The Road to Recovery 2016

September Show

Building Family Resiliency: Supporting Recovery

May 5, 2016

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 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 their own keen anecdotal experiences to the show as well as references from scientific studies from the field.

Show Description. Families, in their many and diverse forms, are central to our lives and well-being. This show will explore family and relationship factors that are protective and promote recovery from mental or substance use disorders. The discussion will focus on how families who have experienced behavioral health conditions achieve and continue to strengthen the four dimensions of recovery: health, home, purpose, and community. Panelists will discuss how families remain hopeful as they face the daily challenges of supporting the person in recovery, what they do if relapse occurs (ways that they seek help), the education of family members, and techniques that help families stay on the path to recovery. The special considerations for members of the military who are in recovery will be discussed—including how various branches prepare family members to support the recovery of loved ones with mental or substance use disorders (e.g., Family Readiness Officers in the U.S. Marines). The show will cover how certain religious or cultural beliefs, including values or practices connected with a strong purpose in life, enhance the resiliency of people in recovery from mental or substance use disorders. Panelists will discuss protective cultural and linguistic factors among members of the Latino/Hispanic, African American, Asian/Pacific Islander, and Native American communities. Discussion will examine holistic approaches to recovery—including diet, exercise, and expressive techniques.

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(e.g., art, music)—as well as the SAMHSA Wellness Initiative. The show will highlight SAMHSA resources for promoting resilience to behavioral health conditions, including those focused on cultural competence. Families are critical in supporting their members in recovery from mental or substance use disorders and helping them build on strengths, talents, coping abilities, resources, and inherent values to live self-directed lives and cope with challenges. The show will cover engagement of family members in the recovery process, protective factors for families in recovery, and SAMHSA resources on recovery support.

Panel 1: Diverse Families, Multiple Pathways to Recovery

Key Questions

1. What are some of the key factors that families’ face that are experiencing, or, have experienced a mental or substance use disorder?
2. How do these factors influence family life?
3. Is it harder for ethnic and racially diverse families to deal with these issues? And, why?
4. How do families who have experienced mental and/or substance use disorders begin to address these problems? What are first steps to seeking help?
5. Is it important for affected families who need to seek treatment to recognize that there are multiple pathways to recovery?
6. How should affected families be approached and engaged to begin to deal with their mental and substance use disorder problems?
7. How can families that have experienced mental or substance use disorders build resilience and continue to strengthen their health and wellness?
8. What are some SAMHSA efforts and resources that support family recovery? What are some resources to educate family members about recovery?
9. How does having a stable and safe place to live help promote family resilience and recovery? What are some efforts and resources that support stable housing for families in recovery?
10. What techniques do families use to stay on the path to recovery? How do families seek help when relapse occurs?

SAMHSA’s Recognition and Support for Multiple Pathways to Recovery


- SAMHSA has established a working definition of recovery that defines recovery as a process of change through which individuals improve their health and wellness, live self-directed lives, and strive to reach their full potential. Recovery is built on access to evidence-based clinical treatment and recovery support services for all populations.
• SAMHSA has delineated four major dimensions that support a life in recovery:
  o *Health*—overcoming or managing one’s disease(s) or symptoms—for example, abstaining from use of alcohol, illicit drugs, and non-prescribed medications if one has a [substance use disorder]—and, for everyone in recovery, making informed, healthy choices that support physical and emotional well-being
  o *Home*—having a stable and safe place to live
  o *Purpose*—conducting meaningful daily activities, such as a job, school volunteerism, family caretaking, or creative endeavors, and the independence, income, and resources to participate in society
  o *Community*—having relationships and social networks that provide support, friendship, love, and hope
• Hope, the belief that these challenges and conditions can be overcome, is the foundation of recovery. A person’s recovery is built on his or her strengths, talents, coping abilities, resources, and inherent values. It is holistic, addresses the whole person and their community, and is supported by peers, friends, and family members.
• The process of recovery is highly personal and occurs via many pathways. It may include clinical treatment, medications, faith-based approaches, peer support, family support, self-care, and other approaches. Recovery is characterized by continual growth and improvement in one’s health and wellness that may involve setbacks. Because setbacks are a natural part of life, resilience becomes a key component of recovery.


• The Substance Abuse and Mental Health Services Administration (SAMHSA) recognizes there are many different pathways to recovery and each individual determines his or her own way. SAMHSA engaged in a dialogue with consumers, persons in recovery, family members, advocates, policy-makers, administrators, providers, and others to develop the following definition and guiding principles for recovery.
• Recovery from [mental or substance use disorders]: A process of change through which individuals improve their health and wellness, live a self-directed life, and strive to reach their full potential.
• [SAMHSA also espouses 10 guiding principles of recovery:] (1) Recovery emerges from hope
  (2) Recovery is person-driven
  (3) Recovery occurs via many pathways
  (4) Recovery is holistic
  (5) Recovery is supported by peers and allies
  (6) Recovery is supported through relationship and social networks
  (7) Recovery is culturally based and influenced
  (8) Recovery is supported by addressing trauma
  (9) Recovery involves individual, family, and community strengths and responsibility
  (10) Recovery is based on respect
• **Recovery occurs via many pathways**—Individuals are unique with distinct needs, strengths, preferences, goals, culture, and backgrounds, including trauma experiences that affect and determine their pathway(s) to recovery. Recovery is built on the
multiple capacities, strengths, talents, coping abilities, resources, and inherent value of each individual. Recovery pathways are highly personalized. They may include professional clinical treatment; use of medications; support from families and in schools; faith-based approaches; peer support; and other approaches. Recovery is non-linear, characterized by continual growth and improved functioning that may involve setbacks. Because setbacks are a natural, though not inevitable, part of the recovery process, it is essential to foster resilience for all individuals and families. Abstinence from the use of alcohol, illicit drugs, and non-prescribed medications is the goal for those with [substance use disorders]. Use of tobacco and non-prescribed or illicit drugs is not safe for anyone. In some cases, recovery pathways can be enabled by creating a supportive environment. This is especially true for children, who may not have the legal or developmental capacity to set their own course.

Engaging Family Members in Recovery


- “Family” can include members of your immediate (parents, siblings, partner, and children) and extended (cousins, grandparents, and in-laws) families. People in recovery may include others who are supportive as part of their “family” (friends, colleagues from work, and mentors).


- No single definition of the word “family” includes all cultural and belief systems that are reflected in modern family structures. There are traditional families, extended families (grandparents, aunts, uncles, cousins, and other relatives), and elected families (emancipated youth who live with peers, godparents, and gay and lesbian couples).
- For practical purposes, family can be defined by the individual’s closest emotional connections. Anyone who is instrumental in providing support, maintaining the household, providing financial resources, and with whom a strong and enduring emotional bond exists may be considered family for the purposes of therapy. No one should be automatically included or excluded.

• 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. Family members and other allies form vital support networks. Through these relationships, people leave unhealthy and/or unfulfilling life roles behind and engage in new roles that lead to a greater sense of belonging, empowerment, autonomy, social inclusion, and community participation. Families and significant others have responsibilities to support their loved ones, especially for children and youth in recovery.


• The benefits of family involvement in recovery include
  o Participation by family members is associated with better treatment compliance and outcome.
  o Family members gain a clearer understanding of recovery.
  o Family members and the person in recovery understand their respective roles and goals.
  o Family members and the person in recovery get support in the recovery process.

Recovery and Maintaining Health and Wellness


• Most people with mental health [conditions] can get better. Treatment and recovery are ongoing processes that happen over time. The first step is getting help. Recovery from [mental or substance use disorders] is a process of change through which individuals
  o Improve their health and wellness
  o Live a self-directed life
  o Strive to achieve their full potential

• If you are struggling with a mental health [condition], you may want to develop a written recovery plan. Recovery plans
  o Enable you to identify goals for achieving wellness
  o Specify what you can do to reach those goals
  o Include daily activities as well as longer term goals
  o Track any changes in your mental health problem
  o Identify triggers or other stressful events that can make you feel worse, and help you learn how to manage them

To empower you in your recovery, it may be helpful to identify early warning signs and triggers (both positive and negative) that may affect your wellness. Share this information with individuals in your support network so that when your symptoms increase they know what to look for and how to respond. This isn’t necessarily a “crisis plan,” instead it is more of a plan of action that you can implement should someone need to intervene. Answer the following questions:

- What am I like when I feel great/when I am well?
- What triggers will increase my symptoms and what triggers will decrease my symptoms?
- What are some early warning signs for when I need someone else to intervene?
- How do I want someone to intervene?

SAMHSA practice has proven that integrating mental health, substance use, and primary care services produces the best outcomes and proves the most effective approach to caring for people with multiple health care needs. Wellness strategies are best achieved by a combination of the following:

- **Follow a Healthy Lifestyle**
  - Don’t smoke or use addictive substances.
  - Limit alcohol intake.
  - Eat healthy foods and exercise regularly.
  - Monitor your weight, blood pressure, sleep patterns, and other important health indicators including oral (teeth and gum) health.

- **Work with a Primary Care Doctor**
  - Communication between people [living with mental health -conditions], mental health professionals, and primary care providers is essential.
  - See a primary care physician regularly (at least twice a year).

- **Ask Questions!**
  - Know about medications or alternative treatments.
  - Review and act on results of check-ups and health screenings.
  - Monitor existing and/or new symptoms.
  - Speak up about any concerns or doubts.

SAMHSA offers a range of recovery services and supports that help people develop resiliency and recover from mental [or] substance use disorders.
• Drawing on research, practice, and the personal experiences of youth and adults living in recovery, SAMHSA leads efforts to: foster health, wellness and resilience; increase access to permanent supportive housing, employment, educational opportunities, and other supports; and to reduce negative attitudes, beliefs, and discrimination that impact full participation in community life.

• **BRSS TACS**—Offers policy guidance, technical assistance, training, materials, and subcontract awards to help states and providers, including peer providers, adopt and implement best and emerging practices in recovery supports, services, and systems.

• **Co-occurring Disorders**—Mental and substance use [disorders] often co-occur. In other words, individuals with substance use [disorders] often have a mental health condition at the same time and vice versa.

• **Cross-Sector Dialogue Meetings**—In 1997, SAMHSA hosted the first of a series of dialogue meetings for mental health consumers and representatives from other groups to promote recovery and improve services. Consistent with SAMHSA’s focus on integrated behavioral health services, more recent dialogues have included peers in [substance use disorder] recovery along with mental health consumers—working together as a unified recovery community, in dialogue with other stakeholders. The dialogue meetings have led to positive outcomes, including advances in collaboration, product development, training initiatives, and technical assistance. Learn more from publications related to cross-sector dialogue meetings.

• **Homelessness Resource Center**—An interactive community of providers, consumers, policymakers, researchers, and public agencies at federal, state, and local levels working together to help end homelessness.

• **Olmstead Activities**—SAMHSA provides technical assistance and other opportunities for states to learn about federal rules, regulations, and available resources to promote community integration and support Olmstead implementation and compliance:
  - [Olmstead Implementation Best Strategies – 2012](#) (PDF | 2 MB)
  - [Statement of the Department of Housing and Urban Development on the Role of Housing in Accomplishing the Goals of Olmstead – 2013](#) (PDF | 57 KB)

• **Projects for Assistance in Transition from Homelessness**—A state formula grant to engage people with co-occurring [mental and] substance use disorders, who are experiencing homelessness or at risk of [experiencing homelessness] into needed services.

• **Recovery to Practice**—Partners with behavioral health provider organizations to re-tool the workforce in recovery-based approaches.

• **National Recovery Month**—Promotes the societal benefits of prevention, treatment, and recovery for substance use and mental disorders, celebrates people in recovery, and lauds the contributions of treatment and service providers, and promotes the message that recovery in all its forms is possible.

• **Partners for Recovery**—Seeks to improve services, systems of care and supports, and provides technical resources to those who deliver services to prevent and treat substance use and mental health conditions.

• **Wellness Initiative**—Promotes the importance of addressing all parts of a person’s life in hopes of increasing life expectancy and a better quality of life for persons with behavioral health [conditions].

• **Supplemental Security Income (SSI) and Social Security Disability Insurance (SSDI) Outreach, Access and Recovery (SOAR) for People who are experiencing homelessness**
Designed to increase access to the disability income benefit programs administered by the Social Security Administration (SSA) for eligible adults who are experiencing homelessness, or at risk of homelessness, and have [a mental health condition or a co-occurring mental and substance use disorder].

- **Voice Awards**—Recognizes entertainment industry professionals and people in recovery who have given a voice to people with behavioral health [issues].


Following is information on SAMHSA’s grant offerings for recovery and recovery support. Note that most of SAMHSA’s grants have application deadlines that may have passed.

- Adult Treatment Court Collaboratives
- Cooperative Agreements to Benefit Homeless Individuals for States (CABHI-States)
- Implementation Cooperative Agreements for Expansion of the Comprehensive Community Mental Health Services for Children and Their Families Program
- Planning Grants for Expansion of the Comprehensive Community Mental Health Services for Children and Their Families
- Recovery Community Services Program-Statewide Network
- Statewide Peer Networks for Recovery and Resiliency
- Supported Employment Program


The Statewide Family Network Program builds on the work of SAMHSA’s Center for Mental Health Services, which helped to establish a child and family focus in programs serving children and adolescents with mental health challenges around the country. Today, nearly every state has active family organizations dedicated to promoting systems of care that are responsive to the needs of children and adolescents with mental health challenges and their families. Although significant progress has been made, further support will ensure self-sufficient, empowered networks that will effectively participate in State and local mental health services planning and health care reform activities related to improving community-based services for children and adolescents with mental health challenges and their families.

• This report examines qualitative focus group and interview findings and offers greater insight into people’s individual journeys of recovery. More specifically, the report explores the terminology individuals in recovery use to describe their experiences, the range of pathways to healing that exist, and the barriers and supportive influences involved in the recovery process.

Resources—Family Education About Recovery


• [This Recovery Month webcast] examines the effect of [substance use disorders] on children in homes with parents or guardians who have [these issues]. [It] discusses trends in family interventions and programs that promote recovery.


• [This Recovery Month webcast] examines how foster care programs, family drug courts, mutual support groups, community-based organizations, and other services are helping families walk the road to recovery from substance [use disorders] together.


• [This Recovery Month webcast] explores prevention, treatment, and recovery from substance [use] and mental health disorders within the context of the family. [It] examines factors in a strong family support environment and ways to educate families to provide support through recovery.


