



McShin Recovery Coach & Peer Leadership Training

Mississippi

2016

Facilitated by : John Shinholser
McShin President, Richmond Virginia.

Pay Attention !

Please fill out pre evaluations

House Keeping

Thank You!

Introductions !

- Name
- Organization
- In Recovery, Family Recovery , Professional ?
- What do you hope to gain from training?

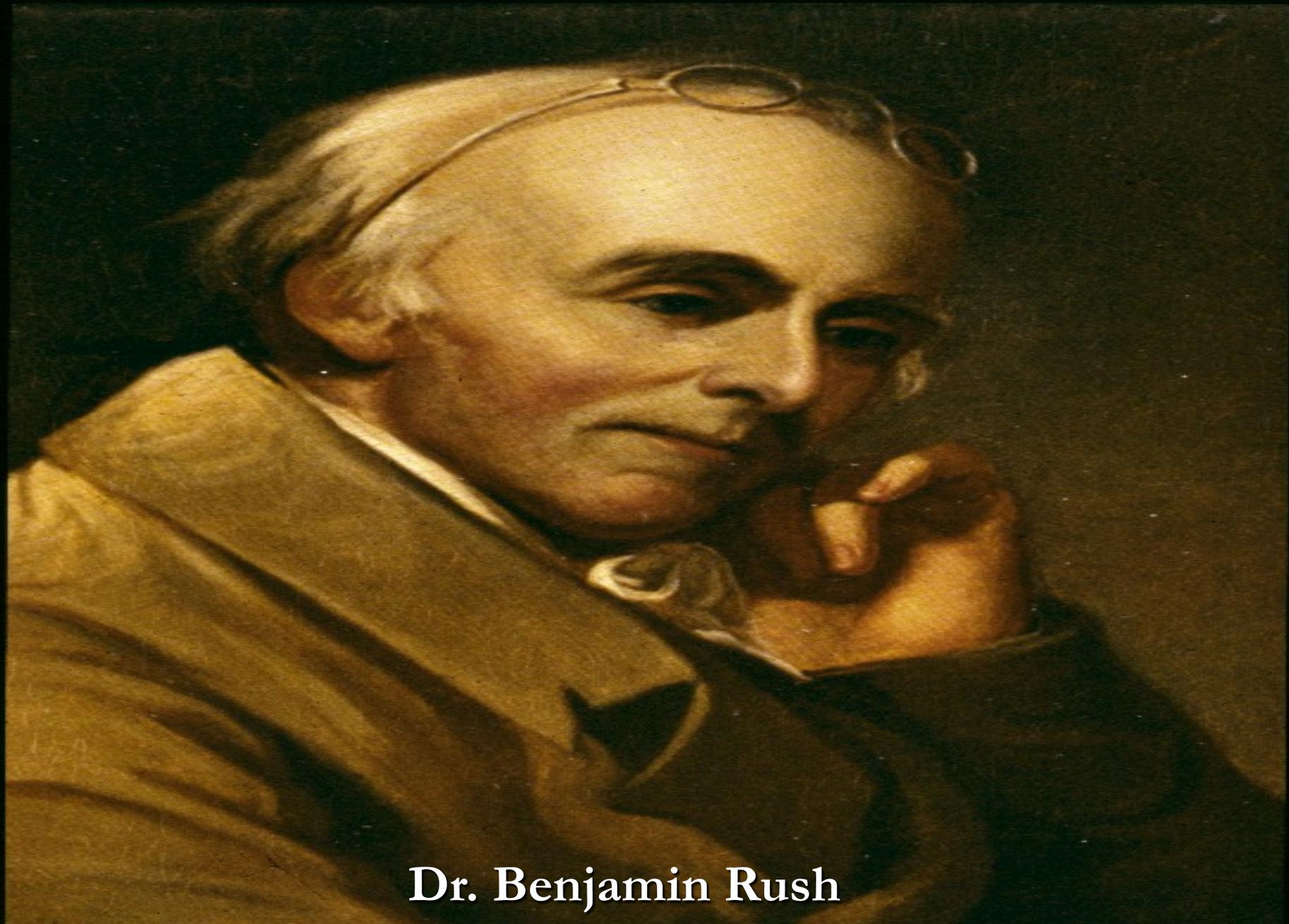
Slaying The Dragon

- The History of Addiction Treatment & Recovery in America

Chestnut Health Systems
(bwhite@chestnut.org)



