"Bridge to Recovery"

~Developing and Integrating a Peer Mentoring Initiative~

Robert C. Lambert, MA, LADC
Connecticut Counseling Centers, Inc.
Norwalk, CT
rlambert@ctcounseling.org

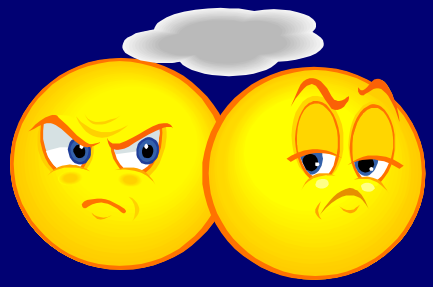
Why Develop & Implement a Peer Mentoring Program?

- Concept developed as a result of a performance improvement process. Goal was to decrease unfavorable discharges.
- Common variables of patients being administratively discharged from MMTP:
  - Illicit drug use reduced but not eliminated.
  - Low motivation: stage of change either precontemplation or contemplation.
  - Administrative violation of rules.
  - Poor therapeutic relationship with staff.
  - Lack of positive social support.

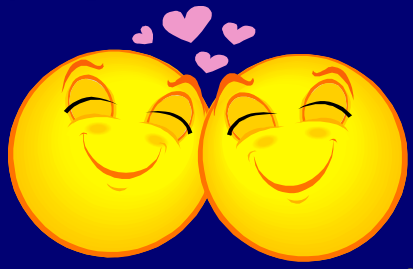
Conclusions

Goals:

1. Improve/Develop therapeutic alliance.
2. Increase retention.
3. Increase motivation for healthy behavior change.



Improve Therapeutic Alliance with Patients = Increased Retention = Positive Outcomes & Long Term Recovery



Program Development

- Plan: Add an additional service for these at risk patients. Service to be called ***"Bridge to Recovery"*** **(BTR)**
- Important component identified consistent with a Recovery Model was peer support. Desire to integrate peer support led to the development of Peer Mentor concept.
  - Peer Mentors may possess natural therapeutic qualities.
  - But training in core counseling skills, ethics, confidentiality law, & MI would be required.

Program Development (continued)

- Partnership with The Consumer Advisory Committee at CT Counseling Centers, Inc. & CC NAMA-R.
- Development of the Peer Mentors
  - Identify those patients in long term sustained recovery with a desire to help others.
- Development of training protocol: Initial focus on core counseling skills such as the development and maintenance of the therapeutic relationship, therapeutic boundaries, confidentiality/ethics, and Motivational Interviewing.

Program Development (continued)

- Use of the Connecticut Certified Alcohol and Drug Abuse Counselor Training Program (CT CADAC Training Program): 300 hours, co-occurring focus.
  - BTR used as an Internship site.
  - Scholarships provided by a DMHAS Grant & a United Way Grant.
- BTR embedded within existing Methadone Maintenance Treatment Program.

Program Description

- Services provided by trained Peer Mentors.
- Peer Mentors provide group & individual peer counseling and support services weekly.
- Focus on establishing a therapeutic alliance, increasing motivation for recovery, and treatment retention.
- Motivational Interviewing is the primary clinical approach.
- Patients continue a minimum of one monthly contact with Primary Counselor (maintain adherence with regulatory standards).
- Urine screens/oral swabs and breathalyzers are conducted on a random basis.

Program Description (continued)

- Initially the BTR would be made available to patients in Methadone Maintenance Treatment who met the following treatment criteria:
  - Precontemplation/contemplation stage of change
  - Poor or no therapeutic alliance with program
  - In need of peer support
  - Active illicit drug abuse
  - At risk of administrative discharge
- Supervision: Peer Mentors receive regular clinical supervision weekly. Very important!
  - Clinical Supervisor (staff)
  - Peer supervision

Program Implementation

- Integration Issues
  - **Staff resistance:**
    - Initially perceived by many clinical staff as giving up on treatment.
    - Concern about "Patients treating Patients":
      - boundary concerns/issues.
      - confidentiality concerns/issues.

