

# Finding Her Tribe: Women's Relationships with Peers and Community

**Deb Werner:** Hello. I am Deborah or Deb Werner senior program manager at Advocates for Human Potential and the director of SAMHSA's Women Children and Families Technical Assistance and Training contract. And I'm delighted to serve as your moderator today. Before we begin I'll go over some logistics for you.

We are providing audio via computer speakers and by telephone. We strongly encourage you to use your computer audio if possible. Be sure to choose only one audio source, if you're hearing my voice through both the phone and your computer, please hang up the phone. Your microphone will be on mute for the duration of today's event. We are also providing closed captioning for this webinar. To access the closed captioning, click the link on your screen to access live captions. We will also provide the link in the all question box throughout the event for the benefit of individuals providing later. Captions will open in a new window or tab that you can position anywhere you like on your screen. You can adjust the size, color and speed of the captions. A transcript will be available after the event. We will also provide information about accessing the event recording and transcript at the end of today's session.

For questions, all questions, please use the all questions box in the bottom left corner of your screen. It is clearly labeled, all questions, tech and content. Simply type your question in the space at the bottom of that box and press the enter key on your keyboard. Or click the send question button. We will also use this box to communicate announcements during the webinar if needed. Please do not put your questions for the presenters into the chat box as they will get buried and we will not be able to respond to them. Use the all questions box. And as you can see, we also have a public chat box, thank you for staying on topic. Anything you type in chat is visible to everyone and on the recording of this event. Participant comments in the chat box do not reflect the views or policies of the presenters, the Substance Abuse and Mental Services Administration or the Department of Health and Human Services. By using this chat box, you agree to keep your comments relevant to the topic of today's event, and to refrain from participating in political discourse. Again, please do not put questions in the chat box. Use the all questions box.

And we are also offering continuing education units for this webinar, thank you to the Addiction Technology Transfer Center Network for providing NAADAC and NBCC continuing education units. At the end of the webinar we will give you a link to the evaluation and quiz. All registered attendees will receive an email with the link. After completing the evaluation and quiz you will be able to immediately

download a certificate to submit to your accrediting body. Note if you are watching the webinar in a group each person needing a continuing education hour certificate needs to complete their own quiz and get their own certificate.

And we also invite you to join the conversation during and after this webinar join the conversation about relationships matter and women's behavioral health on Facebook and twitter using the hashtag relate4HERR.

And we have a few disclaimers as well. This webinar is supported by the Substance Abuse and Mental Health Services Administration (SAMHSA) and The U.S. Department of Health and Human Services (DHHS), however, the contents of this presentation do not necessarily reflect the views or policies of SAMHSA or DHHS, and nor should this webinar be considered a substitute for individualized client care and treatment decisions.

And with that I will provide you just a little bit of information about the relationship matters webinar series. Relationship Matters builds on two previous SAMHSA webinar series: Girls Matter and Women Matter. SAMHSA created the series to help the behavioral health workforce understand and address the impacts of relationships on women services. The first webinar *Being Real: The Power of Authentic Relationships in Women Services*, and the second webinar *#Relationship Goals: Significant Others in Women's Recovery*, will be available on the Addiction Technology Transfer Centers Healthy Knowledge website shortly. After this webinar, *Finding Her Tribe Women's Relationships with Peers and Communities*, we have two additional webinars, in celebration of Mother's Day, *Motherhood: What it Means for Women's Recovery* will be held on May 9 and the final webinar on June 13, *Complex Connections: Intimate Partner Violence and Women's Substance Use and Recovery* will be provided in collaboration with the Administration for Children and Families National Center on Domestic Violence, Trauma and Mental Health, more information is coming soon.

The Relationship Matters webinars combine together to offer a comprehensive look at the role of relationships in women's recovery. Thinking a little bit about today's webinar, *Finding Her Tribe*, I will spend a couple of moments to set the stage and introduce our speakers. Relationships covers a lot of territories, family members, significant others, friends, colleagues, treatment providers, and there's another meaning for relationships also that has to do with the relationships with institutions and communities, our sense of being a part of something. Which is an important aspect of women's recovery. This webinar focuses on how building connections with the community and social inclusion are important aspects of the recovery process. SAMHSA defines recovery as a process of change through which individuals improve their health and wellness, live self-directed lives, and strive to reach their full potential.

As part of recovery, we don't do these things alone, we have to connect with other parts of our community, our education system, our employment system, some of us get involved with our churches, all of these are important aspects of building health and wellness and living lives that are kind of attaining economic and social well-being. It is linking to

different aspects of our community. And we often don't think of that as an important part of recovery, but often times before entering recovery those of us with substance use disorders may find ourselves consistently feeling separate from or trying to stay away from the community and our civic involvement. Those are also important aspects of recovery. SAMHSA looks at four major dimensions that support a life in recovery: health, home, purpose, and community. If you think about how relationships play a role in each of these areas for women, it becomes really I think meaningful to think, it brings a little bit more depth into the conversation around treatment and recovery and how we move forward. So I am very pleased that today we have three wonderful speakers, that will be speaking with us today. First, we have Lonnetta Albright and we will hear from her really around developing yourself and your relationships with the community. Then Tara Moseley from Young People in Recovery will share her experiences in building community for herself and others. Mary Ellen Copeland will talk about the use of Wellness Recovery Action Plans, the use of WRAP building strategies. So, we will hear from each of these presenters and then will have a short break for a couple of questions, specifically for those presenters, and then we will go to the next presenter. Then we have about 10-15 minutes at the end for a panel discussion. If you have a question that comes up while somebody is speaking please put it into the all questions box so that we can use those as part of our dialogue either with the individual presenters or at the end of the session.

SO now it is my pleasure to introduce you to Lonnetta Albright. Lonnetta Albright is the president and owner of Forward Movement Incorporated. She helps clients experience meaningful and real changes that shift their mindsets and behaviors in a meaningful and applicable way. Her passion is in helping women find their way, face their fears, and hold onto building their dreams to transform their lives. Her heart, mind, time program has affected countless lives, and her recent book is titled, *Women Thriving Fearlessly: Volume One Inspirational Stories of Women who Journeyed from Fear to Fearlessness*. For 17 years, she served as the executive director of the Great Lakes Addiction Technology Transfer Center at the University of Illinois and lead the ATTC ROSC efforts, I am pleased to welcome Lonnetta. Lonnetta can you hear me?

**Lonnetta Albright:** I can Deb. Can you hear me?

**Deb Werner:** I do hear you, thank you.

**Lonnetta Albright:** Thank you Deb for that introduction. And good afternoon everyone. It is an honor to be here with you today, even though I am battling with a cold. I will work hard to keep my voice clear. And hopefully not too much sneezing. Beforehand, just in case I ask you for forgiveness and I will get started.

