

[Music]

**Ivette:**

Hello, I'm Ivette Torres and welcome to another edition of the *Road to Recovery*. Today we'll be talking about healing and empowering families dealing with a mental or substance use disorder. Joining us in our panel today are Tom Coderre, Senior Advisor to the Administrator at the Substance Abuse & Mental Health Services Administration, U.S. Department of Health & Human Services; Dr. Stacey Conway, Director of Evaluation & Outcomes, the Council of Southeast Pennsylvania, Inc.; Stacey Meyer, family member of a person in recovery; David Galloway, Central Region Resource Coordinator, Maryland's Commitment to Veterans, Department of Health & Mental Hygiene. Tom, as we begin to really think about empowering and healing families with a mental and substance use disorder, can you give us an idea what families go through and where that problem can lie within a family of a mental or substance use disorder?

**Tom:**

Sure, Ivette. Certainly families experience this disease just like individuals do, and when I talk about families, often people think of the traditional family. You know, it could be a parent struggling, a son or a daughter or someone else that you love in your family who is going through this problem. It could also be a family of choice. You know, it could be a non-nuclear family, someone who is a stepson or an adopted child. It could be LGBT couples who are going through that. So there's many, many different definitions of families and when individuals are suffering, they really need the help and support of their family.

**Ivette:**

So it doesn't matter if it's an individual, or if it's a son, a daughter, a mother, a father.

**Tom:** Of course, not.

**Ivette:**

There's all kinds of — and usually in families also if the parents are the ones that have a problem, the children more often than not could also begin to have problems.

**Tom:**

Yeah, of course they can because we know that addiction can be passed on, that there's sort of a genetic component to addiction that puts the son or the daughter or other family members at a greater propensity for the disease. So clearly that's something that if a parent has an addiction, passing that information on to their children can be very helpful so that they watch for the signs.

**Ivette:**

And, Stacey, can we get into what kind of problems do the families face?

**Stacey:**

I'm sure for each individual family it's different, but there's a lot of stress and tension and you begin to lose trust in the family member. It often causes unnecessary tension and misunderstandings. There becomes a factor of kind of a manic behavior in constantly trying to control and check up on the individual to understand what they're doing, where they're going, to try to prevent them from these behaviors. And it's exhausting for the family members.

**Ivette:**

Certainly. And Dr. Conway, is it difficult for a family to begin to identify if there's a problem?

**Dr. Conway:**

You know, I think it can be and I think part of what we're doing here today is to help families get educated and understand what they're dealing with. We would certainly prefer that families understand and recognize issues early on and then be prepared to address them. We typically see families come in for help and some support from other families once things have gotten fairly difficult at home.

**Ivette:**

Let's say if a son or daughter is having a problem, what should parents be on the lookout for?

**Dr. Conway:**

Sure. And this is some of the education we do with families. So, you know, unusual behavior, changes in friends. And I know that SAMHSA has put out certainly a lot of literature and resources and websites for parents to help them identify a potential problem. A lot of times families tend to kind of downplay what may be going on or attribute it to just adolescent behavior, which I think is some of what makes it so challenging to really identify it in a son or daughter and act quickly before, again as I said, things become quite difficult.

**Ivette:**

And if it's a parent who's having a problem and there are children involved, what are those dynamics?

**Dr. Conway:**

Sure. Well, as Tom mentioned, certainly one of the things that we want to work on is the inner generational sort of transmission of addiction. So not only the genetic component but the impact of growing up in a home where there may be chaos and other things going on due to the addiction. So certainly there are issues around parenting.

**Ivette:**

And do oftentimes the children feel responsible for what's going on in the home?

**Dr. Conway:**

Unfortunately, yes. Yes, absolutely.

**Ivette:**

OK. And, Dave, are the problems for military families even greater?

**Dave:**

I don't want to say greater because the families that are going through it that aren't military, it's still a big ordeal for them as well. But the circumstances might be a little bit different. Where the dad's usually home more time, more days of the year than not, military family, the husband or wife is returning home after a year, a year and a half abroad, if it's dealing with the children, they're not necessarily that force, that family doesn't have the say that it used to before he or she left for deployment. So it tends to be a little bit different when they get back.

**Ivette:**

And so they're expecting the person to come home, the veteran to come home or still enlisted to come home. They want to open their arms and they come back with some dynamics that may in fact then further disrupt the family?

**Dave:**

Absolutely. The veteran returning home, they come home and it's supposed to be a happy time, everything, you're seeing your loved ones again. But it's not necessarily easy for them to forget what they've been through over the past year. So they come home and it's not always the happy reunion that they had hoped for. And then you return home to a different dynamic. The wife or husband who's been home while you've been deployed has taken on that role, been the — taken care of all the bills, the housework, being the parent. All of that taken on by themselves while you've been gone and then when you get back, the whole dynamic of the family is changing and that can bring a certain set of issues as well.

