

The Road to Recovery 2011 Recovery Support: Collaboration, Coordination, and Recovery Management

Discussion Guide

The show will be filmed in a panel format, with free discussion between the show host and other panelists. This discussion guide is not to be considered as a script. The information and resources provided in this discussion guide are provided to assist panelists in show preparation. The questions identified in each panel section will be asked by the show host. Panelists will respond to questions asked by the host, and they will also comment and add to information presented by other panelists in a discussion format. Panelists will bring to the show their own keen anecdotal experiences to the show, as well as references from scientific studies from the field.

Show Description: While the first steps toward long-term recovery are major achievements for individuals with substance use and mental disorders, the next challenge is learning how to sustain recovery over time. Long-term recovery requires addressing the factors and conditions that contributed to the dependence in the first place. For many, recovery involves healing relationships, developing improved life skills, and attaining "emotional sobriety," which makes it possible to contribute to their families and communities in healthy and meaningful ways. This show will examine the elements that contribute to long-term recovery and how advances in improved collaborations, service coordination, and recovery management have led to more effective systems of support. Effective models for providing this support, such as recovery-oriented systems of care (ROSC) and peer-to-peer support, will be discussed, along with the resources individuals can access to assist them at every stage of recovery.

Panel 1: Treatment and Recovery in Behavioral Health: A National Imperative

Key Questions:

- 1. What is the definition of behavioral health? How common are substance use and mental disorders?
- 2. What is the need for treatment and recovery related to substance use and mental disorders in this country? How many people have a substance use disorder? How many have a mental health problem?
- 3. How many people have co-occurring substance use and mental disorders?
- 4. Of those who have substance use and/or mental disorders, how many are receiving treatment? How many are getting support beyond treatment? Is there a gap between the

- number of people who need treatment and the number of people who actually receive treatment?
- 5. What are the costs and consequences to society of substance use and mental disorders? Does effective treatment and recovery support in behavioral health offer economic benefits for our society?

<u>Definitions of Treatment and Recovery in Behavioral Health</u>

Source: Substance Abuse and Mental Health Services Administration. (2011). *Leading change: A plan for SAMHSA's roles and actions 2011–2014*. (HHS Publication No. SMA 11-4629). Rockville, MD: Substance Abuse and Mental Health Services Administration.

http://store.samhsa.gov/product/SMA11-4629

- Substance use and mental disorders include substance misuse, alcohol and drug addiction, serious psychological distress, and suicide. This includes a range of problems from unhealthy stress to diagnosable and treatable diseases such as serious mental illnesses and substance use disorders, which are often chronic in nature but that people can and do recover from. The term is also used to describe the service systems encompassing the promotion of behavioral health, the prevention of substance use and mental disorders and related problems, treatments and services for substance use and mental disorders, and recovery support.
- "Substance use and mental disorders" is a phrase meant to be inclusive of substance use disorders, mental disorders (also referred to as "mental health problems"), and co-occurring substance use and mental disorders.
- Recovery from substance use and mental disorders is a process of change whereby individuals
 work to improve their health and wellness and live a meaningful life in a community of their
 choice while striving to achieve their full potential.

Commonality of Mental Health Problems

Source: Substance Abuse and Mental Health Services Administration. (2011). *Leading change: A plan for SAMHSA's roles and actions 2011–2014.* (HHS Publication No. SMA 11-4629). Rockville, MD: Substance Abuse and Mental Health Services Administration.

http://store.samhsa.gov/product/SMA11-4629

• Mental health problems are more common in the United States than is generally realized. In 2009, about 20 percent of persons ages 18 and older reported having a diagnosable mental illness in the previous year, 9 percent of persons ages 12 and older reported using an illicit drug in the past month, and 24 percent of persons aged 12 or older reported binge alcohol use (i.e., drinking five or more drinks on the same occasion) at least once in the past month.

<u>Substance Dependence or Abuse Prevalence (alcohol and/or drugs)</u>

Source: Substance Abuse and Mental Health Services Administration. (2010). Illicit Drugs and Alcohol. *Results from the 2009 National Survey on Drug Use and Health: Volume I. Summary of national findings*. (NSDUH Series H-38A, HHS Publication No. SMA 10-4586Findings). Rockville, MD. http://oas.samhsa.gov/NSDUH/2k9NSDUH/2k9ResultsP.pdf

In 2009, an estimated 22.5 million persons (8.9 percent of the population aged 12 or older) were classified with substance dependence or abuse in the past year, based on criteria specified in the *Diagnostic and Statistical Manual of Mental Disorders*, Fourth Edition (DSMIV). Of these, 3.2 million were classified with dependence on or abuse of both alcohol and illicit drugs, 3.9 million were dependent on or abused illicit drugs but not alcohol, and 15.4 million were dependent on or abused alcohol but not illicit drugs.

Mental Disorders Prevalence

Source: Substance Abuse and Mental Health Services Administration. (2010). Results from the 2009 National Survey on Drug Use and Health: Mental health findings. (NSDUH Series H-39, HHS Publication No. SMA 10-4609). Rockville, MD.

http://oas.samhsa.gov/NSDUH/2k9NSDUH/MH/2K9MHResults.pdf

• In 2009, an estimated 45.1 million adults aged 18 or older in the United States had a mental health problem in the past year. This estimate represents 19.9 percent of all adults in this country. Among adults aged 18 or older in 2009, the percentage having serious mental illness in the past year was 4.8 percent (11 million adults).

Magnitude of Mental Disorders Among Young People in Our Society

Source: The National Academies. (March 2009). *Preventing mental, emotional, and behavioral disorders among young people: Progress and possibilities.* Washington, DC: The National Academies Press. http://iom.edu/~/media/Files/Report%20Files/2009/Preventing-Mental-Emotional-and-Behavioral-Disorders-Among-Young-

 $\underline{People/Preventing \%20 Mental \%20 Emotional \%20 Behavioral \%20 Disorders \%202009 \%20 \%20 Report \%20 Brief \%20 For \%20 Policy makers.pdf$

 Mental, emotional, and behavioral (MEB) disorders—which include depression, conduct disorder, and substance use disorders—affect large numbers of young people. Studies indicate that MEB disorders are a major health threat and are as commonplace today among young people as a fractured limb—not inevitable but not at all unusual. Almost one in five young people have one or more MEB disorders at any given time. Among adults, half of all MEB disorders were first diagnosed by age 14 and three-fourths by age 24.

Prevalence of Co-Occurring Substance Use and Mental Disorders

Source: Substance Abuse and Mental Health Services Administration. (2010). Results from the 2009 National Survey on Drug Use and Health: Mental health findings. (NSDUH Series H-39, HHS Publication No. SMA 10-4609). Rockville, MD.

http://oas.samhsa.gov/NSDUH/2k9NSDUH/MH/2K9MHResults.pdf

• Among the 45.1 million adults aged 18 or older with any mental health problem in the past year, 19.7 percent (8.9 million adults) met criteria for substance dependence or abuse in that period, compared with 6.5 percent (11.9 million adults) among those who did not have mental health problems in the past year. Among the 11 million adults aged 18 or older with a serious mental illness in the past year, 25.7 percent also had past-year substance dependence or abuse, compared with 6.5 percent of adults who did not have mental health problems.

