

It is important that we evaluate the training
and look at the next steps.

Session 24

Final Reflections, Evaluation and Next Steps

gives the group the opportunity to evaluate the overall training experience and to discuss the next steps in each individual's journey and the journey of the group as a whole.

Scenario: You are applying for a job at an agency that has never hired a Certified Peer Specialist, but the agency is considering it. You are being interviewed by the CEO. She asks, “Why should we hire you? What can you do for our agency?”

List 5 ways you can use your experience with recovery to help the agency.

- 1)
- 2)
- 3)
- 4)
- 5)

The CEO replies, “That sounds great! I think we can use you, but we do not have a job description. Would you please write your ideal job description and be as specific as possible.”

Ideal Job Description:

Final Reflection, Evaluation and Next Steps

List the 5-7 parts of the training that you found the most helpful

- 1.
- 2.
- 3.
- 4.
- 5.
- 6.
- 7.

What, if any, impact did the training have on you? How are you different?

What is the next step for you – either in your own recovery journey or in using this training to help others?

RESOURCES FOR FURTHER STUDY

Articles and Books

- Ashcraft, L. (2012). Touching Home: My Touch-and-Go Relationship with Dad. *SAMHSA Recovery to Practice Weekly Highlight*, Volume 3, Issue 14, April 12, 2012. <http://www.dsgonline.com/rtp/wh/2012/2012.04.12/WH.2012.04.12.html>
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- Davidson, L. (2010). Promoting Recovery: What’s Love Got to Do With It? *SAMHSA Recovery to Practice Weekly Highlight*, Vol. 1, Issue 28. 12/3/2010. <http://www.dsgonline.com/rtp/WH%202010/Weekly%20Highlight%20December%203.pdf>
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- Resource Guide

- Recovery: Discussion and Implications for Practice, *American Journal of Psychiatric Rehabilitation*, Volume 9, Issue 1.
- Ostman, M. (2008). Severe depression and relationships: The effect of mental illness on sexuality. *Sexual and Relationship Therapy*, 23, 355-363.
- Perlman, D. (2007). The best of times, the worst of times: the place of close relationships in psychology and our daily lives. *Canadian Psychology*, 48; 1.
- Perry, B.L. & Wright, E.R. (2006). The sexual partnerships of people with serious mental illness. *Journal of Sex Research*, 43(2), 174-181.
- President’s New Freedom Commission on Mental Health; Achieving the Promise: Transforming Mental Health in America, July, 2003. <http://store.samhsa.gov/shin/content/SMA033831/SMA03-3831.pdf>
- Quinn, C. & Brown, G. (2009). Sexuality of people living with a mental illness: A collaborative challenge for mental health nurses. *International Journal of Mental Health Nursing*, 18, 195-203.
- Ragins, M. (2001). Forming Treatment Relationships: Reach Out and Touch Someone, Exploring Recovery. *The Collected Village Writings of Mark Ragins*. <http://mhavillage.squarespace.com/storage/29FormingTreatmentRelationshipsReachOutandTouchSomeone.pdf>
- Randolf, M.E., Pinkerton, S.D., Somlai, A.M. & Kelly, J.A. et al. (2007). Severely mentally ill women’s HIV risk: The influence of social support, substance use, and contextual risk factors. *Community Mental Health Journal*, 43, 33-47.
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- Russinova, Z., Rogers, S. & Eliison, M.(2006). *Recovery Promoting Relationship Scale (RPRS)*. Center for Psychiatric Rehabilitation, Trustees of Boston University. http://www.nasmhpd.org/docs/publications/docs/2009/HospitalCEOToolkit/1_3.pdf
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- Stein, D.S., Baer, M.A., Bruemmer, N.C. (2008). Sexual and emotional health in men. *Annals of the American Psychotherapy Association*, 11;2.

