Hi, everybody. This is Laurie Curtis, and I want to welcome you to our third session in our recovery to practice webinar series. Today's session is titled Including Family and Community in Recovery from Addiction. We have Cynthia Moreno-Tuley as our preventer and she's the executive director of NAADAC. Again, my name is Laurie Curtis and I'm the project director for SAMHSA's Recovery to Practice project. I'll moderate today's webinar. I'll also, to get us started, I'll review a few housekeeping tips and provide a brief overview of Recovery to Practice, but I'd first like to acknowledge our webinar presenters or participants. We have over 120 people already registered, and we expect that number to increase as we go along. We're delighted you've taken some time out of your afternoon to be with us. On behalf of the Substance Abuse and Mental Health Services Administration, or SAMHSA, we'd like to welcome you all and thank you for your participation. I'd also like to thank again our presenter, Cynthia Moreno-Tuley for her rich and expertise on Family in Community Recovery From Addiction.

All right. So, let's review a little bit of housekeeping here to get us going. A couple of things to pay attention to, first of all, we have three options for you to communicate with us this afternoon. If you're experiencing any technical difficulties whatsoever, please use the technical assistance chat over on the far right of your screen. We will get back with you as quickly as we can. We have some wonderful people standing by to help you. There's also a question and answer box for questions for the presenter, and you will see that just below the PowerPoint slide on your screen. Also below the slide on your screen, you will see a general chat box. We encourage you to use the general chat box to talk with each other.

You can also download a copy of today's PowerPoint from the additional resource materials and a certificate of attendance from the download materials box below. Please take a minute to take a look at that. This webinar is being broadcast by your computer, so please make sure that your computer speakers are unmuted and adjust your volume as needed for your own comfort. If you do not have computer speakers or you sound is not working very well, please let us know by typing the issue into the chat, and we have an option for you. We have also posted a webinar evaluation link below, please take a few moments to complete that evaluation at the end of the presentation. You will help us learn from what we're doing well and how we can do things better in the future.

This webinar series, as I mentioned, is hosted by SAMHSA’s Recovery to Practice or RTP initiative, but what is RTP? Recovery to Practice is a workforce development initiative that focuses on integrating recovery into behavioral health care through multiple disciplines and service settings. The overarching goal is to improve knowledge and skills of the behavioral health workforce and to transform concepts of recovery or practice into guidelines and clinical interventions or helping interventions. So, that's nice. What do we mean by recovery or recovery oriented?

Well, Amanda Shy, a colleague of ours, described recovery as one of the most powerful tools in our behavioral health lexicon, and that's because it creates real lives. It promotes hope, and it can open doors to enlightened and dramatic care and service reforms. The concept of recovery is transforming the mental health landscape in ways that are almost unimaginable just a decade ago. People that lived experience of recovery have fostered this vision, and SAMHSA has made the vision a reality in everyday life for many, many, many people. Recovery is not a journey alone, for other people, peers, family members, friends, practitioners and supportive communities. They're all fellow travelers on a person's road to recovery.

In 2011, SAMHSA released a working definition of recovery and a set of guiding principles that incorporate aspects of recovery from both substance abuse and mental health. The four major dimensions: home, health, purpose, and community, and these 10 components of recovery that you see here on the screen form a structure and foundation for developing recovery oriented lives, building recovery oriented services and systems. SAMHSA initiated the Recovery to Practice initiative to incorporate these principles into the behavioral health workforce. The initial phase of Recovery to Practice was launched in 2011 and focused on working with six professional disciplines to create discipline specific curricula that promoted the understanding and uptake of recovery principles and practices within that workforce. These six disciplines were, as you see on the screen, the American Psychiatric Association with the American Association of Community Psychiatrists, NAADAC, the Association for

Addiction Professionals, which our guest speaker today is director of, the Counsel on Social Work Education, the International Association of Peer Specialists, the American Psychological Association, and the American Psychiatrist Nurses Association.

Each of these discipline has the latitude to use the language and framework that made the most sense of their membership. Each discipline developed ways to integrate this curricula into their discipline's professional development activities. To a large degree, the curriculum are in the public domain. Each association has a webpage dedicated to Recovery to Practice. Just Google Recovery to Practice and the association name, and it should come up, but we've also done some of that work for you. If you look down in the box that says participant evaluation, you will find some links as well to these discipline curricula.

