The Role of Spiritual and Faith Communities in Recovery

Laurie Curtis: Good afternoon and welcome to today's Recovery to Practice webinar, entitled The Role of Spiritual and Faith Communities in Recovery. This is the first of our series of 3 webinars focused on the role of community in behavioral health recovery. My name is Laurie Curtis and I am your host today. After some housekeeping and a short review of Recovery to Practice we will begin today's presentation. On behalf of SAMHSA, Substance Abuse Mental Health and Substance Abuse Administration and the Recovery to Practice Team, we would like to welcome you all and thank you for joining us today. We have over 125 individuals with us today and we expect that number to grow. I would also like to thank our presenters today David Muniz, Dennis Middel, Jim Zahniser for sharing their knowledge and their experience with us. At the bottom of your screen, you'll see a materials download box, where you can download our presenters' bios as well as a PDF of today's presentation slides. To maximize the presentation area of this box – to…I'm sorry…this box will be removed once our presenters begin speaking and that will make the PowerPoint larger for your viewing. The opportunity to download the slides will again be available at the end of the webinar. At the end of the session you will also be able to download a certificate of attendance that you can use to apply for continuing education credits for your professional association.

And now we have good news for you. This webinar has been preapproved for continuing education hours through NAADAC, the addiction professional association. To qualify for these hours, you must attend the full webinar and complete a brief quiz and a webinar evaluation. For more information, it will be available for you at the end of today's webinar. At the completion of our webinar today, an opportunity to provide us with feedback will appear on your screen. Please take a few moments to provide us with your feedback, we value it endlessly.

Finally, if you've registered for the webinar, you will be emailed a link to view the archives recording, the recording you heard earlier. This link will also be available to on the Recovery to Practice website, where you will also find links to past Recovery to Practice webinars, and we encourage you to take a look at those. This webinar series is hosted by SAMHSA's Recovery to Practice, and the overall goal of is to increase the knowledge and ability of the behavioral health workforce to use recovery oriented practices every day. But what do we mean when we talk about recovery oriented practices? In 2011 SAMHSA released a working definition of recovery, and a set of principles that incorporate aspects of recovery in both substance abuse and mental health conditions. SAMHSA's working definition of recovery is "a process of change through which individuals improve their health and wellness, live a self-directed life, and strive to reach their full potential." The ten principles of recovery are shown on this slide, along with the four major dimensions: Home, Health, Community, Purpose, which form a solid foundation for developing recovery oriented lives, and for building recovery oriented services and system necessary to support them. SAMHSA's Recovery to Practice initiative helps you to turn these

principles into workforce practices. Recovery to Practice offers discipline based curricula to promote the understanding and uptake of recovery principles and practices. Developed by these six professional disciplines for educating their membership about recovery and behavioral health, these materials are available adaptable for use by other disciplines and organizations seeking resources to build a recovery oriented workforce. Links to these curricula are available on the Recovery to Practice website. Right, now Recovery to Practice is expanding its disciplined focus to embrace multidisciplinary settings and integrated services. Those of us who work in behavioral health or integrated health organizations, have opportunities every day to promote wellness and recovery. We can powerfully communicate hope for recovery and the value of self-recovery and wellness in just how you approach your work. Recovery to Practice can help you strengthen your recovery oriented practice through free webinars, newsletters, training, and technical assistance opportunities. This webinar will describe the important role that faith based organizations play in the process of welcoming and engaging people in recovery. I would now like to introduce our speakers for today. We have three this afternoon.

First is David Muniz who is a peer specialist for the Mental Health Center of Denver. He has been clean and sober for eight years and one of the many recovery tools he used is his faith community connections, drawing from many spiritual philosophies. David has BS in Health and Wellness, and minor in human services, and has worked to empower people with health and wellness goals. Previously he developed curriculum and developed instructions for the U.S. Navy, and has structured workshops on topics such as nonviolent communication, conflict resolution, emotional response with terrorism, PTSD, and mind-body connection.

Dennis Middel is the Director of Faith and Spiritual Wellness for the Mental Health Center of Denver. He has a background in education was a teacher, principal, pastor ministry and extensive research on the role of spirituality and mental health facilitates his passion for increasing mental health awareness in faith communities, assisting clinicians for developing strategies for incorporating spirituality into treatment plans. And encouraging peer awareness of the role that spirituality can play in their wellbeing.

