BJA's Comprehensive
Opioid Abuse
Program

Integrating Peer Supports in Treatment and Recovery Courts

April 28th, 2021

Welcome and Introductions

BJA's Comprehensive Opioid Abuse Program

Welcome

- Lauren Marshall, MPH, MPP
- Julie Seitz, LGSW, LADC
- Paul R. Bryant, Jr., BSW, CRSS
- Jen Verhasselt, MA, PCLC, LPC
- Annette Redding, CBHPSS
- Beth Elstad, CPRS, LADC

Guest Presenter – Julie Seitz

- Project Director for the National Center for DWI Counts (NCDC), a division of the National Association of Drug Court Professionals (NADCP)
- 20 years experience working in clinical sector
- Previous clinical director of the Center for Alcohol and Drug treatment in Duluth, Minnesota
- 10 years as treatment provider for MN DWI and mental health courts
- Focused on feedback-informed research and outcome-driven practice
- Trained at local, national, and international levels

BJA's Comprehensive Opioid Abuse Program

Guest Presenter – Paul R. Bryant, Jr.

- Certified Recovery Support Specialist with The University of Alabama at Birmingham Community Justice Programs
- 2016 graduate of the Jefferson County Drug Court Program and current peer coordinator
- Conducts peer lead support groups, evidence based cognitive behavioral interventions, and works with specialty courts
- Certified through the Alabama Department of Mental Health as a Certified Recovery Support Specialist (CRSS), BSW in Social Work, currently pursuing Masters in Clinical/Medical Social Work (MSW)

BJA's Comprehensive Opioid Abuse Program

Guest Presenter – Jen Verhasselt

- Senior Director of Residential and Peer Support Services at Rimrock
- Oversees Residential and Peer Support Services, Pathway to Parenting grant, and Addiction Recovery Team
- Implemented Peer Support Services throughout Rimrock and partner treatment courts
- Masters of Mental Health and Rehabilitation from Montana State University– Billings and BS in Psychology from University of Montana
- Licensed Addiction Counselor and a practicing Licensed Professional Counselor
- Substantial clinical experience working with adults with addiction and co-occurring disorders

Guest Presenter – Annette Redding

- Certified Behavioral Health Peer Support Specialist (CBHPSS) with Rimrock since 2018
- Supervisor of Rimrock's Peer Support Program since July 2020
- Graduate of Felony Drug Court, Recovery Community Advocate
- Leads 14 CBHPSS in integration in all Rimrock programs
- Led implementation of Peer Support into Billings Community
- Member of Board of Gratitude in Action
- Pursuing Bachelor's in Psychiatric Rehabilitation

Guest Presenter – Beth Elstad

- Woman in long-term recovery
- Co-founder of Recovery Alliance Duluth
- Certified Peer Recovery Specialist, Licensed Drug and Alcohol Counselor
- Over 23 years in non-profit administration
- Provides ongoing support to recovery community
- Previous coordinator for SSLC DWI court

Learning Objectives

BJA's Comprehensive Opioid Abuse Program

After this session you will be able to:

- Describe diverse treatment and recovery court programs and how they integrate peer specialists
- Identify changes to organizational practices and procedures necessary for the successful integration of peer work
- Discuss training for peer specialists and departmental staff to prepare for peer services
- Explore important stakeholder partnerships
- Describe outcomes of programs to date