Program Implementation (continued)

- Two "Champions" required to implement:
  - One staff member & one peer mentor.
- Staff training/orientation: everyone must be on the same page.
- Integration with clinical staff
  - Clear and distinct boundaries need to be established from the beginning.
  - Communication issues between counselor and peer mentor. Ongoing Co-ordination of care.
  - Peer Mentor's ability to compartmentalize roles.
- Funding challenges, grant writing (DMHAS, United Way)

Outcomes/Trends

- Patient outcomes:
  - Retention: Increase in duration of treatment.
  - Reduction in drug use.
  - Patient satisfaction.
  - Improved communication and relationship with staff.
- Word of mouth patient referrals responsible for significant increase in demand for services.

Outcomes/Trends (continued)

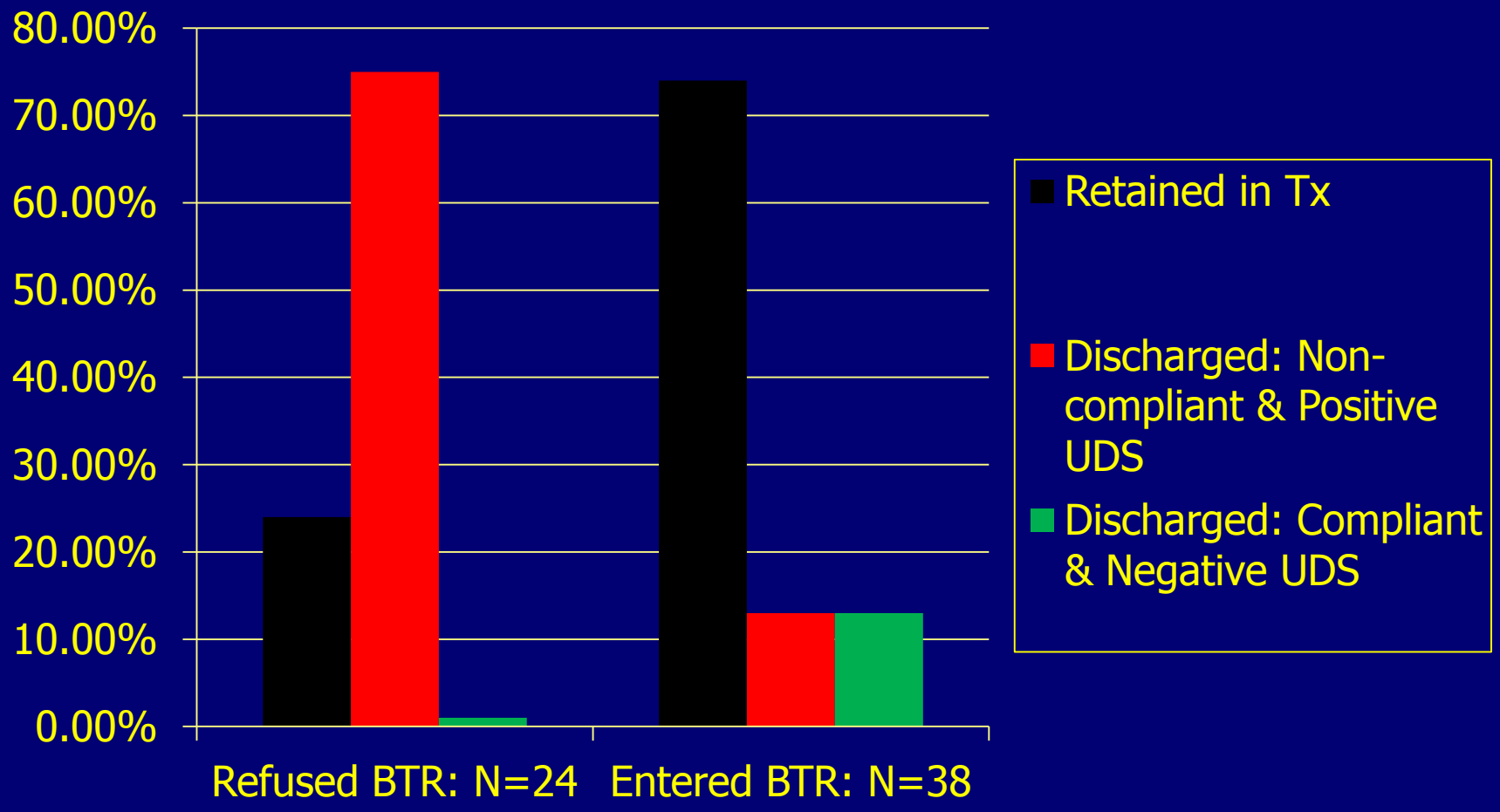
- Peer Mentor satisfaction
  - The Medical Maintenance Phase patient gets the satisfaction of contributing positively and thereby strengthening their own recovery by giving back and helping their peers.
  - Career opportunities.
  - High level of satisfaction with the work.
  - Strengthens recovery & is a catalyst for self-improvement.