Jim Zahniser is a clinical psychologist and a TriWest Group principle and a senior consultant, who’s work focuses on project evaluation, community assessment with the particular expertise in adult and youth with serious mental illness, consumer driven services, and primary behavioral health care integration as well as evidence based practices. Doctor Zahniser is currently involved in a national training initiative through Pathways to Promise, in which he has helped evaluate models of public, private, interfaith partnerships for supporting people with mental illnesses. And with that I am going to turn it over to our first speaker, Dennis Middel. Dennis.

Dennis Middel: Okay. Well thank you. Hello, I think I am up on the camera. I hope so. It’s such a pleasure for me to be able to be with you today. Thank you for the kind introduction. Again, my name is, I’ll just go by Denny, Denny Middel. I am the Director of Faith and Spiritual Wellness at

the Mental Health Center of Denver. To help you get to know was briefly, it is a mental health center that is a place for recovery, resilience, and well-being and has endeavored over the past 26 years to become known locally and internationally, and nationally, as a model of innovative and effective community behavioral healthcare. And for me the last of 5 years has been a wonderful journey. I've so enjoyed it and just excited to share with you today some of the things that are happening here around the area of faith, spirituality, and mental health recovery. As we move forward here, I'd just like to introduce you to our mission. That's enriching lives and minds by focusing on strength and well-being. And this is our mission and it sounded on a philosophy that people can and do recover from mental illness and that treatment works. And in a few minutes, I'll introduce you to an example of this person who's very special and will share with you about this concept of focusing on strengths and well-being in recovery. So, we look forward to that in just a couple of moments. One of the aspects that I think has made the Mental Health Center of Denver so special in its recognition of where people are, especially in light of what we are talking about today, where people are in their area of faith and spirituality. The spark that's in them that keeps them going. People enter our treatment programs with a lot of many different approaches to faith and spirituality. We also recognize that they come in with different levels of spiritual awareness and openness. Therefore, because of, with that awareness and that sense of what we are about here at the Mental Health Center of Denver, we are curious to see if maybe your organization includes any faith or spirituality in any of the following ways. I know ours is rather unique, but to find out if you would, please go through this very quick, it'll take about 30 seconds, and I see some people answering already as far as do you assess the process? Is there treatment, services plans that incorporate spirituality? How about the referral process, maybe to clergy, to faith based organizations? How does spirituality and faith enter into the cultural competency of therapy? Maybe you can respond to that. Or maybe you just say that's not an area that we go to right now, and we would be very interested and I appreciate your response on that. Again, thank you, I see assessment is obviously in process. Wonderful to know some of it is incorporated in treatment plans. And also, interventions and support. So, thank you for giving us a birds eye view of this and hopefully we can follow up through connections in the future.

I'll move forward now just to say that what we do to support this aspect of recognition that someone's fate or spirituality is important, the Mental Health Center of Denver does recognize that the sensitive active, now that's an active support, of spiritual life can enhance well-being and recovery. Now how do we do this? How do we support this? So briefly let me say we have a number of approaches and first of all the director of Faith and Spiritual Wellness is one. A position instituted 5 years ago, which came out of the concept that developed really almost eight or nine years ago. Jim Zahniser, who will be speaking to us in just a few moments, was one who had that initial concept with one of our VPs Roy Starks. I have been the recipient of their vision and I'm so thankful for that. But the director of faith and spiritual wellness is a position that's designed to assist those we serve in the faith and spirituality area. Our clinicians, how to they assess this? And our community. And we do this again in some different ways I will share with you briefly. Our

approach is to create awareness. First of all, the awareness of faith and spirituality in the recovery and well-being. That is, we can create that general awareness to help us move forward. Secondly, is our approach to training. We endeavor to train our staff to assess the level of the importance of an individual spirituality. And then after that assessment, should it be important or an area that we would like to proceed? Then we incorporate that into an outcome based treatment plan? The next thing is literacy is so important. Especially when we go out to try and promote mental health literacy in our faith communities. Can we build a bridge from behavioral health agencies to the faith community? We desire to do that and promote literacy in that area. And then to also facilitate dialogue between mental health and faith community. So important. Can we build those bridges? Can we identify boundaries? And then finally it really comes down to just being supportive. To provide opportunities for the clinical, for the consumer, for the peer, and faith based communities support. Again, as I mentioned, we try to determine boundaries, we then try to build bridges. The model that we follow is called the cope model. Now we can't go through this other than to just incite your interest hopefully to this, and saying that it is a model of developing bridges and boundaries and for your information, the developer of that is Dr. Glenn Milstein. Here is his information. I hope you come back, talk to him, he is more than willing to talk to any of you about this important model. Thank you.