Websites

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- Good Clean Love Daily (Love is an action verb): <http://daily.goodcleanlove.com/our-mission>
- Kansas State University - Healthy Relationships: www.k-state.edu/counseling/topics/relationships/relatn.html
- Random Acts of Kindness Foundation: www.randomactsofkindness.org
- SAMHSA’s What a Difference a Friend Makes Website: <http://www.whatadifference.samhsa.gov>

Tiny Buddha – Simple wisdom for complex lives: <http://tinybuddha.com>

University of Texas - Building a Healthy Relationship:
<http://cmhc.utexas.edu/healthyrelationships.html>

University of Washington – Healthy vs. Unhealthy Relationships:
<http://depts.washington.edu/hhpccweb/content/health-articles/allundergraduates/healthy-vs-unhealthy-relationships>

WRAP and Recovery Resources (Support and WRAP for Loneliness):
<http://www.mentalhealthrecovery.org>

Videos and Webinars

Creating Intentional Peer Supports <http://meeting.networkofcare.org/psn>.

Inviting the Day (The short story of one peer supporter): <http://www.keystonehumanservices.org/mental-health-services/inviting-the-day.php>

This Emotional Life: <http://www.pbs.org/thisemotionallife>.

Partnerships in Recovery (18 min. video) http://www.esi-bethesda.com/ADSmediafiles/_video/06-0327PartnersInRecovery.wmv

Magellan Resiliency and Recovery E-Learning Center: <http://www.magellanhealth.com/training>

SAMHSA Bringing Recovery Supports to Scale Technical Assistance Center Strategy (BRSS TACS):
<http://samhsa.gov/brss-tacs/webinars.aspx>

SAMHSA Center for Integrated Health Care:
<http://www.integration.samhsa.gov/about-us/webinars>

SAMHSA Recovery Resource Library: <http://store.samhsa.gov/resources/term/RecoveryResource-Library>

Training Activities

AVP Education Committee. (2002). Alternatives to Violence Project (AVP) Basic Course Manual.
AVP Distribution Services, St. Paul, MN. <http://avpusa.org>

AVP Education Committee (2005). Alternatives to Violence Project (AVP) Manual for Second Level Course. AVP Distribution Services, St. Paul, MN.
<http://avpusa.org>

- AVP Education Committee USA / International (2013). Alternatives to Violence Project (AVP) Facilitators Training Manual with Continuing Learning Material. AVP Distribution Services, St. Paul, MN. <http://avpusa.org>
- Courageous Conversations: Facilitating Dialog About Prejudice, Discrimination and Oppression in Recovery. Based on a presentation by *Maria Restrepo-Toro and Chacku Mathai*. <http://www.nyaprs.org/conferences/annual-conference/documents/CourageousConversations.pdf>
- Mattingly, B. (2009). Help Increase the Peace Program Manual (Fourth Edition). Middle Atlantic Region, American Friends Service Committee. <http://www.afsc.org/hipp>
- McShin Foundation (2010). Recovery Coaching Manual. <http://mcshinfoundation.org/sites/default/files/pdfs/Recovery%20Coach%20Manual%20-%207-22-2010.pdf>
- Motivational Interviewing Network of Trainers (2008). Motivational Interviewing Training for New Trainers (TNT) Resource for Trainers. <http://www.motivationalinterview.org>
- Pollet, N. (2013). Peace Work: Activities inspired by the Alternatives to Violence Project (AVP). www.heartcircleconsulting.com
- Rosenberg, M. (2005). Non-Violent Communication. www.radicalcompassion.com
- Spaniol, L., Koehler, M. & Hutchinson, D. (2009). The Recovery Workbook: Practical Coping and Empowerment Strategies for People with Psychiatric Disabilities, Revised Edition. <http://www.bu.edu/cpr/products/curricula/recovery.html>
- Spaniol, L., Bellingham, R., Cohen, B. & Spaniol, S. (2003). The Recovery Workbook 2: Connectedness. <http://www.bu.edu/cpr/products/curricula/connectedness.html>
- Spaniol, L., McNamara, S., Gagne, C. & Forbess, R. (2009). Group Process Guidelines for Leading Groups and Classes. <http://cpr.bu.edu/resources/curricula/group-process-guidelines>
- Weinstein, M. & Goodman, J. (1980). *Playfair: Everybody's guide to non-competitive play*. Impact Publishers. San Luis Obispo, CA.



