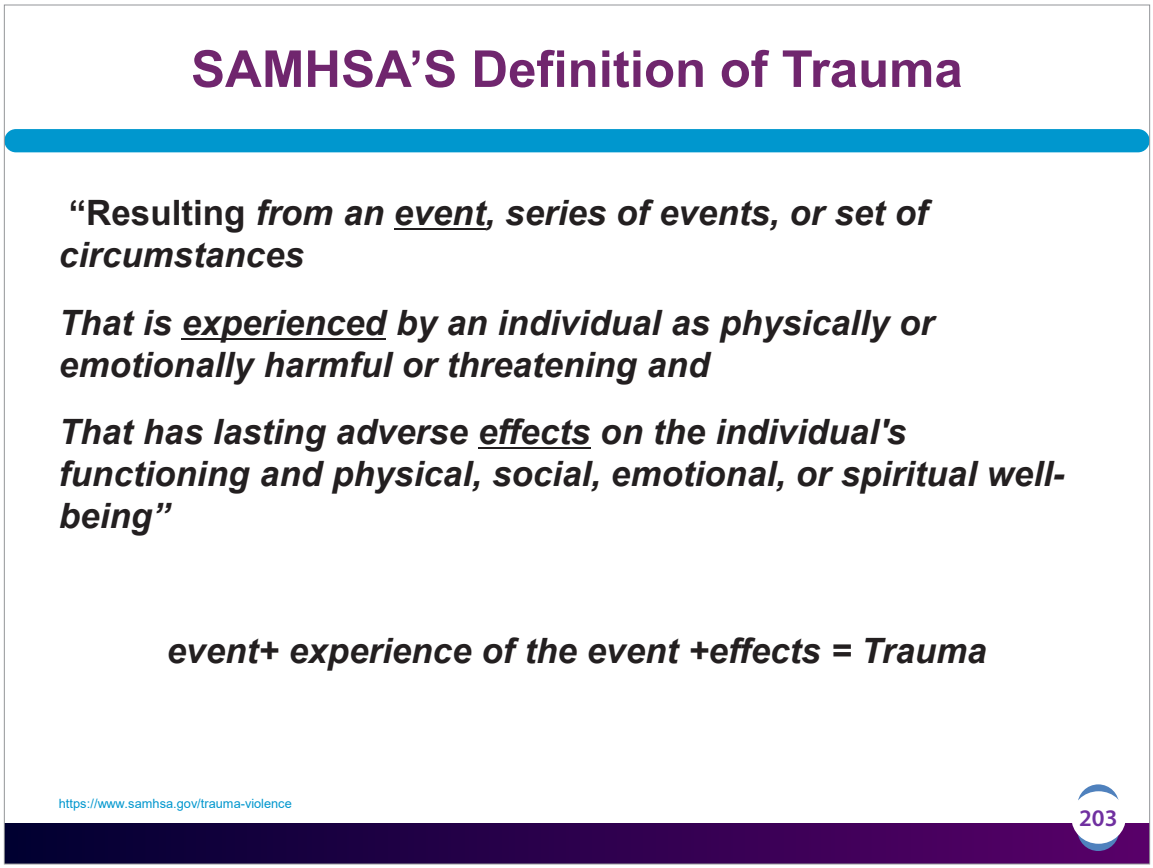
Explanation

- *The word trauma originally meant a physical wound, and in medicine this is still the common usage (usually sudden and severe bodily wounds or injuries)*
- *The definition has expanded over time to include both internal and external injuries, physical and emotional wounds, and general distress or disturbance. It is important to remember that trauma can evoke emotions and feelings such as anger, sadness, guilt and shame.*
- *In common usage people tend to refer to an event that is fear-inducing, painful, dangerous, or violent as "traumatic"*



Explanation

- *SAMHSA definition includes a wider range of events as traumas than the narrow older definition.*
- *Trauma can occur from a one-time event or a number of events*
- *These events are interpreted by the person as being harmful in some way*
- *And this perception of the events can have long lasting negative effects on the person's ability to live a full life*

Why is Trauma Important To Know About?

- It's important to know that dysfunctional behavior, which includes substance use, negative coping, avoidance, etc. can be related to trauma
- Such dysfunctional behaviors may have actually resulted from the original trauma
- In some instances, trauma can prevent certain skills from developing by producing a disruption to the natural flow of an individual's development
- As a Recovery Support Professional, your responsibility is NEVER to treat trauma, but rather to recognize where it might be present, and if appropriate, refer the person to the treatment team or to those clinically qualified to address trauma

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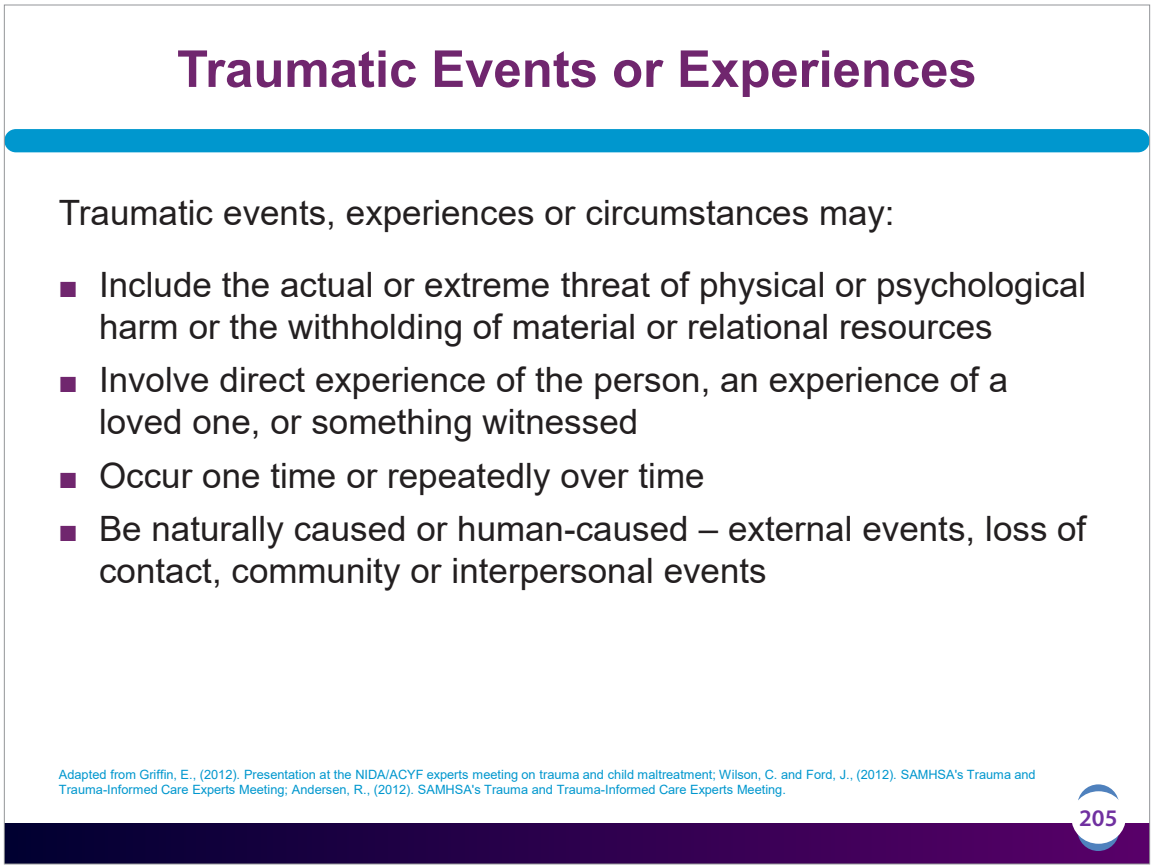
Explanation

- *It's important to know that dysfunctional behavior, which includes substance use, negative coping, avoidance, etc. --may have resulted from the original trauma and knowing what trauma is can help the Recovery Support Professionals understand what the person's behavior is telling them.*
- *Certain skills did not have the chance to develop because there is a disruption to the natural flow of development.*



Explanation

Traumatic events, experiences or circumstances may:

- *Include the actual or extreme threat of physical or psychological harm or the withholding of material or relational resources essential to healthy development.*
- *Be a direct experience of the person, an experience of a loved one, or something witnessed happening to someone else*
- *Occur one time (death of a loved one) or repeatedly over time (ongoing child abuse or interpersonal violence)*
- *Be naturally caused (earthquake) or human-caused (terrorist act; human-caused events can be intentional (rape) or unintentional (airplane crash due to equipment malfunction)*

Examples

External Events

- *Accident*
- *Fire and natural disaster (hurricane, earthquake, landslide, etc..)*
- *Living in or escaping from a war zone*
- *Act of terrorism*

Loss of contact

- *Death*
- *Separation*
- *Serious injury of a loved one*
- *Loss of friends or support system*

Community and Interpersonal Circumstances

- *Community violence (crime, assault)*
- *Violence within the family*
- *Abuse (physical, (emotional, &/or sexual)*
- *Neglect*
- *Homelessness*
- *Economic stress or poverty*
- *Food insecurity or hunger*

There are Three Types of Trauma

Acute trauma : A single traumatic event that is time-limited

Chronic trauma : Multiple traumatic events, which can be diverse and repeated, and/or frequent

Complex trauma : Chronic Trauma with two key attributes:

- Starts early, from age 0-5 years
- Usually inflicted by adults who are expected to care for the child

➢ *When trauma is experienced during childhood, the trauma has direct implication on adult functioning*

✓ These various types of trauma are not mutually exclusive

https://store.samhsa.gov/system/files/sma14-4884.pdf

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Explanation

Types of trauma have been categorized into three main types as follows:

- *Acute: A single traumatic event that is time limited such as natural or person made events. An example of an acute trauma is a car accident.*
- *Chronic trauma: Multiple traumatic events which can be diverse and repeated and/or frequent. An example of a chronic trauma is a person living in a domestic violence situation where they are repeatedly verbally and physically abused.*
- *Complex Trauma is chronic trauma with 2 key attributes: It starts early, from age 0-5 years and it is most often inflicted by adults who are expected to care for the child . When trauma is experienced from those who should be protecting and nurturing a child, it has radiating and long-reaching effects on the child into adulthood in the following areas:*
- *Attachment: children living through trauma experience the world as uncertain and unpredictable. They have relationships that has interchangeable boundaries and there is distrust and suspicion. They can become socially isolated and have challenges relating to and empathizing with others.*
- *Biology: They may have challenges with movement and sensation. They may be hypersensitive to physical contact and may be less sensitive to pain than others.*

They may have challenges with coordination, balance and body tone as well as physical complaints.

- *Mood regulation: they may not be able to moderate and control emotions- they may have challenges labeling and describing their feelings and internal states. They may work hard to communicate their wishes and desires to others.*
- *Dissociation: they feel detached as if they are out of their body, black out and observe themselves in an out of body feeling.*
- *Behavioral Control: poor impulse control, self-destructive behavior, aggression, sleep and eating issues*
- *Cognition: they have challenges focusing on and completing tasks in school as well as challenges in planning and anticipating future events.*
- *Self-concept- body image, low-self-esteem, shame and guilt*
- *An example of a complex trauma is when a child is neglected, not fed adequately, or is physically or sexually abused through childhood*

Experience of an Event

- The individual's ***experience*** of an event or circumstance as physically or emotionally harmful or threatening determines whether it is a traumatic event.
- How the event is experienced may be linked to a range of factors including:
  - cultural beliefs
  - availability of social supports
  - the developmental stage of the individual
  - a sense of humiliation, betrayal or silencing
  - a sense of no control in the situation

SAMHSA's Trauma and Trauma-Informed Care Experts Meeting; Andersen, R., (2012). SAMHSA's Trauma and Trauma-Informed Care Experts Meeting. Adapted from Griffin, E., (2012). Presentation at the NIDA/ACYF experts meeting on trauma and child maltreatment; Wilson, C. and Ford, J., (2012).

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Explanation

- *What is experienced as trauma for one person is not always experienced as trauma for another person.*
- *Experiencing an event as traumatic is linked to a range of factors, including cultural beliefs, social supports and developmental age/stage*
- *Many traumatic events or experiences are occurrences over which people feel that they have no control.*
- *In many situations, a sense of humiliation, betrayal, or silencing often shapes the experience of the event.*

Effects of Exposure to a Traumatic Event

- The memory of an event or experience experienced as traumatic can have lasting adverse effects on the individual's
  - functioning
  - physical
  - social
  - emotional
  - spiritual well-being
- Common effects include:
  - Emotional
  - Cognitive
  - Physical
  - Interpersonal

SAMHSA's Trauma and Trauma-Informed Care Experts Meeting; Andersen, R., (2012). SAMHSA's Trauma and Trauma-Informed Care Experts Meeting; National Center for PTSD, US Dept of Veterans Affairs, "Effects of Traumatic Stress after Mass Violence, Terror, or Disaster";

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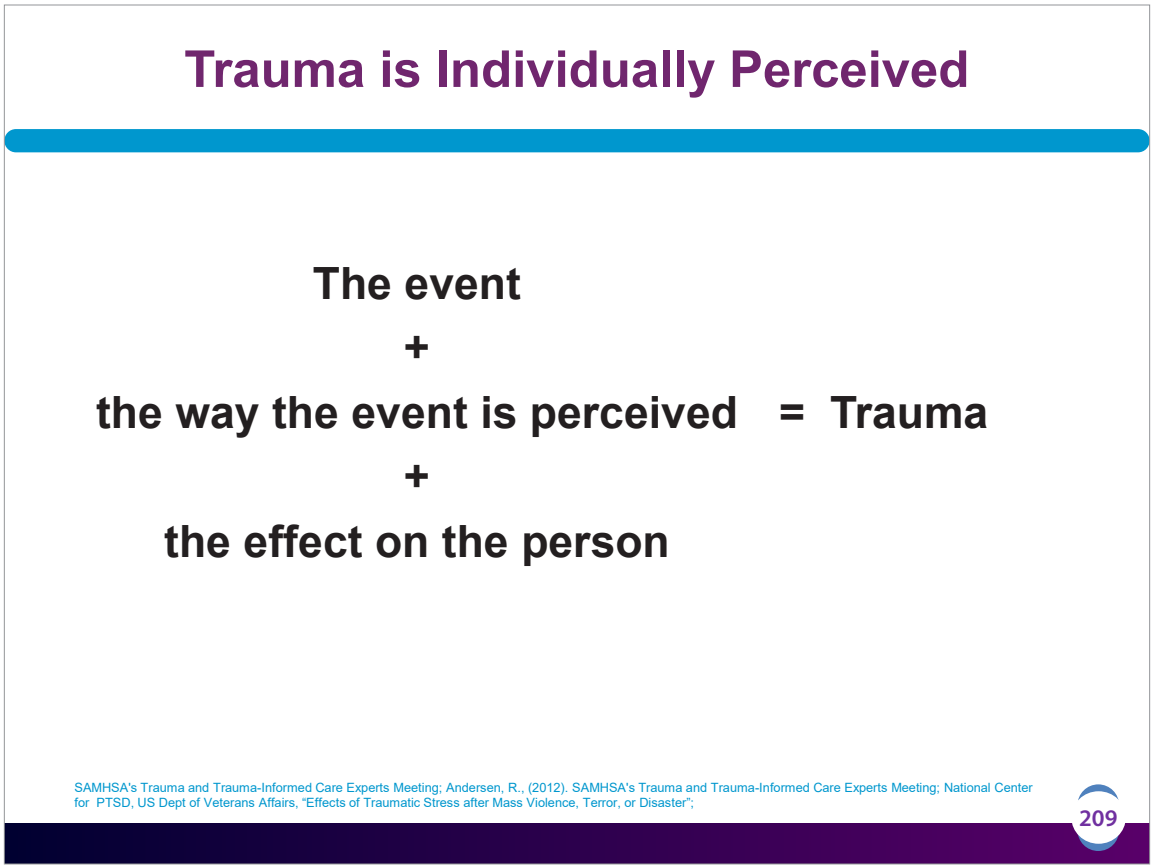
Explanation

- *The memory of an event or experience experienced as traumatic can have lasting adverse effects on the individual's overall functioning (e.g., ability to navigate through life in a healthy way that may manifest in reduced physical (e.g., ability to fight off illnesses), social (e.g., ability to get along well with others), emotional (e.g., ability to regulate emotions), or spiritual (e.g., loss of faith in a higher power) well-being.*
- *Common effects include:*
- *EMOTIONAL: shock, terror, irritability, anger, guilt, sadness, numbing, helplessness, etc..*
- *COGNITIVE: impaired concentration, decision making, and/or memory; confusion; nightmares; worry; etc..*
- *PHYSICAL: fatigue, insomnia, headaches, decreased appetite, hyperarousal, increased physical pain, etc..*
- *INTERPERSONAL: social withdrawal, increased relationship conflict, distrust, overprotectiveness, etc..*



Explanation

In summary, the definition of trauma is the event plus the way the person experiences the event and the effect that the experience has on the person. These factors all sum up to yield if the event is experienced as traumatic.

Prevalence of Trauma

- Approximately one half (50%) of all individuals will be exposed to at least one traumatic event in their lifetime
- Likelihood of exposure to different events varies tremendously by geographic areas
- Within countries and regions trauma exposure varies widely by gender, age, race/ethnicity, social class, and other attributes
- Worldwide, about 1/3 of girls ages 15 to 19 who have been in a formal union have been victims of abuse (physical, sexual and/or emotional) by their partner (spouse)

U.S. Department of Justice, Violence by Intimates: Analysis of Data on Crimes by Current or Former Spouses, Boyfriends, and Girlfriends, March 1998. The Commonwealth Fund, Health Concerns Across a Woman's Lifespan: 1998 Survey of Women's Health, 1999; UNICEF 2014; 2006 by Belsky & Jaffee

Themner and Wallensteen, 2014

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Explanation

- *Overall at least one-half of people will be exposed to at least one traumatic event*
- *Trauma rates vary widely by country, regions within countries, etc.. due to frequency of natural disasters, armed conflicts, disease outbreaks and other traumatic events*
- *At least 1 in 4 women experiences interpersonal violence in her lifetime (women = 85% of the victims, men = 15%).*
- *Physical punishment of children is more likely with caregivers who have little or no education, and/or who experience low socio-economic status. Example: in Yemen 51% of mothers with no formal education reported that it is necessary to use physical punishment to educate a child, compared to 21% with a secondary or higher education*
- *Estimates for the most severe forms of physical punishment for children vary by country. On average 17-20% of all children experience practices such as hitting on the head, ears, or face and hitting hard and repeatedly*
- *It is also important to note that verbal threats to children can be as traumatizing as the physical threat/abuse; - removing affection/ignoring a child can be traumatizing*

Intersection of Trauma and Substance Use

- Studies consistently show an association between trauma and substance use disorders
- Trauma is associated with:
  - Higher risk of later substance use
  - Substance use predisposing people to higher rates of trauma

SAMHSA, Tip 57-note that it often represents a secondary source for more information see the document itself for primary sources;. Oberleitner et al (2015) Impact of Exposure to Childhood Maltreatment on Transitions to Alcohol Dependence in Women and Men CHILD MALTREATMENT 20 (4) , 301-308

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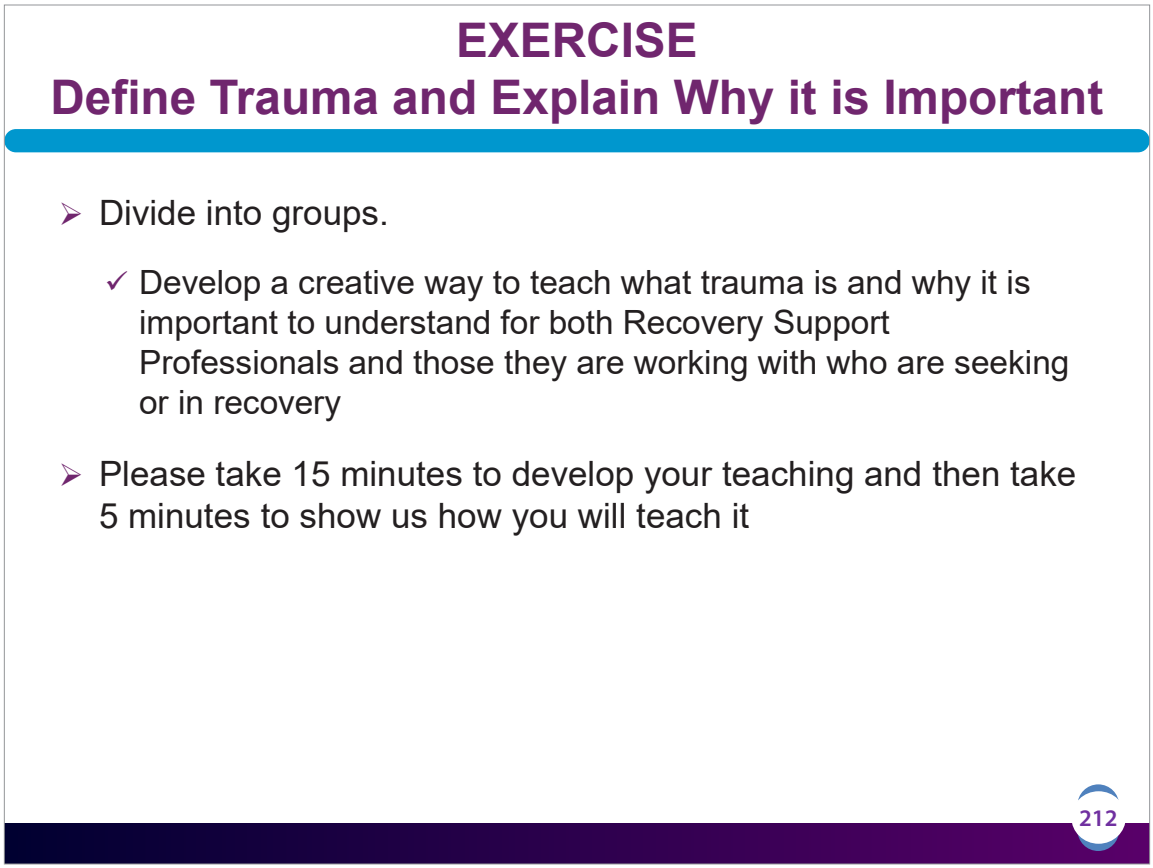
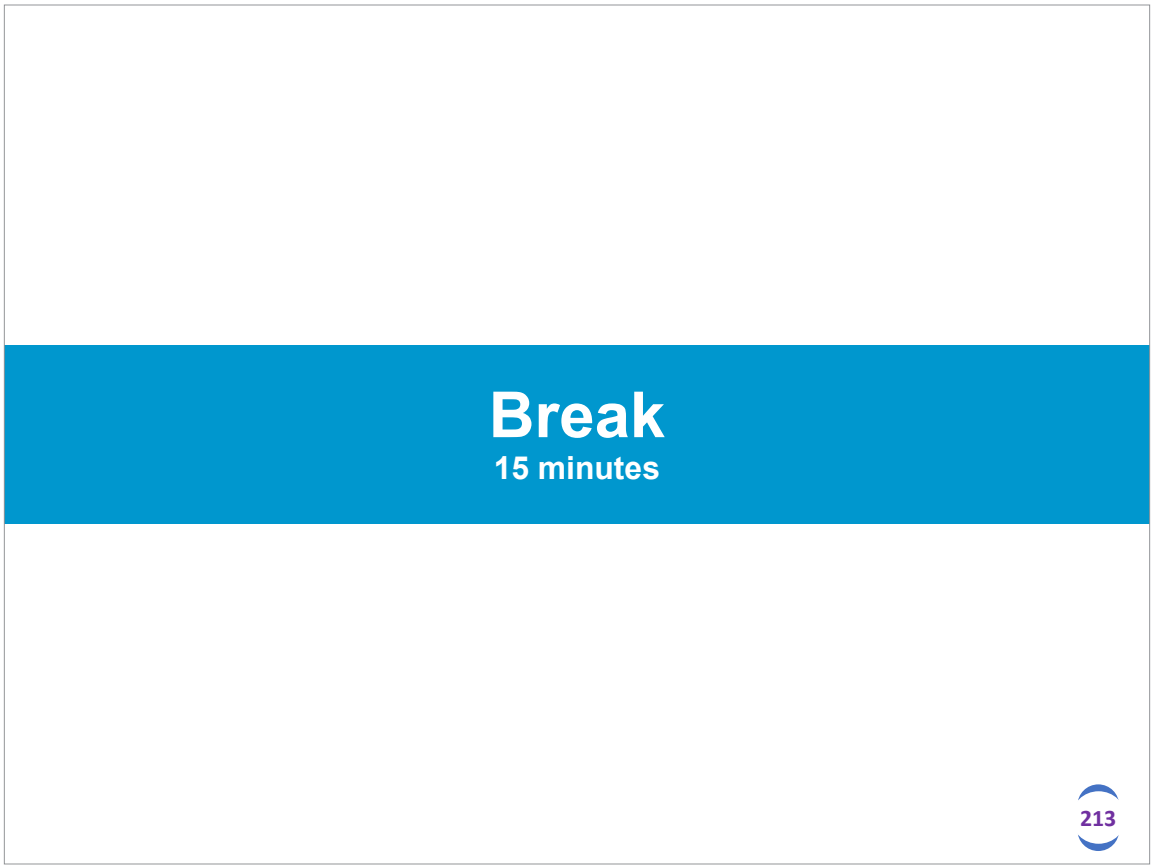
Explanation

- *Studies consistently show an association between trauma and substance use disorders, with trauma associated with a higher risk of later substance misuse, and substance misuse predisposing people to higher rates of trauma.*
- *Here are just a few examples of findings:*
  - *More than half of all women seeking treatment for substance use disorders report at least one lifetime trauma*
  - *People who experienced childhood maltreatment initiate drinking earlier than those who do not, and women who experienced childhood maltreatment have a shorter time period between drinking onset and alcohol dependence (telescoping)*
  - *People who abuse substances and have experienced trauma have worse treatment outcomes than those without trauma histories*



Explanation

- *Divide into groups.*
- *Develop a creative way to teach what trauma is and why it is important to understand for both Recovery Support Professionals and those they are working with who are seeking or in recovery*
- *Keep your discussion to 15 minutes, and be ready to report back to the whole group (5 minutes for reporting back).*



Explanation

At this point in our training, let's take a break. Please return in 15 minutes so we can stay on track and be respectful of your time and the time of our other training participants.

Vicarious Trauma Defined

Also known as “secondary trauma,” vicarious trauma is defined as:

“a trauma-related stress reaction and set of symptoms resulting from exposure to another individual’s traumatic experiences rather than from exposure directly to a traumatic event.”