As Deb mentioned I have had the privilege of directing one of SAMHSA's regional ATTCs for close to two decades, and for several of those years had the privilege of working with SAMHSA and Deb and Shannon around the women's initiative and the state women services network, provider to

serve women, and what really has excited me, and taught me a lot, has been my connection and the guidance that I get from women in recovery.

As I thought about the workshop and all the years' experience that I have in developing and mentoring and coaching others, as a lifelong learner, I do believe that we, if we are to, if you're going to serve people and grow other people, we have to first grow ourselves. So, my next five slides are going to cover this section that I call adding value to you, and also information that you can transfer to the women you serve. Then I will close with a brief overview around recovery oriented systems of care and why it is important for women and you and your organization to connect with the community.

If you haven't heard of Simon Sinek, I strongly encourage you to take a look at Simon's work, his first book here *Start with Why*, he is on YouTube there are many videos with Simon, and Simon's golden circle as he calls it, offers to us in our program, a way to build relationships and rapport with our clients and essentially, he says that it all begins with you first as you see here, relationships begin with you. And his studies and work with people said that as human beings we naturally work from the outside in. We go to the what to do and how to do it. And maybe we'll get all the way into that three-dimensional circle and ask, why? What is our purpose? And Simon's work is encouraging us to flip the script, to start working from the inside out. And to ask the question, what is your why and what is your purpose, and once we have that clear, it will help guide the what and the how. I've been using Simon's work in training providers and helping states and systems with their transformation to recovery oriented systems of care, and when I do this exercise, and I have people share with each other, what their purpose is and what is the why, why are they in the field, why are they doing the work they are doing, it is pretty difficult to get people to stop sharing and to call the room back to order it is such a powerful question. And one provider told me that she was rewriting her assessment tool and that they were adding that question, what is your why to their assessment tool. Another clinical supervisor as she continued to think about this question, she said she was having challenges with some of her staff and that they were not treating the women that they were working with well and that she thought she need to go back and explore with them because she did not know what is their why and why were they doing this work. So, I encourage you to take a look at Simon's work. Valerie Burton, my very first life coach in her book, that you see here *Successful Women Think Differently*, two chapters that she has, cultivate positive emotion, and don't go it alone are great resources as we work with women. And one of the key messages in the positive emotions and cultivating positive emotions is that happiness leads to success. Not the other way around. And that ties back to the value of knowing your purpose first as we work with other people to achieve and maintain recovery. That happiness first, before success and that many women, man women I work with tell me, the challenge that they face wanting to know what their purpose is and how good it feels to understand their purpose and once they figure it out, how it helps with their relationships, their friendships, their children, their colleagues, and peers. So the whole piece on positive emotions, three other things I want to tell you about that, the research shows that positive emotion

equips people to handle adversity, to bounce back from setbacks, and to live longer. And also, that negative emotion is more psychologically powerful than positive, and one negative experience takes more than just one equally positive experience. These things really support the work we are doing, with recovery from a strength-based approach, and looking at positive experiences. And when I saw this image here I thought about how great it would be and I'm sure many of you have positive pictures in your waiting rooms, in your offices, and this one as I make more and more positive changes, my life just gets better and better. This is one of those images I would like to see when I walk even into my doctor's office.

So, Valerie's chapter lays out some practical ways to build positive emotion. But the most profound for me, and the most powerful lesson that I have learned when building relationships, whether I am training others, coaching, speaking with you, is this quote here, for you on the phone I will read it, it says that "people may not remember what you look like, and they may not even remember what you said, but they will remember how you made them feel." Again, it gets to a rapport with the women we are working with and if we can carry these messages as you take these messages in for yourself, if you could transfer these messages over to the women that you work with, I am telling you I can all but guarantee you that you will start seeing a shift in the hope and how do you activate hope with the women that you serve.

The five concepts we see here, under don't go it alone, and Deb mentioned in the openings for this webinar, these five concepts tell us as one of my favorite coaches, John Maxwell says, "one is too small a number to do anything of significance." So helping and modeling for the women, how to build partnerships, celebrating each other, something that has historically women did not do, now whether that's a myth or fact, I will let you judge that, but celebrating each other is something that is a major part of what helps women to build relationships with each other, and also in their communities as they take each other, and to the community and helping them to build what I call an emotional bank account of positive experiences, helps you as a provider when you're working with them to help them identify the recovery capital that they have themselves with their family, and as they continue to connect with their community, they are able to identify with the recovery capital in their community.

So, let me tell you a little bit about community within the context of the recovery oriented system. When we started this work with the architects of ROSC, Dr. Tom Kirk in Connecticut, Arthur Evans in Philadelphia, Dr. Ijeoma Achara, Bill White, and others now, the question really shifts and has shifted from us, for us, I'm sorry, from the question of how do we get the client into treatment to, had we support the process of recovery within the person's life and within their environment?

When you look at this image, when we talk about a recovery oriented system you certainly see treatment. In treatment, it works for people who need treatment, keep in mind though not everybody recovers through treatment, many women recover through the faith community, and twelve-

step programs, and then when you look at a life in the community, you see faith and belonging and family, peer support, Mary Ellen will talk with you about peers, and work or school so these are components of a recovery oriented system, that further shows you where the success that people are having and maintaining successful recovery. And maintaining a healthy lifestyle. This last image, I think this is the last one that I want to share with you, is from the World Health Organization that looks at the factors that influence health status and this pie chart here shows us 70% of the factors that account for healthcare outcome, is a combination you see here of environment 19% plus lifestyle so that 19%+51% gives you 70%, if I've done my math correctly. That 70% influences health status, the 10% is treatment and primary care and the 20% human biology is our DNA and genetics that we do not control, but when we go to the 70%, that is where we can have an impact on the factors that influence health status, and I'm sure you would agree with me recovery is all about health. So again, these eight domains of community inclusion, SAMHSA talked about four of them, and when we talk about the benefit of working with women and helping them to understand the importance of and how to connect with their community, friends, family, intimacy, religion an spirituality, all of those things are part of the community domain.

I will spend my last moment or so with a few recommended steps, that I have for you I will highlight just four of these, the second one talks about as providers, if you're not already connected with support groups and the faith community I cannot say enough about the faith community, and not only saying to the women we work with 90 days and 90 meetings, but actually going with them and making sure that it's a group that is a good fit for them, that it's a group that they feel comfortable with and many times we are modeling with women we work with and going alongside them so that they can feel comfortable and see the benefit of connecting with their community and there are many providers that we've been working with the starting their own twelve-step groups, they are doing it with the women in their program.