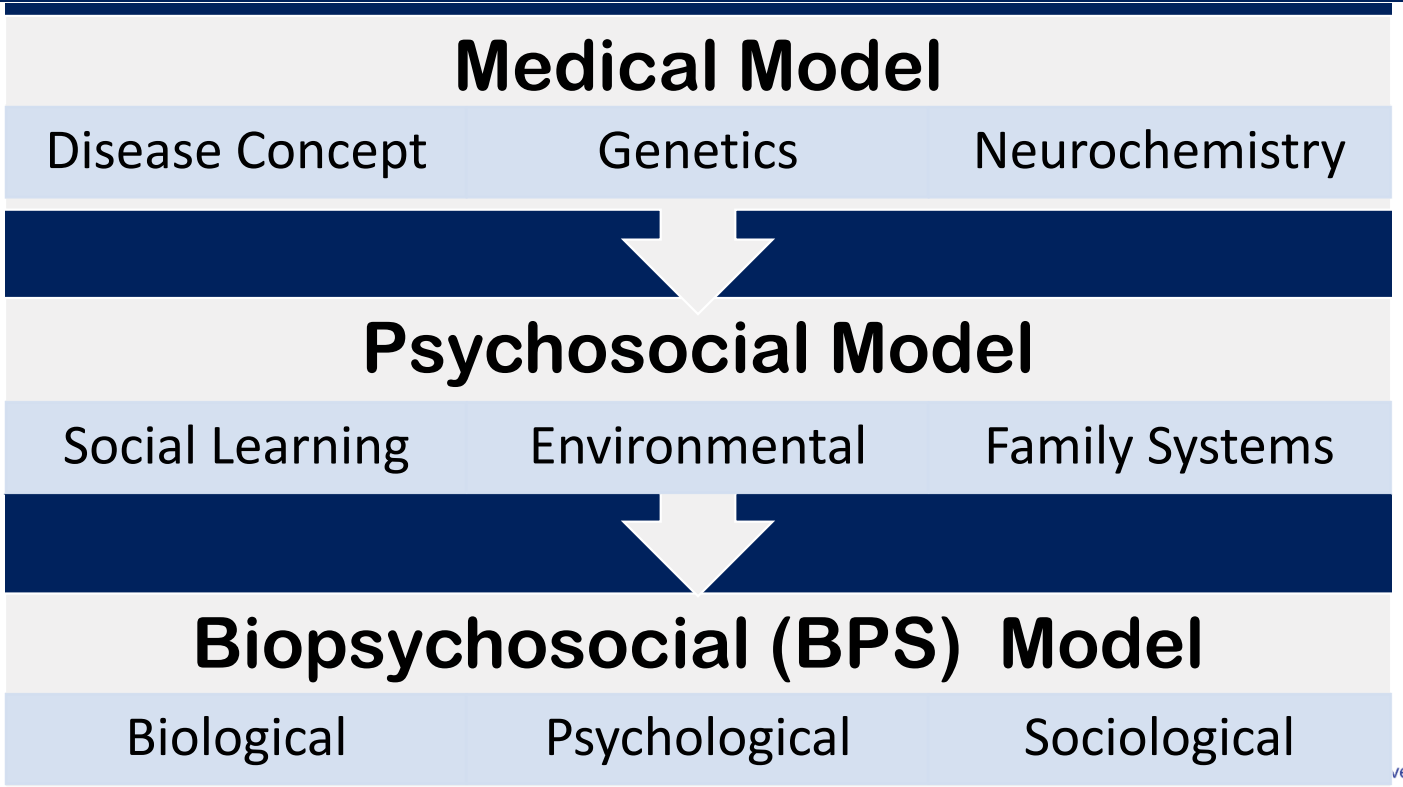
Understanding Recovery Oriented Systems of Care

Julie Seitz LADC, LGSW, MSW, National Association of Drug Court Professionals (NADCP)

April 28, 2021

BJA's Comprehensive Opioid Abuse Program

Three Top Models Substance Use Disorder Treatment



Acute Care Model

Brief period of professional intervention followed by cessation of services.

Screen, assess, place, treat and discharge

Works well in acute trauma settings

Less effective in SUD treatment with clients who have complex and high severity needs

BJA's Comprehensive Opioid Abuse Program

Considerations of an acute care model

Services are delivered programmatically and uniform

Professional expert often directs and determines plan

Services are provided over a short period of time (time limited, usually payer driven)

Impression that discharge or “graduation” is completion. Putting the onerous of long-term recovery on the individual without professional assistance.

Post-treatment relapse and re-admissions are viewed as failure or non-compliance of the individual- rather than flawed treatment plan/aftercare planning.

