

[Music]

Matt Clune:

Hello, I am Matt Clune, a person in long-term recovery and your host for today's episode of *Road to Recovery*. Today's topic is developing a sense of purpose and support for recovery. We will discuss what it means to have a sense of purpose that sustains recovery and explores the various ways in which people find meaning and a purpose to their lives.

Joining our panel today is Oryx Cohen who is Chief Operating Officer of the National Empowerment Center in Lawrence, MA. Paolo Del Vecchio, who is Director of the Substance Abuse and Mental Health Services Administration Center for Mental Health Services, US Department of Health and Human Services. Gale Saler, who is a Licensed and Clinical Professional Counselor, a Certified Rehabilitation Counselor, and Master Addiction Counselor. She is also a Board-Certified Intervention Professional and Founder and CEO of NorthStar Academy right here in Rockville, Maryland. Gale is also a national and international trainer for Arise Continuing Care with Intervention. And last but not least, Kabir Singh is a Certified Peer Recovery Specialist who's working in the state of Maryland. Welcome.

I'd like to direct the first question to Paolo del Vecchio. I think everyone on this panel recognizes that there are many dimensions to recovery. The purpose of this first bit of our dialogue today is about that dimension of purpose, purpose in recovery. So, Paolo, if I might, what do you think it is about finding one's purpose specifically that is so important to gaining and sustaining recovery for the long haul?

Paolo del Vecchio:

Thank you, Matt, for that question. To me, at least, purpose is one of the most important aspects in our journey to recovery. It's about finding meaning in one's life and one's experiences, including our addiction and mental health problems as well. That sense of purpose helps us get up out of bed every day, it gives us the incentive, the motivation to try to improve our lives and improve the lives of others. For us, when we look at purpose, it's all about hope and providing that hope for a better future. And really, hope, as we know, Matt, is that catalyst of the recovery process and that's what purpose really brings to it.

Matt Clune:

Kabir, I'd like to follow up with you. So, we've realized that this critical ingredient of recovery called "purpose" is so important, how do you think that that changes in one's life, over the life cycle of a person's journey and recovery?

Kabir Singh:

So, it's been my experience that those who enter into recovery start off with lacking purpose and are hopefully able to develop and foster that over the, kind of, process of recovery and be able to discover themselves. Some through various ways of 12-Step Fellowship, or different accesses to

recovery, are able to develop into their own person that they were always, kind of, meant to be. And so that, for my experience, has been the meaning purpose, is the self-discovery.

Matt Clune:

Gale, especially in your present role with NorthStar Academy, on a day-to-day basis you're dealing with young folks who are searching for recovery, and I'm wondering if you could shed a little light and insight on what's some practical activities that you may use in the everyday clinical environment to engage and help your clients to find purpose.

Gale Saler:

A lot of the kids who come to us come, really, feeling like they have no hope, they have no purpose. They feel like they've failed already. First, we help them try to reconnect because, in many cases, as connected as they think they are through social media, they're really, really, really disconnected. They're disconnected from themselves, their peers, from the community at large. So, we really try to spend time helping them understand that and looking at what makes them special. What is it that you can get excited about? What is it that would make you happy? Not your parents, not your teachers. What is it that would make you feel like you've accomplished something

Matt Clune:

Oryx, many of us in recovery and for those in the field, we know that for some, faith and spirituality plays a role in their recovery. Would you care to expand on that a little bit?

Oryx Cohen:

I can say that it's played a role in my own personal journey, finding some purpose or connection through spirituality for myself. So, the way I see it is—and I've seen it over and over again with people—that whatever their faith is, their belief system, religion, whatever it may be, that having that faith and that belief in a greater power is so important to them and their recovery. And it's not something that we talk about enough, I don't think, in our recovery movement. I think sometimes there's a wall that gets created between, maybe, people who are religious and people who aren't religious. I think it's more about having a belief system, because even if you're an Atheist, that is a belief system, that's a way of looking at the world. And to have a really centered way that you see the world that helps you to make sense of things is important, for anyone.

Gale Saler:

Do think that's a moral compass? That whether a person is religious or not, have finding their moral compass, their "north star," we use NorthStar for that, by just finding something that that they can attach to that has meaning.

Oryx Cohen:

Yeah, and I think you're right that a lot of religions have—and belief systems have this common—have a commonality, which is developing this moral compass. So, no matter what your belief system is, it just seems to be kind of a positive part of humanity, that we all tend to know what's right and wrong. And to have a belief system that helps support that and nurture that is important.

Paolo del Vecchio:

I think the other thing that really adds to this conversation around purpose is the importance of social supports and the idea that we don't recover alone or in isolation, but we recover through relationships and supports in others and how other people—Gale, I think what you said about helping find those youth passion, you know? How can providers, family members, and peers—How can we identify what's really important to people? What are their goals? I mean, this is where the social supports, the relationships can really help foster that sense of purpose in others.