**Ivette:**

Stacey, are there any different taxing situations within the family in terms of work productivity, the application of family finances, etc. that one experiences in the family when someone has an addiction?

**Stacey:**

Absolutely. When somebody has an addiction, they're obviously funding that addiction so that can cause an impact on finances. Sometimes they will sneak it on credit cards that you don't know about or find other ways to obtain the substance that they're addicted to. And as a spouse or a family member, you do have an effect at work because your thought process is on your loved one; where are they, what are they doing, are they OK, is there anything you could be doing differently. So, yes, it does impact both.

**Ivette:**

And it affects your work life I suspect as well.

**Stacey:**

Absolutely.

**Ivette:**

Yeah. So, Tom, in terms of helping the families, what are the first steps that we need to think about in doing so?

**Tom:**

It's a great question and I think Dr. Conway started to touch on it when she talked about seeing that problem early on and reaching out for help before the problem gets into an exacerbated state where it's going to take a lot more resources to deal with that issue. So I think for a family that's going through this to recognize it early and then reach out for help from professionals. SAMHSA has a wonderful resource on its website, SAMHSA.gov, where people can go and look at the treatment locator, find a resource right in your local community that you can call and ask for help from and get professional guidance as you go through the situation. I think a lot of families feel like they can deal with it on their own, that when their loved one is going through this, there's a certain amount of pride and families don't want to become embarrassed by reaching out and seeking help. We all know there's negative public attitudes associated with addiction and so if a family member reaches out for help, they don't want to be judged or they don't want their family member judged. And that is the wrong attitude to have when someone is going through a problem like this. The right attitude to have is that my family member has a medical condition, has a health problem and as a result of that health problem I should reach out. If they had any other health condition, I would call my doctor, I would get them in to see a specialist, I would make sure that they get the help that they need when they need it so that the problem doesn't exacerbate.

**Ivette:**

And who should ... let me go to Dr. Conway. Who should really take that first step?

**Dr. Conway:**

I think it can be anyone who is concerned about someone. As Tom mentioned earlier, we're defining family fairly broadly so it could be a friend, it could be someone in a faith community, it could be just about anyone who can take the first step and then try to draw in the rest of that support network.

**Ivette:**

And even the children could go and seek the help of a faith counselor or even their school counselor and talk to them a little bit about their problem, correct?

**Dr. Conway:**

Yes. Schools can be a great resource. So for example, Student Assistance Programs, and schools may be one of the first places to identify that a child is having a problem.

**Ivette:**

Very good. Well, when we come back we want to talk about recovery and we're going to start to dissect what it means and how we can bring more help to these families who need assistance. We'll be right back.

[Music]

**Daryl W. Kade:**

People who abuse substances are likely to find themselves increasingly isolated from their families. A growing body of literature suggests that substance abuse has distinct effects on different family structures. The effects of substance abuse frequently extend beyond the nuclear family. Extended family members may experience feelings of abandonment, anxiety, fear, anger, concern, embarrassment, or guilt. Or they may wish to ignore or cut ties with the person abusing substances. That is why we need to attend to the entire family.

[Music]

**Stacey:**

Hi. My story began 13 years ago, when I met my husband, and he was abstinent from alcohol and drugs. Things were great, and I didn't fully understand what recovery meant, or what it meant to be abstinent from alcohol and drugs. So, when he started using again, it created a tremendous strain on our relationship. It was very stressful for both of us, and for several years we had a roller coaster of a ride within our marriage and our relationship. When my husband sat down with me and told me that he had an addiction and needed help, I didn't berate him, I didn't belittle him. I simply asked the question, "What do we need to do?", because we were in it together. He immediately went to a meeting, he went into a treatment center, and has been working in an amazing program and improving himself on a daily basis. I've recently myself been attending 12-step meetings, and together we are working on ourselves individually, and as a couple. We have a long road ahead of us, but I'm optimistic because we have a better relationship today, then we had 13 years ago. And I'm hopeful that it will only get better as we both heal individually and as a couple. Thank you.

**Male VO:**

For those with mental or substance use disorders, what does recovery look like? It's a transformation. It's a supporting hand. It's new beginnings. When does recovery start? It starts when you ask for help and support. Join the Voices for Recovery. Speak up. Reach out.

**Female VO:**

For information on mental and substance use disorders, including prevention and treatment referral, call 1-800-662-HELP. Brought to you by the U.S. Department of Health and Human Services.

**Ivette:**

So, Tom, we've talked a little bit about framing the challenges that the families face when they're dealing with mental or substance use disorders. Let's talk about really now how recovery comes into the picture. What is recovery and what are the major principles of recovery?