When I called some of my partners from recovery community organization network, they suggested that their format online was AA and other services that can help you do that. The other one that I have to mention it around child care. Whenever I work with Deb and the Women Leadership Institution, this issue of child care, one of the main obstacles for women going out and exploring what they can do in the community with their churches, if they are professional women with jobs, with their chambers of commerce, just other ways for them to connect with their community and build relationships and finally getting involved with organizations like ARCO if there are not any recovery community organizations in your area, check with ARCO and if there are look them up because they would be of great support for helping you to connect women with the community and not only the recovery community. Because women want to get into a quality of life which means groups that are nontraditional for us. So, with that, I thank you for listening. Hopefully I have motivated and inspired you to take some action on your part, and Deb, I'm happy to take any questions.

**Deb Werner:** Great, thank you very much Lonneta.

Lonnetta Albright: You're welcome.

Deb Werner: What a great way to get the session rolling. A lot of different things to think about. We do have a couple of different questions. One of the questions, this person asked "Are there ways to make cultivating positive emotions part of staff training?"

Lonnetta Albright: That's a good question and I'm glad you picked up on that because I will tell you when we look at least at the practical examples that Valerie offered, these are examples that you could do with the staff and one of them is around, starting with that question, asking your staff what is there why, and getting your staff to grapple with that. And sharing their personal why and why they were created, and why they are in the field and then Valerie talked here about knowing what brings you joy. And incorporating that into your everyday life. I suggest that getting a copy of Valerie's book for everyone, *Successful Women Think Differently*, she has also got one *Successful Women Speak Differently*, there are also some assessments on Valerie's website and these examples that she has there, I would say in service where you are specifically focusing on this, not an evidence-based practice, not a team meeting but really talking about how do we for ourselves first if we are going to add value to our clients, and the women we work with, we first need to be intentional about how we add value to ourselves. So, I would say start by getting everybody a copy of Valerie's book and maybe having a book club. So I hope that helped.

Deb Werner: Great, yes, thank you, thank you. You know I just, I was responding to a colleague today, who asked how are you doing and I started to say well I have these 12 different things I'm working on, and blah blah blah, feeling burdened and I actually erased that and I said I am happy and I identified that I have work I love to do, there is food in my refrigerator, it's a beautiful day and just little things like making those shifts, that shift for me shifted my view of the day. One of the things I have noticed when working a lot with people in recovery, as we are encouraging other people to develop their identities our whole identity cannot be about how we help them build their identity we have to be working on those things ourselves so what you're talking about in terms of getting to that why, cannot be -- that is so important.

Lonnetta Albright: It cannot be underestimated. Yeah. I also think Deb, For the person who asked that question starting meetings off differently, perhaps so if people came to a meeting it might have been a bad day, a bad evening, but if people got into the habit, this whole piece about shifting our attitude, what are two things that you are grateful for as you walk into this meeting, what two different things that happened today, no matter how small, that you are grateful for and why are you grateful. What was great? To starting our meetings off differently is another practice.

Deb Werner: Because it is contagious.

Lonnetta Albright: It is contagious.

Deb Werner: Great. Thank you. We do have several other questions but I think we can use those questions at the point of when we are coming back together as a whole group and talk a little more about positive emotions and also how we support clients who are working to navigate into the community beyond just the recovery community. I see a couple questions related to that. So we will come back to those pieces. Thank you so much Lonnetta.

I am going to introduce everyone to Tara Moseley. Tara is a woman in long-term recovery, she serves as a program manager for Kentucky's Young People in Recovery working to enhance support services for those transitioning out of treatment. She is also a student at the University of Louisville completing a degree in political science, public policy and prelaw with a minor in social work. She helped develop two successful transitional living houses for women in Louisville Kentucky area, and she has worked with SAMHSA and the Department of Behavioral Health to design a standard for use peer support services and to bring about greater awareness of recovery. It's my pleasure to bring it over to Tara, Tara can you hear me?

Tara Moseley: Yes, hi Deb.

Deb Werner: Hi and I hear you so I'll let you take it away.

Tara Moseley: Thank you so much. I want to say first of all thank you all for joining us, I'm very excited to be here today, I'm very excited to get started also. First I just want to also introduce myself a little bit further, I'm Tara Moseley and a person in long-term recovery. And what that means for me is I have not used drugs or alcohol since April 2011. Today I will discuss some of my personal experience as a woman in recovery and some ideas for you to help your women in recovery to find their tribe.

First of all, one of the most important pieces I have learned from myself and working in the field I have of young people in recovery, was kind of taking a look at my community and really doing a community assessment, to really find out what type of resources that I have in my community. So I will talk about each of these different types of resources and there are many many more than this, this is just some of the things I found beneficial for myself as a young woman in recovery. The first one is collegiate recovery programs or collegiate recovery communities. I'm not sure if you have all have them in your community, I have listed some links and resources for you to use on slides further in the presentation, but for collegiate recovery programs it is a supportive environment within the campus culture that reinforces the decision to disengage from addictive behavior. It is designed to provide an educational opportunity alongside recovery support to ensure students do not have to sacrifice one for the other. Some of the great things about collegiate recovery programs, and communities, is that it really gives an opportunity for a

multilevel type of student whether it is someone who finished high school or went immediately to college but is in recovery, there are options for like student housing for those that are in recovery with in a collegiate recovery program. And for a collegiate recovery community which are kind two different types of programming, it really gives an opportunity for those individuals who are adult learners or people who may have come back to college after years of not going into education, and letting them get involved in kind of making those connections on a college campus, they may not have been able to before. So identifying other people in recovery, which I know is a college student can be kind of difficult when you are you know balancing classes, work schedules, etc., so this is a really good opportunity to help build those connections for people that are in recovery, that attend either a university, a four year type of institutional education, or a community college.

Next is a community organization, and this is also something that Lonnetta was talked about too, these are really really good opportunities especially if you're a community that may not have a lot of resources for recovery, like if there are opportunities for service work or development, where like going to a park and planting flowers or different opportunities like that, because all of that also still provides a very positive health and wellness and connection to the community itself and that community that is within the organization. Typically, most community organizations are a good connection tool, because they also are aware of other organizations within your community, and can also point you in the right direction for that woman, for that person who is seeking something different. Young People in Recovery is a national nonprofit organization that advocates for better access to services like education, housing and employment, and access to treatment. The really unique thing about Young People in Recovery is it actively involves the community members within a community to have leadership opportunities, advocacy efforts, empowers individuals, and also there are social events, it is bringing different people from recovery and people that are supportive of recovery all to the table, having this conversation and developing those relationships within the community which is also again a very unique relationship.