Trauma-Informed Care in Behavioral Health Services. Treatment Improvement Protocol (TIP) Series, No. 57. Center for Substance Abuse Treatment (US). Rockville (MD): Substance Abuse and Mental Health Services Administration (US); 2014. Behind the Term: Trauma, SAMHSA’s National Registry of Evidence-based Programs and Practices, 2016; Cosden et al (2016) Vicarious trauma and vicarious posttraumatic growth among substance abuse treatment providers. Substance Abuse, 37(4): 619-624.

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Explanation

- *Secondary trauma (or vicarious trauma) is “a trauma related stress reaction and set of symptoms resulting from exposure to another individual’s traumatic experiences rather than from exposure directly to a traumatic event.”*
- *Often seen as the result of empathetic engagement with individuals who experienced trauma*
- *Leads to lower job satisfaction and more interest in leaving positions*
- *In one study of therapists, 15.2% reported secondary trauma symptoms, almost twice the rate of general population*

Vicarious Trauma in Recovery Support Professional Work

Vicarious Trauma

a state of tension and preoccupation with the stories/trauma experiences described by individuals being treated for SUD

This tension and preoccupation might be experienced by Recovery Support Professionals in several ways:

- avoiding talking or thinking about what the trauma-effected individual(s) have been talking about, almost being numb to it
- being in a persistent arousal state

Recovery Support Professionals should be aware of the signs and symptoms of vicarious trauma and the potential emotional effects of working with trauma survivors.

Please seek clinical supervision to help you care for yourself and those with whom you work when you notice vicarious trauma

https://store.samhsa.gov/system/files/sma14-4884.pdf

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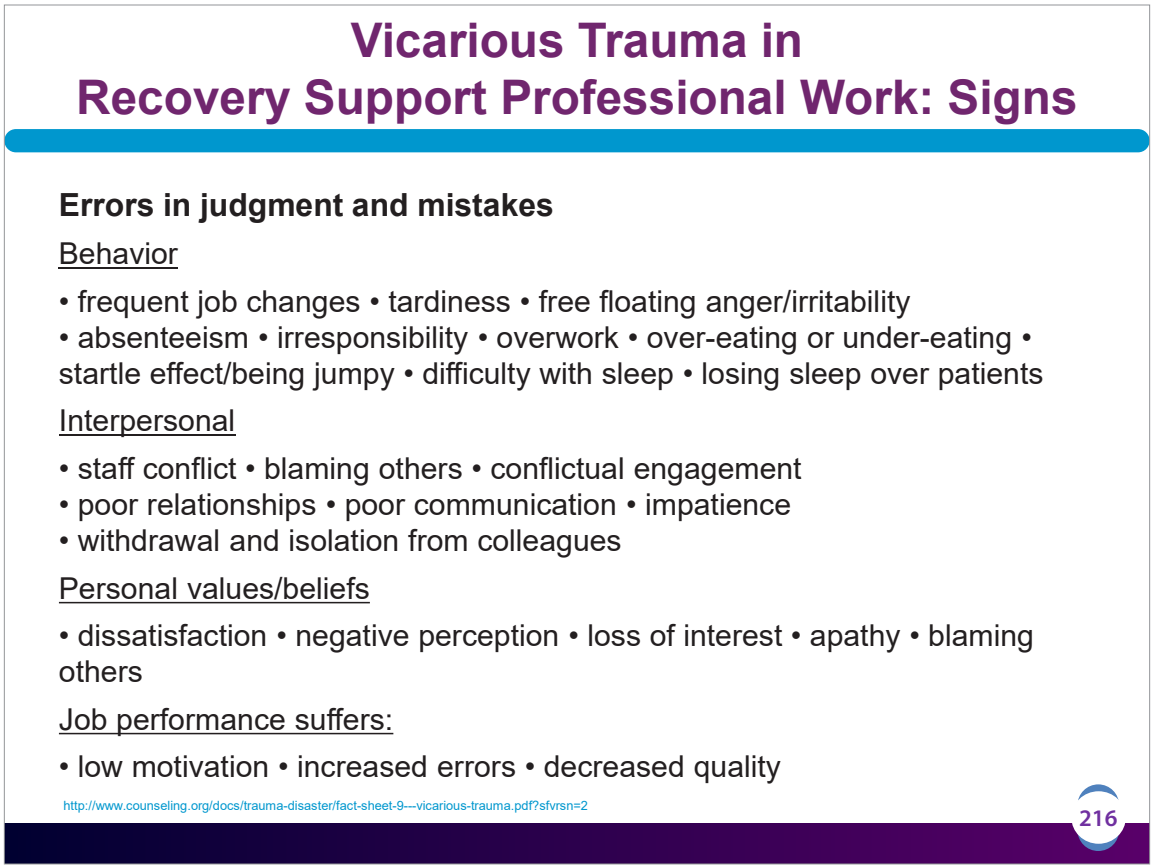
Explanation

Vicarious trauma, however, is a state of tension and preoccupation of the stories/ trauma experiences described by individuals. This tension and preoccupation might be experienced by counselors in several ways.

They might:

- *avoid talking or thinking about what the trauma effected individual(s) have been talking about, almost being numb to it*
- *be in a persistent arousal state*

be aware of the signs and symptoms of vicarious trauma and the potential emotional effects of working with trauma survivors.



Explanation

As we review this material, it is important to note that some of these issues may be general performance issues that may relate to various causes, not just vicarious trauma. For example, the behaviors may relate to other mental health problems, SUD, and/or personality disorders to name a few. Issues that are signs of vicarious trauma may not always be caused by vicarious trauma.

Signs and symptoms for Recovery Support Professionals:

• having difficulty talking about their feelings • free floating anger and/or irritation • startle effect/being jumpy • over-eating or under-eating • difficulty falling asleep and/or staying asleep • losing sleep over patients • worried that they are not doing enough for their individuals • dreaming about their individuals/their individuals' trauma experiences

• diminished joy toward things they once enjoyed • feeling trapped by their work • diminished feelings of satisfaction and personal accomplishment • dealing with intrusive thoughts of individuals with especially severe trauma histories • feelings of hopelessness associated with their work/individuals • blaming others

Vicarious trauma can impact professional performance and function, as well as result in errors in judgment and mistakes. Recovery Support Professionals may experience:

Behavior:

• frequent job changes • tardiness • free floating anger/irritability • absenteeism • irresponsibility • overwork • irritability

• exhaustion • talking to oneself (a critical symptom) • going out to avoid being alone • dropping out of community affairs • rejecting physical and emotional closeness

Interpersonal:

• staff conflict • blaming others • conflictual engagement • poor relationships • poor communication • impatience

• avoidance of working with individuals with trauma histories • lack of collaboration • withdrawal and isolation from colleagues • change in relationship with colleagues • difficulty having rewarding relationships

Personal values/beliefs:

• dissatisfaction • negative perception • loss of interest • apathy • blaming others • lack of appreciation • lack of interest and caring • detachment • hopelessness • low self image

• worried about not doing enough • questioning their frame of reference – identity, world view, and/or spirituality • Disruption in self-capacity (ability to maintain positive sense of self, ability to modulate strong affect, and/or ability to maintain an inner sense of connection) • Disruption in needs, beliefs and relationships (safety, trust, esteem, control, and intimacy)

Job performance:

• low motivation • increased errors • decreased quality

• avoidance of job responsibilities • over-involved in details/perfectionism • lack of flexibility Vicarious trauma can also impact personal life, such as relationships with family and friends, as well as health, both emotional and physical.

Symptoms of Vicarious Trauma

- Reduction in empathy toward individuals
- Psychological distress
- Cognitive shifts
- Frame of reference problems

Cosden et al (2016) Vicarious trauma and vicarious posttraumatic growth among substance abuse treatment providers. Substance Abuse, 37(4): 619-624. Trauma-Informed Care in Behavioral Health Services. Treatment Improvement Protocol (TIP) Series, No. 57. Center for Substance Abuse Treatment (US). Rockville (MD): Substance Abuse and Mental Health Services Administration (US); 2014. Behind the Term: Trauma, SAMHSA's National Registry of Evidence-based Programs and Practices, 2016

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Explanation

- *Reduction in empathy toward individuals*
- *Psychological distress (distressing emotions, intrusive imagery of individual's trauma, numbing or avoidance, sleep disturbance, headaches, physiological arousal, addictive/compulsive behavior, impaired functioning)*
- *Cognitive shifts: chronic suspicion, helplessness, loss of control, cynicism, blaming the victim, etc..*
- *Relational disturbances: distancing/detachment from individual, overidentification with individual, decreased intimacy or trust*
- *Frame of reference problems: disconnection from one's sense of identify, dramatic change in fundamental beliefs, loss of values or principles, loss of faith, existential despair*

Individual Risk Factors: Vicarious Trauma

- Personal history of trauma or other related disorders
- High caseloads of people with trauma histories
- Lack of training for working with trauma-exposed individuals
- Lack of tolerance for strong emotions
- Unhealthy coping styles

Cosden et al (2016) Vicarious trauma and vicarious posttraumatic growth among substance abuse treatment providers. Substance Abuse, 37(4): 619-624. Trauma-Informed Care in Behavioral Health Services. Treatment Improvement Protocol (TIP) Series, No. 57. Center for Substance Abuse Treatment (US). Rockville (MD): Substance Abuse and Mental Health Services Administration (US); 2014. Behind the Term: Trauma, SAMHSA's National Registry of Evidence-based Programs and Practices, 2016

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Explanation

- *Personal history of trauma or other disorders like a history of substance use or preexisting anxiety or mood disorders*
- *High caseloads of individuals with trauma histories*
- *Lack of training for working with trauma-exposed individuals which can include being younger and/or new to the field, or having less clinical experience*
- *Lack of tolerance for strong emotions- or not having the emotional tools to deal with strong emotions or unsteady emotions*
- *Unhealthy coping styles: distancing or detaching from individuals and co-workers, substance use, other addictive behaviors, lack of hobbies or recreational activities, lack of social support*

Organizational Risk Factors: Vicarious Trauma

- Lack of resources
- Lack of support from colleagues
- Lack of organizational acknowledgement of secondary trauma

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Explanation

- *Lack of resources for individuals or in terms of supervision for Recovery Support Professionals; being the only Recovery Support Professional*
- *Lack of support from colleagues not feeling like part of the team*
- *Lack of organizational acknowledgement of secondary trauma and its prevalence in organizations that treatment people with trauma histories*

Individual Protective Factors For Vicarious Trauma

- Older age
- Working in specialized programs
- Exhibiting personal autonomy at work
- Role clarity
- Professional autonomy
- Feeling of being fairly treated
- Access to regular clinical supervision

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Explanation

- *There are a number of factors that are protective from vicarious trauma.*
- *Such factors include: Increasing age that is also found to be associated with an increased risk of depersonalization as well as a heightened sense of personal accomplishment.*
- *Work-related factors of protection include role clarity, a sense of professional autonomy, a sense of being fairly treated, and access to regular clinical supervision. Working in specialist community teams, e.g., assertive outreach, crisis teams are less likely to have signs of vicarious trauma.*

EXERCISE
Identifying Vicarious Trauma

As a large group we will read the different cases and identify signs of vicarious trauma

- 15 minutes are devoted to the exercise
  - ✓ **Case 1**

    Stanford comes to you saying that he feels like quitting. He just cannot take the pressure anymore. He is not sleeping enough and is waking up thinking about this one person he works with who told him many intimate details about trauma and abuse. The details remind him of his own upbringing. Stanford is seeing the abuse in his mind and even getting in fights with his partner over worrying too much about this person. He admits that he will take longer lunches just to avoid seeing some of the other people he works with because he does not want to hear their stories any more.

  - ✓ **Case 2**

    A few colleagues ask to speak with you. They say Romero is unkind to them. He is yelling at them, blaming them for anything that does not go his way. He is impatient with the copier and says that the management does not care about him or anyone else. He is always negative about the people that he is working with in helping them in recovery saying that there is no use in talking with them, they do not listen and they will never change. What is the point of helping them find recovery resources when all they do is return to substance use anyway.

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Explanation

As a large group we will read the different cases and identify signs of vicarious trauma

Case 1

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Case 2

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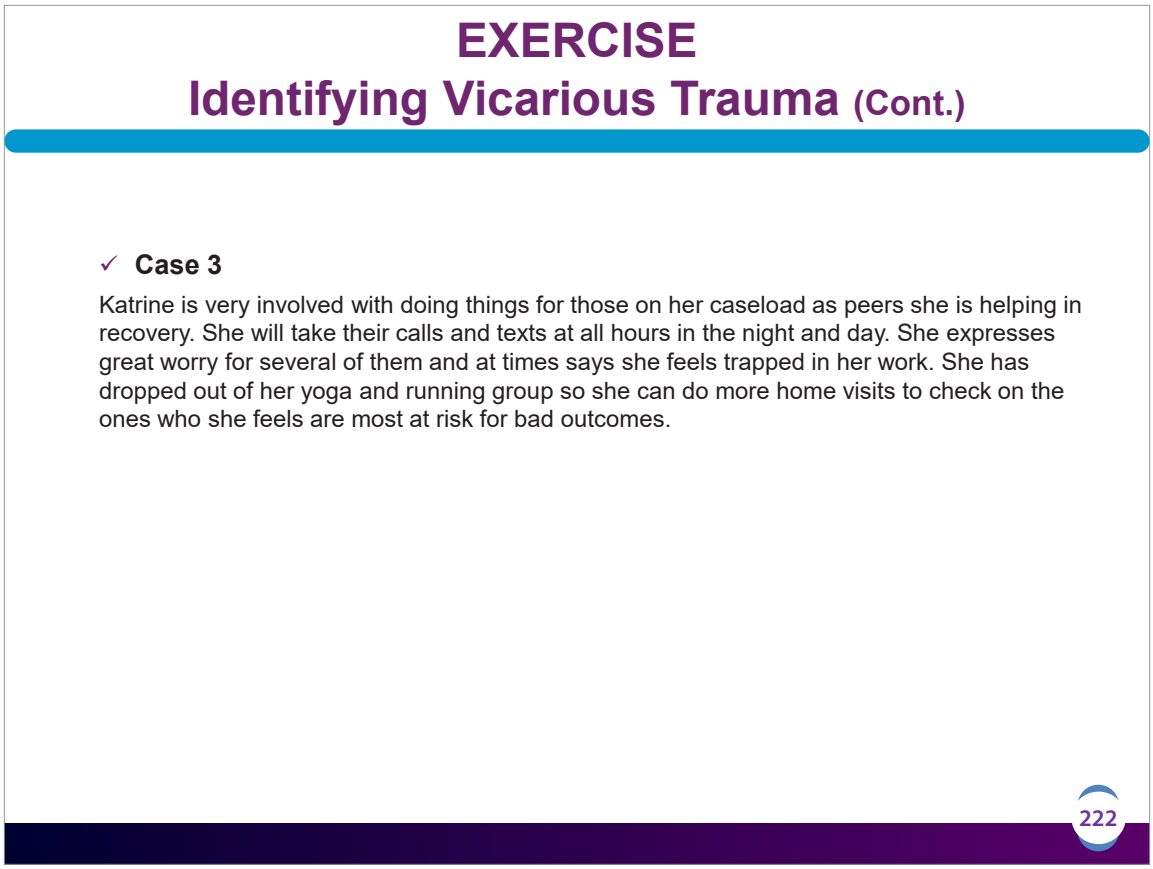
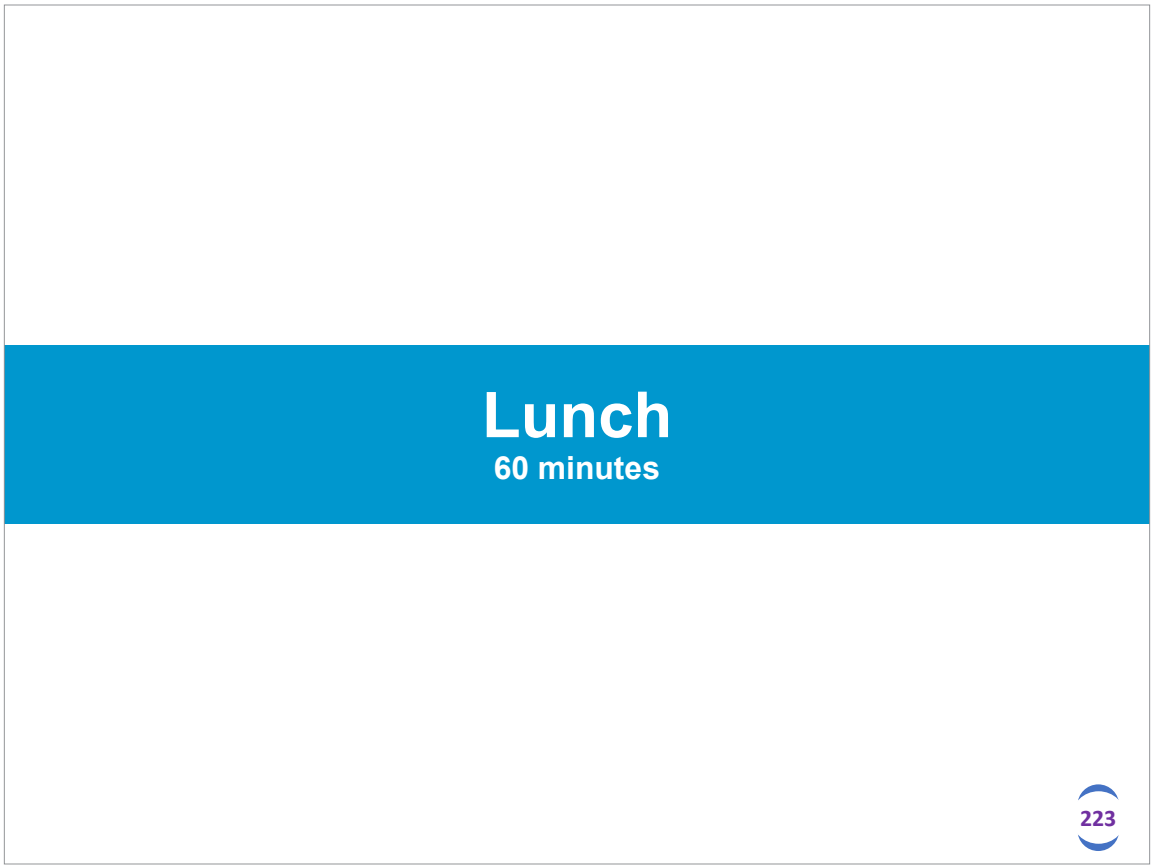


Explanation

Case 3

Katrine is very involved with doing things for those on her caseload as peers she is helping in recovery. She will take their calls and texts at all hours in the night and day. She expresses great worry for several of them and at times says she feels trapped in her work. She has dropped out of her yoga and running group so she can do more home visits to check on the ones who she feels are most at risk for bad outcomes.

15 minutes are devoted to the exercise



Explanation

Let's now take the next 60 minutes for lunch.

Individual Strategies To Prevent Secondary Trauma

Recovery Support Professionals can use any of the following as ways to prevent secondary traumatization in their work:

- Peer support (personal and professional)
- Supervision and consultation
- Training
- Personal counseling
- Maintaining balance
- Engaging in activities that provide meaning and perspective

Research shows that organizations that provide wellness activities and support boundaries between work and home increases satisfaction and decreases compassion fatigue among staff.

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Explanation

- *Peer support (personal and professional): helps to prevent isolation and improves emotional support*
- *Supervision and consultation: can help to better understand secondary trauma and their own risk and protective factors, plus countertransference reactions with individuals*
- *Training: can improve understanding of trauma, trauma-informed care, secondary trauma and other areas, increase sense of control and mastery, and reduce hopelessness or helplessness*
- *Personal psychotherapy or counseling: help with personal trauma and/or substance use histories, and help to become more self-aware*
- *Maintaining balance: between professional and personal lives, developing positive coping behaviors, and maintain a healthy lifestyle*
- *Engaging in activities that provide meaning and perspective: spiritual practices, volunteer work, meditation, yoga, etc..- any activities that help people to maintain perspective and find meaning*

Compassion Fatigue Vs. Burnout

Compassion Fatigue: a syndrome consisting of a combination of the symptoms of secondary traumatic stress and professional burnout

Burnout: a more general type of distress than compassion fatigue that can happen to anyone working in a high-stress environment over time

Burnout is sometimes characterized as losing the ability to feel empathy

Compassion Fatigue is thought of as being overwhelmed by feelings of empathy to the point of impaired functioning

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Explanation

- *Compassion fatigue is a natural consequence of helping traumatized individuals. It is often due to the empathy the "helper" feels from working with individuals who have suffered.*
- *Burnout can be a result of secondary traumatization. People who are truly "burned out" lose the ability to empathize.*
- *Individuals who experience Compassion Fatigue desire to help and empathize with the children and families they serve. However, they become overwhelmed by their own thoughts and feelings and can develop a kind of emotional paralysis*
- *The 2 issues produce very similar symptoms.*

Symptoms of Compassion Fatigue

- Irritability
- Apathy
- Loss of motivation
- Fatigue
- Feeling overwhelmed
- Loss of interest in things you enjoy
- Intrusive thoughts (especially about work)

https://www.animalreikisource.com/symptoms-compassion-fatigue-cope/

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Explanation

Symptoms of Compassion Fatigue:

- *Irritability "does this individual really have to see me today?"*
- *Apathy-feeling like why bother doing anything as it will not work anyway*
- *Loss of motivation- avoiding doing things and putting them off*
- *Fatigue- feeling like all I want to do is crawl in bed and sleep*
- *Feeling overwhelmed-not knowing what to do next because there are so many needs and things to be done*
- *Loss of interest in things you enjoy- in work and in the outside world*
- *Intrusive thoughts (especially about work)- you dream about work, have anxiety about work when home and on weekends.*
- *It is possible that these issues are related to other issues not just compassion fatigue*

Addressing Secondary Trauma and Burnout

Addressing secondary trauma and burnout:

- Create interventions that are voluntary and customized
- Regularly monitor self-care plans in clinical supervision
- Provide safe, non-judgmental opportunities for clinicians to process secondary trauma stress
- Support and encourage the use of outside therapy/counseling
- Offer training in healthy coping strategies and self-care

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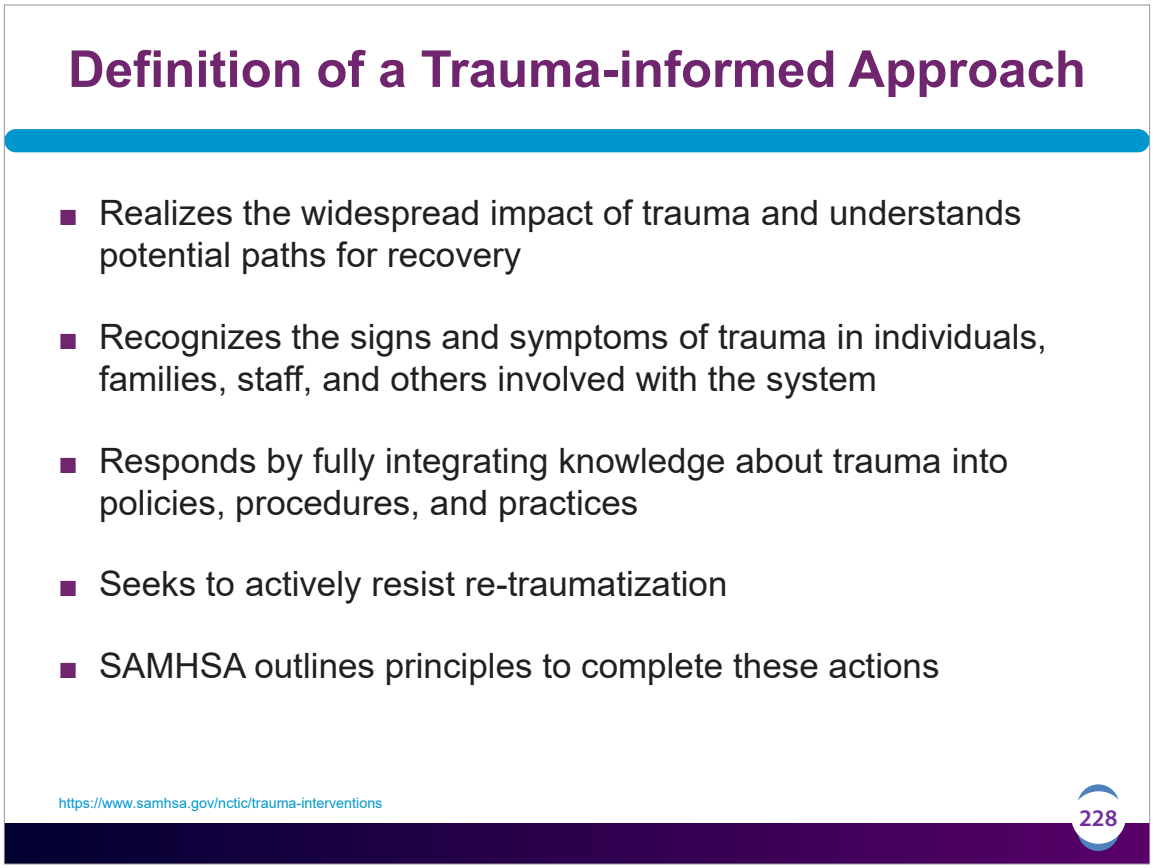
Explanation

- *Supervisors need to be careful to maintain boundaries and not cross over into therapy with their team members. Supervisors should focus only on issues that are relevant to the workplace (that directly affect their clinical work with individuals), and should encourage their supervisees to address other personal issues in individual therapy or counseling*
- *Addressing secondary trauma and burnout:*
- *Create interventions that are voluntary and customized. Supervisors and clinicians should work collaboratively to come up with and implement self-care plans*
- *Regularly monitor self-care plans in clinical supervision in a supportive, collaborative manner, and revise as necessary*
- *Provide safe, non-judgmental opportunities for clinicians to process secondary trauma stress (individual or group supervision, etc..)*
- *Support and encourage the use of outside therapy/counseling*
- *Offer training in healthy coping strategies and self-care should be regular components of the organizations training schedule*
- *Bring in outside trauma professionals if needed after events that impact the entire organization (i.e. a violent incident in the program)*

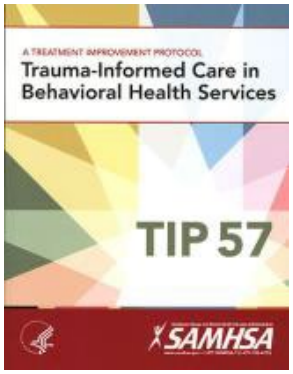


Explanation

- *As we briefly discussed before, according to SAMHSA, "A program, organization, or system that is trauma-informed:*
- *Realizes the widespread impact of trauma and understands potential paths for recovery;*
- *Recognizes the signs and symptoms of trauma in individuals, families, staff, and others involved with the system;*
- *Responds by fully integrating knowledge about trauma into policies, procedures, and practices"*
- *Seeks to actively resist Re-traumatization*

SAMHSA'S Six Guiding Principles of A Trauma-informed Approach

1) Safety
2) Trustworthiness and Transparency
3) Peer support
4) Collaboration and mutuality
5) Empowerment, voice and choice
6) Cultural, Historical, and Gender Issues



Substance Abuse and Mental Health Services Administration. Trauma-Informed Care in Behavioral Health Services. Treatment Improvement Protocol (TIP) Series 57. HHS Publication No. (SMA) 13-4801. Rockville, MD: Substance Abuse and Mental Health Services Administration, 2014. Association of Social Work Boards: Guide to Social Work Ethics Course Development; Creating Cultures of Trauma-Informed Care (CCTIC): A Self-Assessment and Planning Protocol; R Fallot and M Harris; July, 2009; http://www.healthcare.uiowa.edu/icmh/documents/ccticself-assessmentandplanningprotocol0709.pdf

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Explanation

- *"If a program can say that its culture reflects each of these values in each contact, physical setting, relationship, and activity and that this culture is evident in the experiences of staff as well as the individual, then the program's culture is trauma-informed " (Fallot and Harris, 2009)*
- *SAMHSA has outlined these six overarching guiding principles in the following language*
- *Safety - Throughout the organization, staff and the people they serve feel physically and psychologically safe.*
- *Trustworthiness and transparency - Organizational operations and decisions are conducted with transparency and the goal of building and maintaining trust among staff, individuals, and family members of those receiving services.*
- *Peer support and mutual self-help - These are integral to the organizational and service delivery approach and are understood as a key vehicle for building trust, establishing safety, and empowerment.*
- *Collaboration and mutuality - There is true partnering and leveling of power differences between staff and individuals and among organizational staff from direct care staff to administrators. There is recognition that healing happens in relationships*

and in the meaningful sharing of power and decision-making. The organization recognizes that everyone has a role to play in a trauma-informed approach. One does not have to be a therapist to be therapeutic.