Kabir Singh:

Yeah, and I could dovetail off of that. I've seen—there's a great deal of anguish and anxiety surrounding gaining employment in early recovery. And so, you know, that kind of purpose that's linked to finding meaningful work is a great obstacle some have. Develop records, incarceration and such. There are movements being made, you know, towards helping those in early recovery who have felony records and programs in that sense. But that's a good, large component of it.

Matt Clune:

What do you do with that intractable client that you just can't get to turn because they just don't believe in anything? They've lost faith in it all, they come from a horrible environment, perhaps poor role models. Have you found any tricks of the trade along the way that have worked for you in turning that client in the right direction?

Gale Saler:

I would say one is to acknowledge that we can't fix it. That what we can do is help them develop a toolbox to deal with it and help them begin to-- I always say to an individual, whether it's a teenager or a 60 year old, you know, if I can change the way you're looking at it this little bit, I can change the way you respond to it this much. So, it really, to me, is just getting that little wedge in the door.

Paolo del Vecchio:

You know, there are certain tools. Person Centered Planning being one critical one to help people identify what goals they want for themselves, what's most important for them. I also think this is again where peers can play a really critical role and finding role models to help people who may be, you know, still early in their journeys of recovery and don't know what's possible. Having a peer as part of that treatment team can really make the difference.

Gale Saler:

Can I just say one thing about adolescents in this regard? Because one of the things we deal with is, you know, when anyone has a baby. In their heads, they're laying with their newborn baby and part of them is dreaming about the next 25 years and then something interrupts. And one of the most important things I've found for teenagers is for their families, their parents, the people who they really care about, to understand that everyone's journey is not the same and it's not a race and we don't have to go to college next week and maybe going to culinary school is really your passion. Really helping people understand and let go of kind of societally-imposed expectations on kids.

Oryx Cohen:

That goes for adults, too. And I love what everybody's saying about this. I think that person that we're finding very difficult to be motivated, to be inspired, whatever that we need to be asking more deeply, "What is it that they want out of their lives?" rather than, "What do we want out of their lives?" I think that can be a tendency that we have. "OK, is this for me, or is this really for them?" And to shift the focus back to people. And we have the belief at the National Empowerment Center that all people are whole and all people want to have purpose in their lives.

Matt Clune:

I really like the way you flipped that. Absolutely. What a great way to kick off this panel. Some wonderful ideas. And we will be returning soon.

[Music]

Mike Finkle:

The original On Our Own Group started in 1981 by a lady by the name of Peg Sullivan. Actually, the name "On Our Own" is taken from a book written by Judi Chamberlin. It's called, "On Our Own: Patient-Controlled "Alternatives to the Mental Health System." We're a state-wide mental health consumer, ex-patient, advocacy training network primarily composed of people who are either current or former recipients of mental health and/or substance use services. We've now established what are called "Peer-Run Wellness and Recovery Centers," and we have 23 of them throughout Maryland. We operate various training programs, we have a Wellness Recovery Action Plan ...

Denise Camp:

Wellness Recovery Action Plan, "WRAP[®]," is a program that a person develops for themselves to help them get well and stay well however they define their wellness. WRAP[®] was originally developed by people with mental health issues, but it turns out that WRAP[®] can be used for anything.

Patrice Brown:

You can actually be empowered by participating in a WRAP[®] Program because it allows you to take control over-- We all have times, I can remember not feeling like I had any control. It was whatever this

counselor said, whatever this doctor said. And so I actually, you can actually participate in your own wellbeing, as it should be, because you know what your thoughts are, you know what you're feeling better than anybody else.

Craig Farrell:

I mean, in AA they tell you that your relapse occurs well before you start to drink. And this actually identifies those feelings and maybe behaviors that you're starting to slip into that will lead you back to the bottle or the pills.

Ronald Fountain:

And we also develop what we call the "Wellness Toolbox," which is an array of things that you can do on a daily basis or throughout your routines in life that whenever you feel like you're not well is an indicator that, "Hey, this is something I can do." For instance, running.

Denise Camp:

There are five key concepts of recovery, according to Mary Ellen Copeland, which are Hope, Personal Responsibility, Education, Self-Advocacy, and Support.

Craig Farrell:

It helps you build a plan with the tools and the people that will enable you to potentially overcome not only potential fall-downs, but also help you build your life. If you see all these tools and people that are helping you, you can focus on those things for a better life.

Jennifer Brown:

It has taken off like wildfire since we launched it. It is really...it's a wonderful program, it has impacted a lot of people. There are so many folks in our system who are utilizing it and who are helping to spread the word.