And now I'd like to just have the opportunity in keeping with our principles to practice, so to speak, today, is to put that in and introduce you to one of our peer support David Muniz and David thanks for being here. It is good to get to know you, and share with us a little bit about what, well maybe you could just share with us the goal of the mission statement of the peer support Mental Health Center of Denver.

David Muniz: Well I, our team came up with this mission, and it basically says that peer support inspires recovery, independence, and wellbeing by helping others realize the potential that is within them. So we see, we have different individuals like Gwen here, and this is personified in her, she is saying that this is the best job I could ever have. I get to help people and attended to their needs. And there you go, a fulfillment and total well-being.

Dennis Middel: And David I have seen this in you as well, so thank you. Hey you know, as we've gotten to know each other a little better. Tell us a little bit about your story, your journey, recovery journey.

David Muniz: Sure. Sure, when I was born, my father was in prison and my mother was 23 years old with 6 children. I had three siblings from my father and my other two siblings were from my stepfather. I was the middle invisible child. Later on, when I went to school, because I was different, I was in many fights. Due to my emotional outbursts in class I was often placed into the hall or sent to the principal's office. Later on, I became a teenager. And because I had so much pain within my heart I self-medicated using sex and alcohol. So, I became a teenage alcoholic.

Dennis Middel: So, way early on you started to self-medicate. Okay.

David Muniz: Yeah, and, later on, I got married when I was 20 years old, and my wife and I we got involved, because I was still looking for a father figure, we got involved in a religious cult and we disappeared. Our family and friends did not know where we were for over a year. After that I joined the military and entered my second marriage. And because I was an alcoholic and I had many issues, that marriage failed. And I had another relationship with crack cocaine and alcohol. After that my life just spiraled, continued to spiral downwards and I lost my relationship with my children, my home, my job, and I hit rock bottom. I found myself in the hospital because I had attempted suicide, I had to make a choice either I should get to living or I should get to dying and I chose life.

Dennis Middel: That was powerful. Thank you. In all of these times of ups and downs, obviously, you knew you had a substance abuse issue. But did you ever have any other diagnosis is or therapy at this time?

David Muniz: I didn't have any therapy at this time, and I was undiagnosed.

Dennis Middel: Okay, so then you hit rock bottom. But then you said you chose life. So, what did life look like then? What was the change?

David Muniz: Yeah. Well, one, I made a choice and two, I had to learn how to love myself. Everybody's always saying love yourself, but I didn't know how. So, I made a poster board and I put things up there that I did to love me. One was forgiveness, one was family time, one was dancing, one was doing yoga, things that made me feel good about myself. Another thing is, I had to break off all lies. I had many agreements I believed about myself, and I had to break those lies.

Dennis Middel: So, a lot of things you put on you were well-being concepts. So how about this. Did you develop this on your own, or did you have some therapy or diagnosis during this?

David Muniz: Well, after I made up my mind to choose life, I was fortunate enough to get diagnosed and I started seeing doctors and psychiatrists, psychologists. I got involved in different groups like AA. I became totally involved in everything, and of course I got diagnosed.

Dennis Middel: Okay and would mind sharing your diagnosis?

David Muniz: Sure, bipolar disorder.

Dennis Middel: Alright. So thankfully you've come to where they have been no therapies where you've hit rock bottom. And now you have moved forward. Thankfully there was a diagnosis and some therapy, some things you got involved in and here you are today. And like we said, treatment works. It's so important. But, keeping with what we're talking about today, all of these things that you went through. What kept you going?

Was there a spark? What was your hope? How did you manage to continue? Something brought you up.

David Muniz: Yeah, I had no doubt that there was a higher power in my life and I would not be here today if it was not for that. There were many times I was literally left for dead. And one time in particular I found myself in the middle of winter on a bus bench, passed out. Somehow, I woke up. Another thing is, when I was a child and I went to church with my mother, I often felt a haunting in my heart to want to cry. Later on, in life I went to church with a onetime girlfriend of mine and I had an encounter with God. I couldn't stop crying. There was a wounded child inside that needed to be held. I felt the comfort of a mother and a father so I know, and I've known even in my darkest hours, that there was a God.

Dennis Middel: So, in other words, if I could rephrase this to help me understand this, even though you were not practicing any religion at that time, but in the darkest hours there was something inside that you knew was holding you up. Maybe you didn't even know but something brought you to tears. That's wonderful. Just like you've progressed with your therapy, now it sounds like you're progressing with your faith, your spirituality. Did you get connected to any faith organizations or anything like that you could share that benefited your recovery?