**Tom:**

Great question, Ivette, and as you know, I'm a person in long term recovery myself and for me that means that I haven't used alcohol or drugs since May of 2003. And as a result, my life and the life of my family has become quite different as a result of that. In my active addiction my family struggled a lot as did I, and in my recovery my family has been able to heal just like I have. And in 2010 SAMHSA came up with the definition of recovery where they talked about it being a process of change through which an individual improves their health and wellness. They live a self-directed life and they strive to reach their full potential. So that's what recovery really is all about. It's about finding for yourself health, home, purpose and community, the four dimensions of recovery.

**Ivette:**

Can you talk to us a little bit about your own journey to recovery? How difficult was it?

**Tom:**

Well, of course, it was very, very difficult. Being addicted is not easy and as you're going through that you really feel hopeless and you don't really have a lot of perspective around recovery. That doesn't come into your mind. It doesn't strike you as being the next step. And we all know today that that really is the next step. That you do have something to look forward to, that you can, with the help of professionals and your family, stop using, lose the desire to use and find a new way to live. And I think for me that's exactly what happened. Once I was able to get the help that I needed, I went through professional treatment and then was able to get recovery support services to help me on my journey. So for me that was critically important and then I was able to start—I went back to school and I was able to start working again and I got reconnected with my family. And just as important it was for me to find recovery, my family also had to find their own form of recovery. They had to heal because they had been through exactly what I had been through.

**Ivette:**

And this is very, very critical Stacey. Tom has brought up an incredible point. How do families begin to heal when they've experienced these types of challenges?

**Stacey:**

The family dynamic definitely does change because the addict is changing as they're finding their way through their recovery process, and the individual family members as well. I personally have been attending Nar-Anon meetings and finding a group of peers that have been through similar circumstances that I've been through, has been very helpful for me. While my friends have been extremely supportive, they don't fully understand and appreciate what I've gone through and nor would I expect them to, nor wish that on them personally.

**Ivette:**

Is this what you find Dr. Conway in the many cases that you're dealing with?

**Dr. Conway:**

We do. As Stacey was talking, I was just thinking that one of our most powerful programs utilizes peers; so family members who are in recovery themselves as a family member in order to educate and support other people who are just coming in just looking for help, yes.

**Tom:**

We're seeing a lot of treatment programs, too, Ivette, adding components for family members so that a professional treatment program that treats a person who's had an addiction, a substance use disorder, is now expanding to say, hey, we need to involve the family, we need to have family groups, we need to be doing this in concert because that person is gonna go back to that family eventually and if they go back into a family that hasn't had the healing process just like the individual has, they're gonna have a lot less chance of success in their ultimate recovery.

**Ivette:**

Thank you. David, let's go to the military families. How readily available are supportive services for families that are experiencing problems?

**David:**

With the wars we're going through now there's been a heavy reliance on National Guard and Reserve troops more so than any wars in America's past, and since it's been a prolonged war there's different groups and different self-help programs that are out there and available for the National Guard and Reserve troops, but it was a rocky start at first because it was something new to us. For active duty it's a little bit nicer. You come back to a community where everybody lives together. The wives have formed a group while you're away so they have each other to talk to, or husbands. But when you get to the active duty reserves, they're coming back to the community where they might be the only person that

served, the only person, they travel 100-200 miles to get to their unit sometimes. So it's a little bit difficult for them but now the communities are stepping up and there's resources available through the communities and through the Veteran Affairs office and their vet centers, they have family support programs as well.

**Ivette:**

And Dr. Conway, let's start talking about what are some of the examples of specific interventions that we're using in order to strengthen families.

**Dr. Conway:**

I can talk a little bit about some of the programs we have at the Council of Southeast Pennsylvania and Pro Acts. I already mentioned one which utilizes peers who are family members themselves who provide an educational and support program for other people just beginning to deal with this. And that actually grew out of a SAMHSA-funded program back in the late 90's to build recovery community and one of the best things that came out of that was this family education program. Another thing that we do is something called Recovering Families with the Pennsylvania Support Alliance which teaches parenting skills to individuals in recovery and touches on some of those intergenerational issues. One of the things we're really excited about is really linking prevention and recovery support services, so linking individuals and families in recovery and helping engage them in the prevention process to prevent these problems with other families in their communities. There's a number of things that can be done.

**Ivette:**

Very good. And Tom, there's not only the recovery aspect but there is also the wellness aspect. Talk to us about how important the whole concept of approaching the recovery within a wellness framework.

