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NAADAC
CONNECT THE CONTINUUM:
HOW PREVENTION & RECOVERY FIT TOGETHER

APRIL 8, 2020

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>> SAMSON TEKLEMARIAM: Hi, Jane. This is Samson. Are you ready to start? All right. We'll begin in just one minute.

Hello, everyone. And welcome to today's training on Connect the Continuum: How Prevention & Recovery Fit Together. Presented by Jane Clark from community advocacy research and evaluation consulting group. It's great you can join us today, my name is Samson Teklemariam and I'm the director of training and professional development of NAADAC the Association for Addiction Professionals. I'll be the organizer for this event. In add effort to continue the clinical professional and business development, NAADAC is very fortunate to welcome webinar sponsors as our field continues to grow and our responsibilities evolve, it's important to remain informed of best practices and supports for recovery. Especially in times like this where we're all quickly realizing the importance of how technology connects us. This webinar is sponsored by Telehealth Certification Institute, industry leader in telemental health and consultation. Stay tuned for how to access the CE quiz towards the end of the webinar after a brief demo from our sponsor.

The permanent homepage for NAADAC is www.NAADAC.org/webinars. Make sure to bookmark this page so you can stay up-to-date on the latest of addiction education. Closed-captioning is provided by CaptionAccess, please check your most recent confirmation email or Q&A chat box for the link to use closed-captioning. We're using GoToWebinar for the live event and you'll notice the control panel that looks just like the one on my slide here. Here's important instructions. You entered into what's called "listen-only" mode to prevent any disruptive back noise. If you have trouble hearing the presenter for any reason, consider switching to a telephone line which is next to the orange arrow. You can use that orange arrow to minimize or maximize the control panel. If you have questions for the presenter, just type them into the questions box and gather the questions and I will pose them to the presenter during our live Q&A. Any questions we do not get to we'll collect directly from the presenter and post them on our website.

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Now, let me introduce you to today's presenter. Jane Clark is an experienced national presenter who specializes in the field of prevention. She has served in roles at local, state, and regional level in the U.S. prevention network as well as for American-Indian, Alaskan native and Canadian first nation communities. Jane receives her Master's Degree in public administration and Bachelor's degree in University of Oklahoma. She is certified as state licensing board and awarded by the addiction professional of North Carolina and through the drug and professional Council of association. NAADAC is delighted to provide this webinar presented to you by the experienced trainer. So, Jane, if you're ready, we'll hand this webinar over to you.

>> JANE G. CLARK: Great. One moment as I get the slides working again. Of course they worked in practice. And now they're not working when we need them. There we go. Thanks for your patience. Well, Samson, I'm really happy to get to present for NAADAC again. You all can see the learning objectives here. The catalyst for doing an overview of how prevention and recovery relate to each other was watching an merging friend trend in the health field. When I did that first prevention webinar for NAADAC we were still in the phases of integrative care moment for the Affordable Care Act in 2010. It's now been a decade unbelievably since the ACA become law and it's more widely recognized now. It's a model of various systems such as primary care, hospitals, manage care organizations, or state or federal agencies. They are either structuring for it or already working to implement integrated care. So we're in a very different place now at that. This continued evolution of care practices now make the perfect time for us health professionals and advocates to build upon specific expertise that we have and learn to become generalist in the other segments along the continuum of care. As the model of integrated care further develops, the logical next step is we'll need the professionals within that model to have enough general knowledge about other points on the continuum, and be able to recognize opportunities for referrals, for additional care needs, for addressing social determinants of health. Basically, we want to be able to recognize opportunities for integration so that person-centered care can finally become the norm.

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Since we have a limited time together today to discuss really broad topic, the presentation can only serve as an overview. So my aim today is to spark your curiosity about the different models, to kindle your awareness of connecting points of recovery and how they can strengthen your work. Having a shared language and mutual understanding across our profession and prevention treatment, recovery, public health, and others, that creates a strong collective impact for us to create healthier individuals, families, and communities. So here's a quick story to describe the challenges limited to put one specific area of service. And not having a bigger picture or awareness of potential connecting points.

You may have heard the story of blind-folded people who are trying to describe an elephant. They're placed in different parts of the elephant. One has a tail, one has an ear, and one has a trunk. And naturally their descriptions are different, but ultimately they're really talking about the same creature. It's kind of what we do in our profession. Today we'll start learning to describe that whole elephant, and not just particular pieces of it. And we'll start by learning how to describe pieces of all of those other parts.

So, let's see what we're bringing to the table today. What part of the elephant is yours. And we'll see what type of practitioners we have in attendance.

>> SAMSON TEKLEMARIAM: Thank you, Jane. Everyone, you will see this poll pop up on the screen. Question is what is your professional background that looks like a quarter of you have already answered. Thank you so much for that. This webinar, again, is sponsored by Telehealth Certification Institute. The industry leader in telehealth mental concentration. Please stay tuned how to access the CE quiz towards the end of the webinar immediately after a brief demo from our sponsor. A little over three-quarter of you said or 78%, almost 80% have answered the poll. I'm going to close the poll now and share the results. And I'll turn this back over to our presenters, Jane.