• [This Recovery Month webcast] discusses the importance of engaging the entire family in the treatment and recovery process for the person with a mental or substance use disorder. [It] includes discussion of family issues in certain settings, such as military and nontraditional families.
Importance of Stable and Safe Housing in Family Recovery


- Stable housing provides the foundation upon which people build their lives. Without a safe, affordable place to live, it is almost impossible to achieve good health or to achieve one’s full potential.


- Not only do individuals experiencing homelessness have to deal with the obvious issue of being without a home, they have many other obstacles to face as well.
- People experiencing homelessness face major barriers to accessing, utilizing, and succeeding in mainstream [behavioral health] services, including lack of income and verification documentation, difficulties in maintaining schedules, and lack of transportation.
- The death rate of people experiencing homelessness is almost four times greater than that of the general population.
Harsh living conditions and constant exposure to the elements leave a person without a home more susceptible to acute illness and traumatic injuries.

Many workers living in shelters are employed by day-labor agencies, earning low pay, having no job security, no health insurance, and less than sufficient work protections.


Housing access is the bulwark of recovery for a person who is [experiencing homelessness] and has a mental or substance use disorder.

People who experience homelessness can be particularly demoralized, needing active and often persistent engagement.

People who are [experiencing homelessness] may have limited social support, which is critical to recovery.

Providing housing to people who are [experiencing homelessness] can help prevent the exacerbation of mental and substance use disorders.

Safe and stable housing is a point of entry into treatment for many individuals. When safe and stable housing is combined with services, the client has the opportunity to build strengths to move to an active stage of change concerning recovery from mental and substance use disorders.

Providing housing with treatment and other services reduces relapse and improves outcomes.

Homelessness itself is a risk factor for mental and substance use disorders, given the many life challenges and disruptions that people who are [experiencing homelessness] face: for example, stress, loss of social connectivity, increased threats, harm through victimization and exposure, and deterioration of health status.

Effects may be especially acute in children, for whom homelessness may mean a loss of family stability, disruptions in school attendance or performance, and being ostracized by peers.

Efforts and Resources—Stable and Safe Housing

Source: SAMHSA. SAMHSA’s efforts to prevent homelessness. http://www.samhsa.gov/homelessness-housing/samhsas-efforts

A key SAMHSA priority is to prevent homelessness by ensuring that permanent housing and supportive services are available for individuals with mental and/or substance use disorders.

SAMHSA works closely with the U.S. Interagency Council on Homelessness to coordinate the activities of various Federal departments that focus on homelessness prevention and housing.

SAMHSA’s Homelessness Prevention Panel has outlined Guiding Principles and Strategies on the characteristics of successful prevention programs and how they should be implemented.
1. Housing stability is the primary goal of homelessness prevention.
2. Collaboration must be incentivized, funded, and facilitated to leverage all mainstream resources.
3. Mainstream systems are the primary focus for the prevention of homelessness and must be held accountable.
4. Initiatives and systems should be informed by what works.
5. Evaluations should be planned at the outset of significant initiatives and considered usual practice.
6. People who have experienced homelessness or are at risk of homelessness should be involved in decisions about what they personally need.
7. Prevention initiatives can be strengthened by removing the [negative attitudes] around homelessness.
8. The intensity of the intervention should match and not exceed the need.
9. Strategically target people who are at high risk of homelessness and offer alternative pathways to stability at vulnerable times.
10. Time interventions appropriately enough “upstream” before crises occur and reach out to those most likely to become homeless.

SAMHSA Grants to Address Homelessness

Source: SAMHSA. SAMHSA’s efforts to prevent homelessness.
http://www.samhsa.gov/homelessness-housing/samhsas-efforts

- **CMHS/CSAT Cooperative Agreement to Benefit Homeless Individuals (CABHI)**—The CABHI program supports the development and expansion of local implementation and community infrastructures that integrate treatment and services for people with mental and/or substance use disorders by providing permanent housing and other critical services.

- **CMHS/CSAT CABHI-States**—The CABHI-States program is designed to enhance or develop the infrastructure of states and their treatment service systems to increase capacity to provide: treatment, PSH, peer supports, and other critical services to individuals with [mental or substance use disorders], or co-occurring mental and substance use disorders who experience homelessness or chronic homelessness.

- **CSAT Grants for the Benefit of Homeless Individuals (GBHI) General and S[SH]**—GBHI enables communities to expand and strengthen their treatment services for people experiencing homelessness who also have a mental and/or substance use disorder. Funded programs and activities include substance [use] treatment, mental health services, wrap-around services, immediate entry into treatment, outreach services, screening and diagnostic services, staff training, case management services, supportive and supervisory services in outpatient and residential settings, and referrals for primary health services, job training, educational services, and relevant housing services.

- **CMHS Projects for Assistance in Transition from Homelessness (PATH) Program**—PATH grants serve people with serious mental and/or substance use disorders who are experiencing homelessness or who are at risk of [experiencing homelessness]. Most PATH-funded providers conduct outreach to contact and engage people who are disconnected from mainstream resources. PATH-funded providers also offer mental health, substance [use], case management, other support services, and a limited set of
housing services. Technical assistance is provided to states and local providers to increase their ability to obtain mainstream resources, particularly housing, community mental health services, substance [use] treatment, and Social Security benefits.

- **CMHS Services in Supportive Housing (SSH)—**SSH helps prevent or reduce chronic homelessness by funding mental health and substance [use] services for individuals and families experiencing chronic homelessness. Grantees must have the permanent housing components in place and be funded by other resources (HUD or comparable funding source). Services supported under SSH include: outreach and engagement, intensive case management, mental health and substance [use] treatment, and assistance in obtaining benefits.

- **SSI/SSDI Outreach, Access, and Recovery (SOAR) Technical Assistance—**This is a national project designed to increase access to the disability income benefit programs administered by the Social Security Administration for eligible adults who are experiencing homelessness, or at risk of homelessness, and have a mental and/or substance use disorder.

- **Homeless and Housing Resource Network (HHRN)—**Provides TA and training to grantees and the public on issues related to behavioral health, homelessness, and housing.

**Importance of a Sense of Purpose in Life in Recovery**


- In the transition from [substance use disorder] to recovery, each client must find ways to draw life meaning and purpose from the [substance use disorder] and recovery experiences, forge new prescriptions for daily living, and generate hope for the future. To understand more deeply the role of meaning and purpose in the recovery process, the authors conducted 354 semi-structured interviews and 50 in-depth qualitative life history interviews with New York City residents in recovery. The semi-structured interviews are being repeated annually over four years.

- This article highlights some of the key findings of this study, illustrates those findings using excerpts from the interviews, and discusses the potential implications for [substance use] counseling practice.

- [The authors identified] five recovery-crucial questions:
  - Why and how did this happen? (Why me?)
  - What does it mean to have this problem? (How has this problem changed me and my most important relationships and activities?)
  - How did I come to escape this problem? (Why have I survived when others have not? Where does my recovery story begin?)
  - What actions do I need to take today to sustain my recovery?
  - How does this problem affect the future direction of my life? (What is my personal destiny as a person in recovery?)

- Such questions are a normal process of constructing meaning and redefining self and the self-world relationship in the face of serious illness. Answering these questions provides a way to escape self-censure and [discrimination] and a means of positively
coping with the loss of personal power and control. Whether framed in religious, 
spiritual, or secular terms, these answers constitute the building blocks of recovery and 
can be collectively framed within the rubric of life meaning and purpose (LMP).

- LMP links past, present, and future. Meaning focuses on rendering our past coherent 
  and giving value to our present, and purpose provides a framework for linking present 
  activities to a desired future. Recent studies of [substance use disorder] recovery 
suggest that LMP plays an important role in the recovery process. Some of these 
studies’ clinically significant findings and tentative observations include the following:
- LMP in [substance use disorder] recovery is often defined in the context of multiple 
  conditions (e.g., developmental trauma/loss, co-occurring medical or psychiatric 
  conditions, poverty, homelessness).
- The development of LMP in recovery often occurs in the context of catalytic metaphors 
  (through which previously inexplicable struggles become understandable), empowering 
  relationships, and the experience of connection to community.
- LMP can serve as a catalyst of recovery initiation, an anchor for recovery maintenance, 
  and a source of recovery enrichment.
- LMP significantly enhances the likelihood of successful recovery maintenance.
- Recovery-inciting LMP can be experienced suddenly in a transformative revelation that 
  is unplanned, positive, and permanent, or through an extended process of self-
  awakening.
- LMP can occur in the context of self-surrender and self-transcendence (connection with 
  resources outside the self) or through a process of self-assertion (discovery of hidden 
  resources inside the self and acts of personal resistance/defiance).
- LMP evolves across the stages of recovery and across the developmental stages of life. 
The LMP that anchors early recovery might have to be redefined in later stages of 
recovery.
- Life meaning and life purpose are forms of recovery capital (internal and external assets 
  that mediate long-term recovery outcomes); LMP can be increased through the 
guidance of [behavioral health] professionals and recovery support specialists.
- Raise questions related to LMP to open windows of opportunity for recovery initiation 
  and to strengthen existing commitments to the recovery process.
- Use hope-based methods of intervention (motivational enhancement, exposure to 
  recovery role models) as an alternative or adjunct to pain-based interventions (coercion 
  and confrontation).

Concept analysis of recovery in mental illness in young adulthood. J Psychiatr Ment Health Nurs, 
22(8), 579–589.

- The aim of this paper was to conduct the first concept analysis of mental health 
  recovery in young adulthood within various multidisciplinary contexts.
- [The researchers analyzed recovery’s conceptual characteristics.]
- Identified attributes include the reawakening of hope, reclaiming a positive self and 
  meaning through personal growth. Antecedents include the disruption of [the 
  disorder], [discrimination], internal inventory and contemplative recovery. Identified 
  consequences include the return to normality, reconstruction of self and active social 
  connection.
• The new conceptual definition is the reawakening of hope and rediscovery of a positive sense of self through finding meaning and purpose within personal growth and connection using creative self-care coping strategies.


• The purpose of this article is to outline the results of a qualitative study on mental health recovery, which involved mental health consumers, carers and mental health nurses from an Area Mental Health Service in Victoria, Australia. This paper is Part One of the results that explored the meaning of recovery.

• Themes suggested that the cohort had varying views on recovery that were similar and dissimilar.

• The similar views were [categorized] under two processes involving the self, an internal process and an external process. These two processes involved reclaiming various aspects of oneself, living life, cure or absence of symptoms and contribution to community.

• The dissimilar views involved returning to [health] and recovery was impossible. This study highlights the need for placing importance on the person’s sense of self in the recovery process.

Importance of Community Inclusion


• One of SAMHSA’s guiding principles of recovery is that *Recovery is based on respect*: Community, systems, and societal acceptance and appreciation for people affected by [mental or substance use disorders]—including protecting their rights and eliminating discrimination—are crucial in achieving recovery. There is a need to acknowledge that taking steps toward recovery may require great courage. Self-acceptance, developing a positive and meaningful sense of identity, and regaining belief in one’s self are particularly important.


• Recovery for individuals with behavioral health conditions is greatly enhanced by social connection. Yet, many people with mental and/or substance use disorders are not fully engaged in their communities either through personal relationships, social events, or civic activities. Unfortunately, many individuals often remain socially isolated and excluded. Negative perceptions, prejudice, and discrimination contribute to the social exclusion of people living with behavioral health [conditions].

• People living with mental and/or substance use conditions can increase social connections greatly when they have access to recovery-oriented services and establish
positive relationships with family and friends. Greater social connections lead to improved economic, educational, recreational, and cultural opportunities that are generally available.

- In a socially inclusive society, people in recovery have the opportunity and necessary supports to contribute to their community as citizens, parents, employees, students, volunteers, and leaders. Prevention activities help create communities in which people have an improved quality of life that includes healthier environments at work and in school, and supportive neighborhoods and work environments. Social connections and understanding also help people in recovery from [substance use disorders] benefit from alcohol- and tobacco-free activities in the community.

Peer Support and Social Networks and Recovery


- [Two of SAMHSA's guiding principles of recovery are:]
  - **Recovery is supported by peers and allies:** 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. Peers encourage and engage other peers and provide each other with a vital sense of belonging, supportive relationships, valued roles, and community. Through helping others and giving back to the community, one helps one's self. Peer-operated supports and services provide important resources to assist people along their journeys of recovery and wellness. Professionals can also play an important role in the recovery process by providing clinical treatment and other services that support individuals in their chosen recovery paths. While peers and allies play an important role for many in recovery, their role for children and youth may be slightly different. Peer supports for families are very important for children with behavioral health [conditions] and can also play a supportive role for youth in recovery.
  - **Recovery is supported through relationship and social networks:** 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. Family members, peers, providers, faith groups, community members, and other allies form vital support networks. Through these relationships, people [take steps toward a healthier or more fulfilling life roles] and engage in new roles (e.g., partner, caregiver, friend, student, employee) that lead to a greater sense of belonging, personhood, empowerment, autonomy, social inclusion, and community participation.

• By sharing their experiences, peers bring hope to people in recovery and promote a sense of belonging within the community.

• Peer support services are delivered by individuals who have common life experiences with the people they are serving. People with mental and/or substance use disorders have a unique capacity to help each other based on a shared affiliation and a deep understanding of this experience. In self-help and mutual support, people offer this support, strength, and hope to their peers, which allows for personal growth, wellness promotion, and recovery.

• Research has shown that peer support facilitates recovery and reduces health care costs. Peers also provide assistance that promotes a sense of belonging within the community. The ability to contribute to and enjoy one’s community is key to recovery and well-being. Another critical component that peers provide is the development of self-efficacy through role modeling and assisting peers with ongoing recovery through mastery of experiences and finding meaning, purpose, and social connections in their lives.

• SAMHSA’s Recovery Community Services Program (RCSP) advances recovery by providing peer recovery support services across the nation. These services help prevent relapse and promote sustained recovery from mental and/or substance use disorders.

• Through the RCSP, SAMHSA recognizes that social support includes informational, emotional, and intentional support. Examples of peer recovery support services include
  o Peer mentoring or coaching—developing a one-on-one relationship in which a peer leader with recovery experience encourages, motivates, and supports a peer in recovery
  o Peer recovery resource connecting—connecting the peer with professional and nonprofessional services and resources available in the community
  o Recovery group facilitation—facilitating or leading recovery-oriented group activities, including support groups and educational activities
  o Building community—helping peers make new friends and build healthy social networks through emotional, instrumental, informational, and affiliation types of peer support

Efforts and Resources—Peer Support and Inclusion in the Community


• Through the Bringing Recovery Supports to Scale Technical Assistance Center Strategy (BRSS-TACS), SAMHSA supports peer-run organizations and recovery community organizations in their efforts to promote recovery and improve collaboration.