Number of Persons Being Treated for Substance Use Disorders

Source: Substance Abuse and Mental Health Services Administration. (2010). Illicit Drugs and Alcohol. *Results from the 2009 National Survey on Drug Use and Health: Volume I. Summary of national findings*. (NSDUH Series H-38A, HHS Publication No. SMA 10-4586Findings). Rockville, MD. http://oas.samhsa.gov/NSDUH/2k9NSDUH/2k9ResultsP.pdf

Treatment need is defined as having a substance use disorder or receiving treatment at a specialty facility (hospital inpatient, drug or alcohol rehabilitation, or mental health centers) within the past 12 months. In 2009, 23.5 million persons aged 12 or older needed treatment for a substance use disorder (9.3 percent of persons aged 12 or older). Of these, 2.6 million (1 percent of persons aged 12 or older and 11.2 percent of those who needed treatment) received

treatment at a specialty facility. Thus, 20.9 million persons (8.3 percent of the population aged 12 or older) needed treatment for a substance use disorder but did not receive treatment at a specialty substance abuse facility in the past year.

Source: Open Society Institute. (June 2010). Closing the addiction treatment gap: Early accomplishments in a three year initiative. Baltimore, MD.

http://www.soros.org/initiatives/treatmentgap/articles_publications/publications/accomplishments-20100701/early-accomplishments-20100701.pdf

- In 2009, among the 4.3 million persons aged 12 or older who received treatment for a substance use disorder in the past year, 2.5 million persons received treatment at a self-help group and 2 million received treatment at a rehabilitation facility as an outpatient.
- In 2003, an estimated \$21 billion was spent on treatment for substance use disorders. This
 represents 1.3 percent of all health care spending for that year. In contrast to other chronic
 diseases, funding for substance use disorder treatment disproportionately comes from
 government sources. More than three-quarters—77 percent—of treatment costs are paid by
 Federal, State, and local governments, including Medicaid and Medicare.

Number of Persons Being Treated for a Mental Health Problem

Source: Substance Abuse and Mental Health Services Administration. (2010). Results from the 2009 National Survey on Drug Use and Health: Mental health findings. (NSDUH Series H-39, HHS Publication No. SMA 10-4609). Rockville, MD.

http://oas.samhsa.gov/NSDUH/2k9NSDUH/MH/2K9MHResults.pdf

 Among the 45.1 million adults aged 18 or older with any mental health problem in 2009, 17.1 million (37.9 percent) received mental health services in the past year. Among the 11 million adults aged 18 or older with serious mental illness in 2009, 6.6 million (60.2 percent) received mental health services in the past year.

Consequences and Costs of Substance Use and Mental Disorders

Source: The National Academies. (March 2009). *Preventing mental, emotional, and behavioral disorders among young people: Progress and possibilities.* Washington, DC: The National Academies Press. http://iom.edu/~/media/Files/Report%20Files/2009/Preventing-Mental-Emotional-and-Behavioral-Disorders-Among-Young-

<u>People/Preventing%20Mental%20Emotional%20and%20Behavioral%20Disorders%202009%20%20Report%20Brief%20for%20Policymakers.pdf</u>

Many disorders have lifelong effects that include high psychosocial and economic costs, not only
for the young people, but also for their families, schools, and communities. The financial costs in
terms of treatment services and lost productivity are estimated at \$247 billion annually. Beyond
the financial costs, MEB disorders also interfere with young people's ability to accomplish
developmental tasks, such as establishing healthy interpersonal relationships, succeeding in
school, and making their way in the workforce.

Source: National Institute on Drug Abuse. (n.d.). *Medical consequences of drug abuse*. Bethesda, MD. http://drugabuse.gov/consequences

• Substance use and mental disorders have a powerful effect on the health of individuals and on the Nation's social, economic, and health-related problems. Substance use and mental disorders also are among the top conditions for disability, burden of disease, and cost to families,

employers, and publicly funded health systems. Substance use disorders are linked directly to increased burden from chronic disease, diabetes, and cardiovascular problems.

Statistics on Key Consequences:

- The World Health Organization's *Global Status Report on Alcohol and Health 2011* found that alcohol is "the world's third largest risk factor for disease and disability" and is responsible for nearly 4 percent of deaths worldwide—more than AIDS, violence, or tuberculosis.
- By 2020, mental health problems will surpass all physical diseases as a major cause of disability worldwide. (World Health Organization, 2004).
- Nearly 5,000 deaths are attributable to underage drinking each year. (Centers for Disease Control and Prevention (CDC), 2004).
- Each year, tobacco use results in more deaths (443,000 per year) than AIDS, unintentional injuries, suicide, homicide, and substance use disorders combined; almost half of these deaths occur among people with combined substance use and mental disorders. (CDC, 2008).
- In 2009, an estimated 3.1 million persons aged 12 or older used an illicit drug for the first time within the past 12 months; there were an average of 8,500 initiates per day. (*National Survey on Drug Use and Health* (NSDUH), 2010).
- In 2009, of the 3.1 million persons aged 12 or older who used illicit drugs for the first time within the past 12 months, a majority reported that their first drug was marijuana (59.1 percent).
- Half of all lifetime cases of mental and substance use disorders begin by age 14 and three-fourths by age 24. (Berglund et al, *Archives of General Psychiatry*, 62(6), 593-602).
- Adults who began drinking alcohol before age 21 were more likely to be later classified with alcohol dependence or abuse than those who had their first drink at or after age 21. (Center for Behavioral Health Statistics and Quality, 2010, Results from the 2009 National Survey on Drug Use and Health, 2010).
- More than 33,300 Americans die every year as a result of suicide—approximately one every 16 minutes. (National Vital Statistics Reports, vol. 57).
- In 2009, an estimated 11 million adults aged 18 or older in the United States had a serious mental illness and 2 million youth aged 12–17 who had a major depressive episode during the past year. (NSDUH, 2009).
- Among persons aged 12 or older who used pain relievers nonmedically in the past 12 months, 55.3 percent got them for free from a friend or relative. (NSDUH, 2009).

Source: Miller, T. and Hendrie, D. (2008). *Substance abuse prevention dollars and cents: A cost-benefit analysis*. (HHS Pub. No. SMA 07-4298). Rockville, MD.

http://store.samhsa.gov/shin/content/SMA07-4298/SMA07-4298.pdf

• The annual total estimated societal cost of substance use disorders in the United States is \$510.8 billion. Alcohol abuse costs the Nation \$191.6 billion; tobacco use costs the Nation \$167.8 billion; drug abuse costs the Nation \$151.4 billion.

Economic Benefits of Treatment and Recovery in Behavioral Health

Source: http://www.moar-recovery.org

• The cost to States of substance use disorder treatment is recouped within a short time (2 to 3 years in Massachusetts) due to reduction in health, criminal justice system, and other costs; a California study reported that the benefits of treatment outweigh the costs of treatment seven to one due to reductions in hospitalizations, emergency room admissions, and crime.