Moving onto alternative peer groups, this particular type of resource is geared for adolescent age people in recovery, young women in recovery, but I think that it is still a very very beneficial thing for anyone who is in recovery and the continuation of recovery, because then you can have mentors and there's still a linkage between developing those connections. An alternative peer group is a community-based, family centered, professionally staffed, positive peer-support program that offers pro-social activities, counseling, and management for people who struggle with substance abuse or destructive behaviors. So again, this is a lot more structured than most of your resources, but I still think it is very very useful especially when someone is starting their recovery journey at a young age, it can be beneficial for them to integrate closer within the community, within the recovery community, it can be very beneficial. One of the largest I would suppose is the Pathways of Recovery, and this is something that I really highly strongly recommend that everyone do is really to find out what is available in your community. I know for me, as being a young woman in recovery, and someone

who lives in Louisville Kentucky, knowing there were other options of Pathways to Recovery, was very beneficial. Of course I did not find that out until later in my recovery and journey, but to have those resources available now to women in recover as soon as possible, so that when they go into whatever mutual aid group, whether it's a 12 step, medicated assisted recovery, harm reduction, moderation management, smart recovery, they feel comfortable they know that this is something that they can be interested in, or if it is what they are trying to do is figure out which one is best for them, it's good to have those resources available to them about what is really in your community.

On this slide is just some resources, and for collegiate recovery you can actually go and find out about collegiate recovery and actually look at what is located around you. Young People in Recovery is the same way, you can use the website to find out what is located around you and in your areas and how to get involved. And then we have the alternative groups, this is a really good resource just to find out more about alternative groups and if this is something or a tool that you would like in your community. And then for Pathways of Recovery, you can Google and find out what is in your area. It is really really simple it just takes a little time to do some research. Again, I think having this information available as soon as someone is sitting in front of you, and you are able to give them the information, there will be a lot more success rather than trying to get them to look it up because they're probably clueless as I was, so I can really relate to that aspect.

And other fun activities, something that I learned in my personally journey is that my recovery, it's a lifestyle. It is a lifestyle change for myself. For me it was my pathway of recovery, it was my education and developing myself on a whole different level within my personal experience. Also, it was getting involved in other activities, for me I like very active activities, I guess you could say. So, to encourage her to get involved in other activities whether it is book clubs, sporting events, sporting league or yoga, something that will help her mind and body be active and participate in something with others, that will help build self-esteem empowerment and teamwork. And I think those points are crucial because then again we are also talking about building those connections and those relationships on a foundation and then expanding. I do have a couple of different little pictures here. I am a leisure reader, I enjoy a good book and a hot cup of coffee so that was something I enjoyed especially early in my recovery because I was very hesitant to get to know people and talk with people and stuff. So that was a good opportunity to share experience with books. And really have a good discussion. Also, kickball, who doesn't like kickball. I know with our events that we have done in the past in rural Kentucky we have done kickball, Ultimate Frisbee, different stuff like that, but always kept it to where it is all about fun not necessarily about competition. I again really encourage that so people can get active and feel comfortable, if your silly about it it makes people feel even more comfortable and it makes them want to get involved, and that's really the key par. Making sure that people feel comfortable and to be a part of and want to participate, even if they have never played volleyball in their life but yet they want to get out there and play. I think that living that healthy lifestyle and getting them to continue to do things like that, will

promote them to feel better, will promote confidence and self-esteem, which are all really really important.

Recovery events, specifically the rally for recovery, and I really want to get this plug in there because September is recovery month. Recovery community events can be put on by many different pathways, one which you should really have some resources on is the Rally for Recovery. Like I said it happens every September in most every state that I am aware of at least. And mostly even if the state holds their rally in a city that is really far away for me I know communities that hold their own Rally for Recovery, and it's a really good opportunity to build connections within the community, so bringing different walks of life together in one area and really being able to make those connections, because you'll have resource tables and have people getting to know people, and it's a really good opportunity to do that. I also added the recovery rally.gov link (<https://www.recoverymonth.gov/>) so you can find more information. And if you have anything in your area for you to be able to even be a part of or you can start one if that is something you are interested in doing.

And this is one of my favorite topics personally: empowerment. Getting involved in different groups can only take you so far. As providers, we should encourage women to get involved in service and leadership opportunities. Why? Why should we encourage women to get involved in leadership? Taking on leadership roles enables them to develop themselves as a whole person. We look at every aspect of an individual's life, of my life, and say where are the areas where I can expand on and where can I work on to become better, to become a better student in my community. And taking on leaderships roles really allowed me to help see what areas that I need to focus on, things that I need to do for myself, within myself, to become a better person and a better leader and a better team player too. Engaging in volunteering initiatives for example creates a sense of purpose among a group, where they can build relationships as a team. I am a big believer in developing team leadership where every team member is a part of the leadership core. I believe that each person brings something unique and amazing to the table and when we get the opportunity to use that and really pull from each individual person, it becomes, we become a stronger community.

Engagement also. Why do we engage? Women, particularly with these opportunities of empowerment, building relationships with other organizations and professionals in areas that they are passionate about. One of the many things I have seen is when I am talking to women who are in recovery and they are kind of not knowing exactly where they want to go and where they see themselves in five years it is really hard to think about a five-year plan early in recovery or transitioning out of treatment or wherever they are at in their recovery journey. Getting them to really think about that and have an idea of something they would like to do, and finding out what they are passionate about. Because once they find that little spark about something they really like or want to know more about, that's when we can engage them and get them more involved in the community and develop those connections. And then once we get them to develop those connections, then we can get them to continue on a path of growth and development.

Social media. Thanks to technology, support networks have substantially expanded. This is a great way to keep in touch with friends that you don't get to see very often. With the technological advances of today, you can use social media to host video chats, and connect with people that otherwise you would have lost the opportunity to do so. Perhaps you didn't have a chance to get a number or an email, but you know someone's name and you can look them up on Facebook. This is also a really good way to keep connections, especially in rural communities. It is really hard to run into somebody at the grocery store because most people are really spread out, so social media we can utilize that tool to keep connections. And I just have a few examples also of some language, so these are some things I have learned from being a person in recovery, to encourage using empowering language. So use person first language, and that is also to encourage women to use empowering language as well, something like Lonnetta was saying earlier too, that sometimes we can get into these negative mindsets and really cut ourselves down but we can also be cutting others down also, and then the impact of that entire piece can really have an impact on the greater community that someone is trying to connect with. So remember to use language that is empowering and if that person is having some difficulties, this is the be cautious section. Avoid using stigmatizing language. Be aware of what you're posting on a public page. Or to be aware of the things I say could in fact harm another person. That, again, is using recovery language and if you have not heard about that, then you should go to Faces and Voices website, they have a lot of great information about recovery language that can be really really useful for you as providers and for to pass it on to the women that are your clients.

