

[Music]

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.

Patricia:

There's a lot of efforts I think currently to create integration in the system by forming better relationships between providers and screening brief intervention, referral to treatment is one of those that has great potential if that happened at the pediatrician and then there was a relationship with a mental health or substance use provider to be able to do a seamless connection to that service.

Mitra:

Exactly, so it's like that warm handoff, so patients go to the emergency department, they get the SBIRT, that screening, but it's so important they get referral to treatment but they never make that first appointment. So there are some hospitals that they put the system in place that they have social services in the hospital that actually follows up with the patient when they are discharged

from the hospital and makes that first appointment for them which would be very helpful.

Ivette:

And it's very critical. 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:

And I think you mentioned before, the shame and the stigma or the discriminatory behaviors that affect those that have a problem are really something that I think within communities of color are more pronounced did you say?

Jan:

Absolutely.

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. Going back to your point about the no wrong door. 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. Patricia, beyond what Rebecca has noted, in terms of the family, when they're dealing with the problems, we've heard that the intersect can come

through emergency room, primary care but if there's a family that knows that something is going wrong, what is the first step that they should consider taking?

Patricia:

Often the first step that can be helpful I think is to seek help themselves, to reach out to somebody who is a professional or somebody who's a peer or a pastor or somebody in the helping profession to talk with them about what they're experiencing and to get ideas about what next steps to take. Very frequently the person who has the problem isn't the first person who is seeking treatment. They sometimes need a lot of encouragement from their family in order to do that, and by the family reaching out for help, families in isolation, it's very difficult. But if they have a community of support around them, they can take action I think to help the person. There's a couple of models, including the Craft model—

Ivette:

Which is?

Patricia:

Community Reinforcement, particularly for adolescents but has been used with adults, too, that supports families and gives incentives for the person who is experiencing the problem to connect to services.

Ivette:

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

[Music]

Kana Enomoto:

Resilience is the ability to respond to stress, anxiety, trauma, crisis, or disaster. People develop resilience over time, and it is shaped by many factors—personal and environmental. Resilience is particularly important for members of the military, veterans and their families. With recent military operations in Afghanistan and Iraq, military families have faced multiple deployments and significant combat exposure. These experiences can be distressing to both members of the military and their families, challenging their resilience. Psychological distress experienced during combat can be further complicated by mental or substance use disorders. Many service members face issues such as trauma, suicide, homelessness, and/or involvement with the criminal justice system. For example, approximately one-fifth of service members returning from Iraq or Afghanistan have post-traumatic stress disorder or depression, and one-fifth report experiencing a traumatic brain injury during deployment. SAMHSA works with the U.S. Department of Defense and the U.S. Department of Veteran's Affairs to ensure that American servicemen and women and their families get the effective, high-quality behavioral health treatment and services

they need. These services support resilience and can help members of the military and their families find pathways to recovery. While active-duty troops and their families are eligible for care from the U.S. Department of Defense, many do not seek out those services because they are concerned that receiving treatment for behavioral health issues may harm their military career. Military families have a unique culture and behavioral health needs that may not be widely understood. But, many military members and their families are seeking care in the community. Communities must be equipped to meet their unique needs. SAMHSA supports the behavioral health needs of America's active-duty, National Guard, Reserve, and veterans—along with their families—by leading efforts to ensure that community-based services are accessible, culturally competent, and trauma-informed. Working closely with TRICARE, the U.S. Department of Defense, and the U.S. Department of Veterans Affairs, SAMHSA provides state-of-the-art technical assistance, consultation, and training to ensure that veterans, service members and their families have access to quality behavioral health services.

[Music]

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.

Katerine Velez:

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

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

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.

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.

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.

Pierluigi Mancini:

We have consumers coming in from 22 Spanish speaking countries.

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.

Adalica Jas:

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

[Drumming]

Female VO:

Staying on course without support is tough. With help from family and community, you get valuable support for recovery from a mental or substance use disorder. Join the voices for recovery: visible, vocal, valuable!

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. 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 can help them. They can call our 24 hour, 7 days a week free hotline to find help. And we have a lot of great resources, not just publications that they can go and order for free or download but also we have a website on wellness; and wellness that includes having healthy lifestyles, not smoking, how to sleep the right amount of hours that helps with them feeling better, how to get involved in activities, the social aspect of social connection with just not with family members but also with the community; maybe take up something they used to do that they used to love as a hobby that they had forgotten. So there are a lot of wonderful resources on our SAMHSA website that individuals and family members could access.

