OPPORTUNITIES FOR PERSONS IN ADDICTION RECOVERY (PIR) WITHIN RECOVERY-ORIENTED SYSTEMS OF CARE (ROSC)

A FOUR PART WEBINAR SERIES

#3 – DEBUNKING THE MYTH: OUR LIVED EXPERIENCE ALONE IS ENOUGH

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Presenter Introduction

- Self-identify as a PIR
- 25 year history working in addiction treatment/recovery
- Founder of an RCO
- Advocate of addiction recovery and multiple pathways to recovery
- Combined lived experiences with formal education

Overview of today's discussion

- Brief recap of webinars 1 & 2
- Discuss in great detail the referenced myth
  - Foundation
  - Impact on P-BRSS movement
  - Impact on ROSC
- Examples of PIR moving past this myth and expanding their involvement in ROSC

A few major points from webinar 1 & 2

Persons in Recovery (PIR)

(a) 12-step programs

(b) Faith-based groups

  (a) Millati Islami

  (b) Celebrate Recovery

(c) Medication assisted recovery

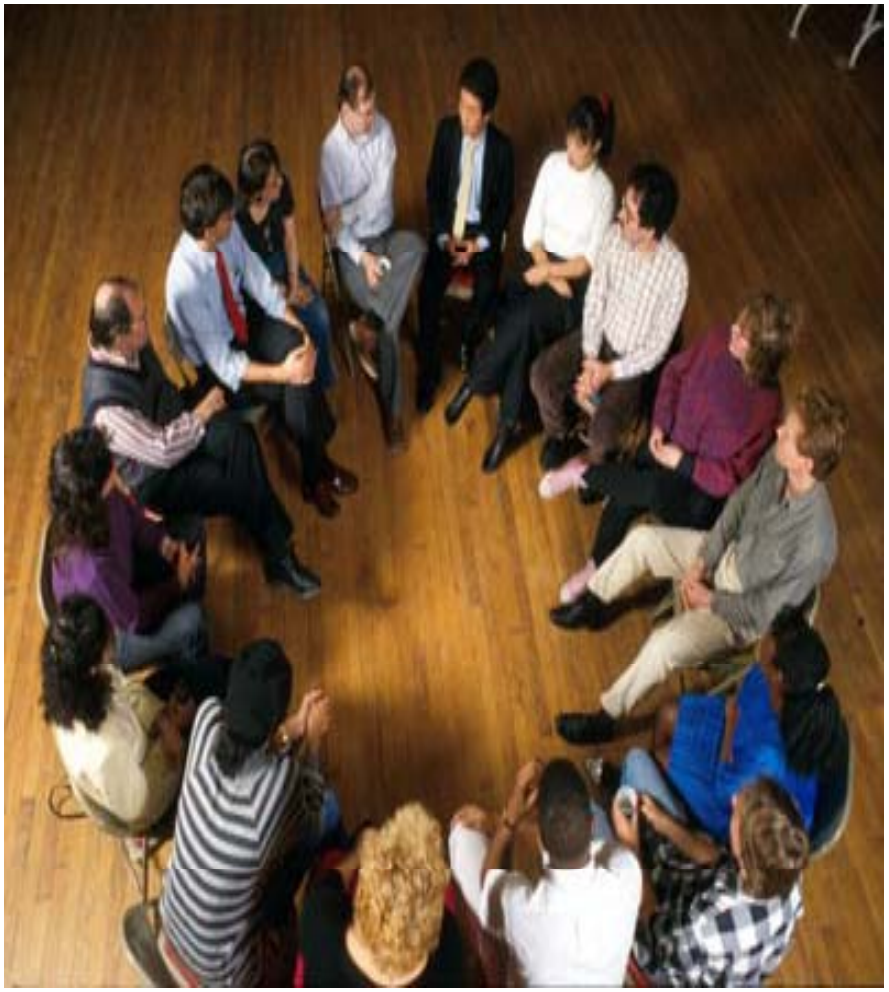
(d) Co-occurring recovery

(e) Frequency reduction programs

(f) Gender-specific groups

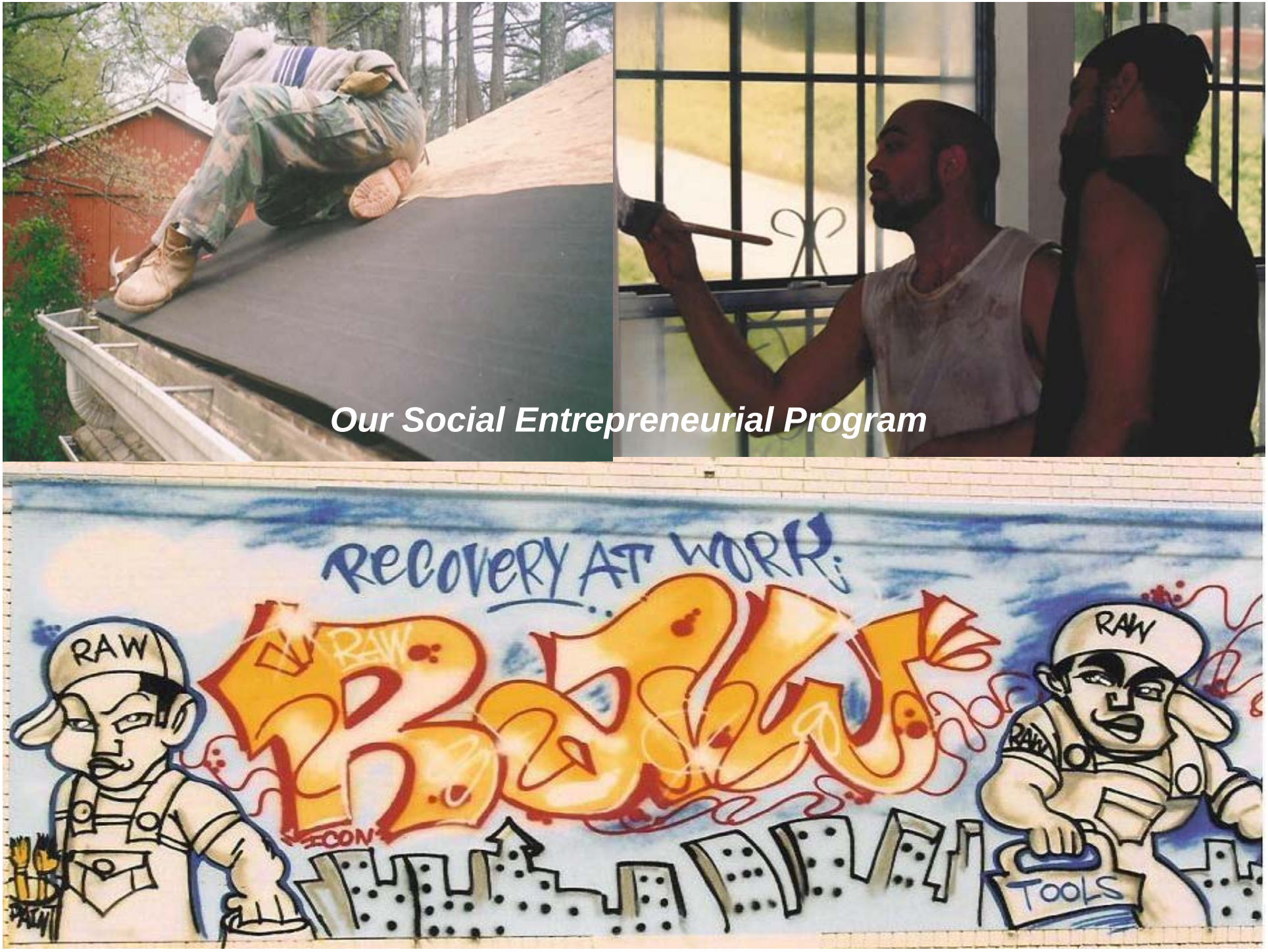
(g) Culture-specific groups

(h) LGBT groups



A few major points (cont'd)

- Multiple Pathways to Recovery
- Individuals are encouraged to choose the best path for them
- Recovery advocates help ensure that multiple pathways are available, leading to an increase in access to care and enhancement in quality of life


Our Social Entrepreneurial Program
RECOVERY AT WORK
RAW
RAW
RAW
ICON
TOOLS

Recovery Oriented System of Care

ROSC - coordinated network of community-based services and supports . . person-centered . . . builds on strengths and resilience of individuals, families, and communities . . . abstinence, improved health, wellness, and quality of life is the goal

SAMHSA/CSAT

Revisit core Message of our 4-part webinar

- >25 million in need of treatment (recovery)
- Treatment is effective and has benefited many
- Treatment is not a panacea
- Establishing ROSC and Instituting P-BRSS is paramount to increasing access to those in need of care

Reality of Many Seeking Treatment

- Women
- Ethnic Minorities
- Poor People
- Incarcerated
- Non-insured
- Parents with young children
- Co-occurring SMI
- People with multiple treatment needs

The Myth

- What is the myth
- Who says it's a myth?
- And why?

Defining a myth!

- *a*: a popular belief or tradition that has grown up around something or someone; *especially*: one embodying the ideals and institutions of a society or segment of society

- *b*: an unfounded or false notion

What is the myth!

