Developing a Sense of Purpose in Support of Recovery

Discussion Guide

The show will be filmed in a panel format, with free discussion between the show host and other panelists. This discussion guide is not to be considered a script. The information and resources provided in this discussion guide are provided to assist panelists in show preparation. The questions identified in each panel section will be asked by the show host. Panelists will respond to questions asked by the host, and they will also comment and add to information presented by other panelists in a discussion format. Panelists will bring their own keen anecdotal experiences to the show in addition to discussing ongoing research in the field.

Show Description. A 2008 study published in the *American Journal of Psychiatry* found that a strong sense of purpose may be the single most significant factor in determining resilience and recovery from psychiatric disorders.\(^1\) Other substance use disorder recovery studies suggest life meaning and purpose play a critical role in the recovery process.\(^2\) There is also evidence that one of the primary tasks of behavioral health practitioners should be to support experiences of meaning that give persons with mental and substance use disorders a sense of purpose that sustains recovery.\(^3\) This show explores the various ways people can find meaning and purpose in their lives: through higher education and collegiate recovery programs, through work or a vocation, and through volunteer efforts, or, other community roles. Panelists discuss how addiction counselors and mental health professionals can help people recovering from mental and substance use disorders draw meaning and purpose from their experiences that will help them design new models for daily living that embrace hope. Panelists also explore mentorship opportunities and ways to engage with different recovery support groups that contribute to a sense of meaning and purpose.

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Segment 1: The Importance of Purpose in Recovery

Key Questions:

1. What is purpose? How do you define meaningful activities?
2. Why is it important for people in recovery to pursue a life of purpose and find meaning?
3. What is the role of faith and spirituality in finding purpose?
4. How can persons with behavioral health conditions draw meaning and purpose from the addiction and recovery experience?
5. What are some kinds of meaningful activities that foster a sense of purpose?
6. How does life purpose and meaning empower relationships and the connection to community?
7. How does life purpose evolve across the stages of recovery and across the life span? And how are meaningful activities unique to various stages in life and how does purpose change over time?
8. How do individuals sustain a sense of purpose and meaning over the long run?

Answers:

1. What is purpose? How do you define meaningful activities?


- “Life, Meaning Purpose (LMP) links past, present, and future. Meaning focuses on rendering our past coherent and giving value to our present, and purpose provides a framework for linking present activities to a desired future. Recent studies of addiction recovery suggest that LMP plays an important role in the recovery process.”


- “Purposefulness is a capacity that promotes vigor, resilience, and determination. As with all important life capacities, purposefulness develops through a combination of social supports and individual initiative.”


- “We found four primary sources of [life meaning purpose] shared across these recovery frameworks: survival, self-reclamation, service to others, and connection to community.”
- “Those we interviewed shared a mixture of awe, wonder, gratitude, and indebtedness regarding their own survival. They came to understand that survival in terms of a greater purpose and personal destiny.”
- “LMP can occur in the context of self-surrender and self-transcendence (connection with resources outside the self) or through a process of self-assertion (discovery of hidden resources inside the self and acts of personal resistance/defiance).”

• “Meaning described in terms of purpose refers to beliefs that organize, justify, and direct a person’s striving. Empirical research on these motivational aspects of meaning is typically framed in terms of goals.”
• “A number of writers have proposed that human beings are goal directed and that, in fact, virtually all of human behavior is goal oriented.”
• “Some have even argued that personality itself consists of the specific goals people construct for themselves, including their life tasks and the strategies they develop to pursue those tasks.”
• “People’s goals represent their current identity and their future ideal selves.”
• “This goal orientation gives people a sense of purpose, even though they may not always be conscious of their distal goals, or even of their proximal ones.”
• “Their sense of purpose is considered to be a powerful predictor of general life adjustment.”

2. **Why is it important for people in recovery to pursue a life of purpose and find meaning?**


> “In the transition from addiction to recovery, each client must find ways to draw life meaning and purpose from the addiction and recovery experiences, forge new prescriptions for daily living, and generate hope for the future.”


> “To recover, people also need ... meaningful, productive, worthwhile activities (purpose). Activities such as a having a job, attending school, volunteering, family caretaking, or pursuing creative endeavors—and the independence, income, and resources they bring—are necessary for people to fully participate in communities.”


> “Participating in society through meaningful daily activities such as a job, school, or family caretaking is central to the *Purpose* dimension of recovery. *Purpose*-related services offered by facilities primarily included ancillary services. Since having the resources to participate in meaningful activities is also part of the *Purpose* dimension, services that assisted clients with paying for their treatment are also included.”


> “The ‘will to meaning’—constructing meaning from life’s events—is an essential human characteristic, a critical element of psychological well-being (Fetzer Institute, 1999; Ryff 1989), and one that can lead to physical and mental discomfort if blocked or unfulfilled (Frankl, 1963).”

> “Antonovsky (1979) has noted the importance of meaning or purpose in life as part of a sense of coherence; meaning provides context that is essential to understand and successfully cope with life’s difficulties (Fife, 1994; Park & Folkman, 1997).”

> “Life meaning is an inherent part of the spiritual pursuit (e.g., Speck, 2004); it has received virtually no attention in the addiction field to date.”
• “Recent studies of addiction recovery suggest that LMP plays an important role in the recovery process. Some of these studies' clinically significant findings and tentative observations include the following:
  o LMP in addiction recovery is often defined in the context of multiple conditions (e.g., developmental trauma/loss, co-occurring medical or psychiatric illness, poverty, homelessness).
  o LMP can serve as a catalyst of recovery initiation, an anchor for recovery maintenance, and a source of recovery enrichment.
  o LMP significantly enhances the likelihood of successful recovery maintenance.
  o Recovery-inciting LMP can be experienced suddenly in a transformative revelation that is unplanned, positive, and permanent, or through an extended process of self-awakening.
  o LMP can occur in the context of self-surrender and self-transcendence (connection with resources outside the self) or through a process of self-assertion (discovery of hidden resources inside the self and acts of personal resistance/defiance).
  o Life meaning and life purpose are forms of recovery capital (internal and external assets that mediate long-term recovery outcomes); LMP can be increased through the guidance of addiction professionals and recovery support specialists.”

3. **What is the role of faith and spirituality in finding purpose?**


• “The recovery program is a set of suggested strategies that are based on a spiritual foundation whereby the individual is encouraged to rely on an external power greater than him/herself (Higher Power that many choose to call God)” (accessed December 5, 2017).
• “Spirituality, religiousness and life meaning enhance coping, confer hope for the future, provide a heightened sense of control, security and stability; they confer support and strength to resist the opportunity to use substances, all of which are very much needed to initiate and maintain recovery.”
• “While not all recovering persons embrace spirituality/religiousness, many report that a spiritual or religious connection to the transcendent is part of their recovery.”
• “Recovering participants in one study expressed a sense of needing something to depend on that could be trusted and that was there always (Morjaria & Orford, 2002).”
• “There is evidence that ... among recovering individuals, higher levels of religious faith and spirituality are associated with cognitive processes previously linked to more positive health outcomes including more optimistic life orientation, higher resilience to stress, lower levels of anxiety, and positive effective coping skills.”


• “Spirituality and more formal religious affiliation and practice often play an important role in [the recovery] journey.”
• “Recently there has been renewed interest in exploring how spirituality and religious traditions can influence health as well as in the study of human nature, motivation and behavior change.”
• “[Interactions between spirituality or religion and the process of recovery and change] influence motivation and readiness to change, values and decision making, commitment, support for drug use or for recovery, stress production or reduction, sustaining change, and creating the foundation for a new lifestyle.”
• “Spiritual crises, epiphanies, and values embodied in various religious traditions such as forgiveness, a merciful god, humility, and redemption can also serve as important motivators that can spur readiness and strengthen commitment to move into recovery.”
• “Religious practices such as mindfulness, meditation, and prayer can offer some respite and can provide the scaffolding needed to support compromised self-regulation.”
• “Spirituality can serve as a source of strength as well as motivation for recovery.”

4. How can persons with behavioral health conditions draw meaning and purpose from the addiction and recovery experience?


• “[Life meaning purpose] links past, present, and future. Meaning focuses on rendering our past coherent and giving value to our present, and purpose provides a framework for linking present activities to a desired future. Recent studies of addiction recovery suggest that LMP plays an important role in the recovery process.”
• “The development of LMP in recovery often occurs in the context of catalytic metaphors (through which previously inexplicable struggles become understandable), empowering relationships, and the experience of connection to community.”
• “Recovery-inciting LMP can be experienced suddenly in a transformative revelation that is unplanned, positive, and permanent, or through an extended process of self-awakening.”
• “LMP can occur in the context of self-surrender and self-transcendence (connection with resources outside the self) or through a process of self-assertion (discovery of hidden resources inside the self and acts of personal resistance/defiance).”
• “Part of the act of self-reclamation in recovery is the identification of excesses of character (e.g., self-centeredness, grandiosity, resentfulness, intolerance) and the cultivation of new recovery-based personal values (e.g., self-honesty, humility, patience).”
• Many of those we interviewed drew meaning from new values and new personal goals that emerged early in the recovery process.”


• “There is in [the LMP process] a stage in which addiction/recovery paradoxically shifts from the status of a stigmatized curse to that of a gift that opens new horizons of experience, a new sense of self, new and renewed relationships, and a new depth of living.”
• “Deep gratitude for this gift often generates feelings of indebtedness that spawn the compulsion to reach out to others in a spirit of acceptance and service.”


• Frameworks of recovery ... help their members answer ... five recovery-crucial questions:
  o Why and how did this happen? (Why me?)
What does it mean to have this problem? (How has this problem changed me and my most important relationships and activities?)

How did I come to escape this problem? (Why have I survived when others have not? Where does my recovery story begin?)

What actions do I need to take today to sustain my recovery?

How does this problem affect the future direction of my life? (What is my personal destiny as a person in recovery?)

• “Such questions are a normal process of constructing meaning and redefining self and the self-world relationship in the face of serious illness.”