- *Empowerment, voice, and choice - Throughout the organization and among the individuals served, individuals' strengths are recognized, built on, and validated and new skills developed as necessary. The organization aims to strengthen the staff's, individuals', and family members' experience of choice and recognize that every person's experience is unique and requires an individualized approach. This includes a belief in resilience and in the ability of individuals, organizations, and communities to heal and promote recovery from trauma. This builds on what individuals, staff, and communities have to offer, rather than responding to perceived deficits.*
- *Cultural, historical, and gender issues - The organization actively moves past cultural stereotypes and biases (e.g., based on race, ethnicity, sexual orientation, age, geography), offers gender responsive services, leverages the healing value of traditional cultural connections, and recognizes and addresses historical trauma.*

Trauma-informed Care

- An organization needs to implement trauma-informed practices and policies at every level of the organization
- SAMHSA has defined 16 Principles of Trauma-Informed Care to provide guidance
- We will discuss each of these principles in this module
- We will then later discuss specific steps to take to implement the principles within an organization

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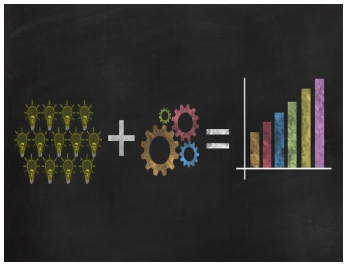
Explanation

- *To provide trauma-informed care, an organization needs to implement trauma-informed practices and policies at every level of the organization- starting from the receptionist and going up to members of the Board of Directors.*
- *To help organizations implement trauma-informed care, SAMHSA has defined 16 Principles of Trauma-Informed Care to provide guidance. We will discuss each of these principles in this module. We will then discuss specific steps to take to implement the principles within an organization.*

Strategies of Trauma-informed Care

1) Promote trauma awareness and understanding
2) Recognize that trauma-related symptoms and behaviors originate from adapting to traumatic experiences
3) View trauma in the context of the individuals' environments
4) Minimize the risk of re-traumatization or replicating prior trauma dynamics



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Explanation

There are 16 strategies that have been outlined to help program administrators and staff to move their program ever forward to being and remaining a trauma-informed program.

1. ***Promote trauma awareness and understanding:***

   Be aware of the prevalence of trauma, especially among individuals with substance use or mental health disorders, and the impact that a trauma history may have on a individual's care needs.

   Being trauma aware means "that you anticipate the possibility [of a trauma history] from your initial contact and interactions," which applies to everyone in the organization.

   Being trauma aware will help to prevent re-traumatization.

   Trauma awareness includes being aware of the impact trauma may have on family, friends and caregivers of the individual.

   Organizations can support trauma-aware environments with staff training, supervision and support, and collaborative policy and practice design and implementation.

2. ***Recognize that trauma-related symptoms and behaviors originate from adapting to traumatic experiences:***

   Views trauma-related symptoms as signs of resilience and attempts to cope with and manage trauma experience. (normal reactions to abnormal circumstances)

   Shift from pathology mindset (something is wrong with individuals) to resiliency/ strengths-based mindset (they have adapted, shown self-preservation and determination, and survived), "What is wrong with you?" vs. "What happened to you?"

   Realize that the characteristics of and reactions to the trauma can impact how individuals see the world (safe vs. not), themselves (resilient vs. overwhelmed), and the future (hopeful vs. not).

3. ***View trauma in the context of the individuals' environments:***

   Many factors determine response to trauma, including age, developmental status, type of trauma, past experiences, characteristics of trauma, cultural response, resources, etc..

   Socio-ecological model of trauma incorporates the wide range of factors that can impact response to trauma, and can be used to help design treatment. 3 main beliefs are:

      Environmental factors greatly influence emotional, physical and social well-being

      A fundamental determinate of health vs. illness is degree of fit between individual's needs and resources available

      Prevention, intervention and treatment approaches integrate strategies targeting individual, interpersonal & community systems

4. ***Minimize the risk of retraumatization or replicating prior trauma dynamics:***

   Recognize that some treatment practices could remind individuals of past trauma and retraumatize them (i.e. feel powerless if not given choices, etc..).

   Review all practices through a lens of potential retraumatization, such as requesting individuals to urinate or undress without adequate privacy or in front of a staff member who has characteristics of an abuser, holding sessions in confined, dark or locked spaces, etc..

   Be aware and watch individuals for any signs of discomfort

   Try to anticipate issues, communicate and respond to concerns, offer alternatives to problematic practices

Strategies of Trauma-informed Care (Cont.)

5) Create a safe environment
6) Identify recovery from trauma as a primary goal
7) Support control, choice and autonomy
8) Create collaborative relationships and participation opportunities

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Explanation

5. ***Create a safe environment***

   For trauma-informed organizations this goes behind basic health and safety standards and incorporates individuals' sense of physical and emotional safety

   Involves helping individuals to anticipate potential triggers, and addressing them (lighting, seating, exits, sounds, etc..)

   Consistency is key: doing what you say you will do when you say you will do it, and providing regular schedules

   Handling mistakes quickly, honestly and with compassion

   Protecting the safety of staff members, both physical and emotional, including by giving safe spaces to get support

6. ***Identify recovery from trauma as a primary goal***

   Help individuals seeking care for substance abuse or other mental health problems identify any trauma symptoms and their impact on their lives, and connections between the trauma and their other conditions

   Assist individuals with understanding the need to treat their trauma in order to help

them achieve long-term recovery from other issues and avoid substance use return.

7. ***Support control, choice and autonomy***

   Some individuals may not want to deal with their trauma histories, or may want to quickly acknowledge and then set aside these issues. An important piece of trauma-informed care is meeting individuals where they are, and working in collaboration with them to set goals and treatment strategies.

   Giving individuals a sense of control and empowerment in their treatment, which can then enhance feelings of competence, can be critical aspects of recovery.

   Good questions to ask are things like "What information would be helpful for us to know about what happened to you?" or "Of the services I have mentioned, what seems to match your present concerns and needs?"

   Supporting staff autonomy and empowerment is also critical

8. ***Create collaborative relationships and participation opportunities:***

   Ensure provider-individual relationship is collaborative, including treatment planning, and involving family when appropriate

   Build collaboration beyond provider-individual relationship, such as with other service providers, community resources, etc.. These collaborations provide your individuals with resources and facilitate them accessing other services

   Ensure individual participation and representation in program planning, development and evaluation, and in professional development of staff.

   Provide opportunities for individuals to obtain training or certifications, such as with peer support credentials, and leadership and employment opportunities in the field

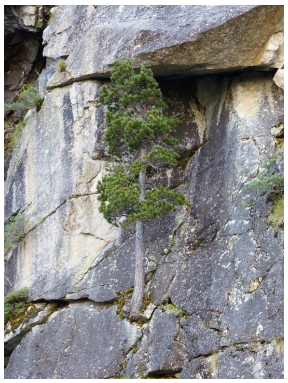
Strategies of Trauma-informed Care (Cont.)

9) Familiarize the individual with trauma-informed services

10) Incorporate universal routine screenings for trauma

11) View trauma through a socio-cultural lens

12) Use a strengths-focused perspective: Promote resilience



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Explanation

9. ***Familiarize the individual with trauma-informed services***

   Do not expect individuals and families to have any familiarity with behavioral health services and all of the components involved (such as screenings, intakes, paperwork involved, etc..), or with jargon in the field. Educate them about each step, which helps them to make informed choices with their care

   Explain trauma-informed care and the value of this approach; educate individuals about trauma; describe treatment strategies and options; and offer information about other services and what individuals should look for

10. ***Incorporate universal routine screenings for trauma***

    Universal screening alerts clinicians to the possibility of trauma histories, even when symptoms are not immediately present

    Factors that might impact answers to screening questions need to be considered (ex: other family members in room, language of interview, cultural norms, etc..)

    Staff members need to be trained in how to respond to positive screenings

    Results of screening should be incorporated into treatment planning

11. ***View trauma through a socio-cultural lens***

    Culture has a significant impact on the experience of and response to trauma

    Culturally-responsive practices are an important component of trauma-informed care, and need to be part of policies, procedures, and service delivery

    Recognize that some cultures are more likely to experience certain traumatic events than others

    Some traumas may have a greater impact on some cultures than others because they disrupt cultural practices

    Culture determines responses to trauma and signs of distress, and what symptoms warrant help

12. ***Use a strengths-focused perspective: promote resilience***

    Focusing on and fostering individual strengths is a key component of trauma-informed care

    This approach builds on existing resources, and focuses on the individual's resilience and strength as a survivor

    Helping individuals to determine which of their coping techniques are still helpful and which are no longer beneficial is an important component of treatment. This can be done while validating the usefulness and resourcefulness of techniques when they were needed

Strategies of Trauma-informed Care (Cont.)

13) Foster trauma-resistant skills

14) Demonstrate organizational and administrative commitment to trauma-informed care

15) Develop strategies to address secondary trauma and promote self-care

16) Provide hope- recovery is possible

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Explanation

13. Foster trauma-resistant skills

This includes activities such as:

Teaching individuals about trauma and how trauma can impact their lives (and has impacted their lives)

Teaching stress-reduction and coping strategies (while acknowledging the value of coping skills individuals have learned and have used to survive)

Helping individuals to acquire self-care skills, and build support networks

Encouraging the development of a sense of competence

14. Demonstrate organizational and administrative commitment to trauma-informed care

Organization must support trauma-informed practices, starting with the leadership

Leadership must make these practices a priority, and provide resources such as ongoing training, professional development and supervision, and staff self-care

Implementation of all of the principles is key, including universal trauma screening, collaboration with other agencies, policies that support services, individual collaboration and involvement, and organizational assessment and monitoring

15. ***Develop strategies to address secondary trauma and promote self-care***

Recognize the risk of secondary trauma in any organization that treats individuals with trauma histories

Teach staff about secondary trauma and its symptoms

Create an environment that reduces the risk of secondary trauma: strive for balance caseloads, encourage and model self-care, provide trauma-informed supervision, offer opportunities for input and collaboration on policies and practices, encourage peer support, etc..

16. ***Provide hope- recovery is possible***

Maintain consistent routines and practices, and a safe environment for individuals

Project hope and convey the attitude that recovery is possible (which involves individual competency to make necessary changes in their lives)

Normalize symptoms and discomfort when addressing difficult emotions ("it is not the absence of responses to triggers that mark recovery, but rather, how individuals experience and manage those responses")

Provide opportunities for individuals to interact with others further along in recovery

EXERCISE
Strategies of Trauma-informed Care in Action

- Break into groups
- Develop a training for your peers that summarizes the key principles of trauma-informed care. Have fun! This could be a skit, a quiz show, a game, or something else.
  - ✓ You have 30 minutes to develop this activity
  - ✓ We will share our lists and activities with the larger group

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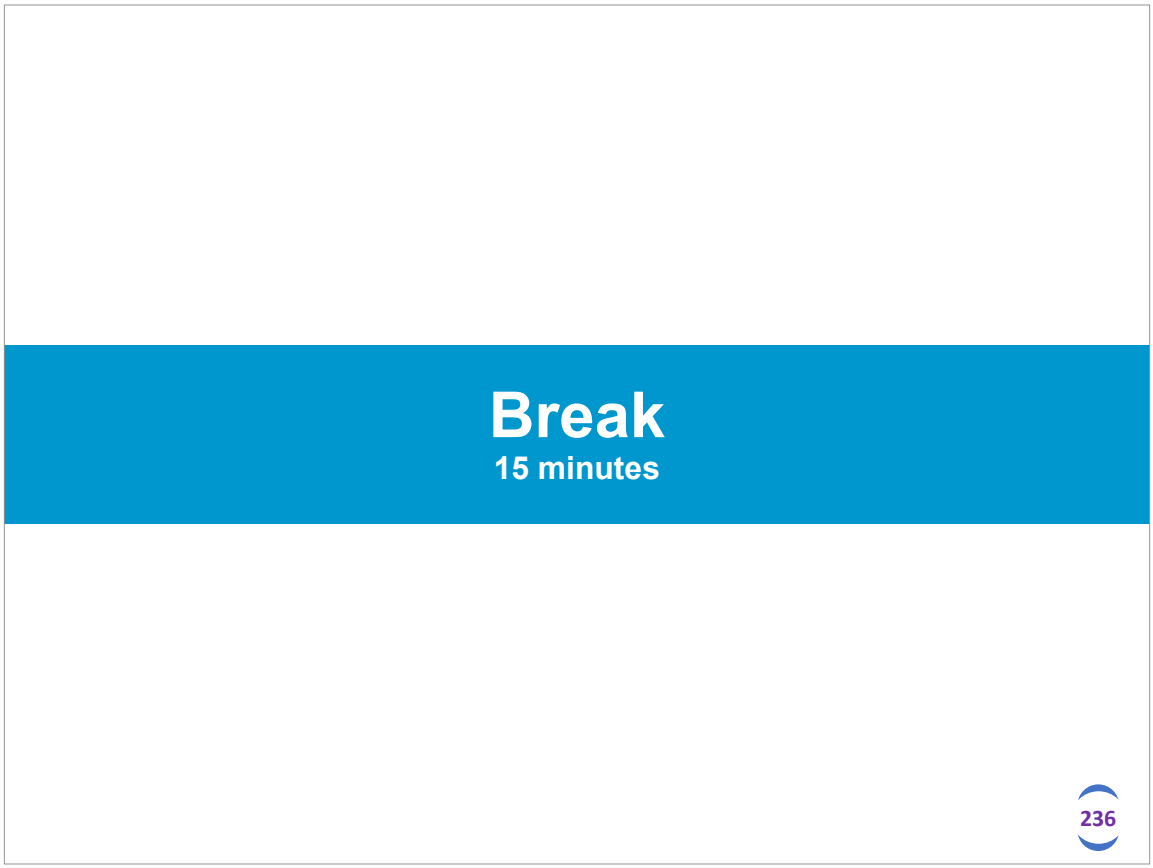
Explanation

- *Now that we have talked about trauma-informed principles, let's put these into action.*
- *Break into several small groups and develop an activity to educate staff members on the principles that are at the heart of a trauma-informed program.*
- *You have 30 minutes to develop the activity and 5 minutes to share with the larger group.*



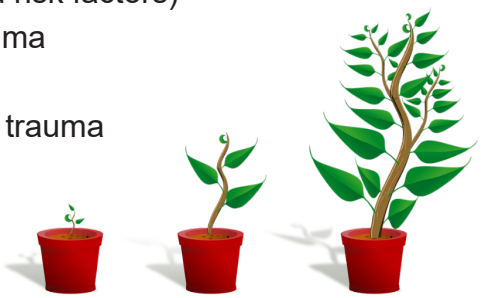
Explanation

At this point in our training, let's take a break. Please return in 15 minutes so we can stay on track and be respectful of your time and the time of our other training participants.

Creating a Safe, Trauma-Responsive Treatment Environment: Element 1

Making Recovery from Trauma a Primary Goal of Treatment

- Individual Responses to Trauma Vary
- It is important to remember that everyone is different. Some of the things that influence a person's responses to trauma across time include:
- Individual attributes
- Developmental factors (protective and risk factors)
- Type and/or characteristics of the trauma
- Cultural meaning of traumatic events
- Number of losses associated with the trauma
- Available resources
- Community reactions



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Explanation

- *Everyone, including Recovery Support Professionals, can help create a Safe, Trauma-Responsive Treatment Environment*
- *One of the first things to think about for safety it how we all can make recovery from trauma a primary goal of substance use disorder treatment*
- *All too often, trauma occurs before substance use and mental health disorders develop; then, such disorders and their associated symptoms and consequences create opportunities for additional traumatic events to occur.*
- *Addressing someone's trauma history during their treatment for a substance use disorder or other mental health disorder is very important and is considered best clinical practice. If individuals engage in mental health and substance use disorder treatment without addressing the role that trauma has played in their lives, they are less likely to experience recovery in the long run.*
- *A person with a history of trauma is more likely to have anxiety and depressive symptoms, use substances to self-medicate, and/or use substances after exposure to trauma-related cues.*

Individual Responses to Trauma Vary

It is important to remember that everyone is different, and that people can have very

different responses to the same traumatic events. Some of the things that influence a person's responses to trauma across time include:

- ✓ *Individual attributes*
- ✓ *Developmental factors (protective and risk factors)*
- ✓ *Life history*
- ✓ *Type of trauma*
- ✓ *Specific characteristics of the trauma*
- ✓ *Amount and length of trauma exposure,*
- ✓ *Cultural meaning of traumatic events*
- ✓ *Number of losses associated with the trauma*
- ✓ *Available resources (internal and external, such as coping skills and family support)*
- ✓ *Community reactions*

Creating a Safe, Trauma-Responsive Treatment Environment: Element 2

Minimize the Risk of Re-traumatization or Replication of Prior Trauma Dynamics

- **AVOID** these potential treatment practices that can cause re-traumatization:
- Use of seclusion
- Restraint or other practices that isolate the person
- Mislabeling patient symptoms as personality or other mental disorders rather than traumatic stress reactions
- Being overly authoritative in interactions with people
- Giving treatment assignments that could humiliate
- Using an inappropriately confrontational approach
- Presenting treatment as conditional on conformity to the counselor's beliefs and definitions of issues
- Challenging or discounting reports of abuse of other traumatic events
- Allowing the abusive behavior of one person toward another to continue without intervention
- Labeling behavior/feelings as pathological
- Being unaware that the person's traumatic history significantly affects his/her life

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Explanation

Minimize the Risk of Re-traumatization or Replication of Prior Trauma Dynamics

- *One of the key goals for any treatment provider is to "Do no harm", or when working with people who have experienced trauma, to avoid re-traumatizing them or exposing them to situations that replicate the dynamics of traumatic situations they have experienced.*
- *Organizations need to carefully examine their treatment strategies, program procedures and organizational policies to avoid any interventions that could solicit distress or mirror common characteristics of traumatic experiences (e.g., loss of control, feeling trapped or disempowered).*
- ***AVOID** these potential treatment practices that can cause re-traumatization:*
- *Use of seclusion*
- *Restraint or other practices that isolate the person*
- *Mislabeling patient symptoms as personality or other mental disorders rather than traumatic stress reactions*
- *Being overly authoritative in interactions with people*
- *Giving treatment assignments that could humiliate people*

- *Using an inappropriately confrontational approach*
- *Presenting treatment as conditional on conformity to the counselor's beliefs and definitions of issues*
- *Challenging or discounting reports of abuse of other traumatic events*
- *Allowing the abusive behavior of one person toward another to continue without intervention*
- *Labeling behavior/feelings as pathological*
- *Being unaware that traumatic history significantly affects her life.*

Creating a Safe, Trauma-Responsive Treatment Environment: Element 3

Maintain an Environment that Establishes and Supports a Sense of Physical and Emotional Safety

When the person you are working with tells you about violence or substance use:

- Be supportive, affirming, positive
- Be prepared to address confidentiality concerns
- Listen carefully
- Address the person's main concerns and priorities
- Offer services and referrals
- Convey a sense of hope and convey the possibility of change
- Affirm that safety is possible
- Validate and support disclosure or seeking help
- Show empathy and nurturance
- Affirm and offer hope
- Praise frequently
- Assure and respect confidentiality
- Treat respectfully
- Reflect and reframe her perspective
- Have frequent contacts

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Explanation

Maintain an Environment that Establishes and Supports the person's Sense of Physical and Emotional Safety

- *Having a treatment environment that feels physically and emotionally safe to the people we serve is key to effective treatment. This includes:*
- *Anticipating and implementing strategies to help people cope with triggers that evoke their experiences of trauma*
- *Maintaining consistency in interactions and treatment processes is important*
- *Following through with what has been agreed on in sessions or meetings, and demonstrating dependability in your behaviors towards those we are helping*
- *Handling situations that provoke feelings of being vulnerable or unsafe for people with consistency and forthrightly*
- *Communicating with those we are helping honestly and compassionately in order to convey a sense of handling the situation together*
- *When a person you are working with tells you about violence or substance abuse:*
- *Be supportive, affirming, positive*
- *Be prepared to address confidentiality concerns*

- *Listen carefully*
- *Start where the person is: Address the main concerns and priorities*
- *Offer services and referrals*
- *Convey a sense of hope and convey the possibility of change*
- *The person can be safe and can be successful in recovery*
- *Validate and support disclosure or seeking help*
- *Show empathy and nurturance*
- *Affirm and offer hope*
- *Praise frequently*
- *Assure and respect confidentiality*
- *Treat respectfully*
- *Reflect and reframe her perspective*
- *Have frequent contacts*

Creating a Safe, Trauma-Responsive Treatment Environment: Element 4

Building Positive Relationships

- Positive Relationships with Co-Workers and Colleagues
- Positive Relationships with those we are helping

Some Strategies for Maintaining Therapeutic Relationships

- Ensure that the environment is as safe as possible.
- Address safety concerns quickly and where appropriate make sure that your patients know you are doing so
- Take the whole person into account
- Maintain routines and schedules
- Help people learn to identify what they want and what they need do and/or to learn in order to lead independent lives

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Explanation

The essential components of building positive, therapeutic relationships with the people and families we serve include understanding that:

- *Friendships are different from therapeutic relationships.*
- *Effective strategies for therapeutic relationships include providing safety, privacy, respect and meaningful things to do; including those we are helping in decisions; and helping people learn how to make decisions.*
- *Most communication is through non-verbal body language. Non-verbal communication that promotes positive interactions include appropriate eye contact, positive facial expressions, conveying respect by attending to the person as they speak, relaxed/nonthreatening posture, appropriate voice tone and actually listening to what is said.*

Positive Relationships with Co-Workers and Colleagues

- *Perhaps the single most important aspect of your job is working together with others in positive ways. Developing and maintaining positive relationships with co-workers and colleagues will help you get things done together that you would have been unable to complete on your own. Given the importance of these concepts, we will spend some time exploring the very concept of relationships and how they can build or undermine a safe environment.*

Positive Relationships with those we are helping

- *You are here to develop and nurture therapeutic relationships with the people for whom you provide services. A therapeutic relationship is significantly different from a social relationship or a friendship.*

Friendship

- *Informal*
- *Does not have goals*
- *May involve learning from each other and helping each other solve problems but that is not the main reason for the friendship*
- *Neither person is paid to be in the relationship*
- *Involves mutual sharing of very personal information and mutual emotional support*

Therapeutic Relationship

- *Formal*
- *Aims to achieve goals and solve problems for one of the people in the relationship*
- *Has well-defined boundaries*
- *One person is a paid professional, and is compensated for his/her time in the relationship*
- *The support, problem solving and sharing of personal information are one-sided*
- *It is absolutely critical that you maintain a professional relationship with the people for whom you provide services.*

Some Strategies for Maintaining Therapeutic Relationships

- *Ensure that the environment is as safe as possible. Address safety concerns quickly and where appropriate make sure that the people you are working to help know you are doing so.*
- *Take the whole person into account. We don't work with 'addicts' or with 'trauma survivors.' We work with people. They need safety, privacy, respect and a sense of meaning to their lives.*
- *Maintain routines and schedules. Orderly routines and predictable schedules are one way to reinforce everyone's sense of safety and their needs will be addressed.*
- *Make certain the person you are helping has a say in the decisions that impact her.*
- *Help people learn to identify what they want and what they need do and/or to learn in order to lead independent lives.*

Preventing Conflict and Crises

- Staff Attitudes and Behavior
  - Staff members cannot safely ignore their own feelings.
- Environmental Factors
  - Time of Day
  - Time needed for transitions
  - Weather
  - Space
  - Resources
  - Positive reinforcement
  - Scheduling

- Organizational Factors
  - Laws, rules, standards, policies and procedure regulate agencies:
  - Documentation and scheduling

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Explanation

Preventing Conflict and Crises

Staff Attitudes and Behavior

- *The way staff members treat others, including other staff members, is important. What you do and say can help people stay calm or can contribute to behavioral escalation and aggression. Keep in mind that those you are working to help constantly watch how you handle a situation; like it or not, you are a role model. Examples of things we do that increase the likelihood that negative behaviors will escalate include:*
- *Ignoring people*
- *Expecting absolute obedience to our authority*
- *Telling rather than asking*
- *Giving unnecessary commands*
- *Acting superior to the people we are working with*
- *Making decisions for the person rather than with the person*
- *Behaving aggressively (yelling, speaking loudly, threatening, criticizing, aggressively confronting)*
- *Teasing*

- *Not following through on our promises, commitments or obligations*
- *Making unreasonable and unenforceable consequences*
- *Interrupting something the person enjoys doing*
- *Behaving unpredictably and/or ignoring a set schedule*
- *Staff members cannot safely ignore their own feelings. To do so guarantees that they will come out somewhere else and oftentimes result in saying or doing things that we later regret. Staff can, however, safely experience their own emotions while making conscious choices about how they manage and channel them. Here again, staff is role modeling healthy behavior for those you are helping.*

