

Questions Asked During Live Webinar Broadcast on 4/8/2020



Connecting the Continuum: How Prevention & Recovery Models Fit Together

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Do you know of any prevention and recovery care programs or initiatives being implemented within correctional institutions or criminal justice system?

A: I don't know of any specific programs yet, but I can say that this is an emerging need being recognized in the recovery field. I'm in North Carolina, and locally there is an agency beginning to create standardized programs for correctional institutions and the reentry population. Here is a link to an overview of what they are doing: <http://charlottereentry.org/new-page-3>. Additionally, I've worked with county jails that have training budgets set aside for their population and often there are prevention and recovery focused topics included as part of an overall life skills training plan.

Do you believe that a person could prevent relapse?

A: I believe that relapse prevention (substance use disorder and/or mental health) is possible. While we aren't yet able to prevent a genetic predisposition or a congenital condition, it is certainly possible to create circumstances that minimize the risk factors related to any diagnosis. For example, my son has Asperger's Syndrome / Autism Spectrum Disorder. I couldn't prevent the genetic cause of the diagnosis. But by creating a variety of protective factors (access to medical care; access to mental health treatment; access to specialized education; communication skills training; life skills training; etc.) we were able to prevent a variety of risk factors that can lead to substance use and other challenges.

How do you help your client in relapse prevention at this period in time?

A: The Copleand Center's Wellness Recovery Action Plan (WRAP) is a useful tool to help a client prevent relapse. The person is the one who develops their WRAP, however, the person may choose to have supporters, including health care professionals, to help them create their WRAP, but the individual remains in control of the process. Individuals learn to use WRAP® through a peer-led and peer-engaged group process. Here is a link to their website: <https://copelandcenter.com/wellness-recovery-action-plan-wrap>

Do you know of any researchers who are taking the research and applications from the field of grief and loss studies, and applying them to addicted person or high risk for addiction, to test whether they are effective as prevention and/or as a treatment modality?

A: Unfortunately, no, I don't know of any researchers / research for this topic but it sounds fascinating and worth pursuing. I suggest keeping an eye out for potential federal funding that would match creating a project around this. Here is a link to SAMHSA's funding opportunities page: <https://www.samhsa.gov/tloa/tap-development-resources/funding-opportunities>

How have you built allies with prevention and recovery to move system of changes?

A: Networking, networking, networking. 😊 I've had success in building collaborations based on my involvement in a variety of community meetings and intentional outreach. 1) By attending community / inter-agency meetings regularly I created the opportunity to establish trust and reliability; 2) By making it a point to meet in person with various players at the table I created the opportunity to learn about their programs and build partnerships for grant projects; and 3) By establishing relationships with project officers or staff at various governmental agencies I was able to become part of systems change conversations, offering the "provider" perspective behind the types of changes needed to enhance services.

Do you think during the COVID19 situation, people tend more to evade reality using hard drugs and alcohol?

A: We won't know an accurate answer to this until we're past this initial stage and have some data to draw from. For example, health departments offer a Youth Risk Behavior Survey (YRBS) every other year. We'll see during the next cycle if youth perceptions or usage were impacted by the dramatic changes experienced in 2020 from COVID 19. For adults, an example of where we could see the impact would be on rates of enrollment for treatment and whether or not they go up from here.

Where would ACEs fit in with the social determinants of health?

A: Great question! The ACEs model aligns with the social determinants of health. The CDC defines SDoH as "Conditions in the places where people live, learn, work, and play affect a wide range of health risks and outcomes." Since Adverse childhood experiences (ACEs) are traumatic events occurring before age 18 and include all types of abuse and neglect as well as parental mental illness, substance use, divorce, incarceration, and domestic violence it is easy to see how each of those are social determinants of health.

Link to CDC's SDoH information: <https://www.cdc.gov/socialdeterminants/index.htm>

Link to the federal Administration for Children and Families ACEs information:

<https://www.childwelfare.gov/topics/preventing/preventionmonth/resources/ace/>

Have we developed a certification for a certified prevention support specialist?

A: There is an option for a Certified Prevention Specialist available through each State's licensing board, and also an international certification option through IC&RC. <https://www.internationalcredentialing.org/icrccertificate>

There is also an option for national certification for Peer Support Specialists / Recovery Support Specialists available through Mental Health America. <https://www.mhanational.org/national-certified-peer-specialist-ncps-certification-get-certified>

My understanding is that treatment is comprised of all of the components discussed in this training am I correct?

A: Yes and no. Yes, in that treatment can (and should) include elements of prevention and recovery. No, in that according to the Institute of Medicine's (IOM) continuum of care model it is a separate step between prevention and recovery. The IOM framework places is a graded continuum of care that distinguishes between prevention, treatment and maintenance/recovery, and shows their interrelation.

How well do family dynamics help with prevention?

A: Family dynamics do play a role in prevention. The Risk and Protective Factors model outlines ways in which individuals, families, schools, communities can contribute towards preventing substance use disorders. Risk factors are those elements in a young person's environment that increase the likelihood of them engaging in health compromising behaviours. They exist in all domains of social development – community, family, school and peer/individual. Protective factors buffer against risk in otherwise adverse circumstances by either reducing the impact of risk, or changing the way a child or young person responds to it. Also, family dynamics are included as Social Determinants of Health (SDoH), which are the conditions in which people are born, grow, live, work and age that shape health. SDoH include factors like socioeconomic status, education, neighborhood and physical environment, employment, and social support networks, as well as access to health care.

Link for Risk and Protective factors information: <https://www.samhsa.gov/sites/default/files/20190718-samhsa-risk-protective-factors.pdf>

Link to CDC's SDoH information: <https://www.cdc.gov/socialdeterminants/index.htm>