The second phase of Recovery to Practice is focusing on multidisciplinary and integrative service settings. To push out these concepts and resources to much more diverse audience and settings. This series of webinars is one of our efforts to help do that. We are presenting some of the material in these webinars from the Recovery to Practice curricula, which is allowing other people to participate in some of this learning and to see some of this training from multiple, from the perspectives of multiple disciplines. So with that, I am going to turn this over or introduce our speaker for today, who is Cynthia Moreno-Tuley. Cynthia is the executive director of NAADAC, the Association of Addiction Professionals, and she has written multiple training materials and manuals covering the foundations of addiction practice and other related topics. Cynthia, I'm going to turn it over to you, and everyone please welcome Cynthia Moreno-Tuley.

Thank you so much, I appreciate you turning it over. I want to welcome all the participants. My name is Cynthia, and I am a person in long-term recovery. For me, what that means is I am recovering from drugs, sexual and physical addiction, and unhealthy relationships. My world has opened up due to my hope of recovery and the support I receive from my community. Our learning objectives for today are to describe how the family and community have been affected by addiction. So, those three strategies for including individuals, family members, and the community in recovery programs to define community recovery capital and to identify how to access community recovery capital.

So, the family that has addiction in it goes through a predictable family course. It is progressive, and it is their response for living in an environment where addiction is active and a disease is growing. The family has similar signs and symptoms of the person addicted to alcohol and drugs, and they are that the person develops tolerance for the addictive disorder. They built this in order to protect themselves and the environments in which they live. They have denial of what's happening in the family. It's like that elephant that's in the room, that nobody can speak about or pay attention to. Sometimes, they play detective. They're trying to learn what the person who is addicted is doing, like how much are they spending? Who are they doing things with? Where are they going? They develop this pre-occupation with the person who is addicted, and it consumes their thoughts and affects their behaviors. They also begin to feel a process where they hide or want to hide the problems from other family and friends. They continue to make excuses and they cover for the person who is addicted. They may lose family and friends, people who no longer want to be associated with the family because they're concerned about what's happening or they just don't know. They continue to make excuses and it's in that excuse making they develop their own physical issues like ulcers and headaches, depression. You may see people have this feeling of a nervous breakdown are not able to cope in the world in which they're living [inaudible].

The whole family is affected by the impact of substance use disorder. What we see is that that sense of who we are starts to break down. The addicted family members start worrying more about the person who is addicted than themselves. They start denying what's happening in the family and the primary people that enable the chemical dependency in the family become so emotionally attached to the person who is addicted that they can no longer see what's happening in the family. The family feels shame and this shame is often overpowering. The family problems they feel should stay in the family. They shouldn't be talking about it with others. They have this feeling of don't trust. I can't trust anybody outside of the family. I certainly can't say anything if I'm a child to people at school.

I can't trust the police. I can't trust other community members. Then there's this rule of don't talk. I can't tell other people about the problems. I don't want to talk about it with other family members. I don't even want to speak until I'm spoken to. Then the third is not to feel. Don't get angry or mad. Don't get depressed or sad and don't be afraid or scared. These three things affect the family deeply and then we begin to see this family phases as a result of the progression of the addiction. As the addiction is progressing in the family, this is what we see. In the first phase, we call this the learning phase. This is where family members generally become aware of the stress in the family. They become strained. You'll see more arguments, tension. Sometimes you'll see some domestic violence, less communication, less connection in the family.

The family members may begin to experiment by having their own defensive behaviors in order to work through what they're feeling. Learning may not be cautions. This learning may not be cautious. However, you can see that it's strong and it's habit forming. It becomes what the brain gets [inaudible] to. Then we move into the harmful phase. This is when family members defensive thoughts and behaviors become automatic and compulsive. It's because it's centered deeper in the brain and the family begins to blame the person who has the addictive disorder. Family members feel helpless to control this situation and they begin to believe that they actually caused the problems. This leads to feeling of guilt, shame, and self [inaudible]. Family members then begin to deny their own pain.

In fact, it becomes too painful to acknowledge it. We then move into the escape phase. This is where we see repeated major crises happening on a routine basis. Family members suffer an overpowering feeling of rage, guilt, and disloyalty to the person with the addictive disorder. They begin to look for serious ways to escape what's happening in their lives. You might see some separation, desertion, and sometimes even suicide as a way out. At this stage, separation from the dependency situation isn't enough. At this stage, all members of the family need help. The last phase is called the family denial phase. It's sometimes called the enabling phase because it's when people begin to experience the consequences of their drinking behavior. They acknowledge the problem, they adapt to a pattern of tough love that could speed up the recovery.