• “Answering these questions provides a way to escape self-censure and social stigma and a means of positively coping with the loss of personal power and control. Whether framed in religious, spiritual, or secular terms, these answers constitute the building blocks of recovery and can be collectively framed within the rubric of life meaning and purpose (LMP).”

5. What are some kinds of meaningful activities that foster a sense of purpose?


• “We can discover ... meaning in life in three different ways: (1) by creating a work or doing a good deed; (2) by experiencing something or encountering someone; and (3) by the attitude we take toward unavoidable suffering.”


• “Purpose is more than service to others.... In addition to its engagement in the world beyond the self, a purposeful activity is always meaningful to the self. It is mainly this sense of meaning that makes the activity interesting and motivating.”

• “Our young subjects expressed a wide array of purposeful interests and aspirations.”

• “Some were motivated by family purposes (raising a family, caring for an extended family); others directed themselves to vocational purposes (becoming a doctor, teacher, army officer, and so on); others were driven by faith (serving God); and others by the arts, sports, civic duty, or a host of other causes.”

• “We found that purposeful young people had aspirations that were stimulated by two recognitions: 1) there is something in the world that needs to be sustained or improved; and 2) I can contribute something to this effort.”

• “The first recognition provides the young person with a specific purpose; the second provides the young person with the confidence to pursue the purpose. The range of possible ways to sustain and improve the world, of course, is enormous, including everything from life-saving endeavors such as medicine and national defense to aesthetic efforts such as creating more beautiful art and music.”

• “In our studies of purposeful young people, we found the entire gamut, as reflected by the diverse varieties of purpose (family, work, faith, and many others) that I noted above.”


• “The most comprehensive study of how people define recovery recruited over 9,000 individuals with previous substance use disorders from a range of recovery pathways. The study results shed light on how people vary in their understanding of recovery:
• **Personal growth:** ‘Being honest with myself’ was endorsed as part of recovery by 98.6 percent of participants. Other almost universally-endorsed elements included ‘handling negative feelings without using alcohol or drugs’ and ‘being able to enjoy life without alcohol or drugs.’ Almost all study participants viewed their recovery as a process of growth and development, and about two-thirds saw it as having a spiritual dimension.

• **Service to others:** Engaging in service to others was another prominent component of how study participants defined recovery, perhaps because during periods of heavy substance use, individuals often do damage to others that they later regret. Importantly, service to others has evidence of helping individuals maintain their own recovery. A survey of more than 3,000 people in recovery indicated that fulfilling important roles and being civically engaged, such as paying taxes, holding a job, and being a responsible parent and neighbor, became much more common after their substance use ended.”

### 6. How does life purpose and meaning empower relationships and the connection to community?


- “[Some individuals] in recovery pursue acts of service to the larger community. Such acts came most frequently through volunteer service work.”
- “A final source of LMP noted by those we interviewed was their connection or reconnection to a larger community. This occurred in two ways: identification with a particular recovery community and identification with the larger group of people or all humanity.”


- “People in recovery often develop a conscious orientation toward the needs of others. Those in our studies demonstrated service to others in three distinct ways. The first was through service to those injured or neglected through the addiction experience (parents, siblings, children, friends).”
- “Tales of broken and estranged relationships were often followed in recovery by stories of reconnection, restitution, and reconciliation.”
- “Many of those we interviewed talked about the meaning they drew from now living their lives for people whom they had injured in their addiction years.”
- “[Some individuals] in recovery pursue acts of service to the larger community. Such acts came most frequently through volunteer service work.”
- “A final source of LMP noted by those we interviewed was their connection or reconnection to a larger community. This occurred in two ways: identification with a particular recovery community and identification with the larger group of people or all humanity.”


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7. **How does life purpose evolve across the stages of recovery and across the life span? And how are meaningful activities unique to various stages in life and how does purpose change over time?**


- “LMP evolves across the stages of recovery and across the developmental stages of life. The LMP that anchors early recovery might have to be redefined in later stages of recovery.”


- “As people age, they take on new missions, new aspirations, and new causes to dedicate themselves to: this is one of the hallmarks of healthy aging. In so doing, they draw continuously on the capacities for purposefulness that they develop earlier in life. In this way, the accomplishments of the early years can set the stage for an entire life of meaning and fulfillment.”


- “The life span development theories refer to a variety of changing purposes or goals in life, such as being productive and creative or achieving emotional integration in later life. Thus, one who functions positively has goals, intentions, and a sense of direction, all of which contribute to the feeling that life is meaningful.”
- “Life span development theories [stress] the differing challenges confronted by individuals as they grow older.”
- “These formulations suggested, for example, that certain aspects of well-being such as self-acceptance or autonomy are more easily achieved by the aged, whereas other dimensions (e.g., environmental mastery) are more prominent in the self-perceptions of middle-aged individuals.”

8. **How do individuals sustain a sense of purpose and meaning over the long run?**


- “Spirituality, religiousness and life meaning enhance coping, confer hope for the future, provide a heightened sense of control, security and stability; they confer support and strength to resist the opportunity to use substances, all of which are very much needed to initiate and maintain recovery.”
- “Recovery is a lifelong, dynamic process and it is therefore critical to learn more about relevant challenges and helpful resources (recovery capital) over the course of the process in order to enhance the likelihood that stable recovery be maintained.”
- “Quality of life increases and that stress decreases as recovery progresses can give hope for a better future to individuals in early recovery who are struggling to stay drug-free and to move forward, often doing so ‘one day at a time.’”
- “Findings emphasize the importance of the recovery capital ingredients examined here (social supports, spirituality, religiousness, life meaning and 12-step affiliation) in minimizing the stress attendant to the recovery process, and in enhancing life satisfaction.”
- “While necessarily focusing on substance use, clinicians should also take into account individual clients’ life situation, satisfaction levels and goals for the future, as well as clients’ social context and available recovery
Segment 2: Addressing the Barriers to Finding Meaning and Life Purpose

Key Questions:

1. What are the consequences of not having a life full of meaningful activities?
2. What are some of the barriers that prevent a person from pursuing purpose and meaningful experiences?
3. For those in recovery from a mental health condition, how can mental health programs do a better job of developing educational goal plans and provide support and resources for educational opportunities?
4. What do collegiate recovery dorm programs and high school recovery school programs offer students who are in recovery? How do these programs help participants gain a greater sense of purpose?
5. What are some ways to extend support received in a collegiate recovery program to life outside the campus?
6. What elements or creative strategies can clinicians and peer support staff use to address the employment needs of a person in recovery?
7. For people without access to quality behavioral health care, their untreated mental and substance use disorder prevents them from pursuing meaningful experiences and a life of purpose. How do we expand access to behavioral health services, allowing all persons to pursue a life of purpose?

**Answers:**

1. **What are the consequences of not having a life full of meaningful activities?**


   - “If we do not have a meaningful purpose that guides us every day and over the course of our lives, making important decisions, resolving internal and external conflicts, planning for the future, choosing friends and partners, and making sense of suffering become very difficult. Without a chosen, “higher” purpose, life gives us a sort of default purpose: avoid suffering as much as possible.”
   - “If this is all life means, we are sure to suffer more, not less, because the human mind and spirit need creativity, accomplishment, fulfillment and meaning that the avoidance of suffering alone cannot provide. Further, the experience of some suffering is necessary for us to learn and grow; if we try to avoid it at all costs (which is impossible anyway), we never mature.”
   - “Because a clear purpose and direction in life can help restructure even difficult crises into opportunities for growth and renewed motivation, a life purpose may be an essential aspect of mental well-being. When this purpose is lacking or unclear, a general indifference toward life may be experienced.”
   - “Difficult times may be far less terrifying or devastating when a lasting meaning to one's life is already present or can be developed through the work of therapy. Without such meaning or purpose, even small challenges can grow and feel overwhelming, confusing, and painful.”

2. **What are some of the barriers that prevent a person from pursuing purpose and meaningful experiences?**


   - “Most people with [serious mental illnesses] want to work, yet they face significant barriers in finding and keeping jobs, such as:
     - A limited number of jobs in communities
     - Discrimination against people with mental illnesses
     - Limited or compromised executive functioning skills among some consumers that hinder one's ability to perform and attend work
     - Lack of supported employment programs
     - Inadequate transportation.”


   - “Mental illness can present unique challenges to employment. Unlike physical disabilities that can be seen and recognized, employers may not realize that a person with a mental health condition is experiencing an issue and needs a workplace accommodation to remain employed and productive.”
“People with behavioral health disorders may be reluctant to assume some of the rights and responsibilities promoted in recovery-oriented systems.”

“They may initially express reluctance, fears, mistrust, and even disinterest when afforded the right to take control of their treatment and life decisions.”

“Research indicates that many individuals with behavioral health disorders also have histories of trauma. Failure to attend to such histories may seriously undermine the treatment and rehabilitation enterprises, and further complicate the person’s own efforts toward recovery.”

“Certain symptoms of illnesses may also pose direct impediments to the recovery process.”


“Woe to him who saw no more sense in his life, no aim, no purpose, and therefore no point in carrying on. He was soon lost. The typical reply with which such a man rejected all encouraging arguments was, “I have nothing to expect from life anymore.” What sort of answer can one give to that? What was really needed was a fundamental change in our attitude toward life. We had to learn ourselves and, furthermore, we had to teach the despairing men, that it did not really matter what we expected from life, but rather what life expected from us.”

“Person-centered service plans will:
  o Assist the person in achieving personally defined outcomes in the most integrated community setting;
  o Ensure delivery of services in a manner that reflects personal preferences and choices;
  o Contribute to the assurance of health and welfare.”

“Person-centered service plans:
  o Reflect cultural considerations;
  o Use plain language;
  o Include strategies for solving disagreement;
  o Offer choices to the person regarding services and supports the person receives and from whom;
  o Provide a method to request updates.”

