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Female VO:

The Substance Abuse and Mental Health Services Administration presents the *Road to Recovery*. This program aims to raise awareness about mental and substance use disorders, highlight the effectiveness of treatment and recovery services, and show that people can and do recover. Today's program is The Road to Recovery 2015: Healing & Empowerment: Families on the Road to Recovery.

Ivette:

Hello, I'm Ivette Torres and welcome to another edition of the *Road to Recovery*. Today we'll be talking about healing and empowering families dealing with a mental or substance use disorder. Joining us in our panel today are Tom Coderre, Senior Advisor to the Administrator at the Substance Abuse & Mental Health Services Administration, U.S. Department of Health & Human Services; Dr. Stacey Conway, Director of Evaluation & Outcomes, the Council of Southeast Pennsylvania, Inc.; Stacey Meyer, family member of a person in recovery; David Galloway, Central Region Resource Coordinator, Maryland's Commitment to Veterans, Department of Health & Mental Hygiene. Tom, as we begin to really think about empowering and healing families with a mental and substance use disorder, can you give us an idea what families go through and where that problem can lie within a family of a mental or substance use disorder?

Tom:

Certainly families experience this disease just like individuals do, and when I talk about families, often people think of the traditional family. You know, it could be a parent struggling, a son or a daughter or someone else that you love in your family who is going through this problem. It could also be a family of choice. You know, it could be a non-nuclear family, someone who is a stepson or an adopted child. It could be LGBT couples who are going through that. So there's many, many different definitions of families.

Ivette:

And usually in families also if the parents are the ones that have a problem, the children more often than not could also begin to have problems.

Tom:

Yeah, of course they can because we know that addiction can be passed on, that there's sort of a genetic component to addiction that puts the son or the daughter or other family members at a greater propensity for the disease.

Ivette:

And, Stacey, can we get into what kind of problems do the families face?

Stacey:

I'm sure for each individual family it's different, but there's a lot of stress and tension and you begin to lose trust in the family member. It often causes unnecessary tension and misunderstandings. There becomes a factor of kind of a manic behavior in constantly trying to control and check up on the individual to understand what they're doing, where they're going, to try to prevent them from these behaviors.

Ivette:

Certainly. And Dr. Conway, is it difficult for a family to begin to identify if there's a problem?

Dr. Conway:

You know, I think it can be and I think part of what we're doing here today is to help families get educated and understand what they're dealing with. We would certainly prefer that families understand and recognize issues early on and then be prepared to address them. We typically see families come in for help and some support from other families once things have gotten fairly difficult at home.

Ivette:

Let's say if a son or daughter is having a problem, what should parents be on the lookout for?

Dr. Conway:

This is some of the education we do with families. So, you know, unusual behavior, changes in friends. And I know that SAMHSA has put out certainly a lot of literature and resources and websites for parents to help them identify a potential problem.

Ivette:

And if it's a parent who's having a problem and there are children involved, what are those dynamics?

Dr. Conway:

Sure. Well, as Tom mentioned, certainly one of the things that we want to work on is the inner generational sort of transmission of addiction. So not only the genetic component but the impact of growing up in a home where there may be chaos and other things going on due to the addiction.

Ivette:

And do oftentimes the children feel responsible for what's going on in the home?

Dr. Conway:

Unfortunately, yes. Yes, absolutely.

Ivette:

OK. And, Dave, are the problems for military families even greater?

Dave:

I don't want to say greater because the families that are going through it that aren't military, it's still a big ordeal for them as well. But the circumstances might be a little bit different. Where the dad's usually home more time, more days of the year than not, military family, the husband or wife is returning home after a year, a year and a half abroad, if it's dealing with the children, they're not necessarily that force, that family doesn't have the say that it used to before he or she left for deployment.

Ivette:

Stacey, are there any different taxing situations within the family in terms of work productivity, the application of family finances, etc. that one experiences in the family when someone has an addiction?

