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Female VO: The Substance Abuse and Mental Health Services Administration presents the *Road to Recovery*. This program aims to raise awareness about mental and substance use disorders, highlight the effectiveness of treatment and recovery services, and show that people can and do recover. Today's program is *The Road to Recovery 2016: Building Family Resiliency: Supporting Recovery*.

Ivette:

Hello, I'm Ivette Torres and welcome to another edition of the *Road to Recovery*. Today we'll be talking about family resiliency, supporting prevention, treatment and recovery. Joining us in our panel today are Patricia Lincourt, Director of Practice Innovation and Care Management at the New York State Office of Alcoholism and Substance Abuse Services, Albany, New York; Reverend Jan Brown, Founding Executive Director of SpiritWorks Foundation, Center for Recovery of the Soul, Williamsburg, Virginia; Colonel Rebecca Porter, Director at DiLorenzo TRICARE Health Clinic, Washington, D.C.; Dr. Mitra Ahadpour, Medical Officer in the Division of Pharmacologic Therapies, Substance Abuse and Mental Health Services Administration, U.S. Department of Health and Human Services. Mitra, what are some of the factors or issues that families face when they're looking at problems of mental and/or substance use disorder within the family?

Mitra:

Well, some of the issues, I mean each family is different so we can't generalize for all families but some of the common themes across families are isolation, anger, trauma, guilt, and not knowing where to go for help. I think that's really a big issue because when you're facing these issues you're thinking you're the only one in the whole society is facing these challenges and you don't want to discuss it with anyone because you feel, okay, everyone thinks I have the perfect family, I don't want to let others know the difficulties I'm facing. But it would be nice for them to know that this is something many families are facing, many challenges, and where to go for support and help.

Ivette:

And we'll be talking about some of our own personal experience a bit later on. Jan, how do these elements that Mitra just mentioned manifest themselves into activities of daily living? What happens to a family and what do they experience in the various nexus that they are engaged in on a daily basis?

Jan:

So we see a lot of family members not doing social events, things that they would normally do with their friends, a reduction of participation in things like going to church. We see things like the children becoming less and less involved in school activities, sporting activities that they would normally do in the afternoon,

to touch upon just a bit, the discrimination and stigma I think that's associated with both of those things further deepens the isolation that most families feel.

Ivette:

Very good. And Rebecca, for families that are in the military are there special considerations even beyond what has been mentioned?

Rebecca:

I think what we try to do particularly in the Army is make educators aware of what might be happening in a family. So, for example, if a service member is deployed to a combat zone, we would want to let the educators of that student know so that when they see changes in behavior they can put it into context of what might be going on.

Ivette:

Very good. Patricia, in terms of how the family begins to look at their problems and begins to seek help; the concept of no wrong door. What can we help them to interpret what that concept means?

Patricia:

Well, I think it's a great point for families because they don't know where to go. I think that was what you were saying, doctor, and it would be great if a family could go anywhere in the system, to their primary care physician, to walk into a mental health clinic or to a substance use disorder clinic and have somebody there who can really help them to sort through what the problems are and help them find the right place if they aren't at the right place to be able to provide all the solutions.

Ivette:

So that would be from, Mitra, emergency rooms, primary care physicians...

Mitra:

So the pediatricians, a lot of adolescents, we find that there's some research that 90% of adults who have substance use disorder started when they were an adolescent. So it's really important to get the involvement of the pediatricians, family physicians, internists, emergency department because people come for maybe other issues and it would be nice to be screened for mental health and substance use issues and get some kind of help of where can you be referred for a follow up of where they can get more help.

Ivette:

Jan, in terms of communities of color and families of color, what special considerations should we be looking at within that community?

Jan:

I think some of the internalized oppression and people thinking that they can't reach out for help, I think some of the considerations in terms of the care that people have historically received, and so those are pretty challenging issues. And then some of the issues around we don't need help that it's not okay to ask for help. So some of those systemic and cultural issues around those things as well.

Ivette:

Absolutely. Rebecca, for the military families or the ones in the Army, let me be very specific, how do we begin to engage the families that have experienced or are experiencing mental and substance use disorder?

Rebecca:

I think to Jan's point, it's important to realize that there is often kind of a culture of stoicism in the military and that extends to the family members. So thinking that we're the only ones that have this problem or that we have to pull ourselves up by our bootstraps and go it alone; realizing that that continues, that that kind of mindset can continue even in the face of a lot of outreach efforts to help educate people. That's part of why we've extended our behavioral health services into school systems and into schools so that if a teacher identifies a problem, there's a behavioral health professional right there in the school who has the permission of the parents to meet with the child and so it kind of minimizes the need for a more coordinated handoff between them. I think those are some of the things that we keep in mind.