And on this slide, I have just added some online resources like Smart Recovery, twelve-step groups, Mober which is actually a really neat app that is a communication social media video app for people in recovery, and it is very very cool so I encourage you to check that out, and the refuge recovery podcast. These are resources for people in rural areas like I said who may not have a lot of access to mutual aid group meetings that are at a brick and motor place, or if there is just not a lot of opportunity for pathways of recovery, they can still utilize online resources. So, I really encourage you guys, look at these resources, see what you have in your community. Find out exactly what you have and what you are lacking and what you can offer.

Thank you for listening, and if you have any questions please type them in the all questions box. I really enjoyed today, I look forward to talking to you.

**Deb Werner:** Thank you Tara, so much. What a great presentation. We do have time for a couple of questions for you. We have a couple of questions, staying on the social media piece, since that is where you just were, I know some people were asking for resources for social media for people who have small children or lack transportation. And I think you provided that after they asked it, but one of the people asked the question about confidentiality in social media. And could you speak a little bit about either programs and their use of social media or what

advice you give to individuals as they are engaging in social media in regard to confidentiality?

**Tara Moseley:** Sure, so, as far as programs and confidentiality, it's just a little oddly worded question sorry I just want to make sure I am understanding it correctly. Are you meaning like a person being in a program in talking about a particular program as a participant?

**Deb Werner:** Yeah I think their question probably had to do with a program that is using social media like a treatment agency like a recovery agency. For how they protect confidentiality using it. But I know you have also done some work specifically with individuals around social media. So either way you feel like answering it.

**Tara Moseley:** Yeah absolutely. So I always encourage to have people, I'm going to talk to the person first, that if they are to highlight a specific program or anything like that that number one they always have their permission, and then also to kind of already have this conversation of what they are going to be posting. For a specific club, you will for the program or that treatment facility. That is very important because you don't want to have that person to initiate a conversation that maybe they are not even aware of that is happening behind the scenes or whatever situation. I always encourage like I said number one to make sure you have the authorization to do that with the treatment center or person or however you do that. Especially on social media, because once it is out there, it is out there forever. And also to make sure they are communicating with that organization or treatment center. And Make sure they are on the same page of what they are talking about. I have seen a lot of times where a person will be talking about a program and this is what it is, and you know this is how it runs basically, and that information may not be accurate because that is old news or something has changed since then. That's something I would encourage, the communication piece. If you are not okay with that person speaking on that matter, that again going back to the social media piece, that maybe something that you might need to pull that person aside and have a one-on-one conversation with them versus having a public display or argument with them over social media because that is just inappropriate. Sometimes that person may not be aware that they are harming that person, organization, or treatment center.

**Deb Werner:** Great, thank you. And we have, I do see several other questions but I think these questions will also lend themselves to an active group discussion, so I am going to put those on to hold. Particularly to let people know what is coming, talking about relapse in recovery communities, and whether people need formal treatment in recovery communities. And also, some questions related to challenges being a young person in recovery and other diversity issues, African-American and white women working together and building trust. So, those were some of the pieces that are coming. I want to say a huge thank you to Tara for coming in and giving this presentation and sharing both the work she has been doing and her personal experiences. I want to hear more about volleyball later too. And now I am going to introduce Mary Ellen

Copeland. Dr. Mary Ellen Copeland is the author of numerous mental health recovery resources including WRAP the Wellness Recovery Action Plan. She developed a peer-led group model for sharing WRAP that is now evidence-based, and that effectively supports peers in building and maintaining relationships that are meaningful, powerful, and supportive as they move forward in their lives. This model has been used all over the world for over twenty years. Let me welcome Mary Ellen, Mary Ellen are you here?

**Mary Ellen Copeland:** I am here and I am very glad to be here.

**Deb Werner:** Great, and we can hear you so you can take it away.

**Mary Ellen Copeland:** Okay. So we are going to be talking about WRAP personal development and community, but as I've been hearing what Lonnetta and Tara have spoken about, they've talked about lots of wellness tools and so keep in mind as I go through the Wellness Recovery Action Plan with you, and how we begin, all the various resources that were talked about fit in so well with WRAP. The things that we've been hearing about already, and the things that we've been hearing about already are really important topics for women. In this section I will describe for you the WRAP group model, a model that was developed by peers and I took it and wrote books about it, and is now evidence-based and in guiding you through the WRAP process shows you how over time when he used WRAP to develop skills that support them in relationships and community building. While anyone can be in a WRAP group, in this webinar I will be speaking specifically about WRAP groups for women.

To orient you before we get started, these are the parts of the Wells Recovery Action Plan. Before I walk you through the actual process I want to give you some specific information about WRAP groups and how they work.

Women join WRAP groups voluntarily usually referred to by a counselor or case manager, but sometimes on the suggestion and encourage from someone who is in a group and knows how they work. These women are likely experiencing effects of trauma, so the voluntary aspect is crucial. Women who come to these groups may have been badly abused, they may have been hospitalized repeatedly or institutionalized for long periods of time, they been marginalized, likely their self-esteem is poor, that may have little sense of their own value, they may not have any friends, they may never have had another relationship with another women or group of women. They may be very lonely. Over, and over I've seen this in the many groups I have facilitated. Women alone, not a part of a tribe, not a part of anything.

Overtime and in the process of confirming the evidence-base, we have found groups of 8 to 12 women works best. They attend regular gatherings, especially at the beginning, facilitated by a trained peer who also might be a health care provider or professional. Usually they meet for two hours per week for eight weeks, but this can be adapted to meet the needs of the group. The facilitators get the group started but is trained to let go of the leadership role gradually turning responsibility for the

over to the group. It is the group's group and the facilitator just becomes another woman in the group. As a group, these women work together following as much structure or flexibility as the group agrees it wants. And it relies on input and support from each other so that each person can figure out their own personal recovery protocol or Wellness Recovery Action Plan.

The key to this confidential process is the sense of sharing emerges, within the group sometimes very quickly, women are delighted to discover that others will listen to them, understand them, experience what others have experienced, that they will not be blamed, shamed or criticized for what they have gone through, that what others share might be useful to them, and that what they have to share might be useful to other women.

The facilitator has been trained to work with the participants so that they understand how the group works together. The group begins their work together by talking about these issues, issues that are easier to talk about and less personal at the beginning. Things like daily life, things they enjoy. Things that are more natural.