Colonial American Drunk Driver in 1700's



Dr. Benjamin Rush

Father of the American Disease Diagnosis of Alcoholism



WASHINGTONIAN MOVEMENT: EARLY MEMBERS OF THE WASHINGTON TEMPERANCE SOCIETY

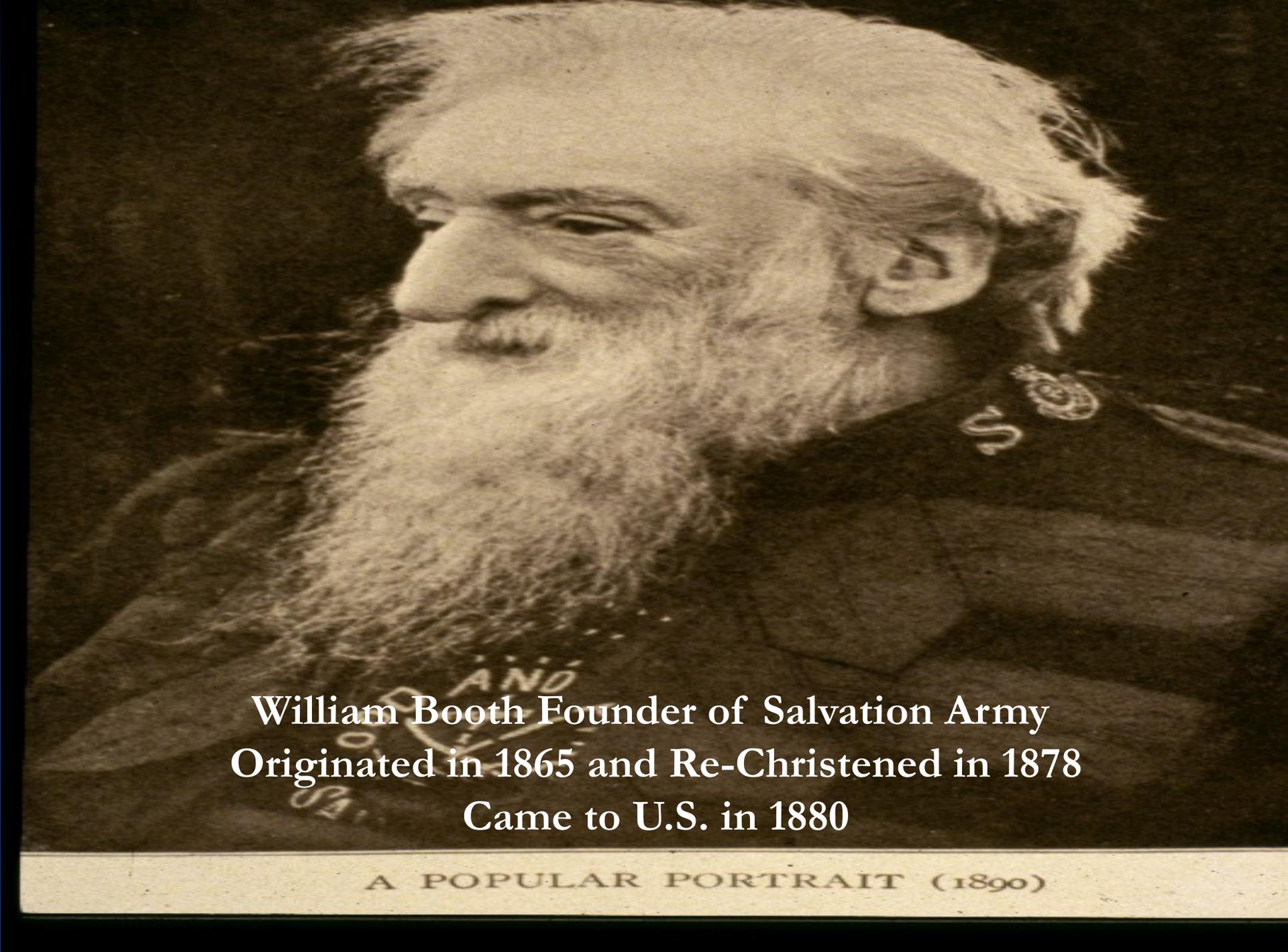
Early Washingtonians

Early Washingtonians

- Washingtonians first large recovery organization formed in 1840.
- At height of movement (1843) over 600,000 pledge members.
- Abraham Lincoln gives speech in 1842 (Washingtonians) “*teach hope to all-despair to none.*”
- There have been hundreds of these kind of organizations for the last 250 years.

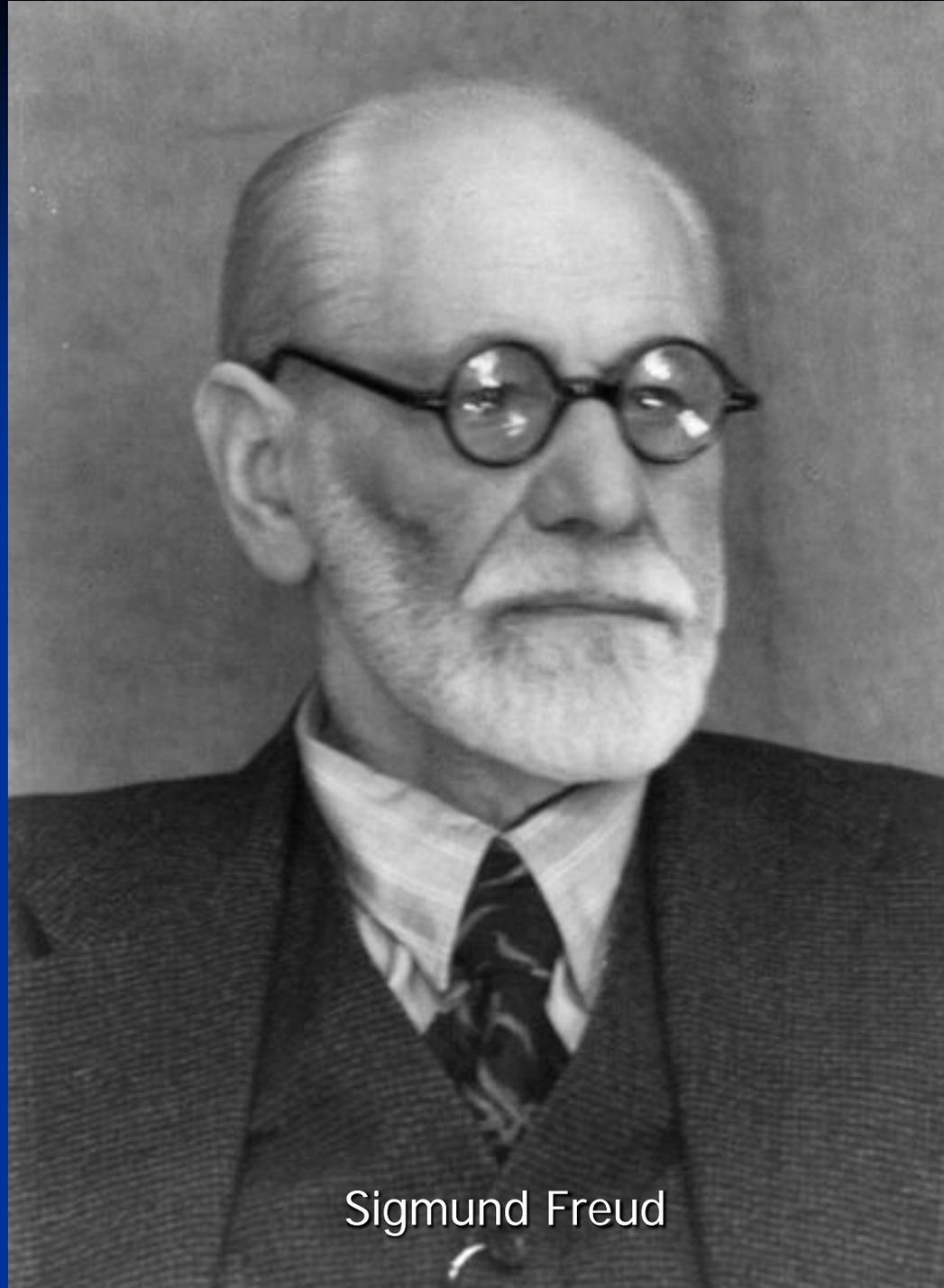
Faith Based Recovery

- The Salvation Army
- The Drunkard's Club
- United Order of Ex-Boozers
- The Boozer's Brigade
- There have been hundreds of faith based organizations for over 250 years.



William Booth Founder of Salvation Army
Originated in 1865 and Re-Christened in 1878
Came to U.S. in 1880

A POPULAR PORTRAIT (1890)



Sigmund Freud

Sigmund Freud

- *“Ueber Coca” (On Coca) 1884*

Published in the St. Louis Medical and Surgical Journal. Freud recommended Cocaine as a potential treatment of morphine addiction.