Ivette:

Excellent. 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:

Isn't it true that many members would probably be hesitant to receive services? What would you say to a member in terms of their fear of any type of retribution? What is the reality that they're facing and how can we basically allay some of those fears?

Rebecca:

We see a few fears. One is that a person's career will be adversely impacted by seeking treatment or seeking help. Another fear is that perhaps a security clearance would be revoked because they've sought counseling, or if they have an alcohol use disorder or substance use disorder. The fact of the matter is when you reach out for help and you get assistance, you're more likely to be successful in your career and to be able to retain your security clearance because you don't kind of go down this road of losing control. So we encourage people to reach out, and I'll tell you that since 2007 we have increased the number of behavioral health providers that we have in the military and despite huge increases our doors are open and we're full and it's hard for us to even see everybody who wants to be seen. So even in spite of those concerns and those fears people are coming to get treatment.

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. And, Patricia, how does the state system deal with that? Do you offer housing first, and after that you stabilize the person and then you begin to offer some other services?

Patricia:

Yeah. In New York State OASAS directly funds some housing programs and can move people from temporary supported housing to permanent housing. So there are options also within the treatment community for community residence programs for families as well as community residences for the individual who is impacted with family services as a support. But it is foundational. You have to have a safe place from which to recover and so it's something that New York State through Medicaid Redesign has put a lot of emphasis on expanding the options for people who are seeking recovery to have affordable housing and access to it.

Ivette:

And I suspect that even after you find housing for them, these homeless families still need special targeted methodologies to deal with that traumatic experience, correct?

Patricia:

Oh absolutely. I think anybody who's experienced any housing insecurity at all, and certainly to the point of actual homelessness, there is a trauma associated with that. I think you need to develop services and support around that family to help them to be able to feel secure and to be able to recover.

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. They also did some kind of recovery work for their care and not specifically for my own. So I think that was also very helpful.

Ivette:

Like what, Jan? Do you want to be more specific?

Jan:

Sure. The treatment program provided a family program so that was kind of a place for them to start. It was a 4-5 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. Certainly in African American families that's something that's very important. So my mom has a big family of support so that notion of it taking a village really is so.

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. And for some people, because this is a chronic nature so it's a long journey so you need that peer support, that friend support and the family to help you through your journey.

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]

Jan:

I have been in recovery for 29 years. I had the good fortune of being able to go to treatment when I was 22. I was in treatment for an extended period of time, about 16 months, and during that time really got to learn how to live. I needed that extended period of time so that I could have a birthday and be sober and I could just do what I needed to do. So that was the beginning of my journey and it's been good ever since.

For families that have a young person who is struggling with early signs, or full blown, the piece that's really important is to be sure to get them help and to not give up. Those are things that are pretty significant. The recognition that there may be setbacks and that really is indeed a lifelong process. So there will be different stages and phases of recovery and what somebody might do early on won't look exactly like what they do further down the road in their recovery.

Recovery has brought an amazing life beyond what I would've ever imagined that could be possible. When I first entered into recovery, I thought that if I simply got

back the things that I had loved and lost that that would be sufficient, and had that been the case, I would've really sold myself and God short. So the things that I do these days are, again, things that I wouldn't have ever been able to imagine. I know serve as an ordained deacon in the Episcopal Church. That certainly wouldn't have been possible. I started a recovery community organization about ten years ago with the hope that we would catch people as they were transitioning from treatment centers or jails and things like that.

[Music]

Male VO:

For those with a mental or substance use disorder, recovery starts when you ask for help. Join the voices for recovery, speak up, reach out.

Female VO:

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

[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.

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. And those are the kinds of things that we want to identify and treat.

Ivette:

And you have special efforts in order for them to begin to sort out the different areas where they need help?

Rebecca:

Yes. So 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. The idea is to kind of bolster our service members and their families so that when something happens or if something happens, they're prepared for it.

Ivette:

And I suspect that the Veterans Administration also deals with them once they continue to be engaged with that system.

Rebecca:

Absolutely.