• Treatment and recovery in behavioral health lead to significant reductions in illegal drug use, criminal activity, homelessness, and risky sexual behaviors and significant increases in physical and mental health.

Source: Open Society Institute. (June 2010). Closing the addiction treatment gap: Early accomplishments in a three year initiative. Baltimore, MD.

http://www.soros.org/initiatives/treatmentgap/articles_publications/publications/accomplishments-20100701/early-accomplishments-20100701.pdf

- According to CDC, addiction is a "treatable chronic disease," and comprehensive treatment is as
 effective as treatments for other chronic diseases such as diabetes and asthma. Substance use
 disorder treatment is also sustainable, resulting in a 67 percent reduction in weekly cocaine use,
 a 65 percent reduction in weekly heroin use, a 52 percent reduction in heavy alcohol use, and a
 61 percent reduction in illegal activity. Studies find that individuals generally maintain these
 positive outcomes for at least 5 years after completing treatment.
- Recent cost-benefit studies consistently find that benefits to society that result from substance use disorder treatment (i.e., improved health, increased employment, decreased crime) are greater than the costs of addiction. In addition to reducing drug use, substance use disorder treatment has been shown to reduce crime by 80 percent and reduce arrests by up to 64 percent. According to the State Associations of Addiction Services, studies show that taxpayers save \$7 for every \$1 spent on treatment and \$5.60 for every \$1 spent on prevention. These savings come from an increase in productivity and reduced spending for health, criminal justice, and social services.

Panel 2: Evolving Understanding of Treatment and Recovery in Behavioral Health

Key Questions:

- 1. How has our understanding of recovery evolved in recent years? How does a recovery management approach differ from earlier forms of treatment and recovery in behavioral health?
- 2. Why is it important to connect recovery to overall health, housing, employment, education, and community inclusion?
- 3. What are some key principles of recovery? Why is it important to view recovery as "healing the whole person"?
- 4. What are some common paths to recovery? Why is it important for people in recovery to heal relationships and improve life skills?
- 5. What are some critical elements that must be available for individuals to achieve recovery from substance use disorders?
- 6. What are some key facts and issues associated with recovery from mental health problems?
- 7. What is the best way to treat persons with co-occurring substance use and mental health disorders?
- 8. What benefits of recovery are most often cited by persons in recovery?
- 9. How many people in this country are in recovery?

Evolving Understanding of "Recovery"—Recovery Management Approach

Sources: http://www.ncbi.nlm.nih.gov/pubmed/19016176
http://www.ncbi.nlm.nih.gov/pubmed/17889296
http://facesandvoicesofrecovery.org

- Recovery is increasingly being defined as long term and wellness centered.
- Recovery from substance use disorders goes well beyond abstinence; it is experienced as a bountiful "new life," an ongoing process of growth, self-change, and the reclaiming of the self.
- Recovery is shifting from a crisis-oriented, professionally directed, acute-care approach—with its emphasis on isolated treatment episodes—to a recovery management approach that provides long-term supports and recognizes the many pathways to health and wellness.

Source: Draft Definition and Principles of Recovery, August 2010 dialogue meeting sponsored by SAMHSA (draft currently under review at SAMHSA).

 Definition of Recovery: Recovery from substance use and mental disorders is a process of change whereby individuals work to improve their own health and wellness and to live a meaningful life in a community of their choosing.

• Guiding Principles of Recovery:

<u>Recovery is person-driven</u>: Self-determination and self-direction are the foundations for recovery as individuals define their own life goals and design their unique path(s) toward those goals.

<u>Recovery occurs via many pathways</u>: Individuals are unique, with distinct needs, strengths, preferences, goals, culture, and backgrounds, including trauma histories that affect and determine one's pathway(s) to recovery.

<u>Recovery is holistic</u>: Recovery encompasses an individual's whole life, including mind, body, spirit, and community.

<u>Recovery is supported by peers</u>: Mutual support and mutual aid groups—including the sharing of experiential knowledge and skills, as well as social learning—play an invaluable role in recovery.

<u>Recovery is supported through relationships</u>: An important factor in the recovery process is the presence and involvement of people who believe in the person's ability to recover; who offer hope, support, and encouragement; and who also suggest strategies and resources for change.

<u>Recovery is culturally based and influenced</u>: Culture and cultural background in all of its diverse representations, including traditions and beliefs, are keys in determining a person's journey and unique pathway to recovery.

<u>Recovery is supported by addressing trauma</u>: The experience of trauma (such as physical or sexual abuse, domestic violence, war, disaster, and others) is often a precursor to substance use, mental health problems, and other related issues. Services and supports should be traumainformed to foster safety (physical and emotional) and trust and to promote choice, empowerment, and collaboration.

<u>Recovery involves individual, family, and community strengths and responsibility</u>: Individuals, families, and communities have strengths and resources that can serve as a foundation for recovery.

<u>Recovery is based on respect</u>: Community, systems, and societal acceptance and appreciation for people in recovery—including protecting their rights and eliminating discrimination and stigma—are crucial in achieving recovery.

<u>Recovery emerges from hope</u>: The belief that recovery is real provides the essential and motivational message of a better future—that people can and do overcome the internal and external challenges, barriers, and obstacles that confront them.

Relationship of Recovery to Overall Health, Housing, Employment, Education, and Community Inclusion Source: Leading Change: A Plan for SAMHSA's Roles and Actions, Strategic Initiative #5: Recovery Support (Draft 1-15-11).

- Substance use and mental health disorders often occur together, as along with other conditions
 such as diabetes or heart disease. In order to facilitate resilience, recovery, and social inclusion,
 it is important that persons with substance use and mental disorders receive treatment for their
 co-occurring health problems and have access to recovery support services that can help them
 live high-quality, self-directed, satisfying lives in the community.
- Life in the community includes *health* (a physically and emotionally healthy lifestyle), *home* (a stable and safe place to live that supports recovery), *purpose* (meaningful daily activities), and *community* (relationships and social networks that provide support, friendship, love and hope).

12 Principles of Recovery

Source: http://www.pfr.samhsa.gov/docs/Guiding Principles Whitepaper.pdf.

- 1. There are many pathways to recovery.
- 2. Recovery is self-directed and empowering.
- 3. Recovery involves a personal recognition of the need for change and transformation.
- 4. Recovery is holistic.
- 5. Recovery has cultural dimensions.
- 6. Recovery exists on a continuum of improved health and wellness.
- 7. Recovery emerges from hope and gratitude.
- 8. Recovery involves a process of healing and self-redefinition.
- 9. Recovery involves addressing discrimination and transcending shame and stigma.
- 10. Recovery is supported by peers and allies.
- 11. Recovery involves (re)joining and (re)building a life in the community.
- 12. Recovery is a reality.

Healing the Whole Person

Source: http://www.aplaceofhope.com/centerfacts.html.

- The whole-person approach to treatment and recovery integrates all aspects of a person's life:
 - Emotional well-being;
 - Physical health;
 - Spiritual peace;
 - Relational happiness;

- o Intellectual growth; and
- Nutritional vitality.