David Muniz: At the time, I attended a church and I received a lot pf counseling there. I was also practicing yoga. That helped me get control over my body to find centering in my body. I also attended a Buddhist retreat and I learned how to quiet my mind. So, I did have a lot of support.

Dennis Middel: Good. So, you found that through going to, well let me ask you this. It sounds like the faith community was wherever you went, there was a receptivity to your diagnosis. You had a diagnosis, a mental illness, and yet you were received well.

David Muniz: Right. I was fortunate there was no judgments, and the focus of my therapy was not so much my addictions, but it was just on me learning to forgive myself and to believe the truth about myself.

Dennis Middel: Wonderful, so would you recommend that somebody who's in the case with these situations, to get involved with an accepting faith community or some other aspects like AA?

David Muniz: Right. And it's always, according to your health, and how you want to pursue recovery. But yeah if they do, I encourage it for sure.

Dennis Middel: Alright, okay. Dave as we move along, we have just a few more minutes, and I want to get to a couple examples. But just quickly, you know, a lot of the peer support individuals that you work with, when we talked to them they said their faith and spirituality was important

but yet they wouldn’t bring it up to their therapist. So, when you’re dealing with the mentees you're working with. Lets say, with the mentees you’re working with, it they have a faith or spiritual issue, do you encourage them to bring that up to the therapist?

David Muniz: Yes, if it’s important to their recovery, yes I definitely encourage them to bring that up.

Dennis Middel: Good. And then, and then. The other aspect to that is, how about if you get involved with someone that says Boy, I’m supportive here but this is probably beyond the boundary that I should have as a supporter, and that it either needs to go to clinical or could go to faith communities to build a bridge. How do you build that bridge?

David Muniz: Well I build the bridge, in my past experience, I was lucky enough to build a bridge between the two houses of schools of thought, I was in school and I understood the clinical side of recovery but also being in the faith community, and I was able to bridge them together.

Dennis Middel: How about though, that worked for you. But what about the mentee that says I don't know. Is there a way that you can incorporate them or that you do to help them get incorporated?

David Muniz: Yeah, again I listened to what the individual was saying. I did active listening and I use a tool like the hope spirituality assessment.

Dennis Middel: Now that is something we shared with the peer support people. By the way folks, the hope spirituality assessment tool and a number of others like it will be available for download later if you’re interested after the webinar. Thanks Dave, sorry to interrupt. So, if you're using this tool. Give us some examples of some individuals that you’ve worked with.

David Muniz: Yea, with this tool, I ask them what inspires you. What gives you comfort and what helps you? Depending on what they say, I listen. I have a person who is Native American and that through talks they’ll say their beliefs are along what Native Americans believe. We will talk and they’ll explain things to me that gives them a sense of empowerment. I have other individuals that say, I don’t even believe in God. I find inspiration when I go running or when I go to the mountains and do my art. So, I encouraged them in that. I say in your art community where do you do art, who do you run with, and to build a connect with that community. Unfortunately, I'm not an expert on the clinical side or spiritual side, I'm the peer specialist, I’m just here to support them. So, I encourage them to go where they find that.

Dennis Middel: So, whether they’re Native American, or its someone with a Biblical faith or whether its someone who finds their spirituality through nature and so forth. Through the questionnaire, you're really sort of making a gentle assessment of where somebody is. Finding where they are at and then encouraging them to connect that way. And that’s

what happened to you right? So you're practicing it. And in the last few second that we have David, how about what would summarize that you as a person in recovery, and now in turn helping others, for those that are listening today. What might you say, hey I'd like to leave you with this.

David Muniz: Yeah sure. So, when it comes to supporting recovery, independence and well-being. The important part is to continue conversations like this so we can bridge the gap and help enhance recovery for our people.

Dennis Middel: Thank you, we so appreciate it, and thank you so much folks for just allowing us to be a part of this. Now we have the distinct pleasure to introduce to you Dr. Jim Zahniser. And he will take it from here.

Jim Zahniser: Thank you very much Denny and David, that was very inspiring and I appreciate what you have shared. Good afternoon, Good morning everyone. It is my pleasure to be with you today and to share with you the pathways to promise model for community-based support for recovery. I want to briefly give you an overview of my part of the presentation. I'll talk a little bit about pathways to promise. The national not for profit. Will then talk about the pathways to promise model for mental health community-based support. Talking about the structure of the metal health training collaborative, congregation-based mental health teams, and then a specific approach to providing community-based support in congregational and community based settings called companionships. This was developed by a mental health chaplain from Seattle named Craig Rennebohm who was a recent executive director of Pathways to Promise but has recently retired.