• SAMHSA has encouraged the development of several organizations that focus on young people in recovery: Youth M.O.V.E. (Youth Motivating Others through Voices of Experience) was developed by youth and young adults who experienced mental health challenges. This is a nationwide peer movement with more than 75 chapters across the United States. It includes Young People in Recovery (YPR), which was created and is run by young people who have experienced [substance use issues].
• SAMHSA’s **Recovery to Practice Initiative (RTP)** incorporates the vision of recovery into the everyday practice of mental health professionals in several disciplines. RTP trainings include Peer-Delivered Services training to improve the knowledge and skills of peer-providers.


□ This grant program creates statewide networks that represent [mental or substance use disorder] recovery communities to improve access to and the quality of behavioral health systems, services, treatment and recovery supports statewide. It is designed to bridge and unify recovery networks for mental health consumers, families of children with serious emotional disturbance and youth, as well as those in recovery from [substance use disorders]. This program will promote the creation of collaboratives as self-sufficient and empowered networks that (1) strengthen the voices of mental health consumers, family members and youth, and individuals in [substance use disorder] recovery at the state and local level; and (2) increase access to and quality of behavioral health systems, services, treatment, and recovery supports so that they are empowering, self-directed, resilience-oriented, and promote an enhanced life in the community for those with behavioral health [conditions].


• [This resource] explains peer recovery support services designed and delivered by people in recovery from [substance use disorders]. [It] discusses types of peer support for recovery, the adaptability and value of peer recovery support services, and cross-cutting core principles.

Resources—Peer Support, Social Support Groups, and Social Inclusion


• [This website] provides contact information and descriptions of a variety of mutual aid groups, as well as supplemental written resources, for people in or seeking recovery from [substance use disorders], their families and friends, treatment service providers and allied professionals.
• [This Recovery Month webcast] explores how self-help groups, and mutual support groups help individuals and families overcome [substance use disorders]. [It] gives tips for providing mutual support groups in health care, business, criminal justice, and education settings.


• [This Recovery Month webcast] addresses the use of peer support in mental health and substance [use treatment] settings. [It] defines peer recovery support, explores its application in recovery community centers and recovery living settings, and provides examples of successful peer support programs.

Techniques Families Use to Maintain Recovery


• Recovery from [a substance use disorder] is a lifelong process. This article reports on a study of individuals in long-term recovery from substance [use] (median = 12 years) and examines the factors they cite as important in establishing and maintaining their recovery status.
• Key factors reported were social and community support, affiliation with 12-Step organizations and negative consequences of substance use.


• People [living with a mental health condition] and their relatives, friends, and carers should learn to recognize the early signs and symptoms of a relapse.
• If you notice or suspect any of these signs and symptoms in yourself, contact your family doctor, psychiatrist, or key worker as soon as possible for support and advice, as this may help to avert a full-scale relapse. Before problems arise, it is a good idea to have an action plan in place, and to have discussed this action plan with [the person who facilitates your care]. You can also keep a diary to help you identify the signs and symptoms of a possible relapse. Remember that a relapse may impair your thinking, and thereby prevent you from recognizing those signs and symptoms: you may need to rely on [family and friends, and to trust in their judgment].
• Try to identify any factors that may have caused or contributed to your signs and symptoms, because addressing these factors may help you to avert a full-scale relapse. Common ones include:
  o Poor understanding of your mental disorder in general, and of the symptoms of a relapse in particular
  o Non-adherence to medication or decreased dose of medication
  o Drug and alcohol misuse
  o Lack of sleep or irregular pattern of sleep
  o Stress
  o Lack of social relationships and support
  o Felt [discrimination or negative attitudes]
  o Poor physical health
• Scientific research suggests that, in many cases, long-term treatment with medication can substantially reduce the risk of relapse. If you are reluctant to take your medication because the schedule is too complicated or because you are suffering from side-effects that you find unacceptable, speak to your family doctor or psychiatrist about this.


• Relapse prevention is a systematic method of teaching recovering patients to recognize and manage relapse warning signs. Relapse prevention becomes the primary focus for patients who are unable to maintain abstinence from alcohol or drugs despite primary treatment.

• As previously noted, relapse is defined as the process of becoming dysfunctional in recovery, which leads to a return to chemical use, physical or emotional collapse, or suicide. Relapse episodes are usually preceded by a series of observable warning signs. Typically, relapse progresses from bio/psycho/social stability through a period of progressively increasing distress that leads to physical or emotional collapse. The symptoms intensify unless the individual turns to the use of alcohol or drugs for relief.

• To understand the progression of warning signs, it is important to look at the dynamic interaction between the recovery and relapse processes. Recovery and relapse can be described as related processes that unfold in six stages:
  1. Abstaining from alcohol and other drugs
  2. Separating from people, places, and things that promote the use of alcohol or drugs, and establishing a social network that supports recovery
  3. Stopping self-defeating behaviors that prevent awareness of painful feelings and irrational thoughts
  4. Learning how to manage feelings and emotions responsibly without resorting to compulsive behavior or the use of alcohol or drugs
  5. Learning to change addictive thinking patterns that create painful feelings and self-defeating behaviors
  6. Identifying and changing the mistaken core beliefs about oneself, others, and the world that promote irrational thinking.
Seeking Help When Relapse Occurs


- [This website is] an online source of information for persons seeking treatment facilities in the United States or U.S. Territories for substance abuse/addiction and/or mental health problems.
- Or Call SAMHSA’s National Helpline [1-800-662-HELP (4357) or 1-800-487-4889 (TDD)], [which offers] free and confidential information in English and Spanish for individuals and family members facing substance [use] and mental health issues. [The Helpline is available] 24 hours a day, 7 days a week.


- Psychotherapy, or “talk therapy,”[ is a form of support for individuals living with mental health conditions that helps them understand and cope with their condition]. It teaches people strategies and gives them tools to deal with stress and [develop thoughts and behaviors that promote health and well-being]. Psychotherapy helps patients manage their symptoms better and function at their best in everyday life.
- Sometimes psychotherapy alone may be the best treatment for a person, depending on the [disorder] and its severity. Other times, psychotherapy is combined with medications. Therapists work with an individual or families to devise an appropriate treatment plan.
- Many kinds of psychotherapy exist. There is no “one-size-fits-all” approach. In addition, some therapies have been scientifically tested more than others. Some people may have a treatment plan that includes only one type of psychotherapy. Others receive treatment that includes elements of several different types. The kind of psychotherapy a person receives depends on his or her needs [and the training and skill of the therapist].
- [This webpage provides detailed information on various psychotherapies.]


- The treatment system for substance use disorders [comprises] multiple service components, including the following:
  - Individual and group counseling
  - Inpatient and residential treatment
  - Intensive outpatient treatment
  - Partial hospital programs
  - Case or care management
  - Medication
  - Recovery support services
  - [Mutual aid support groups or peer supports]
A person accessing treatment may not need to access every one of these components, but each plays an important role. These systems are embedded in a broader community and the support provided by various parts of that community also play an important role in supporting the recovery of people with substance use disorders.

[This webpage provides detailed information on various treatments.]

Panel 2: Supporting the Recovery of Families With Special Needs

Key Questions

1. What are some special considerations for veterans and members of the military who are in recovery? How do the various service branches prepare family members to support the recovery of loved ones with mental or substance use disorders?
2. What are some resources to support recovery among the families of veterans and members of the military?
3. What kinds of special recovery support do families that have experienced homelessness need?
4. Are there resources to support recovery among families who have experienced homelessness?
5. How can we best support the recovery of transition-age youth and young adults?
6. What are some resources to support recovery among transition-age youth and young adults as well as their families?
7. What are some special considerations and recovery support needs for people who have experienced trauma?
8. What are some resources to support recovery of people who have experienced trauma and their families?

Special Considerations—Veterans and Members of the Military in Recovery


- SAMHSA facilitates innovative community-based solutions that foster access to evidence-based prevention, treatment, and recovery support services for military service members, veterans, and their families at risk for or experiencing mental or substance use disorders by providing state-of-the-art technical assistance, consultation, and training. SAMHSA does this work in close partnership with
• SAMHSA has established a set of core principles that guide its work to improve behavioral health services to veterans and military families:
  o When appropriate, military families should have access to well-prepared civilian behavioral health care delivery systems.
  o Civilian, military, and veteran service systems should be coordinated.
  o Suicide prevention for military families must be implemented across systems.
  o Emotional health promotion for military families is important in reducing mental or substance use disorders and weathering increased exposure to adverse events.
  o Military families want and need stable housing.


• Posttraumatic stress disorder (PTSD) is a common mental health concern for returning service members. Social support is a robust predictor of resiliency and recovery from PTSD.

• Results from this preliminary study show that higher PTSD symptoms, particularly dysphoria, are negatively associated with the likelihood of seeking support. Thus, distressed service members who may most benefit from support are least likely to seek support. Dysphoria includes emotional numbing and interpersonal detachment, both of which may impede seeking support.


• Recent military operations in Afghanistan and Iraq have involved multiple deployments and significant combat exposure, resulting in high rates of mental health [conditions]. However, rates of treatment-seeking among military personnel are relatively low, and the military environment poses several obstacles to engaging in effective clinical interventions.

• Barriers to treatment-seeking and engagement among military personnel include [negative attitudes], practical barriers, perceptions of mental health [conditions], and attitudes toward treatment.

• Treatment adaptations and other interventions that are intended to reduce barriers to care among active duty and returning military personnel include early interventions, brief formats, integrating clinicians into the medical and military context, technology-based interventions, addressing negative treatment perceptions, screening/early identification, and enlisting unit support.

Service Branches—Preparation for Family Members and Recovery Support
• The Family Readiness Officer (FRO) is the face of the Commander’s vision for the Unit, Personal and Family Readiness Program (UPFRP). The FRO is the direct link to Marines and their family members. Headquarters & Service Battalion, HQMC, Henderson Hall’s UPFRP is a Marines and family members one-stop-shop for Official Command Communication, Resources and Referral Information, Readiness and Deployment Support and UPFRP Volunteer Management. Our goal is to equip and assist Marines and their families in becoming well-informed, self-sufficient and improve their quality of life so as to ensure that family readiness on the homefront ensures the Marines mission readiness.

• The goal of Marine Corps Systems Command’s (MCSC) Family Readiness Program is to provide resource information and support services to enhance an employee’s personal and family readiness. “Communicating, Connecting and Caring” is our mission and our mantra.

• [The Family Readiness Program provides] family information on the benefits, facilities and services available to both active duty and civilian employees, not only aboard Marine Corps Base Quantico, but Marine Corps wide, too. This includes
  o Family Support Programs
  o Children Support and Schools
  o Counseling and Behavioral Programs
  o Online Assistance Programs
  o Financial and Legal Assistance
  o Education Programs
  o Courses and Seminars
  o Medical Assistance
  o Fitness and Health Programs
  o Recreation and Base Facilities
  o Events and Activities
  o Deployment Support
  o Besides providing family information, the Family Readiness team also conducts annual command family events to help increase connection and morale.

• Spouse clubs used to play a central role in military families. As they’ve slowly declined, the military is picking up some of the organizational slack. Although the Marine Corps is
moving away from spouse clubs (the now defunct Key Volunteer Network has been replaced with the Family Readiness Program), all Marines are now assigned to a Family Readiness Officer who’s actually a civilian employee hired by the command who’s responsible for keeping family members in the loop and providing support when needed. These FROs rely on their Family Readiness Assistants (usually Marine wives) to help them organize family support meetings, briefs and fun events like family days and holiday parties. Becoming an FRA can be a great way to meet other spouses and get involved in your Marine community.

- In the Army and Navy, FRGs are alive and well (in the Navy they’re run by a spouse volunteer known as an ombudsman), and are a great way [for families to stay connected]. [They also offer information about upcoming events, deployments and community events, and a sense of camaraderie.]


- U.S. Navy Bureau of Medicine and Surgery announced the global launch of a new Web-based continuing care support system for military personnel, family members and retirees who are enrolled within the Navy Substance Abuse and Rehabilitation Services.
- The online Navy MORE program—created in collaboration with Hazelden, one of the world’s largest and most respected private, nonprofit [substance use] treatment centers—is a customized, interactive and confidential recovery tool. It is available free-of-charge to military personnel, family members and retirees who are in the Navy Substance Abuse and Rehabilitation Services program in recovery anywhere in the world where Internet access is available.


- [Substance Abuse Rehabilitation Program] SARP provides [substance use] assessment, consultation, education, outpatient treatment, intensive outpatient treatment, residential treatment and continuing care services for all active duty adults.


- The Air Force Alcohol and Drug Abuse Prevention and Treatment (ADAPT) and Demand Reduction (DR) programs include substance [use] prevention, education, treatment, and urinalysis testing. [Substance use] prevention and treatment policies and programs are thoroughly integrated into every facet of Air Force core values, quality of life, and force management. These policies have been in place for over two decades and have evolved to meet changing conditions within the Air Force.
• The objectives of the ADAPT Program are to promote readiness, health and wellness through the prevention and treatment of [substance use]; minimize the negative consequences of [substance use] to the individual, family, and organization; provide comprehensive education and treatment to individuals who experience problems attributed to [substance use]; and to return identified substance [users] to unrestricted duty status or assist them in their transition to civilian life.

Recovery Support Resources—Families of Veterans and Members of the Military


• **Military OneSource** is a free service provided by the [U.S.] Department of Defense to Service Members and their families to help with a broad range of concerns, including possible mental health [conditions]. Call and talk anytime, 24 hours a day, 7 days a week, at 1-800-342-9647.

• **The Defense Centers of Excellence for Psychological Health and Traumatic Brain Injury** (DCoE) provides information and resources about psychological health, **post-traumatic stress disorder** (PTSD), and traumatic brain injury. To contact the center:
  - Call 1-866-966-1020, 24 hours a day, 7 days a week
  - **Real Warriors Live Chat**
  - E-mail resources@dcoeoutreach.org

• **TRICARE** is the health care program serving Uniformed Service members, retirees, and their families worldwide.

• The **U.S. Department of Veterans’ Affairs Mental Health Resources** provides information about mental health and support services specifically for veterans.

• The **VA Mental Health** connects Veterans to mental health services the VA provides for Veterans and Families. All mental health care provided by VHA supports recovery. The programs aim to enable people with mental health [conditions] to live meaningful lives in their communities and achieve their full potential.

• **Vet Centers**: Community-based centers that provide a range of counseling, outreach and referral services to eligible Veterans in order to help them make a satisfying post-war readjustment to civilian life.