Paths to Recovery

Source: Laudet, A., Flaherty, M. & Langer, D (2009). *Building the science of recovery*. Pittsburg, PA: Institute for Research, Education and Training in the Addictions.

http://www.attcnetwork.org/learn/topics/rosc/docs/buildingthescience.pdf

Paths to recovery include but are not limited to:

- Natural recovery (no use of professional services or self-help);
- Different modalities and models of professional/specialty services (alone or in combination with 12-step or other mutual aid). Modalities include psychosocial and pharmacotherapy;
- 12-step (alone or in combination with specialty care);
- Non-12-step mutual aid/self-help (e.g., Secular Organization for Sobriety);
- Culture-specific approaches (e.g., Wellbriety/White Bison);
- Religion and spirituality; and
- Alternative methods (alone or in combination with any of the above). These methods may include acupuncture, hypnosis, yoga, and meditation.

Essential Elements of an Individual Plan for Treatment and Recovery in Behavioral Health

Source: Substance Abuse and Mental Health Services Administration. (2011). *Leading change: A plan for SAMHSA's roles and actions 2011–2014*. (HHS Publication No. SMA 11-4629). Rockville, MD: Substance Abuse and Mental Health Services Administration.

http://store.samhsa.gov/product/SMA11-4629

• Treatment plans to achieve recovery must be tailored to the individual, taking into consideration that individual's characteristics and circumstances, including gender, cultural background, and religious affiliation. Support of family, friends, community, and the workplace are also essential aspects of recovery, along with the individual taking responsibility for his or her own recovery.

Key Facts and Issues Associated With Recovery From Mental Health Problems

Source: SAMHSA What a Difference A Friend Makes, http://www.whatadifference.samhsa.gov/

- Studies show that most people with mental health problems (e.g., anxiety disorders, depression, bipolar disorder, eating disorders, schizophrenia) get better and that many recover completely. Recovery refers to the process in which people are able to live, work, learn, and participate fully in their communities. For some individuals, recovery is the ability to live a fulfilling and productive life. For others, recovery implies the reduction or complete remission of symptoms. Science has shown that hope plays an integral role in an individual's recovery.
- Treatment for mental health problems varies depending on the individual. A lot of people work
 with therapists, counselors, friends, psychologists, psychiatrists, nurses, and social workers
 during the recovery process. They also use self-help strategies and community supports. Often
 they combine these with some of the most advanced medications available. People can often
 benefit from medication, rehabilitation, psychotherapy, group therapy, self-help, or a
 combination of these.
- Mental health problems can affect anybody, regardless of race, ethnicity, gender, age, or background. Mental health problems are not caused by poor decisions or bad habits. They affect a person's physical, mental, and emotional well-being, much like heart disease or diabetes. The stigma associated with mental health problems is one of the biggest barriers to recovery.

Treatment and Recovery for Those With Co-Occurring Substance Use and Mental Disorders

Source: Bricker, M. G. (1995). The STEMSS supported self-help model for dual diagnosis recovery:

Applications for rural settings. Treating Alcohol and Other Drug Abusers in Rural and Frontier Areas,
Technical Assistance Publication (TAP) Series 17. (HHS Publication No. SMA-95-3054). Rockville, MD:
Substance Abuse and Mental Health Services Administration.

http://www.kap.samhsa.gov/products/manuals/taps/17k.htm

- Substance use and mental health problems are separate disease processes that coincide within an individual, but that interact in complex and synergistic ways.
- The primary symptoms of each disease tend to exacerbate symptoms of the other; each disorder predisposes the individual to relapse in the other disease.
- The best hope for lasting recovery is to treat both diseases aggressively at the same time and to provide stabilizing supports to maintain treatment gains in each disease. Treatment and support for each disease will in turn help forestall relapse in the other disorder.
- Both are physiological diseases with a strong genetic/hereditary component.
- Both are physical/mental/spiritual diseases that result in global affliction of the person.
- If left untreated, the course of both illnesses is progressive, chronic, incurable, and potentially fatal.
- Denial of the disease process(es) and noncompliance with attempts to treat it are cardinal symptoms of the disorder.
- Both diseases manifest loss of control in behavior, thought, and emotions. Both are often seen by the individual or others as a "moral issue."
- Both diseases afflict the whole family as well as all relational systems.
- Growing powerlessness and unmanageability lead to feelings of guilt, shame, depression, and despair.
- Both are diseases of vulnerability and isolation; the victim is highly sensitive to psychosocial stressors.

Benefits of Recovery Cited by Persons in Recovery

Source: Laudet, A. B. (2007). What does recovery mean to you? Lessons from the recovery experience for research and practice. *Journal of Substance Abuse Treatment 33*(3):243-256. http://www.ncbi.nlm.nih.gov/pubmed/17889296

• The most frequently cited benefit of recovery, mentioned by one-third of participants, is that it is a new life, a second chance ("like being born again, not living a state of denial, enjoying life better, whole new wonderful feeling, health, financially"); one quarter (23 percent) cited being drug free. Other benefits cited were as follows: self-improvement (22.7 percent); having direction, achieving goals (17.5 percent); improved/more positive attitude (17.2 percent); improved finances/living conditions (16.2 percent); improved physical and/or mental health (16.1 percent); improved family life (13 percent); and having friends/a support network (11 percent).

Number of Persons in Recovery in the United States

Source: Hasin, D. S., Stinson, F. S., Ogburn, E., Grant, B. F. (2007). Prevalence, correlates, disability, and comorbidity of DSM-IV alcohol abuse and dependence in the United States: Results from the National Epidemiologic Survey on Alcohol and Related Conditions. *Archives of General Psychiatry* 64(7):830-842.

 Based on information provided by Mark Willenbring, M.D., Director of the Treatment and Recovery Research Division of the National Institute on Alcohol Abuse and Alcoholism/National Institutes of Health, Faces & Voices of Recovery has said that more than 20 million Americans are in recovery from substance use disorders.

Panel 3: Effective Strategies, Models, and Programs for Treatment and Recovery in Behavioral Health

Key Questions:

- 1. What are the most effective models of care to support recovery from substance use and mental disorders?
- 2. What are recovery-oriented systems of care (ROSCs) and how can they be an effective tool in sustaining long-term recovery?
- 3. Why is it important to promote acceptance, dignity, and inclusion in recovery for those with substance use and mental disorders?
- 4. What supports and services are available to help individuals sustain their recovery?
- 5. What are peer recovery support services?
- 6. How are behavioral health and overall health connected?
- 7. How can the integration of primary health and behavioral health contribute to the goals of a recovery management approach?
- 8. What role can the primary health system play in screening and early intervention for behavioral health problems? What is the Screening, Brief Intervention, Referral and Treatment (SBIRT) program?
- 9. What is permanent supportive housing and why is it so important in the recovery of persons with substance use and mental disorders?
- 10. Why are employment and education critical factors in the recovery process?
- 11. What factors and life changes can help an individual sustain his or her recovery?
- 12. What programs and resources are available to families of individuals with substance use and/or mental disorders?