Denise Camp:

Before Wellness Recovery Action Plan, I was looking for people to fix me. I was looking for everyone to do the work for me. When I took Wellness Recovery Action Planning and understanding that personal responsibility is one of those key concepts to recovery, once I started to take personal responsibility for my recovery, things started to change.

Jennifer Brown:

Another area of purpose is for them to take some of the experiences that they've been through and then help other people. So, whether that is becoming a WRAP® facilitator or providing peer support in one of the centers ...

Mike Finkle:

Everybody that works here has had a personal experience in some way with the mental health system or mental health or substance abuse disorder. And so, we are here to help others who have gone through similar circumstances or are dealing with similar issues.

Patrice Brown:

Those of us who certainly have come through and have needed and implement and work a daily maintenance plan and WRAP® plan of our own are the best persons to stand and be able to kind of share that.

Denise Camp:

Being able to share not only my story and the hope of wellness and recovery, to be able to let people know that you can get past those things, you can have the life that you want.

Jennifer Brown:

When you're surrounded by a community that's really aware of that and looking at that kind of issue, what you can do with your life and the purpose that you have and the things you can accomplish expands.

[Music]

Female VO:

You might not know everyone in your community, but if you did, you'd see that people in recovery, from mental and substance use disorders are all around. Reach out for support and begin your recovery journey. Join the voices for recovery, strengthen families and communities.

Male VO:

For confidential information on mental and substance use disorders, including prevention and treatment referrals for you or someone you know, call 1-800-662-HELP, brought to you by the U.S. Department of Health and Human Services.

Matt Clune:

Welcome back. We started the panel off with kind of the plethora of activities and practices that are available to youth, young adults, and older adults in recovery. And now I'd like to take a turn and look at, what are some of the barriers and obstacles for individuals who are seeking recovery? No matter where they are on their journey and finding meaning in their lives.

Kabir Singh:

Stigma is kind of massive barrier to entry into recovery. Especially with the younger—and I'm sure Gale can probably speak to that, the younger population that, you know, seeking recovery, and kind of

hanging up the spurs, if you will, at age 15, 14. It's difficult. It's a difficult place to be, to be a young person and find yourself in a treatment center at 14 or 15. All the fun's over, and so-- And the stigma that's involved with being labeled an addict or an alcoholic or a person in recovery is just kind of a large barrier to the entryway into the hallways of recovery.

Gale Saler:

I would say the same thing is true of young people and adults who are entering because of mental health problems. You know, stigma, "What are other people gonna say?" What I hear a lot from the children in the program is, "They're talking about me back at school. They wanna know why...The rumors around that I was in the hospital. The rumors around that I was using drugs." It's very, very hard for them to acknowledge it and in many cases, in most cases for kids, it wasn't their choice to come into treatment. It was their parent's decision and we have to respect that and, hopefully, get them to look at why it's important for them now. Same thing as with a young adult or an adult. Why now? Why do you need to be here now? What can we do to convince you that you have a future? And that...that everyone wants to get well. And if you could've done it alone, you would've done it alone. No one wants to be in this kind of pain.

Paolo del Vecchio:

You know, these negative attitudes, it really is—thank you so much for bringing it up, it's so central to this recovery journey as well as this pursuit of a sense of purpose. If you think about, for those of us with serious mental illnesses and serious addictions in particular, the attitudes, how that gets translated into discriminatory practices, for instance, when you're going into seek a job or when you're in school and trying to pursue your mission. It's also-- Perhaps the worst is when we take the attitudes on within ourselves and we start believing ourselves, the what we've called in the past "self-stigma," where we feel ourselves that we can't succeed. And so, this again is where providers, families, and peers can play such a difference in terms of correcting those...making that message be, "Yes you can, in fact, succeed in your life."

Oryx Cohen:

And I agree with what you've said, and I think, also, from a broader perspective, it's important to recognize, kind of, root causes. We have to talk more about poverty and trauma and racism. These are significant barriers to people recovering. You know, it can be easier, easy to kind of from an ivory tower and say, "Everybody should have a certain life," and "Why aren't they achieving what we think they should achieve?" But we need to recognize these real societal problems and I think whatever we can do from the behavioral health community, substance abuse community, to engage with these other movements that are more about rebuilding our society, rebuilding our communities, creating more opportunities for people. That will only help.

Gale Saler:

More empathy.

Kabir Singh:

Seeing things through the lens of the person who's in front of us.

Gale Saler:

And more training for people. I mean, think about your average high school kid or college kid. Their professors, teachers, they're not necessarily trained to understand the impact of trauma or other mental illnesses or substance abuse on a person's ability to study. I see young people all of the time who, they're really, really bright, but because of their, where they are in their recovery, because of their mental health issues, they can't access their intellect in any consistent way.