Ivette:

Very good. Well, when we come back, we're gonna find out where we can get more information and talk more about things that we can do to help these families. We'll be right back.

[Music]

Female VO:

CETPA was created in July 1999 to address the substance abuse counseling needs of the Latino community in Georgia. Since then, CETPA has developed into a full service behavioral health treatment, intervention and prevention agency, providing services in English and Spanish to the Latino community in Georgia.

[Music]

Female VO: Pierluigi Mancini. Founder & CEO, CETPA.

Pierluigi Mancini:

In September, 26 1999, I started CETPA. It began as a Spanish language substance abuse program for adults and back then it was and still is the first

program in Georgia to earn a license for drug abuse treatment in Spanish. Since then, the agency has grown way beyond my dreams, we now have the entire spectrum of the Institute of Medicine Continuum of Care, that begins with promotion, prevention, treatment, after care and recovery, all in one agency, and that is wonderful.

Female VO: Katerine Velez. Substance Abuse Counselor, CETPA.

Katerine Velez:

We are about 20 or 30 clinicians that are working every day in Spanish, English and Portuguese.

Female VO: Pierluigi Mancini.

Pierluigi Mancini:

Our direct clinical services provide individual, family and group counseling to children beginning at age 3 all the way to older adults. Our clinicians come from 17 different countries including most of South America but also from Brazil and Central America.

Female VO: Katerine Velez.

Katerine Velez:

We need to have this cultural sensitivity and cultural competence to help those clients, understand where they are coming from and meet them there where they are.

Female VO: Ana Gaona Martinez. CETPA Alum.

Ana Gaona Martinez:

I think the challenges for the Hispanic community in seeking recovery is that sometimes we believe that we can do it on our own and we believe that no one can help us because they don't understand what we're going through.

Female VO: Katerine Velez.

Katerine Velez:

Clients have differences in symbols, differences in cultural beliefs, religions, they have a lot of shame or they also have this perception of illness that is different from people from other countries.

Female VO: Pierluigi Mancini.

Pierluigi Mancini:

We have consumers coming in from 22 Spanish speaking countries.

Female VO: Ana Gaona Martinez.

Ana Gaona Martinez:

My mom speaks very limited English and for her to have someone to understand her when she expresses her feelings, when she opens up and tells her side of the story, I think having someone who understands her is very important because they're able to relate to her instead of having someone translate for her.

Female VO: Adalica Jas, Ana's Mother.

Adalica Jas:

I felt good. I felt good because they spoke to me in the language, well, that I speak.

[Music]

Male VO:

My family and friends are always with me, no matter where I may be. Sharing stories from home helps me sustain my recovery from my mental and substance use disorder. Join the voices for recovery: our families, our stories, our recovery.

Female VO:

For confidential information on mental and substance use disorders including prevention and treatment referral for you or someone you know, call 1-800-662-HELP. Brought to you by the U.S. Department of Health & Human Services.

Ivette:

Welcome back. Mitra, we were talking about one model specifically that Patricia mentioned earlier. What other efforts are available to address family issues related to substance use disorders and mental health issues?

Mitra:

So there are many resources and that's one, that Craft model is an evidence-based model for adolescents. There is the Matrix model that also has been found to be effective for certain substances that has family involvement, relapse prevention and individual therapy. We also have several resources on our SAMHSA website that lets people know where families and individuals who are facing substance use or mental health obstacles in their life where they can seek treatment. We have our national behavioral treatment locator so they can put their zip code in there and find providers that could help them. They can call our 24 hour, 7 days a week free hotline to find help.

Ivette:

And how about for the military, Rebecca? Are there special targeted efforts going on?

Rebecca:

Well, in the military there is a website that talks about strong warriors and the fact that if you have a posttraumatic stress disorder, any other kind of mental health diagnosis that you can still be a strong warrior in spite of that. I think the other thing that I keyed on that Mitra was talking about is the importance of kind of a strong foundation in what you eat, how you sleep, your activity levels. The army even has what they call the performance triad. So focusing on those three areas: eat, move, sleep, nutrition to make sure that you have a good foundation for your performance.

Ivette:

Thank you. Jan, related to all the issues that these families could possibly face, I would rank homelessness as a major factor. Talk to me a little bit about how homelessness further aggravates the whole problem of mental and substance use disorders and are there services and efforts available?