- *“Remarks on Craving for and Fear of Cocaine” 1887*

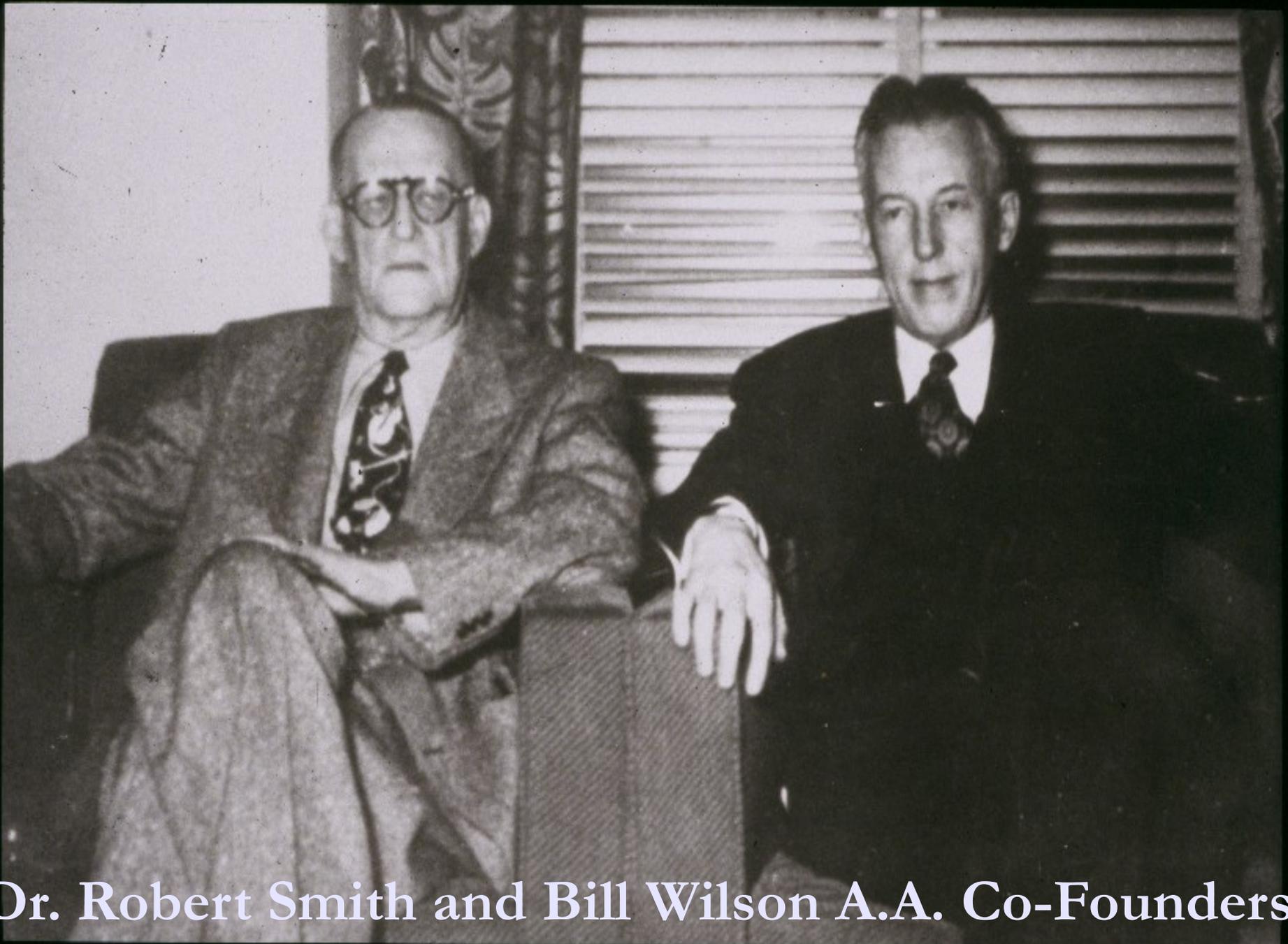
Freud retracted the use of cocaine as an addiction cure.

William Halstead

- Father of American surgery
- Attended Yale mid 1870' s
- First Professor of Surgery and Surgeon-in-Chief at John Hopkins Hospital
- Colleagues experiment with Cocaine
- Halstead Dies at age 70 in 1922 kept secret morphine (maintenance) till death

Modern Alcoholism & Addiction Movement Begins in 1935

- Alcoholics Anonymous
- Narcotics Anonymous
- Treatment Center Industry (1959)
- Recovery Community Organizations



Dr. Robert Smith and Bill Wilson A.A. Co-Founders



Early A.A. Members practicing anonymity at the level of press



Ray McCarthy Lecturing



**Marty Mann and E. M. Jellinek
on Lecture Circuit NCADD**

■ Jimmy Kinnon Co-Founder of
Narcotics Anonymous (N.A.)
1953

■ Today there are over 65,000
meetings a week around the
world.



- In 1957 The American Medical Association officially declared Alcoholism and Addiction a disease.
- DSM V
(Diagnostic and Statistical Manual of Mental Disorders)

- The recovery community championed the birth of professional treatment (Tx.), as a special doorway of entry to recovery, for the many people who could not find recovery on their own.

Acute Care Model (Tx.)

- Medical, Clinical
- In-Patient / Out-Patient
- HIPAA
- Maximum Government Oversight
- Federal, State, Local

Collapse of Insurance Reimbursements

- By early 1990's HMO's cut paying for in-patient treatment.
- The burden of addiction shifted dramatically to the public and government agencies.
- As a result, the largest build-up of the criminal justice system was recorded.

By Year 2005

- Restigmatization
- Demedicalization
- Recriminalization
- Felonization

Drug Courts Today
*** 2,907 Drug Courts in**
Operation in the United
States and its Territories
as of December 31,
2013 Court Type