Environmental Factors

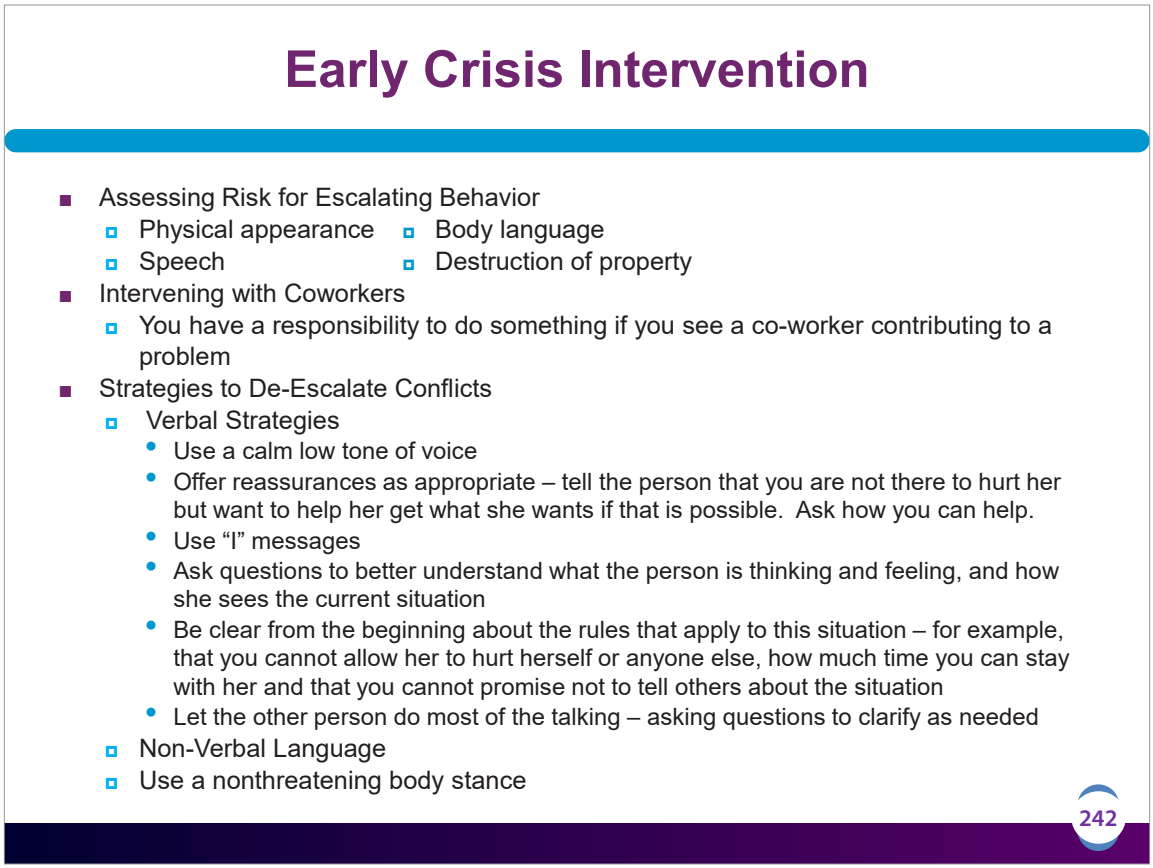
- *The environment is an important consideration when looking for stressors on a person in recovery. How the person manages time, space and the resources of the environment can profoundly affect that person's relationship with you and their behavior. Taking all of these factors into consideration when creating schedules or planning events is an important part of avoiding conflict and crises.*
- ***Time of Day:** Something as simple as the time of day may influence how someone reacts to a given stressor. For example, late in the day the person may be tired and less able to deal with stress. On the other hand, the person you are helping may not be that flexible or approachable in the morning. Consider what you know about the person when creating schedules.*
- ***Time needed for transitions:** This will fluctuate from person to person as well. Shifting from a highly stimulating activity to a low-key activity may not be easy for some people. Similarly, shifting from low-key to highly stimulating may be overwhelming to others. Some people need more time to decide how they want to respond to a situation. When they are not afforded that time, they can become distressed and unable to decide.*
- ***Weather** can affect the way a person acts or reacts. It is not unusual for someone to feel subdued during dreary weather. For some people this can turn into a depressive episode based on the season and its weather. Temperature is another factor that can easily contribute to agitation and distress. In the summer months, research indicates that 94 degrees seems to be the most stressful temperature. Below 94 degrees people are just hot and sticky, above 94 degrees they become sluggish. Major riots in the Watts section of Los Angeles and in Chicago in the 1960s occurred when the temperature rose to 94 degrees. Stormy weather has also been demonstrated to raise anxiety levels in some people. Lightning storms can be frightening to some people. Survivors of extreme weather events can experience anxiety attacks when storm warnings are announced.*
- ***Space** is also a consideration. Furniture and its placement can promote interaction or privacy. Crowded settings may upset people's sense of personal space. The more distressed a person becomes, the more space she may need in order to regain her composure. Alternatively, if someone is used to small, noisy spaces and then surrounded by lots of room and lack of stimulation, they may feel overly exposed and abandoned. Imagine someone who has spent her entire life in a small apartment in a big city suddenly alone in a remote mountain meadow. Or vice versa. Furniture can*

become barriers to movement in both positive and negative ways. It can break up a large space to make it more friendly. It can also prevent people from moving around freely or block a necessary exit, it can even be used as a weapon. How do you have your workspace configured? Are there barriers between you and those you are helping? How do you configure your meeting space when you have a session with a potentially disturbed person?

- ***Resources*** *such as televisions, radios, cellphones and electronic games can easily add to the distress the person's experiences. This is particularly true when she feels bombarded by the noise and demands of multiple devices at once. Using these devices can be soothing at times, helpfully distracting at others, and overwhelming and destabilizing at others. If your cellphone becomes something that constantly demands a response from you rather than a tool for use at your convenience, you may want to reconsider carrying it with you all the time.*
- ***Positive reinforcement:*** *Developing a system that rewards a person for not engaging in stressful or conflict-laden behaviors can be a very effective way to support the person you are helping through a difficult time.*
- ***Scheduling:*** *There are times that crisis situations happen because the wrong people are together in the wrong place at the wrong time. Be aware of this possibility. If you see it, work with the people involved to find ways to avoid having it happen on a regular basis. This does not mean that people in conflict should simply be separated of given different schedules and told to avoid one another forever. Part of truly resolving a conflict or crisis behavior is helping the people involved in the conflict learn to move beyond the conflict as much as they possibly can. This may mean you begin by scheduling them apart so that they can better learn about the conflict and their role in it. Then you can support them as they work through their differences.*

Organizational Factors

- *Organizational culture can influence the lives of the people we serve. Explaining these factors and acknowledging that they can be frustrating can go a long way with helping some of the people in our program cope with them.*
- *Laws, rules, standards, policies and procedure regulate agencies: At times staying within regulations will create a conflict between what makes sense to the person and what is required of the program.*
- *Documentation and scheduling: Staff often feel like they spend more time filling out forms and writing notes than they actually spend providing services to the people they are helping. Unfortunately, without the documentation many programs may lose the ability to provide these services. In addition to documentation, there are staff schedules, activity schedules, transportation schedules, scheduling visits to doctors and community agencies and others. All of this is time consuming. However, consider what happens in an organization and to the people we are serving when communication log notes are not done or when the schedule is not completed or followed.*



Explanation

Early Crisis Intervention

- *Sometimes, in spite of everyone's best efforts, people's behavior can begin to deteriorate. Even at this point, your goal is to avoid any escalation and avoid a confrontation. There are a number of strategies that can help people cool off and calm down. Always look for ways that allow everyone to gracefully back down or leave. Saving face can be very important to someone who feels she hasn't got much else other than that- even more important than easily predictable consequences to her escalating behaviors.*

Assessing Risk for Escalating Behavior

- *The more you know about those you are helping and coworkers, the more you can learn what to expect in a given situation. This knowledge helps you see trouble coming and intervene early. If you observe a noticeable change in someone, figuring out what it means will help you to determine the best way to contain a given situation and to ensure the best possible outcome. Changes you may observe when someone is struggling to maintain or regain their composure and control their reactions include:*
- ***Physical appearance** (turning red, clenching fists, pacing, hyperventilating, stomping feet, etc.),*
- ***Speech** (talking loudly, cursing, ranting, threatening, not talking or responding, etc.)*

- ***Body language*** *(change in eye contact, withdrawn posture, excessive body movements, angry expressions, etc.)*
- ***Destruction of property*** *(slamming doors, throwing chairs, hitting walls, throwing objects, etc.)*

Intervening with Coworkers

- *As part of a Treatment Team environment, what should you do when you see another staff member acting inappropriately or in a way that makes a situation worse? In addition to any consideration for your relationship or loyalty to your co-worker, you also have ethical and legal issues to consider in this situation.*
- ***You have a responsibility to do something if you see a co-worker contributing to a problem****. Legally, you are required to report abusive or exploitative behavior. You will need to follow the law and the agencies procedures. You have a responsibility to insure that those you are working with are treated with respect and that their basic needs are being met.*
- *If you notice that a co-worker seems to be having difficulty with others, and the situation is getting out of hand, it is your responsibility to step in and get your co-worker out of that situation. This works best when you do what you can to help your co-worker maintain their dignity. You might say: "You have an important phone call in the office. I can take over here."*
- *Even if the situation does not escalate to a level requiring your intervention, it is important to discuss the situation afterwards in order for everyone to understand what happened and how you can work together to avoid such situations in the future. In most cases, your supervisor needs to know about what happened and can consider whether additional training might be helpful.*

Strategies to De-Escalate Conflicts

- *People tend to show their distress through behavior escalation and aggression for a number of reasons. The most basic is the "fight or flight" response to crises or situations that elicit fear. Society and families might teach that one of these responses is better than the other. For the individual, if fighting has 'worked out' in the past then they will tend fight again. If running away has 'worked out,' then they will tend to run away again.*
- *Whichever response has tended to produce the greatest sense of safety is the one the person will tend to rely on. Part of treatment is about helping people learn to tailor their responses to the situation as well as to begin to learn that being safe is not necessarily the same thing as keeping others at a distance and isolating themselves. Throughout this training we discuss the importance of good communication skills. Here we will look at how to use those skills in order to assist someone to calm themselves and regain their composure.*

Verbal Strategies

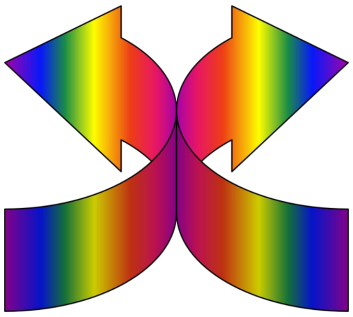
- *Use a calm low tone of voice*
- *Offer reassurances as appropriate – tell the person that you are not there to hurt her but want to help her get what she wants if that is possible. Ask how you can help.*
- *Use "I" messages*
- *Ask questions to better understand what the person is thinking and feeling, and how she sees the current situation*
- *Be clear from the beginning about the rules that apply to this situation – for example, that you cannot allow her to hurt herself or anyone else, how much time you can stay with her and that you cannot promise not to tell others about the situation*
- *Let the other person do most of the talking – asking questions to clarify as needed*
- *Calmly, firmly and respectfully explain any rules involved in the current situation while simultaneously recognizing the other person's humanity*
- *Instead of blaming the person for "her problem" speak to your recognition that an issue exists and your interest in mutually solving it*
- *Avoid language that seeks to control the person you are helping or that dehumanizes them; i.e., "Please calm yourself down." "That's the policy."*
- *At the end of the encounter, summarize what each of you has agreed to do and what information will be shared. Close with positive reinforcement: "Thank you for talking with me." "You've done a good job thinking this through." Etc.*

Non-Verbal Language

- *Use a nonthreatening body stance – relaxed, arms down at your side and not crossed or on hips. Hands open.*
- *Give the person space. Keep about 3 feet away or more if the person is escalating. A "reactionary gap," giving you time to react should the situation escalate rapidly.*
- *Pointing with your index finger or initiating a "speak to the hand" response are sure fire ways to make the situation worse*
- *As a rule, we do not touch those we are helping. Any touch can be a trigger. Touch the person only if you have to. If you must touch them, tell the person what you are going to do and ask for permission first.*

Early Crisis Intervention: Trouble Shooting

- Monitor yourself
- On-the-spot problem solving
- Arrange the environment
- Re-direction
- Natural consequences



Natural consequences are designed to help the person you are working with change maladaptive and ineffectual behaviors, not as punishments to help staff feel supported.

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Explanation

Monitor yourself

- *When the situation becomes too intense or your efforts are not helping, it can be useful to take "a tactical pause:" step back, reassess and then reengage at a calmer emotional level or with greater resources.*
- *You can do a self-check. If you recognize that what you're doing might be making the stressful situation worse, turn it over to someone better suited in that moment and walk away from it. This is difficult to learn, and, of course, you must not compromise safety.*

On-the-spot problem solving

- *Plan ahead with the person you are helping – help them to use a previously learned skill to identify a stressful situation. Then on their own or with someone's help they can analyze the situation and decide what is the best thing to do.*

Arrange the environment

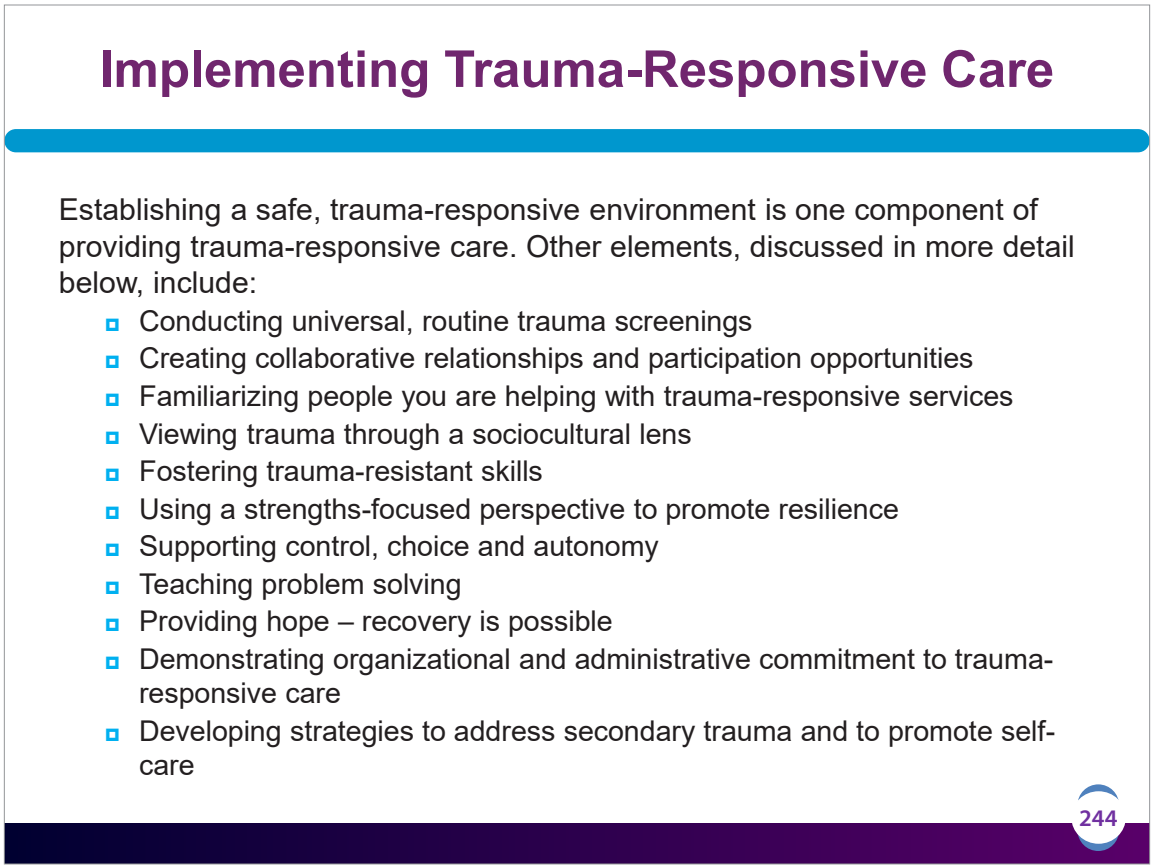
- *Crowding, level of noise, level of light and placement of furniture are all factors that may contribute to escalation of a crisis situation. If you are talking with someone who is showing signs of agitation, choose a safe, quiet place. The place should not be isolated and you should tell someone where you are going.*

Re-direction

- *If a person starts to do something hurtful or harmful that should not be ignored, interrupt the behavior by asking the person to do something else. You may need to help the person get started on the new activity. Say something positive about the person's new activities. Depending on the person, you may want to suggest an activity that will use up some of the energy the person has created. The best activities use large movements and are safe, age appropriate, and non-competitive. Suggestions might be walking, running, riding a stationary bike, shooting baskets, etc.*

Natural consequences

- *Each of us is aware that to drive through town at 85 mile per hour will get a specific response from the police. Facing consequences for unacceptable behavior is routine for most people in our society. The team working with a given person can identify certain behaviors that are felt to be serious enough to warrant specific consequences anytime they occur. The consequences need to fit the act. Violating permit and pass policies can result in the temporary loss of these privileges. Inability to get along with others can result in more direct supervision.*
- *Remember that the people we work with have already experienced many losses in their lives. They may not have much in material possessions or control over what happens to them. Because of this, they may react poorly when things are taken away. In that case, blanket natural consequences may not teach what you are trying to teach; you may need to tailor the consequence to the specific individual and their world view. Natural consequences are designed to help the person you are helping to change maladaptive and ineffectual behaviors, not as punishments to help staff feel supported.*



Explanation

Implementing Trauma-Responsive Care

Establishing a safe, trauma-responsive environment is one component of providing trauma-responsive care. Other elements, discussed in more detail below, include:

- *Conducting universal, routine trauma screenings*
- *Creating collaborative relationships and participation opportunities*
- *Familiarizing patients with trauma-responsive services*
- *Viewing trauma through a sociocultural lens*
- *Fostering trauma-resistant skills*
- *Using a strengths-focused perspective to promote resilience*
- *Supporting control, choice and autonomy*
- *Teaching problem solving*
- *Providing hope – recovery is possible*
- *Demonstrating organizational and administrative commitment to trauma-responsive care*
- *Developing strategies to address secondary trauma and to promote self-care*

Recovery Support Professionals Must Avoid Re-Traumatizing

- Avoid touching without permission
- Avoid making any decisions for people
- Avoid pushing your agenda
- Be mindful of your word choices
- Be aware of what your non-verbal (body language) is saying

- Language matters and can trigger or re-traumatize
- We need to be aware of the words we choose, the tone we use and how we phrase our questions
- Things to consider when aiming for trauma sensitive language:
  - no labels
  - no judgement
  - no jargon

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Explanation

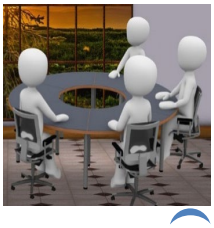
So what are some ways that you can minimize re-traumatizing the people with who you work?

- *Avoid touching people without their permission.*
- *This includes hugging, comforting them, assisting with any bags or items.*
- *Avoid making any decisions for the people who work with.*
- *Avoid pushing your agenda on the person who you are working with because you believe something is a priority.*
- *Let the person figure it out or bring it up at a meeting.*
- *Be mindful of your word choices and what you discuss with the people you are working with, because sometimes topics contain personal bias and judgments that can innocuously spill over.*
- *Be aware of what your non-verbal (body language) is saying.*
- *Pay attention to how you are validating or not validating the person's narratives. And of course, maintain any agreed upon boundaries as discussed earlier.*
- *Language matters and words have power. When speaking to someone who has been through trauma, words can re-trigger and risk re-traumatizing the person. We need to be aware of the words we choose, the tone we use and how we phrase our questions.*

- *Things to consider when aiming for trauma sensitive language:*
  - *no labels– for example– rather than a "no show," the person was not able to make their appointment today; rather than the patient "is manipulative," consider the patient "is trying to get his/her needs met"*
  - *no judgement- for example, rather than the patient is a "frequent flyer" or is "treatment resistant," consider the person has had multiple previous treatments or the types of treatment tried by the person have not been a good match for him/her yet.*
  - *no jargon- there are lots of 12-step words or words and language used by staff that may not be familiar or known to the person*

EXERCISE
Applying Trauma-informed Care Elements and Crisis Avoidance Strategies

- Break into groups
  - Part 1. Develop a case that shows the need for trauma-informed care elements and crisis reduction in a Recovery Support Professional and person in early recovery
  - Part 2. We will collect cases and then give the case to another group and that group will then develop a trauma-informed set of responses for dealing with the issues presented. Remember to use trauma-informed language.
  - Part 3. We will put your skills to work. Develop a list of triggering words.
  - Part 4. We will collect the list and then give it to another group and that group will then develop responses to address the colleague using the triggering words with specific words to use instead.



- ✓ You have 15 minutes to develop the case and then 15 minutes to complete part 2.
- ✓ We will share our cases and our responses larger group

246

Explanation

Break into groups

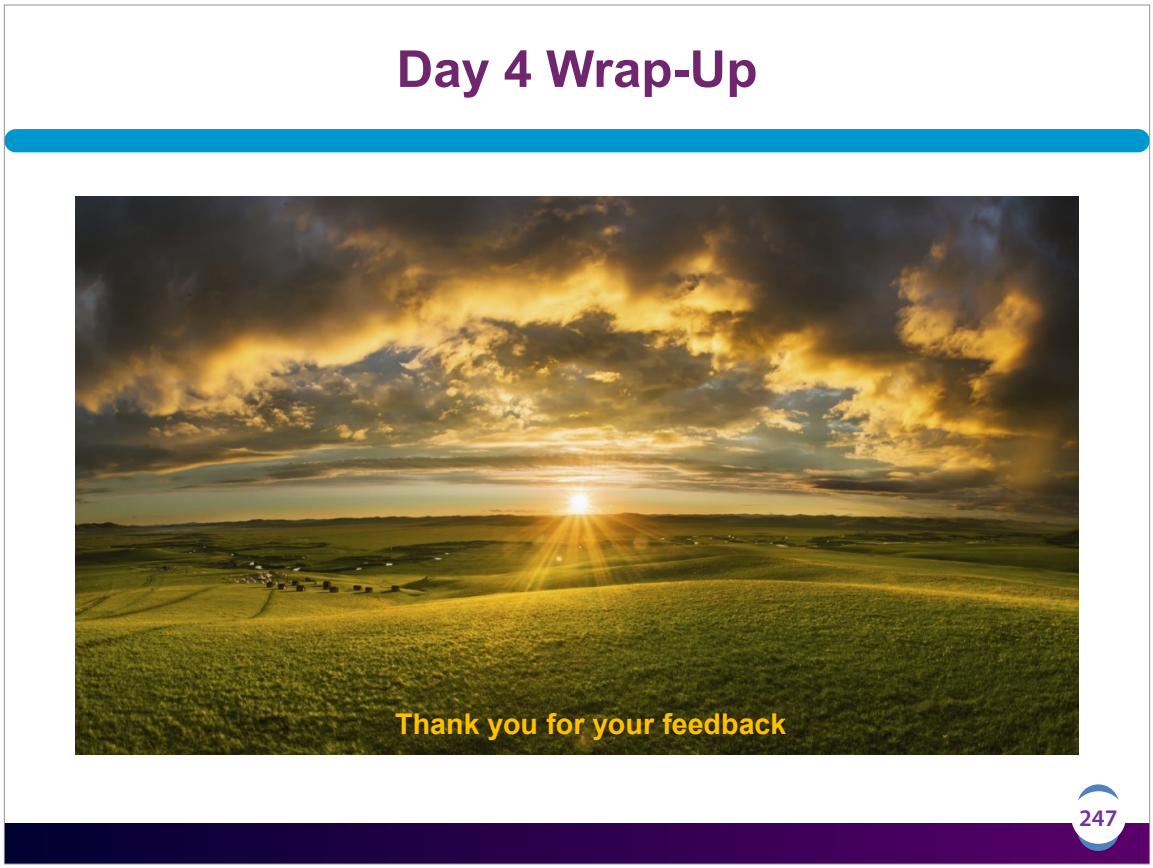
Part 1. Develop a case that shows the need for trauma-informed care elements and crisis reduction in a Recovery Support Professional and person in early recovery

Part 2. We will collect cases and then give the case to another group and that group will then develop a trauma informed set of responses for dealing with the issues presented. Remember to use trauma informed language.

Part 3. We will put your skills to work. Develop a list of triggering words.

Part 4. We will collect the list and then give it to another group and that group will then develop responses to address the colleague using the triggering words with specific words to use instead.

- ✓ *You have 15 minutes to develop the case and then 15 minutes to complete part 2.*
- ✓ *We will share our cases and our responses larger group*
- ✓ *Remember that this is a skills-based exercise as you will practice identifying trauma, identifying triggering words and then responding to the triggering words.*



Explanation

Thank you for your time and attention today as well as your dynamic participation.

Please make sure that you take the time to let us know any feedback that can be used to improve the overall course.

Stress and The Need For Self-care

- "Stress" is a word we all use daily because it has become such a part of our lives.
- The most common stressful events include:
  - Facing a major life change
  - Dealing with a chronic illness
  - Caring for an elderly parent
  - Holding down two jobs in order to make ends meet
  - Children having trouble in school
  - Transportation problems
  - Difficulties with a co-worker or supervisor

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Explanation

"Stress" is a word we all use daily because it has become such a part of our lives. When your day-to-day demands become overwhelming, unpredictable, or out of control, you experience some level of stress. Every magazine and every group has its own list of stressful things.