In my own congregation, about 10 years ago maybe 11 years ago now, during one service, during a time called prayers of the people, a young man prayed out loud for God to help me not kill myself today. And I think in a fundamental sense. Pathways exists to help congregations learn how to respond well and to embrace a person like this young man. And I'd like to ask you a question and take a poll at this point. And ask if you are aware of congregations or faith communities who are involved in providing recovery support in the community. There's three choices here for you to respond to. Thank you, you are responding quickly. So far looks like most of you have seen that in a community. You maybe have not been involved in that type of activity yourself, but you've been seeing them. Some of you have not seen such approaches. I actually don't think they are terribly common to see intentional efforts on the part of faith community congregations in the area of providing support for recovery.

So, a little bit more about this Pathways to Promise. And why does pathways have the tag "put in place for faith the recovery?" Well Pathways has been a national nonprofit for nearly 30 years now, I think in 2018 it will be coming up on its 30th anniversary. And it was founded by people who had experienced mental illness themselves or in their family and found that their faith communities or their congregations didn't really know what to do. In some cases, they might've been stigmatized or shunned. But in many cases, congregations were really

unaware of how to help people who were facing mental illness, mental health crises and the like. So, a group of people came together and decided to found an organization that would consist of national faith groups with representatives who would essentially constitute Pathways to Promise. And it is interfaith. Groups have included Protestant organizations, Catholics, Jewish, the current board chair is from a Unitarian group. We've had speakers from Hindu traditions, from Muslim traditions, and so forth. So, it is truly an interfaith entity that attempts to provide education, that attempts to train congregations to give support. If you look at this slide, the bottom part, a sort of yellow gold color, you can see that depicted there is a sort of progression from the unaware of mental health issues, and perhaps even stigmatizing an individual and their family, towards a greater tolerance of helping someone on the way to recovery, and progressing from there towards identifying that people have gifts and talents to offer the community, and creating opportunities for them for recovery. Finally, there is something called full inclusion where there is a recognition that congregations have something to learn from people who have experienced mental health issues firsthand. Pathways has a training curriculum and set of sort of structures and guidelines to help current congregations move along this continuum of providing support and full inclusion. Starting with education, with mental health 101, a brief introductory training for congregations. Moving towards training congregations and companionship and the development of congregation based mental health teams. And then finally, towards helping congregations develop opportunities for people to share their story, their testimonies if you will, of their lived experiences of illness and recovery.

One structure that Pathways to Promise has attempted to facilitate in many communities around the country, and this was sort the brainchild of Craig Rennebohm whose name I’ve mentioned earlier, former executive director of Pathways, is the mental health training collaborative. And we have collaboratives now in St. Louis, Denver, Los Angeles, Seattle, the Chicago area, Northern New Jersey, one or two in some rural areas which are developing, and basically these are groups of people who come together out of a common concern for educating and equipping faith-based communities and congregations and providing community support. Often, these structures have members who are consumers, peers, family members and advocates, providers from the mental health community who have a passion for this, of course faith community members to have a vision and passion for creating opportunities for recovery and being a part of that process, and various other people who you may call champions for providing community-based support. Often these collaboratives have what we call cluster facilitators. People who are either volunteer or receive small amounts of pay, to take a part of the Metropolitan area or the geographic area of interest, and sort of work with congregations in those areas to help them identify their needs for training and education, their interest in providing community support, they work with them to provide training and arrange calendars for people so that there is a common calendar that people use, and to develop training and education plans. Then of course there are the congregations, and they don't always have to be congregations, but so far, in other words, people can be from any entity who are interested in this kind of this, but often they’re representing a congregation. Pathways also has a curriculum that we call

the companionship series. There are 3 booklets that constitute the series that are downloadable PowerPoint presentations with notes from the pathways to promise website. You can go on one of the precious slides and see where it is made available. This includes as we were talking about before, mental help 101 and, also, a booklet and training on the development of congregation based mental health teams and then finally on the provision of companionship in the community to support recovery and wellness.