>> JANE G. CLARK: Great. I'm glad to see we've got such a good mix. Thank you, all, for tuning in for this. Let's move ahead. So one second. I'm sorry, guys. It

worked just fine. Samson, it must be that lag time. Hold on, guys. My guess is everybody working from home now is online at the same time all the time.

>> SAMSON TEKLEMARIAM: Just a reminder, you can click on the screen using your mouse. You can navigate the slides just using your mouse. So the first ways to always use your mouse, second is to try with your keypad. And if you're still having trouble, if you scroll your mouse to the bottom of the left-hand corner of the screen, you'll see some little arrows pop up. Let me see if I can get them up for you there. There we go. So you see these arrows. And you can navigate using those arrows as well.

>> JANE G. CLARK: They're pretty small on the screen. We'll try one more with the mouse.

[Troubleshooting the slides]

There we go. Thanks for your patience. Well, Samson, I'm really happy to get to present for NAADAC again. You all can see the learning objectives here. The catalyst for doing an overview of how prevention and recovery relate to each other was watching an emerging trend in the substantive issue in the mental health fields, as it became implemented trends in the field of behavioral and medical health. When I did that first prevention webinar for NAADAC, we were still in the beginning phases of the integrated care movement that launched with the federal Affordable Care Act in 2010.

Now it's been a decade, unbelievable, since the ACA became law. And integrative term is more widely recognized now. And it's also a model that various systems such as primary care, hospitals, managed care organizations, or state or federal agencies, they are either structuring for it or are already working to implement integrated care. So we're in a very different place now with that.

This continued evolution of integrated care practices makes now the perfect time for us health professionals and advocates to build a specific expertise that we have and learn to become generalist in the other segments along the continuum of care.

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Since we have a limited time together today to discuss really broad topics, the presentation can only serve as an overview. So my aim today is to spark your curiosity about the different models, to kindle your awareness of connecting points between prevention and recovery. And to ignite your exploration of those connecting points and how they can strengthen your work.

I'm going to share language in a mutual understanding across our professions and prevention treatment, recovery, public health, and others. That creates a strong collective impact for us to create healthier individuals, families, and communities. So here's a quick story to describe the challenges of being limited to just one specific area of service and not having a bigger picture or awareness of potential connecting points. You may have heard the story of the group of blind-folded people who were trying to describe an elephant. They're each placed at different parts of the elephant. One has a tail. One has a leg. One has an ear. One has the trunk. So naturally, their descriptions are really different. But ultimately, they're really talking about the same creature. It's kind of what we domain our professions.

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>> SAMSON TEKLEMARIAM: Thank you, Jane. Yes, everyone, you'll see this poll pop up on your screen in just a moment. The question asks what is your professional background? It looks like a quarter of you have already answered. Thank you so much for that. This webinar, again, is sponsored by Telehealth Certification Institute, the industry leader in telemental health training and consultation. Please stay

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>> JANE G. CLARK: Yes, I did.

>> SAMSON TEKLEMARIAM: Yes, see if you can navigate the slides just using your mouse. So the first way is to always use your mouse. Second is to try with your keypad. And then if you're still having some trouble, if you scroll your mouse to the bottom left-hand corner of the screen, you'll see some little arrows pop up. Let me see if I can get them up for you there. There we go. So you see these little arrows. You can navigate using those arrows as well.

>> JANE G. CLARK: Okay. Let's see. They're pretty small on the screen. So we'll try one more with the mouse. One more with that.

>> SAMSON TEKLEMARIAM: There you go.

>> JANE G. CLARK: There we go. So, recovery can lead to prevention. The typical belief is that behavioral health prevention efforts must come before recovery. However, once you start recognizing the connecting points between prevention and recovery, there's a recognition that we're actually working within a cycle of care and not a continuum of care like most of us are taught. So we'll touch more on that a little later in this conversation.

For now, I'm going to start with a story about how recovery promoted prevention. This story is about how recovery from generational mental health diagnoses created opportunities for one family. My family. It started in my family with a paternal grandmother who had a diagnosis of depression. Now, when I think back to that time period, it was really unusual to her to have any kind of diagnosis, the stigma was so so deep at that point in time. But she had a diagnosis. And she went every other week to the mental health center. But you had to say it as a whisper back then. [Whispering] We're taking grandma to the mental health center.

And as a child, I learned that that meant that was supposed to be a secret. You know, that's how stigma passes on. So the next generation was my mother who went with undiagnosed depression for nearly 20 years. And I attribute that lack of diagnosis to stigma. Because she didn't want to reach out for help. She heard how people talked about my grandmother. She didn't want to reach out for herself.

Now, another generation, my siblings and I, my brother started exhibiting behavioral health issues at 5. But because stigma was still so prevalent, and there weren't a lot of access or not easy access to resources or really even a lot of knowledge about resources, my parents didn't reach out for help for him, because they didn't even know how to reach out for help for themselves.

As a result, he's struggled from 5 years old until the present, wondering what's wrong with him. One of the last conversations we had, he said to me, why am I still broken? Because he thinks of his condition as a moral issue and not a medical issue. So with me as part of that generation, for some reason, I just – I got lucky. I had what we call in prevention protective factors. There were a lot of risk factors working against my family from multiple generations. I had just one protective factor that made the difference. I had teachers that knew me and believed in me and advocated for me to my parents to get mental health treatment towards my senior year in high school.