• **National Center for Post-Traumatic Stress Disorder**: The center’s purpose is to improve the well-being and understanding of individuals who have experienced traumatic events, with a focus on American Veterans.

• **National Call Center for Homeless Veterans**: Resource to ensure Veterans [experiencing homelessness] or Veterans at-risk for homelessness have access to trained counselors 24/7. The hotline is intended to assist Veterans [experiencing homelessness], their families, VA Medical Centers, federal, state and local partners, community agencies, service providers and others in the community.

• **Make the Connection** is VA’s public awareness and outreach campaign. The goal of the campaign is to raise awareness on mental health symptoms, conditions, and treatment and encourage Veterans to get the care and support they have earned through their service.
• The National Resource Directory (NRD) connects wounded warriors, Service Members, Veterans, and their families with national, state, and local support programs. The NRD is a partnership among the [U.S.] Departments of Defense, Labor, and Veterans Affairs.

• Moving Forward: A free, online educational and life coaching program that teaches Problem Solving Skills to help you to better handle life’s challenges. It is designed to be especially helpful for Veterans, service members and their families.


• The Veterans Crisis Line connects Veterans in crisis and their families and friends with qualified, caring Department of Veterans Affairs responders through a confidential toll-free hotline, online chat, or text. Veterans and their loved ones can call 1-800-273-8255 and Press 1, chat online, or send a text message to 838255 to receive confidential support 24 hours a day, 7 days a week, 365 days a year. Support for deaf and hard of hearing individuals is available.


• [This document] introduces some of the behavioral health [conditions] facing veterans who have served in Afghanistan and Iraq, including substance [use], post-traumatic stress disorder, depression, and suicide. [It] also discusses screening tools and intervention.


• [This Recovery Month webcast] describes the challenges facing military personnel, veterans, and their families, the mental health and substance [use] support available from the U.S. Department of Veterans Affairs and civilian health systems, and the need to expand family-centered services.


• [This Recovery Month webcast] explores the nature and scope of [mental or substance use disorders] among military service members. [It] examines the strength of the system to address these problems and efforts underway to improve our ability to support military service members and their families.
Recovery Support Needs—Families That Have Experienced Homelessness


- This paper presents a history of family homelessness in the United States and the ongoing issues faced by these families, including: food insecurity and hunger, nutritional problems, lack of medical care (including immunizations and other preventive care), and higher rates of chronic conditions (e.g., asthma and obesity).
- Research suggests that children [who experience homelessness] have disproportionately high rates of coexisting behavioral and academic problems.
- Homelessness is an especially powerful negative life event for a child because it is generally associated with multiple stressors, including loss of property, disruption of school and community relationships, and dramatic changes in family routine.
- However, some researchers have concluded that [children experiencing homelessness] and domiciled poor children similarly face multiple adversities that might compromise their health and development, complicating the identification of a specific effect to be attributed to the experience of homelessness.
- There are several evidence-based conceptual frameworks to explain the impact of multiple psychosocial stressors on child development, including homelessness, domestic violence exposure, and maternal depression. One is that these stressors have an additive impact. In this framework, [children experiencing homelessness] are viewed as having high rates of developmental, academic, and [behavioral health conditions] because homelessness is associated with other adverse events, and together these stressors have a cumulative, negative impact on the developing child.


- Based on a calculation using the most recent U.S. Department of Education’s count of children [experiencing homelessness] in U.S. public schools and on 2013 U.S. Census data: 2,483,539 children experienced homelessness in the U.S. in 2013. This represents one in every 30 children in the [United States].
- Without a bed to call their own, children who [experience homelessness] have lost safety, privacy, and the comforts of home, as well as friends, pets, possessions, reassuring routines, and community. These losses combine to create a life-altering experience that inflicts profound and lasting scars.
- Children are resilient and can recover from homelessness, but time is precious in their young lives. Services for children must be provided as soon as families enter emergency shelters or housing so that weeks and months critical to their development are not lost forever. Essential services must follow children into their permanent housing.
• USICH and Federal partners, through a review of research, engagement with communities, and an interagency working group process, identified four key strategy areas for Federal, state, and local action to end family homelessness.

• [It is critical to] develop a centralized or coordinated entry system with the capacity to assess needs and connect families to targeted prevention assistance where possible and temporary shelter as needed.

• As many families experiencing homelessness are significantly affected by domestic violence and other trauma, effective entry systems have the training and capacity to engage in a trauma-informed way and identify victims of domestic violence. Successful systems also offer specialized services that address the safety concerns and other needs of individuals fleeing domestic violence and their children.

• Service providers should ensure tailored interventions and assistance appropriate to the needs of families:
  o Provide rapid re-housing assistance to the majority of families experiencing homelessness;
  o Increase access to affordable housing, and help communities target resources;
  o Direct more service-intensive housing interventions to the highest need households;
  o Help families connect to the mainstream resources (benefits, employment, and community-based services) needed to sustain housing and achieve stability; and
  o Develop and build upon evidence-based practices for serving families experiencing and at risk of experiencing homelessness.

Recovery Support Resources—Families That Have Experienced Homelessness


• Peer-delivered social support services are helping people in or seeking recovery from mental or substance use disorders. Peers have lived recovery experience as well as training and certification. They support people to achieve life and recovery goals.

• Peer specialists (also called peer support specialists, certified recovery support specialists, peer support technicians, recovery coaches, and family support providers) share real-world knowledge and experience to teach others to build a better life through a strength-based, solution-focused perspective.

• When working for homeless programs, peer specialists can be invaluable at helping people into recovery. Because of their lived experience, peers can help find and engage people who are [experiencing homelessness] in a way that builds trust, respect, and mutual understanding. This is a critical first step to getting people into supportive housing.

• Peers also play an important role in the delivery of wraparound services that help the newly housed person adjust, build a new community, and understanding how to live housed. For example, peer support workers can teach valuable skills, such as budgeting
and paying bills, completing service applications, and engaging in new community supports.


- [This document] equips those who provide services to people who are [experiencing homelessness] or at risk of homelessness and who need or are in treatment [for behavioral health conditions] with guidelines to support their care. [It] discusses prevention and treatment as part of integrated care.


- [This website provides information on serving the people who are experiencing homelessness.]


- [Projects for Assistance in Transition from Homelessness (PATH) programs provide services to people with co-occurring mental and substance use disorders, who are experiencing homeless or at imminent risk for [experiencing homelessness.]

Special Considerations—Transition Age Youth and Young Adults


- This listing is not comprehensive but provides a sense of what participants deemed most critical for a recovery-oriented system.

- Values and Principles for a Recovery-Oriented System of Care
  - Being family focused;
  - Employing a broad definition of family;
  - Being age appropriate;
  - Reflecting the developmental stages of youth;
  - Acknowledging the nonlinear nature of recovery;
  - Promoting resilience;
  - Being strengths-based; and,
  - Identifying recovery capital.

- Services and Supports
  - Ensuring ongoing family involvement;
  - Providing linkage;
Ensuring that the range of services and supports address multiple domains in a young person’s life;
- Including services that foster social connectedness;
- Providing specialized recovery supports; and
- Providing therapeutic/clinical interventions.

- Infrastructure Elements
  - Family involvement at the design and policy level;
  - Policy changes at the Federal, State, and provider levels;
  - Collaborative financing;
  - Collaboration and integration across all youth-serving systems;
  - Workforce development;
  - Leadership; and
  - Accountability.

- Outcomes
  - **Youth**
    - Social connectedness;
    - Reciprocity: increased capacity of the youth to give back to the community;
    - Increased self-sufficiency; and
    - Increased number of developmentally appropriate assets.
  - **System**
    - Support for family and sibling recovery; and
    - Easy access to service system with multiple entry points.

Recovery Support Resources—Transition Age Youth and Young Adults and Their Families


- Now is the Time is the President’s plan to increase access to mental health services. SAMHSA has played a key role in supporting a number of activities outlined in the plan to help build safer communities.
- SAMHSA’s Healthy Transitions program improves access to treatment and services for youth and young adults ages 16–25 that either have, or are at risk of developing, a serious mental health condition. Individuals in this age group are also at high risk for substance use and suicide. Unfortunately, they are also among the least likely to seek and receive help.
- Grants awarded under the Healthy Transitions program are designed to:
  - Increase awareness about early indications of serious mental health concerns;
  - Identify action strategies to use when a serious mental health concern is detected;
  - Provide training to provider and community groups to improve services and supports specific to this age group;
  - Enhance peer and family supports; and
  - Develop effective services and interventions for youth, young adults and their families as these young people transition to adult roles and responsibilities.
Projects for Assistance in Transition from Homelessness (PATH) programs can improve services to transition age youth and young adults by assertively ensuring that their services are provided in a manner that is respectful, informed, and safe. Although most PATH programs are not designed specifically to serve young people between the ages of 16 and 25, youth are often served alongside adults in PATH programs. This program recognizes their special needs and helps prevent homelessness among this population.

**Description:** [Projects for Assistance in Transition from Homelessness (PATH)] programs can improve services to transition age youth and young adults by assertively ensuring that their services are provided in a manner that is respectful, informed, and safe. While most PATH programs are not designed specially to serve young people between the ages of 16 and 25 years, youth are often served alongside adults in PATH programs. It is important to recognize their unique needs, and that integrating transitioning youth back into mainstream resources and housing can prevent them from being homeless as adults.

One of SAMHSA’s guiding principles of recovery is that **Recovery is supported by addressing trauma:** The experience of trauma (such as physical or sexual abuse, domestic violence, war, disaster, and others) is often a precursor to or associated with [substance use, mental health conditions], and related issues. Services and supports should be trauma-informed to foster safety (physical and emotional) and trust, as well as promote choice, empowerment, and collaboration.
• Research has shown that traumatic experiences are associated with both behavioral health and chronic physical health conditions, especially those traumatic events that occur during childhood.
• Substance use (such as smoking, excessive alcohol use, and taking drugs), mental health conditions (such as depression, anxiety, or PTSD), and other risky behaviors (such as self-injury and risky sexual encounters) have been linked with traumatic experiences.
• Because these behavioral health concerns can present challenges in relationships, careers, and other aspects of life, it is important to understand the nature and impact of trauma, and to explore healing.


• Often, people who initiate or are receiving mental health or [substance use] services don’t identify their experiences with trauma as a significant factor in their current challenges or problems. In part, this is because people who have been exposed to trauma, whether once or repeatedly, are generally reluctant to revisit it.
• For some clients, any introduction to their trauma-related memories or minor cues reminiscent of the trauma will cause them to experience strong, quick-to-surface emotions, supporting their belief that addressing trauma is dangerous and that they won’t be able to handle the emotions or thoughts that result from attempting to do so.
• Others readily view their experiences of trauma as being in the past; as a result, they engage in distraction, dissociation, and/or avoidance (as well as adaptation) due to a belief that trauma has little impact on their current lives and presenting problems.
• Even individuals who are quite aware of the impact that trauma has had on their lives may still struggle to translate or connect how these events continue to shape their choices, behaviors, and emotions.
• Many survivors draw no connection between their trauma and their mental or substance use disorders, which makes it more difficult for them to see the value of trauma-informed or trauma-specific interventions, such as creating safety, engaging in psychoeducation, enhancing coping skills, and so forth.
• If individuals engage in mental health and substance [use] treatment without addressing the role that trauma has played in their lives, they are less likely to experience recovery in the long run.
• Trauma-informed providers help clients bridge the gap between their mental health and substance-related issues and their traumatic experiences.

Recovery Support Resources—People Who Have Experienced Trauma and Their Families

[This document] assists behavioral health professionals in understanding the impact and consequences for those who experience trauma. [It] discusses patient assessment, treatment planning strategies that support recovery, and building a trauma-informed care workforce.


- SAMHSA has made contributions in key areas through a series of significant initiatives over the past decade. These contributions include:
  - The development and promotion of trauma-specific interventions;
  - The expansion of trauma-informed care; and
  - The consideration of trauma and its behavioral health effects across health and social service delivery systems.

- SAMHSA promotes a trauma-informed approach to behavioral health care. This approach shifts away from the view of “What’s wrong with this person?” to a more holistic view of “What happened to this person?” This becomes the foundation on which to begin a healing and recovery process. While symptoms may prompt a person to seek the assistance of a doctor or counselor, employing the trauma-informed approach creates a place of safety and mutual respect where a person’s whole history can be considered.


- [This document] introduces a concept of trauma and offers a framework for how an organization, system, service sector can become trauma-informed. [It] includes a definition of trauma (the three “E’s”), a definition of a trauma-informed approach (the four “R’s”), 6 key principles, and 10 implementation domains.


- [This document] examines treatment issues for both adult survivors of child abuse or child neglect and adults in substance [use] treatment who may be abusing or neglecting their children. [It] discusses screening and assessment, therapeutic issues for counselors, and legal issues.


- [The center emphasizes the provision of consultation and technical assistance to help communities achieve integrated systems of [behavioral health] services—including trauma-informed care—for individuals in contact with the justice system.]
Panel 3: Preventing Mental or Substance Use Disorders: SAMHSA’s Efforts to Promote Healthy Families

Key Questions

1. Why is prevention of behavioral health conditions important in efforts to promote healthy and resilient families?
2. How do prevention efforts promote healthy families?
3. Has the state of New York implemented the SAMHSA Strategic Prevention Framework (SPF) to help communities promote healthy families?
4. What evidence-based practices have proven effective in communities across the country?
5. Why is it important for prevention efforts to focus on children and youth?
6. What is the role of collaborations and community coalitions in prevention efforts and in helping to promote healthy families?