This is a good phase to interject in the Vernon Johnson intervention. He developed this technology in order to help families raise the bottom up from addictive disorders to the phase of recovery. The effect on the family as you can see is very strong. The family does what they do out of a sincere desire to help the person with substance use disorder. They're trying to maintain a homeostatic environment in the family. The crisis of addiction, alcoholism, those traditional tools that they have been using for problem solving and crisis intervention or reaction, those are no longer working in the family system.

What we see is that families are made dysfunctional by the attempt to cope with the alcoholism or the drug addiction in the way that they know. They may not know exactly what to do. After all they have done, now they're feeling like they have failed in their role or wife or husband, parent or child. They try harder and they take the responsibilities of the person with the substance use disorder on not realizing that they didn't cause this in the first place. They're not causing the irresponsible behavior or the behavior that is really a result of the addiction. Their behavior has very immediate motivation. The family wants to stabilize as a family. Each member wants to feel more stable and more comfortable in their environment.

They develop these survivor roles. You'll see that this survival roles include the victim or the dependent person. This is the person with the addiction. The family or primary enabler, sometimes called the enabler. The frustrated parent, because they're now being frustrated to parent not only the person with the addiction, also the children in the family. There are four roles that the family members often take on and these are the children. They're not always in order of chronology in the family. Sometimes they interact. The difference between a healthy family that has these roles and an unhealthy family is that in an unhealthy family, they're compulsive and they have to be done over a long period of time. In other words, if I'm the family hero, then I'm not allowed to change that role until either somebody leaves or I leave this family system.

The family hero is often the person that's seen as the good student, mom's helper. They're often the one that is doing well in school. They get a lot of praise. The problem later in life is often they feel like they have to live this as a lifetime pattern and they're not allowed to change this role. The second role is the scapegoat. This is where the negative focus of the family goes. It takes the focus away from the addiction in the family or the addictive behavior. People blame the scapegoat. Yeah. No the reason we're not doing so good is because of this child. However, the hero is able to give that release by the family feeling, "See how well we are? We're pretty normal. Look. We have this hero."

The last child, sometimes the third child is often very quiet and focuses. No one really focuses on this child, even at school because they're so quiet. The release this child gives in the family is nobody has to worry about this child. This child tends to gravitate towards tangibles as a way to feel good. Then the fourth role is the mascot. This is the one who tends to be funny or silly relieving that pressure cooker feeling that's going on in that family by acting out in this way. The family denial grows, continues to be modeled after childhood into adult life. We'll see these patterns even if the child that's growing up doesn't become addicted themselves, we'll see in their later in life as they become adults that they start continuing to act in either one of these four roles or you'll see them acting in a more traditional chemical dependency role.

There's confusion, therefore. There's a lot of confusion. Aren't families supposed to be nice? Aren't they supposed to be fun? I thought this wasn't how it was supposed to be. There's that feeling why does this happen to me? Why is this my family? They often feel like they can't please anyone in the family. They sometimes make mistakes over and over again because learning is difficult in a family of addiction. It's hard to learn because the brain is in a swirl just trying to figure out how do I live day to day? How do I make things happen? They have unreal expectations about life. They get these mixed messages, "I love you. No, go away. I can't do anything right. You can't do anything right, but I need to. Always tell the truth." As a child, you're told always tell the truth, but then there's this feeling of, "I don't want to know what's going on," or, "I'll be there for you forever. Honest." Then, there's this thing of, "Oh, we forgot." Particularly, emotionally forgot in that family as it becomes progressively more addicted.

We also see effects on the community. The impact of addiction and alcoholism is visible throughout the community. We see it through the liquor stores, and in some states now, the marijuana stores. Drug dealing, school environments, entertainment, poverty, housing, domestic violence. There's much social impact, even through unemployment or rights of passage, and then mental illness. The community has [stuffed] its own feelings from their own traumatic wounds. They've lost the ability to feel or to express their truth, because the reality is, it hurts too much. The community also feels this spiral themselves of denial. Just as the family went through denial, you'll see that the community goes through denial.

It'll be hidden behind this wall of marriage or money, beauty, words. There's this feeling that these things will save you, but in fact, they don't. The children, the parents, the in-laws, the employer. Others in the community, like doctors, ministers, AA or other 12 step groups. They may all be in this feeling of denial. The community players play behind this wall. We have to break down this wall. The family members need to join together in their own mutual support of love and advocacy. The families need to utilize the resources that are in the community for basic needs, like safety, security, belonging, and other needs.