- *That a person's lived experiences alone (the fact that they were once drug and/or alcohol dependent)prepares them for a role within a ROSC*

Open the line for answers & comments! Raise your hand!

- *Based on the myth definition used in this presentation, is it an unfounded or false notion when a person believes that their lived experiences alone prepares them for roles within ROSC?*

Approaches where lived experiences alone are enough

- Historically, the phrase "**I'm in recovery**" implied that a person was overcoming a drug and/or alcohol addiction and sustaining their recovery through12-step support group attendance (AA or NA)

- A common 12-step recovery principle is one that states "a person can only keep what they have by giving it away"

What about faith-based recovery

- Principle 8 of Celebrate Recovery states: "Yield to [God] to be used to bring this good news to others, both by example and by my words." Luke 8:16 says, "No one lights a lamp and hides it in a jar or puts it under a bed. Instead, he puts it on a stand, so that those who come in can see the light."

Quote from Celebrate Recovery

- If we want someone to see what God will do for them, we need to let them see what God has done for us. A great way to do this is by sharing our testimony.

- It is also important to share the "Good News" with others outside of our recovery family. We always need to be ready to share what God has done for us . . . with our family, coworkers and neighbors.

Not a Myth here!

- 12-step recovery
- Faith-based recovery

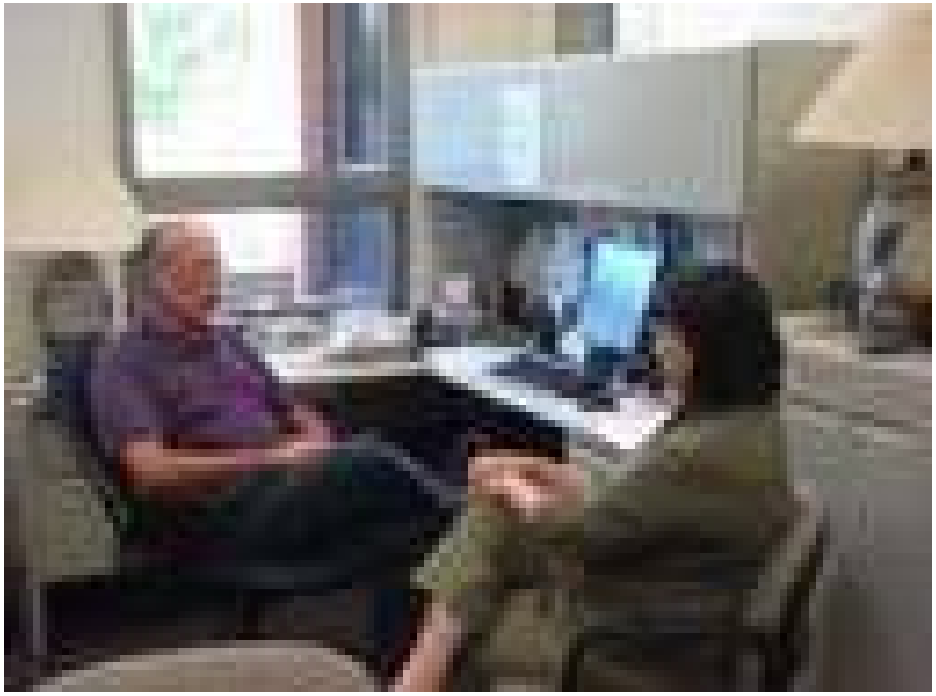
What about in other peer-led approaches

- We will return to this in a moment

What about while working in treatment?