**Tom:**

Well, it's funny that you mention that because I was just at an event yesterday where somebody talked about that recovery wasn't necessarily their goal; wellness was. And I view the two in a very similar light but for that individual what they were talking about was that they didn't just want to stop using alcohol and other drugs, they wanted to get well. They wanted to be a vibrant productive member of their community, and I think that's what people in recovery strive to be today. And when you look at SAMHSA's four dimensions of recovery, only one of the dimensions, the health dimension, is about stopping the use of the substance. The other three dimensions; home, purpose and community, are all about what happens after you stop. And we know that people who have been through this oftentimes, because of the break with their family, they don't have housing. A lot of people don't go back into a traditional home after they get out of treatment. They have to go into some type of recovery housing and we need to make sure that that housing exists for people...

**Ivette:**

And that sort of creates that whole wellness approach because without housing, really that is the very essence—

**Tom:**

Housing and employment are the two biggest barriers that people have to sustain their recovery for the long term.

**Ivette:**

Absolutely. For veterans, we've spoken a lot about many dimensions that we have to consider. If a family—where do they go in terms of finding help for a vet who—or a National Guard member who may need to be able to reach these services?

**David:**

If the veteran is still in the National Guard Reserves, active duty there are units or personnel within their units that they can go to. The Chaplain services if they're religiously inclined and there's also mental health substance abuse services that won't affect your service and that's one of the big things is the stigmas. If they do reach out for help, is that gonna negatively affect them in their service record. But there are a number of organizations that a lot of states have programs like Maryland's Commitment to Veterans. A number of states, Texas, Virginia, have similar programs where veterans, family members can reach out for help. The National VA also has a website for coaching into care that family members, friends, can call if they're concerned about a loved one and how to get them into services because veterans can be stubborn sometimes and so it kind of goes into some of the approaches that they can take to help get that veteran into care.

**Ivette:**

Well, when we come back, I want to be able to dive into a little more into what these services are all about so that families can begin to see the type of environment that they can expect when they reach out and approach some of these services. We'll be right back.

[Music]

**Dr. Raymond Crowel:**

Serving Together has played an incredible role in educating the community about the needs of returning veterans and service personnel so that the community welcomes them back with open arms, understands that the commitment and the sacrifice in some cases that they have made for the country, and gives them a warm and open reception that they might not otherwise have.

**Jessica Fuchs:**

Across the country we have about 23 million veterans. Here in Montgomery County we have just under 50,000 veterans with the majority of those being

Vietnam era veterans. Serving Together has served just about 180 military veterans and their families who have called us.

**Raymond:**

What we understand is that it's not just the needs of the enlisted personnel who are in active duty, but it's their children, it's their parents, it's their family members, and it's the community that need the kind of services and support that Serving Together provides.

**Jessica:**

We provide a lot of community education. We do mental health first-aid trainings which are evidence-based training that is for the general community about how to handle mental illness. We provide a website which has an online searchable database where people—we want people to know what the community has to offer for them. The Veteran and Family Peer Navigator is really the personal component of the project. It's really the one-on-one support where you feel like you just don't want to Google something anymore. We've all been there. You just want to talk to a person.

**Ernest Spycher:**

However you're feeling, you're not alone. We're here. I'm here. Any time you need to talk give us a call.

**James Pauley:**

This isn't charity. Believe you me. If you served the country, then you've done your part to make this country a better place and to, you know, make it stronger.

**Jessica:**

This isn't a one-and-done phone call. We want to make sure that you get connected to the service that really helps support your need and what you're looking for.

**Ernest:**

We never give up on a veteran, we never give up on the family, and we never give up on any member of our military.

**James:**

If you're having a hard time, there is somebody out there to help and I believe Serving Together is one of those organizations that is geared towards really helping veterans make their next move.

**Female VO:**

At times, the path to recovery from a mental and substance use disorder may be unclear. At times, the path may be rocky. At times, the path may be wandering. But laying a strong foundation, with the support of others, makes all the difference.

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[Music]

**Ivette:**

Welcome back. Dr. Conway, I want to move into we talked a little bit about services for families but now let's talk about something that we haven't really addressed which is not only can a person have an addiction or a substance use disorder problem, but they can sometimes have either one or both of a mental health and substance use or just a mental health problem. What considerations do these families need to make or have in order for them to begin to address the problem?

**Dr. Conway:**

Well, we do know that the two, substance use disorders and mental health as well, so frequently co-occur within the same individual and I think it can make it really complicated for families to understand what's going on. So they may have a loved one who started out experiencing depression who then is then beginning to use alcohol which then worsens the depression.

**Ivette:**

So they're self-medicating.