Oryx Cohen:

Yeah, or it could be because their home environment...

Gale Saler:

Right.

Oryx Cohen:

...is really hard.

Kabir Singh:

Yeah, the families and the natural supports out there are often larger components that come into play. One could go to a treatment center, seek treatment, or rehabilitation center, wherever they might be and just enter back into the same environment which is, you know ...

Paolo del Vecchio:

And I think that whole aspect of, you know, treatment in the past slowly focused on symptoms or abstinence, and we really need to look at the holistic needs of people. So that includes the job, the education, housing and other aspects. Oryx, as you noted, you noted, we know what works when it gets to helping people get jobs, Supported Employment, evidence-based practice. We know 70% of people with serious mental illness want to work, and only 2% of public mental health clients have access to Supported Employment services. We need to do a much better job of having access to these kind of quality, evidence-based practices so that we can address these huge needs.

Matt Clune:

We all know that in the substance use field that we have Collegiate Recovery Campuses popping up all over the place and Special Collegiate Housing Programs, Rutgers, for example, and others that are safe and supportive environments for folks who are trying to sustain their recovery. Similarly, in the mental health arena, NAMI On Campus and Active Minds are two national organizations that have chapters around the country that are doing fantastic work. And I wonder, again, to the panel, generally, how do

these programs assist individuals with behavioral health conditions to help realize their life calling? And what are some of the pitfalls and obstacles that they might confront along the way?

Gale Saler:

I'll start with an obstacle. Before they ever go to college, if a young person has had problems with substances and/or mental health issues, then their parents need to stay involved. They need to realize that if they don't sign a release to the university, the university cannot talk to them. They need to understand that there may be supportive services that are on campus and that they need to look at what is around. If their child has Crohn's Disease, they're not going to send them without finding clinical and medical help nearby. We need to really get to parents to get them to make those same decisions for their young people with substance use problems and mental health problems going away to college. They need those supports because they can't-- We can't say that the problem is that the Collegiate Recovery Program or NAMI On Campus are not doing their job. They're doing their job, but there are other things these kids are gonna need.

Kabir Singh:

So we keep arriving at that word, "support," and, take for example, I'm partial to the University of Maryland as a Terp myself, they recently began a Terps for Recovery Program that's, in large part, handled by the students. Very little staff involvement, funded through grants, and its normalizing recovery on that particular campus and in College Park they just had their first Sober Tailgate which I attended. It was a, you know, fantastic turnout and hopefully they plan to have them again. And so, it's normalizing the recovery experience. There was a great number of people that particular day that were walking by the Sober Tailgate, "What's this?" and of course we had free Terp t-shirts, which were the hook, and they were giving those out. And so, "Hey, what's this? What are you all doing? "What's this about?" Normalizing it is a big piece to it.

Paolo del Vecchio:

I think, you know, college age years are so critical and we know for people with mental health problems that's the age group that has the highest prevalence rates for mental disorders, and yet, has the lowest help-seeking rates, at the same time, of any other group. So the importance that these groups like NAMI On Campus, Active Minds ... The explosion, frankly, Matt, in recovery schools around the country and how exciting that work is has been certainly hallmark over the last five to ten years. And, you know, I really see the future being really bright as those kinds of programs prosper in every university, frankly, across the country.

Matt Clune:

Absolutely. I'd like to put a punctuation on that point. And we will be returning soon.

[Music]

Paolo del Vecchio:

I've experienced both mental health and addiction issues for most of my life. My hardest time was when I was a young adult. For me, I felt my life wasn't worth living. I was completely despondent and actively thinking about ending my life. Found myself on a subway platform in North Philadelphia ready to take the step, I could feel the train approaching and the light coming down the tunnel. Just as I was taking that step in front of that train, the thought of my mom held me back. And I say this because the importance that family support really brings to recovery.

I left that subway platform, and I went to a local counseling center, told them I was in crisis and they told me "Come back in a month, we have an opening then." How many times do we turn away people who may be in need? But what I found there changed my life. It was a sign on the door of that program for a job. And it was a job helping to staff a local mental health and information referral line, what we'd probably call a "warm line" today. I found three things by doing that work study job. One, I found that I wasn't alone. There were so many other people experiencing mental illnesses and addictions in my community. Second thing I found was that treatment can be effective, it can work. And as a result of hearing from other people, I went and sought help myself. Third thing I found is that, that sense of purpose again, that by helping others, we also really help ourselves. To be able to help other people helped me kick-start my recovery journey in full gear. And from that time, I went on to dedicate my life and my career around mental health and addiction issues.