*Dec 31st 2013

Court Type Number Adult (*of which 436 are Hybrid
DWI/Drug Courts) 1,518

Juvenile 438

Family Treatment 307

Tribal Healing to Wellness 119

Designated DWI 237

Campus 6

Reentry Drug 25

Federal Drug 25

Federal Veterans Treatment 4

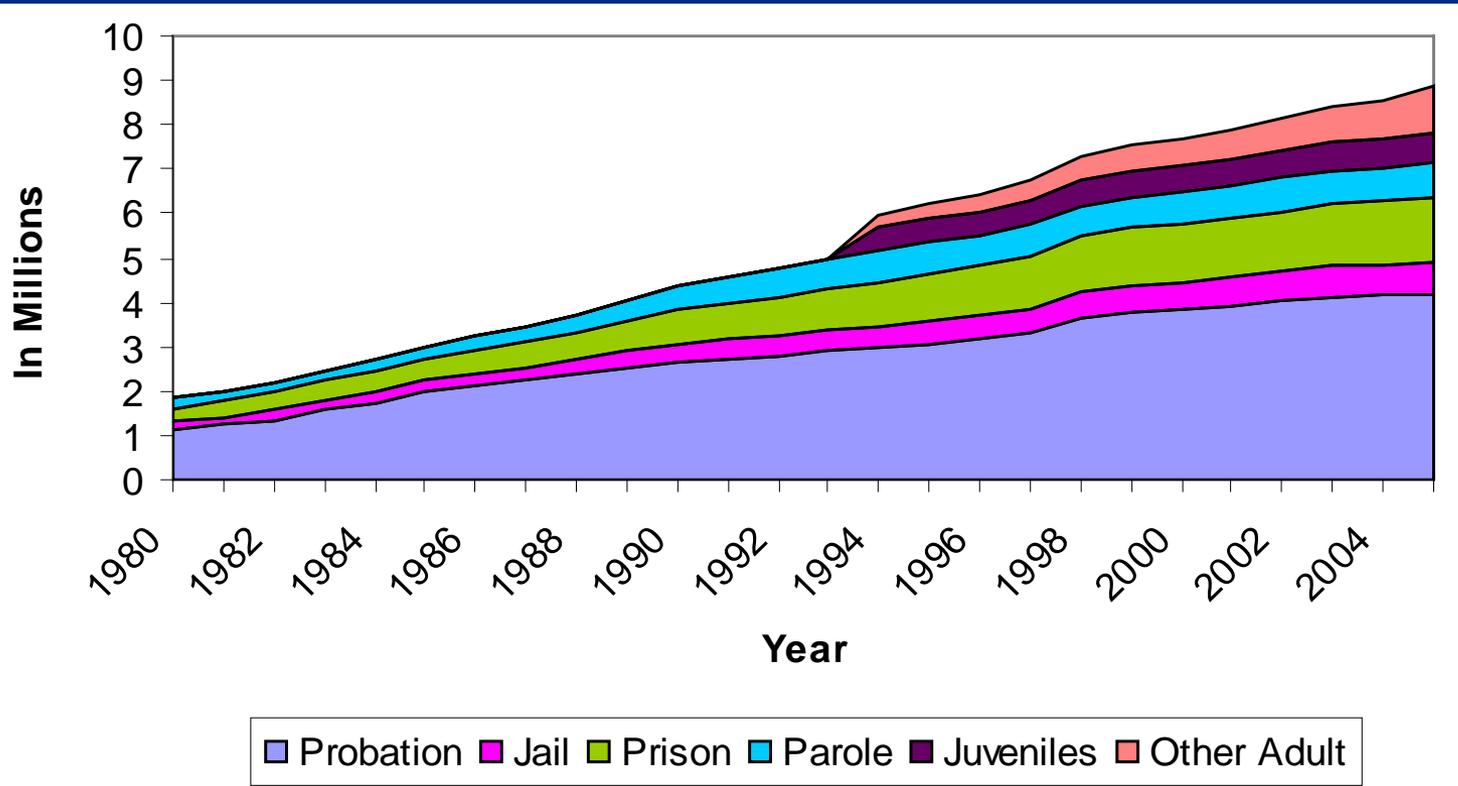
Veterans Treatment 188

Co-Occurring Disorder 40

Insatiable Appetite: The Ever Expanding Correctional Population: 8+M Adults, 650K Juveniles

1:28 adults

424,046 adults
receive tx (7.6%)

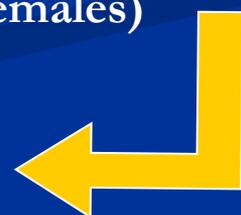


5,613,739
adults need
TX (4.5M
males, 1.1M
females)



253,034
juveniles need
TX (198,000
males, 54,000
females)

54,496
juveniles
GET tx
(21.5%)



*Taxman, F.S., Young, D., Wiersema, B., Rhodes, A., & Mitchell, S. (2007). National Criminal Justice Treatment Practices Survey: Methods & Procedures. *Journal of Substance Abuse Treatment*. 32(3): 225-238.

Taking Stock: Actually, Crime Does Pay ... and Handsomely

(Malcolm Berko)

- Crime accounts for nearly 17 percent of our GDP (Gross Domestic Product).

How Much Does Untreated Addiction Cost Taxpayers?

■ \$3 billion....?

■ \$4 billion....?

■ \$5 billion....?

■ More ?

SAMHSA
Results from the 2006
National Survey on Drug Use and Health:
National Findings



DEPARTMENT OF HEALTH AND HUMAN SERVICES
Substance Abuse and Mental Health Services Administration
Office of Applied Studies
www.samhsa.gov



In 2006, an estimated 22.6 million persons (9.2 percent of the population aged 12 or older) met the criteria for needing treatment.

There were 4.0 million persons aged 12 or older (1.6 percent of the population) who received some kind of treatment. More than half (2.2 million) received treatment at a self-help group.

Self-Help Group

Self-help group defined in the glossary as Alcoholics Anonymous or Narcotics Anonymous. In this survey there are only two named self-help groups: Alcoholics Anonymous and Narcotics Anonymous



by our
silence
we let
others
define
us

How will anyone know about
recovery from addiction if we don't tell them?
Will we continue to allow stigma, shame and
misunderstanding to destroy our friends,
our families, and our communities?

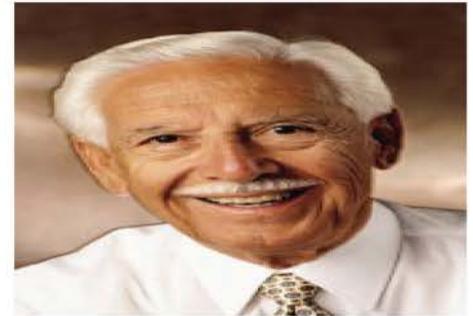
How will anyone know?


Missouri
Recovery
Network

Be an Agent of Change!

Join the Missouri Recovery Network and support the Face and Voice of Recovery!

Toll-free 877-669-2280 www.morecovery.org



WE ARE THE
FACES OF RECOVERY

Recovery is *everywhere.*







The McShin Foundation Peer Leadership Institute

AUTHENTIC PEER
RECOVERY COACHING
& PEER LEADERSHIP
TRAINING!



CEU Provider

~NAADAC is the premier global organization of addiction focused professionals who enhance the health and recovery of individuals, families and communities~



3 Major Pathways to Recovery

Alcoholics Anonymous

Narcotics Anonymous

Faith Based Addiction Ministries

Summary:

- RCO's have a proven history of success
- Utilizing RCO's will greatly relieve the existing burden on our current system.
- By incorporating RCO's in our current system money WILL be saved

ACA

- Affordable Care Act
- Medicaid Expansion

Medicaid expansion allows for best changes if states support those changes.

Medicaid Expansion

- Liberal peer support services
- Criminal justice referral instead of incarceration
- Could fully fund Treatment
- Could fully fund The McShin Model

Medicaid

could be the best game changer of all time !

ACA 10 Essential Benefits

Mental health services and addiction treatment

Inpatient and outpatient care provided to evaluate, diagnose and treat a mental health condition or substance abuse disorder (note: some plans may limit coverage to 20 days each year).

Working Break !

- 10 to 10:15
- Discuss Previous topic
- Use restroom , phone if need to
- Get refreshments if available
- Be “recovery coach like”
- Return for sure on time because we will proceed with those present !

Leadership Techniques

- Look your people in the eye !
- Scan room as you speak !
- Maintain good voice volume and pitches !
- Be very believable !
- Be humble like, avoid arrogance !

Coach History

What is a Peer ?

Who and What are We ?