Now, I was a teenager, so I just sat there sullenly when I actually went to counseling. But they opened the door for me to know that counseling was an option. That if I was struggling, I could reach out for help. And that meant that I'm the first person in my family to know it's okay to reach out for help and not be embarrassed

about it. So, fast forward through college, I was a voracious reader and I did a lot of reading on self-help and big chunk of my Bachelor's degree was psychology courses. So by the time I hit my late 20s, I was comfortable with the idea of pursuing therapy on my own. And that changed my life. It helped me recognize things as medical issues are not moral issues. It helped me realize that we all have something. Some people are diabetes. Some people have depression. We all have something, and that's okay.

So now, in my 30s, I become a mother. Around 5 years old just with my brother, my son starts exhibiting behavioral health issues. But the difference, because I had found recovery and was living in recovery every day from a mental health diagnosis, when he started exhibiting behavioral health issues, I recognized it, and we reached out for help. And we persevered and spent many years trying to find the right diagnosis.

And we got it. And I would tell you Part 2 of that story when we get towards the end of the slide deck.

So, we've got this comparison. Prevention, and recovery, and their connecting points. Prevention has historically not been a priority in the U.S. because this world, as a first world country, our systems have had the luxury of being focused on treatment and cure. We had a lot of money so we had that luxury. And as a side note, sadly, we're seeing the lack of focus on prevention in our current coping situations. But if you look at prevention from the developing world, they don't have the resources or funding that our country has had. They don't have the infrastructure that we have. And as a result, they had to look at preventative care, because they have less of an ability to handle treatment or to look for research.

They have to prevent it before it becomes an issue. So, now with our country, prevention is becoming, it's been coming to the forefront because of integrative care. What's becoming commonly recognized as a social determinants of health models is just a new way to describe what the field of prevention has been doing for decades. We've been addressing the conditions in which people live in order to create better health for individuals, families, and communities.

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The recovery model also includes addressing those same social determinants of health. So let's look at some other comparisons and connections. Prevention as a profession takes many forms such as classroom-based teaching, community organizing around a cause, legislative advocacy for policy changes, and then we go to field of study. Prevention is a field of study. It's usually recognized from the medical model. Childhood immunizations are a great example of that. Then we've got prevention as a mindset which focuses on identifying the cause as a problem. And eliminating or minimizing it.

It's like also called an upstream approach. So prevention in the form of actions are the steps that you take to identify or eliminate or minimize the causes of a problem, as well as identify the steps that we can take to create an environment that helps foster healthy choices.

So then we look at recovery as a profession. As a field of study, it's known as addiction science. The National Institute on Drug Abuse states we believe that increased understanding of the basics of addiction will empower people to make informed choices in their own lives. They will adopt science-based policies and programs, and reduce drug use and addiction in their communities and support scientific research that improves the nation's well-being.

So like prevention, there's definitely a mindset with recovery. The mindset is that recognition, that mental health issues are medical health issues and not just moral issues. It's also an acknowledgement that a diagnosis is not a label. And that it's possible to build a life that moves beyond surviving and is actually about thriving.

So then we look at recovery in the form of actions. That would be creating policies, or practices, or programs that help people transcend labels. It could be advocacy efforts to change imposed limitations or it could be efforts to update mental health systems and models that are outdated and just not wellness focused.

So as mentioned earlier, we got this limited time to discuss broad topics. So take note of your questions as we go along. And we'll get to this at the end. And as we move through this slide deck, remember that the more shared language and shared

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understanding that we have across professions, the more impact that we have towards creating healthier individuals, families, and communities. Basically, the better we're all learning how to describe that elephant.

And an important thing to note in this definition, I'll give you a moment to read it. An important thing to note is that it focuses on individuals and systems. This focus creates opportunities to identify and address the social determinants of health as a means to improve and reinforce healthy behaviors and lifestyles.

So who does prevention? Basically, all of us. Everyone does prevention. Parents, teachers, grandparents, medical practitioners, behavioral health clinicians, me, you. We all have opportunities to be the person who goes upstream to look for a source of a problem instead of waiting for the problem to come downstream at us and fall off the edge of that waterfall. So, yeah, you might see Iron Man up there in the corner. Even Iron Man does prevention. Or at least actor who plays him in real life. Because in real life, Robert Downey, Jr.'s recovery lays the ground work for substantive use disorder prevention for his youngest children. And not too long ago, it laid the ground work for intervention and support and recovery for his oldest child.

So some ways that recovery also supports prevention include just like we were talking about. A parent in recovery decreasing their children's exposure to risk factors. And increasing their focus on protective factors in their lives, giving them a healthy environment to grow up in. It's also exemplified as supporting housing, supportive housing. Because supportive housing increases stability. And that serves as an intervention for the individual, but it also increases protective factors for the children in that family.

So now let's get into these models. This is SAMHSA's Center for Substance Abuse Prevention, 6 prevention strategies. And as preventionist know, this is basically our main menu for a lot of the work that we're tasked to do.

You got the 6 there in front of you. I'll give a quick overview of them. Basically, these strategies can be built upon to create a prevention inclusive recovery story. If you're in recovery story, and you're being more conscious about how you have a role in

prevention, you can use these strategies to build the story that you tell. Information dissemination is about providing awareness and knowledge of the extent of substance abuse and addiction. It provides knowledge and awareness of available prevention programs, of services, it's characterized mostly by one-way communication from the source to an audience.

