“Florida’s Recovery Residence Options for Parents with Opioid Use Disorder (OUD)”
Learning Objectives

1. Build understanding of the many challenges facing parents in recovery.

2. Discuss key reasons why recovery support resources are essential to supporting and sustaining parents in recovery.

3. Consider the stigma present in some facets of the recovery community impacting parents with OUD receiving MAT.

4. Describe the benefits of and need for recovery residences for parents with OUD.
Introductions

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FADAA - Director, Aetna Foundation Recovery Project
LaRue House – Director, Women’s Recovery Residence
Definitions
The Substance Abuse and Mental Health Services Administration (SAMHSA) defines recovery as:

- A process of change through which individuals improve their health and wellness, live a self-directed life, and strive to reach their full potential.

“Recovery residence” (RR) is a broad term describing a sober, safe, and healthy living environment that promotes recovery from alcohol and other drug use and associated problems.

At a minimum, RRs offer peer-to-peer recovery support with some providing professionally delivered clinical services all aimed at promoting abstinence based, long-term recovery.
The Centers for Disease Control and Prevention (CDC) describes OUD as:

- A problematic pattern of opioid use that causes significant impairment or distress. A diagnosis is based on specific criteria such as unsuccessful efforts to cut down or control use, or use resulting in social problems and a failure to fulfill obligations at work, school, or home (among other criteria).

SAMHSA describes MAT as:

- The use of medications with counseling and behavioral therapies to treat substance use disorders (SUDs) and prevent opioid overdose.

Medications include:

- Buprenorphine
- Naltrexone
- Methadone

Objective 1

Build understanding of the many challenges facing parents in recovery.
Nationwide...

• Parents with untreated OUD (or other SUD) have influence on the health of the family and the developmental path of their child/children.

• Children raised by parents with OUD have problems that reveal themselves in harmful ways:
  • Remarkable resilience under worst case circumstances;
  • Developmental problems;
  • Pre- and post-natal exposure that creates inadequate bonding, nurturing, disruption of family rituals, family conflict, inadequate monitoring or supervision, and abandonment.

Challenges for Recovering Parents

- Relapse prevention
- Discipline – not having had role models for discipline; intergenerational parenting skills
- Overindulgence (e.g., "spoiling") as a way to make up for the past
- Overcoming stigma and judgment
- Balancing parenting, recovery needs, and MAT requirements
- Changing family roles and dynamics

Challenges for Recovering Parents

- Developing realistic expectations about recovery and being a parent
- Managing transitions (i.e., detox to residential – residential to RR - RR to stable housing)
- Understanding MAT and child/children case requirements
- Establishing trust
- Parenting education

Challenges for Recovering Parents

- Separation of MAT clients in RR, which stigmatizes
- RR education about co-occurring and medications
- RR – addressing stressors with client: legal issues, child issues, DCF/CPC case
- Others?
- Stigma of MAT from RR staff based on complete abstinence
- RR owner/staff bias based on personal experience: MAT abuse vs. MAT controlled

Factors that Contribute to Relapse with Parents

- Overwhelmed with responsibility – everything is hard
- Financial pressures (e.g., old bills, bad credit, no job or job skills)
- Housing (felony convictions barred from housing)
- No healthy support system (family/friends still using or unhealthy)
- Low self-worth and lack of confidence to start “new life”
- Boredom – what do I do for fun without using?
- Emotional ups and downs
- Triggers – no place seems safe

QUESTIONS?
Objective 2

Discuss key reasons why recovery support resources are essential to supporting and sustaining parents in recovery.
Recovery Support Services (RSS)

- Addiction treatment with transition into RSS has been shown to be effective, with many people achieving long-term recovery.
- Research on peer-recovery support, in addition to the many studies that have been conducted on mutual aid groups, provides evidence for the effectiveness of services in supporting recovery (SAMHSA, 2008).
- Biopsychosocial stabilization is mistaken for sustainable recovery. However, recovery is not durable until it is firmly nested in the community—within the physical and cultural environment of each person/family (White 2016).
Recovery Support Services (RSS)

• RSS are usually provided by volunteers or paid staff who are familiar with community supports.
• Often, RSS are provided by peers (people in recovery or family). Peers are defined as persons with lived experience.
• Services may be free of charge.
RSS are nonclinical services that help individuals and families to recover from a SUD and include:

- Linked and coordinated services with service providers
- A full range of human services to facilitate recovery and wellness for improved quality of life (e.g., workforce development, ED diversion program, CJ diversion program, and others)
- Services that can be flexibly staged and may be provided prior to, during, and after treatment

http://www.willamwhitepapers.com/blog/2018/06/who-is-best-qualified-to-provide-recovery-support-services.html
Research suggests RSS may enhance recovery initiation and long-term recovery maintenance.