One of the biggest barriers continues to be the negative attitudes, what we've called "stigma." Too often we're told that we're not capable of working, we're not capable of going to school. And again, the evidence shows otherwise. That if we're given the right supports, we can be outstanding employees, we can go on to get higher education and enrich our lives. If you look at what, kind of, ingredients a provider comes to the table with in terms of helping individuals they work with pursue purpose, the most important thing, really, is to ask the individual themselves. That it should be person-centered, person-directed. Helping to identify what goals that particular wants, not only about their treatment and symptoms, but goals around life. Be it looking at a job or education or social supports or other aspects. What really drives that person? What does that person really care about? So those will be the hallmarks of a provider who could help a person find their dreams and pursue their dreams. To me, that's what makes an outstanding recovery-oriented clinician and provider.

[Music]

Male VO:

Making just one connection during recovery from mental and substance use disorders can put the strength of family and community behind you. We're all connected, offering encouragement, support, and hope. Join the Voices for Recovery, strengthen families and communities.

Female VO:

For confidential information on mental and substance use disorders, including prevention and treatment referrals for you or someone you know, call 1-800-662-HELP, brought to you by the US Department of Health and Human Services.

Matt Clune:

I'd like to welcome everyone back and pick up on where we left off. Gale, I'd like to ask you because you're working in a practice setting, what guidance can we give clinicians in facilitating their clients search for meaning and purpose in their recovery and in life generally?

Gale Saler:

Well, I think the first thing is it has to be very individually-based. We have to look at who that individual is and let go of other expectations. If they're 27 and having graduated college and keep going back and forth, that's OK. What is important to you right now in terms of making your life meaningful? If they're a junior in high school and the great fear is if they go to treatment, they're not gonna graduate on time, how do we help them look at what's important in their life right then? And that they guide us, we have to trust that these adults, young people, are really able to guide us, as clinicians, and tell us what they need. They may not be able to say it in words, but if we spend the time and we are open as clinicians and let go of our expectations, I think we'll hear it.

Matt Clune:

Terrific. Are there special exercises or activities, workbooks, that we can think of that are used with clinician and client to help guide them through this process? Anyone?

Kabir Singh:

So, as a person in recovery, and maybe not through the lens of a clinician, is certain Smart Recovery workbooks that they have out there. In 12-Step Recovery, in one of the fellowships, there is a Step Working Guide. This very simply outlines questions attached to each step and guides the individual through that process of, kind of what I spoke about in the first segment, that process of self-discovery. So, of course, you know, drugs and alcohol were the answer, what was the question? So, you kind of get to the root of that. For many cases, and I think Gale touched on it, and others have here, too, there's underlying mental health diagnoses and those aren't often so easy to just pick up a workbook. And so, it's a, you know, dual individualized approach, I think, as Gale talked about.

Matt Clune:

Absolutely.

Paolo del Vecchio:

Matt, If I could just add here. There certainly are specific tools as well that clinicians can help employ. I mentioned Person Centered Planning in the earlier segment, but also Wellness Recovery Action Plans is another means to assist people in identifying their particular goals and then developing strategies to help achieve those particular efforts. Another one I would mention is Recovery-Oriented Cognitive Therapy. So, this is a particular effort we're rolling out now in six states around the country. It takes Cognitive Behavioral Therapy approaches and really applies it to people with serious mental illnesses

and with a major focus on what's important to people and how we can focus therapeutic efforts specifically addressing what people's needs and preferences are.

Oryx Cohen:

I would recommend a training that we do, which is called "Emotional CPR," and it applies to everyone. So, we've done several trainings with clinicians and with people with lived experience. I think one of the barriers is there's often a divide between professionals and the clients that they're serving. And one way to get through that is another training that we do called "Recovery Dialogues," which is basically just about getting people in a room, having a conversation from everybody's perspective, whether you're a professional, you're a client there. It humanizes people, it helps to break down those barriers. And it makes, for professionals, it makes it easier to connect with the clients they're serving and to help find that purpose and meaning from the people that they're working with. So those are a couple of things that we do.

Paolo del Vecchio:

A lot of the meaning people come out of these experiences and having come through it wanting to give back and help others along that journey. I think that's something that's really unique about mental health and addictions that we don't necessarily see in other healthcare fields or other disability groups. So, clinicians can help, certainly, to continue to support that aspect. You know, bringing again, peers on as in the workforce. There's a clear way that clinicians can help and further that sense of purpose among those that they work with.

Gale Saler:

I'd hate for us to assume that clinicians are not, themselves, in recovery from something either. You know? That it isn't in us and them. I think one of the most important things the dialogues or anything does is, there needs to be no "us" and "them," it needs to be a "we." And in working with the kids that I'm working with, we've intentionally created an adolescent therapeutic community where the staff may or may not be going through some of their own issues and they're part of the community and the students who are there feel comfortable coming to them and pointing things out to them also about their behavior and how they're responding. We gotta get rid of that "us" and "them."

