



Department of
**Mental Health &
Substance Abuse Services**



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**Substance Use Best Practice Tool
Guide**

**RECOVERY SUPPORT
SERVICES**

Division of Clinical Leadership in Collaboration with the
Division of Substance Abuse Services

Recovery Support Services

What is Recovery?

Recovery is a very complex process, requires long-term commitment, and is not exempt from vulnerabilities (HHS, 1999). It has been defined as the change process through which people enhance their health and wellness, live a self-directed life, and strive to reach their full potential. This process of change that underlies recovery hinges on ten guiding principles (SAMHSA, 2012).

1. **Recovery emerges from hope.** The individual has to believe that recovery is real and that people can and do overcome the external and internal barriers challenges, and obstacles that they will encounter. Hope must be internalized and can be fostered by many possible sources, including families, friend, peers, providers, etc. Hope is the driver of the recovery process.
2. **Recovery is person-driven.** Self-direction and self-determination are the foundations for recovery as people define their own life goals and design their distinct path(s) toward those goals. Individuals enhance their independence and autonomy to the greatest extent possible by controlling, exercising, and leading choice over the services and supports that help their resilience and recovery. This empowers them and provides resources necessary to make informed decisions, build on their strengths, initiate recovery, and gain or regain control over their lives
3. **Recovery occurs through many pathways.** Individuals have unique issues that affect and determine their pathway(s) to recovery. Recovery is built on the multiple capacities, talents, coping abilities, strengths, resources, and inherent value of each individual and its pathways are highly personalized. These pathways may include professional clinical treatment; use of medications; support from families; support in schools and communities; faith-based approaches; peer support; and other approaches. Recovery is definitely not linear. Instead it is characterized by continual growth and improved functioning that may involve setbacks. Thus, it is essential to foster resilience for all individuals and their families. In some cases, recovery pathways can be enabled by creating a supportive environment. This is especially true for children, who may not have the developmental or legal capacity to set their own course.
4. **Recovery is holistic.** Recovery comprises an individual's whole life, including body, mind, spirit, and community. This includes addressing: self-care practices, family, housing, employment, education, clinical treatment for mental disorders and substance use disorders, transportation, services and supports, primary healthcare, dental care, alternative and complementary services, faith, spirituality, creativity, social networks, and community participation. The array of available services and supports should be coordinated and integrated.

5. **Recovery is supported by peers and friends.** Mutual support and mutual aid groups, including the sharing of experiential knowledge and skills, as well as social learning, play an invaluable role in recovery. Peers encourage and engage other peers and provide each other with a vital sense of belonging, valued roles, supportive relationships, and community. By helping others and giving back to the community, individuals can help themselves. Peer-operated services and supports provide important resources to help people along their journeys of recovery and wellness. Of course, professional support plays an important role in the recovery process, providing clinical treatment and other services that support individuals in their chosen recovery paths. However, peer supports for families are very important, especially for children with behavioral health problems, and can also play a supportive role for youth in recovery.
6. **Recovery is supported through relational and social networks.** An important factor in the recovery process is the presence and involvement of people who believe in the ability of an individual to recover; who offer hope, encouragement, and support; and who also suggest resources and strategies for change. Family members, peers, providers, faith groups, community members, and other supporters form vital support networks. These relationships help people leave unhealthy and/or unfulfilling life roles behind and engage in new roles (e.g., partner, caregiver, friend, student, employee) that lead to a greater sense of personhood, belonging, empowerment, social inclusion, autonomy, and community participation.
7. **Recovery is culturally-based and influenced.** Culture and cultural background in all of its diverse representations—including values, traditions, and beliefs—are critical in determining a person’s journey and unique pathway to recovery. Services should be culturally grounded, sensitive, attuned, congruent, and competent, as well as personalized to meet each individual’s unique needs.
8. **Recovery is supported by addressing trauma.** Experiencing trauma is frequently a precursor to or associated with substance use, mental health problems, and related issues. Services and supports must be trauma-informed to foster safety (emotional and physical) and trust, as well as promote choice, collaboration, and empowerment.
9. **Recovery involves individual, family, and community strengths and responsibility.** Individuals, families, and communities have resources and strengths that serve as a foundation for recovery. Additionally, individuals have a personal responsibility for their own self-care and journeys of recovery. Individuals need to be supported in speaking for themselves. Families and significant others have responsibilities to support their loved ones, and especially the children and youth in recovery. Communities have responsibilities to provide resources and opportunities to address discrimination and to foster recovery and social inclusion. Individuals in recovery also have a social responsibility and should be able to join with peers to speak collectively about their strengths, wants, desires, needs, and aspirations.

10. **Recovery is based on respect.** Community, systems, and societal acceptance and appreciation for individuals affected by substance use and mental health problems, including protecting their rights and eliminating discrimination, are also crucial in the achievement of recovery. There is a need to acknowledge that taking steps towards recovery may require great courage. Self-acceptance, developing a positive and meaningful sense of identity, and regaining belief in one's self are particularly important (SAMHSA, 2012).