There are many debates about whether the recovery outcomes differ from services provided by paid personnel vs. volunteers.

Some think RSS should be provided by: SUD treatment organizations, criminal justice and child welfare agencies, hospitals or other primary care facilities, public health authorities, behavioral managed care organizations, or behavioral managed care organizations.

http://www.williamwhitepapers.com/blog/2018/06/who-is-best-qualified-to-provide-recovery-support-services.html
Recovery Support Services

Research suggests RSS may be provided by community organizations, but there is a strong argument RSS should be provided by an authentic Recovery Community Organization (RCO).

- Maintains long-term personal and family recovery as the primary mission
- Draws knowledge within the community of recovery as to mission
- Contributes to growth of local recovery space (i.e. community recovery capital)
- Financially strengthens the infrastructure of the local RCO
- Provides peer support to workers providing RSS

http://www.williamwhitepapers.com/blog/2018/06/who-is-best-qualified-to-provide-recovery-support-services.html
Types of Recovery Support

- Child Care
- Employment Services and Job Training/Searching
- Case Management with Linkage to Services
- Housing Assistance and Services
- Relapse Prevention
- Outreach
- Child Care
- Employment Services and Job Training/Searching
- Case Management with Linkage to Services
- Housing Assistance and Services
- Relapse Prevention
- Outreach
Types of Recovery Support

- Transportation to and from Recovery Support Activities
- Family/Marriage/Education
- Peer to Peer Services, Mentoring, or Coaching
- Self-help Support Groups
- Life skills Training
- Parent Education and Child Development Services
Recovery Community Organizations

• RCOs are independent, non-profit organizations
• They are governed by representatives of local recovery communities
• They do not provide clinical services
• They offer a variety of peer-based services and programs including:
  • Public education
  • Policy advocacy
  • Recovery support services
• Mission of an RCO:
  • To mobilize resources within and outside of the recovery community to increase the prevalence and quality of long term recovery from SUD for both individuals and families.
RCO Development in Florida

Status of Recovery Community Organizations (RCOs) in Florida

**Current RCOs:**
- Fellowship Foundation Recovery Community Organization (FFRCO) in Margate, Broward
- RISE Project, Kissimmee, Florida
- Recovery Epicenter Foundation, Inc. in St. Petersburg, Pinellas

**Current RCOs in Development:**
- Rebel Recovery Florida in West Palm Beach, Palm Beach
- Floridians for Recovery (Statewide)

**RCOs under Development**
- Bay County, FL (Panama City)
- Duval County, FL (Jacksonville)
- Flagler County (Bunnell & Palm Coast)
- Hillsborough County, FL (Tampa)
- Lee County, FL (Fort Myers)
- Orange County, FL (Orlando)
- Palm Beach County, FL
- Pasco County, FL
- Volusia County, FL (Daytona Beach)

Drug Poisoning Mortality in Florida 2016
Source: National Center for Health Statistics, Centers for Disease Control and Prevention

Funded through a generous grant from the Aetna Foundation

https://www.fadaa.org/page/Rec_communities
Housing – Recovery Residences

**Florida**
- Florida Association of Recovery Residences (FARR)
- FARR evaluates and monitors standards-based recovery support services throughout Florida
- Provides recovery-oriented housing for persons seeking an abstinence-based, peer-supportive environment

**Nationally**
- National Alliance for Recovery Residences (NARR)
- Services:
  - Create national standards for recovery residences
  - Advocacy
  - Training and education
  - Technical assistance

http://farronline.org/  
https://narronline.org/
Housing

• Recovery residences (e.g., sober living houses, recovery homes, and Oxford Houses™) are sober, safe, and healthy living environments promoting recovery from SUD.

• They offer peer to peer recovery support and some professional services used to promote abstinence-based recovery.