Kabir Singh:

Level the playing field, yeah.

Oryx Cohen:

Just to follow up on that, because people listening or watching may say, "Oh, yeah, that's well and good, but give me an example of this happening." And right now, we're working with the, basically, state hospital in Massachusetts. And it's a place that you would say, "The psychiatrists are not gonna have an open conversation with the patients there. That's just not gonna happen." It's happening! We've pulled together these Recovery Dialogues, we have psychiatrists, mental health workers, administrators at the

hospital, patients, peer workers are becoming involved in these really honest and open Recovery Dialogues, and it's been very powerful. So, it is possible.

Matt Clune:

We will be wrapping up and coming back in just a few short moments.

[Music]

Neil Campbell:

So, our mission is a simple one. It's to increase the impact of recovery in our communities through education, advocacy, and training. So that means we try to lift up and talk about recovery and recovery supports that are benefiting communities because our field has a long tradition of people in recovery not speaking out, and we think it's really important for advocacy efforts, for visibility that we all speak out, and, more importantly, that we speak out with one voice. So, we do a number of trainings. The core of what we do is our peer specialist training, called "CARES" and it stands for "Certified Addiction Recovery Empowerment Specialist."

Chandra Santana:

The Georgia Council of Substance Abuse is an organization that I was introduced to two years ago through their CARES Academy, which means that people who are in long-term recovery acquire a certification to be able to work with our peers. The CARES Academy is 40 hours of training, and so we are just trained in the model of recovery as individuals who are in recovery view it, as well as from the medical side.

Neil Campbell:

We've been able to train 500 peers to date. We have as many as 90 applications for a class of 20. And this has really, really caught on. People want to do this work. Especially, you know, recovery has a huge tradition of giving back and I think people see this as a way, "Let me get some specialized training so I can give back to my community, I can give back to my family and give back to my agency."

Jody Dodson:

Being a Peer Support Specialist empowers me on my own journey in recovery and provides meaning in my life by enhancing my recovery. I never dreamed that the darkest places in my life, the scariest places that I've been, would turn into a way to reach people and a way to relate. It's pretty magical.

Tony Sanchez:

This training was different from becoming a Certified Addictions Counselor, but in that I was able to use my lived experience and that is the key, that it had value and it had purpose. So everything that I went through before, everything that brought shame and guilt, is the very thing that I can use to help somebody else.

Neil Campbell:

I didn't know of any 800 numbers that weren't attached to a treatment program. So I said, "Why don't we do that and do a demonstration project? We can work with the Department of Corrections, we can work with Drug Courts, we can work with jails, we can work with treatment programs." So, anybody who gets out can have an 800 number where they can call or text and just get a hope shot.

Jody Dodson:

The CARES Warm Line is a non-clinical non-emergency telephone and text support service that's available for people in recovery or seeking information about recovery. It's manned by Recovery Coaches with lived recovery experience.

Neil Campbell:

If you're struggling with addiction, if you're seeking recovery, if you're a family member, we're just gonna listen to you. We call it "radical listening." We're not gonna try to fix you, we're gonna hear you, we're gonna listen to you. We don't talk about this enough. And again, that's the mission, that's what we do is we say, "Let's talk about it. Let's bust some of the myths around addiction. Let's take it out of the shadows. Let's talk about it as a preventable, treatable, chronic health condition and that people do recover." Because we don't get that message enough.

Female VO:

My story is yours, I am a mother.

Male VO:

I'm a father, a son.

Female VO:

A daughter, I am in recovery from a mental illness.

Male VO:

A substance use disorder.

Female VO:

With support from family and community...

Female and Male VO:

We are victorious.

Female VO:

Join the voices for recovery. Our families, our stories, our recovery.

Male VO:

For confidential information on mental and substance use disorders, including prevention and treatment referral for you or someone you know, call 1-800-662-HELP, brought to you by the US Department of Health and Human Services.

[Music]

Keris Jän Myrick:

The importance of employment for people in recovery from mental illnesses and substance use disorders, I just can't underscore it enough. Many people identify, like people like myself in recovery, that employment is really vital to help them in their recovery. So, SAMHSA actually focuses on these efforts by having programs in the community called "Supported Employment Programs," and these are done through the states in order to ensure that people can work and attain their employment goals.

Education with our youth is also really important because that's another time in which people really start to exhibit signs of mental illness and/or start using substances. So, rates actually have indicated in our recent data, we've seen rates of mental illnesses actually increase in our youth and then, in certain areas, decrease for substance use disorders, but those rates are still really alarming. So, it's really important that we look at providing supported things like Supported Education, which is an evidence-based practice. Accommodations that we work with schools and school health programs to ensure that youth can achieve their educational goals.