Moving on as the women gain a sense of comfort and safety with each other they can talk about those things that are more personal. The issues in their lives, the things that work for them, the things that haven't. Through this process when they move forward with their own recovery they are building a community that takes on a life of its own. Sometimes after the program ends the participants choose to keep meeting on a regular basis. Or they may make other arrangements that better fit their needs, maintaining the relationships and building the community they have developed through the intensive WRAP process.

The introduction to WRAP, when people first come to the groups, is focused on women beginning to develop a sense of how this group is different, and how it is a safe place where she can feel free to share, to develop relationships, relationships, and community. Something she may never have had. It includes a review of the WRAP values and ethics. A development of a safety contract or comfort agreement, whatever the women in the group want to call it. So I want to review with you the values and ethics, just quickly, because they are really important to the whole WRAP program. The facilitator reads the values and ethics with open discussion of each value and ethic before the group really gets going on working on their WRAP. It's a list of the parameters of WRAP that were developed over time as people became aware of the importance of these particular values and ethics to the effectiveness and power of WRAP groups. And building relationships within these groups, and the community aspects of them. They are self-explanatory but they are different from what you might be used to so I will review them with you quickly.

The first one is, it's about hope. These women may never have felt hope. They may have been told things would get worse for them over time. They would never move forward. WRAP groups counter that. The idea that WRAP promotes self-agency may be very new for these women. All their lives they may have felt that someone else was in control. These women must be treated well in WRAP groups, this includes complete acceptance of all

diversity, including culture, ethnicity, language, religion, race, age, disability, sexual identity and readiness issues. This is critical. We've come so far in this regard, but I find it needs to be reinforced over and over again.

WRAP encourages the women to understand that they can do what they want to do and be what they want to be. The person who is developing their WRAP decides if they want to do it, when they want to do it, how long it will take and whose assistance will support them in the process. And the idea that they are the only expert on themselves is a really new concept for them and eye opening. In WRAP The focus is on individual strengths and away from perceived deficits. All of these may contradict the way these women's lives have been lived. And people agree across the board that they really did not want clinical medical and diagnostic language to be part of WRAP. This is really a peer developed program.

The evidence has shown that working with peers increases the effectiveness of the WRAP process. It is very very important to women that the emphasis be on strategies that are simple and safe, that they have had so much trauma and abuse in their lives, that they want to feel really comfortable with whatever it is they have decided to do. And it is understood that difficult feelings and behaviors are normal responses to traumatic life circumstances, and what is happening in your life is not a symptom or a diagnosis, all of this may be very different thinking for these women. Many of them may have had many or multiple diagnoses. So those are the values and ethics and then the group goes through those in a more structured way and they talk about developing a comfort agreement based on what they heard in the values and ethics and their own experiences. So, it solidifies the safe container, that the women are in when they come into a WRAP group. They develop this contract that will help ensure that the group feels comfortable and safe for every woman in the group, that the group is a place where personal recovery, along with relationship and community building, can happen. The members of the group decide for themselves the parameters of this contract. These are some of the examples of some of the things that people include, they want to make sure this group is confidential and they think about and work on the contract together to figure out how are we going to make this a safe place for us where we can do work that is hard together.

And then moving on to WRAP, the facilitator, or even by now it maybe someone in the group, will introduces each of the sections of the plan to the others along with some personal examples, then the group members share ideas. Some people choose to work on the plan while in the group, jotting things down as they go along, others will choose to do the work after the session. Discussion is encouraged and modeled by the facilitators and more and more by the participants as the group becomes solidly they are. Someone usually writes the ideas on an easel pad for reference. As well as providing a handy reference, this shows the women that they have been heard and their input has value. This is likely a new experience for them.

The women begin by working together to develop a wellness toolbox, this is the cornerstone of WRAP, it is an inclusive list of resources that

people use to help themselves feel better and move forward in their lives. They use these tools to build the action plans that are key to WRAP. At this point you can expect some of the women will talk about what is working for them and what hasn't. For others it is a gradual process as they discover that others want to hear and benefit from what they have to say as they begin to develop more trusting and mutual relationships with each other. Some of the wellness tools actually have to do with relationships and community building. There is more and more, you can think of many many wellness tools because I've attended so many WRAP groups over the years I have a list of hundreds of wellness tools and when I have a rough time or am thinking how I want to reorganize my life I go back to my list of wellness tools, it's an amazing resource.

So we have the wellness tools, and then go to the daily maintenance plan. We continue to work together to figure out how to use these tools to build a daily maintenance plan, it's a list of wellness tools that a woman feels she needs to use every single day to stay as well as possible. This is a new concept for many women. It was for me. I came to see that if I took care of certain things every day I can feel and do well much of the time. And then a list of things I might choose to do on any given day. All of this encourages and supports lots of good conversation trust and relationship building as people feel more and more comfortable with each other as they talk about these things.

And then we move on to triggers. And triggers are things that might come up unexpectedly, that would be upsetting or unsettling and taking the time to identify them. This is harder, this is harder than the things we have been doing and it expands the conversation so you can see as we started talking, we talked about things, easier topics, and when we talk about triggers it is harder. Definitely harder. We talk about things that are upsetting to us. We add more triggers as become aware of them in our life, and then we develop a triggers action plan, we go back and we look at a list of wellness tools. We have lots of options here with the triggers action plan because we never know where we will be when a trigger might come up. So that is a specific kind of action plan and you will see how these action plans differ.

Then we get to early warning signs, and with early warning signs, we can first identify them, these are the kinds of things I use to ignore these are subtle signs within myself. They are not signs outside, but are things happening within me. Things are not quite right. More subtle, less obvious. Easy to ignore. Very interesting to talk about. We have to think more deeply to discover them.

And then coming up with a plan that is more directive, with triggers they can happen any place, with early warning signs you wake up in the morning, you notice it, you say I have to re-design my day. So how will I redesign my day? People get ideas from others in the group, think about their own ideas and share them, and come up with a plan that they think they can put into action to get them through when they have early warning signs.

The next part of the plan, the last part that we are really going to spend a lot of time on, when things are starting to break down. These are signs that things have become much worse. These are the things that are much harder to talk about. When I first started facilitating WRAP groups, the crisis plan which comes next was the big focus. As people work with WRAP they become more and more aware of their own ability to keep a crisis from happening. Really we have seen a big shift in that, people are no longer having crises in dealing with when things are breaking down. They are following their plan closely, and paying particularly more attention when things are breaking down, it become much much more important.