BJA’s Comprehensive Opioid Abuse Program

Chronic Condition Model

- Long-term involvement with health care system
- Continued care following treatment
- Education regarding self-care
- Regular check-ups
- Linkage to community resources

BJA's Comprehensive Opioid Abuse Program

ASAM Definition of Addiction

Addiction is a treatable, chronic medical disease involving complex interactions among brain circuits, genetics, the environment, and an individual's life experiences. People with addiction use substances or engage in behaviors that become compulsive and often continue despite harmful consequences.

SAMHSA
RECOVERY

A process of change through which individuals improve their health and wellness, live a self-directed life, and strive to reach their full potential.

- SAMHSA, Working Definition of Recovery

Recovery Capital

- Internal and external resources to initiate and sustain recovery
- Resiliency factors
- Strength-based
- Wellness
- Solution-focused
- Natural recovery

Social Capital

- **Prosocial peers and role models, not restricted to family**
- **Commitment to and satisfaction from employment**
- **Support from someone, including those in authority**
- **Prosocial leisure activities**

Until lions have their historians, tales of hunting will always glorify the hunter.
ican Proverb

Specialty Courts

Paul R. Bryant Jr., BSW, CRSS, Peer Coordinator for Jefferson County Specialty Courts/UAB School of Medicine, The University of Alabama at Birmingham

April 28, 2021

BJA's Comprehensive Opioid Abuse Program

Specialty Courts in Jefferson County

- Adult Felony Drug Court
- Veteran's Court
- Mental Health Court
- Family Wellness Court

What is Peer Support?

- Peer support is the act of people who have had similar experiences with substance use disorders and/or mental illnesses giving each other encouragement, hope, assistance, guidance, and understanding that aids in recovery. It can be done anytime anywhere when two or more peers are in a mutual, supportive relationship.
- Peer support is a range of non-clinical supportive services to facilitate the process of recovery and holistic wellness.
- These services may be provided prior to, during, and after treatment to an individual and/or family member of an individual with a substance use disorder and/or mental illness in an individual or group setting.
- Peer Support Services must promote:
  - Many pathways to recovery
  - Self-directed care
  - Recovery oriented care
  - Self-advocacy
  - A strength-based approach
  - Relationship enhancement
  - Based on peer support philosophy

Peer Support Specialist Roles

- Peer Support Specialist
  - A person living in recovery with a substance use disorder and/or mental illness and providing support to others seeking recovery from a substance use disorder and/or mental illness
- Peer Bridge Builder
  - Represents a bridge which connects two entities that are separated, because of the peer specialist's experience as both "client" and "staff", they have the ability to provide a bridge between the two.
- Peer Mentor
  - A mentor is a person who has experience in a given area and uses that experience to help another person advance in a particular area of life. A peer mentor uses their recovery experience to help a peer learn the needed skills to move beyond the disabling power of their addictive disorder and/or mental illness and create the life they want.

Role of Peer Support Specialist in Specialty Courts

- Provide peer support based on peer's lived experience, knowledge of resources, and connections to the recovery community
- Bridge the gap between case manager and client and also Judge and client
- Engage participants at application process and answer any questions they may have
- Engage participants at orientation and give information about the program and Alumni Group
- Lead Recovery Support Groups
- Lead evidence based criminal thinking and cognitive behavior intervention groups
- Provide one on one sessions with the client in the office, field, or on the phone
- Connect client to resources in their community based on need, preference, and past experience
- Transport client's to treatment so they have a "warm hand off" which makes the client more comfortable and confident upon arrival
- Advocate for client in court and in staffing meetings
- Help clients plan for graduation/completion of program by developing long term recovery management plans