There are many federal initiatives that really work towards and focus on mental and substance use disorders. I'll start off with the most recent, which is the Interdepartmental Serious Mental Illness Coordinating Committee, or ISMICC for short. And what this is, it's a group of federal partners it's led by SAMHSA along with community members, people with lived experience, family members, providers, community organizations, and they work together to ensure that there's a shared accountability for a robust system of care, treatment, and supports that support people with serious mental illnesses and serious emotional disturbances. There are also other federal efforts, such as Integrated Behavioral Healthcare, and that's to ensure that your healthcare and your treatment for mental illness and substance use disorders are integrated and coordinated together. We also are working on expanding the workforce to ensure that it's younger, more diverse, well-trained in substance use and serious mental illness, trauma-informed care, and cultural competency.

Male VO:

My family and friends are always with me, no matter where I may be. Sharing stories from home helps me sustain my recovery for my mental and substance use disorder.

Young Female VO:

Hey dad!

Female VO:

Hi sweetheart.

Male VO:

Join the Voices for Recovery, our families, our stories, our recovery.

Female VO:

For confidential information on mental and substance use disorders, including prevention and treatment referral, for you or someone you know, call 1-800-662-HELP, brought to you by the US Department of Health and Human Services.

Matt Clune:

I'd like to welcome everyone back. Paolo, you've mentioned in the last question, this notion of evidence-based practice at SAMHSA and throughout the country for Supported Employment and Supported Education. I'd like to talk to you and gain your feedback specifically about Individual Placement and Support, or IPS, and other kinds of Supported Employment Programs. How can these be critical ingredients in someone's search for meaning and purpose in their life and recovery?

Paolo del Vecchio:

Well, IPS is one very well researched Supported Employment practice that, again, demonstrates that these kind of supports can help people get and keep jobs, and particularly meaningful employment. You know, Matt, we know that the majority of individuals on Social Security Disability roles have a mental illness. And so, the need that these programs can help people get off benefits, become independent, fully productive citizens in the community. We have too much waste of people's opportunities. People aren't in the job fields where they could contribute to help solve the many problems that our nation faces.

Oryx Cohen:

Yeah, and if I may just follow up with that, because I just totally agree with what you're saying. In terms of meaning, we're talking about meaning and purpose, just to throw out another kind of promising practice, I guess, would be more in the area of micro-business or self-employment, which, if it doesn't lead to full financial sustainability, it can often be a stepping stone.

Matt Clune:

Can you say a bit more about that?

Oryx Cohen:

I'll say a little bit more about it.

Matt Clune:

Very interesting.

Oryx Cohen:

Micro-business or self-employment, it taps into someone's sense of purpose and meaning because it is asking the individual, "What do you want to do? What are you inspired to do?" And often times, people who are in recovery, at least for mental health, are the most creative types in our society. They think differently. They may not fit into the one-size-fits-all model. And often times, what people say is, "I wanna be an artist," or "I want to run my own business. I don't want to work for someone else." And so having this model allows people to explore that. And you see people's eyes light up a lot times when you ask them, "Well, what do you want to do?" And even if you just give them a little bit of seed money or you point them in the direction of programs that already exist, Like the P.A.S.S Program through the government, there's incentives built into our system, especially for people who are on disability to be able to start their own businesses.

Matt Clune:

Terrific. You know, we've all, in various dimensions of this dialogue, we've touched around individuals with lived experience and some of us on this panel have lived experience. Can we talk about the special role that peers bring to this process of engagement? Particularly around finding purpose and meaning.

Kabir Singh:

So, in gaining access to employment, peers can often lend experience in ways and shapes and forms that others perhaps may not. Kind of the therapeutic value, if you will, from one person in recovery to another, and help with ... Color on what it's like to be in early recovery and what works and what doesn't. Overdoing the employment. Very often, I'll see, often times—it doesn't even necessarily have to be young people, just a person in recovery, that just—you know, you start to feel quite well after 30 days. Get off the streets and you're lookin' better. You've gained, you know, some weight and you're back into the gauntlet of work. And you know if, 40, 50, 60 hours a week, a lot of trade-type work that is very grueling and long hours, and all of a sudden, recovery falls to the wayside. And what's important, what got them to that point, falls to the wayside. So, you know, direct answer to that question, how peers can help, they lend that real lived experience. What I have been through, the minimum job wage that I took when I first entered into recovery, and how I stayed there for two years because it was important for me to be able to go to a meeting at noon or meet with others in recovery rather than be, you know, tied down.

Matt Clune:

Been there, done that. This is what worked for me, right?