If we're looking at it from a recovery angle, an example of this would be engaging in awareness event such as the national recovery month. Or distributing materials and resources that spread awareness. No. 2 is education. And this strategy involves two-way communication. And the difference between it and information dissemination is you've got interaction between the educator and the participants.

The activities under this strategy are aimed at affecting critical life and social skills like decision-making, refusal skills, and so on. So for recovery, an example of this would be pursuing peer support specialist certification or taking opportunities to educate the public about what recovery is.

No. 3 is alternatives. This strategy provides for the participation of target populations and activities that exclude substance issues. The assumption is that if we provide healthier activities to offset the attraction to or that could otherwise meet the needs that could fill by alcohol and drugs, we can, therefore, minimize resorting to those things.

So for recovery, an example of this would be habit replacement. Learning to recognize cues that trigger an old habit and creating a replacement cue that supports better health. No. 4 is problem identification and referral. This aims to identify those who have already indulged in illegal or age inappropriate use of alcohol, tobacco, or other drugs.

It's in recovery would relate to their model of the four dimensions of recovery and we'll talk about that shortly. The four dimensions are health, which focuses on learning to identify problems or triggers and overcome manager more successfully lived symptoms if making healthy choices. So this No. 4 relates to one of the four dimensions of recovery, which we'll talk about shortly.

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No. 5 is a community-based process. And that aims to enhance the ability of a community to more effectively provide prevention and treatment services for substance use disorders. For recovery, this strategy aligns, again, with those four dimensions of recovery with the community aspect of it. Because relationships and social network provide support, friendship, love, and hope.

No. 6 is environmental strategies. Not to be confused with green strategies and saving the earth, this is really about adapting policies and practices, and changing the environment in which we live. We change that through policy change, changing written standards and codes, and thereby changing attitudes. It's usually divided into two subcategories so that there's a distinction between activities that is centered on legal and regulatory initiatives. And then there's the side that serves non-, like the non-advocacy part and more action-oriented event type thing. So for recovery, an example of this, again, would be recovery housing. Creating that stability that provides opportunity for improved health and wellness.

And I'm sure for preventionist, this is old hat. And for those who are new to prevention, it's you're trying to keep up. I promise, it will come together. And it doesn't all have to come together in one hour.

So this is CADCA, the community of anti-drug coalition of Americas 7 strategies for community change. CAD are a is another one of our leading prevention agencies. They do their main focus is drug-free community coalitions. And these are the models that they follow. Providing information and enhancing skills, providing support. What you'll see on those boxes are icons that will correspond when you're looking at your own documents.

They correspond with the icons on the previous documents. So you can start making the relations between the CSAP 6 and the CADCA 7.

No. 1 is providing information, and it corresponds to the CSAP information dissemination strategy. No. 2 here is enhancing skills, and it corresponds to the CSAP education strategy that focuses on effecting life skills. No. 3 is providing support for

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prevention activities. That relates to the CSAP community-based strategy that aim at enhancing the ability of communities to provide better services basically.

No. 4, this one relates to the CSAP environmental strategy. Because it's about policy change and enhancing our communities to create healthier options. 5 is changing consequences. This also relates to those environmental strategies. And we'll talk more about environmental strategies shortly with the next model.

No. 6, again, an environmental strategy relation. Because we're trying to impact the world in which we're raising our children, and the things that we are modeling to them or changing their environment.

And then No. 7 also relates to the CSAP environmental strategy. Because it's, again, about adapting policies or processes to change the way that our communities operate. So, this next model is the strategic prevention framework or the SPF for short. It is the guiding principle for doing environmental prevention strategies.

What I want you to notice about this is that this model is about systems, how the systems level can impact individuals. So, it also aligns nicely with the social determinants of health. And it's about improving and reinforcing healthy behaviors and lifestyles in your environment. So let's look at what each step is for. I think you can see this pretty clear.

Number one, assessing needs, you need to know what the problem is in your community or your family, or even with yourself to know how to address it. So what's the problem and how can you learn more?

The second step is capacity. What do you have to work with? What skills do you need? What resources does your community have? No. 3 is planning. What do you do? Once you have that information, what do you do with it and how do you put into action?

Four is moving forward with that action. Taking all the steps you have identified and turning them into activities and processes, and things that contribute to change. And then what you see in the middle of the SPF or sustainability and cultural competence, those two pieces in addition to step 5, which is evaluation, those should be

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a constant part of everything that is done in a prevention plan. Evaluation is important, because you need to check that what you're doing works. And sustainability is about making sure that you can keep those programs going, not just with funding, but also with community support.

Cultural competence is the need to know diversity. All of our communities have so much diversity, it's important to keep those in mind as we're developing developmental approaches.

So now, we'll move into some basics of recovery. There are a few models that we'll look at here too. But we'll start with the definition. Recovery is a process of change. Keep that in mind again. It's another process of change. Just like the prevention definition. So what is a recovery model? Well, it's a holistic person-centered approach to mental health care. That model has gained momentum over the past decade, and it's becoming the standard model for mental health care.