Ivette:

Very good. Patricia, let's talk a little bit now about—we've been talking about families that have a problem, some of the programs that have been proven successful and interventions and so on and so forth. But in reality, let's look at now prevention. How can families really begin to address potential problems of mental and substance use disorder so it doesn't get to the point where the family becomes problematic or dysfunctional?

Patricia:

Yeah. I mean I think that the stigma that we've talked about and the guilt and the anger that people experience can really be de-stabilizing in a family sometimes. You feel angry toward the person who's having symptoms, you feel blamed by other people, and I think that the community can be helpful from a prevention point of view in building resiliency by understanding more and being less judgmental about substance use disorder and mental health issues. And some of the prevention efforts, universal prevention efforts have a goal of normalizing mental health and substance use disorders as something people experience.

Ivette:

And they would include the reduction of risk factors and the increase in—

Patricia:

Protective factors. In some cultures there is an increase in protective factors naturally because there is an arms-around kind of impulse and a community that

people are tied to very tightly. In other cultures there is more isolation around the kind of nuclear family, but I think that families is where you learn those protective factors where you find one individual who you feel connected to.

Ivette:

And from assistance perspective, Patricia, the states can avail themselves, the state prevention frameworks and communities can actually plan activities and develop coalition building in order to create a more preventive environment for the young people.

Patricia:

New York State got a grant from SAMHSA, \$10.1 million in 2009 to work with eleven coalitions around New York State to develop community based universal prevention methods, and we saw a great advantage of that in reduced negative consequences in adolescents from substance use.

Ivette:

And Jan, beyond the structured coalition building also what do families need to have ever present in terms of really developing those protective factors?

Jan:

Sure. I think that the family support for one another, we offer a parent's group at the center that I run and this is a weekly group where initially it was very interesting because I did a lot of the talking and provided a tremendous amount of education. But as the time has rolled on, I simply turn the lights on because they're able to share their lived experiences with one another, they're able to talk about what's working and what's not working, they know the resources that are available to them in our community and beyond. So they've really been able to take it upon themselves. Many of them have joined some of the larger advocacy groups. The Addict's Mom is one. They have become a tremendous part of the face and voice of recovery families have and I think because of that the movement is greater things are beginning to happen, and even in terms of some of that stigma and shame because now we are someone's mother or someone's daughter or somebody's sister or brother instead of the addict or the person with a mental illness. So those types of things now that it's a family movement in that family members identify themselves as people in recovery which has been a change that we've seen over the past several years.

Ivette:

Very good. And, Mitra, for the physician that is dealing with a person with an addiction problem who has children, what can that physician do to get that person that they're treating to understand that addiction is an entire family issue?

Mitra:

I think it's really important to bring—if the patient, of course, is an adolescent, it really varies versus being an adult. So it's the consent process that you need to

get their consent, and many adolescents won't seek treatment if they feel that their privacy is going to be—they're not gonna get that privacy issue that they want. But the family is really important. I think the physician can be involved and first speak to the adolescent privately, not even get the families involved or the parents, and do some motivational interviewing with the adolescent and find out how—bring that change talk that where is their motivation if they want to change and let them know about the consequences and then get the consent of the adolescent that could we bring your family in to get that support that will help you in this recovery process? Of course, recovery has many parts as far as treatment both for adolescents and for adults. Recovery can include medications, counseling, psychosocial behavioral therapy like cognitive behavior therapy and social support like going to AA meetings, going to Narcotics Anonymous. It's just not only for the individual but also for the family members. There are many social support services to help the family.

Ivette:

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]

Kimberly Johnson:

Recovery is a process and people who have been through it before can help someone through the next steps and they can help people learn what to do, how to do it, but also they've been there and they've had those feelings and they've

had the struggles and so they can be the support person that says, yeah I know how that is and this is how I got through it. So they are in many ways, coaches and support people that get it in a way that other people that are not in recovery might not. We know that early childhood trauma in particular, but trauma throughout their life course, is related to higher incidence of both mental illness and substance use disorders. And so providers of substance use disorder treatment need to be particularly sensitive that their patients may have experienced some trauma and that trauma may be linked to their substance use and perhaps co-occurring mental illness and without addressing that trauma in a sensitive way, they may not be able to help that person recover. SAMHSA has a number of resources to help providers to deliver better trauma-informed care, we have toolkits and the GAINS center which is a technical assistance center and we have documents that can either be for patients or the providers themselves to help them learn to be more trauma-informed.