Peer Support Core Competencies/Skills

- **Recovery Orientated Systems of Care**
  - A coordinated network of community-based services and supports that is person centered and builds on strengths of individuals, families, and communities to achieve recovery, improved health, wellness, and quality of life
- **Cultural Competence**
  - Peers value the cultural differences and preferences on the individual, and realize that cultural can influence a person's willingness to receive help and their preference on how services will be provided
- **Motivational Interviewing**
  - Peers use motivational interviewing as a client-centered, empathetic yet directive interaction designed to explore and reduce inherent ambivalence and resistance. This can encourage self-motivation for positive change in people. This is not a technique but rather a style, a facilitative way of being with people
- **Self-Efficacy**
  - This is critical to the success of the client, if a client doesn't believe they can be successful then success becomes difficult or impossible to achieve. When the peer believes in the client and is able to convey that to the client, they can enhance the client's belief that change is possible
- **Peer Using Their Personal Recovery Story**
  - The most valuable tool a peer has is their lived experience, learning how to share this is a vital skill. Peer's personal stories should only be used to help clients, never to work through their own issues. This requires the development od appropriate and professional communication skills, learning to say a lot in a short amount of time, and staying focused on the person they are working with (not themselves)
- **Ethics/Boundaries**
  - A peer's main ethical obligation is to "do no harm". Ethics and boundaries are things that many peers may struggle with, which is why frequent training and education is recommended. This is because many peers have such deep empathy for the client that the professional and personal lines/boundaries can become blurred. Each agency has their own specific policy and procedure that must be adhered to as well and the peers ethical obligation to the certification they hold

Rimrock Peer Support Services

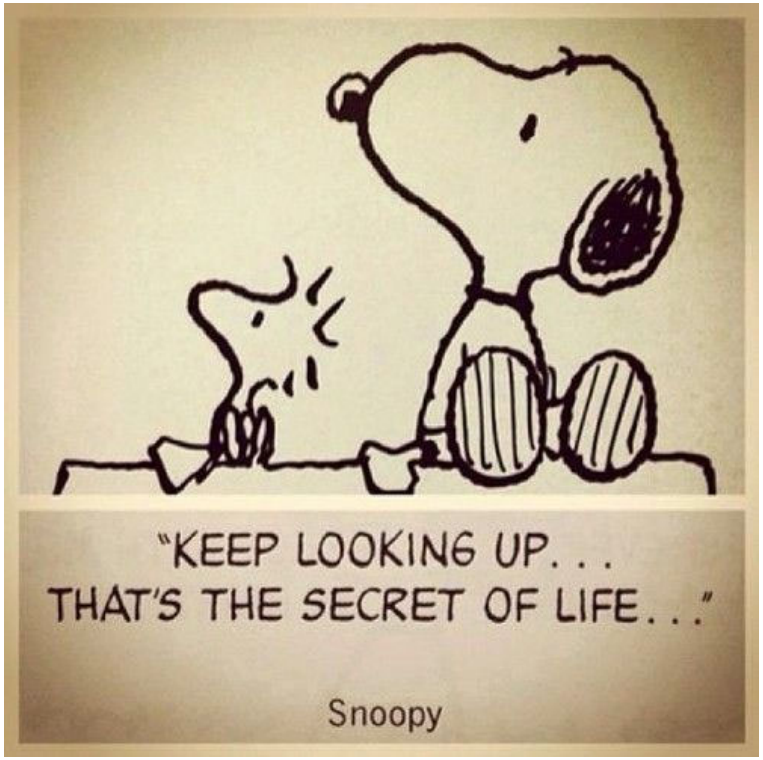
Jen Verhasselt MA, PCLC, LPC and Annette Redding CBHPSS

Rimrock Foundation

April 28, 2021

BJA's Comprehensive Opioid Abuse Program

Why Peer Support?



Getting Started

- Interviewing – Ask the hard questions…
  - How long in recovery?
  - How do you engage and maintain your recovery?
  - Have you been diagnosed with a Mental Health or Substance Use Disorder?
  - Have you been trained as a Peer Support Specialist and are you certified?
  - Why are you applying and what do you have to offer the clients?
- Ensure a reconciliation of the Peer Supporters history with the court system

Training and Certification

- Training varies by state
  - Community/family education
  - Case management
  - Crisis management
  - Recovery oriented systems of care
  - Screening and intake
  - Substance use indicators
  - Mental health indicators
  - Cultural awareness
- Supervision
  - Licensed Addiction Counselor Supervision
  - Peer Support Supervision