A local congregation based mental health team often consists of five or more people who have a passion for mental health related ministry. I want to talk a little bit about these next. The teams provide a frame work for mental health ministry for the congregation, they communicate in various ways with the congregation, the importance of providing community based support, the extent of the needs in the community oftentimes. Individuals on the team can serve as a contact to people who are experiencing mental health issues and their families, helping them get connected with formal and informal support. Some of the informal support includes participation in companionship programs for example. And they basically provide leadership in the congregation in becoming a more caring place to provide support.

In a sort of a typical scenario. And the typical scenario is not necessarily always implemented in the congregation. Because every congregation is different, everyone’s going to have their own people who have particular areas of interest and expertise and experience. But one characteristic that we found useful in training congregations is to think about five “mental health guides” making up the team. One is perhaps with interest in children and youth and mental health issues there, another with interest in trauma related issues, another who serves more and has an interest in serious mental illness, another with concerns for alcohol drug issues, and finally another guide with interest in older adults. It’s helpful for a congregation that is trying to communicate… for our mental health team who is trying to communicate to the congregation what it’s doing, who it is, to introduce itself on bulletin boards and announcements in the congregation. And this is just a hypothetical group here from a Jewish congregation. And here folks can introduce themselves saying, “Hey my name is Ira Gruden, I’m interested in children with mental health issues, I’m here to be a support to you and for questions you might have, to help you learn about resources and opportunities in the community to get help if you are experiencing issues, and otherwise just be of help to you if you want to talk. So oftentimes congregations will put this information up with people’s photograph on a bulletin board or something like that.

In my own congregation, just to share my personal experience, I am sort of our go to person on serious mental illness. And I have a lifelong interest in mental illness ever since I've met one of my closest friends here who found out he had schizophrenia, and since then I’ve just had a passion for being a part of efforts to create opportunity for recovery in the community. In my role on our mental health team in my congregation, I've worked with our local community mental health centers to establish relationships with our congregation and to make arrangements for them to refer people to us who might want companionship. Specifically, they might

refer people who are experiencing some social isolation, and are looking for some sort of opportunity to connect with someone who would help them get a foothold in the community. More recently we've begun meeting with our local chapter of NAMI. Going to their meetings, establishing a similar relationship with them. The person I've most recently begun to provide companionship to was referred by a family member at NAMI.

This is a photograph of myself. I'm the older guy who is losing hair on the left. This is the first person I companion and his name is David. David, who gave permission to share his photo, was the young man who prayed that day in my congregation that God would help him not to kill himself that day. Afterwards I met with him and offered to provide him with some support, that was 10 years ago. David is now married and has a full-time job. He is a blogger, he writes blogs on mental health and recovery, sometimes on faith and the role of faith. We have had quite an interesting journey together over the last few years, it's been one of the most meaningful things I have done as a person working out of a congregation proving community based support.

Companionship Care Teams. So, I want to talk a little bit now about companionship care teams in congregation settings. This is a group of several companions, and we will talk about what companionship is in a minute, who typically provide companionship to one or more individuals, typically one or two individuals, at any given time. Some of the companions on our team do provide for more than two individuals. But it's rare for us to provide companionship to more than one or two people. This is volunteer work obviously, so that's kind of what we typically do. Companions are accountable to the congregation, mental health team or perhaps other ministry teams. In my own congregation, we are the companionship team that hold each other accountable. One of our pastors is on our team. We meet regularly to support each other, or for meditation and sometimes prayer. We share with one another. We provide each other with ongoing periodical support.

Craig Rennebohm, who invented the companionship model described it as a process. This process begins with a somewhat tenuous relationship. When David prayed in our congregation that one day, I didn't know him very well. We knew of each other but we didn't know each other well. After that day, we began to meet at a coffee shop to get to know each other. We established a relationship. And over time what typically happens is, the person who is providing companionship, depicted on the right hand side, is connected and not as isolated, and it's not always the case, but is often the case that we find this is the case that people are seeking companionship because they are feeling a little bit marginal and sometimes socially isolated. Over time what happens is, we develop a relationship of trust and mutuality and look for opportunities to help people develop a larger circle of care that is a natural one, one which they can rely and get involved with so that overtime that specific companionship relationship may become less significant. Today, David and I just consider ourselves friends, and people who I've companioned with other than David don't necessarily want a relationship with me once the companionship relationship is over, but in the case of David and I have a friendship and not really a companionship relationship any longer.