Faces & Voices' recovery messaging is based on research

Survey of the Recovery Community

Survey of the General Public

Focus groups of the recovery community & the general public (8 groups in 4 cities)

Conducted by Peter D. Hart & Associates & Robert M. Teeter's Coldwater Corporation

http://www.facesandvoicesofrecovery.org/resources/public_opinion.php

No Addict/Alcoholic

- I'm-*name*- in long-term recovery from substance use disorders which means...
- Have not used alcohol or other drugs for x number years
- Long-term recovery has given me new hope and stability
- I've been able to create a better life for myself, my family and my community
- I use this language , it's more accepted

Family & Friends

- My family and I are in long-term recovery, which means ...
- (My son/daughter/husband/wife) hasn't used alcohol or other drugs for x years
- We've become healthier together, enjoying family life in our home
- Long-term recovery has given me and my family new purpose and hope for the future
- I want to make it possible for others to do the same

Transforming Words

“Words have Tremendous abilities to hurt or sooth ...The right words can change the direction a person may be heading, change them and offer welcoming citizenship and sense of community . The wrong words stigmatize and destroys the inner self, the will to do better ”

John Shinholser

Practice new Information

Volunteers come to front and rehearse new information and techniques.

Permit as many as time allows.

Working Break !

- 11:15 to 11:30
- Discuss Previous topic
- Use restroom , phone if need to
- Get refreshments if available
- Be “recovery coach like”
- Return for sure on time because we will proceed with those present !

Ethics,, Oh Boy !

- Why are we here , why a recovery coach/peer leader ? To be of service, help people , families and communities.
- We are not here to shake people down , look for relationships or any other self seeking desires.
- Never forget you may be the only recovering peer to make CONTACT ^^^^^^^^^^^^^^^^^
- The only Big Book, Basic Text etc.

Do your Home work !!!

- Read 154 through 197 of Recovery Coach Manual , tonight or later.

Emotional Supports

Demonstrations of empathy, love, caring, and concern in such activities as peer mentoring and recovery coaching, as well as recovery support groups.

Informational Supports

Provision of health and wellness information, educational assistance, and help in acquiring new skills, ranging from life skills to employment readiness and citizenship restoration.

Instrumental Supports

Concrete assistance in task accomplishment, especially with stressful or unpleasant tasks such as filling out applications and obtaining entitlements, or providing child care, transportation to support-group meetings, and clothing closets.

Companionship

Companionship - helping people in early recovery feel connected and enjoy being with others, especially in recreational activities in alcohol- and drug-free environments. This assistance is especially needed in early recovery, when little about abstaining from alcohol or drugs is reinforcing.

Role play

- As time allows

A WORD FROM OUR SPONSOR:

■ Shane Reveiz

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ONE MORE SPONSOR

Kyle Donnelly

Treatment Consultant

American Addiction Centers

24-Hour Help Line **866.53.SOBER**

Cell **434.485.1417** |

Fax **434.473.6736**

Working Lunch !!!!

- 12:30 to 1:30 pm
- Discuss Previous topic
- Use restroom , phone if need to
- Get refreshments if available
- Be “recovery coach like”
- DVD
- Return for sure on time because we will proceed with those present !

Recovery Capital !!!!

- Simply put, the role of the recovery coach is to assist coachee's in identifying and building on their recovery capital.
- What exactly is recovery capital?
- The quantity and quality of both internal and external resources that a person can bring to bear on the initiation and maintenance of their recovery .

Three Types of Recovery Capital

1. Social Capital
2. Physical Capital
3. Human Capital

Social Capital

Social capital is the support, guidance, and sense of belonging, purpose, and hope that comes from relating to others.

It is also the connections that one can access through relationships and membership in groups or communities.

Examples of Social Capital

- 12-step meetings. Church meetings. Clean and sober clubs. Employers / work colleagues.
- Schools, teachers, and fellow students.
- Family, friends, and co-workers who understand and want to help or spend time with someone in recovery.
- Clean and sober events (e.g., camp-outs, picnics, convention, dances, etc.)

Physical Capital

As the name implies, physical capital consists of tangible resources, such as income, assets, vehicles, housing, food, and clothing.

Examples of Physical Capital

- Clean and sober housing. RCO or Recovery Community Center.
- Income—whether from employment or from public benefits. Food and clothing—whether purchased with employment income, donated, or acquired with public benefits.
- Temporary financial assistance from friends, family, or other allies. Access to reliable transportation— whether a vehicle or mass transportation. Employment centers.

Human Capital

As a form of internal recovery capital, human capital is the knowledge, skills, confidence, and hope that one has gained through working with professionals, others with specialized expertise, or peers, or through taking part in a program of recovery.

In its external form, human capital refers to a small set of individuals who are particularly instrumental in supporting recovery or skills specific to one's recovery.

These may include:

- Recovery coaches, recovering peers, sponsors, and clergy.
 - Caseworkers, counselors, teachers, social workers, doctors, nurses, or other professionals who play a key role in initiating or supporting recovery.
 - Teachers, instructors, or athletic coaches.
 - Probation or parole officers, judges, lawyers, wardens, or law enforcement personnel.

Thought exercise

Thinking back to when you first entered recovery,
answer the following questions:

What recovery capital were you able to leverage to
enter recovery?

In what areas did you have a deficit of recovery
capital?

How did you build recovery capital?

Are there areas where you would benefit from additional recovery capital right now? If so, what are they?

What are some personal strengths and weaknesses?

What special contributions could you make to a team?

How could a team effectively support you in areas that are not your strengths?

Working Break !

- 2:30 to 2:15 pm
- Discuss Previous topic
- Use restroom , phone if need to
- Get refreshments if available
- Be “recovery coach like”
- Return for sure on time because we will proceed with those present !

What a Coach Is !

A peer recovery coach is a person actively and authentically engaged in a recovery pathway. Coaches strive to meet any requirements or goals of their pathway. They exhibit a new perspective on life that has been gained through their recovery. This is referred to by many as a spiritual awakening." Coaches can clearly describe both the benefits and challenges of recovery.

They do not have all of the answers, but they do know how to listen, to paraphrase and acknowledge what has been said, and to share from their own experience in a way that is helpful to those with whom they work.

The Coach as Fellow Journeyer

One of the key ways in which a recovery coach differs from a counselor, therapist, 12-step sponsor, or spiritual advisor is in the nature of the relationship of the coach to the coachee.

The relationship of the counselor or therapist with a client or patient is one of an expert helper to an individual seeking help.

While the roles of sponsors and spiritual advisors are in some ways similar to that of a recovery coach, both the sponsor and the spiritual advisor roles entail a natural authority that the role of the coach does not. Like the sponsor and spiritual advisor, the coach is a fellow journeyer who is somewhat further along the path than the individual with whom he or she works. However, unlike them, the coach is first and foremost a peer and a consultant.

The Coach

- The Coach as Mentor
- The Coach as Consultant
- The Coach as Mirror
- The Coach as Advocate
- The Coach as a Navigator
- The Coach as Listener

What a Coach is Not !

- Counselor.
- Social worker.
- Judge.
- Psychologist.
- Lawyer.
- Pastor, priest, rabbi, imam, or other spiritual advisor.
- Sponsor.
- Doctor.
- Case worker.
- Financial adviser.
- Loan officer.
- Marriage counselor.
- Roommate.
- Landlord.
- Best friend.