Emerging Model of Care for Recovery

Sources: http://www.journalofsubstanceabusetreatment.com/article/S0740-5472(09)00097-X/abstract http://facesandvoicesofrecovery.org

- A recovery-oriented model of care is emerging that provides coordinated recovery support services using a chronic care model of sustained recovery management.
- "The recovery model wraps traditional interventions in a continuum of recovery support services ... Particularly distinctive is the model's emphasis on post-treatment monitoring and support; long-term, stage-appropriate recovery education; peer-based recovery coaching; assertive linkage to communities of recovery; and, when needed, early re-intervention." (William White, M.A.)
- Under a recovery or patient-centered approach the recovery plan includes ongoing support, peer networks, and auxiliary services as part of the plan for treatment and recovery in behavioral health.

Recovery-Oriented Systems of Care (ROSCs)

Source: Update to National Summit on Recovery, Center for Substance Abuse Treatment, Substance Abuse and Mental Health Services Administration, June 2010.

- A ROSC is a coordinated network of community-based services and supports that is personcentered and builds on the strengths and resilience of individuals, families, and communities to achieve improved health, wellness, and quality of life for those with or at risk of substance use disorders.
- The values underlying a ROSC are:
 - Person-centered approach: A ROSC places the individual at the center of the services and supports offered.
 - Self-directed approach: In a ROSC, the individual is encouraged and assisted in exercising the greatest level of choice and responsibility of which he or she is capable.
 - Strength-based approach: A ROSC identifies and builds on the assets, strengths, resources, and resiliencies of the individual, family, and community, rather than emphasizing needs, deficits, and pathologies.
 - Participation of family members, caregivers, significant others, friends, and the community:
 - A ROSC acknowledges the role family members, caregivers, significant others, friends, and the community can play in the recovery process.
 - o **Individualized and comprehensive services and supports**: A ROSC recognizes that there are many pathways to recovery and promotes a philosophy of individual choice.
 - Community-based services and supports: A ROSC is situated within and draws on the strengths, resilience, and resources of the community.

• The operational elements of a ROSC are:

- Collaborative decisionmaking;
- Continuity of services and supports;
- Service quality and responsiveness;
- Multiple stakeholder involvement;
- Recovery community/peer involvement;
- Outcomes-driven system and service design; and
- Adequately and flexibly funded.

Acceptance, Dignity, and Inclusion in Recovery for Those With Mental Health Problems

Source: SAMHSA's Resource Center to Promote Acceptance, Dignity, and Social Inclusion Associated with Mental Health, http://promoteacceptance.samhsa.gov/

 Discrimination and prejudice are major barriers in recovery for those with mental health problems. It is important to promote acceptance and social inclusion for people with mental health problems so that they can live full, productive lives within communities without fear of prejudice and discrimination.

Supports and Services Available To Help Individuals Sustain Recovery

Source: Substance Abuse and Mental Health Services Administration. (2008). Substance Abuse in Brief Fact Sheet: An introduction to mutual support groups for alcohol and drug abuse. Rockville, MD. http://kap.samhsa.gov/products/brochures/pdfs/saib_spring08 v5i1.pdf

 Mutual support groups are groups comprised of persons who share the same problem and voluntarily support one another in recovery from that problem.

- By providing social, emotional, and informational support for persons throughout the recovery
 process, mutual support groups help individuals take responsibility for their substance use
 disorders and for their sustained health, wellness, and recovery.
- The most widely available mutual support groups are 12-Step groups, such as Alcoholics Anonymous (AA), Narcotics Anonymous (NA), but other mutual support groups such as Women for Sobriety (WFS), SMART Recovery® (Self-Management and Recovery Training), and Secular Organizations for Sobriety/Save Our Selves (SOS) are also available.

Peer Recovery Support Services

Source: Substance Abuse and Mental Health Services Administration. (2009). *What are peer recovery support services?* Rockville, MD.

- Peer recovery support services are designed and delivered by people who have experienced both a substance use disorder and recovery for the purpose of helping people become and stay engaged in the recovery process and reduce the likelihood of relapse. Because peer recovery support services are designed and delivered by peers who have been successful in the recovery process, they embody a powerful message of hope and a wealth of experiential knowledge. The services can effectively extend the reach of treatment beyond the clinical setting into the everyday environment of those seeking to achieve or sustain recovery.
- The Recovery Community Support Program (RSCP) has identified four types of social support useful in organizing community-based peer-to-peer services. Four models of social support include:
 - Informational support: characterized by assistance with knowledge, information, and skills (training, education);
 - Instrumental support: characterized by concrete assistance in helping others get things done (e.g., transportation to support groups, clothing, job application assistance, supplement services, food assistance, child care);
 - Emotional support: characterized by demonstrations of empathy, care, and concern and is often demonstrated through mentoring, coaching, support groups, and peer-to-peer recovery support services; and
 - Affiliational support: characterized by the feeling gained by being connected to others and having a social group and/or community.

Peer Support: What a Difference a Friend Makes

Source: SAMHSA What a Difference A Friend Makes, http://www.whatadifference.samhsa.gov/

 A key message of this campaign, sponsored by SAMHSA's Campaign for Behavioral Health Recovery (CBHR), is "Be the first step in a friend's recovery by supporting them." The campaign uses multiple media formats, is provided in multiple languages, and targets specific racial/ethnic groups.

Connection of Behavioral Health and Overall Health

Source: Substance Abuse and Mental Health Services Administration. (2011). *Leading change: A plan for SAMHSA's roles and actions 2011–2014.* (HHS Publication No. SMA 11-4629). Rockville, MD: Substance Abuse and Mental Health Services Administration.

http://store.samhsa.gov/product/SMA11-4629

• Research reveals the startling fact that individuals with the most serious mental health problems and co-occurring disorders die at age 53, on average. They die from treatable medical conditions caused by modifiable risk factors, including smoking, obesity, high blood pressure, and

substance use. Unfortunately, these deaths often stem from inadequate access to overall medical care.

Integration of Primary Health and Treatment and Recovery in Behavioral Health

Source: National Council for Community Behavioral Healthcare. (2003). Behavioral health/primary care integration models, competencies, and infrastructure. Rockville, MD.

http://www.machc.com/Documents/Reports/Intergrative%20Behavioral%20Health%20Care/Supplemental%20Tools/Sectionl%20Intergrative%20Care.pdf

- Many people in the broader community now receive treatment and recovery in behavioral health in a primary care setting. There is evidence that many, if not most, people coming into primary care are being treated for psychosocial problems, not organically based medical disease. If adequate detection of early-stage psychiatric illness took place in primary care, there would be some prevention of patients going to more severe episodes of major psychiatric illnesses.
- There is the opportunity for quality improvement of care within the primary care and specialty behavioral health care settings. Studies have shown that many people with depression stop taking their medications before the minimal time required to effectively treat an episode of depression.