The most common include:

- *Facing a major life change: moving, marriage, divorce, a death in your circle, having children, children leaving home*
- *Dealing with a chronic illness*
- *Caring for an elderly parent*
- *Holding down two jobs in order to make ends meet*
- *Children having trouble in school*
- *Car trouble or other transportation problems that interfere with your ability to get to work or meet other obligations*
- *Difficulties with a co-worker or supervisor*

- *Other factors that should be on these lists of common stressors include:*
  - *Chaotic or troubled relationships including the presence or the threat of interpersonal violence*
  - *Working with people experiencing chaotic or troubled relationships including IPV*
  - *Feeling that you don't have a voice in how your program operates*
  - *A sense of job insecurity*
  - *Operating understaffed*
  - *Feeling that you need more training*

Burnout

- You may begin to feel exhausted and resentful of demands on you when you are not at work
- **BURNOUT**= Too many demands over a long period of time + High expectations + Not taking care of self
- *Ask yourself: Where are you with regard to becoming burned out?*

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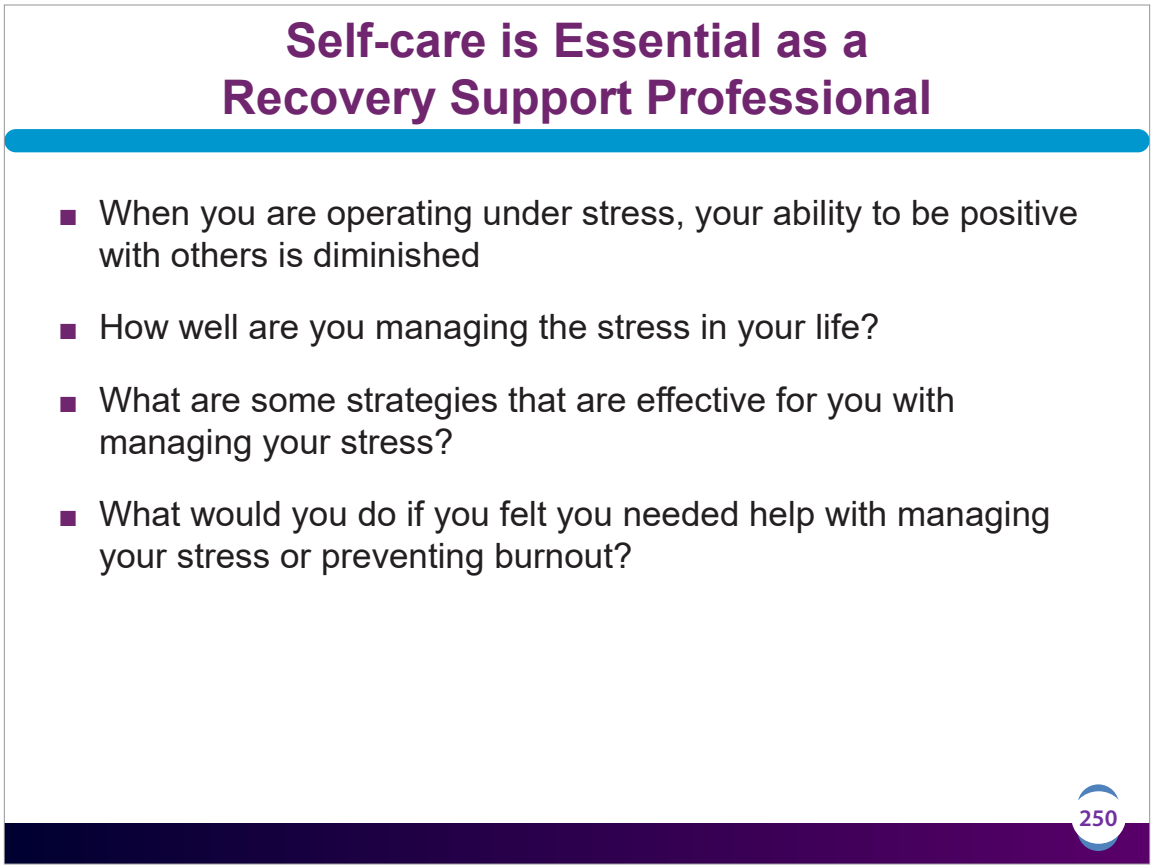
Explanation

Burnout

- *When you have been in the role of providing services to high-risk populations for a period of time, you may begin to feel exhausted and resentful of demands on you when you are not at work. For example, you may see the homeless woman standing on the corner asking for a dollar or the cashier at your grocery store may ask if you would like to 'round up' your bill for charity. You may say to both of these people "not today," but you may be thinking "I already gave (all I have to give) at work." Continued stress leads to burnout.*
- *BURNOUT= Too many demands over a long period of time + High expectations + Not taking care of self*
- *People coping with burnout:*
  - *Have low energy and enthusiasm*
  - *Show negative attitudes towards others*
  - *Put themselves down*
  - *Keep others at an emotional distance*
- *Ask yourself: Where are you with regard to becoming burned out?*



Explanation

Self-Care is Essential

- *When you are operating under stress, your ability to be positive with others is diminished so it is vitally important for all of us to have healthy strategies to manage our stress and prevent burnout.*
- *How well are you managing the stress in your life?*
- *What are some strategies that are effective for you with managing your stress?*
- *What specific things do you do on a weekly and on a daily basis to take care of yourself?*
- *What would you do if you felt you needed help with managing your stress or preventing burnout?*
- *What resources would you utilize?*

Self-care for Recovery Support Professionals

- Self-care is an essential skill for everyone
- Self-care refers to activities and practices on a regular basis to reduce stress
- Self-care is necessary for people to be effective
- Self-care includes being able to identify and address the challenges that Recovery Support Professionals face
- Self-care involves being aware of one's own personal risks

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Explanation

- *Self-care is extremely important, yet it is something which is too often forgotten about or underestimated. We can become so consumed by daily life that we forget to make time for ourselves.*
- *Self-care is an essential skill for everyone in the helping professions, sometimes called an ethical imperative given that it can reduce secondary trauma and improve individual care*
- *Self-care refers to activities and practices that people engage in on a regular basis to reduce stress*
- *Self-care is necessary for people to be effective*
- *Self-care includes being able to identify and address the challenges that we face*
- *Self-care involves being aware of one's own personal risks, including the risk for secondary trauma or burnout*

A good way to remember to care for yourself is to schedule time for you in your calendar. Write it down and then stick to it.

Self-care Plans: Overview

Self-care plans should come out of a self-assessment of current coping skills and self-care behaviors, and include focus on 4 domains:

1) Physical self-care
2) Psychological self-care
3) Emotional/relational self-care
4) Spiritual/purpose self-care

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Explanation

- *Later in this module we will complete exercises focusing on coping skills and self-care assessments*
- *Self-care also includes being aware of one's own personal vulnerabilities, such as the potential for vicarious traumatization when you work with individuals who have had traumatic experiences, or compassion fatigue which can develop from a combination of burnout and vicarious traumatization.*
- *One of the most important tasks you have to accomplish to allow you to help others is to manage your own trauma and stress.*

Essential Components Of Self-care Plans (The ABCs)

A. Awareness: of your own needs, feelings, limits, strengths, etc.. in all 4 domains (physical, psychological, emotional, spiritual). You will need quiet time to reflect to gain this awareness

B. Balance: between home and work, rest and activity, self and others

C. Connection: to self, to others, and to powers greater than self. Connection tends to decrease isolation and increase hope

Trauma-Informed Care in Behavioral Health Services. Treatment Improvement Protocol (TIP) Series, No. 57. Center for Substance Abuse Treatment (US). Rockville (MD): Substance Abuse and Mental Health Services Administration (US); 2014. Behind the Term: Trauma, SAMHSA's National Registry of Evidence-based Programs and Practices, 2016

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Explanation

Supervisors can review self-care plans with team members using the ABCs as a guide. Ask questions like:

- *Does the plan look at all 4 domains and identify needs, limits, etc.. in each?*
- *Does the plan include a balance of activities in different life domains?*
- *Does the plan include activities that foster improved connections to self, others and greater powers?*

The Importance of Social Support Networks

- There are huge benefits to having a network of supportive relationships in your life- Recovery Support Professionals are especially able to thrive in support!
- Research has repeatedly shown that those with positive support networks have better health, live longer lives, and report greater well-being
- Friends and loved ones can help you identify when you are stressed, and can help you think through alternatives and solve problems, and provide encouragement
- People in your support network can often also provide you with information, advice, guidance, and assistance
- Friends and loved ones will listen to your fears, hopes, and dreams, and make you feel seen and understood

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Explanation

- *A social support network is different from a support group, though both can be very important and helpful in times of stress.*
- *There are huge benefits in having a network of supportive relationships in your life.*
- *Research has repeatedly shown that those with positive support networks have better health, live longer lives, and report greater well-being.*
- *The support of friends and loved ones can make you more resilient in times of stress, setback, or loss, and their presence can also make the good times immeasurably better.*
- *In addition to buffering stress, some friends and loved ones can even help you identify when you are stressed or distressed — in some cases they may notice it before you do.*
- *Practical benefits may include knowing people who can provide you with information, advice, guidance, and assistance. This feature of social support can be comforting and enhance your feelings of security.*
- *Supportive relationships can also bolster you emotionally when you're feeling lonely, down or overwhelmed.*
- *Friends and loved ones will listen to your fears, hopes, and dreams, and make you feel seen and understood.*
- *They can help you think through alternatives and solve problems, distract you from your worries, and provide encouragement.*
- *All of these benefits help to reduce stress*

Examples of Self-care Strategies For Recovery Support Professionals

- Maintain a healthy work/life balance
- Eat healthy foods
- Exercise regularly
- Foster relationships with friends and family members
- Laugh often
- Develop healthy boundaries
- Ask for help
- Manage and reduce stress
- Honor emotional and spiritual needs
- Take breaks during the day
- Listen to music
- Walk in nature
- Take vacations
- Engage in social activities
- Practice mindfulness or meditation

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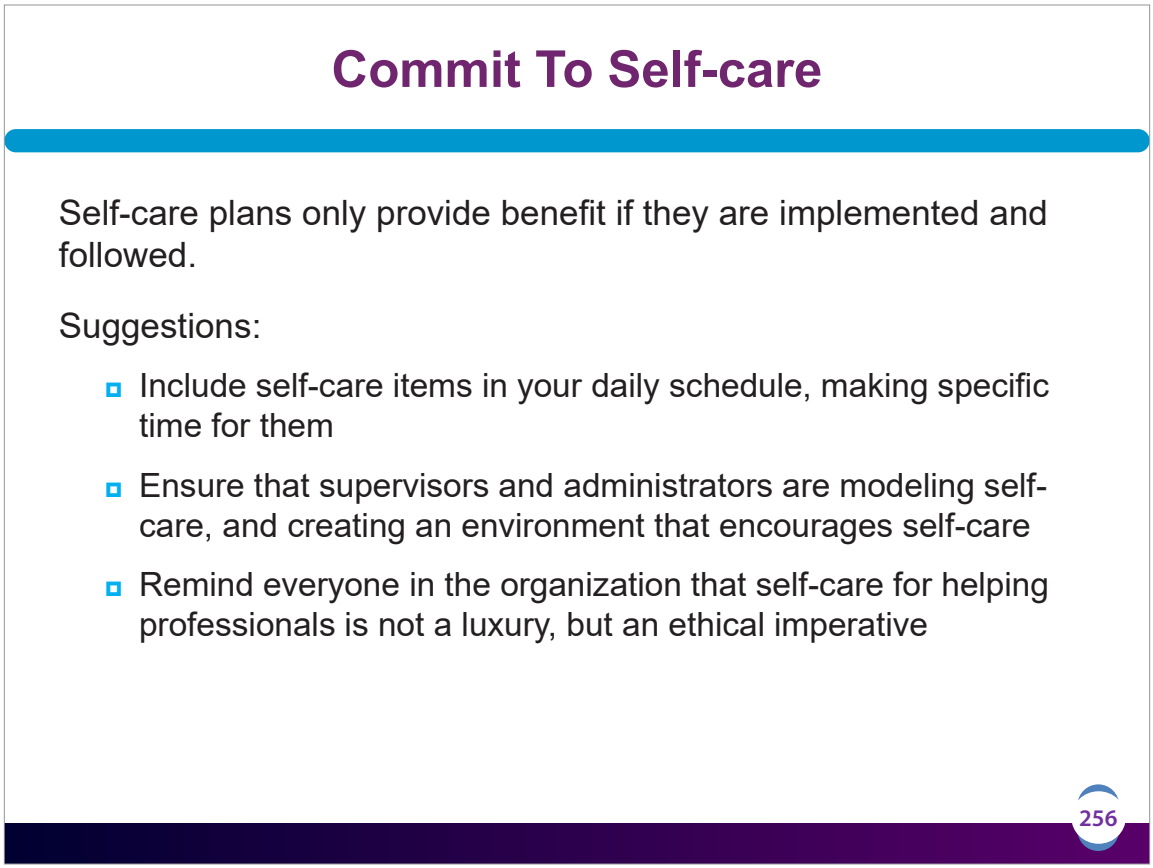
Explanation

Each of these activities is important for preventing compassion fatigue, secondary trauma, and burnout.



Explanation

Self-care plans only provide benefit if they are implemented and followed.

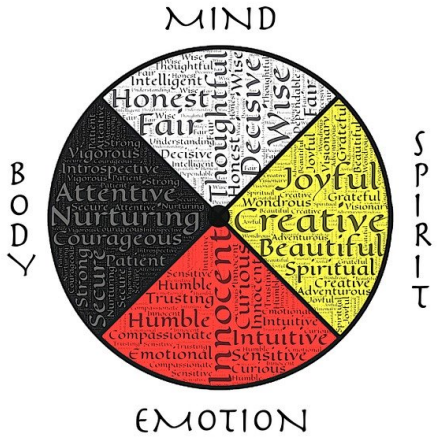
Suggestions:

- *Include self-care items in your daily schedule, making specific time for them. Focus on identifying the obstacles that one faces and the opportunities to overcome the obstacles to implementing self-care*
- *Ensure that supervisors and administrators are modeling self-care, and creating an environment that encourages self-care*
- *Remind everyone in the organization that self-care for helping professionals is not a luxury but an ethical imperative if they are going to provide high-quality care to individuals- especially populations with substance use histories*
- *Other suggestions?*

Elements In A Self-care Plan

Different aspects to self-care:

- Workplace or Professional
- Physical
- Psychological
- Emotional
- Spiritual
- Relationships



257

Explanation

- *Self-care plans only provide benefit if they are implemented and followed. Suggestions:*
- *Include self-care items in your daily schedule, making specific time for them*
- *Ensure that supervisors and administrators are modeling self-care, and creating an environment that encourages self-care*
- *Remind everyone in the organization that self-care for helping professionals is not a luxury but an ethical imperative if they are going to provide high-quality care to individuals- especially populations with trauma histories*

EXERCISE
Individual Self-care

Domain	What needs to change	What I will do to change
Workplace or Professional		
Physical		
Psychological		
Emotional		
Spiritual		
Relationships		

✓ **Please take 15 minutes to complete this chart on your own and for yourself.**

258

Explanation

- *The following chart lists the domains of self care – these are ideas, you may want to revise, ad or subtract from the domains to best fit your circumstances. Then, within each domain, what about your self-care needs to change and what specific actions will you take to change and increase or improve your self-care. For example, in the workplace, maybe you eat lunch at your desk and answer emails. What could change- you take your lunch and eat outside away from your computer.*
- *Please take 15 minutes to complete this chart on your own and for yourself.*
- *We will not discuss it unless people want to share items from their work.*

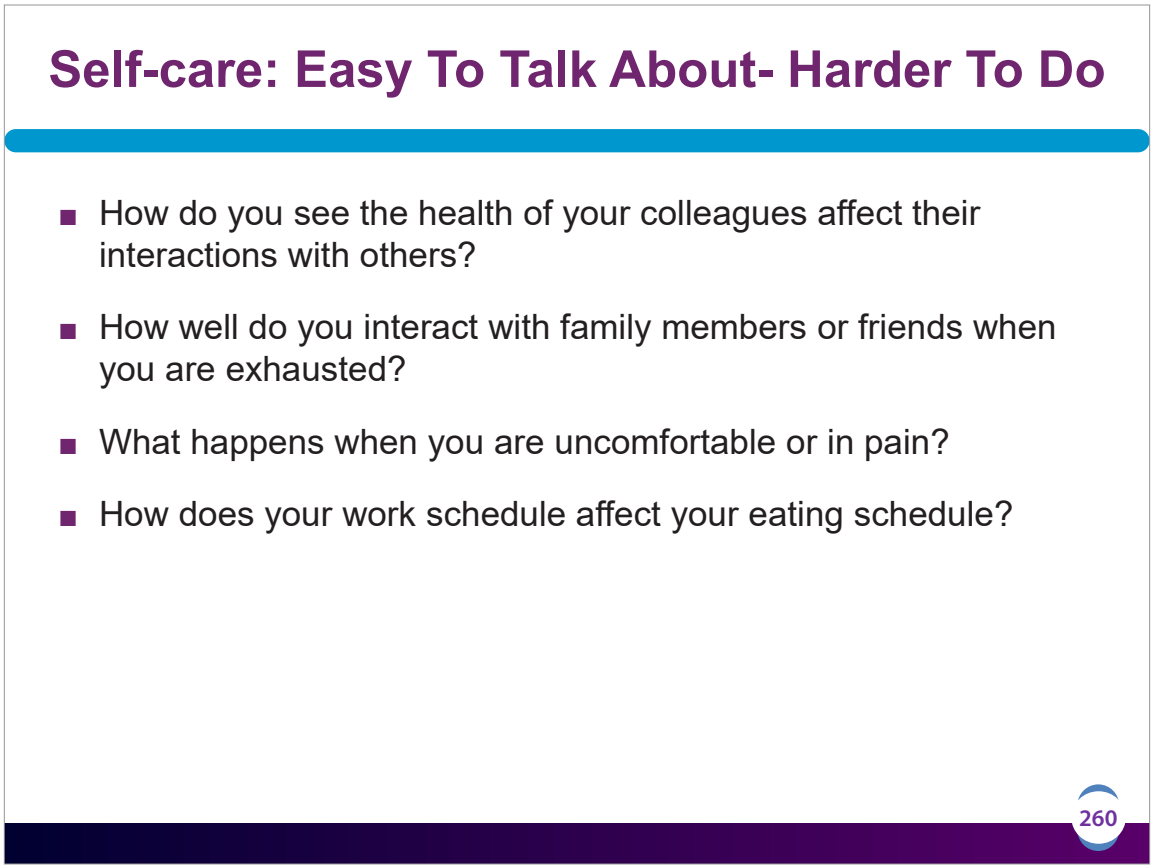
Self-care is Vital and Necessary

- We can see that self-care is vital and necessary.
- What are some things you can do?
  - Maintain boundaries
  - Consult with others
  - Get supervision
  - Address your own wellness dimensions
  - Find joy
  - Address concerns you have
  - Know your limits

259

Explanation

- *We can see that self-care is vital and necessary.*
- *What are some things you can do?*
  - *Maintain boundaries*
  - *Consult with others*
  - *Get supervision*
  - *Address your own wellness dimensions*
  - *Find joy*
  - *Address concerns you have about something in the system or with the people you are helping.*
  - *Know your limits*

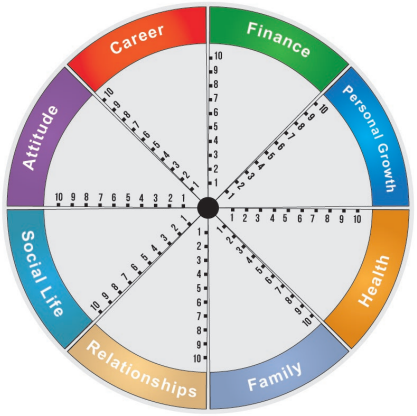


Explanation

- *How do you see the health of your colleagues affect their interactions with others?*
- *How well do you interact with family members or friends when you are exhausted?*
- *What happens when you are uncomfortable or in pain?*
- *How does your work schedule affect your eating schedule?*

Self-care is a Part of Wellness

- Wellness is the totality of many parts. It is also essential for recovery
- Common components to wellness:
  - Social aspects
  - Attitude/ self-talk aspects
  - Career aspects
  - Financial aspects
  - Spiritual/ intellectual personal growth aspects
  - Physical/emotional health aspects
  - Family aspects
  - Relationship aspects
  - Social life/Environmental aspects



261

Explanation

- *Wellness is the totality of many parts. It is also essential for recovery*
- *There are many models on wellness and many beliefs that frame these models. We are going to focus on one model developed by the Substance Abuse and Mental Health Service Administration (SAMHSA). This model identifies eight different components to wellness.*
- *These are similar to the ones we looked at earlier. Take a moment to use the wheel yourself to see how you are doing today.*

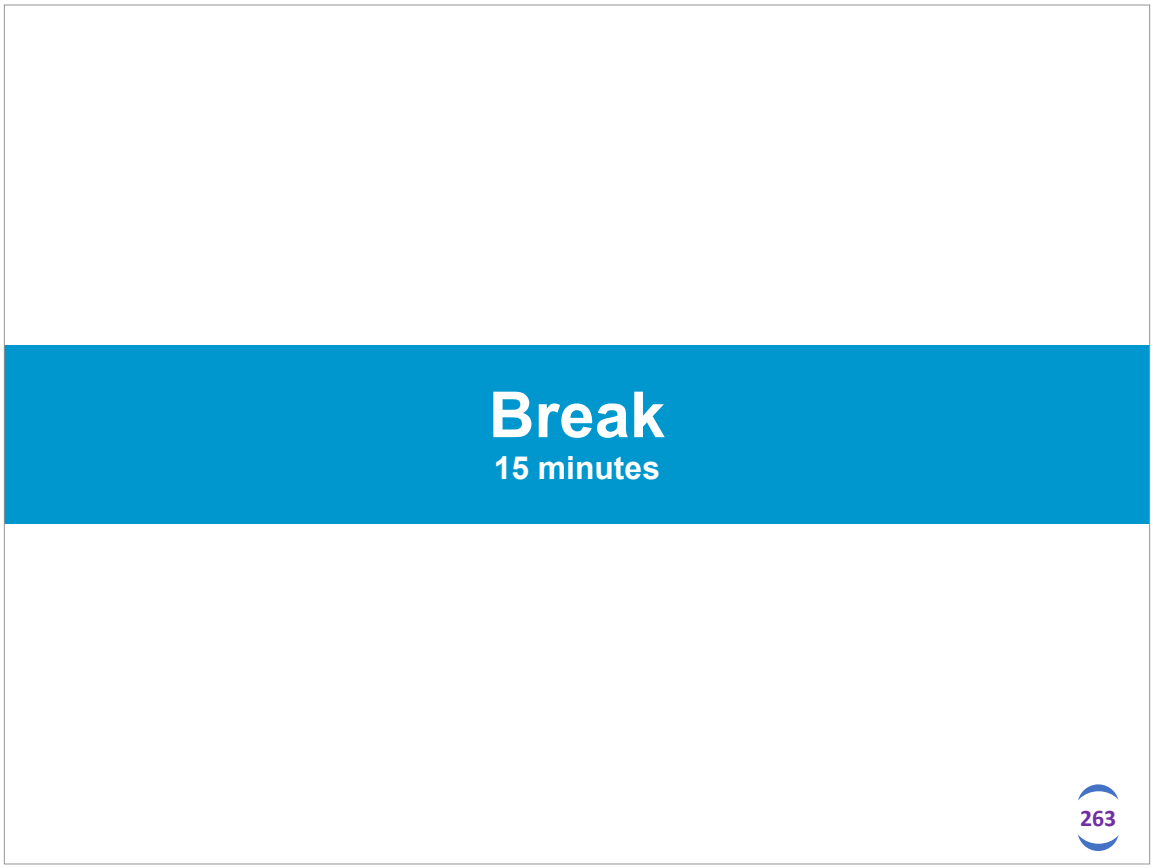
SUMMARY
Module 4 Learning Objectives

- Demonstrate the teaching of what trauma is and why it is important to understand when working as a Recovery Support Professional
- Define vicarious trauma and why it matters for Recovery Support Professionals
- Articulate at least three ways of addressing vicarious trauma
- Develop a self-care plan

262

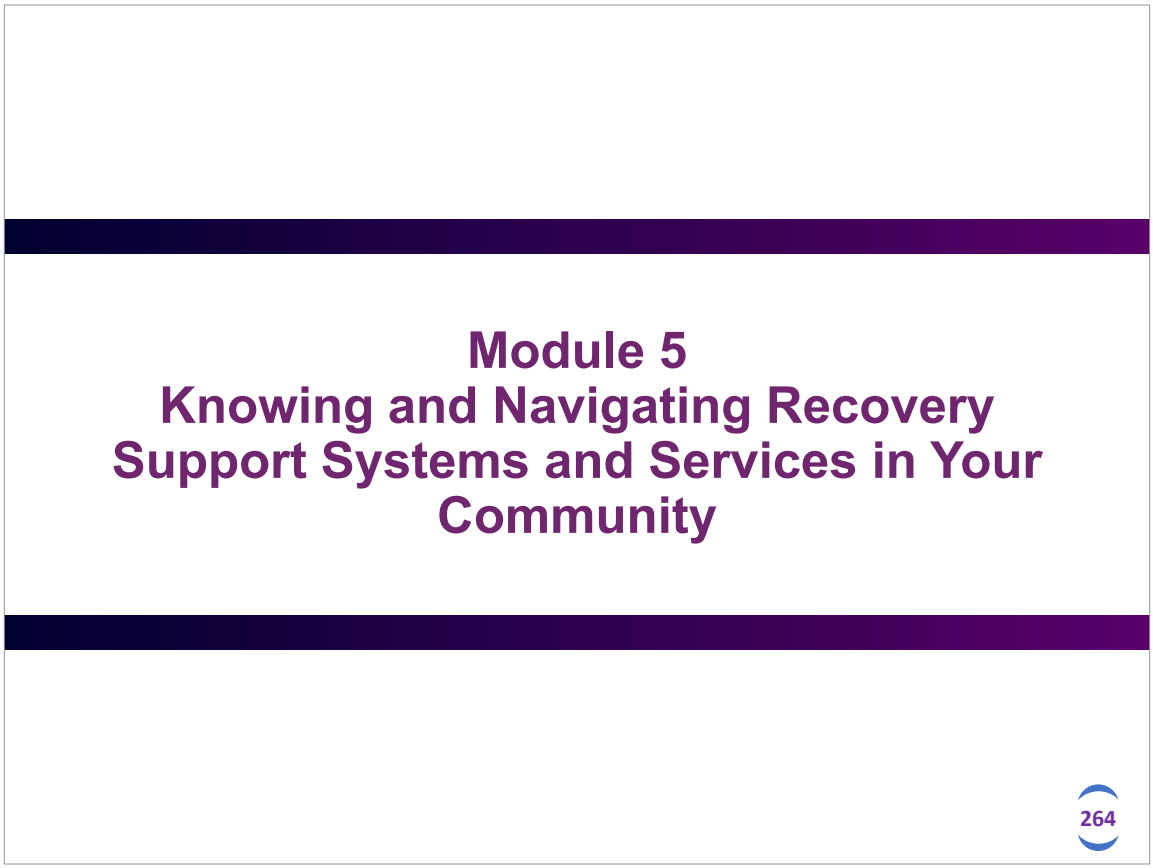
Explanation

- *As noted on the slide, the first learning objective is to demonstrate the teaching of what trauma is an why it is important to understand when working as a Recovery Support Professional*
- *For our second objective, define vicarious trauma and why it matters for Recovery Support Professionals*
- *For the third objective, articulate at least three ways of addressing vicarious trauma*
- *The final learning objective is to develop a self-care plan- such a plan is important for you to develop and implement so you can make sure you are being a role model of healthy recovery and able to feel vibrant and fulfilled so you can bring your best self to the work to help others who need you.*
- *What do you all remember from this module?*



Explanation

At this point in our training, let's take a break. Please return in 15 minutes so we can stay on track and be respectful of your time and the time of our other training participants.