Prevention of Behavioral Health Conditions and Promotion of Healthy Families


- Promoting mental health and preventing mental or substance use disorders are fundamental to SAMHSA’s mission to reduce the impact of behavioral health conditions in America’s communities.
- Preventing mental or substance use disorders and related issues in children, adolescents, and young adults is critical to Americans’ behavioral and physical health. Behaviors and symptoms that signal the development of a behavioral health condition often manifest 2 to 4 years before a disorder is present. In addition, people with a mental health issue are more likely to use alcohol or drugs than those not affected by a mental health condition. If communities and families can intervene early, behavioral health conditions might be prevented, or symptoms can be mitigated.
- Data have shown that early intervention following the first episode of a serious mental illness can make an impact. Coordinated, specialized services offered during or shortly after the first episode of psychosis are effective for improving clinical and functional outcomes.
- In addition, the Institute of Medicine and National Research Council’s Preventing Mental, Emotional, and Behavioral Disorders Among Young People report [from 2009] notes that cost-benefit ratios for early treatment and prevention programs for mental or substance use disorder programs range from 1:2 to 1:10. This means a $1 investment yields $2 to $10 savings in health costs, criminal and juvenile justice costs, educational costs, and lost productivity.
- A comprehensive approach to behavioral health also means seeing prevention as part of an overall continuum of care. The Behavioral Health Continuum of Care
Model recognizes multiple opportunities for addressing behavioral health [conditions]. Based on the Mental Health Intervention Spectrum, first introduced in a 1994 Institute of Medicine report, the model includes the following components:

- **Promotion**—These strategies are designed to create environments and conditions that support behavioral health and the ability of individuals to withstand challenges. Promotion strategies also reinforce the entire continuum of behavioral health services.
- **Prevention**—Delivered prior to the onset of a disorder, these interventions are intended to prevent or reduce the risk of developing a behavioral health [condition], such as underage alcohol use, prescription drug misuse, and illicit drug use.
- **Treatment**—These services are for people diagnosed with a substance use or other behavioral health [condition].
- **Recovery**—These services support individuals’ abilities to live productive lives in the community and can often help with abstinence.

- People do not live in isolation—they are part of families, communities, and society. A variety of risk and protective factors exist within each of these environmental contexts.
- Learn more from the SAMHSA Center for the Application of Prevention Technologies’ Key Features of Risk and Protective Factors webpage and from the Risk and Protective Factors and Initiation of Substance Use: Results from the 2014 National Survey on Drug Use and Health (PDF | 1.5 MB). Review the chapter on Risk Factors and Protective Factors in the National Institute on Drug Abuse’s report, Preventing Drug Use among Children and Adolescents.

**SAMHSA Prevention Efforts Promote Healthy Families**


- **Now Is the Time Initiative**—SAMHSA created a continuum that includes prevention and intervention strategies as an important component to President Obama’s Now Is the Time initiative to protect America’s children, young adults, and their communities by reducing gun violence and increasing access to mental health services. This continuum includes Project Advancing Wellness and Resilience in Education (AWARE), which focuses on promoting prevention among school-aged youth in educational settings. The Healthy Transitions program extends this focus by creating treatment services and early intervention approaches for disconnected youth and young adults who are transitioning to adulthood.
- **Project AWARE**—Partnering with the [U.S.] Departments of Education and Justice, SAMHSA has received funds to increase awareness of mental health issues and to connect young people with behavioral health issues and their families with needed treatment services. Expecting to reach 750,000 children and youth, Project AWARE has two components:

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o State Grants to build on the Safe Schools/Healthy Students State Planning and Community Pilot Program to create safe and supportive schools and communities to prevent violence, make schools safer, and increase access to mental health services
o Mental Health First Aid (MHFA) to train teachers and other adults who interact with youth to detect and respond to mental health issues in children and young adults, including how to seek treatment

• Healthy Transitions—When compared with their peers, young adults (ages 18 to 25) with mental health conditions are more likely to experience homelessness, be arrested, drop out of school, and be underemployed. Mental disorders produce the greatest disability impact within this age group compared to all other chronic health conditions. Furthermore, 18- to 25-year-olds with mental health conditions are significantly less likely to receive mental health services than other adults. SAMHSA’s Healthy Transitions program seeks to improve access to treatment and support services for youth and young adults ages 16 to 25 who have or are at risk of developing a serious mental health condition or substance use disorder.

• Minority AIDS Initiative (MAI)—SAMHSA’s MAI supports efforts to increase access to substance use and HIV prevention services for the highest risk and hardest-to-serve racial and ethnic minority populations. Grantees must implement integrated, evidence-based substance use and HIV prevention interventions, including HIV testing that targets one or more high-risk population groups such as:
  o Young adults ages 18 to 24;
  o African American women;
  o Adolescents;
  o People who have been released from prison and jails within the past 2 years;
  o Men who have sex with men; and
  o Also, MAI supports partnerships among public and private non-profit organizations to prevent and reduce the onset of substance use and transmission of HIV among high-risk populations.

• Community Partnerships—Traditional partners, including schools, law enforcement, and health care professionals, remain invaluable. But today’s continually evolving prevention landscape requires SAMHSA to think outside the box and reach out to new partners who can help it address emerging drug trends, access populations in greatest need, and extend the reach of its prevention efforts. SAMHSA has submitted budget proposals to establish the Building Behavioral Health Coalitions program to support cross-fertilization among mental health and substance use prevention community coalitions and organizations. The program aims to expand [its] focus and activities to include a behavioral health approach.

• Find information in SAMHSA’s National Prevention Week Toolkit to plan and hold an event to help prevent substance use and promote mental, emotional, and behavioral wellness while strengthening and creating community partnerships.

• SAMHSA’s Service to Science (STS) is a national initiative designed to enhance the evaluation capacity of innovative programs and practices that address critical substance use prevention and related behavioral health needs. STS provides customized technical assistance that equips participants with the knowledge, tools, and skills needed to evaluate their efforts with increasing levels of methodological rigor. The program
focuses on underage drinking and on the behavioral health needs of American Indians and Alaska Natives.

- **Fetal Alcohol Spectrum Disorders (FASD) Center for Excellence (CFE)**—FASD are a range of birth defects and conditions that can occur in any baby whose birth mother drank alcohol anytime during pregnancy. SAMHSA’s FASD CFE program focuses on preventing FASD among women of childbearing age. Specifically, the FASD CFE focuses on:
  - Exploring innovative service delivery strategies;
  - Developing comprehensive systems of care for FASD prevention and treatment;
  - Training service system staff;
  - Supporting families and individuals with FASD; and
  - Preventing alcohol use among women of childbearing age.

- **Screening and Early Intervention**—One of the more promising developments in the field of prevention intervention is the emergence of defined screening techniques to detect behavioral health conditions. When integrated into primary health care systems, school settings, and community-based programs, screening can lead to early interventions that can prevent problems from arising. For example:
  - SAMHSA’s Screening, Brief Intervention, and Referral to Treatment is a public health approach to deliver early intervention and treatment services for people with substance use disorders and those at risk of developing these disorders. Many different types of clinical settings provide opportunities for early intervention with at-risk substance users before more severe consequences occur. Since SAMHSA initiated the program in fiscal year 2003, more than 2 million individuals have been screened. Of those, 19% required a brief intervention, brief treatment, or referral to specialty treatment programs.
  - SAMHSA provides several screening and assessment tools for mental or substance use disorders and co-occurring [mental and substance use] disorders, and guidelines for screening and assessing teens for alcohol and drug use issues.
  - Addressing trauma is an important component of effective behavioral health service delivery. Research has shown that trauma, if not addressed, significantly increases the risk of mental and/or substance use disorders, chronic physical diseases, and early death. To meet this need, SAMHSA has proposed a new program line, Grants for Adult Trauma Screening and Brief Intervention.
  - Underage Drinking—Of the nearly 440,000 [substance use]-related emergency visits made by patients aged 20 or younger, more than 40% involved alcohol, according to SAMHSA’s 2011 Drug Abuse Warning Network (DAWN) Report. Research shows that parents are the leading influence when it comes to their children’s decisions about alcohol. Yet, many parents of teens continue to underestimate the extent of alcohol used by youth.
  - “Talk. They Hear You.” SAMHSA’s underage drinking prevention campaign, encourages parents and caregivers to start talking to their children as early as nine years old about the dangers of alcohol. The Too Smart to Start program works with communities on the local level to promote underage alcohol use prevention messages to influence the attitudes and behaviors of youth, their parents, and the broader community.
• Prescription Drug Misuse—Pain relievers accounted for 46% of the more than 1.2 million emergency department visits involving nonmedical use of prescription medicines, over-the-counter (OTC) drugs, and other types of pharmaceuticals.

• [SAMHSA’s suicide prevention efforts were discussed in Road to Recovery Show 3.]

• National Prevention Week is a SAMHSA-supported annual health observance dedicated to increasing public awareness of, and action around, substance [use] and mental health issues. During National Prevention Week, community organizations across the country host health fairs, block parties, educational assemblies, town hall meetings, memorial walks, social media campaigns, and outdoor events.

• [SAMHSA’s National Prevention Day] provides a forum for participants to share best practices, experiences, and information specific to the prevention of substance [use] and the promotion of mental health, as well as to network with other grantees and partners.


• Following is information on SAMHSA’s grant offerings for the prevention of [behavioral health conditions].
  o Strategic Prevention Framework Partnerships for Success State and Tribal Initiative
  o PPHF 2014-Cooperative Agreements to Implement the National Strategy for Suicide Prevention (PPHF-2014)
  o Now Is the Time Healthy Transitions: Improving Life Trajectories for Youth and Young Adults with, or at Risk for, Serious Mental Health Conditions
  o Now Is the Time Project AWARE Local Educational Agency Grants
  o Cooperative Agreements for Linking Actions for Unmet Needs in Children’s Health

SAMHSA’s Strategic Prevention Framework


• SAMHSA’s [Strategic Prevention Framework (SPF)] program is a five-step planning process that reflects a public health or community-based approach to delivering evidence-based substance [use] prevention and mental health promotion programs. The steps provide a roadmap to guide states, jurisdictions, tribes, and communities in the selection, implementation, and evaluation of effective, culturally appropriate, and sustainable prevention activities. The effectiveness of this process begins with a clear understanding of community needs and depends on the involvement of community members in all stages of the planning process. The SPF steps require a systematic approach to:

- SAMHSA’s [Partnerships for Success](http://www.samhsa.gov/capt) program brings the SPF to a national scale. It is designed to address two of the nation’s top prevention priorities:
  - Underage drinking among 12- to 20-year-olds
  - Prescription drug and illicit opioid [use] among 12- to 25-year-olds


- The SPF uses a five-step planning process to guide states, jurisdictions, tribes, and communities in the selection, implementation, and evaluation of effective, culturally appropriate, and sustainable prevention activities.
- The SPF process:
  - Promotes youth development;
  - Reduces risk-taking behaviors;
  - Builds assets and resilience; and
  - Prevents problem behaviors across the life span of the programs.
- The idea behind the SPF is to use findings from public health research along with evidence-based prevention programs to build capacity and sustainable prevention. This, in turn, promotes resilience and decreases risk factors in individuals, families, and communities.

**SPF Resources for Communities**


- [This document] describes the Strategic Prevention Framework (SPF), a 5-step planning process to guide states and communities in substance [use] prevention activities. [It]
promotes implementation of evidence-based practices for prevention in communities across the country.


• [This document] summarizes major findings of the National Cross-Site Evaluation of High-Risk Programs, which highlights the effectiveness of prevention programs and identifies critical targets for strengthening protective factors in youth at high risk for substance [use].


• [This document] presents the key principles and core expectations of the State Epidemiological Outcomes Workgroups, designed to use data to inform and enhance state and community decisions regarding substance [use prevention] and mental health [promotion].


• The Evidence-Based Practices (EBP) Web Guide features research findings and details about EBPs used to prevent and treat mental and substance use disorders. EBPs integrate clinical expertise; expert opinion; external scientific evidence; and client, patient, and caregiver perspectives so that providers can offer high-quality services that reflect the interests, values, needs, and choices of the individuals served.

Key Prevention Strategies and Evidence-Based Practices


• Many prevention approaches, such as selective prevention strategies, focus on helping individuals develop the knowledge, attitudes, and skills they need to make good choices or change harmful behaviors. Many of these strategies can be classroom-based. Learn more from the SAMHSA Center for the Application of Prevention Technologies’ comprehensive review of classroom-based programs.

• Universal prevention approaches include the use of environmental prevention strategies, which are tailored to local community characteristics and address the root causes of risky behaviors by creating environments that make it easier to act in healthy ways. The successful execution of these strategies often involves lawmakers, local officials, and community leaders, as well as the acceptance and active involvement of members from various sectors of the community (such as business, faith, schools, and health). For example, the use of this type of strategy may offer fewer places for young
people to purchase alcohol, so consuming alcohol becomes less convenient; therefore, less is consumed.

- Environmental change strategies have specific advantages over strategies that focus exclusively on the individual. Because they target a much broader audience, they have the potential to produce widespread changes in behavior at the population level. Further, when implemented effectively, they can create shifts in both individual attitudes and community norms that can have long-term, substantial effects. Strategies that target the environment include communication and education as well as enforcement.

- Visit the SAMHSA Center for the Application of Prevention Technologies’ Evaluating Environmental Change Strategies webpage for more prevention information and resources.


- Individual and environmental intervention strategies are two primary approaches to preventing substance use disorders.

- Some prevention interventions are designed to help individuals develop the intentions and skills to act in a healthy manner. Others focus on creating environments that support healthy behavior. Research indicates that the most effective prevention interventions incorporate both approaches. Targeted prevention identifies and reaches out to populations that are at a higher risk for substance misuse.

- Any prevention approach should be used with the Strategic Prevention Framework (SPF).

- The prevention workforce must also have the cultural competence to effectively engage with the individuals or communities they are targeting. Learn more about cultural competence and the SPF.

- Sustainability is another important component of prevention efforts, and the focus of any such effort should be on sustaining positive outcomes, not sustaining any particular program. Learn more about sustainability.

- Individual-level Strategies—Many prevention approaches focus on helping people develop the knowledge, attitudes, and skills they need to change their behavior. Often, these individual-level strategies include classes on healthy behaviors. A 2009 National Academy of Sciences report on preventable mental, emotional, and behavioral [issues] in young people found that effective classroom-based programs:
  - Focus on life and social skills;
  - Focus on direct and indirect (social) influences on substance use;
  - Involve interactions among participants;
  - Emphasize norms for, and a social commitment to, not using drugs;
  - Include community components;
  - Are delivered primarily by peer leaders; and
  - Emphasize the benefit of building life skills and social resistance.

- Environmental strategies take a broader approach than individual-level strategies. Prevention professionals use environmental strategies to change the conditions within a community, including physical, social, or cultural factors that may lead to substance use.
For example, prevention planners may decide to target laws or norms that are favorable toward alcohol misuse or illegal substance use. Environmental strategies are most effective when implemented as part of a comprehensive approach.