How do I talk to my doctor about treatment?

Talking to your doctor about medical treatment for OUD can be hard. Writing your questions before your appointment can be helpful. Here are some questions you might ask:

- How can medicine help my recovery?
- What medicine do you think is best for me? Why is it the best for me?
- What other steps should I take to help my recovery?



How long do I need to take medicine?

It depends. Many people take medicine every day for a long time, sometimes for the rest of their life. We don't ask people who take cholesterol medicine to stop when it's working. The same is true for the treatment of OUD and other long-term conditions.

What else do I need to know?

Can I become addicted to the medicines used to treat OUD?

Methadone and buprenorphine don't replace one addiction with another. When you're treated with these medicines at the right dose, they don't get you high. Instead, they lower opioid cravings and withdrawal. These medicines restore balance to your brain so you can heal and stay strong in your recovery.

What happens if I take an opioid while I'm taking one of the OUD treatment medicines?

Using a prescription opioid or recreational drugs while using medicines that treat addiction can be dangerous. This can cause trouble breathing, coma, and even death. Talk to your doctor if you have any questions or concerns. They may be able to prescribe options that don't interact, or they may change your dose. It's important to tell your doctor about all other medicines you use, including vitamins and herbs. Don't stop using any medicines without first talking to your doctor.

Where can I find more information?

For more information, please visit:
<https://dmh.mo.gov/ada/provider/medicationassistedtreatment.html>.

Medicine can help you or a loved one recover from opioid use disorder



Recovery is real: Medical treatment for opioid use disorder

This resource created by:



Last updated October 2017



What is medical treatment for opioid use disorder (OUD)?

Medical treatment for OUD is when your doctor gives you medicine to help you stop craving opioids. Heroin, OxyContin®, and Percocet® are examples of opioids. Specially trained physicians, psychiatrists, nurse practitioners, and physician assistants can all prescribe this medicine.



Is medicine all I need for my recovery?

It depends. You may need other services to help you get out of the cycle of addiction and rebuild your life, like:

- Talking to a counselor about what leads to your drug use
- Meeting with other people like you who are also in treatment
- Getting help to find sober housing and a job

What medicines are available?

1 Buprenorphine

Also called Subutex or Suboxone

You can get a tablet to take by mouth, or a film that dissolves under your tongue. Buprenorphine is a replacement for opioids like heroin.

Pros

- Lowers cravings for many people
- Helps people stay away from heroin and pills
- You can get a prescription to fill at your local pharmacy

Cons

- Can cause withdrawal if there are still a lot of opioids in your system
- May need to try different amounts to get the right dose
- Must be taken every day

This medicine is best for patients who are willing and able to take their medicine daily, as prescribed.

2 Methadone

Also called Methadose or Dolophine

Methadone usually comes as a liquid that you drink. It is a replacement for opioids like heroin. You must get methadone from an Opioid Treatment Program.

Pros

- Methadone has been used for many years
- There is a lot of evidence showing it lowers cravings and stops withdrawal

Cons

- You must take your dose every day at a supervised clinic for at least the first few months
- You'll need to be especially careful about dosing and not mixing with other drugs

This medicine is best for people who can go to a methadone clinic every day and for people who need something stronger than buprenorphine to help with cravings.

3 Naltrexone

Also called Depade, Rivia, or Vivitrol

Naltrexone works differently. This medicine helps prevent you from getting cravings. You can get a monthly shot or a daily pill.