Explanation

At this point in our training we are going to turn to how Recovery Support Professionals know and navigate the resources in the community to help others find and stay in recovery.

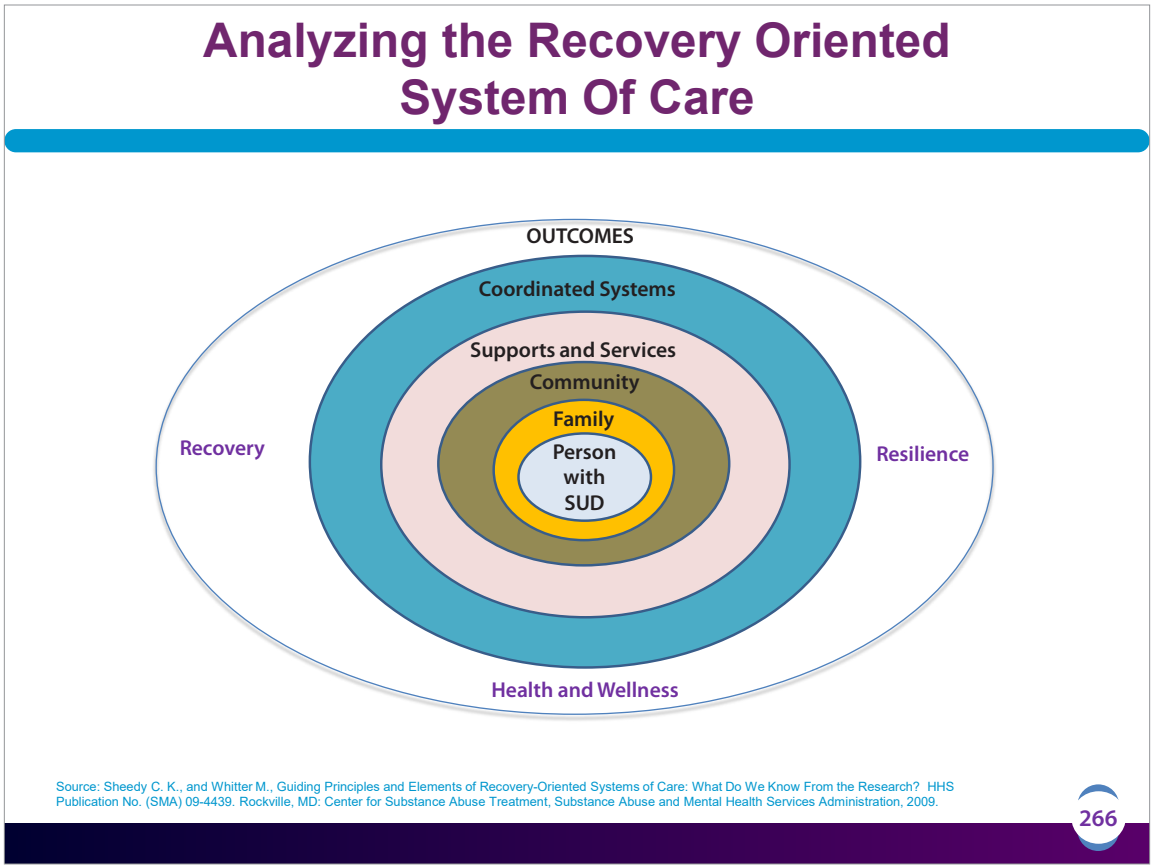
Module 5 Learning Objectives

- Demonstrate the mapping of resources in the community for the Recovery Support Professional
- Articulate the strengths and gaps in the recovery community for the Recovery Support Professional and develop at least two strategies to overcome the gaps

265

Explanation

- *As noted on the slide, the first learning objective is to demonstrate the mapping of resources in the community for the Recovery Support Professional*
- *The second learning objective is to articulate the strengths and gaps in the recovery community for the Recovery Support Professional and develop at least two strategies to overcome the gaps*



Explanation

Now we are going to talk about what is in your community to support the recovery oriented system of care and what Recovery Support Professionals need to do to be able to help those they work with to know and use the resources in the community.

On the next slide we will look at examples of what may be contained within each of the circles- the largest outer circle or outcomes can be categorized into recovery, resilience and health and wellness- these are the outcomes that can happen for all of the inner circles when the recovery oriented system of care is functioning well.

A Detailed Example of a Recovery Oriented System of Care

Editor's Note: This graphic is a conceptual model of the system Dr. Clark envisions. Recovery encompasses wellness and health, and is achieved through involvement in a variety of systems of care available in the community. Not all communities, however, contain a rich menu of services and support. Recovery management includes assessing available services and linking the person in early recovery to the systems most relevant to personal needs.

Source: http://www.attcnetwork.org/learn/topics/rosc/docs/AddicMsgVol.11,Issue4NEW.pdf p.2 (2008)

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Explanation

- *A recovery-oriented system of care serves those with or at risk for substance use problems. The parts of recovery management that we looked at are a part of the overall recovery-oriented system of care.*
- *SAMHSA defines a recovery-oriented system of care as:*
- *"A recovery-oriented system of care is a coordinated network of community-based services and supports that is person-centered and builds on the strengths and resiliencies of individuals, families, and communities to achieve abstinence and improved health, wellness, and quality of life for those with or at risk of alcohol and substance problems."*
- *The main idea of a recovery-oriented system of care is to create an infrastructure of resources and services that effectively addresses the full range of substance use problems within communities.*
- *The model illustrates the range of services that may be offered in a recovery-oriented system of care. It provides individuals and families with a host of options with which to make informed decisions regarding their care.*
- *To clarify further, a recovery-oriented system of care is not a government or nongovernmental system. Instead, it refers to the complete network of indigenous and professional services and relationships that can support the long-term recovery of individuals and families. Guiding the individual and his or her family into relationship with a larger community of shared experience (a recovery community).*
- *As you can see the outer circle shows the outcomes that can occur when the system is functioning well.*

EXERCISE

Assessing A General Recovery Oriented System Of Care

- Break into small groups.
  - Review the figures and label what your communities have that meet the services and systems of care
  - Label the items you have and circle the services or systems you are missing and want to have (what are your needs?)
  - Develop steps that would help you get the needed services and systems (What resources do you need for action?)
  - Answer what can Recovery Support Professionals do to help create the recovery oriented system of care for those with whom they work?
  - ✓ There are 25 minutes for the activity and then 5 minutes for each group to report to the full audience

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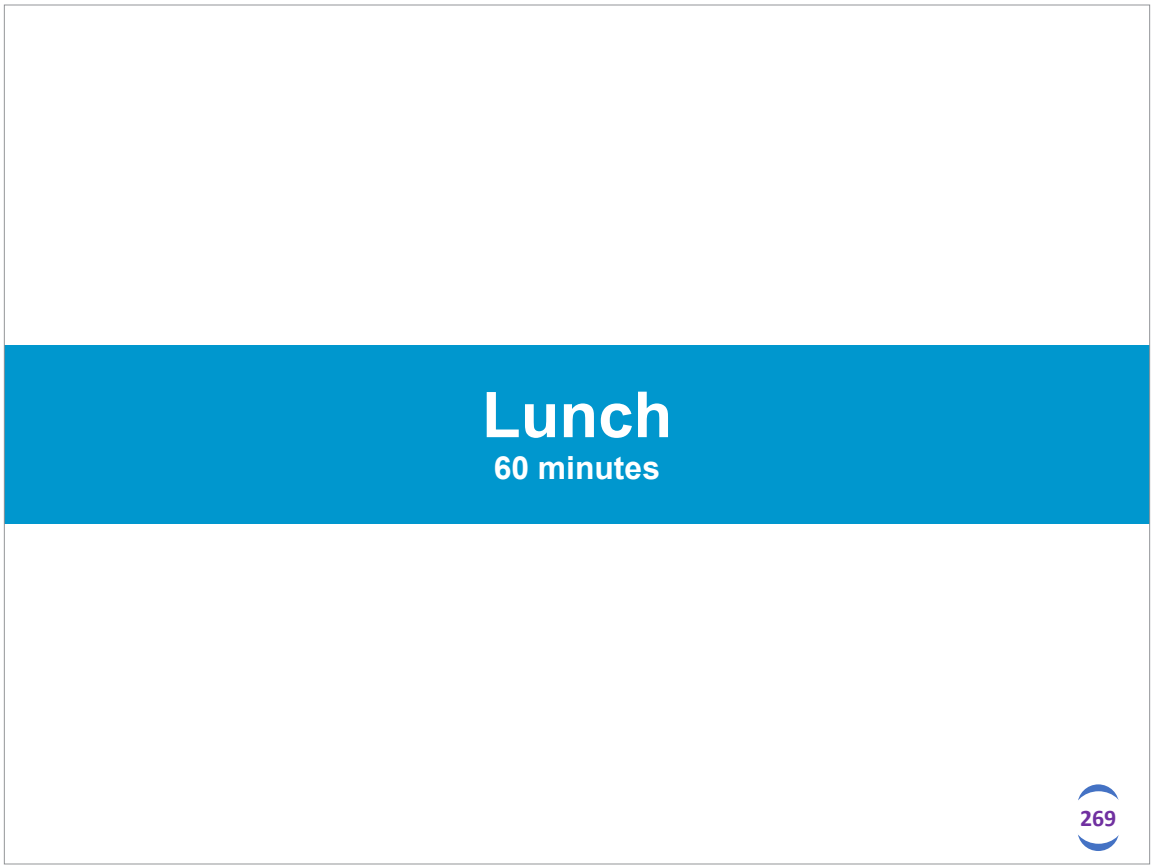
Explanation

- *Review the figure and label what your community has that meet the services and systems of care*
- *Label the items you have and circle the services or systems you are missing and want to have*
- *Develop steps that would help you get the needed services and systems*
- *Needs are the gap between what a situation is and what it should be.*
- *Resources are those things that can be used to improve the quality of community life.*
- *Create a vision of how things could be and be ready to discuss the barriers and opportunities for addressing the gaps in services.*



Explanation

Let's now take the next 60 minutes for lunch.

EXERCISE

Assessing Your Own Recovery Oriented System Of Care

- Individual exercise
  - Review the figures and label what your community has that meet the services and systems of care
  - Label the items you have and circle the services or systems you are missing and want to have (what are your needs?)
  - Develop steps that would help you get the needed services and systems (What resources do you need for action?)
  - ✓ There are 20 minutes for the activity

270

Explanation

- *Now that we have done a more general review, we will look at completing your own assessment for your community.*
- *Review the figure and label what your community has that meet the services and systems of care*
- *Label the items you have and circle the services or systems you are missing and want to have*
- *Develop steps that would help you get the needed services and systems*
- *Needs are the gap between what a situation is and what it should be.*
- *Resources are those things that can be used to improve the quality of community life.*
- *Create a vision of how things could be and be ready to discuss the barriers and opportunities for addressing the gaps in services.*

Mapping The Assets In Your Community

- Consider what resources you have available to help those with whom you are working
- Mapping the resources can help you think of:
  - what you can use (and what you can use better)
  - what you can connect
  - what adds value to the person with whom you are working

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Explanation

- *Mapping can help you consider what resources you have available to help others. Now that we have looked at the larger system- let's think about a local community.*
- *It can help you think of what you can use (and what you can use better), what you can connect, what adds value to the people you are working with and your larger community.*
- *It can also help you focus on resources that are not tangible, like skills and personal relationships that are important to create change.*

EXERCISE
Mapping Communities

- A community of place is a group of people that lives in a specific geographical area (e.g. people from the same neighborhood).
- A community of identity is a group that shares the same values like recovery
- What assets/resources support community?
- Focus on PEOPLE, PLACES and POLITICS
- PEOPLE (RED) are groups, individuals, organizations, networks, communities and they are often intangible (skills, relationships etc...)
- PLACES (GREEN) are buildings, natural environment, public spaces (assets where people come together)
- POLITICS (YELLOW) are processes, forums, people involved in decision making and that influence the use and distribution of resources
- Take about 25 minutes for this exercise and then volunteers will present their maps

IACD 'Appreciating Assets' http://www.iacdglobal.org/publications-and-resources/iacd-publications/appreciating-assets
Carnegie UK Trust http://carnegieuktrust.org.uk/getattachment/aedb15fb-a64a-4d71-a2d6-e8e6e865319b/Appreciating-Assets.aspx

272

Explanation

- *A community of place is a group of people that lives in a specific geographical area (e.g. people from the same neighborhood).*
- *A community of identity is a group that shares the same values like recovery*
- *Define your community*
- *Then think about what assets/resources support your community with regard to helping people in recovery.*
- *PEOPLE are groups, individuals, organizations, networks, communities and they are often intangible (skills, relationships etc...).*
- *PLACES are buildings, natural environment, public spaces (assets where people come together).*
- *POLITICS are processes, forums, people involved in decision making and that influence the use and distribution of resources*
- *Use the color code for mapping people places and politics*
- *Write down as many people, places and politics as you can for your community How are they related? Can they be mapped or arranged in some way? Where are the connections? Where could there be connections?*

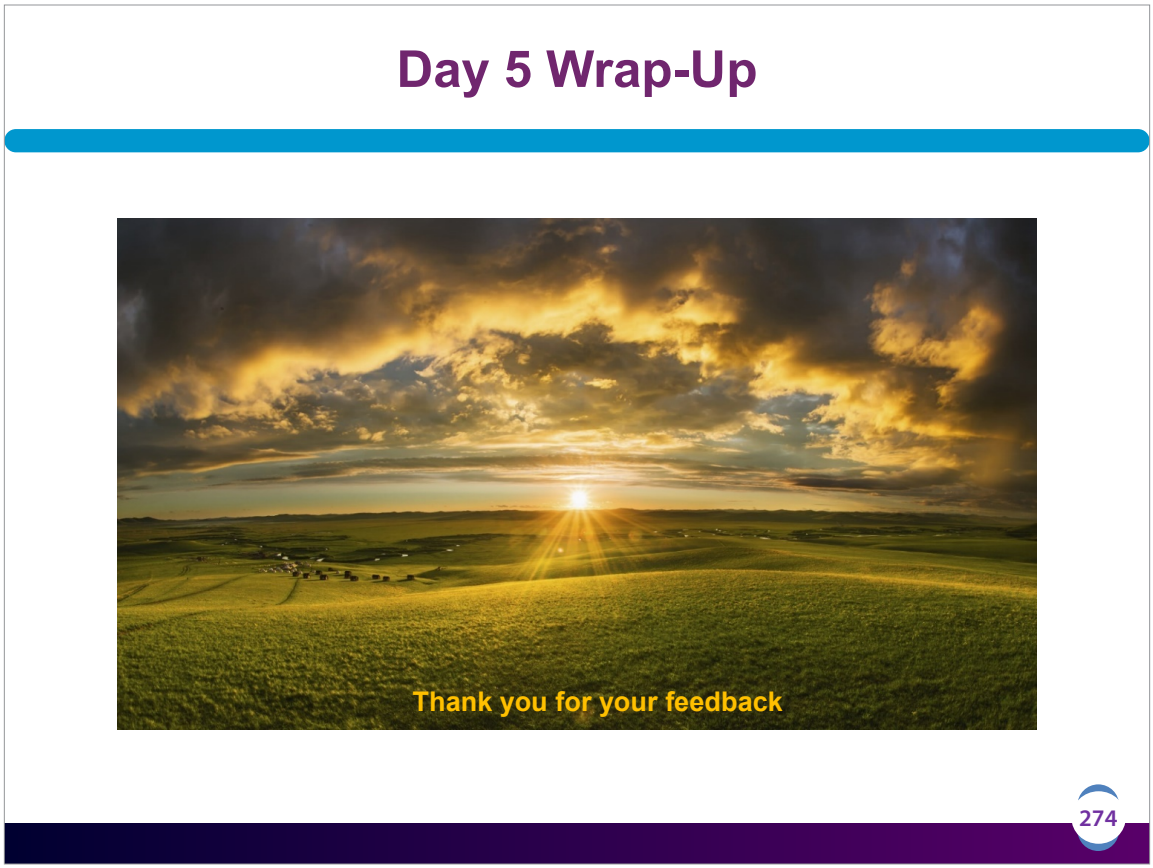
SUMMARY
Module 5 Learning Objectives

- Demonstrate the mapping of resources in the community for the Recovery Support Professional
- Articulate the strengths and gaps in the recovery community for the Recovery Support Professional and develop at least two strategies to overcome the gaps

273

Explanation

- *As noted on the slide, the first learning objective is to demonstrate the mapping of resources in the community for the Recovery Support Professional*
- *The second learning objective is to articulate the strengths and gaps in the recovery community for the Recovery Support Professional and develop at least two strategies to overcome the gaps*
- *What are the main take away points you found from this module?*



Explanation

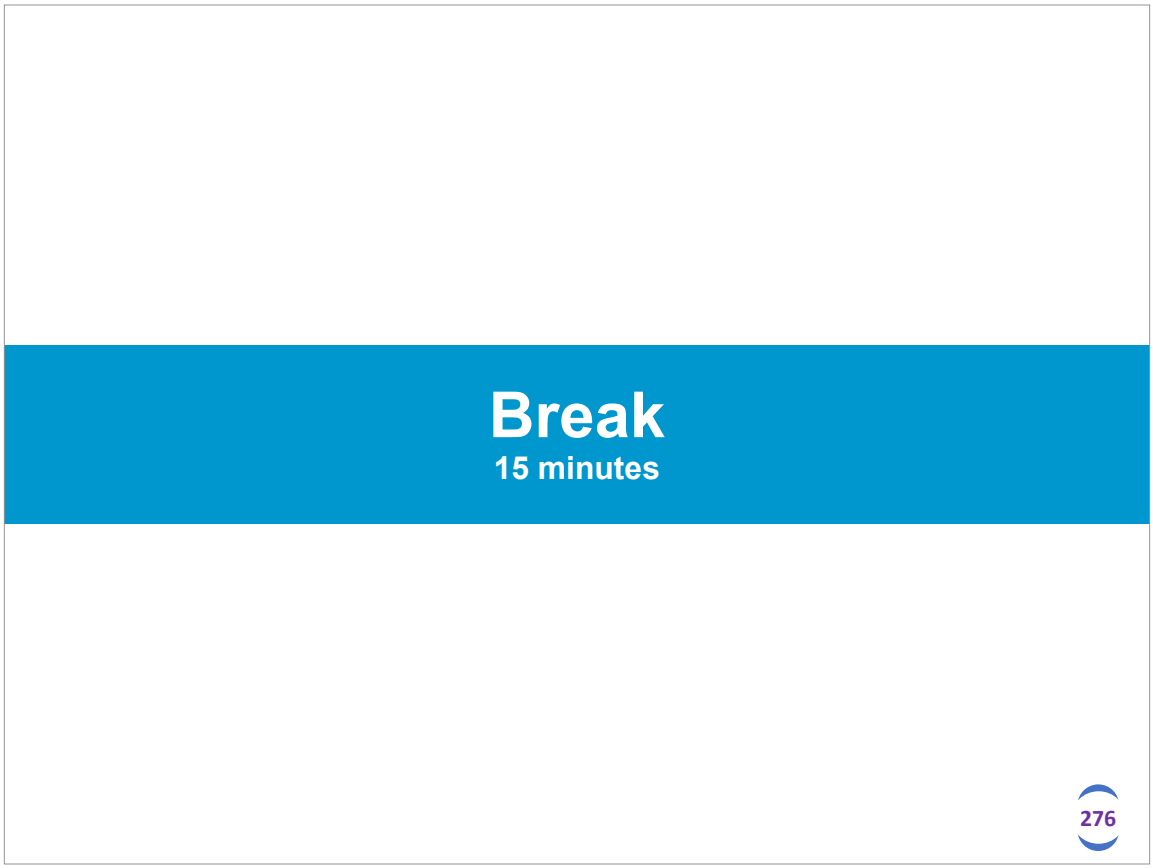
Thank you for your time and attention today as well as your dynamic participation.

Final Thought

275

Explanation

Thank you for being the role models and lights of recovery for all who know you.



Explanation

At this point in our training, let's take a break. Please return in 15 minutes so we can stay on track and be respectful of your time and the time of our other training participants.

Post-Test

- 30 minutes is allocated to complete the test
- Remember to complete the training evaluation

277

Explanation

Now we will see what information you know about peers as an important process in recovery. This post-test helps us gauge what you learned.

PART III:
APPENDICES

APPENDICES

APPENDIX A: HAND-OUTS

Empathy Scripts

Short story for empathy	Empathetic response
My husband beat me last night because he came home drunk and was mad that I had used all of the rest of the drugs in the house.	
I am feeling really sad today. Nothing is going my way and I just feel like giving up and using drugs. I have held out for so long and recovery hurts more than drug use hurts.	
My wife left me. She just moved out and said she did not love me.	
I can't sleep anymore, I use to be able to use drugs to sleep but being in recovery I have to find my own ways of sleeping and I am so tired and frustrated.	
I do not know what to do, my whole life, every part of it is a mess. My dog died, my husband cheats on me and my mother-in-law treats me like a slave.	
I am really feeling like using today. It is all I can think about. I even smell the drugs and my mouth waters for them.	
I am not sure I can do this anymore. I just want to run away and start over but I do not have any place to go.	
I am so mad! Everyone is against me and puts obstacles in my way.	
My children do not talk to me anymore. They say I am an embarrassment to the family. They say I am selfish and cruel and that they want to disown me.	

What have I done to deserve this? Nothing is going my way. I have lost everything and now in recovery life just stinks. I feel no pleasure in anything I do.	
I am really struggling today. I had a dream about using drugs and it is just staying with me all day.	
I am eating all the time. All I want to do is eat cakes and candy. I have gained a lot of weight, my clothes are tight, and I feel ugly.	

Recovery Capital Scale

Place a number by each statement that best summarizes your situation.

5- Strongly Agree	4- Agree	3- Sometimes	2- Disagree	1- Strongly Disagree

_____ I have the financial resources to provide for myself and my family.

_____ I have personal transportation or access to public transportation.

_____ I live in a home and neighborhood that is safe and secure.

_____ I live in an environment free from alcohol and other drugs.

_____ I have an intimate partner supportive of my recovery process.

_____ I have family members who are supportive of my recovery process. I have friends who are supportive of my recovery process.

_____ I have people close to me (intimate partner, family members, or friends) who are also in recovery.

_____ I have a stable job that I enjoy and that provides for my necessities.

_____ I have an education or work environment that is conducive to my long-term recovery.

_____ I continue to participate in a continuing care program of an addiction treatment program, (e.g., groups, alumni association meetings, etc.)

_____ I have a professional assistance program that is monitoring and supporting my recovery process.

_____ I have a primary care physician who attends to my health problems. I am now in reasonably good health.

_____ I have an active plan to manage any lingering or potential health problems.

_____ I am on prescribed medication that minimizes my cravings for alcohol and other drugs.

_____ I have insurance that will allow me to receive help for major health problems.

_____ I have access to regular, nutritious meals.

_____ I have clothes that are comfortable, clean and conducive to my recovery activities.

_____ I have access to recovery support groups in my local community

_____ I have established close affiliation with a local recovery support group.

_____ I have a sponsor (or equivalent) who serves as a special mentor related to my recovery.

_____ I have access to online recovery support groups

_____ I have completed or am complying with all legal requirements related to my past.

_____ There are other people who rely on me to support their own recoveries.

_____ My immediate physical environment contains literature, tokens, posters or other symbols of my commitment to recovery.

_____ I have recovery rituals that are now part of my daily life.

_____ I had a profound experience that marked the beginning or deepening of my commitment to recovery.

_____ I now have goals and great hopes for my future.

_____ I have problem solving skills and resources that I lacked during my years of active addiction.

_____ I feel like I have meaningful, positive participation in my family and community. Today I have a clear sense of who I am.

_____ I know that my life has a purpose.

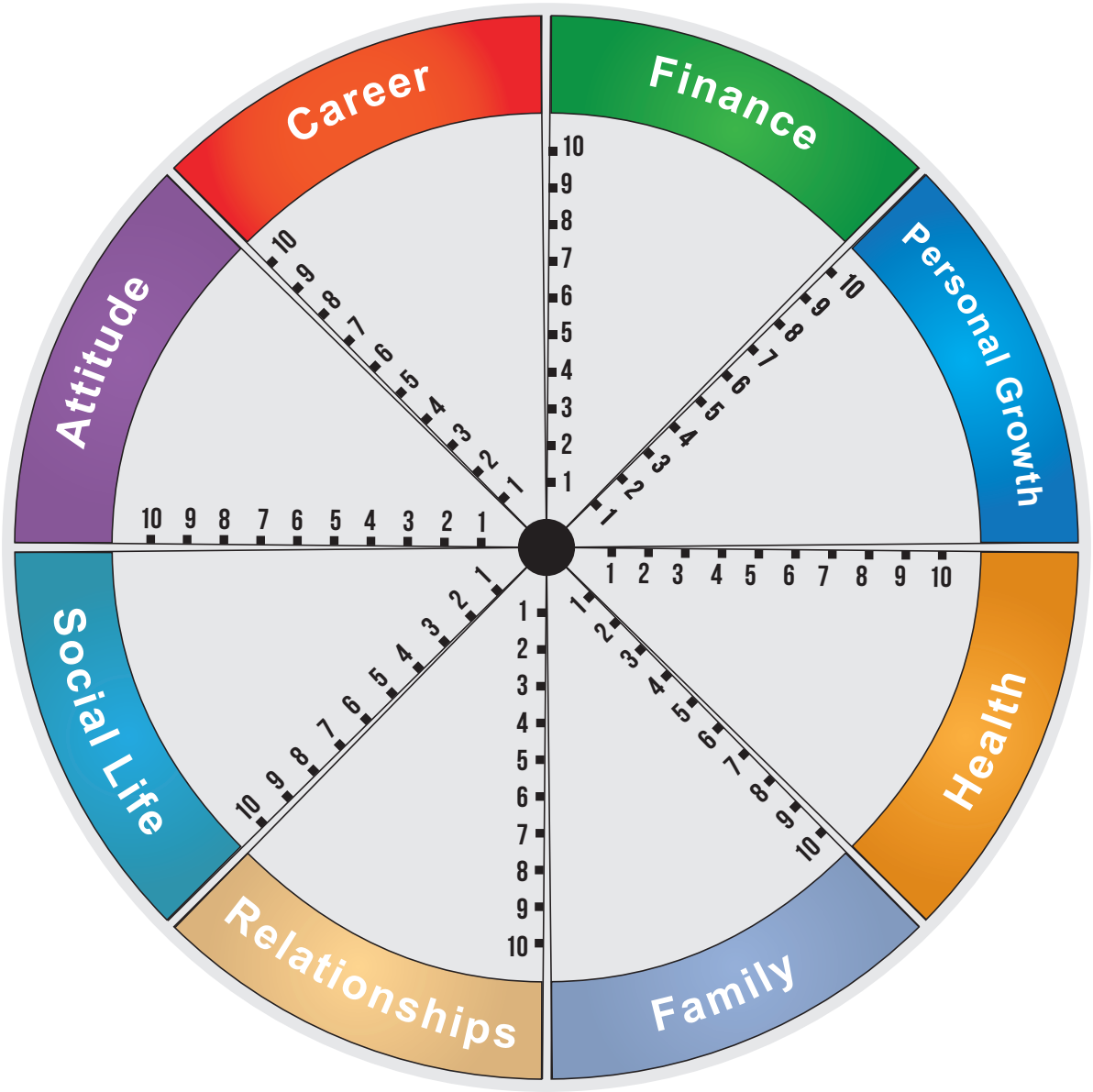
_____ Service to others is now an important part of my life.