Getting Buy In…

- Needed at all levels
  - Set the vision
  - Align with billing, revenue, productivity, and other organization – wide goals and priorities
  - Treat as a pilot
  - Get feedback on target populations for pilots
  - Educate staff on peer support role
  - Be clear about how peer support functions will be utilized with target population
  - Create concrete processes for referral to the peer
  - Set expectation that the peer is providing team – based care with clinical and other staff
  - Facilitate discussions on how staff can complement while staying in their own lane
  - Create processes for team communication

Building the Program

Tasks	Example
Define the population	Clients who are participants in Felony Drug Court
Convene a planning team	Clinical director, Peer supervisor, medical director (If run through the courts: Clinical representative, Peer Supervisor, Judge and Court Coordinator)
Define desired outcomes	Increased retention in Felony Drug Court, including attendance in counseling
Map referral process	New intakes, existing clients get warm hand-off after next counseling session
Develop clinical and administrative process	Recovery planning process, intensity and dosage, weekly care coordination huddles
Launch the Pilot	Launch on November 1, 2021
Evaluate efficacy / efficiency	Conduct review of pre- vs. post-intervention Felony Drug Court retention and counseling no-shows: assess staff perceptions of whether it's working or not

Integrating into Treatment Courts

Wheel and Spoke Model

Measuring Success

- Integrate into established outcomes report
- Offer follow-up and ongoing connection opportunities

Recovery Alliance Duluth

A Recovery Community Organization: Normalizing Recovery, Eliminating Stigma.

Beth Elstad, Co-founder, Executive Director, a person in long-term recovery,

Certified Peer Recovery Specialist, Licensed Alcohol and Drug Counselor

BJA's Comprehensive Opioid Abuse Program

Recovery

- Recovery Alliance Duluth *believes* recovery is a commitment to positive, strength-based life change.
- It does not begin or end with abstinence.
- Recovery is an individually directed journey in which positive, physical, mental, emotional and spiritual balance may be achieved.

Peer Recovery Specialists

- We connect individuals with people who are in recovery and have personal experience and training to support them.
- We connect individuals to resources that can give them the tools they need to move forward with their recovery.
- We help allies, families, friends, providers, and people in recovery through connection, individual or group recovery support, activities, and events.
- We are not a treatment center. We are not medical professionals. We are community members passionate about making recovery accessible and eliminating the stigma around substance use disorder and recovery.

Stigma

Stigma means a mark or sign of shame, disgrace, or disapproval; of being shunned or rejected by others. It emerges when people feel uneasy or embarrassed to talk about behavior they perceive as different.

Cosco A. Williams, Veterans Health Administration,

Atlanta, Georgia

Types of Stigma

Self Stigma: Accepting and internalizing negative stereotypes about oneself.

Public Stigma: Negative attitudes and fears that isolate those with addiction.

Stigma against medication: Belief that medications “trade one addiction for another”.

Structural Stigma: Excluding those with addiction from opportunities and resources.

www.shatterproof.org

Words Matter

Using person first language reduces stigma

Words to avoid	Words to use
Addict	Person with substance use disorder
Alcoholic	Person with alcohol use disorder
Drug problem, drug habit	Substance use disorder
Drug abuse	Drug misuse, harmful use
Drug abuser	Person with substance use disorder
Clean	Abstinent, not actively using
Dirty	Actively using
A clean drug screen	Testing negative for substance use
A dirty drug screen	Testing positive for substance use
Former/reformed addict/alcoholic	Person in recovery, person in long-term recovery
Opioid replacement, methadone maintenance	Medications for addiction treatment

www.shatterproof.org

Recovery is Real

No Shame. No Stigma.

BJA's Comprehensive Opioid Abuse Program

Contact Information

Beth Elstad

beth.e@recoveryallianceduluth.org

(218) 310-3799

www.recoveryallianceduluth.org

Questions?

BJA's Comprehensive Opioid Abuse Program

Contact Information

Julie Seitz

National Association of Drug Court Professionals

jseitz@dwicourts.org

Paul R. Bryant, Jr.