This model is based on two premises. One is that it is possible to recover from a mental health condition, and two, that the most effective recovery is patient-centered and patient-directed. So those receiving mental health services or who have a loved one with a mental health condition, knowing these basic tenants of of this model can help with advocating for the best care for them or for oneself.

So, who does recovery? Same as prevention. All of us do. Parents, teachers, you name it. We all have an option to do recovery. And, yes, still Iron Man up there up there in the right corner, because Robert Downey, Jr. entered the recovery in 2001, I think. And he's an example of how somebody can live with a substance use diagnosis and have a thriving life.

Some other ways that prevention supports recovery. Those alcohol, tobacco, and other drug alternative activities, that's from the CSAP 6. Providing alternative activities basically helps support recovery. You can have community events or awareness campaigns. That would be from the CSAP 6 or the CADCA 7.

You could support recovery through policy change. That would be related to the strategic prevention framework or the CSAP 6 or CADCA 7. And even early

intervention with at-risk youth would count as a way that prevention and recovery connect.

So, next model for recovery, we'll start with this. The 4 dimensions. SAMHSA SPF model, that's strategic prevention framework, delineates steps to create healthier communities, and, therefore, healthier families and individuals. For the recovery perspective, we start by outlining steps to support individual health and wellness.

So SAMHSA delineated these four major dimensions to support the life of recovery. You've got health, home, purpose, and community. Health is overcoming and managing one's diseases or symptoms. Home is a stable and safe place to live. Purpose is having meaningful daily activities, whether that's a job or school, or volunteerism, or family. And community is a relationship and social network that provide support, or friendship, or love, and hope to individuals.

The connecting point with the 4 dimensions is recognizing that they connect. Processes that they connect – the 4 dimensions of recovery connect the desired outcomes that we want to see happen when we implement strategic prevention framework steps in the community. So, those models of health, those steps of health are what we're achieving and what we're hoping to achieve with prevention models.

So the four dimensions of recovery and the SPF model, they also link to SAMHSA's 10 guiding principles of recovery model, which you now have in front of you. So, something to note on this is that the individual can impact systems. With the SPF, it was systems are impacting individuals. Here, we've got individuals impacting systems.

The principles, these principles are that individuals can take, they can take these to create and maintain their recovery path basically. They're principles we can expect families and communities to uphold in order to continue these stigmatizing substance use disorder or mental health health diagnoses. We can identify connecting point between these individual principles by grouping them with corresponding prevention strategies. And we'll do that in a comparison slide in just a few moment.

The next recovery model that we'll look at is recovery-oriented system of care, or ROSC for short. We'll cover details of this in just a moment. But what this model does

is list some of the specific areas where recovery perspective can create positive changes that support individual health and wellness.

The main takeaway from this model today is to recognize that a recovery focus system of care is also a prevention focus system of care. Because both are about addressing social determinants of health to improve health outcomes. This recovery model stresses the importance of connectedness and social supports. So, all of those different circles involve all of the various supports for an individual. When they have supportive relationships, or services, or environments, they're better able to cope with the symptoms of their illness and work towards recovery.

Counselors, psychologists, doctors, peer support specialists, all of us can provide some support to a certain degree. But other connections are offered by friends and family, or other peers. And that's critical. Support groups and community organizations can help fulfill this need as well. And there's an important reason to ignite learning about why all of these things connect. The more we know how these connect, the more we're able to support the people that we serve.

One of the major strengths of the recovery model is that it folks on individual strengths and abilities instead of looking at pathology and defects. It places trusts and an individual to know their own experience, and to be able to take an active role in their treatment.

And the next two slides are going to list some of the characteristics of a recovery-oriented system of care. I'll let you read those. We've covered earlier how America's wealth has has given us the luxury of focusing on research and treatment, and cure. And the result is that our culture focuses on sickness.

The less fortunate parts of the world, like we talked about earlier, since they lack funding or infrastructure to focus on research and treatment and cure, they instead focus on preventing disease, and trying to stop it before they have to recover from.

Those cultures focus on maintaining wellness. It's very different perspective about health. Since the implementation of the ACA though, Americas now transitioning into a culture of wellness. And part of strengthening that culture is disseminating

information like today's discussion to help bring behavioral health fields and trends, and practices into alignment with each other. We're all working towards the same goal of wellness. We just speak different languages about it.

Strength in numbers. The more we know, the more we support each other and those we serve. So on your slide deck, there's some other characteristics. I'll move on through those shortly. Basically, all of these connect back to the four dimensions of life and recovery. Health, home, purpose, and community. This is the 10 guiding principles of recovery aligned with prevention strategies. Many of these ROSC characteristics can be grouped with corresponding prevention strategies. And we'll look at those again in a few minutes.

This next model with recovery is the 8 dimensions of wellness. We'll cover details again shortly. Wellness means being in a good physical and mental health. Because mental health and physical health are linked and problems in one area impact problems in another. At the same time, when you improve your physical health, you're definitely benefiting your mental health and vice versa. So it's important to know how to make healthy choices for both physical and mental well-being.

Remember that wellness is not the absence of illness or stress. We can strive for wellness even when we're experiencing challenges in life. And goodness knows we can all attest to that right now. Making these 8 dimensions of wellness a part of daily life is a way to improve mental and physical health for people with mental or substance use disorders.