**Dr. Conway:**

Yes. Yes. So a lot of times families may get into trying to figure out which came first or which is primary. Really what we tend to recommend is that if they can get their loved one in for a professional assessment to really determine what's going on and what the person may need some assistance with. So that's the first thing we recommend. In our family programs we do talk quite a bit about co-occurring disorders simply because they do happen so frequently and families really should be prepared to deal with both whether it's depression, anxiety, bipolar disorder, as well as a substance use disorder.

**Tom:**

I know that my family vet was very concerned about that just like Dr. Conway mentioned. What's Tom's diagnosis, what is he going through? And I know the professionals who were treating me at the time told my family that I had to stop using and I had to get away from—some time away from the addiction before they could really assess that appropriately. So oftentimes people rush to try to make a diagnosis on a mental health condition before the person has had enough time away from the substance, and that's really important, too, to add that as well.

**Ivette:**

Very good. And Tom, in terms of recovery support services, as we talk about co-occurring conditions I think increasingly because of the access to care, effort and the new healthcare reform movement, we're seeing more an attempt to integrate services, and is that happening in the peer-to-peer environment?

**Tom:**

Of course it is, but it's at its infancy so it's gonna continue to grow. Dr. Conway talked about some programs they have in Pennsylvania where they're using peers, both family members and individuals in recovery, to help people support their journey. We also know that we need to respect many pathways to recovery so that an individual may get into recovery and choose a 12-step path, they may choose a faith-based path as David was talking about. They may choose to go through professional treatment or not so we have to really respect their pathway and understand that one pathway may work better for one individual than it works for another.

**Ivette:**

Very good. And, David, for the families that you are helping to provide services to what is the primary goal in terms of getting them to get help? Do you do outreach to those families, to those military families, or do they mostly have to pick up a phone and call for help?

**David:**

Mostly they're gonna have to pick up a phone and call for help. A lot of times when we do outreach and everything, people don't like to come up to you and tell you what's happening to them. They like a more confidential setting. So that's why the phone is usually a part of it, and then they can call for help. Like our program is a 1-800 number statewide and primarily it's family members that call us. It's the family members that see their loved one changing, notice the differences in them, him or her, and reach out to us because they're not sure how to go about getting help, how to get help for that veteran. So it's the families initially reaching out to get help for the loved one and then once that loved one is taken care of, then they tend to put themselves on the backburner and get help eventually once they see the help that the veteran is getting.

**Ivette:**

And, David, do you tell families, for example, that they really need to be very persistent; that if they try to bring that—they come for help and they go, well we're experiencing a problem, we're seeing a problem, and the person may come in for the first time. And so then they may be more hesitant to come in a second time. Do you work with the families sort of to orient them to say, you know, this is an incident where you need to really, really provide the support that this person needs and you need to continue to try and bring them in?

**David:**

Well, I'm not a clinician myself so I don't tend to try to get into too much details with the family members. Every person's situation is different. I will use my own experiences with my family, what I went through dealing with PTSD, traumatic brain injury and substance use as a result of that.

**Ivette:** And what was that? Let us know.

**David:**

When I got back from overseas, I went to school and when I was going to college, it was larger classes, 300 people in the class. So I would go to school, get done, not talk to anybody. To this day, I always say that my wife is the only person that can tell you I went to school at all. I never talked with a professor. Do everything online these days, send emails, so nobody can even tell you I was there. I struggled with nightmares. A lot of symptoms relating to PTSD, driving, because I was hit by a few roadside bombs while I was overseas, so I had problems with driving. But I was fine with those problems when it was myself involved and I tended not to reach out for help. I liked being a Marine, but there's a lot of bravado that goes along with that and it's hard to reach out for help and share weakness in the military.

**Ivette:**

I think that's one of the issues that I think people in the military really are increasingly more willing to look for help because now even though they say that there's not—some claim that there's not enough to go around but I think that's almost a blessing because we now know that more people are reaching out to try and get help, as you mentioned previously.

**David:**

Absolutely, and I didn't want to go to the VA and complain about having nightmares when I had friends that came back with missing limbs, missing eyes. If nightmares was all I had to worry about, I was ready to deal with that. But then when my family came in to being and I started seeing how it affected them as well, that's when I realized I needed to get help and realized...

**Ivette:** And what was that "ah-ha" moment that you felt that you went back in?

**David:**

I was actually—I had a nightmare, woke up remembering a time overseas. My wife had hit the switch on the fan and it made a loud noise that woke me up and it just kind of flashbaked to a different moment and I started pushing on her stomach trying to get organs back in, I guess. And it just frightened her to death. She was crying and it took a couple of seconds for me to snap out of it and when I saw how much I horrified her, I realized it wasn't about me, I needed to get help so we could have a stronger family.

**Ivette:** Very good, that's excellent. And you found a service which is even better.

**David:** Yes, absolutely.

**Ivette:** And now you're working—

**David:**

Now I try to spread the word and try to prevent veterans from making the same mistakes I did.

