Using PEER RECOVERY SUPPORTERS

The use of peer recovery supporters as a crucial part of the circle of care provided to individuals being treated for...

MENTAL HEALTH & SUBSTANCE USE DISORDERS.
Revolutions begin when people who are defined as problems achieve the power to redefine the problem (McKnight, 1992).

The shift to including individuals with lived experience [peer recovery supporters] has been in response to the research literature and advances in the field more generally, but also has been in response to what people in recovery have identified as their most significant need and the most significant facilitator of their recovery: **having someone I can trust who will stick with me over time, through the good times and the bad, to support me in my recovery.**

Peer Services are a process of giving and receiving support and education from individuals with shared life experiences. Peer Services are provided by individuals in recovery from mental illness and/or addiction who use their lived experience as a tool to assist others by sharing their personal journeys and knowledge. Individuals engaged in peer services play a vital role in laying the foundation for sustained recovery. They encourage, inspire and empower others to set recovery goals and achieve them.

...to inspire hope of recovery from mental illness, drug addiction and co-occurring disorders.

...to share lived experience in an appropriate manner to foster connectedness and build relationships with peers.

...to listen to and understand peers’ pain and isolation while exhibiting empathy and support as they move forward in recovery.

...to assist peers in exploring options and overcome barriers preventing them from moving forward in recovery.

...to provide person-driven support that taps into peer strengths related to illness self management.

...to assist peers in developing strategies to communicate with and advocate for themselves....to support peers in implementing a Relapse prevention plan.

...to assist peers in adopting a proactive role in their own behavioral and physical health.
**SAVE THE DATE 2017**

Well, Guess What!
We are hosting a Reentry Resource Fair!

For the opportunity to experience one-stop shopping for community resources, visit the Resource Fair:

**March 24, 2017**
**10:00 AM – 2:00 PM**

*Bayshore Counseling Services*
*1634 Sycamore Line*
*Sandusky, OH*

Contact Mary Beth Wade-Jones with any questions.

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**CONNECT TO COMMUNITY RESOURCES**

**ADVOCATE FOR PEOPLE WITH MH/SUD**

**RAISE AWARENESS**

**SUPPORT NETWORK**
UNDERSTANDING HOW PEER SUPPORT CAN COMPLETE THE PICTURE
Individuals with Mental Illness in Prisons: In a U.S. Justice Department survey, 16 percent of state inmates were estimated to have a mental illness.

Individuals with Mental Illness on Probation or Parole: In U.S. Justice Department and SAMHSA surveys, 9 percent of individuals on probation and 7 percent of individuals on parole were estimated to have a serious mental illness.

Adults with Substance Use Disorders in Jails: Substance use disorders are even more prevalent than mental illnesses; in the year prior to their admission, 68 percent of jail inmates reported symptoms consistent with alcohol and/or drug use disorders.

Adults with Substance Use Disorders in Prisons: In a U.S. Department of Justice study, 53 percent of state prisoners and 46 percent of federal prisoners in the year prior to their arrest met the DSM-IV criteria for substance dependence or abuse. Sixty percent of women in state prison have been estimated to be dependent on or abusing drugs.
## Offenses

Statistics based on prior month's data -- -- Last Updated: Saturday, 25 February 2017

<table>
<thead>
<tr>
<th>Chart Label</th>
<th>Offense</th>
<th># of Inmates</th>
<th>% of Inmates</th>
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<tr>
<td>a</td>
<td>Banking and Insurance, Counterfeit, Embezzlement</td>
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<td>Burglary, Larceny, Property Offenses</td>
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<td>c</td>
<td>Continuing Criminal Enterprise</td>
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<td>Courts or Corrections</td>
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<td>e</td>
<td>Drug Offenses</td>
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<td>f</td>
<td>Extortion, Fraud, Bribery</td>
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<td>Homicide, Aggravated Assault, and Kidnapping Offenses</td>
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<td>Sex Offenses</td>
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<tr>
<td>m</td>
<td>Weapons, Explosives, Arson</td>
<td>29,787</td>
<td>16.9%</td>
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JAIL SERVICES
Recovery Groups

Released & continue with out-patient IOP

Peer Supporter makes contact and helps overcome obstacles that might prevent attending IOP

Peer Supporter acts as liaison with residential treatment

Peer Supporter connects client to out-patient services and self help groups upon release from rehab

Offender goes to prison

Peer released all contact lost and/or peer returns to active addiction
PTSD and substance abuse have consistently been found to co-occur, regardless of the nature of the trauma or the type of substance used (Keane & Wolfe, 1990; Kofoed et al., 1993).