These wellness strategies are described by SAMHSA as practical ways to start developing healthy habits that can have a positive impact on your physical and mental health. Those 8 dimensions, which you can see there are emotional, coping, basically coping effectively with life, environmental, good health, financial, you know, satisfaction with your financial situation. Intellectual. Occupational. Physical. Social. And spiritual.

All of these can also be understood as social determinants of health. Of note of this model is that it is an overarching model for wellness. I want to keep that in mind for you. Because these dimensions are the goals that all of the other models we've looked

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at, these are the goals that those models see to achieve for individuals and communities. The point of this model is to help us recognize that wellness means being healthy in many dimensions of our lives.

This, again, relates to social determinants of health. And don't worry, we will actually talk about those social determinants shortly. But in the meantime, very quickly, let's do a little bit of processing. We have so far looked at three main prevention methodologies. The CSAP 6, the CADCA 7, and the strategic prevention framework.

You've looked at 3 models of recovery, too. SAMHSA's four dimension of recovery, the 10 guiding principles of recovery, and the recovery-oriented system of care. And then lastly, we just reviewed SAMHSA's 8 dimension of wellness, which is the model that stands the entire continuum of care. The similarities between prevention and recovery are they are about processes, and individual, and health, and empowerment. The differences are that one of them is more about systems and about conditions, and less about the individual.

Although the goal of this system and the conditions is to impact the individual. The compatibility of the approaches is that one focuses on the individual's journey and one supports the individual's journey by impacting those systems and conditions.

So quick poll. Because we have so much, are any of these connecting points emerging for you between intervention and recoveries yet?

>> SAMSON TEKLEMARIAM: Thank you so much, Jane. Everyone, you will see a poll pop up on your screen. You will have 3 answer options. In just a brief moment to answer for us. Thank you so much. It looks like half of you already responded. As a reminder, towards the end of the webinar, immediately following, a brief demo from our sponsor Telehealth Certification Institute, we will give you more information on how to access your CE quiz.

About 70% of you have answered the poll. I'll give you just about 3 more seconds. Perfect. Thank you so much, everyone. I'm going to go ahead and close the poll and share the results. We'll turn this back over to your presenter, Jane.

>> JANE G. CLARK: Great. Oh, good. I'm glad it's starting to come to light. Thank you. So, let's move forward into the final section here. We're going to look ultimately at where and how they overlap.

As soon as my computer catches up again.

One more moment.

Well, Samson, it's the same problem as earlier. And I do not see the controls to make them move forward. Sorry, guys.

>> SAMSON TEKLEMARIAM: Yeah, Jane. No worries. Go ahead and move your mouse on the screen and click on it once. And then see if you can navigate – there you go. See if you can navigate using your keypad now. Or keyboard.

>> JANE G. CLARK: Not yet.

>> SAMSON TEKLEMARIAM: Okay, I've just also noticed as a time reminder about 5 more minutes for this section. Let me see. So you see this part here. You can also click that to navigate.

>> JANE G. CLARK: All right. There we go. Where and how they overlap. So let's move on through in our last 5 minutes together. Basically, what we've covered is how the models connect through people. The models connect and complement each other, and sometimes they overlap. And they connect through shared goals for increased wellness. We have reviewed the SPF, the principles of recovery, the ROSC, the 8 dimensions of wellness. We have talked about addressing environmental factors in order to create opportunities for wellness, that's with the SPF and the ROSC.

We have talked about how to address social determinants of health by addressing various aspects of our environment. That's what the SPF and 8 dimensions. We have talked about how they connect or overlap. Basically, by incorporating principles, processes, strategies, and behaviors, those impacted individuals, families and communities, and increases wellness across-the-board.

So, I do have a poll, but I'm going to skip it, Samson, in the interest of time. It's just really about your familiarity with social determinants of health. But we'll launch into it since we have a few minutes.

The social determinants of health are the ultimate connecting points for all of these models. They're the main intersection between prevention and recovery. Social determinants is an overarching model for wellness where all the other models connect. Because these dimensions are the goals that the other models want to achieve for individuals and communities.

Prevention recovery models intersect with this model of social determinants. That's the main takeaway here. The conditions and the places where people live, learn, work, and play affect a wide range of health risk and outcomes.

That's what social determinants are. And on this slide, this coming up, you'll see how all four of them play in. SPF affects the environment. ROSC is about environment. The recovery definition is person-driven. The 8 dimensions of wellness is person-driven as well. And we'll flip back through what's in common in between prevention and recovery. The social determinants of health. That's the main thing they have in common. The overarching point of learning prevention and recovery models, and recognizing their connections is that the social determinants of health help clarify wellness at an individual level as well as a community level. You don't have to have lived experience with health or substance issue to be a supporter or an ally for a recovery-based system.

And lastly, we often hear about the continuum of care. But I'd like you to think about it as a cycle of care. Because recovery is not too late to do prevention. The continuum of care is a cycle, because when you get to recovery, you have a chance to do prevention for the generations that come after you. And that's where we started today. I talked about the generations of mental health issues in my family. How my recovery led to prevention for my son who at 5 years old got that first diagnosis. At 10, got the correct diagnosis, which meant the right medication, which meant that just a month after that, he could come to me and say, hey, mom, I'm not broken anymore. He was 10. He felt broken before that. But thank God he didn't afterwards. And that is

prevention. He knew there was nothing wrong with him. He found a way, we all found a way to get the right treatment. And it launched him on a completely different trajectory than the rest of my family, because he is grounded in his wellness. He understands how to maintain it. And he has a thriving life, as you can see here in his senior picture as he prepares to go to college this fall.