Pros

- If you get the shot, you only have to go to the doctor and take the medicine once a month

Cons

- You have a higher chance of overdose (compared to buprenorphine or methadone) if you stop taking it
- Opioids must be out of your system before starting - this can take 7 to 10 days of not using

This medicine is best for people who have a less severe drug use history and have support from family, friends, or others.

To find treatment services near you, visit <http://www.missouriopioidstr.org>.

Opioid STR Treatment Sites

If you or someone you know is uninsured and has an Opioid Use Disorder, please contact one of the sites listed below to learn more about treatment options.

Clinic (Programs/ Meds Offered)

Address

Phone/Website

Center for Life Solutions

Opioid Treatment Program (Methadone, Buprenorphine, Naltrexone/Vivitrol)	9144 Pershall Rd. Hazelwood, MO 63042	(314) 731-0100 centerforlifesolutions.org
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Western Clinic

Opioid Treatment Program (Methadone, Buprenorphine, Naltrexone/Vivitrol)	5736 W. Florissant Ave. St. Louis, MO 63120	(314) 381-0560 westernclinic.org
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Gateway Free and Clean

Adult Addiction Treatment (Buprenorphine, Naltrexone/Vivitrol)	1430 Olive St. #300 St. Louis, MO 63103	(314) 421-6188 x3106 (816) 569-8079 recovergateway.org
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Queen of Peace

Women's Addiction Treatment (Buprenorphine, Naltrexone/Vivitrol)	325 North Newstead Ave. St. Louis, MO 63108	(314) 531-0511 x102 (314) 531-0511 x205 qopcsf.org
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Preferred Family Healthcare

Adult Addiction Treatment (Buprenorphine, Naltrexone/Vivitrol)	General Inlake St. Louis (Dumicle) St.Charles (Women) St. Charles Brentwood Troy Jefferson City Union	(636) 224-1000 (314) 833-6155 (636) 224-1000 (636) 224-1200 (636) 224-1600 (636) 528-7226 (573) 632-4321 (636) 224-1400
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New Beginnings

Adult Addiction Treatment (Buprenorphine, Naltrexone/Vivitrol)	1027 South Vandeventer Ave. St. Louis, MO 63110	(314) 367-8989 newbeginningsca.org
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BASIC, Inc.

Adult Addiction Treatment (Buprenorphine, Naltrexone/Vivitrol)	3026 Locust St. St. Louis, MO 63103	(314) 621-9009 basicinc.org
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Visit MissouriOpioidSTR.org for other resources and an updated list of treatment sites

Opioid STR Treatment Sites

If you or someone you know is uninsured or under-insured and has an Opioid Use Disorder, please contact one of the sites listed below to learn more about treatment options.



Missouri Opioid State
Targeted Response

Clinic (Program; Meds Offered)	Address	Phone/Website
Cuba		
	Dexter	(573) 677-0262
	Doniphan	(573) 624-6937
	Farmington	(573) 996-5017
	Houston	(573) 756-5749
	Owensville	(417) 967-2887
	Piedmont	(573) 437-6264
	Pilot Knob	(573) 223-2734
	Poplar Bluff	(855) 752-6417
	Potosi	(573) 686-5090
	Rolla	(573) 438-6706
	Salem	(573) 364-8511
	Farmington	(573) 729-4103
	Van Buren	(573) 756-5749
		(573) 323-4008
		semoccc.org
Southeast Missouri Behavioral Health		
Adult Addiction Treatment (Buprenorphine, Naltrexone/Vivitrol)		
Gibson Recovery Center		
Adult Addiction Treatment (Buprenorphine, Naltrexone/Vivitrol)	Cape Girardeau (3 locations) Perryville Sikeston Marble Hill	(573) 332-0416 x173 gibsonrecoverycenter.org
Burrell Behavioral Health		
Adult Addiction Treatment (Buprenorphine, Naltrexone/Vivitrol)	Transitions 323 E Grand Springfield, MO 65807	1-800-494-7355 417-761-5600 burrellcenter.com
Truman Medical Center		
Adult Addiction Treatment (Buprenorphine, Naltrexone/Vivitrol)	1000 E. 24th St. Ste. 2E Kansas City, MO 64018	(816) 404-5514 (816) 404-5868 (816) 404-5850 behavioralhealthkc.org
Ozark Center		
Adult Addiction Treatment (Buprenorphine, Naltrexone/Vivitrol)	1105 E 32nd St Suite 2 Joplin, MO 64804	(417) 347-7730 ozarkcenter.com