Outcomes/Trends (continued)

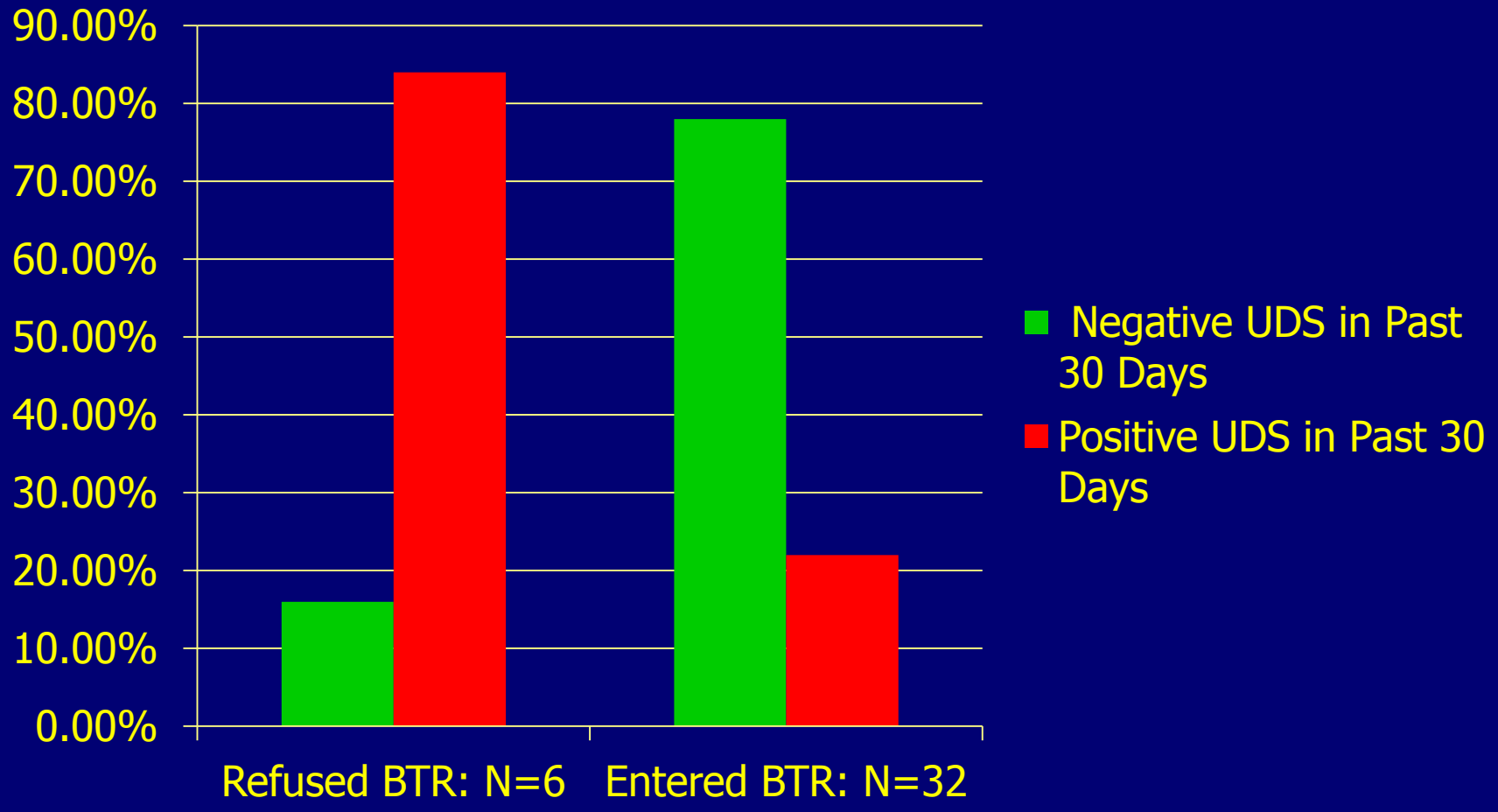
- Staff satisfaction:
  - It makes their job easier!
  - Improved communication and relationship with patient.
  - Utilization Management tool.