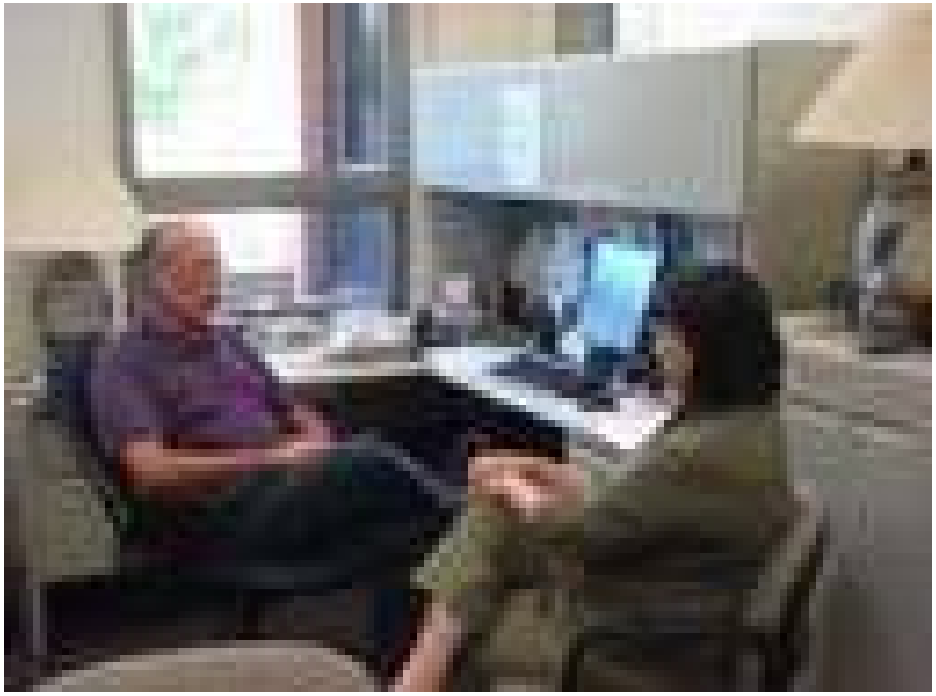
- Are lived experiences alone enough

- What's the rule around disclosing recovery status for treatment staff



Raise your hand! Group participation

- Are lived experiences alone enough for working in treatment? Why or why not?
- What's the rule around disclosing recovery status of treatment staff?
- Questions or Comments



What about in other peer-led approaches

- I told you we would return to this

PBRS

Peer-based recovery support is the process of giving and receiving **non-professional, non-clinical assistance** to achieve long-term recovery from severe alcohol and/or other drug-related problems. 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.

P-BRSS

Peer-based recovery support services are a form of P-BRS delivered through more formal organizations or specialized roles.

Types of support services

- employment enhancement support services;
- financial/credit enhancement support services;
- social entrepreneurial development programs;
- support services that “clean up prior criminal histories;”
- educational enhancement support services;
- sustain long-term recovery

P-BRSS (types of support services)

- shared housing educational programs
- infectious disease-specific support services
- gender-specific support services
- faith-based specific support services
- telephone support services
- street outreach
- SAVED SISTA project (HIV, substance use, and intimate partner violence prevention program)

P-BRSS (where they take place)

- treatment programs
- shelters
- drug court programs
- county jails
- mental health settings
- recovery community organizations
- transitional housing programs
- soup kitchens
- faith-institutions (mostly churches)

Examining the myth

- P-BRSS
  - Relapse prevention

  Is it necessary to understand the principles of evidenced-based relapse prevention models or are individual experiences alone enough

Examining the myth (Case Study)

- You are “certified” as a Recovery Coach through a state program. You receive a contract from a local shelter to facilitate a once- a -week “relapse prevention” support group for 20 female residents who are graduates of a treatment program operated by the shelter.
- You are excited because you have been in recovery for several years and you know how to stay drug and alcohol free and you are convinced that you can use your experience to help the women in this support group stay drug and alcohol free as well.
- Prior to facilitating the first group, while conducting research on “relapse prevention” material, you discover an Evidenced-based relapse prevention program. This intervention is far more in-depth than anything you had planned for the group so you decide not to consider it, plus you remind yourself that you have been clean many years and your “experiences, strengths, and hopes, in your opinion, will be more than enough for the group.

Write down you feelings and thoughts and we will address in a moment!

Examining the myth (cont'd)

- P-BRSS
  - Retention strategy to reduce attrition

  Is it necessary to understand the principles of EBP such as motivational incentives (aka contingency management) or are individual experiences alone enough

In these two examples, would a PIR's experience alone be sufficient

- **Examine some realities:**
  - Value in lived experiences
  - Value in believing in and understanding multiple approaches to recovery
  - Value in long-term care
  - Value in evidenced-based P-BRSS

Experiences cont'd

- Are these values as effective when delivered independent of each other or when offered in combination
- Does this mean peers should know how to facilitate EBP
- Do peers now loose their peer status and become "junior counselors"

BUT

- Will peers now have to combine formal learning with their lived experiences
- Will peers now have to become sanctioned through addiction counseling credentialing bodies
- Do they now loose their peer status and become “junior counselors”

Makes me Proud

- Well Trained Persons in Recovery

Moving beyond the myth . . . Closing comments

- In 12-step and faith-based recovery experiences alone seem to be sufficient
- Even in some P-BRSS this is true
- In others, maybe not
- In treatment . . . . it just depends!

Moving beyond the myth . . . Closing comments cont'd

- Must remain open-minded to ongoing education
- Even the teacher can be taught
- There is value in education
- Formal degrees not the only method for enhancing skills and knowledge

More will be revealed in next sessions!

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Q & A portion of webinar