In this part of the plan the women first list signs that they have gotten much worse. Hard stuff to talk about but in any case, it is much easier in a group where women have already safely shared, and there is a sense of safety around things. Then they come up with a very directive plan using their wellness tools to turn this around and get them back to using their daily maintenance plan again. I remember when I wrote my first action plan for when things are breaking down, it included things like taking three days off from work, taking three days off from household responsibilities, doing guided meditation for three times a day, things like that. I shared my plan with a couple of family members, they know me really well and they said I could never do it, they know how hard it is for me not to work on anything. So, I decided to try my plan. I called it a dry-run. I took three days off and I was going to give it a try and they were right I could not do it. So, I revised my plan and I tried it again, the next time I was successful. The input of people in WRAP groups, and lots and lots of women, has made all the difference for me in avoiding the most difficult of times.

In addition, WRAP includes a crisis plan and post crisis plan. Both of these give opportunities to think of things with other women in unconventional ways, they are too extensive to go in to today, but you get the idea of how WRAP works and that is how we would go through each step of the crisis plan and fill out each section, it is more of a form, the kind of people can give to their doctors and other family members, and tells them what they done for them in the event of a crisis. But lots of women are telling me they worked hard at their crisis plan but it's gathering dust because they use them when things are breaking down, and they really don't have crises that much anymore. The crisis plan includes nontraditional items like signs that others need to step in and take over, what you want them to do for you and things you definitely would not want them to do for you. Very important for me, and I've heard from other people in the plan, is for staying at home or in the community in the event that you have a crisis. Women work on their post crisis plans as they are recovering from a crisis, the experience of relationship building that they learn in the WRAP group and their ongoing support group will guide them back so they can return to using their daily maintenance plan again.

So, I hope this overview has piqued your interest in WRAP and shows you it is an easily accessible and successful strategy that has the potential for helping women as they move forward in their lives and as they build

their relationships with others and with the communities of their choice. And I hope that you will remember that all the resources that Lonnetta and Tara spoke to and how people can stick those in their wellness toolbox and then they can make them part of their action plans and put them to use over time.

As a result of making WRAP available, we can expect that women will be more successful in relationships with each other, with family members, with partners and other people in their lives, and in their interactions with people in the community, and will become active participating members of their chosen communities. And you can get WRAP resources at [WRAPandRecoveryBooks.com](http://WRAPandRecoveryBooks.com). Easy to remember and another way you can get to that is through [mentalhealthrecovery.com](http://mentalhealthrecovery.com), if you want WRAP training of any kind, go to [CopelandCenter.com](http://CopelandCenter.com) and [maryellencopelandphd.com](http://maryellencopelandphd.com). I would love to hear from you. I would love to hear if you are using WRAP and how you are using it, and other ideas about recovery. I am supposed to be retired now, but I can't resist my interest, I can't get over my interest in how people are recovering and moving on with their lives. So, I have developed a website. We can share there and I will share it with others, and that way we continue to learn from each other. So thank you very much.

**Deb Werner:** Mary Ellen thank you so very much. What great resource filled presentation. We have a lot of questions around WRAP, I think most of the questions actually have to do with how people can find out more information and this slide likely does provide that, is this the best source for people?

**Mary Ellen Copeland:** Actually, for WRAP groups in their community, I would contact the Copeland Center. It is [CopelandCenter.com](http://CopelandCenter.com).

**Deb Werner:** Okay, great thank you. Thank you very much. And I think what we can do now is move straight into looking quickly at these questions, move us into our panel presentation, and we will get a chance hear further from Mary Ellen, and we will also get the opportunity to hear from the other presenters Tara and Lonnetta. So I am going to ask everybody if you can just take yourself off mute and say hello so we can hear that all three of you are here. Mary Ellen you are still here yes?

**Mary Ellen Copeland:** I'm still here, yep.

**Deb Werner:** Excellent. And Tara?

**Tara Moseley:** Yes I'm here.

**Deb Werner:** And Lonnetta?

**Lonnetta Albright:** I'm here.

**Deb Werner:** Very good. So we have a huge number of questions that I will try to group into three general areas. The first one has to do with recovery communities in general. And I think that we can think about WRAP in a sense as a recovery community, then there are formal and informal recovery communities. Some people have asked about do people need to go to treatment first, some people have asked questions about what do you do when somebody relapses in a recovery community. I'm just going to ask if each of you could provide a couple of sentences of insight if you have some specific information about resources you would like to provide and we can also provide that to people. Whoever would like to go first.

**Lonnetta Albright:** You know Deb, this is Lonnetta, I'll go first on this and I'd answer that question from a recovery oriented framework and looking at recovery as the umbrella. And asking and cautioning us, to not look at treatment first and then a hand off to recovery. Recovery is an umbrella, and treatment is one of those avenues for people to achieve recovery and in a recovery continuum, if we believe that recovery is a disease, addiction is a disease, we are talking about chronicity, and when we look at that continuum there, pretreatment, early engagement, early access, treatment is there of course in that continuum for those who need treatment. But to really look at the recovery continuum Deb, is what raises for me and Mary Ellen will talk about peers and when we look at peers being a part of the team, in many instances as it relates to relapse, having peers as part of the team, equal not second-class citizens, not junior counselors, but in their role, many of the programs and systems are telling us that peers have helped as it relates to relapse, but that recovery continuum really trying to shift from treatment and look at the community and the entire continuum for people is how I would answer that Deb.

**Deb Werner:** Great thank you. Tara, Mary Ellen, would either of you like to add to that?

**Tara Moseley:** Yeah certainly this is Tara, I cannot agree more with Lonnetta. Recovery really is a lifelong journey, and treated maybe a first step for some individuals and it may not be for some, it really needs to be identified as you know what does this person need rather than this is the first that for everyone, we cannot have a general blanket rule for everyone, it's that's an issue and it's a problem that we really should look at that not everyone needs treatment. But I also think that we should not look at relapse as a punitive thing because that's what I've seen as a person in recovery, it's this perception of a person who has used again so they're no longer a good person although that could be the furthest thing from the truth, is this preconceived notion so we have to move away from that and see that as a learning curve, and that people may need an additional set of help, additional resources, additional peers. Where is this person lacking in their recovery journey to help enabled them to be successful. I think that was something that we should really keep in mind and continue to look at to see what people need and the level of care that they need.

**Mary Ellen Copeland:** And I always put everything sort of in the context of wellness tools and WRAP and I see treatment as wellness tools and people can choose when they are ready for whatever treatment might mean to them, with all sorts of treatment options and people as they learn about what they're experiencing, they can figure out when treatment and what kind of treatment is the wellness tool that they want to use. And being part of a WRAP group really helps people become aware of that, and we have had people come to WRAP groups, as I have said in the values methods there is no readiness so sometimes people are in the midst of having real problems with substance abuse, and having real problems with anxiety, posttraumatic stress disorder and all the signs that go along with that, and to come to a WRAP group wherever they are and begin to work their way back to the way they want their life to be so I don't think there's a one thing comes after the other kind of thing. It's again on a continuum.