- Environmental strategies include communication and education strategies, which seek to influence community norms by raising awareness and creating community support for prevention. Environmental strategies may also use enforcement methods to deter people and organizations from illegal substance use.
- Messages communicated through the media influence how the public thinks and behaves. Communications strategies—public education, social marketing, media advocacy, and media literacy—can be used to influence community norms, increase public awareness, and attract community support for a variety of prevention issues.
- Public education is designed to increase the public’s knowledge and awareness of a particular health issue. Public education campaigns may combine public service announcements (PSAs) on television, radio, or online with billboards and posters. Familiar public education slogans include “Friends don’t let friends drive drunk” and “A mind is a terrible thing to waste.”
- Social marketing involves using advertising principles to change social norms and promote healthy behaviors. Like public education, social marketing uses multiple media channels to message targeted groups of individuals. However, social marketing campaigns do more than provide information. They try to persuade people to adopt a new behavior by showing them the benefit they’ll gain by doing so.
- Media advocacy attempts to shape the way social issues are discussed in the media. The goal is to build support for changes in public policy. By working directly with outlets to change both the amount of coverage the media provides and the content of that coverage, media advocates hope to influence the way people talk and think about a social or public policy.
- Media literacy teaches young people critical-viewing skills. This approach seeks to help children and teenagers analyze, understand, and evaluate the media messages they encounter.
- Enforcement and policy are closely connected, but it is important to remember that policies are unlikely to be successful without enforcement. Effective enforcement requires visibility. People need to see that substance use prevention is a community priority and that violating related laws and regulations will result in consequences.
- Surveillance may include the use of compliance checks and other efforts to determine if people are complying with existing laws.
- Penalties, fines, and detention create consequences for people or institutions that don’t comply with an existing policy.
- Community policing encourages citizens and community members to participate in prevention efforts. This could include neighborhood watches, efforts to remove sources of alcohol or drugs, or partnering with law enforcement to discourage underage drinking and substance use.
- Incentives offer rewards that reinforce healthy behaviors, such as drug education programs for children that include stickers and other small prizes.
Experts attest that an optimal mix of prevention interventions is required to address substance use issues in communities, because they are among the most difficult social problems to prevent or reduce. SAMHSA’s program grantees should consider comprehensive solutions that fit the particular needs of their communities and population, within cultural context, and take into consideration unique local circumstances, including community readiness. Some interventions may be evidence based, while others may document their effectiveness based on other sources of information and empirical data.

Early intervention also is critical to treating mental health conditions before they can cause tragic results like serious impairment, unemployment, homelessness, poverty, and suicide. The Community Mental Health Services Block Grant (MHBG) directs states to set aside 5% of their MHBG allocation, which is administered by SAMHSA, to support evidence-based programs that address the needs of individuals with early serious mental illness, including psychotic disorders. Review SAMHSA’s criteria for defining a prevention program or early intervention as evidence based. Also, search SAMHSA’s National Registry of Evidence-based Programs and Practices to find evidence-based programs related to prevention and early intervention for all behavioral health issues.

Half of adult mental, emotional, and behavioral disorders begin before age 14, and three-fourths by age 24. SAMHSA has many programs, public awareness efforts, and partnerships to support and educate children and youth, as well as their families and communities:

- Building Blocks for a Healthy Future is an early childhood substance use prevention program developed by SAMHSA to educate parents and caregivers about the basics of prevention to promote healthy lifestyles.
o **National Children’s Mental Health Awareness Day** seeks to raise awareness about the importance of children’s mental health and that positive mental health is essential to a child’s healthy development from birth.

o **Safe Schools/Healthy Students** is a grant program designed to prevent violence and substance [use] among youth, schools, and communities, which supports the [Now Is the Time initiative](http://www.samhsa.gov/capt/practicing-effective-prevention/prevention-approaches#communication-education).

o **Tobacco/Synar Program** requires states to have laws in place prohibiting the sale and distribution of tobacco products to people under age 18 and to enforce those laws effectively.

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**Collaboration and Community Coalitions and Prevention**


- In the prevention field, collaboration allows for partners with different perspectives to work together toward solving a common problem. This approach leverages the expertise of multiple groups and increases the likelihood that their collective efforts will bring about change.

- **State epidemiological outcomes workgroups (SEOWs)** offer a strong example of this type of collaboration. These workgroups include epidemiologists, state and local officials, program planners, community stakeholders, and prevention practitioners who work together to collect, analyze, and disseminate substance use and behavioral health data. Workgroup members then make data-driven decisions as they integrate the SPF into their prevention planning.

- You can enhance the effectiveness of your collaboration efforts by:
  - Involving communities that are already mobilized or ready to engage in community change.
  - Combining collaboration with communications and education strategies. This can increase public awareness of a particular issue or program, attract community support, reinforce prevention messages, and keep the public informed of program progress.
  - Looking at what the people around you are already doing to prevent substance use disorders, and build on their efforts. You can learn from both their successes and their mistakes.


- Community coalitions are increasingly used as a vehicle to foster improvements in community health. A coalition is traditionally defined as “a group of individuals representing diverse organizations, factions or constituencies who agree to work together to achieve a common goal.” Community coalitions differ from other types of coalitions in that they include professional and grassroots members committed to work together to influence long-term health and welfare practices in their community.
Additionally, given their ability to leverage existing resources in the community and convene diverse organizations, community coalitions connote a type of collaboration that is considered to be sustainable over time.

- The federal government has increasingly used community coalitions as a programmatic approach to address emerging community health issues. Community coalitions are composed of diverse organizations that form an alliance in order to pursue a common goal. The activities of community coalitions include outreach, education, prevention, service delivery, capacity building, empowerment, community action, and systems change. The presumption is that successful community coalitions are able to identify new resources to continue their activities and sustain their impact in the community over time. Given the large investment in community coalitions, researchers are beginning to systematically explore the factors that affect the sustainability of community coalitions once their initial funding ends.

- The Office of National Drug Control Policy (ONDCP) and the SAMHSA Center for Substance Abuse Prevention (CSAP) support Drug-Free Communities (DFC) Support Program grants, which were created by the Drug-Free Communities Act of 1997 (Public Law 105-20). The DFC Support Program has two goals:
  1. Establish and strengthen collaboration among communities, public and private non-profit agencies, as well as federal, state, local, and tribal governments to support the efforts of community coalitions working to prevent and reduce substance use among youth; and
  2. Reduce substance use among youth and, over time, reduce substance [use] among adults by addressing the factors in a community that increase the risk of substance [use] and promoting the factors that minimize the risk of substance [use].

- Long-term analyses suggest a consistent record of positive accomplishment for substance use outcomes in communities with a DFC grantee from 2002 to 2012.

SAMHSA Prevention Resources


- [This document] presents the key principles and core expectations of the State Epidemiological Outcomes Workgroups, designed to use data to inform and enhance state and community decisions regarding the prevention of [mental or substance use disorders].

The SAMHSA Center for the Application of Prevention Technologies


- The SAMHSA Center for the Application of Prevention Technologies (CAPT) is a national training and technical assistance (T/TA) system committed to strengthening prevention
systems and building the nation’s behavioral health workforce. The prevention of [mental or substance use disorders] is one of SAMHSA’s six strategic initiatives. CAPT, administered by the SAMHSA Center for Substance Abuse Prevention (CSAP), supports the delivery of effective prevention programs and practices to address these conditions.

- CAPT prevention specialists work across states, tribes, and jurisdictions to help prevention professionals get the resources and training they need to develop, implement, and evaluate programs. Specifically, CAPT services help recipients of SAMHSA prevention grants:
  - Successfully implement all five steps of SAMHSA’s Strategic Prevention Framework (SPF);
  - Use data to inform strategic planning; and
  - Select and implement evidence-based interventions.

- CAPT offers a menu of T/TA services that include:
  - Customized technical assistance, including one-on-one coaching, group informational sessions, facilitated planning, and resource sharing;
  - In-person training, ranging from small learning communities to statewide trainings-of-trainers;
  - Online events, including online courses, webinars, and Web-mediated teleconferences;
  - Collaboration opportunities designed to foster greater sharing of important lessons learned and expertise across SAMHSA prevention grantees; and
  - Information dissemination via the CAPT website and multiple, grantee-specific mailing lists.

- CAPT is an integrated national system, providing services across all of the ten [U.S.] Department of Health and Human Services (HHS) regions. The CAPT system includes:
  - A National Core team, which provides overall program direction and ensures the delivery of consistent and high-quality technical assistance services.
  - Five Resource Teams, which maintain a regional presence and sensitivity to regional issues. Regions include: Central, Northeast, Southeast, Southwest, and West. Each team is staffed by prevention practitioners who live and work in their respective regions and have experience assisting different demographic, language, and cultural groups.
  - Each Resource Team provides T/TA services to SAMHSA grantees in their respective service areas, drawing on an extensive network of consultants to meet specialized technical assistance needs. Teams also collaborate across service areas to identify and address common needs.

- CAPT offers Web-based trainings at https://captonline.edc.org/.

Panel 4: The Critical Role of Culture in Family Recovery

Key Questions
1. How can certain religious or cultural beliefs—including values or practices connected with a strong purpose in life—enhance the resiliency of people in recovery from mental or substance use disorders?

2. What role can faith- or culture-based communities play in supporting people in recovery from mental or substance use disorders?

3. What are some SAMHSA resources to help behavioral health providers enhance cultural competence?

4. What are some protective cultural and linguistic factors among members of the Latino/Hispanic, African American, Asian/Pacific Islander, and Native American communities?

5. How can holistic approaches to life and health—including diet, exercise, and expressive techniques (art, music)—help support recovery?

**Religious or Cultural Beliefs—Resiliency Enhancement**


- [This article describes a Spanish-language mutual aid group to help people in recovery from substance use and mental health concerns.] This kind of “4th and 5th step” group is a culturally adapted version of the 12-step [program]. [It discusses the importance of spirituality and culture in mutual aid recovery groups.]


- Recovery, as a concept, emerged as a core philosophy of the service user movement that began in the late 1960s and 1970s. Previous reviews on recovery in mental health have presented definitions or a conceptual framework; however, over time it has been open to disparate interpretations. The aim of this paper was to conduct the first concept analysis of mental health recovery in young adulthood within various multidisciplinary contexts.
- This analysis [of the concept of recovery] has [identified its attributes including] the reawakening of hope, reclaiming a positive self and meaning through personal growth.
- Antecedents [of recovery] include the disruption of [the disorder], [negative attitudes], internal inventory, and contemplative recovery.
- Identified consequences [of recovery] include the return to normality, reconstruction of self and active social connection.
- The new conceptual definition [of recovery] is the reawakening of hope and rediscovery of a positive sense of self through finding meaning and purpose within personal growth and connection using creative self-care coping strategies.
- This paper reveals an apparent disparity between professional and personal interpretations of recovery.
• Spirituality and more formal religious affiliation and practice often play an important role in [the recovery] journey.

• Recently there has been renewed interest in exploring how spirituality and religious traditions can influence health as well as in the study of human nature, motivation and behavior change.

• [Interactions between spirituality or religion and the process of recovery and change] influence motivation and readiness to change, values and decision making, commitment, support for drug use or for recovery, stress production or reduction, sustaining change, and creating the foundation for a new lifestyle.

• Spiritual crises, epiphanies, and values embodied in various religious traditions such as forgiveness, a merciful god, humility, and redemption can also serve as important motivators that can spur readiness and strengthen commitment to move into recovery.

• The challenge for prevention and treatment is to understand whether and how spirituality and religious practice and values operate in the population of individuals that we are attempting to influence. Bringing in religion can be a [double-edged] sword that must be used carefully.

• If stress, [substance use], and struggling with mental health [conditions] exhaust self-control strength, then religious practices such as mindfulness, meditation, and prayer can offer some respite and can provide the scaffolding needed to support compromised self-regulation.

• Spirituality can serve as a source of strength as well as motivation for recovery.

• There is also, however, the danger of [negative attitudes] and judgment that can interfere with the positive potential. I have had [individuals with substance use disorders] report a sense of being unwelcome in some religious communities and some examples of unhelpful practices, such as being forced to pray to get housing or being labeled and isolated, that happen to individuals entering into [substance misuse] or struggling with recovery.

• Religion is not a drug that stops [substance use disorder]. Nor is it the answer for all individuals.

• We must not assume that all efforts that are labeled religious or spiritual will be helpful, and we have some responsibility, respectfully, to help religious organizations and institutions learn about the journey into and out of [substance use disorder] so that they can figure out how they can offer significant assistance and minimize potential harm.


• [The aim of this study was to synthesize] published descriptions and models of personal recovery into an empirically based conceptual framework.

• The emergent conceptual framework [of recovery includes] characteristics of the recovery journey, recovery processes, and recovery stages.
The researchers identified that recovery is:
- an active process;
- an individual and unique process;
- a non-linear process;
- a journey;
- [occurs in] stages or phases;
- a struggle;
- a multidimensional process
- a gradual process;
- a life-changing experience;
- [can occur] without cure;
- is aided by supportive and healing environment;
- can occur without professional intervention; and
- a trial and error process.

Relevant recovery processes included:
- connectedness;
- hope and optimism about the future;
- identity;
- meaning in life; and
- empowerment.

Literature on racial/ethnic minorities and recovery identified similar themes, with a greater emphasis on spirituality and [negative attitudes], and two additional themes: culture-specific factors, and collectivist notions of recovery.


The relationships of spirituality, religion, and health have been the subject of research in a variety of disciplines over the past two decades. Findings have varied: Some findings appear to have strong evidence of relationships while other findings are deemed inconclusive.

A few studies have distinguished between religion and spirituality, but most investigators have treated the two as one concept, with no clear lines of distinction between them.

This theoretical study, focusing on the topic of spirituality, explores several related concepts, including forgiveness, flourishing, and resilience, as a basis for developing approaches to facilitate recovery in mental health clients using spiritual interventions.

Forgiveness is defined as a freely made choice to give up revenge and resentment toward a person who caused a hurt, and to strive to respond with generosity, compassion, and kindness toward that person. Forgiveness is not denying, excusing, minimizing, or forgetting the wrongs that have been committed.

Because forgiveness can provide positive responses in resolving conflicts, it is important to explore forgiveness in interpersonal relationships.

Clearly unforgiveness can be a destructive force in one’s life and result in poorer mental health. High trait anxiety is associated with unforgiveness and lower levels of mental health and life satisfaction. There is also evidence that trait anger and unforgiveness are
dispositional traits that negatively affect life satisfaction.