We see that recovery really needs many, many aspects to help a family and an individual in recovery. This diagram kind of gives you an idea where we need to focus. The primary focus is on all of these things. You'll see the treatment or rehabilitation is one of those components. Faith is important. Developing faith of self, faith of family, faith in community. Work or school, so that there's a positive direction, a purpose in life. Social support so people feel like, "I'm not in this all by myself," which develops that sense of belonging.

Family support. Again, if we're not connected with family and community, we just don't feel like we're able to recover. Or, the recovery capital is so small that we have difficulty being able to do so. Housing, really important. If you don't have a safe place to live; you don't have shelter, food, clothing, paying attention to recovery becomes very difficult. You got to be able to say, "I feel safe here, so now I can work on my

recovery." Then, peer support. Particularly, people who have been through addictive behaviors, mental health, addiction. It's really important that they feel that support of their peers. "Not only am I not in it alone; there's a pathway. There's a way that I can learn from others to get into my recovery and maintain my recovery."

Healing the community. The recommendations are to seek help. It's very vital that people seek help. Consider the majority. Think about all the people out there with diagnosable disorders, regardless of their race and ethnicity, that don't receive treatment in the community. We know that only about 10% of people receive treatment right now. This is why it's important that we're getting the information out to communities, so that people can help move that forward. The stigma surrounding addiction is a powerful barrier to reaching treatment. People with addiction and mental health disorders feel that shame, fear of discrimination about their condition, and it's real. It can be disabling. As any other serious health condition, this too, can be disabling to the person.

Family healing and recovery means about educating yourself on the recovery process for individuals and for families. It means if your family member is in recovery and living with you, that you provide a sober environment to help support that person. It also means seeking professional and community peer support, like Al-Anon, for yourself or for your own physical and emotional health. It means supporting your family member's involvement in the treatment, continuing care processes, meetings, and recovery support groups.

It also means assisting the recovery family member with sober housing, employment, child care, transportation, or other recovery support needs. It means assertively re intervening in the face of any relapse episodes. Relapse is part of the disease. When we understand that it is part of the disease, we will not become so crazily worried when it occurs. Instead, it's working to get that person back on track as quickly as possible. Here you see Maslow's hierarchy of needs over on the right, and the stages of change over on the left. They're parallel. See how much time and attention it takes to become self actualized.

Most of us work on the psychological realm. This psychological realm in conjunction with pre contemplation is about, "Gosh. I haven't even contemplated that I might have an issue or a disease. I may not have even thought about that." Contemplation. You're beginning to feel more safe and secure in your environment, so you're now able to contemplate, "Could it be that I have an addictive disorder or a mental health disorder?" If you move up Maslow's to love. If I feel love, if I feel security, I now may be able to feel like I can prepare. I can get into that stage of preparation and begin to see what would it take for me to change this behavior? What would it take for me to do something different? My esteem builds up.

In my esteem building up, I'm able to take some action. I'm able to actually move forward in a plan of action. In preparation, I've made that plan. In action, I've engaged in that plan. Self actualization, which we all want to get to at some point in time, is where we want to maintain our lives and our recovery, is to get to this stage and live in this stage and be -- I like to say, "We like to be happy and healthy in our world."

What is recovery culture? People recovering from addiction have evolved a language. Some people use the word, "recovery." "I'm in recovery." Some people say, "I'm recovered." Or they have rituals, like sobriety birthdays, to describe and experience this and [inaudible] celebrate this experience. Language and rituals for family members is really much less defined. Some refer to themselves as the family in recovery, or, "I'm a family member in recovery." Some of us are both. We're not only in recovery from our own addiction. We're also in recovery as a family member, so we're carrying both of those things. Even though family members sometimes feel like the terms are ambiguous or confusing, it's important that families have the opportunity to [inaudible] identify themselves, and to say who they are in their own way.

Some families do not play a role in the family member's recovery, but they're happy for them. You know what? That's okay too. You don't have to do it like everybody else. There's a trauma. The trauma of recovery that children and families go through. It's a readjustment. It's really a readjustment of

expectations. A major issue is that families sometimes have felt the psychological isolation during the time as the addiction has progressed.