Okay, I want to talk about the five practices of companionship. And I'll try to go through these relatively quickly given the time that is remaining. The first practice of companionship is hospitality. Here we are simply offering a person some safe space in which we can begin to talk, and which we can get to know each other. We orient ourselves towards the person which promotes dignity and respect. We see the other person of course, as a worthy and valuable human being. Often, we find it useful to offer some sort refreshments like coffee or ice cream to get things started. The second practice of companionship, and these are practices, because even though they sound simple and in some respect, they are, and everyone can do them, they are practices that take time to really develop in the practice of companionship. The second is neighboring. And here we can read the slide, and we again have to orient and begin as human beings. I'm coming to you as a fellow human being, I'm not going to come to you with my title Dr. Jim Zahniser phycologist. Rather, I'm going to say to you "I am Jim, how do you like to be called?" We call this a strain-less relationship. We're not coming at the person to be defined in a role type way but rather as a human being, and that establishes a bedrock of approach to relationships. Building on that, the third practice is learning how to share side-by-side. In companionship, we are not providing treatment, we're not even intervening. We are not trying to be an alternative to peer support and treatment in the community. Basically, we are just offering someone to walk the journey with you if that is something you want. We are offering a listening ear. We often find that at the beginning of companionship it helps to go on a walk together. To literally walk side-by-side and look out at the world together, and to see what we see.

The practice of listening, this is the fourth practice, and what I'm sharing with you now sort of highlights how they would do the training with people in companionships. We'll go through these slide practices and explain them in more detail. And then over the course of the companionship meetings we talk about these practices. So listening is the fourth practice and it simply involves listing to the person. Trying to get a sense of their story. We listen for the spiritual journeys. Because of time I'm going to move on to the final practice of companionship which is that of accompaniment, or willing to go with people. What I found that can be a turning point sometimes, is that willingness to go to the hospital with somebody to be there on the ward, the willingness to go to a jail, to visit somebody in jail. The practice of accompaniment is that going with part of companionship.

Okay, I think there are a couple more slides but I've run out of my time. And so what I would like to do now is turn the presentation back over to Laurie Curtis for our question and answer period. Laurie?

Laurie Curtis: Dennis, Dennis do you want to join me on screen? Wonderful, thank you. That was a wonderful presentation bot of you, all of you actually. I learned a great deal. From both listening to you as well as from some of the active chat. So I'd like to… Some questions have come in and I'd like to share them with you. Dennis and David, your dialogue raised a number of questions and some of them had to do with the whole role of a faith peer or a peer support that you are providing Dennis. Can

you clarify how that is the same or different than perhaps a sponsor or recovery coach or other kinds of peer support?

Dennis Middel: Well thank you Laurie, and if you don't mind I will defer that over to David, because he is the one actively providing that position. That'd be okay? >>

Laurie Curtis: David, you guys are breaking up just a little bit so.

David Muniz: Is this better? Can you hear us now? Okay. So the way we do it is as a peer support person is, I'm not really there to teach them or engage with their spiritual expression, but I listen to what they're saying and I hear the language, and I support them with whatever tools they use in their recovery. So I'm just walking alongside and supporting them with nonjudgment. And I don't have to know everything about their spirituality. But I do hear things as far as like connectedness and I know about faith and how that plays a role in inspiring hope. So I support them in the understanding of recovery based on my experience and what I have learned. Does that answer the question?

Laurie Curtis: Sounds pretty good. Another question related to that is, again related to you David, is that is there any kind of matching in these relationships? Are people matched by faith with supporters and mentors? And if not, how do you work with people of different faiths?

David Muniz: We are not really matched with anyone according to their faith, but when we listen to their language and we ask a question, we hear what they say. Again, I don't need to know everything about who it is or anything else. But I hear what they are saying. If they say they feel inspired and make it their strength from this, I listen and I encourage them in that. If they want to share how they're being inspired, I listen. We are not assigned to anybody in particular as far as religious beliefs, but as peer supporters we know how to support people in whatever tool they use.

Laurie Curtis: I'm going to open this up, I'm not sure if Dennis you want to take this one or Jim. But there's been a question about how this applies to children and youth who may be exploring their spirituality. Especially if the spirituality of the child or young person, if it's different than that of their parents. It can be a bit of a sticky situation for some people. What are your thoughts on working with youth.

Dennis Middel: Jim to do you have anything in particular as far as Pathways?

Jim Zahniser: Sure. I'd have to say in Pathways the area of children and youth is something we have recently gotten into. Recently we had a grant working with a collaborative and St. Louis to develop a family notebook we called it, varies kinds of resources upon which families can draw. There's a program at Georgetown, I'm blanking on the name, that we have used materials from. I think the approach is often to provide companionship sort of relationships to family members and help them get

connected to treatment in the communities. We have not really trained people to provide direct types of relationship with children, more through their family caregivers.