Kabir Singh:

Basically.

Oryx Cohen:

That definitely speaks to me as well. We're one of three peer-run federally funded Technical Assistant Centers of Mental Health at the National Empowerment Center, so having people that are basically role models or people to look up to. I know there's been several people who have come before who have been just great inspirations to me in this movement. You know, David Oaks, Judi Chamberlain come to mind. And for people to see that there's this possibility. You know, like you, I was in the worst of situations and never would dream that I'd be on this show and never would dream that I'd be the Chief Operating Officer of a National Organization. But to have, just to see what the possibilities are is real powerful.

Kabir Singh:

Sorry, I just wanted to add one more thing. Don't be afraid to volunteer. Volunteering can often lead to gainful employment and full-time employment. There's this thing about volunteering-- "Oh, I don't wanna volunteer. I want what I want when I want it." Yeah, just wanted to put that out there as well. I always encourage my peers to, if you can't find anything, volunteer.

Gale Saler:

The other thing with young people is to bring them back, bring people who they can still identify as their peers who are successful. Who, whether it's, "I've graduated high school. I've been accepted at three colleges. I just finished my first semester. I got, I made Dean's List." Whatever it is, things that people who can come back and talk about what they've done. And for young adults, I love the micro businesses. I can go back to many young men and women that I worked with over the years who started their own small businesses and felt really good when they could start hiring other people coming out of treatment and were in early recovery and give them the opportunity and the first job and I've seen many successful businesses, multi-million dollar businesses, grown that way. And it's a wonderful thing, to be able to share that and be able to bring it back. And at each age level and each type of disability, we have to be able to do that because they have to be able to identify with the person, the role modeling. They have to be able to say, "Wow, this person is like me."

Paolo del Vecchio:

I'm so glad that you brought up about volunteering 'cause when we think of purpose, there are other aspects than a job or employment, things like creative pursuits. So people playing music, for instance, or creating art very much can bring a sense of purpose and accomplishment to people as well. Studies that have shown that through cooking, for instance, you know, just that sense of accomplishment and achievement in self can bring purpose. Another aspect, family caregiving. Critical role there that also brings a huge sense of purpose. I know, as a dad of three, Oryx and I were talkin' about kids earlier, the sense of purpose, meaning, and joy that helping a family member out, I mean, it's huge.

Gale Saler:

Also, I would say that one of the things that treatment programs can do, and we do at NorthStar, is at least once a month, all of our students go out and volunteer in the community. They go out as a group

and we take them, not always to the same place, but to see all of the different aspects of what they could get involved in in the community.

Matt Clune:

This has been a terrific panel. Are there any final thoughts that you'd like to share with the audience about what we've talked about? I have literally felt the dissolution of barriers between "we" and "them." I've heard a lot about best practices. I've heard about some really interesting and innovative things that may not qualify as best practices, like engagement in arts and finding one's purpose. Any final thoughts?

Kabir Singh:

I agree with what you're saying, Matt, in regards to hope. I feel the hope here. I've found hope ever since I got into recovery. And there's something that my little core group of people say that, to those who are new into recovery and are looking to become engaged, hopefully engaged in recovery, is if you don't have any hope today, let us hold some for you. We'll hold some hope for you. And you talked about a variety of things today, we all talked about a variety of things today. If you perhaps have a child that's going to college, and I know Gale talked about that as well, seek out ... A particular institution that is involved with some recovery support services or has some sort of avenue for engagement so that they can access recovery while they're at school.

Gale Saler:

I really think the most important thing is people recover.

Kabir Singh:

Yes.

Gale Saler:

And people, whether they come from a place of having mental health problems or substance use issues, people recover and they are all over our community and you won't necessarily know who they are, but don't look-- Don't look at people and think, who are in a bad place right now, and think they can't recover. Instead, if you can give them that one little seed of hope I believe people can and will recover with all of our support and it does take all of us to help.

Oryx Cohen:

And I just wanted to say if any of this has resonated with the listeners, the viewers, don't hesitate to reach out to us at the National Empowerment Center. We have a website, Emotional CPR has a website, and we'd love to hear from you and have you get involved.

Paolo del Vecchio:

You know, NAMI used to have a poster that showed people with mental illness who've contributed greatly to our communities and society. The caption was, "People with serious mental illness enrich our communities." And, you know, given that opportunity, given that we can educate ourselves to lower some of the ignorance out there, I agree completely, Gale. Yes, people can recover.

Matt Clune:

Paolo, thank you for that really insightful remark. And thank you to all the panelists for a really fantastic discussion. I want to remind you to celebrate **Recovery Month** each September and throughout the year. For more information, visit the **Recovery Month** website and thank you for joining us all today.

[Music]