**Tom:**

One of the points that David is bringing up is something that's really, really important is that recovery—one of the guiding principles that SAMHSA talks about all the time is that recovery is supported by addressing trauma and oftentimes going back and looking at the kinds of traumas that folks have had in their past can be one of our greatest recovery support services because somebody can stop using, find recovery, and then be triggered by these traumas that have occurred in their lives in the past. Whether they're a member of the military or they had some other trauma in their childhood or young adulthood, that will come back to the surface and that might cause a relapse. So that's really, really important in the guiding principle of recovery.

**Ivette:**

Absolutely. Let's talk a little bit more about trauma. Does the family, Dr. Conway, first deal with that trauma prior to looking for help or is it a parallel path that the family needs to take?

**Dr. Conway:**

I think at this point, the state of the art and the state of the evidence is to really deal with them in an integrated fashion. So similar to the way that treatment services or other recovery support services for the individual with a substance use disorder and a trauma history is to deal with both at the same time. For some time we thought that the idea was that people had to be in recovery for a certain period before dealing with trauma and I think what we found is that if we don't deal with that trauma at the same time, as Tom said, it really can be a trigger for going back to the substance use.

**Ivette:**

And so what are some of the components of a trauma-informed care?

**Dr. Conway:**

There are many publications on this, many of which SAMHSA has put out in terms of guidance for different programs to be trauma-informed, and I think that's really important. What we do at the organization I work for is trauma-informed, we don't provide trauma-specific services, we're not providing therapy but we're creating an environment where people feel safe and I think that's the overarching message.

**Ivette:**

Very good. And when we come back, we're gonna talk a little bit more about this trauma-informed care and I want to talk to Tom about how it plays out within the context of recovery services. We'll be right back.

[Music]

**Tom:**

I'm a person in long term recovery, and for me that means I haven't used alcohol or drugs since May 2003. And I've been able to create a better life for myself, my family and ultimately, my entire community. Recovery has given me back a life that is worth living. As part of my active addiction, things were very very difficult for me and my family. But since I was able to get the help that I needed and find recovery, things have gotten much better. I've been able to go back to school and earn a degree, been able to find meaningful work. And today, I'm the Senior Advisor for the Administrator at the Substance Abuse and Mental Health Services Administration, where every day, I get to help people find and sustain their recovery for the long term.

[Music]

**Pam:**

The Affordable Care Act has offered incredible opportunities especially when combined with the mental health parity and addiction equity act what we call MPEA. Those two congressional laws together have made it possible for over 60 million Americans to have increased or first time access to coverage for mental health and substance use issues and treatment for those issues. The problem is getting people to be aware of that. Some cases they aren't used to the fact their coverage would include treatment for addiction, treatment for mental illness so working to get the word out and working to make sure that primary care physicians are aware that these coverage exist and the people that they're serving is a really critical aspect of what we're working on today.

**Female VO:**

We try to hide our truths about our mental and substance use disorders from the world and sometimes from ourselves. Saying "I'm fine" is a façade. By facing our problems, recovery begins, and we are empowered to speak our truth. Join the Voices for Recovery. Speak up. Reach out.

**Male VO:**

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[Music]

**James:**

I didn't really know where to turn to for my next career. I was getting out of the military and I just was really having a hard time finding the right opportunities. I went on, you know, the bigger job sites and it just seems like a continuous cycle of electronic queries and it's just—you don't feel like you're actually reaching somebody. It's just very stressful. It was two years of just kind of wading through the nonsense and my wife suggested Serving Together.

**Jessica:**

Serving Together was started in 2011 to really create a system that is more accessible for military veterans and their families who are trying to access local services.

**Raymond:**

We have a lot of resources available for families who are service connected. The challenge is that veterans or enlisted personnel or their families may not always know where to go. Serving Together serves as that connector, that linchpin, that one-stop location where they can get those resources, identify those resources and get connected to the help they need.

**Jessica:**

Most of the clients and the veterans who contact us are looking for employment services, financial services and housing services.

**Ernie:**

Serving Together is designed specifically to impact all aspects of the military, veteran communities and their families in a more holistic approach. We look at mental health, we look at physical health, but most of all we look at just the daily stressors that people don't think about will affect them. The stressors of how do I pay my bills, how do I get food on the table. Some of the most basic things that we deal with every day as members of society. Serving Together helps to solve some of those issues. When you're in the military, you're told where to go, you're told what to wear, you're told how to eat, what to eat, when to eat. So you come out to the real world and you say, I need help, who's here to help me in both physical and emotional needs. Serving Together is here to help guide you.

**James:**

I was introduced to Ernie around Christmas time and here it is beginning of March and I've locked down a position. I mean within meeting him, I'd say probably a month thereafter my resume was popping.