- Helping clients distinguish between situational and dispositional anger may be important for recovery.
- Using methods to seek self- and other-forgiveness is a critical self-management strategy. Recent studies of forgiveness have shown a positive relationship between forgiveness and social support as well as between forgiveness and positive affect; studies also show a direct negative relationship between forgiveness and stress. Also, individuals with higher levels of forgiveness tend to report better overall mental health.
- Flourishing occurs when the proportion of positive affect, including life satisfaction, health status, dispositional optimism, and positive self-esteem, is greater than the proportion of negative affect. Positive emotions contribute to transformational outcomes such as creativity, resilience, and connectivity. However, adults need three times more positive than negative affect to be categorized as flourishing.
- Flourishing, a strength-based view of the client, can be accomplished with a focus on spirituality. When an individual has a transformative spiritual experience seeking a connection with God or a higher power, others, or nature, positive emotions may be the result.
- [Researchers] have described psychological resilience as a relatively stable constitutional resource that is characterized by an individual’s ability to bounce back from a negative experience or significant adversity.
- [Characteristics associated with resilience] include positive affect and optimism, cognitive flexibility, active coping (including religious coping), social support and intimacy, ability to regulate negative emotions, and mastery.
- [Another level of resilience] involves attempting to learn the process for attaining these identified characteristics or qualities. Resilience as a protective factor can be taught. There is a resilience training curriculum used by the U.S. Army that fosters protective factors such as optimism, effective problem solving, faith, sense of meaning, self-efficacy, flexibility, empathy, and spirituality.
- Resilience may be viewed both as a protective factor that wards off the deleterious effects of stress and trauma and an outcome that reflects survival.

Role of Faith- or Culture-Based Communities in Recovery Support


- SAMHSA has actively engaged and supported faith-based and community organizations involved in substance use and mental health services since 1992. For example, the
  o Community Substance Abuse Prevention Partnership Program includes more than 800 faith-based community partners among its grantees.
  o Block and formula grant program funds are available through the states to countless faith-based organizations that engage people with or at risk for mental health and substance use disorders.
  o SAMHSA-supported training programs and curricula not only support substance use prevention, treatment, and mental health services education for multi-
denominational leaders of the faith community, but also help create integrated, sustainable collaborations at the local level nationwide.

- SAMHSA became the first [U.S.] Department of Health and Human Services agency to undertake a specific [Faith-based and community initiative (FBCI)] in 2000. The initiative emphasizes the key role FBCI organizations play in the delivery of substance use prevention, treatment, and mental health services, particularly to underserved communities and culturally diverse populations. Also, SAMHSA’s FBCI Workgroup coordinates work in support of the FBCI that includes identifying and eliminating barriers to these groups.

- SAMHSA’s experience with faith-based and community organizations to support resilience and recovery in substance use prevention and treatment, and mental health services demonstrates the effectiveness of local, grass-roots programs in eliciting positive changes in people’s lives; and paves the way for individuals to become full partners in American society.

- Through a variety of funding mechanisms, SAMHSA supports the following programs carried out by community and faith-based organizations at the national, state, and local levels:
  - Mental health services
  - Substance use prevention
  - [Substance use] treatment


- Faith and community leaders can play a significant role in helping to educate individuals and families about mental health. This fact sheet can help communities and congregations raise awareness about mental health issues and emphasize the importance of people to seek help when needed. This fact sheet can be used as a bulletin insert or announcement to faith communities about the importance of mental health issues in our communities.


- Increasing awareness of mental health issues and making it easier for people to seek help will take partners working together. Faith and community leaders can play a significant role in helping to educate individuals and families about mental health. These talking points can help faith leaders develop messages for their congregations and communities about the importance of mental health.

• [This Recovery Month webcast] explores the role of faith and faith-based organizations in recovery from [substance use disorders]. [It] discusses pastoral counseling, interventions, and other recovery services offered by faith-based organizations as well as the need for pastoral training.

SAMHSA Resources on Cultural Competence for Behavioral Health Providers


• [This document] assists professional care providers and administrators in understanding the role of culture in the delivery of substance [use] and mental health services. [It] discusses racial, ethnic, and cultural considerations and the core elements of cultural competence.


• [This resource] gives background information, guiding principles, recommendations, and resources for developing culturally competent disaster mental health services. [It] includes suggestions for working with refugees and guidelines for using interpreters.


• [This document] arms [behavioral health] professionals with a comprehensive overview of unique prevention, treatment and recovery skills and practices, including trauma-informed care, to effectively serve women and girls. [it is] useful for the full spectrum of behavioral health professionals.


• [This resource is] intended to enhance cultural competence when serving American Indian and Alaska Native communities. [It] covers regional differences, cultural customs, spirituality, communications styles, the role of veterans and the elderly, and health disparities, such as suicide.


- [This resource] offers information for disaster response workers to build cultural awareness for supporting Native Americans before, during, and after a traumatic event. [It] discusses cultural values, types of traumatic events, traditional teachings, and talking circles.


- [This resource] helps disaster response workers better understand historical trauma in the Native American culture and how it may affect disaster preparedness and response efforts, and offers strategies for providing disaster response assistance with cultural sensitivity.


- [This resource] discusses approaches to improving behavioral health among diverse populations. [It] describes changes that are occurring in the mental health and substance use arena and examines health disparities, health reform, and workforce development.


- [This resource] offers 10 outreach and enrollment strategies organizations can use to introduce African American communities to the new health insurance options as a result of the Affordable Care Act. [It] includes examples that have been successful.

[This resource] offers 10 outreach and enrollment strategies organizations can use to introduce Latino and Hispanic communities to the new health insurance options as a result of the Affordable Care Act. [It] includes examples that have been successful.

Protective Cultural and Linguistic Factors

*Latino/Hispanic Communities*


- In this study a nationally representative sample of U.S. Latino adults was interviewed face-to-face. Estimates were made using data from the National Latino and Asian Services Survey (NLAAS).
- U.S.-born Latinos are much more likely to report a dual diagnoses than are foreign-born Latinos in both sexes; 16.88% vs. 5.02% for males, and 7.48% vs. 0.58% for women. Total dual diagnoses prevalence was 6.79%.
- Immigrants were less likely to be positive for dual diagnoses, or any substance disorder diagnosis, if they reported lifetime substance use when compared to U.S.-born Latinos.
- Latino adults residing in the U.S. have one-fourth the risk of dual diagnoses compared to the U.S. population. Most of this difference is accounted for by lower rates of substance and non-substance disorders and a lower propensity for progression from substance use to substance use disorders, combined with a later age of onset for mental disorders among immigrants.


- Focus groups were conducted with adolescents and parents as part of a larger study to understand the connection between acculturation and Hispanic/Latino adolescent substance use.
- Parents (n = 18) were all mothers and had an average age of 42 years. Students (n = 16) were 62% female and had an average age of 14 years.
- Results are summarized in five categories: culture/ethnic identity, acculturation, parent-child conflict/relationships, gender, and adolescent substance use. Parents and adolescents held similar views in some areas (e.g., pride in ethnic identity and changes in language use), but diverged in others (e.g., indicators of acculturation, gender differences in parenting, and ideas of freedom and independence).
- Participants in the focus groups did not endorse the association between acculturation and substance use that has been detected in quantitative studies.
- The adolescents and parents viewed acculturation discrepancies as causes of breakdowns in family cohesion and communication, a view that is supported by studies that suggest that acculturation may affect adolescent substance use via a breakdown in familism. However, the parents and students in our study did not view adolescent drug use as an outcome of these family-level changes.
[The researchers] examined the relationship between discrimination and substance use disorders among a diverse sample of Latinos.

[The] analyses focused on 6,294 Latinos who participated in the National Epidemiologic Survey on Alcohol and Related Conditions from 2004 to 2005.

Discrimination was significantly associated with increased odds of alcohol and drug use disorders among Latinos. However, the relationship between discrimination and substance use disorders varied by gender, nativity, and ethnicity.

Discrimination was associated with increased odds of alcohol and drug use disorders for certain groups, such as women, U.S.-born Latinos, and Mexicans, but this relationship did not follow the same pattern for other subgroups.

Social Identity Theory indicates that ethnic identity could benefit minority members in a society because of its promotion of a sense of belonging, or of its buffering of the damage of discrimination.

Despite growing investigation about Latinos’ overall health, few studies have simultaneously examined the influence of multiple cultural strength factors, especially racial/ethnic identity, social support, and religious attendance, on these outcomes.

Using the National Latino and Asian American Study, we examine the potential predictive value of these cultural strength factors on Latinos’ Self-Rated Mental and Physical Health (SRMH and SRPH).

[Analyses] revealed significant positive effects of racial/ethnic identity on both mental and physical health of Latinos, above and beyond the effect of known demographic and acculturation factors, such as discrimination.

Religious attendance had a positive effect on SRMH but not on SRPH.

The deteriorating roles of discrimination, in mental health only, and that of length in the [United States] in both outcomes, however, was primarily not altered by entry of these cultural strength factors.

The independent direct effect of racial/ethnic identity among Latinos nationwide may suggest that this cultural strength is an internalized protective asset.

Longitudinal data is needed to explore its underlying mechanism and long-term impact.
• This introductory summary provides an overview of protective factors associated with substance use and misuse, and strategies that have been shown to be effective in addressing these factors, and for improving outcomes and promoting behavioral health among boys and young men of color.

• Far too often, practitioners tend to focus on deficits of or risks faced by youth of color.

• Although such a focus is important for identifying and alleviating sources of oppression, discrimination and economic inequality, concentrating on adversity has overshadowed the strengths or assets that communities of color summon to raise their children.

• Therefore, this tool shifts the attention away from the many risks that youth of color face, and instead focuses on the constellation of factors that protect against substance misuse, including the unique strengths of this population. An emphasis on strengths and protective factors is in keeping with other emerging theories on positive behavioral health and youth development.

• For example, these theories propose that
  o positive mental health focuses more on coping than mental breakdown;
  o subjective well-being asserts greater influence on the environment than the other way around;
  o coping strategies and social supports can modify a person’s reaction to environmental stressors and minimize poor health outcomes; and
  o youth are assets to be developed and should be provided the means and opportunities to build successful futures.

• Note, however, that a focus on protective factors and positive approaches alone is not sufficient to prevent substance misuse. Comprehensive prevention approaches that address risk factors as well as protective factors operating at the individual, relationship, community, and society levels simultaneously are needed to produce change.


□ This practice-support tool distills information from the research literature on (1) factors that have been shown to either protect boys and young men of color from substance misuse or to mitigate risks associated with adverse experiences or situations, and (2) factors that have been shown to promote well-being and positive youth development for boys and young men of color in the [United States].

• Those with internal assets such as confidence, optimism, hope, and motivation also report greater social and emotional well-being.

• Other individual behaviors and characteristics have been found to specifically protect against substance misuse and promote well-being among youth of color. These include the following:
  o Attitudes and beliefs about substance use. Perceiving substances to be harmful and/or disapproval of use can be protective against future alcohol and drug use.
  o Participation in religious activities. Attending religious services, being involved in religious activities and having religious values and beliefs are protective
especially as seen in studies that include both boys and girls of color as participants.

- **Academic performance.** Achieving high grades in school and feeling a sense of attachment to school is associated with lower rates of substance use and other risk behaviors as well as improved social skills and study habits.

- **School attachment.** For boys and young men of color, in particular, school involvements, enjoying school, perceived school support and high readiness to learn are associated with lower rates of substance misuse.


- This practice-support tool provides summaries of interventions that help young people develop social skills, civic and cultural competencies, positive attitudes toward community, and a strong sense of identity—examples of the abilities and attitudes that allow a young person to succeed and thrive.

- To facilitate these efforts, SAMHSA’s Center for the Application of Prevention Technologies (CAPT) has developed this tool to help state- and local-level prevention practitioners identify effective and innovative programs that provide opportunities to, and improve outcomes for, boys and young men of color: youth under the age of 25 who identify a percentage of their ethnicity or race to be of a minority group (i.e., African American, Latino, Hispanic, Asian American, Native American) or subgroup (i.e., Mexican, Vietnamese, Hmong, Alaska Native).

- Informed by a careful review of SAMHSA’s National Registry of Evidence-based Programs and Practices (NREPP), other federal registries, and peer-reviewed evaluation literature (see the Fine Print below), this tool includes programs, practices, and strategies associated with reductions in substance use and misuse, specifically, as well as with those factors thought to protect against substance misuse and promote emotional well-being.

**Asian/Pacific Islander Communities**


- The association between racial and ethnic discrimination and psychological distress was examined among 2,047 Asians (18 to 75 years of age) in the National Latino and Asian American Study, the first-ever nationally representative study of mental health among Asians living in the United States.

- Stratifying the sample by age in years (i.e., 18 to 30, 31 to 40, 41 to 50, 51 to 75) and nativity status (i.e., immigrant vs. U.S.-born), ethnic identity was tested as either a
• Analyses showed that ethnic identity buffered the association between discrimination and mental health for U.S.-born individuals 41 to 50 years of age. For U.S.-born individuals 31 to 40 years of age and 51 to 75 years of age, ethnic identity exacerbated the negative effects of discrimination on mental health. The importance of age and immigrant status for the association between ethnic identity, discrimination, and well-being among Asians in the United States is discussed.


• When discussing Asian American/Native Hawaiian/Pacific Islanders (AANHPIs), it is critical to recognize the heterogeneity of the group. AANHPIs are not all the same. [For example], this group consists of [more than 50 unique countries of origin—with distinct languages, cultural values, family customs and traditions, indigenous practices, and colonial histories—and more than 20 major religions].

• It is necessary to highlight the myriad strengths of AANHPI boys and men. Many of these men have overcome great adversity in their lives (e.g., immigration/migration, educational obstacles, socioeconomic challenges, political persecution, etc.) and many have managed to thrive and be resilient. Many of these men face daily obstacles, ranging from overt racial discrimination to subtle microaggressions, but are still able to take care of their families, manage multiple roles and identities, maintain positive attitudes, and uphold a strong work ethic.

• For many young AANHPI boys, they develop in a world where they have few public role models in powerful leadership positions or in the influential media. They navigate communities and social institutions that range from hostile to supportive and embracing. They too demonstrate remarkable resilience, oftentimes with a modicum of support from the very institutions put in place to support their development.


• Although the three largest Asian ethnic groups are Japanese, Chinese and Filipino, the terms "Asian-American" and "Pacific Islander" encompass more than 50 distinct racial/ethnic groups, in which more than 30 different languages are spoken. Indeed, Asian-Americans/Pacific Islanders is the most diverse racial/ethnic group in terms of country of origin, religious/spiritual affiliation, cultural background and traditions, and generational and immigration experiences.

• Understanding the mental health issues of Asian-Americans/Pacific Islanders is important because of the vast heterogeneity of the group, the various Asian cultures' beliefs about mental health, and the emphasis on the connection between the mind and body. Among many Asian-Americans/Pacific Islanders, interpersonal harmony and the...
focus on family influence the experience, interpretation and expression of psychological distress.