_____ My personal values and sense of right and wrong have become clearer and stronger in recent years.

Possible Score: 175

My Score: _____

Wheel of Life



Code of Ethics for Recovery Support Professionals

The Code of Ethics for Recovery Support Professionals outlines basic values and principles of peer support practice.

This code serves as a guide for Recovery Support Professionals. The professional responsibility and ethical standards for the profession are explained herein.

A Recovery Support Professionals' responsibility is to help persons with substance use disorder identify, plan and achieve their personal recovery goals.

Recovery Support Professionals shall maintain high standards of personal conduct, and conduct themselves in a manner that supports their own recovery. The "Principle of Self-Determination for All" guides Recovery Support Professionals who serve as advocates for the person(s) serve.

Recovery Support Professionals shall not perform services outside of their scope of practice and boundaries of their helping role.

Recovery Support Professionals shall be aware of the need for training and limits of their training and capabilities and seek regular supervision from appropriately trained and credentialed professionals.

Recovery Support Professionals shall collaborate with other professionals to best meet the needs of the person(s) served.

Recovery Support Professionals shall preserve an objective and professional relationship at all times with individuals they are asked to help.

Recovery Support Professionals shall maintain professional boundaries with and the confidentiality of those they are responsible for helping to achieve and maintain recovery.

Section I: Conduct:

As a Recovery Support Professional, I shall:

1. Accurately identify my qualifications, training and credentials to all whom I serve and to the public.
2. Conduct myself in accordance with other relevant Codes of Ethics.
3. Make public statements or comments that are true and may reflect positively on my profession.
4. Maintain abstinence from alcohol or other mood-altering substances.
5. Recognize personal issues that may impact or impair my performance as a credentialed Recovery Support Professional. Seek professional aid when life circumstances cause negative effects on my own recovery.

6. I understand that suspension of my credentials may be necessitated as a result of professional misconduct. Examples of misconduct may include having sexual /romantic/business/social relationship, working outside his/her scope of competence.
7. Respect and acknowledge the professional efforts and contributions of others and give appropriate credit to others. If involved in research, I shall give credit to those who contribute to the research.
8. Maintain required documentation for and in all client/patient records as required by my agency. Make certain that records are documented honestly and objectively and stored securely. Agency disposal of records policy shall be adhered to.
9. Protect the privacy and confidentiality of persons served.
10. Use client/patient contact information in accordance with agency policy.
    a. Follow ethical social media policies in communication with clients/patients

Section II: Conflict of Interest: I shall:

11. Reveal any perceived conflict of interest immediately to my supervisor and remove myself from the professional relationship as required.
12. Disclose any existing or pre-existing professional, social, or business relationships with person(s) served. I shall determine, in consultation with my supervisor, whether existing or pre-existing relationships interfere with my ability to provide Recovery Support Professional services to person(s) served.
13. Inform clients/patients of costs of services as established by the agency for which I am employed and not charge person served beyond fees established.
14. Discontinue any existing 12-step sponsor relationships with those individuals with whom I may be additionally serving in the capacity of Recovery Support Professional. (This avoids the Recovery Support Professional from engaging in dual relationships; it also prevents the violation of 12-step fellowship traditions which prohibit members who are acting as 12-step sponsors to receive payment for such sponsorship activities.)

Section III: Recovery Support Professional/ Client/Patient Relationship I shall:

15. Clearly explain my role and responsibilities to those serve.
16. Terminate the relationship with a person(s) served when services appear no longer of benefit and to respect the rights of the person served to terminate services at his/her request.
17. Request a change in support services if person served think it best.

18. Not engage in any dual relationship including but not limited to sexual activities or personal relationships with persons served, or intimate partners /members of the immediate family of person(s) served.
19. Set and maintain clear, appropriate, and culturally sensitive boundaries with all persons served.

Section IV: Adherence to the Code of Ethics as Outlined

20. I shall adhere to all the code of ethics mentioned above and breach of any of these codes may lead to disciplinary actions.
21. Holding this credential requires that the professional having knowledge about possible ethical violation, is required to report it to the credentialing authority.

I have read, understand and commit to the afore-mentioned Ethical Standards.

Signature_____

Date _____

APPENDIX B: RESOURCE PAGES

Resource page 1.1

Module 1: Defining Substance Use Disorders, Treatment, Recovery and the Role Recovery Support Professionals Play in Treatment and Recovery

SAMHSA's Recovery Support Strategic Initiative includes the following four areas that will improve the prospect of successful recovery:

- **Health** – overall wellbeing begins with addressing symptoms of addiction that complicate physical and emotional health. Abstinence from alcohol, non-prescribed medications and illicit drug use is recommended so that any psychiatric disorders can be addressed and treated. This leads to more informed and healthier choices that will sustain ongoing recovery.
- **Home** – having a consistent, peaceful and stable place to return to each day will help remove uncertainty and anxiety that can lead to self-destructive behavior.
- **Purpose** – being productive, whether through volunteer work, employment or going to school, provides meaning for every person, especially those who are rebuilding a life in recovery.
- **Community** – an essential aspect of recovery from mental illness and addiction is understanding that others have experienced similar difficulties and struggles. Having non-judgmental support from friends, family members and others in recovery can be just the thing to help an individual gain momentum in recovery.

In addition to health, home, purpose and community, SAMHSA offers 10 Guiding Principles of Recovery, which include:

1. **Recovery emerges from hope** – belief in the process and reality of recovery is vital for struggling individuals to face and cope with their disease or disorder
2. **Recovery is person driven** – each person is ultimately in charge of their own recovery, setting goals and creating a path to achieve them
3. **Recovery occurs via many pathways** – people recovering from substance abuse or mental disorders have different backgrounds and face unique challenges. As a result, the paths that people take toward recovery will vary from person to person
4. **Recovery is holistic** – in order for long-term recovery to take root, a person must address every aspect of their life, from mental and physical health to income and housing to seeking support and maintaining medication if needed
5. **Recovery is supported by peers and allies** – having peers that have experienced similar challenges and come through it provides a model for those in recovery to lean on, refer to and receive support from

6. **Recovery is supported through relationships and social network** – an emotional bond with family members, friends and peers that believe in a person's ability to recover can offer the strength and determination to get through these difficult times

7. **Recovery is culturally-based and influenced** – services for recovery must consider an individual's unique cultural beliefs, values and traditions

8. **Recovery is supported by addressing trauma** – sexual assault, domestic violence, emotional abuse and any other trauma has to be treated if recovery is to be long lasting and successful

9. **Recovery involves individual, family and community strengths and responsibility** – each person in recovery is responsible for their own care, though families and significant others also bear a responsibility, especially with recovering teens or young people, to support their loved ones. Communities also have a responsibility to make sure that those in recovery can live free of discrimination and have opportunities to have housing, employment and education

10. **Recovery is based on respect** – recovering from addiction and psychiatric issues require bravery on the part of the individual. Communities and social systems that acknowledge this lessen the stigma associated with these disorders and offer people a healthier atmosphere in which they can get better and give back

SAMHSA released the original working definition of recovery and guiding principles in December 2011, and it was later updated after feedback from the public and those in the field of addiction. This version along with comments can be found on the SAMHSA website.

Resource page 1.2

Module 1: Defining Substance Use Disorders, Treatment, Recovery and the Role Recovery Support Professionals Play in Treatment and Recovery

12-Step Recovery

What Are the 12 Steps of Alcoholics Anonymous (AA)

AA's 12-Step approach follows a set of guidelines designed as "steps" toward recovery, and members can revisit these steps at any time. The 12 Steps are:[9]

1. We admitted we were powerless over alcohol—that our lives had become unmanageable.
2. Came to believe that a Power greater than ourselves could restore us to sanity.
3. Made a decision to turn our will and our lives over to the care of God as we understood Him.
4. Made a searching and fearless moral inventory of ourselves.
5. Admitted to God, to ourselves, and to another human being the exact nature of our wrongs.
6. Were entirely ready to have God remove all these defects of character.
7. Humbly asked Him to remove our shortcomings.
8. Made a list of all persons we had harmed, and became willing to make amends to them all.
9. Made direct amends to such people wherever possible, except when to do so would injure them or others.
10. Continued to take personal inventory and when we were wrong promptly admitted it.
11. Sought through prayer and meditation to improve our conscious contact with God, as we understood Him, praying only for knowledge of His will for us and the power to carry that out.
12. Having had a spiritual awakening as the result of these Steps, we tried to carry this message to alcoholics, and to practice these principles in all our affairs.

Source: Alcoholics Anonymous World Services, Inc. (2016). https://www.aa.org/assets/en_US/smf-121_en.pdf

AA Meeting Format

- While there are many types of Alcoholic Anonymous meetings, frequently these meetings follow a similar format.
- The meeting is facilitated by a member who serves as the "chairperson."

- Other members read aloud several brief writings, such as the “A.A. Preamble”
- Announcements are made, which may include sober anniversaries or members who are looking for a sponsor.
- A speaker tells his story or a topic may be raised for discussion.
- At some point, a basket is passed around the group for any donations to help meet the group’s expenses.
- These expenses may include the costs of coffee, room rental, and A.A publications (especially, to give newcomers).
- Members are given the option to comment on the speaker’s story or the selected topic.
- The meeting typically ends with the group coming together in a circle to say a closing prayer.

Suggested Behaviour in Meeting

There are no specific rules of behavior within the meetings; however, there are suggested behaviors, such as the following:

- Come early to meet and talk with others, and do not leave before the closing; however Come early to meet and talk with others, and do not leave before the closing; however keep in mind that many A.A. members state that attending part of a meeting is much better than not attending any of it.
- Volunteer to help. There are usually many small tasks that need to be done.
- In the meeting, “cross-talk” is not encouraged, meaning advice should not be offered and extended dialogue between two or more members is discouraged as it may prevent others from having time to speak
- Do not interrupt when someone is speaking.
- Do not talk when someone else is.
- Members are allowed to pass if they do not want to make a comment.

Recovery Literature

Another aspect of 12-Step recovery is the books, pamphlets, and magazines that are available to people in recovery. These publications help people to deepen their knowledge of ongoing recovery, its many challenges, and how to meet these challenges.

A.A. publishes Alcoholics Anonymous, which is known as the Big Book.

Narcotics Anonymous publishes Narcotics Anonymous, which is known as the Basic Text.

Other groups, such as Emotions Anonymous, also publish books. In addition to writings approved by a specific 12-Step group, many publishing companies print a wide range of recovery books. Hazelden Publishing is an example.

Twelve Step Slogans

A final element of 12-Step recovery is its slogans, which are simple statements to remind recovering people of key concepts in recovery. Examples are listed below

- “Easy does it” - This slogan means watch out for trying to take on too much at once.
- “Let go and let God”- This slogan highlights the concept of surrender found in the third step
- One day at a time”- This slogan emphasizes staying in the present moment. This prevents a person from getting too caught up in the past or the future.
- “Keep it simple”-This slogan cautions people from over-thinking certain situations.
- “Progress, not perfection”-This slogan is important because recovery is an ongoing process. It is seen as a journey, not a final destination.
- “Stick with the winners”- This slogan reminds 12-Step members to keep connected with people who have extended recovery.

The Twelve Traditions of Narcotics Anonymous (NA)

We keep what we have only with vigilance, and just as freedom for the individual comes from the Twelve Steps, so freedom for the group springs from our Traditions.

As long as the ties that bind us together are stronger than those that would tear us apart, all will be well.

1. Our common welfare should come first; personal recovery depends on NA unity.
2. For our group purpose there is but one ultimate authority— a loving God as He may express Himself in our group conscience. Our leaders are but trusted servants; they do
   not govern.
3. The only requirement for membership is a desire to stop using.
4. Each group should be autonomous except in matters affecting other groups or NA as a whole.
5. Each group has but one primary purpose—to carry the message to the addict who still suffers.
6. An NA group ought never endorse, finance, or lend the NA name to any related facility or outside enterprise, lest problems of money, property, or prestige divert us from our
   primary purpose.
7. Every NA group ought to be fully self-supporting, declining outside contributions.
8. Narcotics Anonymous should remain forever nonprofessional, but our service centers may employ special workers.
9. NA, as such, ought never be organized, but we may create service boards or committees directly responsible to those they serve.
10. Narcotics Anonymous has no opinion on outside issues; hence the NA name ought never be drawn into public controversy.
11. Our public relations policy is based on attraction rather than promotion; we need always maintain personal anonymity at the level of press, radio, and films.
12. Anonymity is the spiritual foundation of all our Traditions, ever reminding us to place principles before personalities.

Understanding these Traditions comes slowly over a period of time. We pick up information as we talk to members and visit various groups. It usually isn't until we get involved with service that someone points out that "personal recovery depends on NA unity," and that unity depends on how well we follow our Traditions. The Twelve Traditions of NA are not negotiable. They are the guidelines that keep our Fellowship alive and free.

By following these guidelines in our dealings with others, and society at large, we avoid many problems. That is not to say that our Traditions eliminate all problems. We still have to face difficulties as they arise: communication problems, differences of opinion, internal controversies, and troubles with individuals and groups outside the Fellowship. However, when we apply these principles, we avoid some of the pitfalls.

Many of our problems are like those that our predecessors had to face. Their hard won experience gave birth to the Traditions, and our own experience has shown that these principles are just as valid today as they were when these Traditions were formulated. Our Traditions protect us from the internal and external forces that could destroy us. They are truly the ties that bind us together. It is only through understanding and application that they work.

NA Meeting Format that Includes topics of readings

- Hello, I'm an addict and my name is ____. Welcome to the _____ group of Narcotics Anonymous. Can we open this meeting with a moment of silence for the addict who still suffers, followed by the WE version of the Serenity Prayer.
- Serenity Prayer:
  "God grant us the serenity
  To accept the things we cannot change;
  Courage to change the things we can;
  And wisdom to know the difference."
- Is there anyone here attending their first NA meeting, or this meeting for the first time? If so, WELCOME! You are the most important people here!
- For the protection of our group as well as the meeting facility, we ask that you have no drugs or paraphernalia on your person at the meeting. If you have any now, please leave, dispose of them, and return as quickly as possible.
- Recognize those with various periods of clean time—thirty, sixty, ninety days, six months, nine months, one year, eighteen months, and multiple years. Keytags, chips, or medallions may be given out.
- Will someone please read:
  a. Who Is an Addict?
  b. What Is the NA Program?
  c. Why Are We Here
  d. How it Works

e. The Twelve Traditions

f. We Do Recover

g. Today's JFT (book)* "Just for Today: Daily Meditations for Recovering Addicts", www.jftna.org/jft/ or OK to skip if no book and no internet,

- The meeting is now open for discussion. Does anyone have a topic? Like to share on something from the readings, or just have a burning desire to share?
- About ten minutes before the meeting is scheduled to close begin passing the basket around, announcing:

  The basket being passed around is one way of practicing our Seventh Tradition, which says, "Every NA group ought to be fully self supporting, declining outside contributions." The money we collect pays for rent, literature, and refreshments.
- Will someone please read:

  h) Just for Today (reading)
- Are there any NA related announcements?
- Anonymity is the spiritual foundation of all our Traditions, ever reminding us to place principles before personalities — so who you see here, what you hear here, when you leave here let it stay here.
- Close by forming a circle and reciting the WE version of the 3rd Step Prayer:

  Many of us have said:

  "Take our will and our lives

  Guide us in our recovery

  Show us how to live"

  Keep coming back. It works!

Resource page 1.3
How to Administer Naloxone

How to Use Naloxone to Reverse an Opioid Overdose and Save a Life

A variety of drugs and drug combinations carry the risk of fatal overdose. If you suspect someone is experiencing an overdose it is critical to call 911. However, in the case of an opioid overdose, which can be caused by heroin and prescription pain medications like Vicodin, OxyContin and Percocet, using naloxone (also known by the brand name Narcan) can potentially save someone's life — even before first responders arrive.

What is naloxone?

Naloxone is an opioid overdose reversal medication, available either as a nasal spray or an injector. An opioid overdose occurs when opioids have fully blocked the brain's opioid receptors, causing a person's breathing to slow down and ultimately stop. Naloxone works by knocking the opioids out of the receptors in the brain where they are having their effect and preventing them from returning. When enough naloxone is administered, breathing will return to normal, saving an individual from the brink of death.

Who should carry naloxone?

Anyone can carry naloxone for any reason. No doctor's prescription is required to purchase naloxone from a pharmacy. A few reasons you may consider carrying naloxone include:

- A doctor has prescribed you or a loved one opioid pain medications such as Codeine, OxyContin, Percocet or Vicodin
- You suspect a loved one may have an opioid use disorder or be misusing prescription or illicit opioids (heroin, carfentanil and fentanyl)
- Your loved one has recently completed treatment for opioid addiction
- You are concerned about opioid addiction in your community and want to be prepared to save a life

Anyone using opioids, whether for recreational purposes or otherwise, can be at risk for overdose. Having naloxone readily available does not encourage risky drug use but it does mean someone who is experiencing an overdose has a better chance of surviving and eventually getting the help they need.

How can I recognize an opioid overdose?

An overdose can occur anywhere from 20 minutes to two full hours after use of substances. Signs of an overdose include:

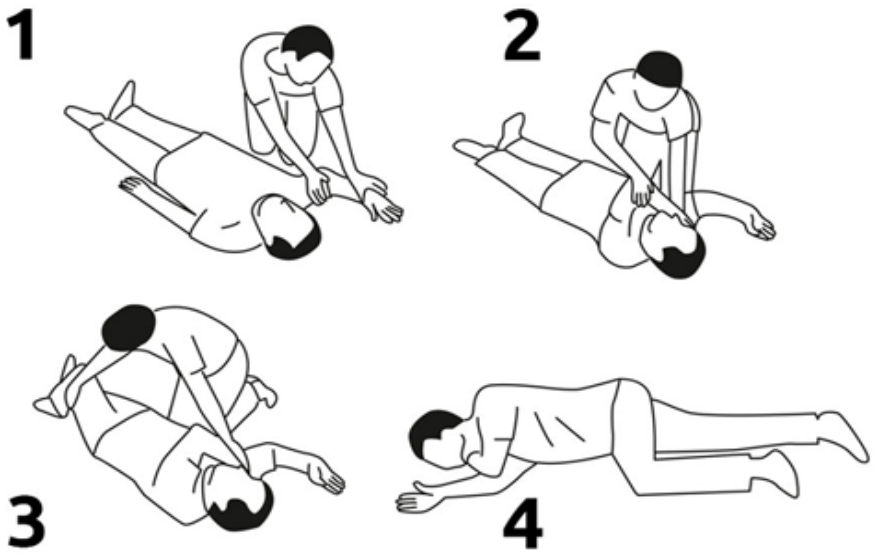
- Face is clammy to touch and has lost color
- Blue lips and fingertips
- Non-responsive to one's name or a firm sternum rub using the knuckles
- Slow or erratic breathing, or no breathing at all
- Deep snoring or a gurgling sound (i.e., what would be described as a "death rattle")
- Heartbeat is slow or has stopped

What do I do if I suspect an overdose?

1. Call 911

If you suspect an overdose and your child is unresponsive, call 911. To check if your loved one is unresponsive, first, try getting their attention by calling their name or saying phrases that might alarm them, such as "I'm going to call the police." If that doesn't elicit a response, then try rubbing their chest firmly with your knuckles to wake them.

If they remain unresponsive, and you must leave them alone to make the call, it's important to put them in the recovery position — on their side with legs bent and head resting on the arm on the floor (see image below). This is to avoid aspiration if they vomit. Give the address or location and as much information as you can (e.g., unconscious, not breathing, drugs used if known, etc.).



2. Administer naloxone

Naloxone is only effective in the case of an opioid overdose. However, if you are unsure of the substance(s) involved, it's best to err on the side of caution and administer it. Naloxone is not known to cause any harm in the case of a non-opioid overdose.

3. Conduct rescue breathing

If they have labored breathing or are not breathing at all, it is vital to conduct rescue breathing. Tilt the head back, pinch the nose closed and give one slow breath every 5 seconds until they resume breathing on their own or until the paramedics arrive. Watch to see that their chest rises and falls with each breath.

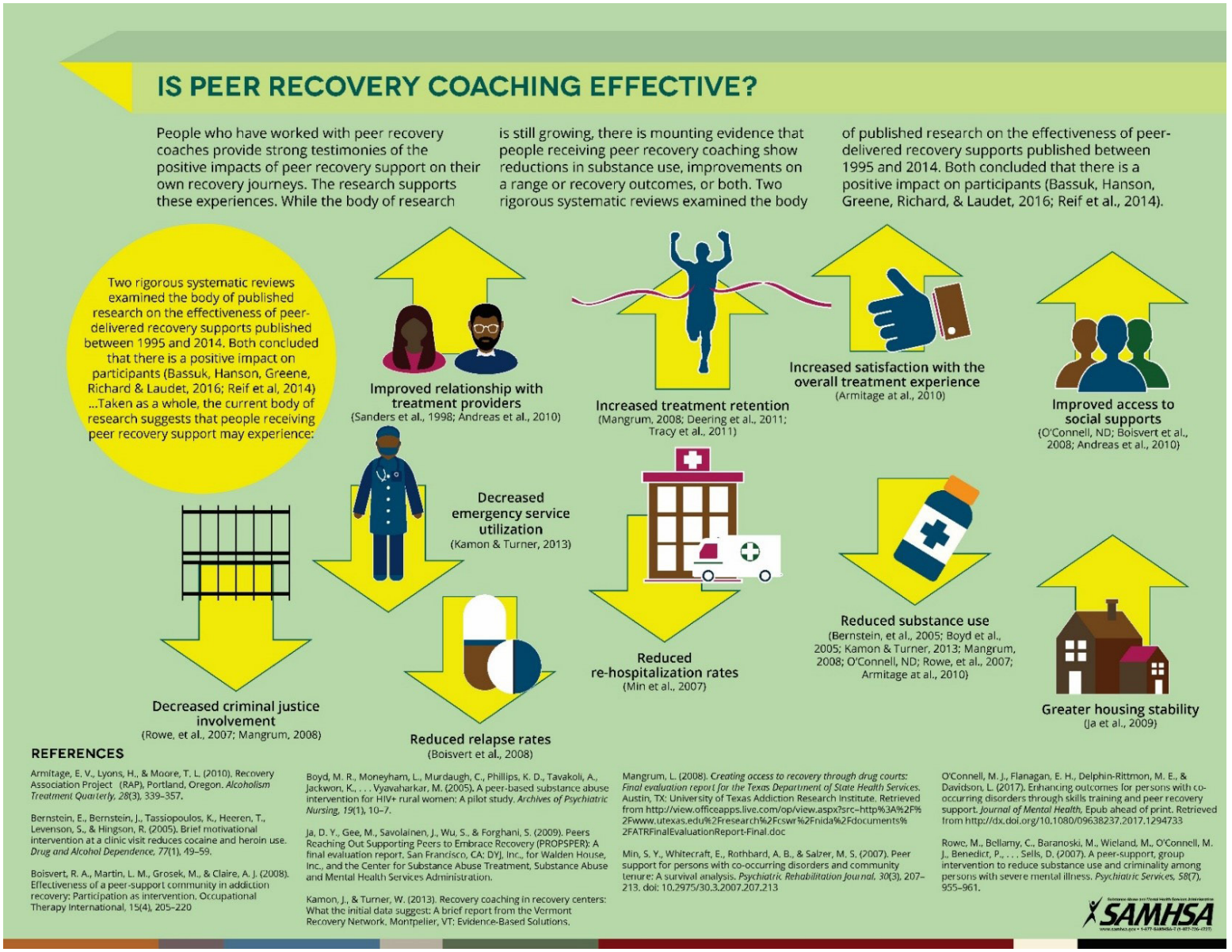
4. Comfort and support

Once they are breathing on their own, place them in the recovery position until paramedics arrive. Comfort them as they may be confused, upset and going through withdrawal (feeling sick from a lack of opioids if their body is dependent on them) when revived. Do not allow them to use drugs.

5. Aftermath of an overdose

Once your loved one has been stabilized, this may be an opportunity to suggest detox and treatment.

Resource Page 1.4 : Is Peer Recovery Coaching Effective?



Resource page 2.1

Module 2: Outlining the core competencies, roles and activities of Recovery Support Professionals

What are Core Competencies?

Core Competencies are the capacity to easily perform a role or function. They are often described as clusters of the knowledge, skills, and attitudes a person needs to have in order to successfully perform a role or job or as the ability to integrate the necessary knowledge, skills, and attitudes. Training, mentoring, and supervision can help people develop the competencies needed to perform a role or job.

Why do we need to identify Core Competencies for Recovery Support Professional?

Recovery Support Professional and peer recovery support services have become increasingly central to people's efforts to live with or recover from mental health and substance use disorders. Community-based organizations led by people who have lived experience of mental health conditions and/or who are in recovery from substance use disorders are playing a growing role in helping people find recovery in the community. Both the mental health consumer and the substance use disorder recovery communities have recognized the need for Core Competencies and both communities actively participated in the development of these Recovery Support Professional competencies. Potential Uses of Core Competencies Core Competencies have the potential to guide delivery and promote best practices in recovery support. They can be used to inform recovery training programs, assist in developing standards for certification, and inform job descriptions. Supervisors will be able to use competencies to appraise recovery workers' job performance and Recovery Support Professionals will be able to assess their own work performance and set goals for continued development of these competencies.