UAB Community Justice Programs

prbryant@uabmc.edu

Jen Verhasselt and Annette Redding

Rimrock Foundation

jverhasselt@rimrock.org

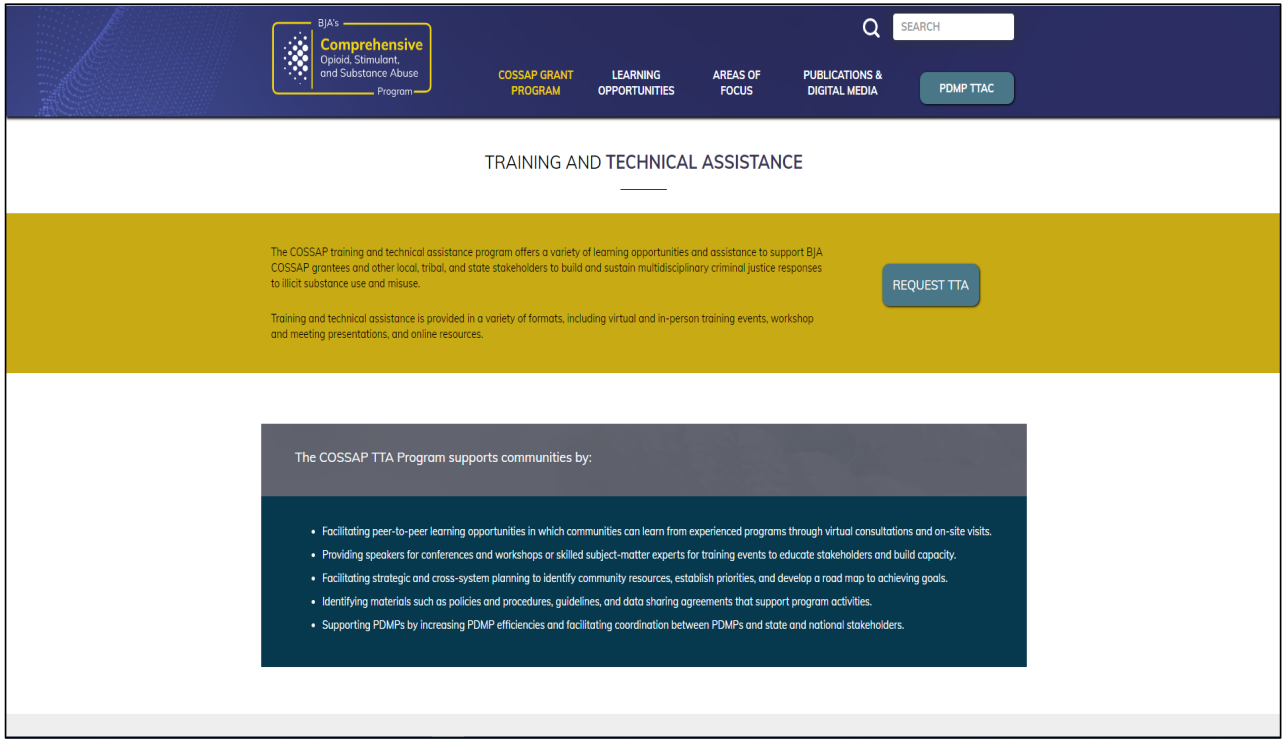
aredding@rimrock.org

Beth Elstad

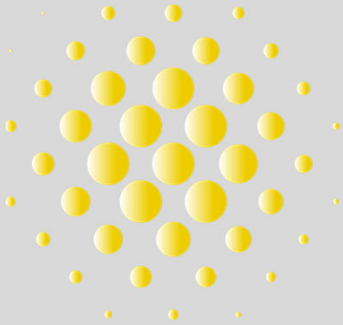
Recovery Alliance Duluth

beth.e@recoveryallianceduluth.org

https://cossapresources.org/Program/TTA



BJA's Comprehensive Opioid, Stimulant, and Substance Abuse Program



BJA's Comprehensive

Opioid Abuse

Program