3. For those in recovery from a mental health condition, how can mental health programs do a better job of developing educational goal plans and provide support and resources for educational opportunities?
“Supported Education can contribute in a very meaningful way to ensure that developmental steps can be mastered and consumers can go forward to develop careers or qualify for meaningful work, thus decreasing the possibility that they will suffer the economic hardship and deprivation that has often accompanied the diagnosis in the past.”

Mental health programs can develop educational goal plans and provide support and resources for educational opportunities by following the practice principles of Supportive Education:

- **Make educational programs accessible.**
  - “Consumers who want to return to school should have the opportunity to do so. Supported Education gives consumers the support necessary to fully and successfully participate in educational opportunities including adult basic education, remedial education, GED, technical programs, college, and graduate school.”
  - “Consumers are eligible for Supported Education services if they express a desire to return to school. Psychiatric diagnosis, symptoms, cognitive impairment, history of drug or alcohol abuse, or other problems should not keep them from pursuing an educational goal.”
  - “It is important to respond as quickly as possible to build on the initial expressed interest. A timely response coupled with support and encouragement helps consumers return to this promising and productive role.”

- **Integrate supported education into treatment.**
  - “Closely coordinating Supported Education services with other mental health rehabilitation and clinical treatment ensures that all mental health practitioners (not just education specialists) support consumers’ educational goals.”

- **Offer individualized educational services as long as they are needed.**
  - “Some consumers struggle with psychiatric symptoms that persist over time so their optimal treatment and recovery requires a long-term commitment. Therefore, Supported Education services should be provided to consumers without time limits. The goal is to help consumers become as independent as possible, while remaining available to provide assistance and support when needed.”
  - “Consumers are most motivated and work hardest when they strive to get something they want, rather than working for what others want for them. For this reason, consumer preferences guide all phases of Supported Education services.”

- **Have the consumer guide services.**
  - “Consumers are most motivated and work hardest when they strive to get something they want, rather than working for what others want for them. For this reason, consumer preferences guide all phases of Supported Education services. Consumers decide what they want to do and how they want educational specialists to help them.”

- **Base supported education on strengths.**
  - “Although a realistic assessment is important so accommodations can be made, Supported Education emphasizes existing strengths that consumers can use to promote new life and career goals. Inherent in this principle is the idea that growth will occur and hope is realistic.”
  - “When consumers return to school, they assume a very valuable role in our society, that of student. This role implies forward movement, accomplishment, status, and possibilities. Returning to school is often an antidote to internalized stigma and feelings of hopelessness. It signifies a new beginning filled with
promise. As consumers return to school, others receive the message that mental illness is not an end, but like many ongoing illnesses or disabilities, involves redefining a valued person.”

- **Stress the importance of meaningful roles.**
  - “Although treatment is critical for most consumers to recover, it is not enough. The field of mental health has sometimes overlooked the importance of having meaningful roles. We are all defined by the roles we play, and consumers are no exception. Being a worker, student, family member, or friend are all meaningful roles that give context for living a meaningful life.”
  - “When consumers return to school, they assume a very valuable role in our society, that of student. This role implies forward movement, accomplishment, status, and possibilities. Returning to school is often an antidote to internalized stigma and feelings of hopelessness. It signifies a new beginning filled with promise. As consumers return to school, others receive the message that mental illness is not an end, but like many ongoing illnesses or disabilities, involves redefining a valued person.”


- “Implementing Supported Education must be a consolidated effort by mental health authorities, agency staff, consumers, and families.”
- “However, for this initiative to be successful, mental health authorities must lead and be involved in developing Supported Education programs in local communities.”


- “Having a mental illness can impact and affect the trajectory of your education in many ways. However, there are alternate academic opportunities at every stage of education that can enable you to continue to learn when you are well enough to do so:
  - **Special Education and Alternative Schools:** If you are still in high school and have had a problem with traditional public schools, alternative schools offer another option. Alternative schools differ from public schools in a variety of ways, depending on the institution. There may be shorter or longer classes or more flexibility on assignments. You may be able to work and go to school at the same time. One type of alternative school is a continuation school. Continuation schools are non-traditional high schools that offer programs to students who have been expelled, are on probation, or have disciplinary or attendance problems.
  - **General Equivalency Degree (GED):** If you haven’t received a high school diploma, you can take a test to receive your GED, which is the same as a high school diploma.
  - **Certificate of Attendance:** If you do not meet all the requirements to graduate, such as hours taken or passing grades, you may still receive a Certificate of Attendance from a secondary school. Many schools will offer a plan of action to finish your coursework within a period of time after receiving a Certificate of Attendance.
  - **Supported Education:** Supported education is generally geared toward post-secondary college education. You will work with either a supported education specialist or a supported education team, although they may have different titles. Supported education services can include placement services, which help you find a learning path that fits your needs, assistance with admissions, and assistance finding financial aid. You might also receive help with problem-solving skills, test-taking skills, or studying tactics. A supported education specialist may, at your request, serve as an advocate for you and intervene on your behalf in school settings.”
4. What do collegiate recovery dorm programs and high school recovery school programs offer students who are in recovery? How do these programs help participants gain a greater sense of purpose?


- “A collegiate recovery program (CRP) is a supportive environment within the campus culture that reinforces the decision to disengage from addictive behavior. It is designed to provide an educational opportunity alongside recovery support to ensure that students do not have to sacrifice one for the other.”


- “A social environment supportive of recovery that fosters social connectedness is essential to youths sustaining a drug free lifestyle.”
- “Central to the youth-specific context are school and peers: staying in school, functioning effectively at school, engaging in non-drug-related leisure activities, establishing friendships with non-drug-using peers including peers in recovery, and having effective coping strategies to deal with exposure to peers’ substance use are therefore recommended elements of an effective continuum of care for youths.”


- “The collegiate recovery movement developed to support the treatment and recovery of students within a heavy drinking culture where 6% of the population (or 474,000 students) meets diagnostic criteria for alcohol dependency.”
- “In coordination with primary and secondary prevention programs, tertiary supports such as collegiate recovery communities (CRCs) and collegiate recovery programs (CRPs) respond to the need to support the recovering college-age student and to increase access to treatment for the student still in active addiction.”

Programs for teens:


- “A variety of universal interventions focused on youth aged 10 to 18 have been shown to affect either the initiation or escalation of substance use. In general, school-based programs share a focus on building social, emotional, cognitive, and substance refusal skills and provide children accurate information on rates and amounts of peer substance use.”
- “One well-researched and widely used program is LifeSkills Training, a school-based program delivered over 3 years. Research has shown that this training delayed early use of alcohol, tobacco, and other substances and reduced rates of use of all substances up to 5 years after the intervention ended. A multicultural model, keepin’it REAL, uses student-developed videos and narratives and has shown positive effects on substance use among Mexican American youth in the Southwestern United States.”
- “Another example is Project Toward No Drug Abuse, which focuses on youth who are at high risk for drug use and violence. It is designed for youth who are attending alternative high schools but can be delivered in traditional high schools as well. The twelve 40-minute interactive sessions have shown positive effects on alcohol and drug misuse.”
5. **What are some ways to extend support received in a collegiate recovery program to life outside the campus?**

The following resources are helpful in providing support to college students outside the campus:


- “NAMI on Campus clubs work to end the stigma that makes it hard for students to talk about mental health and get the help they need. Clubs hold creative meetings, hold innovative awareness events, and offer signature NAMI programs through partnerships with NAMI State Organizations and Affiliates across the nation.”


- “[Young People in Recovery] chapters engage young people in or seeking recovery and their allies in communities across the country to take a stand for recovery. Chapters support young people in or seeking recovery by empowering them to obtain stable employment, secure suitable housing, and continue and complete their educations. Chapters also advocate on the local and state levels for better accessibility of these services and other effective recovery resources.”


- “ULifeline is an anonymous, confidential, online resource center, where college students can be comfortable searching for the information they need and want regarding emotional health.”


- “OK2TALK is a community where teens and young adults struggling with mental health conditions can find a safe place to talk about what they’re experiencing by sharing their personal stories of recovery, tragedy, struggle or hope.”

6. **What elements or creative strategies can clinicians and peer support staff use to address the employment needs of a person in recovery? Should these approaches be written into a treatment plan?**


- “Supported Employment is an evidence-based practice that helps people with mental illness find and keep meaningful jobs in the community.”
- “Given these outcomes the challenge for Supported Employment programs is to rethink the emphasis on immediate work for everyone and help consumers utilize appropriate education and training opportunities available in their communities so they can, over time, qualify for skilled jobs and professional careers (Baron & Salzer, 2000; Bond et al., 2001).”

“People with serious mental illnesses have many strengths, talents, and abilities that are often overlooked, including the ability and motivation to work.”

“Research has shown the following:
  o About 70 percent of adults with serious mental illnesses desire work (Mueser et al., 2001; Rogers et al., 2001).
  o Consumers and families consistently identify finding and keeping jobs as a top priority.
  o Approximately 60 percent of consumers can be successful at working when using SE services (Bond et al., 2001).”

“Supported Employment (SE) is an approach to vocational rehabilitation for people with serious mental illnesses that emphasizes helping them obtain competitive work in the community and providing the supports necessary to ensure their success in the workplace.”

“SE programs help consumers find jobs that pay competitive wages in integrated settings (i.e., with other people who don’t necessarily have disabilities) in the community. The overriding philosophy of SE is the belief that every person with a serious mental illness is capable of working competitively in the community if the right kind of job and work environment can be found.”

“Rather than trying to sculpt consumers into becoming “perfect workers” through extensive prevocational assessment and training, consumers are offered help finding and keeping jobs that capitalize on their personal strengths and motivation.”

“Thus, the primary goal of SE is not to change consumers, but to find a natural “fit” between consumers’ strengths and experiences and jobs in the community.”
7. For people without access to quality behavioral health care, their untreated mental and substance use disorder prevents them from pursuing meaningful experiences and a life of purpose. How do we expand access to behavioral health services, allowing all persons to pursue a life of purpose?