Stacey:

Absolutely. When somebody has an addiction, they're obviously funding that addiction so that can cause an impact on finances. Sometimes they will sneak it on credit cards that you don't know about or find other ways to obtain the substance that they're addicted to. And as a spouse or a family member, you do have an effect at work because your thought process is on your loved one.

Ivette:

Yeah. So, Tom, in terms of helping the families, what are the first steps that we need to think about in doing so?

Tom:

So I think for a family that's going through this to recognize it early and then reach out for help from professionals. SAMHSA has a wonderful resource on its website, SAMHSA.gov, where people can go and look at the treatment locator, find a resource right in your local community that you can call and ask for help from and get professional guidance as you go through the situation.

Ivette: Let me go to Dr. Conway. Who should really take that first step?

Dr. Conway:

I think it can be anyone who is concerned about someone. So it could be a friend, it could be someone in a faith community, it could be just about anyone who can take the first step and then try to draw in the rest of that support network.

Ivette:

Very good. Well, when we come back we want to talk about recovery and we're going to start to dissect what it means and how we can bring more help to these families who need assistance. We'll be right back.

[Music]

Female VO:

At times, the path to recovery from a mental and substance use disorder may be unclear. At times, the path may be rocky. At times, the path may be wandering. But laying a strong foundation, with the support of others, makes all the difference.

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

Ivette:

So, Tom, Can you talk to us a little bit about your own journey to recovery? How difficult was it?

Tom:

Being addicted is not easy and as you're going through that you really feel hopeless and you don't really have a lot of perspective around recovery. It doesn't strike you as being the next step. And we all know today that that really is the next step. That you do have something to look forward to, that you can, with the help of professionals and your family, stop using, lose the desire to use and find a new way to live. And I think for me that's exactly what happened. Once I was able to get the help that I needed, I went through professional treatment and then was able to get recovery support services to help me on my journey. And just as important it was for me to find recovery, my family also had to find their own form of recovery. They had to heal because they had been through exactly what I had been through.

Ivette:

And this is very, very critical Stacey. Tom has brought up an incredible point. How do families begin to heal when they've experienced these types of challenges?

Stacey:

The family dynamic definitely does change because the addict is changing as they're finding their way through their recovery process, and the individual family members as well. I personally have been attending Nar-Anon meetings and finding a group of peers that have been through similar circumstances that I've been through, has been very helpful for me.

Ivette:

Is this what you find Dr. Conway in the many cases that you're dealing with?

Dr. Conway:

We do. As Stacey was talking, I was just thinking that one of our most powerful programs utilizes peers; so family members who are in recovery themselves as a family member in order to educate and support other people who are just coming in just looking for help.

Ivette:

And Dr. Conway, let's start talking about what are some of the examples of specific interventions that we're using in order to strengthen families.

Dr. Conway:

I can talk a little bit about some of the programs we have at the Council of Southeast Pennsylvania and Pro Acts. I already mentioned one which utilizes peers who are family members themselves who provide an educational and support program for other people just beginning to deal with this. And that actually grew out of a SAMHSA-funded program back in the late 90's to build recovery community and one of the best things that came out of that was this family education program. Another thing that we do is something called Recovering Families with the Pennsylvania Support Alliance which teaches parenting skills to individuals in recovery and touches on some of those intergenerational issues.

Ivette:

And Tom, there's not only the recovery aspect but there is also the wellness aspect. Talk to us about how important the whole concept of approaching the recovery within a wellness framework.

Tom:

When you look at SAMHSA's four dimensions of recovery, only one of the dimensions, the health dimension, is about stopping the use of the substance. The other three dimensions; home, purpose and community, are all about what happens after you stop. And we know that people who have been through this oftentimes, because of the break with their family, they don't have housing. A lot of people don't go back into a traditional home after they get out of treatment. They have to go into some type of recovery housing and we need to make sure that that housing exists for people...

Ivette:

And that sort of creates that whole wellness approach because without housing, really that is the very essence—

Tom:

Housing and employment are the two biggest barriers that people have to sustain their recovery for the long term.