**Deb Werner:** Great, thank you very much. We also received a number of questions related to cultural diversity or culturally specific approaches. I think one way to group all of that for purposes of our discussion would be a question around how do we navigate cultural differences among women and within an acknowledgement that our experiences and perspectives can be very different. And I know each of you have talked some about some cultural responsive approaches or cultural inclusion in each of your discussions. Anybody like to start this?

**Mary Ellen Copeland:** This is Mary Ellen, and I would say when we first developed WRAP we were very concerned that it would not be all right with some cultures, that some cultures would have problems with it and over time we've seen that people have been able to adapt it so that it works with different cultures so that WRAP is a way that is excepting of whatever culture people have and that people, again can adapt the WRAP process to whatever their culture might be.

**Lionnetta Albright:** And you know, this is Lionnetta, there are couple of things that come up for me as I look at this whole piece around diversity and women. And as a life coach, I cannot say enough about asking questions number one. And not making assumptions, and sometimes that is difficult many times people will bring in an objective facilitator, to help lead a discussion, someone who is comfortable with the difficult questions, and taking care of the room but the discussion is important and asking great questions when I worked with our Native Americans, or American Indian partners in Michigan, they said to me one of the reasons why we accept you is because you come in and you ask us questions. You ask about our culture, you ask about what is important to us, so I cannot say enough about questions and listening sessions, listening to each other, and the one slide Valerie talks about how we deliver and get feedback in a light tone of voice and acknowledging positive things when we get ready to answer someone. To put positives in front of whatever it is we're going to talk about. The other thing that I will say too, as an African-American female what was extremely helpful for me was having African-American mentors, and picking women who they did not even know me, I may not have known them but I liked something about them and I just

reached out to them and told them what I was looking for I cannot say enough about mentors and then also the role of peers. And making sure that's a good fit. That peers are matched, and that we do a good job within our organization, when we look at who we are serving, and we think about peers and mentors that we begin to build relationships. If I have got Asian women in my agency, I need to go to the Asian community then as a provider, and work with the Asian community and see if I can engage them and find peers and mentors for the population we are serving so those are things, Deb, that come up for me, I think about differences in generations, I think millennials are getting a bad rap quite honestly. You know, so how are we bridging the gap with millennials and it is in the question and listening and talking to people and sometimes we need help. Sometimes we need a facilitator. So, those are my thoughts.

**Deb Werner:** Great, thank you. Tara would you like to contribute?

**Tara Moseley:** Absolutely, I was just listening to Lonnetta and I cannot agree with you more. Asking questions, and also knowing cultural competency, and in the way that we do that is to really ask questions and have the conversations and dialogues, and to come from a place that is trauma informed and from an open-minded perspective of knowing like I don't have all the answers, and sometimes we can get caught up in that we're supposed to have all the answers but it's okay to not have all the answers. And I think, I've actually researched a few things on SAMHSA's website for cultural competency, so that would be a big suggestion, to providers that you know you deal with a diverse population, and really kind of have that conversation with your clients about what do you need, because sometimes we really just don't know exactly where that person is coming from and what circumstances that they have lived through and it is important to ask those questions and listen, thoroughly listen, understand that their experiences maybe something different than we have learned or been trained on and just learn more about it.

**Lonnetta Albright:** Right, and both Tara and Mary Ellen mentioned leadership and the women that we are working with in leadership roles not after we figured it out, but having them as a part of the discussion, from the beginning, we learned much we had a young single mom, I don't train now without having people in recovery at my co-trainer or panelists, and a young mom she is in her late 20s now, she told us if she could change anything that we do, she would suggest that we have support groups that are age-specific, that she wishes that she would have been in a group where the other women in the group were her age and so we learn a lot when we start partnering with women and people we work with and as opposed to we are the experts so I will throw the leadership piece in, because both of these women mentioned it and I think that's a big piece.

**Deb Werner:** Great, thank you Lonnetta. And I had a third kind of topic area for conversation but I don't think we will have time so I am just going to sort of summarize. We also had a lot of questions about how we support people to access the community beyond the recovery community and move in to some of those areas and how we provide the supports you know. And let me just start by saying it's important for people to develop and

establish that safe group. The place where they can go and just kind of let it hang out, that place where they are not isolating, and building that recovery support system, if there isn't that recovery support system in the community then using and relying on peer service providers, peer specialist can start to provide that, but it is also ultimately the goal that people are engaging broader, they start to engage more with their families and communities. Tara I know talked about playing volleyball, and soccer and all of the work she has been doing around schools, Lonnetta talked about making linkages with faith-based communities and with jobs, and everybody's talked about boards and politics. An old mentor of mine, Susan Blacksher, taught me this line, you know I am a woman in long-term recovery but the line is "I'm an alcoholic addict, but that's not all that I am." So, building in and that's taken a lot of years of recovery and of taking risks and going out and doing things to become more of a part of mainstream society if you will, that those are part of those long-term recovery processes, the WRAP plan is a resource that people can use to help to do that, same with other recovery places where we can be really kind of cheering people on. I want to take just a moment to say a huge thank you to our speakers. To Mary Ellen, to Tara and to Lonnetta for coming out and sharing their experience with us. I also want to say thank you to Shannon Taitt, our contracting officer representative, Sharon Amatetti the women's issue coordinator at SAMHSA, and Kana Enomoto the acting assistant secretary of HHS who have all been very very supportive of women's services, and to Nailah Harrell and Kristen King our co-leads for the Relationships Matter series, and the tech team behind this.

And also, all of you for coming out for all of the work that you do for women. I will go ahead and walk us past a couple of resource slides, that will be available, that you will be able to access. I think we will go ahead and put the links into the chat into this as well so that people will have those and ongoing access to those. We do ask that everybody complete the evaluation section of the survey which is going to, the link that is here, and also if you want continuing education units, to complete the quiz. Everybody will also receive an email who is registered for the event will receive an email containing this information. If you want continuing education you must complete the full information including the quiz. When you pass that you will be able to download a certificate immediately. We hope that you'll all join us on May 9 for *Motherhood: What it Means for Women's Recovery*. We have the registration link here. And with that I will say a huge thank you. This concludes the audio portion of our webinar. The screen will remain open for a few more minutes so that you can click on these links.

Thank you everyone have a great day.