Source: Collins, C., Hewson, D. L., Munger, R., Wade, T. (May 2010). Evolving models of behavioral health integration in primary care. New York: Milbank Memorial Fund. http://www.milbank.org/reports/10430EvolvingCare/10430EvolvingCare.html#PracticeModels

• There are three major models of integration. One, treatment and recovery in behavioral health may be *coordinated* with primary care, but the actual delivery of services may occur in different settings. Second, the delivery of services can be *co-located* (where treatment and recovery in behavioral health and primary care are provided in the same location), or third, services can be *integrated*, which means that treatment and recovery in behavioral health and medical services are provided in one treatment plan. Integrated treatment plans can occur in co-location and/or in separate treatment locations aided by Web-based health information technology. Generally speaking, co-located care includes the elements of coordinated care, and integrated care includes the elements of both coordinated care and co-located care.

Source: National Council for Community Behavioral Healthcare. (2009). Behavioral Health/Primary Care Integration and the Person-Centered Healthcare Home. Washington, DC. http://www.allhealth.org/briefingmaterials/BehavioralHealthandPrimaryCareIntegrationandthePerson-CenteredHealthcareHome-1547.pdf

• The core feature of the IMPACT model is collaborative care, in which the individual's primary care physician works with a care manager/behavioral health consultant to develop and implement a treatment and recovery plan and the care manager/behavioral health consultant and primary care provider consult with a psychiatrist to change the treatment and recovery plan if the individual does not improve. The IMPACT model has been found to double the effectiveness of care for depression, improve physical functioning and pain status for participants, and lower long-term health care costs.

Screening, Brief Intervention, and Referral to Treatment (SBIRT)

Source: Substance Abuse and Mental Health Services Administration. (2008). Screening works: Update from the field. About SBIRT. SAMHSA News 16(2).

http://www.samhsa.gov/SAMHSA News/VolumeXVI 2/article2.htm

- SBIRT is a comprehensive, integrated, public health approach to the delivery of early
 intervention and treatment services for persons with substance use disorders, as well as those
 who are at risk of developing these disorders. Primary care centers, hospital emergency rooms,
 trauma centers, and other community settings provide opportunities for early intervention with
 at-risk substance abusers before more severe consequences occur.
- Generally, the goal is to first elicit from each person his/her reasons for change and to highlight those reasons with an accurate summary. Then, the patient is offered a menu of options for change, along with help to explore those options and ideally pick one.

Permanent Supportive Housing

Source: SAMHSA Homeless Resource Center, http://homeless.samhsa.gov/

Permanent supportive housing is based on the philosophy that people with mental disorders
can live in their own housing with the same rights and responsibilities as anyone else, regardless
of their support needs. Helping people with mental disorders live in the community means
helping them take pride in and responsibility for their homes and helping them choose the
supportive services that they need.

Source: Substance Abuse and Mental Health Services Administration. (2011). *Leading change: A plan for SAMHSA's roles and actions 2011–2014.* (HHS Publication No. SMA 11-4629). Rockville, MD: Substance Abuse and Mental Health Services Administration. http://store.samhsa.gov/product/SMA11-4629

- Permanent supportive housing has emerged as a model in which individuals who have substance use and mental disorders can secure stable housing and receive the supports they need to manage mental illness or other disabilities. Research and practice reveal that supportive housing decreases symptoms, increases housing stability, and is cost effective.
- For many in recovery from substance use disorders, transitional drug-free housing is also essential to achieving long-term recovery.

Source: Molloy, P. (2009). *Oxford House—Facts and prospect*. Silver Spring, MD: Oxford House World Services.

- First established in 1975, Oxford House is an approach to recovery from substance use disorders
 that uses a democratically run, self-supporting, and drug-free home. The number of residents in
 a House may range from 6 to 15; there are houses for men, houses for women, and houses that
 accept women with children. Oxford Houses flourish in metropolitan areas such as New York
 City and Washington, DC, and thrive in such diverse communities as Hawaii, Washington State,
 Canada, and Australia.
- Today in the United States there are 1,378 Oxford Houses in 46 States and 387 cities, with more than 10,800 recovery beds at any one time. More than half (53%) of Oxford House residents have been homeless an average of 6 months. About three-fourths (76%) have done jail time averaging 13 months.
- The average cost per person per week for Oxford House residency is less than \$100.
- The average length of stay in an Oxford House is about 10 months; the average length of sobriety for house residents is 16.5 months.

Employment and Education as Critical Factors in the Recovery Process

Source: Substance Abuse and Mental Health Services Administration. (2011). *Leading change: A plan for SAMHSA's roles and actions 2011–2014*. (HHS Publication No. SMA 11-4629). Rockville, MD: Substance Abuse and Mental Health Services Administration.

http://store.samhsa.gov/product/SMA11-4629

- Employment helps integrate individuals in society and acknowledges their ability to contribute. The income it produces enables people to improve their living situation, reducing exposure to violence and other stressors that may adversely affect behavioral health. Conversely, being unemployed is associated with increased rates of mental disorders, especially among men, and with relapse to substance use disorders.
- Education is closely linked to opportunities for work, yet individuals with mental disorders have
 the lowest educational attainment level of any disability group. Mental disorders often begin
 when young adults are completing high school and looking at future opportunities and career
 plans. Supported education is a promising practice that allows individuals with behavioral health
 problems to enroll and remain in an educational program.

Factors for Sustaining Recovery and Maintaining Resiliency—Family and Community

Source: Substance Abuse and Mental Health Services Administration. (2011). *Leading change: A plan for SAMHSA's roles and actions 2011–2014*. (HHS Publication No. SMA 11-4629). Rockville, MD: Substance Abuse and Mental Health Services Administration.

http://store.samhsa.gov/product/SMA11-4629

• To recover, individuals need to be full, participating members of their communities. Individuals with mental disorders do not recover in isolation—they recover in families and communities. Individuals with substance use and mental health problems may lack socially valued activity, adequate income, personal relationships, recognition and respect from others, and a political voice. They remain, in a very real sense, socially excluded. It is critical to remove attitudinal barriers and establish appropriate supports to overcome this exclusion.

Source: HBO. (n.d.) Addiction: What helps people stay in treatment? http://www.hbo.com/addiction/aftercare/42 stay in treatment.html

- Family involvement, which may include participation in family therapy, is one of the strongest factors affecting people's ability to maintain their treatment.
- The person must be able to forge a personal connection of some kind with at least one counselor or caregiver and maintain a positive relationship with that person.
- The type of treatment and recovery in behavioral health matters. There are many approaches to treatment, from replacement therapy, which involves the use of prescribed drugs, to cognitive behavioral therapy. If a treatment program does not feel right, the patient should not give up. Instead, try again until connecting with a program that is the right fit.
- The recovering person's personal motivation plays a role in his or her ability to maintain treatment.
- Support from an outside force, such as an employer, can help people stay in treatment.
- People's involvement with faith-based and community-based organizations can also be a strong factor in their treatment maintenance efforts.

Healing the Family and Garnering Understanding

Sources: http://www.niaaa.nih.gov/FAQs/General-English/
http://www.nar-anon.org/Nar-Anon/About Nar-Anon.html

- Al-Anon holds regular meetings for spouses and other significant adults in an alcoholic's life, while Alateen is geared to children of alcoholics.
- Narc-Anon Family Group is a mutual support group for family members who know or have known a feeling of desperation due to the addiction problem of someone close to them. Nar-Anon members share their experiences, strength, and hope at weekly meetings. The meetings are usually held at locations such as treatment centers, hospitals, churches, community centers, or local 12-Step clubs.