- “The following are 5 steps America could take that would immediately and greatly improve the existing overburdened mental health system and would help ensure delivery of effective, high quality, coordinated, and evidence-based care for Americans with mental illnesses.”
- **Increase Prevention, Treatment, and Recovery Services.** America should invest in increased 1) prevention – that includes reducing the tragedy of suicide; 2) integrated treatment and early intervention; and 3) recovery services – such as supported employment, supportive housing, and peer-operated services – and target much of these efforts for people with serious mental illnesses and their families.”
- **Expand the Mental Health Workforce.** America should invest in training and education of the mental health workforce including evidence-based and effective clinical and psychosocial innovations that incorporate medications, counseling, crisis prevention and intervention strategies, engagement techniques, community support services, and use of peer and family providers.”
- **Widen the Use of Health Information Technology.** New information technologies are revolutionizing health and behavioral healthcare and exponentially expand the outreach and engagement of populations into mental health treatment and services via electronic health records, telepsychiatry, self-care applications, on-line psychotherapies, and many other approaches.”
- **Educate the Public.** America should invest in multiple, evidence-based public education and awareness strategies, campaigns, and engagement activities to reduce prejudice and discrimination.”
- **Invest in Research.** Despite the gains in our knowledge about mental illness and what works best to ameliorate symptoms, restore and improve functioning, and assist persons with mental illness to live successfully in the community, we still have much to learn.”


- “A fundamental way to address disparities is to **increase the number of people who have health insurance.** The Affordable Care Act provides several mechanisms that broaden access to coverage. As a result, more low-income individuals with substance-use disorders have gained coverage, changed their perceptions about being able to obtain treatment services if needed, and increased their access to treatment. However, in states that have elected not to expand Medicaid, some low-income adults who need substance use disorder treatment, especially single childless adults, are unable to receive their services. Individuals whose incomes are too high to qualify for Medicaid but are not high enough to be eligible for qualified health plan premium tax credits also rarely have coverage for substance use disorder treatment.”
- **Increasing substance use services with general health** (e.g., in community health centers) provides opportunities to address longstanding health disparities.”
- **Technology-based interventions** … can increase care in underserved areas and settings; free up time so that service providers can care for more clients; provide alternative care options for individuals hesitant to seek in-person treatment; increase the chances that interventions will be delivered as they were designed and intended to be delivered; and decrease costs.”
- “Well-supported evidence shows that the current substance use disorder workforce does not have the capacity to meet the existing need for integrated health care, and the current general health care workforce is undertrained to deal with substance use-related problems. Health care now requires a **new, larger, more diverse workforce** with the skills to prevent, identify, and treat substance use disorders, providing “personalized care” through integrated care delivery.”
Disseminating and implementing evidence-based programs:

- “The emerging field of dissemination and implementation research seeks to identify ways to increase the use and high-quality implementation of evidence-based programs and address challenges to implementation.”
- “This research indicates that the key to achieving significant gains in public health, including reductions in substance use initiation and substance misuse, is to build prevention infrastructure at the local level. This means increasing awareness of EBIs among community leaders, service providers, and local citizens. It also means providing tools to help communities select and use EBIs that will be feasible to implement and relevant for their populations.”
- “When local systems and agencies learn more about the effectiveness of prevention interventions, have a culture and climate that supports innovation and the use of EBIs, and have the budget and skills needed to plan for and monitor the implementation of EBIs, then effective dissemination and implementation will be fostered.”


- **Committed leadership:** Systems change must be supported, designed, and consistently advanced by the key influence leaders in an organization.
- **Integrated system planning and implementation:** Designing an integrated system requires a planning and implementation structure that is “over the top” of the separate system components involved in the system, and empowered to organize the various components and to make critical decisions to move the process forward.
- **Value driven, evidence-based priorities:** The utilization of data that showcase unmet need, consistent with the overarching mission and vision of the organization, in a way that creates an alliance with key stakeholders at all levels.
- **Shared vision and integrated philosophy:** The development of a shared vision to promote the capacity for a collaborative “horizontal” partnership between mental health and substance abuse treatment systems at the federal and state levels.
- **Dissemination of evidence-based technology to define clinical practice and program design:** Systems change must be built on the foundation of evidence-based and consensus-based practices that articulate a broad vision of good clinical care and support the achievement of good clinical outcomes for consumers and families.
- **True partnership between all levels of the system:** The responsibility for actual service delivery is organized through state behavioral health systems that in turn must work in collaboration with county or regional systems, as well as with providers, clinicians, consumers, and families.
- **Data-driven, incentivized, and interactive performance improvement processes:** It has been well-recognized by industry for many years that systems change to implement innovation requires organized performance improvement processes, that require both strategic incentivization and empowerment at multiple levels, as well as methodologies for performance measurement and performance management to create a feedback loop to drive the improvement process.”

Segment 3: The Role of Providers and Recovery Support Systems in Promoting Purpose and Meaningful Experiences
Key Questions:

1. Why should clinicians and other support services staff focus on defining purpose for those in recovery?
2. How do providers and recovery support systems encourage people in recovery to adopt a life of meaning?
3. How can faith and community leaders educate persons in recovery about the role of purpose and help promote experiences of meaning?
4. How does the volunteer experience differ from paid work in terms of finding purpose and how can behavioral health specialists provide opportunities for volunteer work?
5. What are some ways mental health professionals and addiction counselors can utilize employment and volunteer programs as an intervention to halt or minimize symptoms of mental illness and substance use disorders?
6. What kinds of coping skills training can behavioral health systems offer persons with mental and substance use disorders to teach them how to deal with symptoms in order to pursue meaningful experiences and life purpose?
7. Many healthcare systems do not understand the role of purpose in recovery. What kind of training is needed to educate practitioners about the critical role of purpose in recovery?

Answers:

1. Why should clinicians and other support services staff focus on defining purpose for those in recovery?


- “Recovery goes well beyond substance use; in particular, quality of life is a critical domain in behavioral health research that has been neglected thus far by addiction researchers.”
- “As Stanton Peele wrote, addicts improve when their relationships to work, family, and other aspects of their environment improve (1985); that is to say, quality of life is critical to the recovery process and it is critical that we identify factors that influence (enhance and/or threaten) QOL among recovering persons.”
- “Perhaps most promising and vastly neglected up to now is the importance of life meaning in the recovery process. Life meaning helps transcend the here and now, re-establish hope and the ability to cope (Speck 2004); this is particularly important for recovering individuals who may face painful and difficult realizations about the destructive consequences of their past use on their life and that of their loved ones, in addition to the difficulties they are encountering in the present.”
- “Overall, present findings suggest that the hope for a better life that sets many substance users on the path to recovery can be a reality; there is light at the end of the dark tunnel of active addiction for those who choose to change course and ‘to go to any length’ to seek recovery.”
- “That pursuit is stressful, challenging, lengthy, and requires a capital of recovery resources. With the ultimate goal of enhancing overall life satisfaction, present findings indicate that social supports, 12-step affiliation, spirituality, religiousness and life meaning have the potential of contributing to the overall recovery experience and thus, should be made an integral part of the menu of resources offered to the recovering community.”
- “Findings emphasize the importance of the recovery capital ingredients examined here (social supports, spirituality, religiousness, life meaning and 12-step affiliation) in minimizing the stress attendant to the recovery process, and in enhancing life satisfaction.”
- “While necessarily focusing on substance use, clinicians should also take into account individual clients’ life situation, satisfaction levels and goals for the future, as well as clients’ social context and available recovery capital; this includes identify deficits in available recovery resources, and working with the individual to suggests supportive recovery resources that fit the person’s situation, needs, and beliefs.”
2. How do providers and recovery support systems encourage people in recovery to adopt a life of meaning?


- “The early findings that are emerging from the study of LMP suggest the following ten prescriptions for addiction service professionals:
  - Raise questions related to LMP to open windows of opportunity for recovery initiation and to strengthen existing commitments to the recovery process.
  - Use hope-based methods of intervention (motivational enhancement, exposure to recovery role models) as an alternative or adjunct to pain-based interventions (coercion and confrontation).
  - Become fluent in the diverse languages of meaning reflected in religious, spiritual, and secular pathways of recovery.
  - Offer clients a broad menu of meaning-making metaphors and help each client forge personally and culturally meaningful answers to the five recovery-crucial questions.
  - Help each client construct a recovery-enhancing life story using his or her answers to those questions. (We found this rewriting of one's narrative life story to be one of the key functions of participation in 12-Step recovery fellowships.)
  - Help each client set personal goals for his/her future in recovery.
  - Assertively link clients to communities of recovery whose members can offer mutual support in the exploration of recovery-based LMP.
  - Link clients to opportunities for community restitution and service.
  - Help relapsed clients reformulate LMP when the past source of meaning and purpose that supported recovery has been lost (e.g., loss of a catalytic relationship).
  - Recognize the potential for LMP to take both salugenic/vital (health/wholeness promoting) and pathogenic/malevolent forms.
  - Many people proselytize particular answers to life meaning and purpose. What distinguishes addiction professionals in their work with LMP is their tolerance of multiple frameworks of meaning and their ability to work across these frameworks (rather than within a single framework) to help each client achieve a meaningful and purposeful recovery that fits his/her worldview and belief system.
  - The addiction professional’s focus is not on which framework is *true*, but on which framework can ignite, sustain, and enrich the addiction recovery process.”


- “Clinicians should not stop at encouraging 12-step affiliation as a source of recovery support. Rather, clinicians should work in partnership with clients on a case-by-case basis to develop strategies that maximize recovery capital (and its utilization) tailored to the individual’s situation; these strategies should be revisited periodically since needs and available resources make change as recovery progresses.”
- “One of the most promising and potentially useful implication of our findings for clinicians centers on the beneficial role of spirituality and life meaning as a critical ingredient of recovery capital; these resources tend to be underutilized by clinical service providers.”
- “There is overwhelming evidence that persons receiving mental health services, including addiction services, view spirituality as essential to recovery, and a number of researchers have emphasized the need for clinicians to give more attention to clients’ spiritual needs.”
• “Interventions that attempt to address spiritual needs must be flexible enough to allow for several interpretations of spirituality, including conceptualizations of spirituality that do not include belief in a “higher power”; that is, the individual should be able to define spirituality for him/herself; this recommendation is consistent with the initial suggestion of Bill W. as set forth in the Big Book and discussed briefly earlier.”