Jan:

Sure. Sure. So in terms of recovery homelessness would be considered foundational and so those folks who are struggling with stable, safe and affordable housing, that's a primary issues in terms of their ability to maintain recovery. There are tremendous efforts—certainly there's a homelessness website. Some of the barriers that they face are without having the capacity to have an address. You aren't able to access services in the same way. It makes transportation and getting around more difficult. And then once again, when somebody has to present as a homeless person, there again, some of the stigma and the shame and those barriers can present themselves as well.

Ivette:

Very good. Jan, you've had a personal experience with addiction. Do you wish to share your story?

Jan:

Sure, I'll be glad to. I have been in recovery for 29 years. I got sober when I was 22 years old. So people would suggest that that's a very young age to get recovery. Fortunately, my father was a career military officer and so I had access to treatment very quickly. I needed long term care so I was in treatment for about 16 months and after that time needed ongoing outpatient support. I've had to rely on the use of medication. So I think I've probably used all of the pathways to recovery, fortunately with success.

Ivette:

Very good. In that context, Jan, what were some of the more positive aspects of getting yourself some help that your family was able to provide to you? You mentioned that your father was in the military so right there, the fact that the services were available, that's a big plus. A lot of families don't have that.

Jan:

Sure. Sure.

Ivette:

But in terms of the family dynamic itself.

Jan:

Well, my family participated in my treatment so that was extremely helpful and they got some education themselves which was helpful for them. The treatment program provided a family program so that was kind of a place for them to start. It was a 4 or 5-day family program, and then beyond that participating in ongoing counseling, participating in my counseling sessions, of course, using their church, family and community was very helpful, relying on their extended family.

Ivette:

And I think this is something that families in our audience really need to pay attention to, right, Mitra? Because you've had a little bit of experience as well yourself and that is so important that the family come together.

Mitra:

Exactly. I mean as you mentioned, there are many different pathways to recovery. I want to congratulate you on your recovery.

Jan:

Thank you.

Mitra:

That's wonderful. And everyone can go. There is a light at the end of the tunnel, and I think the family is so important because they give you that support, the hope, and teach you strategies of how to deal maybe—I mean your therapies does teach you that but you still need that family to help you when you're facing stresses, when you're facing challenges, your family is there to support you.

Ivette:

Well, when we come back, we're going to continue to talk about what are some of the elements to the family dynamic of providing that resiliency for the family and additional information. We'll be right back.

[Music]

Male VO:

For more information on **National Recovery Month**, to find out how to get involved or to locate an event near you, visit the **Recovery Month** website at recoverymonth.gov.

[Music]

Ivette:

Welcome back. Rebecca, we are talking about when families are completely supportive and they come together which is really utopia and ideal. For those scenarios where families are really traumatized by a very severe—particularly for members of the military who have been injured, what are the real dynamics and how should the member deal with them and the family's members deal with them?

Rebecca:

I think what you're getting at is sometimes when service members in combat, they may experience something that results in posttraumatic stress disorder, depression, related substance abuse or sometimes they're even injured to the point that they're disfigured when they come back, and those kinds of injuries don't only impact the service member, they can impact the entire family. And so in those cases then, going back to what Jan said, we want to put our arms around the entire family and realize that the children in the family may experience their parent with a different kind of personality than before they left. Ideally what we try to do is develop resiliency in those families and in the service members even before they go into combat. The Army has a program called Comprehensive Soldier and Family Fitness which is designed to provide coping skills and communication skills and just normalize some of the responses that they might have to moving around all the time or having a loved one in harm's way in a combat zone. The Navy and the Air Force and the Marine Corps have similar programs.

Ivette:

So Mitra, this country is really dealing with right now an opioid epidemic of sorts and I know that we've talked about families and the role that they can play but many of these families are really very fearful because it's happening across the socioeconomic spectrum. Can you talk to us a little bit about that?

Mitra:

Well you know, I have three children myself and I have two teenage boys and a daughter who is 11 years old and I have that fear, and you see it all across the nation. This is affecting everyone. It's from all incomes, from all walks of life. It's really important to be highly educated about this so I think families need to be empowered, that they understand what we are facing and talk to their children about it. The coping skills is really important. They need to teach them how to do problem solving; if they are having any mental health issues, early intervention, try to get them for treatment very early on. But get them—and find out—I mean if you see your adolescent, suddenly their grades are dropping, they're not going to school, they're not doing the activities that they used to like to do, this is a warning sign for you.

Ivette:

A warning sign, absolutely. And I think all of you have hit this point, is really start a dialog. Address it and start talking about it. When we come back, we're gonna talk about how faith influences the family dynamics and mental and substance use disorder. We'll be right back.

[Music]

Female VO: My story is yours. I am a mother.

Male VO: I am a father, a son.

Female VO: A daughter. I am in recovery from a mental illness.

Male VO: A substance use disorder.