Patient & Counselor Satisfaction Survey Results					
Questions	Strongly Agree	Agree	No Change/ Opinion	Disagree	Strongly Disagree
Sample of Patient Survey Questions					
My quality of life has improved since my involvement with the BTR program.	18%	82%	0%	0%	0%
My relationship with my counselor has improved.	27%	55%	18%	0%	0%
The BTR program has strengthened my recovery.	45%	55%	0%	0%	0%
I have a good, trusting, working relationship with my peer mentor.	25%	75%	0%	0%	0%
I would recommend the BTR program to others.	64%	27%	9%	0%	0%
Sample of Counselor Survey Questions					
The level of effective communication between the patient and myself is better since the patient's involvement with the BTR program.	31%	54%	15%	0%	0%
My patient's physical and emotional presentation has improved since involvement in the BTR program.	21%	29%	50%	0%	0%
I have a positive working relationship with this patient's peer mentor.	92%	0%	8%	0%	0%

Patient Outcomes: Chart Review 62 Patients Referred to BTR



Urine Drug Screens (UDS) for Patients Retained in Treatment



Why Does it Work so well?

Important treatment outcome determinants identified in the literature

1. **Quality of the therapeutic relationship** (The Heart and Soul of Change. Hubble, Duncan, Miller, 1999)
2. **Retention in treatment** (SAMHSA TIP 43)
3. **Stage of change/motivation level & treatment matching** (Transtheoretical Model of the Stages of Change, Prochaska and DiClemente 1992)

Our Theory: BTR has a positive effect on all three outcome determinants.

1) The BTR works because of the therapeutic relationship/alliance that quickly develops between the Peer Mentor and patient.
   - Trust is established early, common experience helps to build a solid rapport.
2) BTR increases treatment duration:
   - Peer Mentors quickly establish a therapeutic relationship with the patient.
   - Peer Mentors facilitate a therapeutic alliance between the patient and the program.
   - BTR helps facilitate a health promoting social support network.

Why it Works (continued)

3) BTR Increases motivation for healthy behavior change:
   - Focus is on the Transtheoretical Model of the Stages of Change (Prochaska & DiClemente 1992).
   - Stages of Change and treatment matching.
     - Extensive use of MI.
   - BTR Mentors are positive role models.
     - BTR increases awareness that Recovery can be achieved and successfully maintained.

SAMHSA Science & Service Award: 2012 AATOD Conference

Contact Information:

- **Robert C. Lambert, MA, LADC**

  Connecticut Counseling Centers, Inc.
  20 North Main St. Norwalk, CT 06854
  Voice: 203.838.6508
  FAX: 203.852.7021
  rlambert@ctcounseling.org

- **Kurt Kemmling, CMA**

  Founder/Director CT Chapter National Alliance of Medication Assisted Recovery (CCNAMA Recovery)
  Regional Director NAMA New England States Region (ME, VT, NH, MA, CT, RI) www.Methadone.org
  Voice: 209.RECOVERY (209.732.6837)
  ccnama@gmail.com