The coach is a living testament to the fact that recovery is real, that it can and does happen, and that it is something to which coachees can aspire.

Whether as an advocate or as an ambassador to the broader community or to other organizations, the recovery coach may, from time-to-time, find it appropriate to speak publicly about addiction or recovery, to share his or her story of recovery, or to explain the role of his or her organization and that of the recovery coach within it.

Effectively serving individuals whose recovery paths differ significantly from theirs can be a tall order for coaches. However, doing so provides an opportunity to broaden one's perspectives and deepen one's understanding of recovery and of one's own chosen recovery pathway.

Coaches must recognize not only that other recovery pathways are no more or less valid than their own pathways, but also that they will need to develop the knowledge and skills required to effectively support individuals in pursuing them.

Working Break !!!

- 3:15 to 3:30
- Discuss Previous topic
- Use restroom , phone if need to
- Get refreshments if available
- Be “recovery coach like”
- Return for sure on time because we will proceed with those present !

Group Interactive Review

- Post Evaluations
- Are we intervening in coachee's life ?
- First contact critical
- Review
- Review some more
- 1 Minute Drills
- Elevator speech

Welcome Back !

Fill out pre-evaluations please !

- Any thoughts on yesterdays training?

Mutual Aid Groups

<http://attcnetwork.org/regcenters/productDocs/3/Peer-Based%20Recovery%20Support%20Services.pdf>

Starts on page 44

Critical to guide to resources

12 step programs are most available

- <http://www.nacolorado.org/cospgs/meetings.htm>
- <http://coloradospringsaa.org/meetings>
- <http://www.rockfamilychurch.org/recovery.php>
- <http://www.smartrecovery.org/>

Working Break !!!

- 10:00 to 10:15 am
- Discuss Previous topic
- Use restroom , phone if need to
- Get refreshments if available
- Be “recovery coach like”
- Return for sure on time because we will proceed with those present !

ASAM

American Society of Addiction Medicine (ASAM) Recovery Support Services (RSS) Questionnaire

Your organization should have clear policies for responding to reports of current abuse that comply with state and federal laws.

- GOALS & MOTIVATION
pg. 133
- TRANSPORTATION
pg. 136
- EMPLOYMENT pg. 138
- SCHOOL & TRAINING
pg. 140
- HOUSING & RECOVERY
ENVIRONMENT pg. 142
- RECOVERY STATUS
pg. 144
- TALENTS, RECREATION
& LEISURE pg. 146
- Spiritual pg.147
- CULTURE, GENDER
& SEXUAL
ORIENTATION
pg. 147
- MEDICAL pg. 149
FINANCIAL & LEGAL
pg. 152
- FAMILY STATUS &
PARENTING pg. 153
- RECOVERY WRAP UP
pg.155

Working Break !

- 11:15 to 11:30
- Discuss Previous topic
- Use restroom , phone if need to
- Get refreshments if available
- Be “recovery coach like”
- Return for sure on time because we will proceed with those present !

Recovery Plan (RP)

- RP is developed by the client, not treatment professional.
- RP is based on a partnership between the professional and the client rather than a relationship between the expert and the patient.
- RP is broader in scope, bringing—in addition to drug and alcohol problems—such areas as physical health, education, employment, finances, legal, family, social life, intimate relationships, and spirituality.

- RP consists of master plan of long-term recovery goals, marking progress along the way.
- RP draws strength and strategies from the collective experience of the recovering community.

Very Important !

- Walk the walk, not talk the talk.
- Do what you say, not what I say.
- Live by recovery.
- Have integrity.
- Recognize boundaries.
- Remain true to your pathway and your recovery.

Working Lunch !!!!

- 12:30 to 1:30 pm
- Discuss Previous topic
- Use restroom , phone if need to
- Get refreshments if available
- Be “recovery coach like”
- DVD
- Return for sure on time because we will proceed with those present !

Stigma Reduction = Recovery

- Recovery Coaches , Peer leaders must demonstrate pride just as in any other industry.
- Not every one will want to do stigma reduction work.
- Be very involved in organizations that advocate ,be knowledgeable of all these resources
- Write to editors, submit freelance articles.

New Comers are Watching !

- Inviting new comers to these ideas is added value.
- Beware of nay sayers, their every where.
- Be real use common sense.
- Integrate all positive things in your recovery as you did drugs.
- No substitute for time except time.

Working Break !

- 2:30 to 2:45 pm
- Discuss Previous topic
- Use restroom , phone if need to
- Get refreshments if available
- Be “recovery coach like”
- Return for sure on time because we will proceed with those present !

Social Media Networking

- FAVOR
- NCADD
- Intherooms.com
- Face Book
- Pintrest
- Twitter
- Many others, what are they ?

Post Evaluations !

- Wrap up
- Go over anything ?
- Demonstration on anything ?
- Attendee's closing remarks.
- Exam !!!

Do not hesitate to contact me for any reason, you all have my contact information, now go save as many as you can Especially Yourself !

Heather “Lucky” Penny



Welcome Back !

Day 3

Start Time 8:30 AM.

Fill out pre-evaluations please !

- Any thoughts on yesterdays training?

Re-entry Population

- *In 2008 approximately one in every 31 adults (7.3 million) in the United States was behind bars, or being monitored (probation and parole).

*http://en.wikipedia.org/wiki/Incarceration_in_the_United_States

“They will come, be ready”

Jails, Prisons, etc.

- Jails
- Prisons
- Probation and Parole
- Drug Court
- Pre-trial
- Community Corrections
- Court Referrals

What do we do ?

- Same disease same recovery same respect.
- In the beginning extra support needed.
- Boundaries ,boundaries ,boundaries !
- Encourage the participant to do the work, this will build self esteem quick.
- Be honest and trust the process not always the individual, the cream will rise to the top !

The Citizens Understanding:

I understand I cannot use any mood or mind-altering substances, (not limited to but including) alcohol, drugs (including misuse of legally prescribed medications). Abuse over the counter drugs, illegal drugs and any other substance you may find on-line or in the community.

I understand I am **NOT** to seek cheap thrills, buzz, calming effects, stimulating effects from product know as inhalants, i.e. Computer dust, glue, Freon (aerosols) etc. _____

I understand I am to chase my recovery instead of my old people, places and things. _____

I fully understand it is my responsibility to inform all medical professionals with whom I may come in contact, that I am in recovery from substance use disorders and any (get high or mood altering) prescriptions must be closely monitored because abuse is highly possible. _____

I understand all my close relationships, to include future close relationships; I must reveal my recovery from substance use disorders. _____

Date, print name and sign name

Participants Share !

- Participants, in front of class share 3 minutes each on a reentry experience, your own or some one else.
- Positive experience
- Negative experience
- Family experience

Working Break !!!

- 10:00 to 10:15 am
- Discuss Previous topic
- Use restroom , phone if need to
- Get refreshments if available
- Be “recovery coach like”
- Return for sure on time because we will proceed with those present !