Source: Copeland Center for Wellness and Recovery, Wellness and Recovery Action Plan http://copelandcenter.com/what-is-wrap/

WRAP® is a self-management and recovery system developed by a group of people who had
mental health difficulties and who were struggling to incorporate wellness tools and strategies
into their lives. WRAP is designed to decrease and prevent intrusive or troubling feelings and
behaviors, increase personal empowerment, improve quality of life, and assist people in
achieving their own life goals and dreams.

Panel 4: Advancing Treatment and Recovery in Behavioral Health— Supporting Programs and Resources

Key Questions:

- 1. How is SAMHSA supporting greater access to treatment, recovery-oriented treatment, and community services for recovery? What is involved in SAMHSA's strategic initiative on Recovery Support?
- 2. What role does SAMHSA's Center for Mental Health Services play in supporting recovery for persons with mental health problems?
- 3. How is SAMHSA supporting integration of treatment and recovery in behavioral health and health?
- 4. What is *Recovery Month* and how is it helping the cause of recovery?
- 5. How is the field/profession of recovery advancing in ways that contribute to more effective recovery services and outcomes? What is needed in the area of workforce development in treatment and recovery in behavioral health?
- 6. How can family and friends support someone in recovery?
- 7. What are TAPs and TIPs? Who has developed them?
- 8. What guidance can be provided to help someone prevent relapse? If an individual experiences a relapse, what should he or she do?
- 9. What resources are available for someone contemplating suicide?

Access to Treatment, Recovery-Oriented Treatment, and Recovery Community Services

Source: http://www.samhsa.gov

- The Access to Recovery (ATR) program facilitates development of State vouchers to centralize assessments and referrals for recovery support services.
- The Recovery-Oriented Systems of Care program helps local communities develop and deliver integrated services that build on the personal responsibility, strengths, and resilience of individuals, families, and communities to achieve sustained health, wellness, and recovery.
- The Recovery Community Services Program (RCSP) funds grassroots community organizations to support recovery services that help people initiate and/or sustain recovery from substance use

disorders. Some RCSP grant projects also offer support to family members of people needing or seeking treatment or those currently in recovery.

SAMHSA Strategic Initiative on Recovery Support

Source: Substance Abuse and Mental Health Services Administration. (2011). *Leading change: A plan for SAMHSA's roles and actions 2011–2014*. (HHS Publication No. SMA 11-4629). Rockville, MD: Substance Abuse and Mental Health Services Administration.

http://store.samhsa.gov/product/SMA11-4629

- The overall goals of the SAMHSA strategic initiative on Recovery Support are centered around four areas (i.e., Health, Home, Purpose, and Community) as pertaining to individuals with substance use and mental disorders: (1) Promote health and recovery-oriented systems of care, 2) ensure that permanent housing and supporting services are available, (3) increase gainful employment and educational opportunities, and (4) promote peer support and social inclusion in the community.
- The initiative recognizes that many racial and ethnic groups face elevated levels of substance use disorders, experience higher suicide rates than the general population, and have higher rates of risk factors for mental disorders and other problems, including poverty, domestic violence, trauma, and involvement with foster care and criminal justice systems. Behavioral health disparities also are widespread in American Indian and Alaska Native communities and Tribes; people with disabilities; lesbian, gay, bisexual, and transgender individuals, girls; and transition-aged youth. SAMHSA is committed to addressing these disparities by improving prevention, treatment, and recovery support programs that serve members of these groups.

Role of Center for Mental Health Services

Source: Center for Mental Health Services, http://www.samhsa.gov/about/cmhs.aspx

- The Center for Mental Health Services (CMHS) leads Federal efforts to treat mental disorders by promoting mental health and by preventing the development or worsening of mental illness when possible. Congress created CMHS to bring new hope to adults who have serious mental illnesses and to children with mental health problems.
- CMHS pursues its mission by helping States improve and increase the quality and range of their treatment, rehabilitation, and support services for people with mental disorders, their families, and communities. Further, it encourages a range of programs—such as systems of care—to respond to the increasing number of mental health problems among America's children. CMHS supports outreach and case management programs for the thousands of Americans with severe mental illness who are homeless and supports the development and adoption of "models" for improving services.

SAMHSA-Sponsored "Voice Awards"

Source: SAMHSA Voice Awards, http://voiceawards.samhsa.gov

• This award program recognizes film and television writers and producers who have created respectful, accurate, and dignified portrayals of people with mental health problems.

Integration of Treatment and Recovery in Behavioral Health and Health

Source: Substance Abuse and Mental Health Services Administration. (2009). Application information, CMHS request for applications: Grants for primary and behavioral health care integration. Rockville, MD. http://www.samhsa.gov/grants/2009/sm 09 011.aspx

- The Substance Abuse and Mental Health Services Administration's CMHS sponsors grants for
 primary and behavioral health care integration (PBHCI). The purpose of the grant program is to
 improve the physical health status of people with serious mental illnesses by supporting
 communities to coordinate and integrate primary care services into publicly funded community
 mental health and other community-based behavioral health settings.
- Physical health conditions among people with serious mental illnesses affect their quality of life
 and contribute to disproportionately premature death. In 2006, the National Association of
 State Mental Health Program Directors (NASMHPD) issued a technical report, Morbidity and
 Mortality in People with Serious Mental Illness, that revealed that people with serious mental
 illness on the average die 25 years earlier than people without serious mental illness.

Recovery Month

Sources: http://www.recoverymonth.gov
http://facesandvoicesofrecovery.org

- **Recovery Month** is an annual observance that takes place in September.
- Recovery Month promotes the societal benefits of treatment for substance use disorders and
 mental health problems, celebrates people in recovery, lauds the contributions of treatment
 providers, and promotes the message that recovery in all its forms is possible. Recovery Month
 spreads the positive message that behavioral health is essential to overall health, that
 prevention works, treatment is effective, and people can and do recover.
- Recovery Month 2010 was celebrated with more than 1,072 events, reaching more than 3.8 million attendees with the message that recovery from substance use disorders is possible! In 2010, the campaign expanded to include events in other countries such as Bermuda, Egypt, Germany, the Marshall Islands, and Scotland.
- Voices of people who have been courageous and victorious in their recovery from a substance
 use disorder are a powerful tool for spreading the message of *National Alcohol and Drug Addiction Recovery Month*. These voices are genuine examples of the importance of recovery,
 and they are truly representative of the wide scope of individuals who suffer from substance use
 disorders.