• Recovery residences are in the Continuum of Recovery – there are four Levels for accredited residences (I, II, III, IV).
Recovery Residences
Levels of Care

Level I
(e.g., Oxford Houses)

- Resident self-identifies as in recovery, and ready for peer community accountability
- No on-site paid staff
- Democratically run
- Provides on-site peer support and on-site mutual support groups; outside clinical services

Level II
(e.g., sober living homes)

- Resident is stable in recovery, wishes for more structure, and seeks a peer-accountable and supportive living environment
- Has an on-site House manager (often compensated)
- Residents participate in governance with staff
- Hosts a community house meeting, outside mutual support, and clinical support services

Level III

- Residents have moderate structure of daily schedule, and life skills support.
- Paid house manager and other staff, and Certified Recovery Peer support service provider
- Resident participation varied; senior residents participate in management decisions, may be licensed, peer recovery support.
- Community house meetings, buddy systems, linked to mutual support and clinical in community, peer support services.

Level IV

- Residents require clinical oversight or monitoring, and stays in this setting are briefer than other levels.
- Paid, licensed/credentialed staff and administrative support.
- Resident participation varies, organization authority hierarchy, clinical supervision.
- On-site clinical services, on-site mutual support group meetings, life skills training, peer recovery support services.
QUESTIONS?
Objective 3

Consider the stigma present in some facets of the recovery community impacting parents with OUD receiving MAT.
Stigma is defined as a “mark of disgrace associated with a particular circumstance, quality, or person.”

Stigma of addiction is the mark of disgrace or infamy associated with the disorder…

- Personal shame and public stigma create obstacles to an individual addressing a SUD.
- Stigma of SUD may be a barrier to effective SUD prevention, treatment, and recovery efforts for the individual, family, community, and society.
- Stigma may prevent people from getting the help they need.

https://www.hazeldenbettyford.org/recovery-advocacy/stigma-of-addiction
Stigma about MAT

• Still using an opioid or not clean
• Crutch
• The person is still “addicted”
• They’re not in recovery
• They’re treading water, not going anywhere, or not moving forward
• It’s just social control
• Liquid handcuffs

Stigma of MAT

MAT is among the most evidence-based recovery management strategies for individuals with OUD.

Education about nature of addiction; most people achieve remission, but it takes time; MAT is the most effective approach to facilitate long-term remission of OUD; need to celebrate every pathway that saves lives and facilitates long-term change.

Personal stories - need more people with MAT experience to speak out, tell their story of recovery and how MAT helped with the recovery process.

Stigma

Change our language - terminology that is consistent with nature of SUD/OUD and policies about recovery must be addressed. Move away from term like: “heroin addicts” to “opioid use disorder”: shift away from “MAT” to “Opioid use disorder treatment”

Stigma & Language

Say This
- Person with a SUD
- Person living in recovery
- Person living with an addiction
- Person arrested for a drug violation
- Chooses not to at this point
- Medication is a treatment tool
- Preventable, treatable health condition

Not This
- Addict, junkie, druggie, alcoholic
- Ex-addict
- Battling/suffering an addiction
- Drug offender
- Non-compliant/not ready or willing
- Medication is a crutch
- Relapsing disorder
Stigma & Language

**Say This**
- Maintaining recovery
- Positive drug screen
- Ally for recovery
- Ambivalence
- Had a setback
- Elevator gets off at every floor!

**Not This**
- Staying clean/sober
- Dirty drug screen
- Enabler
- Denial
- Relapsed
- Hit bottom
• **Problem** - NARR and FARR websites, you’ll find stigma with language that encourages abstinence based language, not multiple pathways.

• **Solution** – **advocate** for changing language with RR providers. **Educate** providers, who are generally persons in long-term recovery, about stigma, MAT, and multiple pathways of recovery.
Mutual Support Groups

• 12th Step Recovery (NA/AA/SMART Recovery)—Although 12th step recovery philosophy is abstinence-based, several 12th step recovery groups do have published literature about MAT. One 12th step group addresses this issue by stating that even though it’s an abstinence-based program, “the only desire for membership is a desire to stop using.”

Mutual Support Groups

• **SMART Recovery** – This pathway is abstinence based, but not based on 12\textsuperscript{th} steps. “SMART Recovery supports the scientifically informed use of psychological treatment and legally prescribed psychiatric and addiction medication.”