[Music]

Ana:

I came to CETPA when I was thirteen. I was prescribing pills to myself and doing other kinds of drugs but I didn't want to recognize as an addiction and I didn't think that I had a problem and that I didn't need help.

Adalica:

I tried everything to make her change, to help her stop using drugs, to not walk down the wrong path, I sometimes would say 'no more' 'this is as far as I go' 'I can't handle her anymore' but I did not surrender, with the help from the clinic.

Pierluigi Mancini:

And today she is a leader she is a youth leader for any young person that ever thought they could not lead a good life, or they could not see a path to wellness or happiness, she is a role model.

Ana:

I believe CETPA is very unique. I think the way they do things is very different from other programs out there, the way they ground everything based off love and caring for each other and actually being there for the family.

Katerine Velez:

We try to bring that family together in treatment through the activities we offer at the clubhouse.

Ana:

It's a place where you're able to be yourself and able to share your story and your difficult times and your good times.

Katerine Velez:

The clubhouse also provides opportunities with skill building.

Ana:

They make us realize we have dreams and that we are able to accomplish them. And just being able to have people who support you in what you believe in I think is great.

Adalica:

I am proud of my daughter, I never thought she would change. But thank God everything changed, and she is better now. I thank God that CETPA helped me with my children and continues to help me.

Pierluigi Mancini:

What we've done here is provide the best service we can and continue to learn from our community to see what their needs are, and that's made us very good at what we do.

[Music]

Male VO:

It takes many hands to build a healthy life. Recovery from mental and substance use disorders is possible with the support of my community. Join the voices for recovery: visible, vocal, valuable.

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. 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:

And I suspect, Mitra, that faith leaders can be an instrument. I know at SAMHSA we're training faith leaders to be able to take certain aspects of SBIRT and be able to assess people and talk about that in their congregations. But I'm interested also in hearing from you in terms of a recent study that JAMA has released you were talking about.

Mitra:

Exactly. JAMA, the Journal of American Medical Association Internal Medicine released a study and they looked at 75,000 women for 20 years and they found out individuals who attended once or more than once, services at different churches, they found that they had decrease in cardiovascular mortality, decrease in cancer mortality, and the researchers thought that this could be probably, but they don't know, but they say maybe it's because it gives them hope and you have that social support. So it comes out to that bigger family so it's not that—so we keep thinking of that nuclear family but really the families that whole social support that you get from going to church or going to any community activities, so that's where peers, everyone, so it's really helpful.

Ivette:

And I suspect, Patricia, also beyond the faith movement that getting services that are culturally specific to your ethnic or racial group also is helpful.

Patricia:

Yeah. People need to feel comfortable to access services. It's such a big leap of faith that people are taking when they do actually walk in the door. And I think that it's especially important that people can see themselves in whatever that helping service is. In New York—obviously New York City is a very culturally diverse city and so treatment providers often work in the community with the staff from the community with the understanding of what that community's cultural values are and to create a welcoming environment.

Ivette:

And I suspect linguistic familiarity with that particular ethnic group is also very helpful.

Patricia:

It's extremely helpful. I mean it's ideal to be able to go to somebody who is not only from your cultural background but also speaks the language that you're most familiar with. So services are available in virtually all languages. One block in New York City in Queens, there's 26 different languages that are spoken and so it's a challenge and sometimes you don't reach the ideal but in most cases people can find a service where there's a person who speaks the language that they're comfortable with.

Ivette:

So for families that are seeking help, Patricia, and I want to stay with the state because a lot of them—I know that Mitra mentioned the 1-800 number that SAMHSA provides, 1-800-662-HELP, but in the state if they don't have knowledge of that particular number, which they all will because they're gonna watch this show, but where can families go in a state system to begin to sort out their issues and to get help?

Patricia:

OASAS has a hope line that is 24 hours staffed by clinical people. So there's somebody available 24 hours a day for people to reach out to.

Ivette:

Very good. So we talked a little bit, Jan, and you mentioned about discriminatory practices within society for individuals in recovery and I just want to note that what would you tell families if they feel at all threatened and are hesitant to seek help? What message are you going to give to them in order for them to really reassess and to be able to seek help?

Jan:

To never give up, and just the recognition that their loved ones' lives depend upon not ever giving up.

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 more 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.

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.

[Music]

END.