3. **How can faith and community leaders educate persons in recovery about the role of purpose and help promote experiences of meaning?**


• “By taking part in this important discussion about mental health, faith and community leaders can help individuals and families in need by lifting up messages of support and providing information on how to access services if necessary.”
• “When individuals and families face mental health problems, many turn to trusted friends and communities. As leaders and members of congregations, and faith-based and other community organizations, your voices add great value to efforts to reduce negative attitudes about mental health conditions and those who experience them.”
• “Faith and other neighborhood leaders are often first responders when an individual or family faces a mental health challenge or when a community experiences a traumatic event. Knowing how to respond to these events can make a huge difference in how the individual and community copes and heals.”
• “Negative attitudes and discrimination of people with mental illnesses can impede recovery. Religious and civic leaders can help lessen negative attitudes, fear, and discrimination against people with mental illnesses by creating a safe and supportive environment where people can openly talk about mental health issues. Empathy and active listening can help build relationships and support recovery for people living with mental illnesses.”
• “Community connectedness and support, like that found in faith-based and other neighborhood organizations, are important to the long-term recovery of people living with mental illnesses.”
• “[Faith-based and community leaders’] understanding of behavioral health and the many pathways to recovery can help people achieve their full potential.”


• “Many faith-based organizations provide services within the context of a religious framework of beliefs and rituals. These services may or may not be peer-driven and can be used as an adjunct to treatment or as a path to recovery, depending on the needs of the person and family seeking services.”
• “Faith-based organizations, many of which have a mission outside of the addiction treatment field, may already be providing services that are consistent with recovery support services.”
• “They often work with families, provide youth services, and are oriented toward providing social supports such as social activities and community services, which inherently support recovery.”
• “Faith-based organizations could be enlisted to provide more focused recovery support services, such as pretreatment support for the individual and family, sustenance and support of treatment adherence, and continuing recovery support.”
• “Faith-based organizations may serve a vital function in recovery-oriented systems of care, particularly in underserved areas and those areas with a large number of ethnic and racial minorities.”
• “Trusted by their members, they are often the center of community life, and most have a strong commitment to serving their faith community. Engaging faith-based organizations in a recovery-oriented system of care can help expand the types of recovery services offered to people and families seeking such support.”

• “SAMHSA’s experience with faith-based and community organizations to support resilience and recovery in substance use prevention and treatment, and mental health services demonstrates the effectiveness of local, grass-roots programs in eliciting positive changes in people’s lives; and paves the way for individuals to become full partners in American society.”

4. **How does the volunteer experience differ from paid work in terms of finding purpose and how can behavioral health specialists provide opportunities for volunteer work?**


• “In a recent study, the issue of job satisfaction among paid versus volunteer workers and the results concluded that volunteer workers showed a far greater sense of satisfaction than those who were being paid.”
• “While nearly 62 percent stated they were relatively pleased at their place of employment, this pales in comparison to the 88 percent of volunteers who claimed they were satisfied with their job.”
• “Many volunteers consider their work to be emotionally rewarding, especially since they are working with the organization of their choice and for causes that move them. While this is not to suggest that paid employees cannot feel the same way about their profession, this seems more true in the case of volunteers, especially considering the job satisfaction rates mentioned previously.”


• “The data indicate that volunteers who do the same work as paid staff tend to report that they work more for the rewards of social interaction, and giving to others in service at higher levels than paid workers. Workers also claim their work is more praiseworthy.”
• “The results of Pearce's study were 'consistent with her hypothesis that voluntary organization members' contributions are 'insufficiently justified,' and consequently these workers were more intrinsically satisfied with their work than were members of remunerative organizations."
• “The 1983 Pearce study was important because it compared a variety of groups of volunteer workers with paid workers doing similar jobs. This research would support the idea that, in general, volunteer workers would report higher levels of intrinsic motivation, service motivation, job satisfaction, and job praiseworthiness.”
• “There is also research that supports the idea that there may be little or no differences between these different groups. Research conducted by Schaubroeck and Ganster (1991) indicate that there may be little difference between the groups, at least in terms of satisfaction, as most students might be highly committed to their community service projects. It is possible that if we control for the identification with the mission of the organization, then there will be no differences between paid and unpaid students.”
“Treatment and recovery programs have used volunteers to assist with running 12-Step support groups, educational support groups for the children of clients in treatment, and cultural and recreational activities.”

“Volunteers welcome individuals arriving for treatment and their families, orient them, and make them comfortable; help with events, medical records, media relations, fundraising, community outreach and awareness programs, and in-service training; and sometimes perform clinical internships in treatment programs.”

“Successful Strategies for Recruiting, Training, and Utilizing Volunteers is a guidance handbook designed for community groups and faith-based organizations seeking to maximize the skills of their volunteers, expand their services to the community, and enhance their effectiveness. Although the handbook focuses on prevention, treatment, and recovery services for substance abuse and mental illness, the principles described in the handbook can be applied to any field and should help organizations understand how to implement and manage a successful volunteer program.”

“Representatives from successful community- and faith-based organizations and volunteer networks participated in the development of this handbook. They provided information that was invaluable in organizing the handbook and identified best practices that have been incorporated throughout the document.”


“Peer recovery support services capitalize on the often-recognized desire among many in recovery to “give back” to their communities by providing services to others.”

“Most of the [Recovery Community Services Program] RCSP peer leaders who give back by providing peer recovery support services have done so as volunteers.”

“In some projects, however, peer leaders are paid for their services as staff. In a few projects, peer leaders are not staff, but receive stipends for their work.”

“All recovery support programs require effective management and all peer leaders, irrespective of their status as paid staff, volunteers, or recipients of stipends, require effective supervision.”

“The range of supervisory tasks may vary, however, depending on the status of the peer leaders as paid or unpaid volunteers or staff.”

5. **What are some ways mental health professionals and addiction counselors can utilize employment and volunteer programs as an intervention to halt or minimize symptoms of mental illness and substance use disorders?**

“People with serious mental illnesses have many strengths, talents, and abilities that are often overlooked, including the ability and motivation to work.”

“Research has shown the following:
• About 70 percent of adults with serious mental illnesses desire work (Mueser et al., 2001; Rogers et al., 2001).
• Consumers and families consistently identify finding and keeping jobs as a top priority.
• Approximately 60 percent of consumers can be successful at working when using SE services (Bond et al., 2001).

“Supported Employment (SE) is an approach to vocational rehabilitation for people with serious mental illnesses that emphasizes helping them obtain competitive work in the community and providing the supports necessary to ensure their success in the workplace.”

“SE programs help consumers find jobs that pay competitive wages in integrated settings (i.e., with other people who don’t necessarily have disabilities) in the community. The overriding philosophy of SE is the belief that every person with a serious mental illness is capable of working competitively in the community if the right kind of job and work environment can be found.”

“Rather than trying to sculpt consumers into becoming “perfect workers” through extensive prevocational assessment and training, consumers are offered help finding and keeping jobs that capitalize on their personal strengths and motivation.”

“Thus, the primary goal of SE is not to change consumers, but to find a natural ‘fit’ between consumers’ strengths and experiences and jobs in the community.”


• Over the past several decades, research from a variety of fields has presented powerful evidence of the importance of employment to people with psychiatric disabilities. Many of these people want to work and can successfully participate in the labor market in a variety of competitive jobs.”

• Researchers have also shown how employment can alleviate poverty, reduce hospitalization, and improve quality of life.”


• “SE programs are based on a core set of practice principles. These principles form the foundation of the program:

Principle 1: Eligibility is based on consumer choice All consumers who want to participate in SE are eligible—no one is excluded. Consumers who are interested in work are not prevented from participating in SE, regardless of their psychiatric diagnosis, symptoms, work history, or other problems, including substance abuse and cognitive impairment.

Principle 2: SE services are integrated with comprehensive mental health treatment. Closely coordinating SE services with other mental health rehabilitation and clinical treatment ensures that all mental health practitioners (not just employment specialists) support consumers’ vocational goals.

Principle 3: Competitive employment is the goal SE staff help consumers obtain competitive jobs. Competitive jobs are part-time or full-time jobs that exist in the open labor market and pay at least a minimum wage. They are jobs that anyone could have regardless of their disability status.

Principle 4: Personalized benefits counseling is important. While employment specialists should be able to communicate basic information about the impact of work on consumers’ benefits, all consumers should have access to benefits counseling when they start SE services and when changes occur in their work status.

Principle 5: Job search starts soon after consumers express interest in working. Employment specialists are directed to help consumers explore job opportunities within one month after they start the SE program. Rapid job search helps engage consumers in SE services and takes advantage of consumers’ current motivation.
• **Principle 6: Follow-along supports are continuous.** Follow-along supports are provided to consumers on a time-unlimited basis. While follow-along supports are continuous, for many consumers the extent of support gradually decreases over time. In fact, the goal for employment specialists is to provide support and assistance while helping consumers become independent.

• **Principle 7: Consumer preferences are important.** Consumers who obtain work that they find interesting tend to have higher levels of satisfaction with their jobs and longer job tenures. For this reason, consumers’ preferences guide all phases of SE services. Honoring consumers’ preferences is critical in helping them pursue their vocational goals.”


- Research shows that about 70% of adults with serious mental illnesses who are unemployed have a strong desire to work and consider finding a job their top priority. Approximately 60% of people with behavioral health conditions can be successful at working when using supported employment services.
- Research has shown that supported employment helps individuals achieve and sustain recovery.
- Supported employment occurs within the most integrated and competitive setting that enables individuals with disabilities to interact with people who do not have disabilities to the fullest extent possible.
- Integrated settings are those that provide individuals with disabilities opportunities to live, work, and receive services in the community, like individuals without disabilities.
- Supported employment has proven to be effective in helping people achieve and sustain recovery as they become increasingly self-sufficient.