Core Competencies are not intended to create a barrier for people wishing to enter the recovery workforce. Rather they are intended to provide guidance for the development of initial and on-going training designed to support recovery workers' entry into this important work and continued skill development. Core Competencies, Principles and Values Core Competencies for recovery workers reflect certain foundational principles identified by members of the mental health consumer and substance use disorder recovery communities.

These are: RECOVERY-ORIENTED: Recovery workers hold out hope to those they serve, partnering with them to envision and achieve a meaningful and purposeful life. Recovery workers help those they serve identify and build on strengths and empower them to choose for themselves, recognizing that there are multiple pathways to recovery.

PERSON-CENTERED: Recovery recovery support services are always directed by the person participating in services. Recovery recovery support is personalized to align

with the specific hopes, goals, and preferences of the individual served and to respond to specific needs the individuals has identified to the recovery worker.

VOLUNTARY: Recovery workers are partners or consultants to those they serve. They do not dictate the types of services provided or the elements of recovery plans that will guide their work with peers. Participation in recovery support services is always contingent on the choices of the individual being served.

RELATIONSHIP-FOCUSED: The relationship between the recovery worker and the the person being served is the foundation on which recovery support services and support are provided. The relationship between the peer worker and peer is respectful, trusting, empathetic, collaborative, and mutual.

TRAUMA-INFORMED: Recovery support utilizes a strengths-based framework that emphasizes physical, psychological, and emotional safety and creates opportunities for survivors to rebuild a sense of control and empowerment.

Core Competencies for Recovery Workers in Behavioral Health Services

Category I: Engages clients in collaborative and caring relationships

This category of competencies emphasized recovery workers' ability to initiate and develop on-going relationships with people who have behavioral health condition and/or family members. These competencies include interpersonal skills, knowledge about recovery from behavioral health conditions and attitudes consistent with a recovery orientation. 1. Initiates contact with clients 2. Listens to clients with careful attention to the content and emotion being communicated 3. Reaches out to engage clients across the whole continuum of the recovery process 4. Demonstrates genuine acceptance and respect 5. Demonstrates understanding of clients' experiences and feelings.

Category II: Provides support

The competencies in this category are critical for the recovery worker to be able to provide the mutual support people living with behavioral health conditions may want. 1. Validates clients' experiences and feelings 2. Encourages the exploration and pursuit of community roles 3. Conveys hope to clients about their own recovery 4. Celebrates clients' efforts and accomplishments 5. Provides concrete assistance to help clients accomplish tasks and goals.

Category III: Shares lived experiences of recovery

These competencies are unique to recovery support offered by a Recovery Support Professional to a peer in recovery, as most roles in behavioral health services do not emphasize or even prohibit the sharing of lived experiences. Recovery Support workers with lived recovery from SUD need to be skillful in telling their recovery stories and using their lived experiences as a way of inspiring and supporting a person living with behavioral health conditions. Family recovery support worker likewise

share their personal experiences of self-care and supporting a family-member who is living with behavioral health conditions. 1. Relates their own recovery stories, and with permission, the recovery stories of others' to inspire hope 2. Discusses ongoing personal efforts to enhance health, wellness, and recovery 3. Recognizes when to share experiences and when to listen 4. Describes personal recovery practices and helps clients discover recovery practices that work for them.

Category IV: Personalizes recovery support

These competencies help recovery workers to tailor or individualize the support services provided to and with a peer. By personalizing recovery support, the recovery worker operationalizes the notion that there are multiple pathways to recovery. 1. Understands his/her own personal values and culture and how these may contribute to biases, judgments and beliefs 2. Appreciates and respects the cultural and spiritual beliefs and practices of clients and their families 3. Recognizes and responds to the complexities and uniqueness of each client's process of recovery 4. Tailors services and support to meet the preferences and unique needs of clients and their families.

Category V: Supports recovery planning

These competencies enable recovery workers to support others to take charge of their lives. Recovery often leads people to want to make changes in their lives. Recovery planning assists people to set and accomplish goals related to home, work, community and health. 1. Assists and supports clients to set goals and to dream of future possibilities 2. Proposes strategies to help a client accomplish tasks or goals 3. Supports clients to use decision-making strategies when choosing services and supports 4. Helps clients to function as a member of their treatment/recovery support team 5. Researches and identifies credible information and options from various resources.

Category VI: Links to resources, services, and supports

These competencies assist recovery workers to help clients acquire the resources, services, and supports they need to enhance their recovery. Recovery workers apply these competencies to assist clients to link to resources or services both within behavioral health settings and in the community. It is critical that recovery workers have knowledge of resources within their communities as well as on-line resources. 1. Develops and maintains up-to-date information about community resources and services 2. Assists clients to investigate, select, and use needed and desired resources and services 3. Helps clients to find and use health services and supports 4. Accompanies clients to community activities and appointments when requested 5. Participates in community activities with clients when requested.

Category VII: Provides information about skills related to health, wellness, and recovery

These competencies describe how recovery workers coach, model or provide

information about skills that enhance recovery. These competencies recognize that recovery workers have knowledge, skills and experiences to offer others in recovery and that the recovery process often involves learning and growth. 1. Educates clients about health, wellness, recovery and recovery supports 2. Participates with clients in discovery or co-learning to enhance recovery experiences 3. Coaches clients about how to access treatment and services and navigate systems of care 4. Coaches clients in desired skills and strategies 5. Educates family members and other supportive individuals about recovery and recovery supports 6. Uses approaches that match the preferences and needs of clients.

Category VIII: Helps clients to manage crises

These competencies assist recovery workers to identify potential risks and to use procedures that reduce risks to clients and others. Recovery workers may have to manage situations, in which there is intense distress and work to ensure the safety and well-being of themselves and clients. 1. Recognizes signs of distress and threats to safety among clients and in their environments 2. Provides reassurance to clients in distress 3. Strives to create safe spaces when meeting with clients 4. Takes action to address distress or a crisis by using knowledge of local resources, treatment, services and support preferences of clients 5. Assists clients in developing advance directives and other crisis prevention tools.

Category IX: Values communication

These competencies provide guidance on how recovery workers interact verbally and in writing with colleagues and others. These competencies suggest language and processes used to communicate and reflect the value of respect. 1. Uses respectful, person-centered, recovery-oriented language in written and verbal interactions with clients, family members, community members, and others 2. Uses active listening skills 3. Clarifies their understanding of information when in doubt of the meaning 4. Conveys their point of view when working with colleagues 5. Documents information as required by program policies and procedures 6. Follows laws and rules concerning confidentiality and respects others' rights for privacy.

Category X: Supports collaboration and teamwork

These competencies provide direction on how recovery workers can develop and maintain effective relationships with colleagues and others to enhance the recovery support provided. These competencies involve not only interpersonal skills but also organizational skills. 1. Works together with other colleagues to enhance the provision of services and supports 2. Assertively engages providers from mental health services, addiction services, and physical medicine to meet the needs of peers 3. Coordinates efforts with health care providers to enhance the health and wellness of clients 4. Coordinates efforts with clients' family members and other natural supports 5. Partners with community members and organizations to strengthen opportunities for clients 6. Strives to resolve conflicts in relationships with clients and others in their support network.

Category XI: Promotes leadership and advocacy

These competencies describe actions that recovery workers use to provide leadership within behavioral health programs to advance a recovery-oriented mission of the services. They also guide recovery workers on how to advocate for the legal and human rights of clients. 1. Uses knowledge of relevant rights and laws (ADA, HIPAA, Olmstead, etc.) to ensure that clients' rights are respected 2. Advocates for the needs and desires of clients in treatment team meetings, community services, living situations, and with family 3. Uses knowledge of legal resources and advocacy organization to build an advocacy plan 4. Participates in efforts to eliminate prejudice and discrimination of people who have behavioral health conditions and their families 5. Educates colleagues about the process of recovery and the use of recovery support services 6. Actively participates in efforts to improve the organization 7. Maintains a positive reputation in recovery/professional communities.

Category XII: Promotes growth and development

These competencies describe how recovery workers become more reflective and competent in their practice. The competencies recommend specific actions that may serve to increase recovery workers' success and satisfaction in their current roles and contribute to career advancement. 1. Recognizes the limits of their knowledge and seeks assistance from others when needed 2. Uses supervision (mentoring, reflection) effectively by monitoring self and relationships, preparing for meetings and engaging in problem-solving strategies with the supervisor (mentor, client) 3. Reflects and examines own personal motivations, judgments, and feelings that may be activated by the recovery work, recognizing signs of distress, and knowing when to seek support 4. Seeks opportunities to increase knowledge and skills of recovery support

https://www.samhsa.gov/sites/default/files/programs_campaigns/brss_tacs/core-competencies_508_12_13_18.pdf

Resource page 3.1

Module 3: Minding Boundaries: Navigating challenging issues in recovery work

Four elements characteristically appear in boundary violations. They are secrecy, role reversal, double bind and indulgence of professional privilege

Secrecy

Secrecy involves the professional keeping critical knowledge or behavior from the client and/or others or selectively sharing information.

Example

A recovery coach takes a client into their home and tells the client his/her employer cannot know about this or they will lose their job.

Role reversal occurs when the client takes care of the professional. They look to the client for satisfaction and gratification, rather than placing client needs first. They may not be consciously aware of this role reversal or may attempt to justify it by contending his or her actions are for the client's benefit.

Role reversal

Role reversal occurs when the client takes care of the professional. They look to the client for satisfaction and gratification, rather than placing client needs first. They may not be consciously aware of this role reversal or may attempt to justify it by contending his or her actions are for the client's benefit.

Example

A client becomes a Recovery Coach A.A. or N.A. sponsor

Indulgence of professional privilege

Indulgence of professional privilege involves using information obtained in the relationship with a client for the benefit of the professional. Because professionals can have or exert authority over a client's situation, they can be at risk to extending that authority to intrude on the client.

Having access to information does not constitute a right to it. Access is a professional privilege; it is not a professional's right to use the information for one's own benefit.

Example

A recovery coach has been helping a client with severe financial problems develop a budget. The recovery coach uses that information to try to purchase the client's car below market value.

Double-bind

A Double-bind consists of messages that contradict each other while discouraging the receiver of the messages from noticing the difference.

The client is left feeling caught in a conflict of interest and any attempt at resolution places the client at risk of loss. The client is torn between the desire to end the relationship and the realization that this may also end any form of help from the professional.

The double-bind contains an implied threat. A sense of guilt and fear of possible abandonment by the professional blocks the client from taking action. The double-bind constricts the client from using all available options and thus limits growth.

Examples i

A Recovery Support Professional makes negative comments about other Recovery Support Professionals caring for a client who has development of trust as a therapeutic goal.

Examples ii

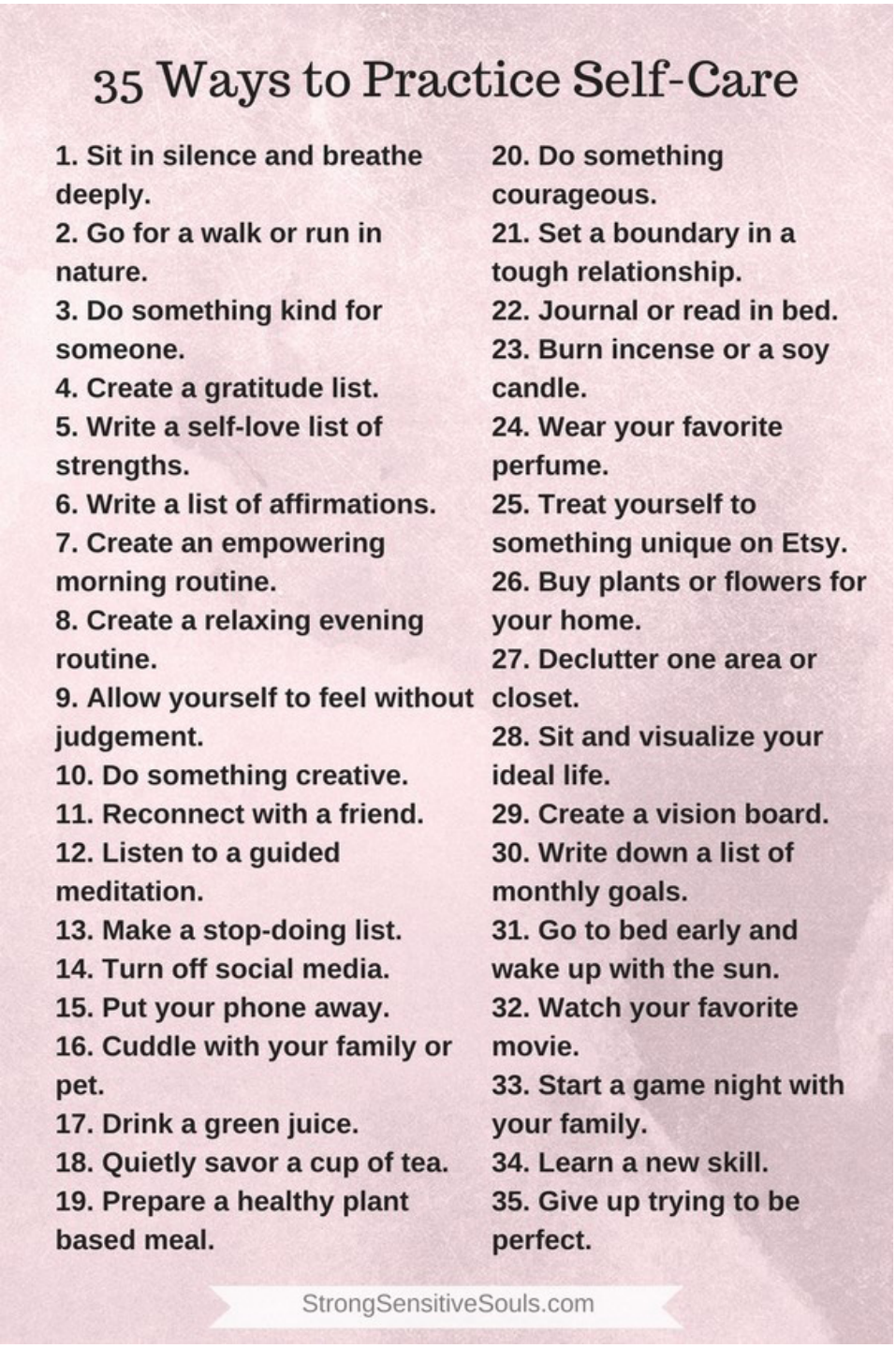
A Recovery Support Professional tells a client that they may begin a personal relationship when the client is no longer receiving services.

Resource page 4.1

Module 4: Defining and practicing self-care and avoiding secondary trauma

https://integration.samhsa.gov/pbhci-learning-community/Compassion_Fatigue_Office_Hours.pdf

https://www.goodtherapy.org/blog/134-activities-to-add-to-your-self-care-plan/



Resource page 5.1

Module 5: Knowing and navigating recovery support systems and services in your community

https://ctb.ku.edu/en/table-of-contents/assessment/assessing-community-needs-and-resources/identify-community-assets/main

https://www.creatingcommunities.com.au/community-asset-mapping/

APPENDIX C: GLOSSARY

Abstinence-based Recovery

The resolution of alcohol- and other drug-related problems through the strategy of complete and enduring cessation of the non-medical use of alcohol and other drugs.

Acts of Self-Care

Constitute one of the four daily rituals of recovery. These rituals, which involve efforts to reverse the damage of addiction and establish new health-oriented habits, can also be thought of as acts of self-repair. Care of the "self" in recovery transcends the self-centeredness that is the cumulative essence of addiction. Acts of self-care might more aptly be described as acts of responsibility–responsibility not just to self, but also to family and community.

Anonymity

The tradition within Twelve Step programs to not link one's full name to AA/NA at the level of "press, radio, and films" (and one would assume television and the Internet). This did not preclude many early prominent AA members' involvement in advocacy activities. Several AA members, including co-founder Bill Wilson, testified before congress in support of specific legislation, making certain to clarify that they were speaking as individuals in recovery and not on behalf of AA as an organization. **The thinking behind this AA tradition is that if an individual "breaks" their anonymity by publicly identifying themselves as a member of AA at the radio of press, radio or film, and then relapses, the damage to the entire fellowship could be severe; hearing of one member's relapse after their public identification could result in others avoiding to seek life-saving help from AA or other 12-step fellowships which are based on AA.** Anonymity is a tradition limited to Twelve Step groups and is not practiced in such organizations as Secular Organization for Sobriety or Women for Sobriety. Going public with one's recovery status is viewed in some cultural contexts as an important dimension of recovery (Williams, 1992).

Crosstalk

The use of direct responses (feedback, suggestions) to disclosures within a mutual aid meeting. Crosstalk is contrasted with sharing, in which meetings consist of serial monologues. Recovery groups vary widely on their practices regarding sharing and crosstalk. Most Twelve Step groups discourage crosstalk. Other groups, like LifeRing Secular Recovery, allocate time for both functions with most of the time devoted to sharing.

Cultural Pathways of Recovery

Culturally or subculturally prescribed avenues through which individuals can resolve

alcohol and other drug problems. For example, in societies in which alcohol is a celebrated drug, particularly among men, cultural pathways of recovery constitute those socially accepted ways in which a man can abstain from alcohol and maintain his identity and manhood within that society. Across varied cultural contexts, that pathway might be medical (an alcohol-related health problem), religious (conversion and affiliation with an abstinence-based faith community), or political (rejection of alcohol as an "opiate of the people.")

Disease Management (Distinguished from Recovery Management)

The management of severe behavioral health disorders in ways that enhance clinical outcomes and reduce social costs. Its focus is on developing technologies of symptom suppression and reducing the number, intensity and duration of needed service interventions. Recovery management, while potentially achieving these same goals, focuses not on the disease and its costs but primarily upon the person and their needs and potentials. Recovery management emphasizes a person-focused rather than disease-/cost-focused service orientation.

Empowerment

The experience of having some power and control over one's own destiny. Within the recovery context, there are two quite different relationships to power. Among the culturally empowered (those to whom value is ascribed as a birthright), addiction-related erosion of competence is often countered by increased grandiosity and preoccupation with power and control. It should not be surprising then that transformative breakthrough of recovery is marked by a deep experience of surrender and an acceptance of powerlessness. In contrast, the culturally disempowered (those for whom value has been systematically withheld) are often attracted to psychoactive drugs in their quest for power, only to discover over time that their power has been further diminished. Under these conditions, the initiation of recovery is often marked by the assumption of power and control rather than an abdication or surrender of such power.

Evidence-based Practices (EBP)

Clinical and service practices that have scientific support for their efficacy (work under ideal conditions) and effectiveness (work under real conditions). Advocacy of evidence-based practice is a commitment to use those approaches that have the best scientific support, and, in areas where research is lacking, a commitment to measure and use outcomes to promote those practices that have the greatest impact on the quality of life of individuals, families and communities. One reviewer offered the observation that the growing preoccupation with EBP marks a shift in focus from subjective experience to objective outcome, raising the possibility that important dimensions of recovery could be lost if healers are transformed into procedural technicians. The concern expressed here is that there may be important aspects of the recovery experience that are not measurable.

Family-centered Care

A treatment philosophy in which the family, rather than the individual, is the primary "client." Such philosophies are usually implemented by offering family members clinical services that focus on their problems and needs.

Gratitude

The experience of ultimate reprieve—the gift of one's own life. It is the source of such recovery values as humility and service.

Higher Power

In the Twelve Step tradition, the personification of a positive power "greater than ourselves" that can restore sobriety and sanity to the addicted. Referred to as "God as we understood Him," Higher Power is the personified antidote to the bondage and suffering of addiction.

Illness Self-management

The mastery of knowledge about one's own illness and assumption of primary responsibility for alleviating or managing the symptoms and limitations that result from it. Such self-education and self-management shifts the focal point in disease management from the expert caregiver to the person with the illness.

Medication-assisted Recovery or Medication assisted Treatment

The use of medically-monitored, pharmaceutical adjuncts to support recovery from addiction. These include detoxification agents (e.g., clonidine), stabilizing agents (e.g., methadone), aversive agents (e.g., disulfram), antagonizing agents (naloxone), and anti-craving agents (acamprosate, naltrexone). They also include medications used to lower risks of relapse via symptom suppression of one or more co-occurring physical or psychiatric disorders. The use of such medications in the context of treatment is known as pharmacotherapy. The stigma attached to medication-assisted recovery (e.g., methadone) is being countered by wider dissemination of the research supporting its scientific efficacy as well as through the growing participation in recovery advocacy activities of people who have successfully achieved medication-assisted recovery. One goal of such advocacy is to have people in medication-assisted recovery recognized as legitimate members of the recovery community.

Multiple Pathways of Recovery (Multiple Pathway Model)

Reflect the diversity of how individuals resolve problems in their relationship with alcohol and other drugs. Multiple pathway models contend that there are multiple etiological pathways into addiction that unfold in highly variable patterns, courses and outcomes; that respond to quite different treatment approaches; and that are resolved through a wide variety of recovery styles and support structures (White, 1996). Multiple

pathways models have moved from the addiction arena into the recovery advocacy arena. Groups like the Santa Barbara, CA Community Recovery Network openly proclaim themselves:

Mutual Aid Groups

Groups of individuals who share there experience, strength and hope about recovery from addiction. Often called “self-help” groups, they more technically involve an admission that efforts at self-help have failed and that the help and support of others is needed. Mutual aid groups are based on relationships that are personal rather than professional, reciprocal rather than fiduciary, free rather than fee-based, and enduring rather than transient (See Indigenous Healers and Institutions).

Powerlessness

The acknowledgement of one’s inability to control the frequency and quantity of alcohol or drug intake and its consequences through an act of personal will.

Public Health Model

An approach to the resolution of alcohol and other drug problems that shifts the focus from the personal arena (recovery) to the environmental (economic, political, cultural) arena, e.g., lowering total per capita drug consumption within a population via product taxation, limiting number of outlets, restricting product promotional activity, public education, etc. Public health model proponents address many contextual issues historically ignored by the treatment and recovery communities.

Recovered / Recovering

Terms used to describe the process of resolving, or the status of having resolved, alcohol and other drug problems. The former is drawn primarily from recovery mutual aid groups; the latter is drawn primarily from the treatment industry. Recovered is drawn primarily from the Individuals who have resolved such problems have been referred to as redeemed (or repentant) drunkard, reformed drunkard, dry drunkard, dry (former) alcoholic, arrested alcoholic, sobriate, ex-addict, and ex-alcoholic. They have been described as sober, on the wagon, drug-free, clean, straight, abstinent, cured, recovered, and recovering. Modern debate has focused on the last two of these terms. While recovering conveys the dynamic, developmental process of addiction recovery, recovered provides a means of designating those who have achieved stable sobriety and better conveys the real hope for a permanent resolution of alcohol and other drug problems.

Recovery

The experience of a meaningful, productive life within the limits imposed by a history of addiction to alcohol and/or other drugs. Recovery is both the acceptance and transcendence of limitation. It is the achievement of optimum health–the process of

rising above and becoming more than an illness. Recovery, in contrast to treatment, is both done and defined by the person with the problem. “Recovery” implies that something once possessed and then lost is reacquired. The term recovery promises the ability to get back what one once had and as such holds out unspoken hope for a return of lost health, lost esteem, lost relationships, lost financial or social status. Recovery, in this sense, is congruent with the concept of rehabilitation– the reacquisition of that which was lost. For those who have pre-existing levels of functioning that were lost to addiction, there is in the term recovery the promise of being able to reach back and pick up the pieces of where one’s life was at before addiction altered one’s life course.

Recovery Advocacy

The process of exerting influence (power) toward the development of pro-recovery social policies and programs. Recovery advocacy activities include: 1) portraying alcoholism and addictions as problems for which there are viable and varied recovery solutions, 2) providing living role models that illustrate the diversity of those recovery solutions, 3) countering any attempt to dehumanize and demonize those with AOD problems, 4) enhancing the variety, availability, and quality of local/regional addiction treatment and recovery support services, 5) removing environmental barriers to recovery, including the promotion of laws and social policies that reduce AOD problems and support recovery for those afflicted with AOD problems, and 6) enhancing the viability and strength of indigenous communities of recovery.

Recovery Capital

The quantity and quality of internal and external resources that one can bring to bear on the initiation and maintenance of recovery from a life-disordering condition. In contrast to those achieving natural recovery, most clients entering addiction treatment have never had much recovery capital or have dramatically depleted such capital by the time

Recovery Environment

The psychological and social space where healing can occur. It stands as a reminder that communities can intervene in alcohol and drug problems at the community level as well as the level of families and individuals. The growing sober house movement and the creation of drug free zones within public housing projects are examples of efforts to create sober sanctuaries for the newly recovering.

Recovery Management

The provision of engagement, stabilization, education, monitoring, support, and re-intervention technologies to maximize the health, quality of life and level of productivity of persons with severe alcohol and other drug problems. Within the framework of recovery management, the “management” of the disorder is the responsibility of the person with the disorder.

Recovery-oriented Systems of Care

Health and human service institutions that affirm hope for recovery, exemplify a strengths-based (as opposed to pathology-focused) orientation, and offer a wide spectrum of services aimed at support of long term recovery from behavioral health disorders.

Recovery Planning and Recovery Plans

The recovery plan, in contrast to a treatment plan, is developed, implemented, revised and regularly evaluated by the client. Consisting of a master recovery plan and weekly implementation plans, the recovery plan covers ten domains: physical, employment, finances, legal, family, social life, drinking, personal, education and spiritual.

Recovery Support Services

Services designed to 1) remove personal and environmental obstacles to recovery, 2) enhance identification and participation in the recovery community, and 3) enhance the quality of life in recovery. They include outreach, intervention and engagement services; "case management" (problem-solving and service coordination) services; post-treatment monitoring and support; sober housing; transportation; child care; legal services; educational/vocational services; linkage to pro-recovery leisure activities; and recovery coaching (stage appropriate recovery education and support).

Sponsorship

The practice of mentorship between one recovering person and another. Institutionalized within Alcoholics Anonymous and Narcotics Anonymous, and is also found within many faith-based recovery groups. The latter refer to sponsorship as the "ministry of encouragement."

(The) Twelve Steps

The actions taken by the early members of Alcoholics Anonymous that resulted in their continued sobriety and which were subsequently suggested as a program of recovery for other alcoholics. The Twelve Steps are reproduced in virtually all A.A. literature and have been adapted for application to a wide spectrum of human problems.

Twelve Traditions

The codified principles that govern the group life of Twelve Step organizations. Most recovery mutual aid societies have evolved toward a tradition of singleness of purpose and non-affiliation, while there are significant differences across these societies on issues related to such things as anonymity, service expectations and length of expected active membership.

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