Female VO: With support from family and community...

Female & Male VO: We are victorious!

Female VO: Join the voices for recovery: our families, our stories, our recovery.

Male VO:

For confidential information on mental and substance use disorders including prevention and treatment referral for you or someone you know, call 1-800-662-HELP. Brought to you by the U.S. Department of Health & Human Services.

Ivette:

Welcome back. Jan, we really have been talking about families, and we should've done this at the beginning of the show which really define for us what family is because there's the traditional family and what other families are there?

Jan:

Sure. So most people think of the traditional or nuclear family which would be one's parents or siblings and then the extended family would be aunts and uncles and grandparents and folks like that. We see more families of heart or families of choice is kind of the language that the people are using and those are friends, there certainly could be other caregivers, there would be relationships of same sex couples, but it really is about having people around you who are supportive, who want the best for you, that you're very emotionally engaged with. So not making the assumption that family means biological or nuclear family.

Ivette:

And within that context, let's take it one step forward in terms of how does faith influence—can positively influence what's going on in these families if they're experiencing mental or substance use disorder issues?

Jan:

Sure. I think faith first and foremost kind of gives people their guiding values and principles by which they live. It certainly plays a role in terms of motivation. It's kind of the place where people make their decisions from. Their faith community can also be a primary part of their community and where they turn to for support. So there's many, many aspects of faith and spirituality that play a role in one's recovery.

Ivette:

Very good. And now we come to one of my favorite segments of the show where I ask you for final thoughts and I'm gonna go around and I'm gonna start with Patricia. Any final thoughts for our audience?

Patricia:

Well, one of the things that I've been thinking is that for an individual to be successful, one of the resiliency factors that always shows to be one of the most important, and I think this is related to your research, is to have at least one individual in their life that they've made a connection to that they feel accepted by and that they can stay connected to. That's very often that person is family, at least that first person whether it's your biologically natural family or a family of choice. But over time that extends I think to the faith community and if you're not connected to the faith community, there are lots of other options as well to find somebody to support your recovery, and I think families need that as well for that kind of resiliency to face the difficulties and the challenges of working with somebody who is in recovery.

Ivette:

Very good. Jan.

Jan:

So the first and most important piece is that recovery is indeed possible and that people do recover to include family members. So that it's an amazing lifestyle. It's been a life beyond my wildest dreams and certainly just the acknowledgement that sometimes people do have setbacks and when and if that happens, to very quickly get back on the path of recovery. I'd say the other piece that I find to be extremely important is the reminder to others who are in recovery that when appropriate, when it's time and when they're available to do it, is that we need to speak out. This idea of speaking up and speaking out and making sure that we put a face and voice on recovery that people can have hope and it's an amazing, amazing life worth living for sure. Thank you.

Ivette:

Okay. Mitra, last thoughts.

Mitra:

I agree. That's exactly what I was gonna say that recovery is possible. I've seen it not only in my own patients but I've heard so many stories personally from our own family. It's a long journey for some people and it is possible so just keep that hope and have that support, the family, the peers, the social support from if you're going to a church or any community work that you're doing. Keep that hope that this is possible and it will happen.

Ivette:

Rebecca.

Rebecca:

You know, I think that what I find very important is that whether it's the individual or the individual's family realizing that you're not alone in this and that you can come forward and get support whether the support is from a healthcare provider, in a faith-based organization or in what Harold Kudler and I in the Journal on the Future of Children called communities of care. Communities of care and family, that's a very loose definition but it's about the support for the individual and their families.

Ivette:

Excellent. Well, I want to remind our audience that September is **National Recovery Month**. You can get information from the SAMHSA website at recoverymonth.gov and you can plan events for September and really all year round. Our information is always there for you to create events, activities and to engage that community. And if you are so moved to really engage your entire family in speaking about recovery and supporting those that are in recovery. It's been a wonderful show. Thank you for being here.

[Music]

Male VO:

To download and watch this program or other programs in the **Road to Recovery** series, visit the website at recoverymonth.gov.

[Music]

Female VO:

Every September, **National Recovery Month** provides an opportunity for communities like yours to raise awareness of mental and substance use disorders, to highlight the effectiveness of prevention, treatment and recovery services, and show that people can and do recover. In order to help you plan events and activities in commemoration of this year's **Recovery Month** observance, the free online **Recovery Month** kit offers ideas, materials, and tools for planning, organizing, and realizing an event or outreach campaign that matches your goals and resources. To obtain an electronic copy of this year's **Recovery Month** kit and access other free publications and materials on

prevention, recovery, and treatment services, visit the **Recovery Month** website at recoverymonth.gov, or call 1-800-662-HELP.

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END.