Returning Veterans

- Posttraumatic Stress Disorder (PTSD)
- Substance Use Disorders (SUD)

**How common is co-occurring
PTSD and SUD in Veterans ?**

Beware of Multiple Illnesses:

- More than 2 of 10 Veterans with PTSD also have SUD.
- War Veterans with PTSD and alcohol problems tend to be binge drinkers. Binges may be in response to bad memories of combat trauma.
- Almost 1 out of every 3 Veterans seeking treatment for SUD also has PTSD.

Down Range & Tobacco Counts:

- In the wars in Iraq and Afghanistan, about 1 in 10 returning soldiers seen in VA have a problem with alcohol or other drugs.
- The number of Veterans who smoke (nicotine) is almost double for those with PTSD (about 6 of 10) versus those without a PTSD diagnosis (3 of 10).

How can co-occurring PTSD and SUD create problems?

- If someone has both PTSD and SUD, it is likely that he or she also has other health problems (such as physical pain), relationship problems (with family and/or friends), or problems in functioning (like keeping a job or staying in school). Using drugs and/or alcohol can make PTSD symptoms worse.

Talk to Vets

- PTSD may create sleep problems (trouble falling asleep or waking up during the night). Vets might "medicate" themselves with alcohol or drugs because they think it helps their sleep, but drugs and alcohol change the quality of their sleep and make them feel less refreshed.
- Roll Play if Time Allows !!!!!

Insist on getting Professional help:

- PTSD makes them feel "numb," like being cut off from others, angry and irritable, or depressed. PTSD also makes them feel like they are always "on guard." All of these feelings can get worse when they use drugs and alcohol.
- It is important that veterans get peer recovery supports for their SUD however PTSD help in part comes from professional venues.

Same Principles as SUD Recovery

- Drug and alcohol use allows you to continue the cycle of "avoidance" found in PTSD. Avoiding bad memories and dreams or people and places can actually make PTSD last longer. You cannot make as much progress in treatment if you avoid your problems.
- Talk and Listen, Talk and Listen, Talk and Listen !!!!!!!!!!!

All Veterans feel different !

- Veterans will drink or use drugs because it distracts them from their problems for a short time, but drugs and alcohol make it harder to concentrate, be productive, and enjoy all parts of their life.
- Veterans really have a unique experience than most civilians that have never been in a war zone.

Working Lunch !!!!

- 12:15 to 1:30 pm
- Discuss Previous topic
- Use restroom , phone if need to
- Get refreshments if available
- Be “recovery coach like”
- We Will show DVD
- Return for sure on time because we will proceed with those present !

Back from Lunch

- 1:30 PM lots to do.
- Review previous work
- Any one have old friends or relatives from pre 9/11 wars , Known SUD's
- How are they, how did their war experience impact them and your relationship ?

Old Veterans :

- Pre 9/11
- Combat and non combat
- Many are old timers in recovery
- Lots of homeless and indigent population
- Old veterans make great peer leaders yet will be set in ways, very hard to teach old vets new tricks !!!!!

Co-Occurring Disorders

- Psychotropic drug world and we are in it !
- We are not doctors so don't act like one !
- We do however have a keen ability to detect other disorder !
- We do know when a peer needs a higher pay grade assessment and possible services !

Other OCD

- Gambling
- Sex
- Shopping
- Eating
- Cutters
- Sports
- Gaming
- Work

Working Break !

- 2:45 to 3:00 pm
- Discuss Previous topic
- Use restroom , phone if need to
- Get refreshments if available
- Be “recovery coach like”
- Return for sure on time because we will proceed with those present !

Young People in Recovery

- Anyone young ?
- How many got clean young?
- What helped, what worked ?
- What did not help ,not work?

Collegiate Recovery

- Getting clean and navigating the world as a person in recovery is challenging at any age. Pile on an additional layer of difficulty by being an emerging adult (ages 18 – 24 or 25), when 17.3% of this peer group meets the criteria for a substance use disorder, then relocate to a college campus.

collegiaterecovery.org

- The very first collegiate recovery program (CRP) was established in 1977 at Brown University, followed by Rutgers University's Alcohol and Other Drug Assistance Program (ADAP). A handful of schools joined in the movement, including Texas Tech University's influential and often replicated Center for the Study of Addictions (est. 1986), and Augsburg College's StepUP Program (est. 1997).

youngpeopleinrecovery.org

- Young People in Recovery is a national advocacy organization, which aims to influence public policy, making it easier for our youth to find and maintain their recovery from addiction. YPR establishes city and state chapters, which act as vessels, carrying out our organizations vision and mission.

www.recoveryschools.org

- The Association of Recovery Schools is a registered 501 (c) 3, nonprofit organization comprised of recovery high schools as well as associate members and individuals who support the integral growth of the recovery high school movement.

Treat the kids equal !

- Yet they are some challenges !
- What are Young People challenges ?
- Puberty
- Transgender
- Hostage situation at home
- Peer pressure
- Using fun ?

Welcome Back !

Day 4

Start Time 8:30 AM.

Fill out pre-evaluations please !

- Any thoughts on yesterdays training?

Family, Friends and Employee's

- **WebMD News Archive**
- May 14, 2004 -- More than two-thirds of American families have been touched by addiction -- either with alcohol or drugs, a new national survey shows. Yet a strong stigma still exists against people in addiction recovery.

(65%) say that discrimination needs to change !

- 63% say that addiction to alcohol or other drugs has had a significant or some impact on their lives.
- Two-thirds (67%) say that a stigma exists toward people in addiction recovery.
- 74% say that when people are ashamed to talk about their own or a family member's addiction, the attitude must change.

Fear , Shame, Secrecy !

- Family more often need as much help as addict
- Provide recovery support services to families
- Family Anonymous
- Scheduled frequent family education
- Know your community resources if resource are limited make some !
- Prevent families & addicts from self destructing

Working Break !!!

- 10:00 to 10:15 am
- Discuss Previous topic
- Use restroom , phone if need to
- Get refreshments if available
- Be “recovery coach like”
- Return for sure on time because we will proceed with those present !

Brand Yourself

- Brochure
- Know your town
- Don't wait for agencies to reimburse you
- Don't wait for insurance to reimburse you
- Market your skills=clergy, counselors , doctors , barber shops ,etc
- Price, costs
- Be very committed

Working Lunch !!!!

- 12:15 to 1:15 pm
- Discuss Previous topic
- Use restroom , phone if need to
- Get refreshments if available
- Be “recovery coach like”
- We Will show DVD/guest speaker
- Return for sure on time because we will proceed with those present !

Back from Lunch

- 1:15 PM lots to do.
- Review previous work

Every one cycle to front of class and
speak to what they have retained in
regard to recovery coaching and peer
leadership

Working Break !

- 2:45 to 3:00 pm
- Discuss Previous topic
- Use restroom , phone if need to
- Get refreshments if available
- Be “recovery coach like”
- Return for sure on time because we will proceed with those present !

Working with others !

- Agency leaders, name some !
- Private practitioners, name some !
- Treatment providers, name some !

Benefits from working together

What are they ?