- For many Asian-Americans and Pacific Islanders, mental health is strongly related to physical health. In many Asian-American/Pacific Islander ethnic groups, the belief is that if one is physically healthy, then one is more likely to be emotionally healthy. Emotional or psychological health is also believed to be strongly influenced by willpower or cognitive control.
- Indigenous healing has long been a practice of many Asian-Americans and Pacific Islanders. Traditional healers are often religious leaders, community leaders or older family members. Religion/spirituality, community, and family may also be seen as protective factors for the development of psychological distress among Asian-Americans and Pacific Islanders.

Native American Communities


- Developed by the Red Lake Nation, this factsheet highlights an array of tribal traditions and activities that protect tribal members from [behavioral health conditions].
- Cultural Activities—Participation in positive social, community, and cultural activities can protect community members from alcohol and marijuana use, depression, and anxiety. Similarly, volunteering and participation in spiritual activities are also protective.
- Family is the most important protective factor for individuals. All of the gifts of life—birds, plants, animal beings, water beings, people and all creation are family. All beings and elements hold their own spirit. We have an extended family understanding—all who are close to us are family.
- Caregiver support, bonding, and involvement, as well as positive involvement with other adults, can prevent problem drinking, drug use, anxiety disorders, emotional distress, suicidal thoughts and attempts.
- Success in academics and supportive school staff both protect youth against substance use and suicidal ideation.
- The Red Cliff Wellness School Curriculum is taught to Red Lake youth in grades kindergarten through fifth grade. Red Cliff is a substance [use] prevention intervention based in Native American tradition and culture.
- The more we can do to increase protective factors, the healthier our community will be.
- Some protective factors shared between substance use and mental health are
  - Culture and participation in cultural activities;
  - Participation in positive social activities;
  - Support and nurturing from family and mentors;
  - School and community connectedness;
  - Success in academics;
  - Spirituality/religiosity;
  - Self-esteem; and
  - Social support.
Communities [can take] steps to increase and enhance protective factors. Such steps might include providing concrete supports to families in times of need, creating and promoting opportunities to participate in community, school, and club activities, or creating compassionate schools.


This document lists studies about risk and protective factors for mental and/or substance use disorders among Alaska Native and Native American populations.

Individual protective factors include
- Employment;
- Family income supplements;
- Parental education;
- Positive mood;
- High self-esteem;
- Involvement in a religious group or church;
- Belonging to the Native American church;
- Stronger Christian beliefs;
- Cultural pride/spirituality;
- Cultural spiritual orientation;
- Use of time for religion; and
- Good physical health.

Relationship protective factors include the following:
- Discussing problems with family or friends;
- Family communication;
- Family attention;
- Positive family relationships;
- Parental attachment;
- Parental pro-social behavior norms;
- Parental caring;
- Family connectedness;
- Family caring;
- Family caring about adolescent’s feelings;
- Family support;
- Parental expectations;
- Family sanctions against drugs;
- Family sanctions against alcohol;
- Non-parental adult role mode;
- Adult warmth and supportiveness;
- Tribal leader caring;
- Adult caring;
- School people caring;
Discussing problems with family or friends; and
- Sense of belonging as connectedness.

- Community protective factors include:
  - School attachment;
  - School bonding;
  - Sense of belonging in school;
  - Positive feelings about school; and
  - Living on a geographically remote reserve.

- Societal protective factors include:
  - More American Indian oriented;
  - Enculturation (participation in traditional activities, identification with AI culture and traditional spirituality);
  - Enculturation; and
  - Involvement in traditional activities.


- Stable and supportive relationships with parents, perceived strong parental disapproval of youth substance use, parental monitoring, speaking with at least one parent about the dangers of substance use, and parental encouragement are protective factors.
- Living with an original two-parent home may act as a protective factor. However, because extended family plays an important role in AI/AN culture, one-parent families that incorporate extended family into the family unit may also act as a protective factor.
- Protective factors include participation in youth and other organized group activities, the importance of religious beliefs, and self-efficacy in social relations.
- Protective factors include self-efficacy and refusal skills, which stem from school bonding, peer social skills, and parent support and involvement.
- Bicultural competence, cultural involvement, bonding to conventional society, and acculturation are all protective factors.
- Resiliency, a protective factor and a common thread woven through AI/AN culture, allows these strengths to take place in the context of otherwise overwhelming challenges.
- Closely knit multigenerational families and tight communities are examples of cultural strengths that works as a protective factor when positive substance use behavior is modeled.


- Interventions following principles of outdoor education and adventure therapy appear to be an appropriate fit for [Native youth]. These approaches have proven effective in
non-Aboriginal populations, yet there is very little evidence on the efficacy of these types of program for Aboriginal adolescents.

- The primary purpose of this [Canadian] study was to evaluate the impact of an outdoor adventure leadership experience (OALE) on the resilience and well-being of First Nations adolescents from one reserve community. The secondary purposes were to explore whether this impact was sustainable, and whether there were any intervening factors that may have influenced the impact.

- Over two summers (2009 and 2010), 73 youth 12–18 years of age from Wikwemikong participated in a standardized 10-day OALE program. This represented 15% of the on-reserve population of adolescents in this age range.

- The OALE program was beneficial in promoting resilience for adolescents in Wikwemikong over the short term.


- This qualitative, focus group study explored the role of cultural/community activities in potentially promoting identities and mental health among urban American Indians who have mixed racial/ethnic heritages (e.g., African, Hispanic, and Caucasian) including those with mental [health conditions] in Philadelphia, Pennsylvania (n = 25).

- The study identified a variety of unique benefits of cultural/community activities including its role in nurturing identity, belongingness, spiritual wakening and renewal, and mental health. Overall, these activity-induced benefits helped urban American Indians gain a feeling of oneness to experience peace of mind and harmony within oneself and with other people and the environment/nature.

**Holistic Approaches and Recovery Support**


- [One of SAMHSA’s Guiding Principles of Recovery is that] **Recovery is holistic**: Recovery encompasses an individual’s whole life, including mind, body, spirit, and community. This includes addressing: self-care practices, family, housing, employment, education, clinical treatment for mental disorders and substance use disorders, services and supports, primary healthcare, dental care, complementary and alternative services, faith, spirituality, creativity, social networks, transportation, and community participation. The array of services and supports available should be integrated and coordinated.

At a 2004 National Consensus Conference on Mental Health Recovery and Mental Health Systems Transformation convened by SAMHSA, patients, health-care professionals, researchers and others agreed on 10 core principles undergirding a recovery orientation:

- Self-direction: Consumers determine their own path to recovery.
- Individualized and person-centered: There are multiple pathways to recovery based on individuals’ unique strengths, needs, preferences, experiences and cultural backgrounds.
- Empowerment: Consumers can choose among options and participate in all decisions that affect them.
- Holistic: Recovery focuses on people’s entire lives, including mind, body, spirit and community.
- Nonlinear: Recovery isn’t a step-by-step process but one based on continual growth, occasional setbacks and learning from experience.
- Strengths-based: Recovery builds on people’s strengths.
- Peer support: Mutual support plays an invaluable role in recovery.
- Respect: Acceptance and appreciation by society, communities, systems of care and consumers themselves are crucial to recovery.
- Responsibility: Consumers are responsible for their own self-care and journeys of recovery.
- Hope: Recovery’s central, motivating message is a better future—that people can and do overcome obstacles.


Expressive therapy groups generally foster social interaction among group members as they engage either together or independently in a creative activity. These groups therefore can improve socialization and the development of creative interests. Further, by enabling clients to express themselves in ways they might not be able to in traditional talking therapies, expressive therapies can help clients explore their substance [use], its origins, the effect it has had on their lives, and new options for coping. These groups can also help clients resolve trauma (like child abuse or domestic violence) that may have been a progenitor of their substance [use]. Play and art therapies enable these clients to work through their trauma and substance [use] issues using alternatives to verbal communication.


Other types of therapies sometimes used in conjunction with the more established therapies include:
Expressive or creative arts therapy. Expressive or creative arts therapy is based on the idea that people can help heal themselves through art, music, dance, writing, or other expressive acts.

Animal-assisted therapy. Working with animals, such as horses, dogs, or cats, may help some people cope with trauma, develop empathy, and encourage better communication. Companion animals are sometimes introduced in hospitals, psychiatric wards, nursing homes, and other places where they may bring comfort and have a mild therapeutic effect. Animal-assisted therapy has also been used as an added therapy for children with mental disorders.

Play therapy. This therapy is used with children. It involves the use of toys and games to help a child identify and talk about his or her feelings, as well as establish communication with a therapist. A therapist can sometimes better understand a child’s issues by watching how he or she plays. Research in play therapy is minimal.


- Using data from a nationally representative sample (N = 299) of U.S. substance [use] treatment programs, this study modeled organizational factors falling in the domains of patient characteristics, treatment ideologies, and structural characteristics associated with the use of art therapy and music therapy.
- [The researchers] found that 36.8% of treatment programs offered art therapy and 14.7% of programs offered music therapy. Programs with a greater proportion of women were more likely to use both therapies, and programs with larger proportions of adolescents were more likely to offer music therapy.
- In terms of other treatment ideologies, programs’ use of Motivational Enhancement Therapy was positively related to offering art therapy, whereas use of contingency management was positively associated with offering music therapy.
- Finally, [the] findings showed a significant relationship between requiring 12-step meetings and the use of both art therapy and music therapy.
- [This study’s] findings suggest treatment programs may be utilizing art and music therapies to address unique patient needs of women and adolescents.

SAMHSA’s Wellness Initiative and Recovery Promotion


- Wellness concerns maintaining an overall quality of life and the pursuit of optimal emotional, mental, and physical health.
- Focusing on health and wellness is particularly important for people with, or at risk for, behavioral health conditions. Behavioral health is a critical aspect of maintaining
physical health and wellness. People with mental and/or substance use disorders typically die years earlier than the general population.

- As a result of elevated tobacco use and other risk factors, people with serious mental illnesses—such as schizophrenia and bipolar disorder—experience significant health disparities and are at increased risk for early mortality.
- SAMHSA defines wellness not as the absence of disease, illness, or stress but the presence of purpose in life, active involvement in satisfying work and play, joyful relationships, a healthy body and living environment, and happiness.


- Learning about the Eight Dimensions of Wellness can help you choose how to make wellness a part of your everyday life. Wellness strategies are practical ways to start developing healthy habits that can have a positive impact on your physical and mental health.

- The Eight Dimensions of Wellness are:
  1. **Emotional**—Coping effectively with life and creating satisfying relationships
  2. **Environmental**—Good health by occupying pleasant, stimulating environments that support well-being
  3. **Financial**—Satisfaction with current and future financial situations
  4. **Intellectual**—Recognizing creative abilities and finding ways to expand knowledge and skills
  5. **Occupational**—Personal satisfaction and enrichment from one’s work
  6. **Physical**—Recognizing the need for physical activity, healthy foods, and sleep
  7. **Social**—Developing a sense of connection, belonging, and a well-developed support system
  8. **Spiritual**—Expanding a sense of purpose and meaning in life


- SAMHSA’s Wellness Initiative raises awareness of health disparities among people with serious mental and/or substance use disorders and the general population.
- Research indicates alarming health disparities between people with serious mental and/or substance use disorders and the general population. These individuals are likely to die decades earlier, mostly due to preventable, chronic medical conditions.
- SAMHSA works toward a future in which people with mental and/or substance use disorders pursue optimal health and recovery. Many people who have experienced these disorders can achieve a full and satisfying life in the community, especially when they can access effective services and support systems. The Wellness Initiative encourages people to improve their mental and physical health through positive lifestyle changes.
• Wellness can improve quality of life and increase years of life, especially for people with behavioral health conditions. Reducing health disparities prevents early deaths and may also lower the nation’s healthcare costs. An analysis of medical expenditures published in 2015 by the Agency for Healthcare Research and Quality shows that trauma-related disorders, cancer, mental disorders, heart conditions, and arthritis and other non-traumatic joint disorders are the most costly conditions among American adults ages 18 to 64.

• Many factors play a role in these disparities that impact people with serious mental and/or substance use disorders, including:
  o Higher rates of cardiovascular disease, diabetes, respiratory disease, and infectious disease (including HIV);
  o Elevated risk factors due to high rates of smoking, substance misuse, obesity, and unsafe sexual practices;
  o Increased vulnerability due to poverty, social isolation, trauma and violence, and incarceration;
  o Lack of coordination between mental and primary healthcare providers;
  o Prejudice and discrimination;
  o Side effects from psychotropic medications; and
  o Overall lack of access to health care, particularly preventive care.

• The Eight Dimensions of Wellness—Wellness means overall well-being. It includes the mental, emotional, physical, occupational, intellectual, and spiritual aspects of a person’s life. Incorporating aspects of the Eight Dimensions of Wellness, such as choosing healthy foods, forming strong relationships, and exercising often, into everyday habits can help people live longer and improve quality of life. The Eight Dimensions of Wellness may also help people better manage their condition and experience recovery.

• National Wellness Week—National Wellness Week is held during the third week of September (September 11–17 in 2016) and shares the message that practicing wellness provides an essential foundation for good health. Since the founding of National Wellness Week in 2011, at least 300 organizations in 46 states, Puerto Rico, and Guam have celebrated wellness with more than 700 wellness-related events and activities.

SAMHSA Efforts and Resources—Family Health and Wellness


□ [This document] explains to consumers what wellness is and how it affects overall quality of life, particularly for people with mental [health conditions]. [It] describes eight dimensions of wellness and offers suggestions for how people can apply them to their own lives to improve their overall well-being.]
[This resource is] part of a wellness initiative, [and] lists the eight dimensions of wellness: social, environmental, physical, emotional, spiritual, occupational, intellectual, and financial. Promotes communication among mental health consumers, professionals, and primary care providers.


Part of a wellness initiative, [this resource] describes the top three ways consumers can promote wellness in their own lives. [It] encourages them to follow a healthy lifestyle, work with a primary care doctor in addition to a mental health provider, and ask questions.


[This resource is] designed to inspire action around wellness, includes tools and information to organize wellness activities within local communities that promote recovery from [mental or substance use disorders]. [It] discusses planning, partners, and implementation.


[This resource] encourages clinicians to provide consumer-centered care to people with mental [health conditions]. [It] provides facts about mental disorders, lists the eight dimensions of wellness, and includes tips for providing care and making connections with a patient’s mental health provider.

A link check was run on all the external websites listed in the discussion guide to identify and fix any broken links as of 2/3/16. However, we acknowledge that Web-sited URLs change frequently and may require ongoing link checks for accuracy. Last Updated: 2/3/16.