Now, each of the family members must consider what their own model is. Their roles, their attitudes. They must adapt them to what their reality is now. If they've had repressed emotional issues, this is the time to begin to un-numb or unfreeze and begin to explore that for themselves. Sometimes intervention is characterized by gentleness and humility. [inaudible] say to families, sometimes it's important to be gentle with yourself, because of the trauma of the addiction process, the mental health process, the recovery process. Be gentle. Give yourself a chance to go through that, and also to have some humility, because humility is this. "I don't exactly know what it's like for you. I don't know what your addiction was really like, and if you're a family member, I don't really know what that trauma was like for you. But I have enough humility in my life to be able to ask you the questions to help understand your process, and then to support you and help love you through that process."

Addiction recovery happens on many levels. There's many levels of healing. There's personal recovery for yourself. There's family recovery. There's community recovery, healing that forest of people out there. You can see them in the picture. There's your forest. That means your community subsystems, government, businesses, education, religious institutions, healthcare institutions, social service. All of these other subsystems need to be in that process of healing.

Let's talk about recovery capital. Recovery capital is the internal and external resources that can be mobilized to initiate and to sustain long-term recovery from alcohol and drug problems. Personal recovery capital includes physical health, financial assets, having health insurance, safe recovery places to go to, having shelter, food, clothing, and access to transportation.

Human recovery capital mean having values, growing new values, bringing back the values that maybe you had before the addictive disorder took over, knowledge, education, vocational skills or credentials. Maybe it's solution-focused skills, self-awareness, having self-esteem, hopefulness, meaning and purpose in life, and interpersonal skills. We say that unless you have purpose in life, it's very difficult to move forward in your own personal life. Recovery capital encompasses recovery support through intimate relationships, family, kinship. Kinship is defined by the family, by the person. And social relationships. All of these things help to build toward the person's own recovery.

Recovery capital can happen in community. Community recovery capital encompasses community attitudes. Do we have a supportive attitude in our community? Are there policies and resources, places to go that promote prevention and resolution of alcohol and drug issues? Do we have it in the form of cultural capacity? Do we have halfways that help to support the individual and the family, whether that's through community resources, churches, or other types of environments?

What is the role of recovery capital for long-term recovery outcomes? Well, the science is confirming what frontline addiction professionals have known for years, okay? That the environment either helps to augment recovery or it nullifies, and that if we can build a recovery capital in our families and in our environment, the possibility for long-term recovery is very good. The therapeutic processes and addiction treatment must encompass more than clinical intervention. We also need that recovery intervention, and we need family system support. And that strategies that target family and community recovery capital can elevate long-term recovery outcomes and elevate the quality of life, not only for the individuals in the family, it also is so for the community itself.

We're now at a question for you. How does your organization access recovery support resources in the community you serve? We're going to give you some time to answer this question, and you can vote. You'll see that below.

What we see is that many of you have organizations that are proactive in facilitation access to recovery support resources. 95.3%. Yay. That's amazing and that's wonderful, so I congratulate you and I thank

you for being on this webinar because you're doing so much so well already. I think we're ready to move on, yes? Yes, I love that, so we're coming back to you with the next slide.

We're going to talk about recovery capital tips. Okay, so let's talk about recovery capital tips. It's important that people reach other people before their recovery capital is depleted. You notice somebody's having a tough time, reach out to them. Don't let them sit in it. Help them to reengage. Engage people too with low recovery capital. Do that through outreach. Focus on hope. You know, one of the things they say about recovery is that without hope there's no recovery, so instilling hope, motivating hope in other people is essential. Access recovery capital on an ongoing basis. Help people to know where to go and how to receive the support that they need.

Use recovery capital levels to help determine treatment decisions. In other words, if I have a low recovery capital in my community, what does that mean in terms of treatment? Do I need more treatment? Do I need an [inaudible] treatment program that's going to have continuing care so that I'm getting the support that I need to sustain my community capital? Development is important. What can you do to help develop recovery capital in your community? Then using those measures to evaluate the programs and the professional performance.

This schematic basically tells you if you have a high issue problem or complexity difficulty in your life as a result of addictive disorders, you're going to need a high recovery capital in your family and yourself and community. If you have a lower issue with addictive disorders, or severity or complexity, then you can have a lower recovery capital. What's important is to understand, where are you in your own, or the person that you're supporting, where are they in terms of their [inaudible] of their issues, and then how do we get them the appropriate level, helpful level of support in order to continue their recovery?