So thank you for letting me share this story of my family, and my son, and the success of recovery promoting prevention. I really appreciate you all being here today and starting to explore this topic with us.

>> SAMSON TEKLEMARIAM: Jane, thank you so much for your valuable expertise. It really is incredible how clearly everything connects after you have showed us those graphs. I was sitting here taking notes. I'm just amazed and it's kind of a duh moment for me. And we're going to do a Q&A in just a moment. We have great questions. So everyone sending in questions for Jane, please keep those questions coming into the questions box. These are some really good ones. Right now, just as a reminder to continue the clinical professional and business development for the addiction professional. NAADAC is really fortunate to welcome webinar sponsors like Telehealth Certification Institute. Many of you had to make some pretty major shifts recently in your overall workflow and skill set. I'm going to turn this over now to Raymond Barrett, CEO of Telehealth Certification Institute.

>> Thank you Samson. Thank you for listening for this training and thank you for what you do. Obviously, you're here because your development, your professional development. Is really important to you. Your care for your client is very important. What you do is extremely important. And I'm sure, you know, if you're watching this slide right now, you know that being able to provide services virtually, like remotely is necessary.

Now, for individuals, it's necessary every day. So there's always individuals that needs services to be provided remote the to so many different reasons. They may have something going on medically or transportation issues or not having a clinician that's really a fit for them locally. Or being concerned about confidentiality.

There's so many reasons that every single day, there are several people that need help, but they're only able or willing to get those services remotely. It was interesting, I went to a training quite a year's back on substance use treatment. And they said there's a study done on what methodology works best. What method has the best results. And they mentioned all the different techniques for substance use treatment. And they said actually the one that work best is where the client sticks with it the longest. Right? So I mean, it's no surprise, right? So treatment only work if the client shows up. So we really need to make it accessible.

The other thing is we talk about person-centered treatment or patient-centered treatment in some fields. Well, patient-centered means what is a fit for the client? Not necessarily just for the clinician but actually for the client at that time is really important. So provide ways and get the access and fit for them is truly important. A lot of you right now probably jumped into providing services virtually because you have to. Because everybody needs virtual services right now with COVID-19. Now, again, every day, many people need those types of services.

So you may have jumped into providing telemental health services and it can be difficult. It's important to be competent in doing so. You spend a lot of time training and learning how to provide services appropriately when a client is in your office. We also ought to learn that remotely. Because clients trust us with their very sensitive personal information.

They also trust that we'll show them how to appropriately attend the session. So if we don't do things right, that really puts their privacy at-risk. That sets them up for a really poor experience and it's going to turn them off to treatment, then that's not going to go well. So telemental health training covers all those essential competencies of providing training remote. . We have telemental health certificate program to cover all the essential competencies and we also have a summit coming up to provide support and education for clinicians who are pivoting to provide services remotely. So I hope you could make it to that. You'll see a coupon code that will be provided to you.

So thank you. If you need any training or consultation, we are here to help. And you know, you can see our contact information here on this slide. You can call us,

email us, just visit our website. And we always answer the phone and are here to help you. Thank you very much. And Samson, back to you.

>> SAMSON TEKLEMARIAM: Thanks so much, Ray. Appreciate that. So everyone, you do see Telehealth Certification Institute information coming into your chat box. You'll also see it in you'll also get in I the thank you email. We're going to shift now to a live Q&A and we're really fortunate because Ray has agreed too stick around with us. If you have questions for Ray.

Now we're going to stick to the questions we have for Jane. Jane, let me ask you the first question. MIA asks what with the social determinants of health fit in?

>> JANE G. CLARK: Adverse childhood difference and social determinants, basically, it depends on what -- what the issue of trauma is. Social determinants are things that impact individuals. So it could have been a financial trauma on the family, it could be domestic violence. A social determinant has a great match. I'm sorry I don't have time to talk about that.

>> SAMSON TEKLEMARIAM: I think maybe that's a webinar topic for 2021. I thought it was a good one too. So next question comes from Katrina in Seattle. Katrina, this is a long question. She asks do you know if any researcher taking the research and applications from the field of grief and loss studies? And applying them to the addicted person or high-risk person and see whether or not they're affected for the prevention treatment services?

>> JANE G. CLARK: No, I don't. But I sure hope your researcher or a student who can study that. That's a great correlation. I'm sorry I don't have a reference for that.

>> SAMSON TEKLEMARIAM: Awesome. Thank you. And our next question comes from, sorry, comes from Lauren. Jane, Lauren asks you do you know of any prevention and recovery care programs or initiatives being implemented within correctional institutions or criminal justice systems?