Visit MissouriOpioidSTR.org for other resources and an updated list of treatment sites



Opioid STR Recovery Community Centers

These RCCs provide a peer-based supportive community that builds hope and supports healthy behaviors for individuals with Opioid Use Disorders (OUDs) searching for recovery or maintaining recovery.

Missouri Network for Opiate Reform and Recovery 4022 S. Broadway St. Louis, MO 63118 844- Rebel Up (844-732-3587) monetwork.org Drop-in Hours Monday- Friday (10am-5pm) Saturday- Sunday (12pm-6pm) See website for groups and activities	St. Louis Empowerment Center 1908 Olive Street St. Louis, MO 63103 (314) 652-6100 dbsaempowerment.org Drop-in Hours Every day (9am-3pm) See website for groups and activities
Springfield Recovery Community Center 1925 E. Bennett St. Springfield MO, 65804 (417) 368-0852 sprfccc.org Drop-in Hours Monday- Friday (9am-9pm) Saturday (6pm-10pm) See website for groups and activities	Healing House 4602 St. John Ave. Kansas City, MO 64123 (816) 920-7181 healinghousekc.org Drop-in Hours Monday- Friday (9:00am-4:30pm) Sunday (1:00pm-3:00pm) See website for groups and activities

MissouriOpioidSTR.org

Overdose Education & Naloxone Distribution



**Missouri Opioid State
Targeted Response**

2023

100,000

Risk Factors for Overdose

- Previous overdose
- Period of abstinence/sobriety (e.g., following rehab or jail)
 - Tolerance decreases in as little as 3-5 days
- A change in strength, amount, supplier of the opioid, or location of use
- Being physically ill/respiratory disease (flu, pneumonia, bronchitis)
- Mixing opioids with other substances (benzos, sedatives, alcohol)
- Using alone
- Injecting

Signs of an Opioid Overdose

- Unresponsive
- Shallow breathing/no breathing
- Small "pinpoint" pupils
- Cold, clammy skin
- Gurgling/snores
- Blue or gray lips and nails

Tips for Prevention

- Share this information with family, friends, and loved ones
- If you choose to use, don't use alone, avoid mixing, start small, be extra cautious when sick/in poor respiratory health
- Keep naloxone accessible and out of extreme temperatures

Opioid Overdose Response

- Check for breathing and clear airways
- Lay person on back and give naloxone

Nascan nasal spray Instructions

 - PEEL back the package to remove the device
 - PLACE the tip of the nozzle in either nostril until your fingers touch the bottom of the person's nose
 - PRESS the plunger firmly to release the dose into the person's nose

Intramuscular (IM) Instructions

 - Remove orange top from vial
 - Insert needle through rubber plug with vial upside down
 - Pull back on plunger to draw 1 mL of naloxone
 - Inject 1mL of naloxone straight into large muscle (shoulder or thigh)
- Call 911 (If you must leave the person, turn the person on their side in the recovery position)
- Administer rescue breaths (1 breath every 5 seconds)
- Repeat step 2, if no response in 2-3 minutes
- Stay with the person until medical help arrives to ensure safety and prevent repeated use/overdose
- Complete Overdose Field Report, link here: [MOCHOPEPPROJECT.ORG/ODREPORT](https://mochopepproject.org/odreport)

MissouriOpioidsTR.org