**Ernie:**

It is our goal to stay with the client until they are either—all their issues have been solved or they've been put in contact with the right people to make sure that they are.

**James:**

I believe that Serving Together helps because it's more of a personalized feel. It's not so much you're just another number. They're not just trying to get you "a" job, they're trying to help you find a career.

**Male VO:**

For more information on **National Recovery Month**, to find out how to get involved, or to locate an event near you. Visit the **Recovery Month** website at [recoverymonth.gov](http://recoverymonth.gov).

**Ivette:**

Welcome back. Tom, let's talk a little bit about trauma-informed care within the integrated services framework.

**Tom:**

Sure. Well, I think the field has been recognizing that trauma is really an important piece of substance use in mental health treatment for the last several years, and they're seeing many clients who arrived in treatment with histories of violence, abuse and neglect from childhood onward. In fact, according to our research 90% of public mental health clients and 75% of the public addiction treatment clients have experienced some kind of trauma. So not including trauma-informed care as part of somebody's treatment plan would be a big mistake, and so that's why I think you're seeing a big push toward making sure that trauma-informed care is part of our public system.

**Ivette:**

And, Dr. Conway, while you may not have a specific program to talk about but what are some of the considerations that treatment providers need to keep in mind as they look at trauma-informed care within an integrated service capacity?

**Dr. Conway:**

I think we need to keep in mind that both individuals and families have experienced trauma. So just in the general population many people have experienced trauma and we need to be sensitive to that. So we talk about using sort of universal precautions and just assume that everyone you come in contact with has experienced some sort of trauma and to create those safe environments which may be different for different populations. One I would like to point out that we have utilized is something called Seeking Safety which is a curriculum-based program developed by Dr. Lisa Najavits, and it's a 25-session program specifically geared towards addressing issues related to substance use disorders and posttraumatic stress disorder. And so that's an example of a concrete program that was specifically designed to address both in an integrated fashion.

**Ivette:**

And that certainly can help to really begin to break down those barriers to receive guidance in this area so it will teach the practitioner how to really approach this family and how to bring them in to that service component. Very good. Let's talk about the military service aspect of how they get help. I want to shift to the whole area of adolescent care. You know, we talked about trauma, we talked about peer, but there's one aspect of it, adults have their own approach and methodologies towards finding help and so do adolescents and young adults. How does the VA handle those cases?

**David:**

The VA has a—the National VA has a number of programs geared toward adolescents, but a lot of times it's peer-to-peer groups sitting with other families, other adolescents whose families have deployed and seen changes in their families. And then there's also non profit groups. The Wounded Warrior Project has a family support line as well as the Real Warriors Campaign more for the active duty side but has a number of great resources for the family members and for adolescents and how to re-gear the family when the service member returns home.

**Ivette:**

Very good. Tom, you worked a lot with the young people in recovery program, you work a lot with the recovery high school program. Tell us how important those programs are as an option to families who are looking at mental and substance use disorders.

**Tom:**

They're great programs. First of all, oftentimes what the traditional way of treating a young person was to pull them out of their environment, get them the treatment they needed, and then put them back in that environment. And what the problem with that is is that there's very high rates of returning to use when they go back into that environment because they did really well when they were removed but then they were put back into the same environment. So what recovery high schools have done and collegiate recovery programs is they've set up separate tracks for these students so that they're integrated some within the current school program and some are separate programs but the individual can go into that program and receive the traditional educational support that they would get in a regular school but then they would also receive recovery support which is really important. And I think for families who are struggling because they think that they can pull the student out, put them in a treatment program and then they're okay, we'll just send them back. That's kind of setting themselves up for failure. So in states where there are these recovery high schools and collegiate recovery programs, I really encourage families to look at those as options for their students.

**Ivette:**

Very good. Stacey, given your experience as you look at what other families may face, perhaps not your own but other families may face, would you recommend that they pursue Alateen or some other type of activities or programs that can bring in help for young people?

**Stacey:**

Absolutely. I think it would be extremely beneficial for them because being able to be in a room that's a safe environment, knowing that they can be completely honest about what they're experiencing and what they're feeling and knowing that others can be supportive that may have gone through similar circumstances and provide advice or suggestions or help and just be there for them whenever they're having a moment of weakness. I think it's very important, too, to be honest with these children. When you have children in environments where the parent or a loved one is an addict or has an addiction, to educate them on that. Make them aware of it. You shouldn't hide it from them. We plan to tell our son.

**Ivette:**

Excellent. Excellent. Tom, young people have a totally new approach towards recovery. Do you think it's getting easier as they look at their problem with addiction or a mental illness? Do you think it's getting easier for them to stay in recovery because there are all these peer support groups that are rising across the nation that can help them not only to stay in their path towards recovery but also to try and get others into recovery as well that need help?