How do you measure that? How do you measure personal, family recovery capital? One way is to assess that. There is a good resource, you'll see it here on your screen, that you can download, that is a 50-item scale that gives you some way of assessing recovery capital. There's also other psychometrics available, and I just encourage you -- You all have access to these slides. I encourage you, if you're interested in this particular piece, please, please go on online and get this information.

We're going to talk about steps in the meantime for measuring community recovery capital. We know that there is an extensive problem data with little solution. In other words, we know that there's a lot of issues out there. We have little research on recovery data. We need to do more recovery resource mapping. We need to know what's out there in communities. We need to plot the problem indicators by zip code. We need to look at census tracts, cities, counties, states, and understand, where do we see recovery capital, where do we not see recovery capital?

We need to plot those resources in terms of other areas, like what are the treatment resources? In some rural communities, we know there aren't a lot of treatment resources. Maybe there's support groups or mutual aid groups. Maybe there's recovery support institutions. Maybe there's something special for women or for children or [inaudible]. By mapping a community, you can understand, what do they have available in their catchment area? Then we need to identify areas of high problem severity and low recovery capital. Where do we see higher incidents of addictive disorders, mental health disorders, and where do we see low recovery capital in those areas? That's when we know we need to call in the calvary, and get more support for that particular community in order to help. Recovery carriers as community recovery capitals. Who are recovery carriers? You are. We are. We're all recovery carriers, because recovery's contagious. If you can get recovery in a family, then the other family members feel, "I can get recovery." If you can get recovery and see recovery in your community, other members feel, "Oh. Well, maybe we can get recovery as well."

It's very contagious. We'll see that in some of William White's work, who has actually researched this and put that into information and awareness. You can do that by going to his website. There's mechanisms for that, like alumni groups, volunteer groups, becoming a recovery coach, learning how to advocate, getting education, information and community service opportunities. All of these are ways to gain.

We see this now with recovery characters and carriers. These are recovery coaches. People that are trained to be a recovery coach. They work sometimes in recovery community centers, in order to help support recovery persons, individuals, families in recovery. Sometimes there's telephone recovery support or other types of support through electronic means. We're seeing more and more of that. Sometimes we see that now in terms of electronics. People are able to get recovery support on their telephone. We also want to create that in terms of cultural element, like people, places and things. [Or] many people with addictive disorders had negative people, places and things in their life. Now, we're creating a culture of recovery by positive people, supportive people, supportive places, and supportive things. Like your iPhone that has a recovery support app on it.

We want styles of cultural affiliation, so that people feel like they can affiliate in their community, affiliate with others. Sometimes that's very culturally meaningful in terms of your own culture. It could be African American cultural support, Hispanic, Hispanic/Latino, Pacific Islander, Native American. Really looking for, "Where are my cultural elements that will support me?" Could be gay/lesbian/transgender support. What is important, is that the person who is in a recovery and their family members are getting the support that they need to move through the trauma, liberate that trauma, and move into cultural healing. That's really the emphasis that we want to see happen.

Cynthia, this is Lori. I just want to let you know we have about 20 minutes left, 15 minutes left. If folks would like to enter their questions into the chat box, the question and answer box, we will organize those for discussion in a few minutes.

Very good. I'm going to ask our people to move my slide forward. My computer's not doing that at this moment. Thank you. Recovery community development. For the first time in history, we really see a lot of long term recovery. It's a reality today. It's exciting. We see this stigma is reduced. That there are more stories now that really trump the old science that people can't recovery to the new science that people are recovering. We also believe that there are multiple pathways to recovery. My way doesn't have to be your way. It can be your way. It may be that you come to recovery or your person you're supporting comes to recovery through a different pathway than what someone else would. It might not be treatment. It may not be 12 step support. It may be another way.

We know that recovery flourishes, as we said earlier, in supportive communities and that recovering people become part of the solution. Not only for themselves; for their families, for communities. They vote. They pay taxes. They work in community. We are the evidence. We are the evidence that people are in recovery, staying in recovery, and we're now able to put the faces and voices of recovery as living proof of it. Please move us forward.

Addiction treatment and recovery capital also means in reach. It means in reach to yourself and into your community. Reaching in and outreach, reaching out. It's reciprocal. We need to do both. We need to look at recovery community development. Develop those activities that aren't there, "What can I do on New Years? Let's see. What did I used to do on New Years versus what am I going to do on New Years now?" Having a clean and sober New Years event or dance would be another way to have one of those recovery community activities. Or Saint Patrick's Day, or any other day.