The Field and Profession of Recovery

Source: http://www.attcnetwork.org/learn/topics/rosc/docs/buildingthescience.pdf
http://www.attcnetwork.org/aboutus/index.asp
http://www.tresearch.org/ASI.htm

- Recovery is increasingly being recognized as a field of science requiring the same rigor and standards as other fields of science. The role of the recovery scientist is becoming more clearly defined.
- Addiction medicine has long been recognized as a medical specialty comparable to other medical specialties. The American Society of Addiction Medicine was established in 1989.
- Federal law now recognizes mental health and addiction as having parity and equity with traditional medical coverage (Paul Wellstone and Pete Domenici Mental Health Parity and Addiction Equity Act, 2008).
- The ATTC Network is a nationwide, multidisciplinary resource for professionals in the addictions treatment and recovery services field who are dedicated to raising awareness, building skills, and changing practices in the profession. It was established by SAMHSA in 1993.
- The field of addiction and recovery has made significant advances in instrumentation and measurement, including the Addiction Severity Index (ASI), which gathers data on seven key

dimensions of a person's life related to addiction, and the Treatment Program Descriptor, which compiles an inventory of treatment and recovery program services.

<u>Treatment and Recovery in Behavioral Health Workforce Development</u>

Source: Substance Abuse and Mental Health Services Administration. (2011). *Leading change: A plan for SAMHSA's roles and actions 2011–2014.* (HHS Publication No. SMA 11-4629). Rockville, MD: Substance Abuse and Mental Health Services Administration.

http://store.samhsa.gov/product/SMA11-4629

Support and training is needed so that the behavioral health workforce is better able to
understand treatment and recovery and provide effective services, including recovery-oriented
practices, peer-run services, and collaborative relationships with families that involve shared
decisionmaking about treatment and recovery in behavioral health options.

Resources for Treatment and Recovery in Behavioral Health

1-800-662-HELP (4357) or 1-800-487-4889 (TDD)

• SAMHSA's National Helpline provides 24-hour free and confidential information about substance use and mental disorders, prevention, treatment, and recovery referrals in English or Spanish.

http://www.samhsa.gov/treatment/

• SAMHSA's Treatment Facility Locator offers a searchable directory of drug and alcohol treatment programs in locations around the country.

Selected Papers of William White

http://www.williamwhitepapers.com/

• William White authored articles and monographs about the recovery advocacy movement, recovery management, and recovery-oriented systems of care.

How to Support Someone in Recovery

Source: HBO. (n.d.) Addiction: *Five things families can do to support recovery of a family member.* http://www.hbo.com/addiction/aftercare/45 support recovery.html

- Educate yourself on the recovery process for individuals and families.
- If the person in recovery is living with you, provide a sober environment to support that recovery.
- Support the individual's involvement in treatment aftercare meetings and recovery support groups.
- Assertively reintervene in the face of any relapse episode.
- Assist the recovering family member in locating sober housing, employment, child care, transportation, or other recovery support needs.

Available Recovery Services

Sources: http://www.nida.nih.gov/podat/PODAT1.html www.aa.org and www.na.org

http://www.drugabuse.gov/PDF/PODAT/PODAT.pdf

- Counseling (individual and/or group) and other behavioral therapies are critical components of an effective recovery program.
- Medications are an important element of treatment for many patients, especially when combined with counseling and other behavioral therapies.

- Alcoholics Anonymous (AA), Narcotics Anonymous (NA), and other 12-Step-like programs are self-supporting entities that are not allied with any sect, denomination, politics, organization, or institution.
- Participation in self-help support groups during and following treatment is often helpful to the individual in maintaining abstinence.

Faces & Voices Guide to Mutual Aid Resources

http://www.facesandvoicesofrecovery.org/resources/support/index.html

Technical Assistance Publications

Source: http://www.kap.samhsa.gov/products/manuals/index.htm

• Technical Assistance Publications (TAPs) are compilations from various Federal, State, programmatic, and clinical sources that provide practical guidance and information related to the delivery of treatment services to individuals with substance use disorders.

Treatment Improvement Protocol Series

Source: http://www.ncbi.nlm.nih.gov/bookshelf/br.fcgi?book=hssamhsatip&part=A91408

- Treatment Improvement Protocols (TIPs), developed by the Center for Substance Abuse Treatment (CSAT), are best-practices guidelines for the treatment of substance use disorders.
- CSAT draws on the experience and knowledge of clinical, research, and administrative experts to produce the TIPs, which are distributed to facilities and individuals across the country.
- The recommendations contained in each TIP are grounded in evidence that includes scientific research findings and the opinion of the TIP consensus panel of experts that a particular practice will produce a specific clinical outcome (measurable change in client status).
- In making recommendations, consensus panelists engage in a process of "evidence-based thinking" in which they consider scientific research, clinical practice theory, practice principles, and practice guidelines, as well as their own individual clinical experiences.
- Based on this thinking, consensus panelists arrive at recommendations for optimal clinical approaches for given clinical situations.

Tips for Preventing Relapse

Sources: http://www.hbo.com/addiction/aftercare/44 enhance recovery odds.html
http://ezinearticles.com/?What-Happens-When-You-Suffer-an-Addiction-Relapse?&id=3367234

- Choose a treatment program that offers a rich menu of continuing care services and actively use these supports.
- Find a recovery support group and stay actively involved.
- Involve your family members in recovery support groups and activities.
- If you do not have a living environment supportive of recovery, investigate the growing network of recovery homes.
- Become an expert on your own recovery and take responsibility for it.
- Learn techniques that will help you get through difficult times without reverting to substance abuse.
- Learn how to manage negative thinking with the help of others or with cognitive training.
- Have coping mechanisms in place in order to avoid conflicts, or learn how to take it down a few levels so as not to lose emotional control.

Re-entering Recovery After Relapse

Source:

http://ezinearticles.com/?What-Happens-When-You-Suffer-an-Addiction-Relapse?&id=3367234

- For someone who has had a substance use disorder relapse, the first thing he or she needs to do is get back to an environment of support. Once in a supportive environment, the individual has a much better chance of stopping the relapse and getting back on the right track.
- Speaking with others who have experienced relapses can also help. They will understand and be
 able to help provide the necessary coping tools in order to prevent it from happening again.
 They can help the individual understand that relapses are not unusual and help the individual
 prevent it from happening again in the future.

Suicide Prevention

Source: American Foundation for Suicide Prevention. Suicide Prevention Resource Center: Best practices registry for suicide prevention. Washington, DC.

http://www2.sprc.org/bpr/section-ii-expertconsensus-statements

• This Website page provides statements that summarize the best knowledge in suicide prevention in the form of guidelines, protocols, or consensus statements. These statements typically result from a collaborative process involving key experts and stakeholders and/or a thorough review of the literature by a preeminent expert in that topic area. Statements are also provided on guidance and recommendations (including protocols) that practitioners can use while developing programs, practices, or policies for their own settings.

Source: National Suicide Prevention Lifeline, http://www.suicidepreventionlifeline.org/

• Individuals feeling desperate, alone, or hopeless can call the National Suicide Prevention Lifeline at 1–800–273–TALK (8255), a free, 24-hour hotline available to anyone in suicidal crisis or emotional distress.

A link check was run on all the external Web sites listed in the discussion guide to identify and fix any broken links as of 4/12/11. However, we acknowledge that Web site URLs change frequently and may require ongoing link checks for accuracy. Last Updated: 4/12/11