Laurie Curtis: Okay, we've also got some questions I think that are pretty related to you Jim, people are interested in more detail on building congregations, congregational bodies that welcome and engage people. We will be sharing Jim and David email addresses in the next slide. I think all of them would very much welcome detailed questions and follow-up if we are not able to get to your specific questions or if you want to dive into some of those community kind of areas. One question that has come, and I would like to address starting with you Jim, and that is the question, how do some of these initiatives get financed? It sounds like a great idea but it takes coordination time, it takes some support. How does this work on the street? How does this get paid for?

Jim Zhaniser: So there are various things, let's take the mental health collaborative, how did that develop. We've gotten funding from mental health authorities in some cases and other foundations have written grants. A very successful large mental health collaborative in Chicago area has gotten started by volunteers. Overtime they have developed some relationships with foundations and funding from Pathways to Promise though our funding is limited. There is a Los Angeles collaborative that has a champion who works within the county department and has been able to get the county to support a clergy academy that is very inter faith. At the congregation level, it is all volunteer work with champions, and those who have been interested of their involvement in the community to volunteer and come together. For no pay at all. Maybe the congregation might by the booklet series on the curriculum, and that's about it.

Laurie Curtis: Dennis, do you want to talk a little bit about how that works at Mental Health Center of Denver?

Dennis Middel: Sure. The step that the mental health center of Denver made was really one of significance. By saying that we as a secular agency would employ somebody as a regular non-funded position as far as for grants or anything else. Because I am not a licensed clinician, I cannot bill for services, I work with those who can, and so they've made the commitment to invest in the community through my position. Investing not just in the community to go out and build a collaborative support and awareness within faith communities. Therefore, if we can build more awareness and bridge that faith community and then ultimately build bridges with faith communities and clinicians for the benefit of those in recovery, then, just by increasing the awareness of those within the faith community, we have had a gain, because we are nonprofit, we've gained support. We have a breakfast once a year, and I send my invitations to my faith community connections. They've responded to that. That's just an example of looking for this position to hopefully be a benefit to community involvement.

Laurie Curtis: Last question and I'm going to direct this toward you Jim, how do you respond to individuals who are concerned, congregation members

and congregations, who are concerned about risk and liability two in terms of getting involved in this kind of ministry?

Jim Zahniser: That's a very important concern. Basically, the way we handle it, we have not had any issues that have arisen so far, and maybe that is partly just luck, the way we approach it is by saying this is not treatment. This is not a formal treatment intervention program. We convey the people right up front. I'm just here as a member of the congregation, part of our interest is walking alongside people who are trying to get more of a foothold to achieve goals in their lives. We offer a listening ear. We're not going to try to tell you what to do and give you advice on how to deal with your situation. We're really just going to listen and walk alongside. The belief is that a mere listening presence can be powerful for people. It doesn't mean that liability issues can never arise, but because that's the orientation, it helps in those concerns.

Laurie Curtis: Thank you so much Jim, and Dennis, and David. It's been a most informative and interesting presentation. I really thank you for your thoughtful comments and responses and expertise that you share. For further information, for those of you in the audience who would like to reach out to Dennis, Dave or Jim, here are their email addresses. Again, they welcome your follow-up as well as the Recovery to Practice website…or email. We would love to hear from you as well we were not able to get to all of the comments and questions. We are excited about some of our upcoming Recovery to Practice webinars. We have the second two in the series on community including meaningful connections and engaging communities to promote recovery next week at the same time and place. And creating recovery-oriented, person-centered plans with community resources in two weeks. Again, same time and place. Please join us for as many as you can. If you cannot join us, remember that all of these webinars are recorded and will be available on the Recovery to Practice website. Along with available slides and associated materials. Please note that in the materials download pod on your screen right now you will see the spiritual concerns assessment that Dennis and David referred to. This will be here for a few more minutes while we follow up. These materials will also be on the website. The presentation slides are also available along with the presenter bios. If you are interested in receiving NAADAC CEUs, please click here and you will be directed to a page to get a certificate. If you are not interested in the NAADAC CEUs you may get a certificate of participation as well as the slides. Please complete the evaluation opportunity feedback opportunity that will follow directly upon this slide. We value your input and find it extremely helpful. On behalf of SAMHSA I would like to thank you all for taking time out of your day to attend this webinar. We appreciate your interest in this concludes our call. Have a lovely afternoon. Thank you so much.