People with PTSD and substance abuse tend to abuse “hard drugs” (cocaine and opiates); prescription medications, marijuana, and alcohol are also common. Substance abuse is often viewed as “self-medication” to cope with the overwhelming emotional pain of PTSD (Breslau, Davis, Peterson, & Schultz, 1997; Chilcoat & Breslau, 1998; Cottler, Compton, Mager, Spitznagel, & Janca, 1992; Dansky, Saladin, Brady, Kilpatrick, & Resnick, 1995; Goldenberg et al., 1995; Grice, Brady, Dustan, Malcolm, & Kilpatrick, 1995; Hien & Levin, 1994).

People with PTSD and substance abuse are vulnerable to repeated traumas (Fullilove et al., 1993; Herman, 1992), and more so than patients with substance abuse alone (Dansky, Brady, & Saladin, 1998).

A “downward spiral” is common. For example, substance use may increase vulnerability to new traumas, which in turn can lead to more substance use (Fullilove et al., 1993). From patients’ perspective, PTSD symptoms are common triggers of substance use (Abueg & Fairbank, 1991; Brown, Recupero, & Stout, 1995), which in turn can heighten PTSD symptoms (Brown, Stout, & Gannon-Rawley, 1998; Kofoed et al., 1993; Kovach, 1986; Root, 198).

People with both disorders suffer a variety of life problems that may complicate their clinical profile, including other DSM-IV disorders, interpersonal and medical problems, maltreatment of their children, custody battles, homelessness, HIV risk, and domestic violence (Brady, Dansky, Sonne, & Saladin, 1998; Brady et al., 1994; Brown & Wolfe, 1994; Dansky, Byrne, & Brady, 1999; Najavits et al., 1998c).

Most women with this dual diagnosis experienced childhood physical and/or sexual abuse; men with both disorders typically experienced crime victimization or war trauma (Brady et al., 1998; Kessler et al., 1995; Najavits et al., 1998c).
Five key principles:
Safety as the overarching goal (helping clients attain safety in their relationships, thinking, behavior, and emotions)

Integrated treatment (working on both trauma and substance abuse at the same time)

A focus on ideals to counteract the loss of ideals in both trauma and substance abuse

Four content areas: cognitive, behavioral, interpersonal, and case management

Attention to clinician processes (helping clinicians work on their emotional responses, self-care, and other issues)

25 treatment topics, each with a clinician guide and client handouts:

Seven interpersonal topics:
- Asking for Help
- Honesty
- Setting Boundaries in Relationships
- **Healthy Relationships**
- Community Resources
- Healing from Anger
- **Getting Others to Support Your Recovery**

Seven behavioral topics:
- Detaching from Emotional Pain: Grounding
- **Taking Good Care of Yourself**
- Red and Green Flags
- Commitment
- **Coping with Triggers**
- Respecting Your Time
- **Self-Nurturing**

Seven cognitive topics:
- PTSD: Taking Back Your Power
- Compassion
- When Substances Control You
- **Recovery Thinking**
- Integrating the Split Self
- **Creating Meaning**
- Discovery

**ROLE OF THE PEER RECOVERY SUPPORTER**

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...to assist peers in exploring options and overcome barriers preventing them from moving forward in recovery.

...to provide person-driven support that taps into peer strengths related to illness self management.

...to assist peers in developing strategies to communicate with and advocate for themselves.

...to support peers in implementing a relapse prevention plan.

...to assist peers in adopting a proactive role in their own behavioral and physical health.
PEER SUPPORT FOR MENTAL HEALTH & ADDICTION
BREAKING DOWN BARRIERS TO TREATMENT
Becoming a key member of your area’s resource network

Health Care
- Set up with Medicaid
- Connect to income-based County Health Department programs & services offered by Mental Health and Addiction Recovery Board
- Provide or connect to healthcare navigator services

Transportation
- Medicaid transport
- Bus passes from area non-profits
- COS volunteers
- Transportation from other assisting agencies [OOD, sober living, JFS]
BREAKING DOWN BARRIERS TO TREATMENT
Becoming a key member of your area’s resource network

- Housing
  - Sober Living
  - Oxford houses
  - Metro/HUD [Section 8]
  - JFS, WSOS, CAC, VETERANS SERVICES
  - Shelters for specific populations

EDUCATION & EMPLOYMENT
- ABLE/GED
- Ohio Means Jobs [Work Ready]
- Employability workshops and resume writing classes

SHARE YOUR STORY

RECOVERY IS BEAUTIFUL