It's developing those things. It's integration of [inaudible] with community development and cultural revitalization models, so that we're really looking at how to do that and building on that. I want to move us to the next slide, which is our next question. That is, "How does your organization offer services or support to individuals and families in later stages of recovery?"

Cynthia, we're going to skip that question so that we can get on to more discussion questions. Would you mind moving forward, please?

[inaudible]. Let's move forward to recovery support through stages of recovery. The stages of recovery are from after care, or what I like to call continuing care, to recovery management, so that we're looking at

how do we move from that? How do we move from the therapy period to the recovery initiation and stabilization period? How do we work through the trauma of recovery into the beauty of recovery? How do we provide the scaffolding, or the building blocks, for sustained recovery across the family cycle?

Moving us forward. We do that -- [inaudible] our slides forward. We do that by increasing family orientation. We do that by shifting units of service from individuals to families, so that not only individuals can get the service; the family members can. Again, family's defined by that family, who is in the family. We do that by outreach to families, regardless of their readiness for change. For change for the person that's identified with the addictive disorder. We do that through screening and assessments. We now have re screening ability available in community, so people can screen, "Do I have an issue with alcohol or other drugs or do I not? If I do, what is the severity of that and what, therefore, is the services that I need?"

[inaudible]. Moving us forward in the slides, please. Moving us -- Oh, sorry. Family focused treatment, including parenting and prevention training. This is an area that I'm particularly excited about. I do a lot of work in family focused treatment. We want not to continue the generational addiction patterns. We want to move into generational recovery. In order to cause that to happen, people need to learn how to parent differently. What are the tools that move the brain forward in recovery and prevention training?

We want assertive linkage to family support resources, as we've talked about before. What about family focus recovery checkups? Really having the ability to check in with someone. Not because you need treatment. Because you need that support, "How am I doing? How's my maturity level? Am I growing through this as an individual and as a family?" If you don't have a background for that, you really don't know. Then, invitation for service and advocacy through local peer support at a local/state/national level.

Moving forward. [inaudible] breaking intergenerational cycles. We break them by addressing the historical trauma, helping people to understand the trauma, and cultural revitalization. If I understand where my trauma comes from and I understand that it's the script that I learned, I can break through that and learn others ways of coping through my trauma. Moving forward. By integrating into treatment and recovery support services, we've talked about before. Looking at family and children programs. Parenting education. Recovery support education and moving forward and next slide, by breaking -- to break those intergenerational cycles by targeting prevention activities for children, particularly children with family histories of addiction or family histories of mental illness.

Early intervention. The quicker we intervene, the better. We don't have to wait until the person falls off a cliff. We need to get them before they're falling off the cliff. Part of that is having support systems in school districts, or school programs so that people can get the support, the information, the education, earlier. Moving forward in our slide, promoting family wellness and long-term recovery means that we're going to need to do more research.

What is long-term recovery? The first time we've really reached that in our society. What does that mean? What do people need in long-term recovery? What do families need? As the family changes and develops and goes through their own cycle what kind of supports will help them? We need research on that. We need to focus tri-directional service integration for the family unit, or family service. We need to integrate wellness activities into our continuing care program. Alumni activities and local recovery support activities.

Not just about the individual’s recovery, it's about the family recovery. Then we need specialized services for the children that are affected from that, from this disease of addiction. So that they, then can change from the disease of addiction, to the wellness of recovery.

Moving forward, I want to thank you all for being on this webinar with me. This is the information, this is where I have the privilege to work, at NAADAC, as the executive director, this is my email. Please know, if you email me, I will email you back. It may not be today, it may take a couple days. Thank you so much. Thank all the participants and thank everyone that has helped supported this webinar to work. Particularly Laurie for your introduction.

Laurie, I'm afraid you're on mute.

Thank you, Cynthia, I was on mute everybody, I apologize. I want to thank you Cynthia for a wonderful and informative presentation. Every time I hear you talk I know I walk away with a little bit more information and a little bit more understanding, so thank you. Folks, this is your last chance to enter any questions in the question and answer box. We will get to as many of those as we possibly can in our remaining time. While you do that, I want to let you know that Recovery to Practice has a wonderful newsletter that comes out every quarter. If you are not already receiving it and would like to receive it, please send us an email at RTP@AAPNET.com and we will make sure that you are added to the mailing list.