Ivette:

Absolutely. For veterans, If a family—where do they go in terms of finding help for a vet who—or a National Guard member who may need to be able to reach these services?

David:

If the veteran is still in the National Guard Reserves, active duty there are units or personnel within their units that they can go to. The Chaplain services if they're religiously inclined and there's also mental health substance abuse services that won't affect your service and that's one of the big things is the stigmas. If they do reach out for help, is that gonna negatively affect them in their service record. But there are a number of organizations that a lot of states have programs like Maryland's Commitment to Veterans. The National VA also has a website for coaching into care that family members, friends, can call if they're concerned about a loved one and how to get them into services because veterans can be stubborn sometimes and so it kind of goes into some of the approaches that they can take to help get that veteran into care.

Ivette:

Well, when we come back, I want to be able to dive into a little more into what these services are all about so that families can begin to see the type of environment that they can expect when they reach out and approach some of these services. We'll be right back.

[Music]

Female VO:

Serving Together is an organization in Montgomery County Maryland that helps service members and their families access information and resources that promote mental and physical wellness.

Dr. Raymond Crowel is the Chief of Behavioral Health and Crisis Services for Montgomery County.

Dr. Raymond Crowel:

Serving Together has played an incredible role in educating the community about the needs of returning veterans and service personnel so that the community welcomes them back with open arms, understands that the commitment and the sacrifice in some cases that they have made for the country, and gives them a warm and open reception that they might not otherwise have.

Female VO:

Jessica Fuchs is the Project Director for Serving Together in Rockville, Maryland.

Jessica Fuchs:

Across the country we have about 23 million veterans. Here in Montgomery County we have just under 50,000 veterans with the majority of those being

Vietnam era veterans. Serving Together has served just about 180 military veterans and their families who have called us.

Female VO: Dr. Raymond Crowel

Raymond:

What we understand is that it's not just the needs of the enlisted personnel who are in active duty, but it's their children, it's their parents, it's their family members, and it's the community that need the kind of services and support that Serving Together provides.

Female VO: Jessica Fuchs

Jessica:

We provide a lot of community education. We do mental health first-aid trainings which are evidence-based training that is for the general community about how to handle mental illness. We provide a website which has an online searchable database where people—we want people to know what the community has to offer for them. The Veteran and Family Peer Navigator is really the personal component of the project. It's really the one-on-one support where you feel like you just don't want to Google something anymore. We've all been there. You just want to talk to a person.

Female VO:

Ernest Spycher is the Project Manager for Serving Together in Rockville, Maryland.

Ernest Spycher:

However you're feeling, you're not alone. We're here. I'm here. Any time you need to talk give us a call.

Female VO:

James Pauley is a former First Class Petty Officer for the U.S. Navy and a Systems Engineer for Advanced Biological Science Laboratories in Rockville, Maryland.

James Pauley:

This isn't charity. Believe you me. If you served the country, then you've done your part to make this country a better place and to, you know, make it stronger.

Female VO: Jessica Fuchs

Jessica:

This isn't a one-and-done phone call. We want to make sure that you get connected to the service that really helps support your need and what you're looking for.

Female VO: Ernest Spycher

Ernest:

We never give up on a veteran, we never give up on the family, and we never give up on any member of our military.

Female VO: James Pauley

James:

If you're having a hard time, there is somebody out there to help and I believe Serving Together is one of those organizations that is geared towards really helping veterans make their next move.

[Music]

Ivette:

Welcome back. Dr. Conway, not only can a person have an addiction or a substance use disorder problem, but they can sometimes have either one or both of a mental health and substance use or just a mental health problem. What considerations do these families need to make or have in order for them to begin to address the problem?

Dr. Conway:

Well substance use disorders and mental health as well, so frequently co-occur within the same individual and I think it can make it really complicated for families to understand what's going on. So they may have a loved one who started out experiencing depression who then is then beginning to use alcohol which then worsens the depression.

Ivette:

So they're self-medicating.

Dr. Conway:

Yes. Yes. Really what we tend to recommend is that if they can get their loved one in for a professional assessment to really determine what's going on and what the person may need some assistance with.