- Part of SAMHSA’s strategic initiative to build recovery support is “to increase competitive employment and educational attainment for individuals with mental illness and/or substance abuse.” Their goal is to increase competitive employment in at least 50 percent of individuals serviced by SAMHSA’s Transforming Lives through Supported Employment grant program. As part of this strategic initiative, SAMHSA lists four objectives:
  - Increase the proportion of individuals with mental illness and/or substance use disorders who are competitively employed and/or participating in self-directed educational endeavors.
  - Identify and expand the adoption of employer strategies to address national employment and education disparities among people with mental illness and/or substance use disorders.
  - Identify and expand the adoption of strategies to address regulatory, legal, and attitudinal barriers to competitive employment and educational attainment for people with mental illness and/or substance use disorders.
  - Expand the adoption of evidence-based practices related to employment and education for individuals with mental illness and/or substance use disorders throughout all service systems through supported employment, supported education, recovery schools, educational mainstreaming (with support), and other approaches.

6. **What kinds of coping skills training can behavioral health systems offer persons with mental and substance use disorders to teach them how to deal with symptoms in order to pursue meaningful experiences and life purpose?**
• “Illness Management and Recovery (IMR) is an evidence-based psychiatric rehabilitation practice whose primary aim is to empower consumers to manage their illnesses, find their own goals for recovery, and make informed decisions about their treatment by teaching them the necessary knowledge and skills.”
• “IMR includes a variety of interventions designed to help consumers improve their ability to overcome the debilitating effects of their illnesses on social and role functioning. The core components of IMR are as follows: Psychoeducation; Behavior tailoring; Relapse prevention; and Coping skills training.”
• “Following are the core components of Illness Management and Recovery:
  o Psychoeducation provides the basic information about mental illnesses and treatment options.
  o Behavioral tailoring helps consumers manage daily medication regimes by teaching them strategies that make taking medication part of their daily routine.
  o Relapse prevention teaches consumers to identify triggers of past relapses and early warning signs of an impending relapse. It also helps them develop plans for preventing relapse.
  o Coping skills training involves identifying consumers’ current coping strategies for dealing with psychiatric symptoms and either increasing their use of these strategies or teaching new strategies.”
• “The IMR model is based on research that shows that by learning more about managing mental illnesses, people who have experienced psychiatric symptoms can take important steps toward recovery.”


The recovery guide model:
• “Rather than replacing any of the skills or clinical and rehabilitative expertise that practitioners have obtained through their training and experience, the recovery guide model offers a useful framework in which these interventions and strategies can be framed as tools that the person can use in his or her own recovery.”
• “Practice guidelines to be included in this domain:”
  o “The care provided must be grounded in an appreciation of the possibility of improvement in the person’s condition, offering people hope and/or faith that recovery is ‘possible for me.’”
  o “Interventions are aimed at assisting people in gaining autonomy, power, and connections with others. Opportunities and supports are provided for the person to enhance his or her own sense of personal and social agency.”
  o “Individuals are allowed the right to make mistakes, and this is valued as an opportunity for them to learn.”
  o “Rather than dwelling on the person’s distant past or worrying about the person’s long-term future, practitioners focus on preparing people for the next one or two steps of the recovery process by anticipating what lies immediately ahead, by focusing on the challenges of the present situation, and by identifying and helping the person avoid or move around potential obstacles in the road ahead.”
  o “Practitioners are willing to offer practical assistance in the community contexts in which their clients live, work, learn, and play.”
  o “Care is not only provided in the community but is also oriented toward increasing the quality of a person’s involvement in community life.”
  o “Efforts are made to identify sources of incongruence between the person and his or her environment and to increase person-environment fit.”
  o “Recovery is viewed as a fundamentally social process, involving supportive relationships with family, friends, peers, community members, and practitioners.”
7. Many healthcare systems do not understand the role of purpose in recovery. What kind of training is needed to educate practitioners about the critical role of purpose in recovery?


Practitioners can begin to implement the role of purpose by employing strengths-based assessment:

- “Focusing solely on deficits in the absence of a thoughtful analysis of strengths disregards the most critical resources an individual has on which to build in his or her efforts to adapt to stressful situations, confront environmental challenges, improve his or her quality of life, and advance in his or her recovery.”
- “Strengths-based approaches allow providers to balance critical needs that must be met with the resources and strengths that people possess to assist them in this process.”
- “Practice guidelines to be included in this domain:
  - A discussion of strengths is a central focus of every assessment, care plan, and case summary.
  - Initial assessments recognize the power of simple, yet powerful, questions such as “What happened? And what do you think would be helpful? And what are your goals in life?”
  - Staff interpret perceived deficits within a strengths and resilience framework, as this will allow the individual to identify less with the limitations of their disorder.
  - While strengths of the individual are a focus of the assessment, thoughtful consideration also is given to potential strengths and resources within the individual’s family, natural support network, service system, and community at large. The diversity of strengths that can serve as resources for the person and his or her recovery planning team is respected.
  - In addition to the assessment of individual capacities, it is beneficial to explore other areas not traditionally considered “strengths,” e.g., the individual’s most significant or most valued accomplishments, ways of relaxing and having fun, ways of calming down when upset, personal heroes, educational achievements, etc.
  - Assessments explore the whole of people’s lives while ensuring emphasis is given to the individual’s expressed and pressing priorities. Assessments ask people what has worked for them in the past and incorporate these ideas in the recovery plan. Guidance for completing the assessment may be derived from interviewing strategies used within solution-focused approaches to care.
  - Illness self-management strategies and daily wellness approaches such as WRAP are respected as highly effective, person-directed, recovery tools, and are fully explored in the assessment process.
  - Assessments are developed through in-depth discussion with the person as well as attempts to solicit collateral information regarding strengths from the person’s family and natural supports.
  - Staff are mindful of the power of language and carefully avoid the subtle messages that professional language has historically conveyed to people with psychiatric disorders, addictions, and their loved ones.”

Education and training in 12-step traditions can be helpful to understanding the role of purpose:


- “A major concern is that many behavioral health professionals working in non-specialty settings are unfamiliar with the general philosophy (e.g., the 12 Steps and Traditions) of 12-Step-based mutual support groups in general, about the different types of meetings and the way they are conducted.”
• “They are also often less aware of the positive outcomes associated with involvement in 12-Step programs.”
• “Although clinicians have been found to view 12-Step programs as important in the recovery process, 86% of clinicians in one survey expressed extremely great interest in obtaining further training or information about 12-Step groups.”
• “This is important, because just as the substance abusers may perceive barriers to and have negative perceptions of or attitudes toward involvement in 12-Step programs, so might some providers.”
• “It is also important to become aware of what resources exist in the local community.”
Segment 4: Resources for Medical and Behavioral Health Practitioner in Providing Opportunities for Meaning and Purpose

Key Questions:

1. What resources can providers use to encourage the pursuit of purpose and meaningful experiences as part of their treatment programs?
2. Why are peer recovery support services important as part of the continuum for persons with behavioral health conditions? How can peer recovery support systems promote experiences of meaning?
3. How does SAMHSA support Peer Specialist and Recovery Coach programs that provide employment opportunities?
4. What is a supportive education program and how can it help contribute to a person’s sense of purpose?
5. What resources are necessary to integrate employment and volunteer initiatives into relapse prevention programs to help persons with mental and substance use disorders sustain recovery?
6. How can treatment centers use technology to advance education and employment programs and to provide the best educational and employment resources?
7. What is Individual Placement and Support (IPS) compared to other supported employment approaches?
8. How can behavioral health practitioners use twelve-step groups and twelve-step traditions to facilitate the pursuit of purpose and meaningful experiences and as a model for giving back?
9. An important component of pursuing purpose is reconstructing personal relationships. What resources are available to behavioral health practitioners to help families restore estranged and broken relationships?

Answers:

1. **What resources can providers use to encourage the pursuit of purpose and meaningful experiences as part of their treatment programs?**

**Peer support services:**


- “SAMHSA’s Recovery Community Services Program (RCSP) advances recovery by providing peer recovery support services across the nation. These services help prevent relapse and promote sustained recovery from mental and/or substance use disorders. Through the RCSP, SAMHSA recognizes that social support includes informational, emotional, and intentional support. Examples of peer recovery support services include:
  - Peer mentoring or coaching—developing a one-on-one relationship in which a peer leader with recovery experience encourages, motivates, and supports a peer in recovery
  - Peer recovery resource connecting—connecting the peer with professional and nonprofessional services and resources available in the community
  - Recovery group facilitation—facilitating or leading recovery-oriented group activities, including support groups and educational activities
  - Building community—helping peers make new friends and build healthy social networks through emotional, instrumental, informational, and affiliation types of peer support.”

12-step groups:
“To accurately match the individual to the appropriate type of group, whether a 12-Step group or a mutual support group that is not necessarily based on 12-Step principles, it is important to become familiar with the variety of resources available.”

“The professional and the substance abuser can find meetings and informational resources by looking in the phone book or on the Internet under the specific group (e.g., AA, NA, CA) or “12-Step programs.” It is also helpful to read materials from and about the different groups (again, readily available on the Internet) and attend some meetings that are open to the public (i.e., “open meetings”) to become more familiar with the programs and specific groups to which you might be referring a client. Informed referrals are more likely to result in a better match, which, in turn, is likely to increase the possibility of client engagement.”

**Twelve step facilitation therapy and motivational therapy:**

“Twelve Step Facilitation Therapy, grounded in AA's concepts of alcoholism as a disease of the mind, body, and spirit and lifelong abstinence as the only sane response. This form of treatment guides clients through AA's first five steps. It also actively encourages people to attend AA meetings, keep a journal of their experiences at meetings, read AA literature, and practice AA principles ‘in all our affairs.’”