>> JANE G. CLARK: There are some very beginning level ones. part of the reason for this topic is to get all of us thinking about ways that we can create these

prevention and recovery combined programs. The one that I know of in terms of incarcerated population is brand new. It just barely launched here in North Carolina. But the idea is to be able to assign peer support specialists. Not just peer support specialists who have substance issues and behavioral health issues who also have been incarcerated and assign them to inmates who are just ready to be released or have just been released. And the peer support specialist is designed to help them acclimate. You know, give them preventative strengths as they hit the community and also the peer support and recovery perspective as they re-enter the community. Unfortunately, that's the only one I know of right now.

>> SAMSON TEKLEMARIAM: That's great info. We have recovery-oriented systems of care training, or peer recovery support going on right now. But, Jane, that's very interesting. Criminal justice is also one of our kind of social responsibility pillars in the addiction profession. So, Ray, from Telehealth Certification Institute, we have a question for you from Ken. Ken is saying that he is not currently certified, or he is certified, but not currently licensed. Can he still pursue your certification for telehealth?

>> Yes, you certainly can. It's a training certificate that's there to provide that competency to any professional. Yep. Certainly.

>> SAMSON TEKLEMARIAM: Awesome. Thank you so much, Ray. And Ken and others asking about Telehealth Certification Institute, you can email rate at info@telehealthcertificationinstitute.com.

Jane, we have another question for you. I'm going try squeeze in couple more here. So Jane, from Rebecca, have you built convention ally recovery to move towards system of change? I hope I asked that right.

>> JANE G. CLARK: So, have I -- are those connections being built? That's how I'm interpreting the question.

>> SAMSON TEKLEMARIAM: Yes.

>> JANE G. CLARK: Yes, so in North Carolina they are. We started addressing this topic about a year ago. And we've done it through presentations, but we also did it through a summit where we brought preventionist and recovery specialist together to

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start talking about where the overlap is and how we can combine to provide impactful change. But also, the reason that we want to see this, not just in North Carolina, but across the nation, you're going to see more and more out of the Federal Government a focus on prevention and recovery combined. And the whole idea of integrated. So take the lead and take the information today and create something and run with it.

>> SAMSON TEKLEMARIAM: Awesome. Thank you so much, Jane. So one more question here. So, Jose is asking, during this current COVID-19 situation, people are running towards harder drugs and alcohol to evade the reality.

>> JANE G. CLARK: We don't know yet. Right? We're going to know very soon. I think we'll see statistics within 6 months. What I would bet my money on sadly, our next pandemic on top of COVID-19 is going to be the mental health pandemic associated with COVID-19, the post-traumatic stuff, the grief and loss pieces, and all of those that contribute to substance use. I wish that weren't the case, but you're probably on to something and there's going to be a rise on that. More reason for prevention and more reason for recovery.

>> SAMSON TEKLEMARIAM: Yes, that was going to be my segue. Thank you so much, Jane. And Ray, thank you for your sponsorship. So everyone at this point, you may be wondering about your CE quiz for this webinar or how to access the recording after the live event. So every NAADAC webinar has its own webpage everything you need to know about the particular webinar. Immediately following the live event, you will find the online CE quiz link on the same exact website you used to register for this webinar. So everything you need to know about this webinar will be permanent the hosted at www.NAADAC.org/Connect-the-continuum-webinar. You'll see a little arrow pointing where the quiz will appear after the webinar. And also in the handout tab, when you go to the webinar control panel, you'll see a copy of the slides and you'll see a user guide help you figure out how to get your CE Certificate. All that information is on our website. It's also in the user guide in the handout tab. And you can also email CE@NAADAC.org any time to get information about Continuing Education and requests. Here is the schedule for our upcoming webinar. Please tune in as you can because there's really interesting topics with great presenters. We're very

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fortunate to collaborate with Great Lakes ATTC. And the next series is on April 10, 2020, this Friday From 12 to 1:30 p.m. Eastern Standard Time. To learn more about this free series, you can go to www.NAADAC.org/peer-recovery-webinars. And we're offering two specialty online series and these series give you an opportunity to earn a certificate of achievement from the comfort of your home. You can visit www.NAADAC.org/clinical-supervision-online-training-series. This clinical supervision on the addiction profession, even the most experienced clinical supervisors in our field will admit clinical supervision in the addiction profession is more complex than general supervision. There's a wide array of variables to consider. And this series provides the most up-to-date research as a complement to our newest workbook which is available in our NAADAC bookstore.

This training series and the workbook is led by Dr. Thomas Sternum and the second addiction is addiction treatment and military and Veteran culture. Right now some of our most respected are also most vulnerable. As the nation tries to stay in balance during the national crisis, those related trauma system and history of substance use disorders are currently experiencing and re-experiencing some of their worst fears, trying to manage triggers in an ever-changing environment. This series presented by Duane France, a license counselor specialist will help you prepare these concerns. To learn more about this exclusive content, you can visit the webpage on the bottom of the slide.

Many benefits for being a NAADAC member. You can visit NAADAC.org/join any time to learn how to become a member. Included with being a member is free CEs for these webinars. The webinars we're giving you right now. Please note right after this training and also in your thank you for attending email, there will be a short survey that will pop up at the end. Please take time to give us feedback and share any notes for the presenter. And tell us how we can improve. Your feedback is very important to us. As we continue to improve your learning experience. Thank you for participating in this webinar. Thank you, Jane, for your valuable expertise. Thank you, Ray, and Telehealth Certification Institute for your sponsorship. I encourage you all to take some

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