• **Celebrate Recovery (CR)** – CR does not take a stance on MAT. CR is 12\textsuperscript{th} step based, but the Higher Power concept is Jesus Christ and this group deals with *all* types of addictions (addictions, gambling, sex, etc.).

https://www.smartrecovery.org/what-is-medication-assisted-treatment-mat/
https://www.celebraterecovery.com/
Stigma

• Natural recovery – “…is the most common recovery pathway, but the prevalence of this style declines as problem duration and severity increase. Natural recovery is a more viable pathway for people with shorter and less severe SUD problems and for those with higher incomes and more stable social and occupations supports.”-William White

• Recovery Support Services – Common and effective means where individual find sustained long-term recovery. Recovery Coaches are common forms of recovery supports, and different from a 12 Step Sponsor.

https://www.facingaddiction.org/resources/multiple-pathways-of-recovery
• **Medication Assisted Recovery** – MAR is the use of medications in combination with counseling and behavioral therapies for treatment of SUD with an emphasis on robust RSS.

• **Family Recovery** – Addiction has the same effects on family as it does on the individual. Anger, distrust, resentment, co-dependency, and intergenerational violence are examples of consequences from addiction. Families must heal, and that means families find recovery or together with the individual.

https://www.facingaddiction.org/resources/multiple-pathways-of-recovery
QUESTIONS?
Objective 4

Describe the benefits of and need for recovery residences for parents with OUD.
Benefits of Recovery Residences

- Accountability and responsibility
- Structured living
- Peer to peer support
- Help with transitions
- Healthy, new environment

Benefits of Recovery Residences

- Promote recovery from SUD
- May provide clinical services
- Help with transitions
- Decreases in-treatment and post-treatment relapse
- Benefits contingent on adequate lengths of stay (more than 6 months Level I RR) with supportive community environment

Benefits of Recovery Residences

- Cost-effectiveness varies, depending upon structure and ownership of RR
- RR do not negatively affect neighborhoods, and generally provide benefits to the community
- RR may not discriminate towards MAT individuals in the screening criteria, as it violates Title III of the Americans with Disabilities Act (ADA) by refusing to accept a patient because they were being treated for OUD (see case study Charlwell House, 2018).

http://soberlawnews.com/doj-denying-services-to-persons-on-mat-violates-ada/
Benefits

Certified Recovery Residences
In Florida

According to the Florida Association of Recovery Residences (FARR), there are 392 FARR accredited Recovery Residences (this figure does not account for the non-accredited Recovery Residences).

<table>
<thead>
<tr>
<th>Level I</th>
<th>Level II</th>
<th>Level III</th>
<th>Level IV</th>
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<td>241</td>
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</tbody>
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www.farronline.org/certification/certified-residences/
Benefits

Certified Recovery Residences in Florida

- Filters on FARR website include:
  - Program and number of residences for program
  - Location
  - Priority Population (i.e. men, women, women with children, LGBT, co-ed)
  - Recovery Path (12th step, all pathways, faith-based, and SMART)
  - Level
  - Rent/Fee
  - More Information – information about RR

http://farronline.org/certification/certified-residences/
Benefits

The additional costs associated with RR, roughly $3,000, are returned nearly tenfold in the form of reduced criminal activity, incarceration, and substance use as well as increases in earning from employment. Other studies show that residents of a RR were more likely to report abstaining from substance use at a much higher rate:

- Residents at 6 months were 16 times more likely to report being abstinent;
- Residents at 12 months were 15 times more likely to report being abstinent; and
- Residents at 18 months were 6 times more likely to report being abstinent.

https://www.flsenate.gov/Session/Bill/2017/807/Analyses/h0807c.CRJ.PDF
Certification with FARR is voluntary, but since July 1, 2016, Florida prohibits licensed substance abuse service providers from referring patients to a recovery residence unless the recovery residence holds a valid certificate of compliance and is actively managed by a certified recovery residence administrator or is owned and operated by a licensed service provider or a licensed services provider’s wholly owned subsidiary.

http://farronline.org/certification/certified-residences/
National Public Radio published an article titled:

• “Many ‘Recovery Houses’ Won’t Let Residents Use Medicine to Quit Opioids”

QUESTIONS?
For additional training modules related to Medication Assisted Treatment (MAT), Stigma, and other topics related to Opioid Use Disorders, visit:

- http://www.training.fadaa.org/
Connections

glarue@fadaa.org

http://farronline.org/

https://narronline.org/

http://www.myflfamilies.com/service-programs/substance-abuse/recovery-residence
Additional Resources

- http://www.williamwhitepapers.com
- Facesandvoicesofrecovery.org
- www.recoveryanswers.org
- Substance Abuse and Mental Health Publications| SAMHSA Store
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• What is Medication Assisted Treatment (MAT)? (n.d.). Retrieved December 22, 2018, from https://www.smartrecovery.org/what-is-medication-assisted-treatment-mat/


Citations