“Motivational Enhancement Therapy, designed to help clients discover and act on their personal reasons for staying sober. Motivational enhancement therapists help clients move through six specific stages of change: pre-contemplation (not considering a behavior change), contemplation (considering a change), preparation, action, maintaining the change, and coping with relapse.”

**Supported employment programs:**

“Supported Employment is an evidence-based practice that helps people with mental illness find and keep meaningful jobs in the community. Given these outcomes the challenge for Supported Employment programs is to rethink the emphasis on immediate work for everyone and help consumers utilize appropriate education and training opportunities available in their communities so they can, over time, qualify for skilled jobs and professional careers (Baron & Salzer, 2000; Bond et al., 2001).”

**Supportive education programs:**

“Supported Education programs help consumers pursue their individual educational goals. Offered in tandem with Supported Employment, these programs help consumers develop a sense of self-efficacy and independence. Supported Education encourages consumers to think about and plan for their future.”

**Social service systems:**
• “Social service systems serve individuals, families, and communities in a variety of capacities, often in tandem with the health care system. Social workers can play a significant role in helping patients with substance use disorders with the wrap-around services that are vital for successful treatment, including finding stable housing, obtaining job training or employment opportunities, and accessing recovery supports and other resources available in the community.”

Recovery support systems


• “Recovery support services (RSSs) are non-clinical services that assist individuals and families to recover from alcohol or drug problems. They include social support, linkage to and coordination among allied service providers, and a full range of human services that facilitate recovery and wellness contributing to an improved quality of life.”
• “These services can be flexibly staged and may be provided prior to, during, and after treatment. RSSs may be provided in conjunction with treatment, and as separate and distinct services, to individuals and families who desire and need them. RSSs may be delivered by peers, professionals, faith-based and community-based groups, and others. RSSs are a key component of ROSCs.”
• “As described in the Access to Recovery grant program, recovery support services may include the following:
  o Employment services and job training
  o Case management and individual services coordination
  o Peer-to-peer services, mentoring, and coaching
  o Life skills
  o Education.”

Faith, spirituality, and community groups:


• “By taking part in this important discussion about mental health, faith and community leaders can help individuals and families in need by lifting up messages of support and providing information on how to access services if necessary.”
• “Community connectedness and support, like that found in faith-based and other neighborhood organizations, are important to the long-term recovery of people living with mental illnesses.”
• “[Faith-based and community leaders’] understanding of behavioral health and the many pathways to recovery can help people achieve their full potential.”


• “Religious practices such as mindfulness, meditation, and prayer can offer some respite and can provide the scaffolding needed to support compromised self-regulation.”
2. Why are peer recovery support services important as part of the continuum for persons with behavioral health conditions? How can peer recovery support systems promote experiences of meaning?


- “Research has shown that recovery is facilitated by social support, and four types of social support have been identified in the literature: emotional, informational, instrumental, and affiliational support.”
- “SAMHSA’s Recovery Community Services Program (RCSP) peer recovery support service projects have developed a variety of peer services: (1) peer mentoring or coaching, (2) recovery resource connecting, (3) facilitating and leading recovery groups, and (4) building community.”


- “Mutual support and mutual aids groups, including the sharing of experiential knowledge and skills, as well as social learning, play an invaluable role in recovery.”
- “Peers encourage and engage other peers and provide each other with a vital sense of belonging, supportive relationships, valued roles, and community.”
- “Through helping others and giving back to the community, one helps one’s self.”
- “Peer-operated supports and services provide important resources to assist people along their journeys of recovery and wellness.”
- “Peer supports for families are very important for children with behavioral health problems and can also play a supportive role for youth in recovery.”
- “An important factor in the recovery process is the presence and involvement of people who believe in the person’s ability to recovery; who offer hope, support, and encouragement; and who suggest strategies and resources for change.”
- “Through these relationships, people leave unhealthy and/or unfulfilling life roles behind an engage in new roles ... that lead to a greater sense of belonging, personhood, empowerment, autonomy, social inclusion, and community participation.”


- “Peer support services are delivered by individuals who have common life experiences with the people they are serving. People with mental and/or substance use disorders have a unique capacity to help each other based on a shared affiliation and a deep understanding of this experience.”
- “In self-help and mutual support, people offer this support, strength, and hope to their peers, which allows for personal growth, wellness promotion, and recovery.”
- “Research has shown that peer support facilitates recovery and reduces health care costs. Peers also provide assistance that promotes a sense of belonging within the community. The ability to contribute to and enjoy one’s community is key to recovery and well-being.”
- “Another critical component that peers provide is the development of self-efficacy through role modeling and assisting peers with ongoing recovery through mastery of experiences and finding meaning, purpose, and social connections in their lives.”

Peer recovery support services are expected to extend and enhance the treatment continuum in at least two ways. These services help prevent relapse and promote long-term recovery, thereby reducing the strain on the overburdened treatment system. Moreover, when individuals do experience relapse, recovery support services can help minimize the negative effects through early intervention and, where appropriate, timely referral to treatment.


Peer recovery support services expand the capacity of formal treatment systems, e.g. medication assisted therapy, residential, therapeutic community and outpatient by promoting the initiation of recovery, reducing relapse, and intervening early when relapse occurs.

Peer leaders in some RCSP projects also provide social support to the recovering person’s family members. Peer recovery support services are exemplified by the RCSP projects, funded by CSAT, and based on the concept that a crucial factor in helping people move along the recovery continuum is social support.

Four kinds of social support identified in the literature constitute the core of RCSP services (Salzer, 2002a, 2002b):

- Emotional support—demonstrations of empathy, caring, and concern in such activities as peer mentoring and recovery coaching, as well as recovery support groups;
- Informational support—provision of health and wellness information, educational assistance, and help in acquiring new skills, ranging from life skills to employment readiness and citizenship restoration (e.g., voting rights, driver’s license). Instrumental support—concrete assistance in task accomplishment, especially with stressful or unpleasant tasks (e.g., filling out applications, obtaining public benefits), or providing supports such as child care, transportation to support group meetings, and clothing closets.
- Affiliation support—opportunity to establish positive social connections with others in recovery so as to learn social and recreational skills in an alcohol and drug-free environment.

3. **How does SAMHSA support Peer Specialist and Recovery Coach programs that provide employment opportunities?**


Peer specialists are successful graduates who mentor new participants and model productive behavior. The complementary addition of peer specialists was a somewhat coincidental evolution of the project. In the earlier days of the program, clients received services and graduated. Some of these graduates later expressed an interest in returning to the program.

Enhancing Addiction Recovery Through Housing (EARTH) used this desire and dynamic to set up training for the graduates and pay them for the services that they provided.

The project currently has three peer specialists, two paid and one volunteer.

The partner agencies provide integrated housing, mental health, and substance use services. These collaborations, EARTH believes, increase the quality of support and the probability of sustainability.

Students make up another component of EARTH’s staffing pattern and three students are currently in training.

Students can be trained in clinical and research skills and may have opportunities to attend scientific meetings as a result of their affiliation with the project and the university.

The training and mentoring of peers and students provide a wonderful capacity to enrich and energize service delivery by professional staff.
• “Although the name given to this service activity varies from project to project, the terms mentoring or coaching refer to a one-on-one relationship in which a peer leader with more recovery experience than the person served encourages, motivates, and supports a peer who is seeking to establish or strengthen his or her recovery.”
• “The nature and functions of mentoring or coaching vary from one RCSP project to another. Generally, mentors or coaches assist peers with tasks such as setting recovery goals, developing recovery action plans, and solving problems directly related to recovery, including finding sober housing, making new friends, finding new uses of spare time, and improving one’s job skills.”


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4. **What is a supportive education program and how can it help contribute to a person’s sense of purpose?**


• “What is Supported Education? A promising practice that helps people with mental illnesses, who are interested in education and training, return to school.”


• “Supported Education programs help consumers pursue their individual educational goals. Offered in tandem with Supported Employment, these programs help consumers develop a sense of self-efficacy and independence. Supported Education encourages consumers to think about and plan for their future.”
• “It provides an important step to help consumers use their innate talents and abilities and pursue their personal recovery goals. Also, Supported Education promotes career development to improve long-term work opportunities.”
• “Supported Education follows the “choose-get-keep” model, which helps consumers make choices about paths for education and training, get appropriate education and training opportunities, and keep their student status until they achieve their goals.”
“There are several different models of Supported Education. Most offer these core services (Brown, 2002):
  o **Career planning** including vocational assessment, career exploration, Educational Goal Plan development, course selection, instruction, support, and counseling;
  o **Academic survival skills** including information about college and training programs, disability rights and resources, tutoring and mentoring services, time and stress management, and social supports;
  o **Direct assistance** including help with enrollment, financial aid, education debt, and contingency funds;
  o **Outreach** including contact with campus resources, mental health treatment team members, and other agencies such as vocational rehabilitation.”

“Supported Education programs offer a combination of these services tailored to meet consumers’ individual needs.”

“Although often thought of as pertaining to university, community college, and postsecondary education, adult education and General Educational Development (GED) preparation can also be part of Supported Education services, thus providing a wide range of educational options to the most consumers.”

5. **What resources are necessary to integrate employment and volunteer initiatives into relapse prevention programs to help persons with mental and substance use disorders sustain recovery?**


“In contrast to other approaches to vocational rehabilitation, SE de-emphasizes prevocational assessment and training and puts a premium on rapid job search and attainment.”

“The job search is conducted at a pace that is comfortable for consumers and is not slowed down by any programming prerequisites. Individuals with serious mental illnesses differ from one another in terms of the types of work they prefer, the nature of the support they want, and the decision about whether to disclose their mental illness to employers or coworkers.”

“SE programs respect these individual preferences and tailor their vocational services accordingly.

In addition to appreciating the importance of consumer preferences, SE programs recognize that most people with serious mental illnesses benefit from long-term support after successfully getting a job.”

“Therefore, SE programs avoid imposing unrealistic time limitations on services, while focusing on helping consumers become as independent and self-reliant as possible.”