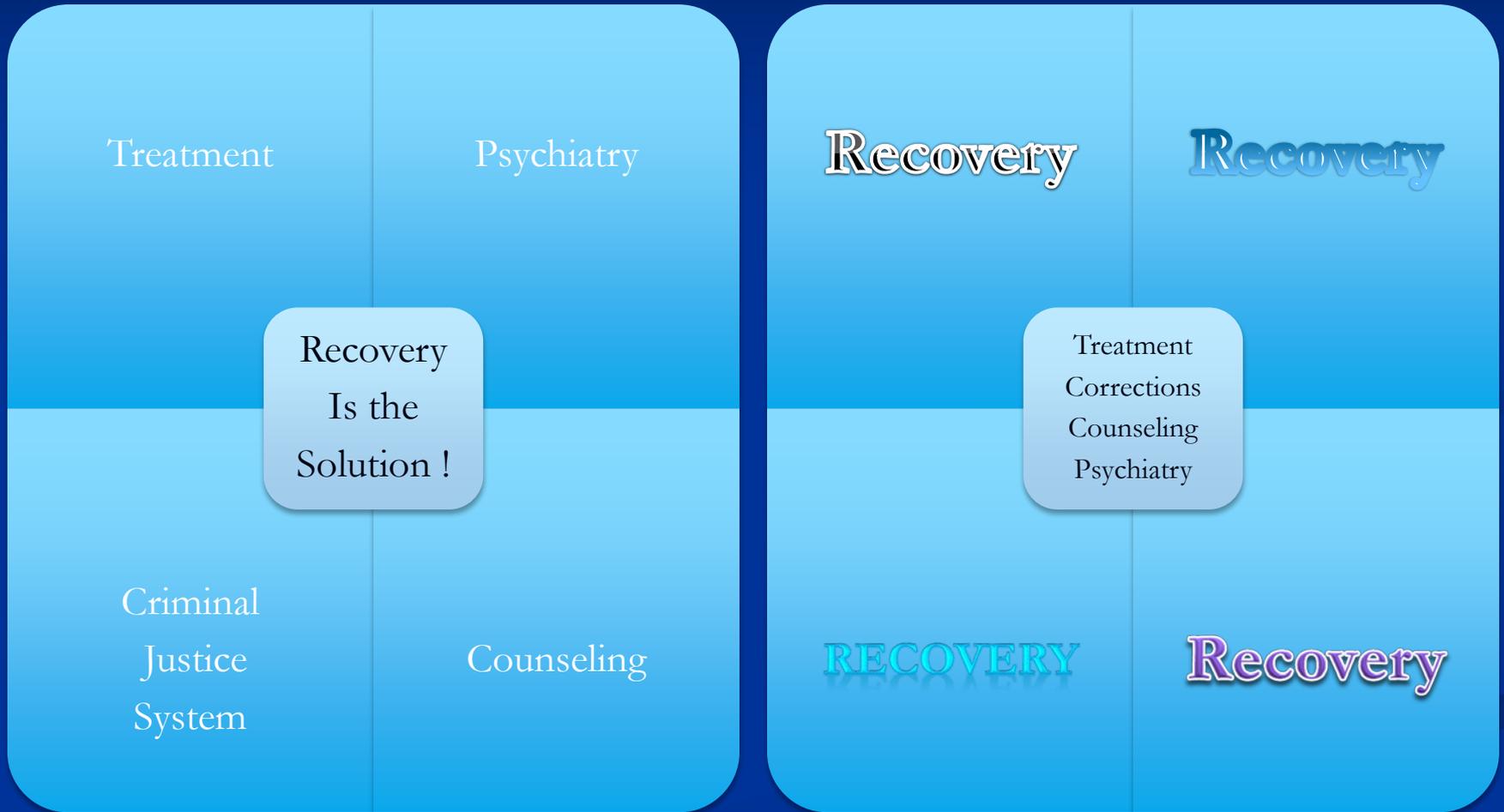
Why and What are the Problems ?

- Longer formal education/resentments
- May not be in recovery/inadequate
- Held to a higher standard

Never forget

“what's best for the newcomer”

Everyone thinks they rule !



Welcome Back !

Day 5

Start Time 8:30 AM.

Fill out pre-evaluations please !

- Any thoughts on yesterdays training?

Recovery Measures ©

- How are you measuring outcomes?
- Are the people you help getting better?
- How do you report this information?
- What's working well and what can be improved?

Recovery Measures ©

Track Participation in:

- Recovery Coaching
- Recovery Planning
- Social Events
- Volunteering
- Trainings

Recovery Measures ©

Track change over time:

- Criminal Justice
- Housing
- Employment
- Education
- Medical Insurance
- Recovery Status

Recovery Measures ©

Measure change through the eyes of the recipient of your services by looking at the results of Quality of Life surveys and Recovery Capital surveys.

Recovery Measures ©

- **Assessment of Recovery Capital survey**
- **Quality of Life survey**
- **Wellness Self-Assessment**
- **Any survey you already have!**

Recovery Measures ©

- Surveys are web based – no data entry!
- Can be customized for your needs!
- Reports are at both the individual and aggregate level

Recovery Measures ©

Managing and reporting
outcomes is vital to the future
of the recovery community

The time to start is now!

Recovery Measures ©

Curtiss Kolodney

202.631.2253

www.recoverymeasures.com

curtisskolodney@icloud.com

info@recoverymeasures.com

Working Break !!!

- 10:00 to 10:15 am
- Discuss Previous topic
- Use restroom , phone if need to
- Get refreshments if available
- Be “recovery coach like”
- Return for sure on time because we will proceed with those present !

Relapse Reaction!

- 1 Out of 34 stay clean till they die
- 1 Out of 18 will die with in 5 years
- 55 out 100 will reduce 95% of harm and do well for life
- 36 out of 100 will struggle for life

Be Real yet Hope Filled

- One time relapse are best if no major damage
- Work closely with families and allies if possible
- Off the “hook” is bad
- Always be truthful (if possible)
- Always present a “beacon of hope”
- Walk with hurting people through change
- Remember to be the “grown up”

Working Lunch !!!!

- 12:15 to 1:15 pm
- Discuss Previous topic
- Use restroom , phone if need to
- Get refreshments if available
- Be “recovery coach like”
- We Will show DVD/guest speaker
- Return for sure on time because we will proceed with those present !

Annual CEU for McShin Certified

- 8 CEU's (NAADAC approved provider) will be required to maintain 40 hour certificate
- Certificate may be revoked for McShin coach and employee hand book violations

Review of McShin Employee Handbook

Review CAPRSS

- CAPRSS
- Accreditation
- Resourcebook
- Manual

Working Break !!!

- 3:15 to 3:30 pm
- Discuss Previous topic
- Use restroom , phone if need to
- Get refreshments if available
- Be “recovery coach like”
- Return for sure on time because we will proceed with those present !

Anything You Missed ?

A lot of times we have expectation about what we hoped to learn and did not.

Well anyone not get their expectations met ?

What are they ?

“Clean Up”

Post Evaluation

Top in Class Award

Closed ballot

Angel of Harlem !