The other thing I would like to remind you about is that we have additional webinars in this Recovery to Practice curricula series. The next one will be on Monday, August 10th. It'll be focusing on peer services and creating an environment for success. Let's see what we've got for questions. There's a number of them coming in. Cynthia, I think the first one that I'd like to address to you is, there's been some chatter about recovery capital. One individual is saying, a lot of communities may have already done some of that work. How might we find out who has done that work in our community? If it hasn't been done, how do we get something like that started? It seems like a big job.

Yes. You can find out about recover capital or recovery support agencies, treatment agencies, in your community. I would google treatment and recovery, or recovery support and find out, in your location, and what comes up. Another way to is contact your health and human services department and find out. Often they'll have a resource booklet or a resource page, resource information about where to turn for recovery support. Or, where to turn for support in your community. Your 12 step programs often will have information as well.

How do you get it started? It was Margaret Mead who said, "It only takes a small group of people to change the world. In fact, it's the only thing that ever has." I truly believe that. It's on my desk at home and it's on my fridge. It's on my desk at work. I really believe that if you -- if it's important to you, you get a couple friends and you start the process. I recently got a call, say recently, in the last year, from a father in British Columbia, Canada. He has an adult child, daughter, with FAE/FAS.

He said she doesn't fit into the realm of children care, she's a young adult. There are no recovery homes for people with FAE and FAS. I said, "Well, what is your hope?" He said, "To have a recovery home." I said, "Okay, then find out who in your community cares about this. Maybe talk to other parents. Go to an Al-Anon group. Find out who else cares about this issue. Contact your health and human services. See if there's any [inaudible] grant money. Contact your rotary or your Kiwanis or your other support clubs in your community and find out if there's -- there are any funding."

Do you know, a year later, the government there has helped them to fund the first FAE/FAS recovery house in their location. It may take a little time, it may take a little energy. You have a good support system, they'll help you feel enthused and motivated and encouraged. I encourage you to do that.

Thanks Cynthia. I have a question that could probably turn into not just one, but two webinars on their own right. A couple of people are asking about applications of the material that you've talked about. One is applications for veterans and how some of this works for veterans. One of our participants was saying, it's better not to sugarcoat anything with veterans. We also have a similar question about application of some of these concepts and materials to people with co-occurring disorders. Do you want to take just a top of the trees?

The top of the trees for veterans is, you're right. I used to run a Vietnam veterans group. Sugarcoating isn't so acceptable. It is important to work straight up with your veterans. It's important to work with them on their trauma and their posttraumatic. Many will have ongoing flashbacks. Things that are not yet

settled in their mind about what happened when they served. It's important that they're getting services from people who care.

I'm not a veteran. I worked this veteran support group for three years and they allowed me to do that because I had trauma in my life. Trauma, once you've had trauma, there are some similarities. I would say, for the veterans, it's important that they're getting the information on how to work through their trauma and they're getting a support group that helps them to do that. If they can't find a resource for that, there are now some veteran support programs available. Again, I would have them google veterans support recovery. Or, addiction and recovery.

The second question on co-occurring disorders, or mental health disorders. There are very many similarities between recovery and co-occurring, the big difference, of course, that a lot of people speak to between co-occurring or mental health recovery and addiction is that you don't have the same stigma in the community because it's particularly with drug addiction and alcohol. However, you still have a level of stigma and you still want to have the support and the family awareness. Some families are not aware about mental health disorders on how to help support the person affected. Just like family recovery, it's important for a person with co-occurring disorders, for that family to get treatment, as well as for the individual self.

I suggest good bibliotherapy therapy. Read, read up on information. Be aware, be educated and be open. Having that openness and that empathic attitude is going to help serve the person with addictive disorders and mental health disorders. And you're right, it could be two different webinars.

Yeah. And it may be, we'll see what next year brings. Thank you everyone. On behalf on SAMHSA, I would like to thank all of you for taking the time today to join us. We know you have demanding jobs and appreciate your interest in learning about family and community involvement and recovery from addiction. Special thanks to you Cynthia for sharing your wisdom, time and experience with us today. If you haven't already completed the participant evaluation, please do so. We'll also post a link for you at the end of the session, we really do value your input and find it helpful in our developing future sessions that meet your needs.

We're not able, at this time, to offer pre-approved CEUs, for this webinar series, much to our sadness. However, we are making available certificates of participation that you can take to your accrediting bodies and that you participated with us today. That is in the materials download pod below, on your screen. Thank you all very much, this concludes our call for today, please have a good afternoon and we hope to see you next week. We will automatically be closing the room in just a moment, bye.

Bye.