“As consumers succeed in working in the community, their self-perceptions often change, and they view themselves as workers and contributors to society.”

“Furthermore, as people in the community see consumers working, consumers are less stigmatized for their mental illnesses and they become more socially accepted.”


“Peer recovery support services capitalize on the often recognized desire among many in recovery to “give back” to their communities by providing services to others.”

“Most of the [Recovery Community Services Program] RCSP peer leaders who give back by providing peer recovery support services have done so as volunteers.”

“In some projects, however, peer leaders are paid for their services as staff. In a few projects, peer leaders are not staff, but receive stipends for their work.”

“All recovery support programs require effective management and all peer leaders, irrespective of their status as paid staff, volunteers, or recipients of stipends, require effective supervision.”

“The range of supervisory tasks may vary, however, depending on the status of the peer leaders as paid or unpaid volunteers or staff.”
6. **How can treatment centers use technology to advance education and employment programs and to provide the best educational and employment resources?**

**Training and technical assistance:**


- “BRSS TACS offers free training, technical assistance, and learning opportunities on recovery supports and services.”
- “Training and technical assistance provided by Bringing Recovery Supports to Scale Technical Assistance Center Strategy (BRSS TACS) aims to transform behavioral health systems. The goal is to provide a diverse array of nonclinical supports, support person-directed treatment, increase access to recovery supports, and expand the peer workforce.”
- “Recovery-oriented systems are developed with an understanding that long-term recovery happens in the community. Training and technical assistance is provided in a variety of formats, including consultations, virtual and in-person events and meetings, and online resources.”

**Training and technical assistance tools:**


- “Find training and technical assistance tools to support your prevention efforts and help you use the Strategic Prevention Framework (SPF).”
- “Search training and technical assistance tools by keyword, prevention topic, SPF step, and location at tools and other learning resources.”

**Video training:**


- “Access video trainings that promote recovery-oriented services and supports by highlighting new knowledge areas, hot topics, and cutting edge programs.”

**Learning communities:**


- “Learning Communities are highly interactive, multi-session virtual events that bring together small groups (20 people or less) of state and territory interagency team members and other key stakeholders knowledgeable on a given topic. During each session, subject matter experts provide tailored content followed by discussion.”
- “Homework is assigned to help participants advance their strategic and implementation planning goals. The model is designed in a way that fosters extensive state-to-state sharing, allowing participants to build beneficial relationships with their peers across the country.”

7. **What is the Individual Placement and Support (IPS) model and how does it compare to other supported employment approaches?**
“Supported Employment/Individual Placement and Support (SE/IPS) is an evidence-based practice that helps people with mental illness and other disabilities identify and acquire part-time or full-time jobs of their choice in the community with rapid job-search and placement services. It emphasizes that work is not the result of treatment and recovery but integral to both.”

“SE/IPS is very different from traditional vocational rehabilitation (voc rehab). It emphasizes consumer choice as well as time-unlimited and individualized follow-along services, among other components that are described below.”

“The Individual Placement and Support (IPS) model is an evidence-based practice specifically for individuals with serious mental illness.”

“A key feature of SE is integrating employment services with mental health services.”

“There are a number of reasons for adopting the IPS model described in the Federal Financing of Supported Employment and Customized Employment For People With Mental Illnesses (2011) that include its effectiveness, durability of results, reasonable costs, ease of implementation and sustainability, and adaptability to diverse client groups.”

“The IPS model is based on core principles that include:
- Every consumer/client who wants to work is eligible;
- Competitive jobs are the primary goal of supported employment;
- Supported employment services are integrated with comprehensive mental health treatment;
- Personalized benefits counseling is provided to every consumer/client;
- Job placements happen when the individual believes they are ready;
- Employment specialists (job coaches) receive extensive training in SE and developing relationships with businesses and other employment opportunities; and
- Consumer/clients receive job supports for as long as required.”

8. How can behavioral health practitioners use twelve-step groups and twelve-step traditions to facilitate the pursuit of purpose and meaningful experiences and as a model for giving back?

“Although the bulk of 12-step studies have focused on substance use as the primary outcome, there is also some evidence that the benefits of 12-step affiliation extend to other areas of psychosocial functioning including less severe distress and psychiatric symptoms, higher likelihood of being employed, and enhanced quality of life.”

“Overall, 12-step affiliation is a multifaceted process, combining cognitive, behavioral, social and spiritual components. It provides exposure to similar status persons (peers) as well as to the organization’s ideology about these persons and their problems.”

“This exposure is believed to lead to certain social and cognitive changes among members that, in time affect their behavior and well-being.”

“Social supports and 12-step affiliation are among key external resources previously associated with stable recovery; spirituality and faith, as well as the benefits they confer—hope, a sense of control and security, and emotional support—constitute internal resources that have been linked to positive health outcomes.”
• “There is already overwhelming empirical evidence that 12-step affiliation is beneficial to the recovery process; present findings suggest that these benefits extend to the critical and most general domain of life satisfaction.”
• “The importance of general social support and domain-specific support (recovery support) in buffering stress and enhancing QOL emphasizes the need for recovering persons to establish a social network of persons who can provide encouragement, acceptance, and a sense of belonging. In that regard, affiliation with 12-step fellowships has been shown to minimize or eliminate the erosion of friendship networks that often attends the cessation of substance use.”


Active ingredients of 12-step programs to model:

• “Researchers have investigated the mechanisms of action or the “active ingredients” of 12-Step programs that contribute to their effectiveness in increasing the likelihood of abstinence and improved psychosocial function. The general categories of potential mediators that have been investigated include 12-Step specific practices, social and spiritual processes, and processes that are common across different types of therapies or behavior change.”
• “It appears that those factors most highly related to abstinence are social processes and common processes. A major factor appears to be the “fellowship” associated with 12-Step groups. Membership in such groups contributes to a shift in one’s social network, with a reduction in the number of individuals who support drinking to an expanding network of those who support abstinence.”
• “Other more common behavior change processes are also active ingredients in 12-Step self-help groups. These include the groups’ encouraging bonding with other members in the fellowship, providing structure and a sense of goal directedness; the provision of behavioral norms about and role models for how to work toward abstinence; the development and engagement in non-substance-related activities that are rewarding and can take the place of substance-related activities; and the development of more effective coping skills with an associated increase in self-efficacy.”


12-Step Facilitation Therapy

• “An approach that falls more toward the “understanding the concepts” end of the continuum of interventions is 12-Step Facilitation Therapy.”
• “As originally designed, TSF was a 12- to 15-session, individually administered, manually guided intervention based on the core cognitive, emotional, behavioral, and spiritual principles of 12-Step programs, with a focus on facilitating early recovery.”
• “Although developed originally as individual counseling, TSF also has been adapted for use in a group therapy format.”
• “The emphasis, in the individual and group approaches, is on the first three of the 12 Steps. The intervention has two primary goals: (a) acceptance that one has a chronic, progressive illness, over which one has lost control, and that complete abstinence is the necessary goal and (b) there is hope for recovery through acceptance of one’s loss of control, by having faith in a Higher Power that can be of help to the individual whose willpower has been overcome by addiction, and by acknowledging that 12-Step fellowship has been instrumental in the recovery of millions of people and provides the best opportunity for achieving and maintaining abstinence.”
Involvement in self-help has many recognized benefits, including validating one another’s experience, providing a structure for a new sense of self, and helping move from isolation and loneliness to empowerment and reconnection with ordinary life. “Further, self-help groups based on the 12-step program of recovery, such as DTR, go beyond “simple support” for achieving and maintaining abstinence, offering a forum for members to share information, coping strategies and life skills.”

9. An important component of pursuing purpose is reconstructing personal relationships. What resources are available to behavioral health practitioners to help families restore estranged and broken relationships?

Family psychoeducation (FPE) is a structured approach for partnering with consumers and families to support recovery. Consumers and families receive information about mental illnesses and learn problem-solving, communication, and coping skills. Initially, trained practitioners meet with consumers and their respective family members in introductory meetings called joining sessions. The purpose of these sessions is to learn about their experiences with mental illnesses, their strengths and resources, and their recovery goals. To meet the distinct needs of family members, in the second phase of the FPE program, practitioners offer a one-day educational workshop based on a standardized curriculum. Practitioners also respond to the individual needs of consumers and families throughout the program by providing information and educational resources. In the third phase of the FPE program, practitioners offer ongoing sessions that use a structured problem-solving approach to address current issues consumers and families face. Practitioners offer these sessions in either a multifamily or single-family group format for nine months or more. Those who attend these groups often benefit from peer support and mutual aid. The practice principles of FPE include:

- Consumers define who family is.
- The practitioner-consumer-family alliance is essential.
- Education and resources help families support consumers’ personal recovery goals.
- Consumers and families who receive ongoing guidance and skills training are better able to manage mental illnesses.
- Problem-solving helps consumers and families define and address current issues.
- Social and emotional support validates experiences and facilitates problem-solving.

Mainstream health care has long acknowledged the benefits of engaging family and social supports to improve treatment adherence and to promote behavioral changes needed to effectively treat many chronic illnesses.
• “Family therapies engage partners and/or parents and children to help the individual achieve positive outcomes based on behavior change. Several evidence-based family therapies have been evaluated.”
• “Family behavior therapy (FBT) is a therapeutic approach used for both adolescents and adults that addresses not only substance use but other issues the family may also be experiencing, such as mental disorders and family conflict.”


• “The Family Intervention Program (FIP) is a good example of an integrated model for substance abuse treatment and family therapy. FIP was designed to test the effectiveness of pairing a structural family therapist with a community resource specialist.”

Approaches to engagement:

• “A number of specific interventions have been developed to help clinicians use family members and other significant figures in a person’s life to engage the person in substance abuse treatment. Although only Unilateral Family Therapy relies on family therapy models, the Johnson Intervention and Community Reinforcement Training emerged from the substance abuse treatment field based on a range of background influences including pastoral and family counseling, community psychology, and behavioral reinforcement theories.”