Ivette:

Very good. And Tom, as we talk about co-occurring conditions I think increasingly because of the access to care, effort and the new healthcare reform movement, we're seeing more an attempt to integrate services, and is that happening in the peer-to-peer environment?

Tom:

Of course it is, but it's at its infancy so it's gonna continue to grow. Dr. Conway talked about some programs they have in Pennsylvania where they're using

peers, both family members and individuals in recovery, to help people support their journey.

Ivette:

Very good. And, David, for the families that you are helping to provide services to what is the primary goal in terms of getting them to get help? Do you do outreach to those families, to those military families, or do they mostly have to pick up a phone and call for help?

David:

Mostly they're gonna have to pick up a phone and call for help. A lot of times when we do outreach and everything, people don't like to come up to you and tell you what's happening to them. They like a more confidential setting. So that's why the phone is usually a part of it, and then they can call for help. Like our program is a 1-800 number statewide and primarily it's family members that call us.

Ivette:

Do you work with the families sort of to orient them to say, you know, this is an incident where you need to really, really provide the support that this person needs and you need to continue to try and bring them in?

David:

Well, I'm not a clinician myself so I don't tend to try to get into too much details with the family members. Every person's situation is different. I will use my own experiences with my family, what I went through dealing with PTSD, traumatic brain injury and substance use as a result of that.

Ivette: And what was that? Let us know.

David:

When I got back from overseas, I struggled with nightmares. A lot of symptoms relating to PTSD, driving, because I was hit by a few roadside bombs while I was overseas. But I was fine with those problems when it was myself involved and I tended not to reach out for help. I liked being a Marine, but there's a lot of bravado that goes along with that and it's hard to reach out for help and share weakness in the military. I didn't want to go to the VA and complain about having nightmares when I had friends that came back with missing limbs, missing eyes. If nightmares was all I had to worry about, I was ready to deal with that. But then when my family came in to being and I started seeing how it affected them as well, that's when I realized I needed to get help.

Ivette: Very good, that's excellent. And you found a service which is even better.

David: Yes, absolutely.

Ivette: And now you're working—

David:

Now I try to spread the word and try to prevent veterans from making the same mistakes I did.

Ivette:

Let's talk a little bit more about trauma. Does the family, Dr. Conway, first deal with that trauma prior to looking for help or is it a parallel path that the family needs to take?

Dr. Conway:

I think at this point, the state of the art and the state of the evidence is to really deal with them in an integrated fashion. So similar to the way that treatment services or other recovery support services for the individual with a substance use disorder and a trauma history is to deal with both at the same time. For some time we thought that the idea was that people had to be in recovery for a certain period before dealing with trauma and I think what we found is that if we don't deal with that trauma at the same time, it really can be a trigger for going back to the substance use.

Ivette:

And when we come back, we're gonna talk a little bit more about this trauma-informed care and I want to talk to Tom about how it plays out within the context of recovery services. We'll be right back.

Female VO:

We try to hide our truths about our mental and substance use disorders from the world and sometimes from ourselves. Saying "I'm fine" is a façade. By facing our problems, recovery begins, and we are empowered to speak our truth. Join the Voices for Recovery. Speak up. Reach out.

Male VO:

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Ivette:

Welcome back. Tom, let's talk a little bit about trauma-informed care within the integrated services framework.

Tom:

Sure. Well, I think the field has been recognizing that trauma is really an important piece of substance use in mental health treatment for the last several years, and they're seeing many clients who arrived in treatment with histories of violence, abuse and neglect from childhood onward. In fact, according to our

research 90% of public mental health clients and 75% of the public addiction treatment clients have experienced some kind of trauma. So not including trauma-informed care as part of somebody's treatment plan would be a big mistake, and so that's why I think you're seeing a big push toward making sure that trauma-informed care is part of our public system.

Ivette:

Very Good. Let's talk about the military service aspect of how they get help. I want to shift to the whole area of adolescent care. How does the VA handle those cases?