**Tom:**

I absolutely think those are huge successful programs and I think that's why we're seeing the growth of them. I think what you talked about earlier, you know, it's been mentioned a couple of times on the panel that there's a lot of negative public attitudes about addiction, and what we're seeing is with young people they're not as—they're not as close to the best with their problems. They come right out and they talk about them. They put them out there and they look at them as an asset, and I think we have a lot to learn from that because when a young person stops using and finds recovery and then they celebrate that journey, we've seen individuals who have come through SAMHSA and been some of the best interns that we've had at SAMHSA because they are very, very honest and open about that part of their life. And as a result—

**Ivette:**

And they also bring their own personal experience which is amazing for the program developers and the policy makers as well.

**Tom:**

To be able to pick their brains, exactly, and learn from their experiences. But in addition to that is what they do is they are able, because they are so public about their recovery, is that they get the help that they need. The people around them

know what they're going through and they support them as a result, and we need support and that's what this is all about, right?

**Ivette:**

Alright. Well, listen, I know that we've gone through four panels and they've gone through quite quickly so I'm gonna give each one of you an opportunity to give me some final thoughts. Stacey, we'll start with you.

**Stacey:**

I would say that if you have a loved one that has an addiction or is suffering from an addiction and is not ready to take that step to start recovery for themselves, you as a family member should seek out that recovery for yourself to start the healing process for you. In addition, successful healthy families can result from recovery. My husband and I have a better relationship today than we did 13 years ago.

**Ivette:** That's wonderful. Tom?

**Tom:**

Thank you Ivette. It's been a pleasure being on the show with such a distinguished panel. But what I would leave the audience with is that oftentimes family members try really hard to get their loved one into recovery and they're not successful for some reason. And if they're not successful, my advice to them is to not give up; that there is help out there and if they may not be the right messenger, seek out the right messenger for their loved one because there's help out there for all of us and recovery is reality.

**Ivette:** And it is totally possible. David?

**David:**

I'd like to wrap up by saying that following on the same lines. If you're a veteran, don't see seeking help as a weakness, see it as a strength. When you get help, you can help other veterans pass it along. You're helping not only yourself but your family as well. And for the family members, do everything you can. We are stubborn. Veterans are stubborn, but we will listen to our families. There's help out there. There's the VA's Caregiver Support Hotline, Coaching Into Care, a number of programs out there. If you're ever not sure, just make your call and veterans are a very tight community so if you're ever not sure, ask a vet and they'll know where to point you.

**Ivette:** Thank you. Dr. Conway?

**Dr. Conway:**

I think that just as more and more individuals are speaking out about their own personal recovery, I'm really excited that more and more families are talking about their family recovery. And I think that as more families do that, as we've

talked about today, I think more and more people will be willing to stand up and say, yes, this is happening in our family and we're going to do something positive about it. So I'm really inspired by all the stories of family recovery that we do hear.

**Ivette:**

And there is no better way to really address discriminatory practices and attitudes within the realm of the recovery field than participating in **National Recovery Month** every September. I want to encourage our audience to go to our website at [recoverymonth.gov](http://recoverymonth.gov), get connected, get informed and absolutely positively create some of the best activities and events in September that your community can possibly put together. I want to thank this panel. It's been an absolutely great show. Thank you.

[Music]

**Male VO:**

To download and watch this program or other programs in the Road to Recovery series, visit the website at [recoverymonth.gov](http://recoverymonth.gov).

[Music]

**Female VO:**

Every September, **National Recovery Month** provides an opportunity for communities like yours to raise awareness of mental and substance use disorders, to highlight the effectiveness of prevention, treatment and recovery services, and show that people can and do recover. In order to help you plan events and activities in commemoration of this year's **Recovery Month** observance, the free online **Recovery Month** kit offers ideas, materials, and tools for planning, organizing, and realizing an event or outreach campaign that matches your goals and resources. To obtain an electronic copy of this year's **Recovery Month** kit and access other free publications and materials on prevention, recovery, and treatment services, visit the **Recovery Month** website at [recoverymonth.gov](http://recoverymonth.gov), or call 1-800-662-HELP.

**Male VO:** Your path to recovery isn't like mine.

**Female VO:** You have your own struggles with mental health issues.

**Male VO:** Your own challenges with substance use disorders.

**Female VO:** You also have your own abilities and strengths.

**Male VO:** But when you need a hand

**Female VO:** Reach out until you find one.

**Female VO:** For information on mental and substance use disorders, including prevention and treatment referral, call 1-800-662-HELP. Brought to you by the U.S. Department of Health and Human Services.

[Music]