David:

The VA has a—the National VA has a number of programs geared toward adolescents, but a lot of times it's peer-to-peer groups sitting with other families, other adolescents whose families have deployed and seen changes in their families. And then there's also non profit groups. The Wounded Warrior Project has a family support line as well as the Real Warriors Campaign more for the active duty side but has a number of great resources for the family members and for adolescents and how to re-gear the family when the service member returns home.

Ivette:

Very good. Tom, you worked a lot with the young people in recovery program, you work a lot with the recovery high school program. Tell us how important those programs are as an option to families who are looking at mental and substance use disorders.

Tom:

They're great programs. What recovery high schools have done and collegiate recovery programs is they've set up separate tracks for these students so that they're integrated some within the current school program and some are separate programs but the individual can go into that program and receive the traditional educational support that they would get in a regular school but then they would also receive recovery support which is really important. So in states where there are these recovery high schools and collegiate recovery programs, I really encourage families to look at those as options for their students.

Ivette:

Very good. Stacey, given your experience as you look at what other families may face, perhaps not your own but other families may face, would you recommend that they pursue Alateen or some other type of activities or programs that can bring in help for young people?

Stacey:

Absolutely. I think it would be extremely beneficial for them because being able to be in a room that's a safe environment, knowing that they can be completely

honest about what they're experiencing and what they're feeling and knowing that others can be supportive that may have gone through similar circumstances and provide advice or suggestions or help. I think it's very important, too, to be honest with these children. When you have children in environments where the parent or a loved one is an addict or has an addiction, to educate them on that. Make them aware of it. You shouldn't hide it from them.

Ivette:

Excellent. Excellent. Well, listen, I know that we've gone through four panels and they've gone through quite quickly so I'm gonna give each one of you an opportunity to give me some final thoughts. Stacey, we'll start with you.

Stacey:

I would say that if you have a loved one that has an addiction or is suffering from an addiction and is not ready to take that step to start recovery for themselves, you as a family member should seek out that recovery for yourself to start the healing process for you. In addition, successful healthy families can result from recovery. My husband and I have a better relationship today than we did 13 years ago.

Ivette: That's wonderful. Tom?

Tom:

Oftentimes family members try really hard to get their loved one into recovery and they're not successful for some reason. And if they're not successful, my advice to them is to not give up; that there is help out there and if they may not be the right messenger, seek out the right messenger for their loved one because there's help out there for all of us and recovery is reality.

Ivette: And it is totally possible. David?

David:

Following on the same lines. If you're a veteran, don't see seeking help as a weakness, see it as a strength. When you get help, you can help other veterans pass it along. You're helping not only yourself but your family as well. And for the family members, do everything you can. We are stubborn. Veterans are stubborn, but we will listen to our families. There's help out there. There's the VA's Caregiver Support Hotline, Coaching Into Care, a number of programs out there. If you're ever not sure, just make your call and veterans are a very tight community so if you're ever not sure, ask a vet and they'll know where to point you.

Ivette: Thank you. Dr. Conway?

Dr. Conway:

I think that just as more and more individuals are speaking out about their own personal recovery, I'm really excited that more and more families are talking about their family recovery. And I think that as more families do that, as we've talked about today, I think more and more people will be willing to stand up and say, yes, this is happening in our family and we're going to do something positive about it. So I'm really inspired by all the stories of family recovery that we do hear.

Ivette:

And there is no better way to really address discriminatory practices and attitudes within the realm of the recovery field than participating in **National Recovery Month** every September. I want to encourage our audience to go to our website at recoverymonth.gov, get connected, get informed and absolutely positively create some of the best activities and events in September that your community can possibly put together. I want to thank this panel. It's been an absolutely great show. Thank you.

[Music]

Female VO:

The *Road to Recovery* television and radio series educates the public about the benefits of treatment for mental and substance use disorders as well as recovery support services for individuals, families, and communities. Each program engages a panel of experts in a lively discussion of prevention, recovery, and treatment services and successful initiatives from across the country.