SAMHSA identified four essential dimensions that support a life in recovery. Those dimensions are:

HOME.

- ✓ Every individual seeking recovery from substance use needs a safe and stable place in which to live.

PURPOSE.

- ✓ Recovery requires that individuals have meaningful daily activities such as a job, schools, family caretaking, volunteerism, or creative endeavors, and the independence, resources, and income to participate in society.

HEALTH.

- ✓ Individuals must either manage and/or overcome their symptoms or disease—abstaining from use of illicit drugs, alcohol, and/or non-prescribed medications if there is a problem with addiction—and for every person in recovery, they must make informed, healthy choices that support their emotional and physical wellbeing.

COMMUNITY.

- ✓ Also required are social networks and relationships that provide support, love, friendship, and hope (MDHS/ADAD, 2013).

Recovery from a substance use disorder is more the norm than the exception (White, 2012).

Recovery from a substance use disorder is more the norm than the exception anomaly. For adolescents the average recovery/remission rate following addiction treatment was 35 percent for studies conducted since

2000. For adults who once met lifetime criteria for substance use disorders, an average of 53.9 percent no longer met the criteria in studies conducted since 2000 (White, 2012).

Recovery Model

The developmental model is one widely accepted model of recovery. It identifies six states that persons who are addicted must go through to achieve long-term recovery (HHS, 1999).

1. **Transition** – The time needed for the person addicted to substances to come to the realization that safe use of alcohol or other substances for them is not possible.

2. **Stabilization** – The period during which the addicted person experiences physical withdrawal and/or other medical problems and learns how to separate from people, things, and places that encourage the substance use/abuse.
3. **Early recovery** – During this period, the individual faces the need to establish a substance-free lifestyle and build relationships that support long-term recovery.
4. **Middle recovery** – This is the time for development of a balanced lifestyle and involves acknowledgment that repairing past damage is important.
5. **Late recovery** – In this phase, the individual identifies and changes faulty beliefs about oneself, others and the world that promoted or caused irrational thinking.
6. **Maintenance** – This phase encompasses the lifelong process of continued growth, development, and management of routine life problems (HHS, 1999).

Recovery Supports

The Role of Faith-Based Entities.

Faith-based institutions have long played a role in recovery from substance use. The Salvation Army, Lutheran Social Service, and Catholic Charities, e.g., the three largest providers of faith-based addiction treatment, have extensive and successful histories in helping persons with substance use issues and their families. The Substance Abuse and Mental Health Services Administration (SAMHSA) has actively supported and engaged faith-based entities in behavioral health services, including substance use, since 1992 (SAMHSA, 2015). President George W. Bush expanded the ability of faith-based entities to develop addiction treatment programs when he signed an executive order on January 29, 2001, removing obstacles that kept such organizations from applying for Federal funds. President Bush reaffirmed his commitment to provide resources of the Federal government to faith-based organizations for addiction treatment programs in his 2003 State of the Union address (Gorski, 2001).

Faith-based entities are among the SAMHSA grantees in the Community Substance Abuse Prevention Partnership Program. They can receive funding through the block and formula grant program as well as receive training and curricula materials around substance use issues. In fact, SAMHSA was the first Department of Health and Human Services agency to undertake an initiative aimed at the faith-based community (SAMHSA, 2015).

A number of individuals with substance use problems may gravitate toward clinics affiliated with faith-based institutions for treatment so they can incorporate spirituality into their recovery. Data from the National Survey of Substance Abuse Treatment Services (N-SSATS) provides descriptive information about these facilities (addiction.com, 2014).

Faith-based substance use treatment facilities tend to be privately operated, with over 90 percent under the auspices of non-profit organizations. The facilities tend to serve fewer clients on a typical day than their non-faith-based counterparts and most commonly provide outpatient treatment services. Therapeutic and counseling approaches offered by faith-based facilities are very similar to

those offered by non-faith-based facilities and include individual, group, family, and marital or couples counseling. The greatest distinction was the fact that faith-based facilities were more likely to offer treatment to clients who could not afford to pay than non-faith-based facilities (addiction.com, 2014).

Gorski (2001) contends that there are three principles of effective treatment that faith-based entities should follow if their goal is to have a successful, effective addiction program.

1. **Be There When the Person with Substance Use Issues Asks for Help.**

In many instances, persons with substance use problems do not reach out for help until they have hit bottom, i.e., they are experiencing consequences from their addiction so severe that they are no longer able to manage the pain. Thus, a motivational crisis that is biopsychosocial in nature leads them to seek help. These individuals are able to start to recover because they are physically ill, psychologically impaired, socially dysfunctional, and spiritually bankrupt.

2. **Understand the Spiritual Crisis of Addiction.**

Persons with substance use problems are in a spiritual crisis when they have lost meaning and purpose in their life. Hence, they are skeptical of anyone who asks that they embrace a spiritual approach in exchange for help in meeting their survival needs. Approach this component carefully; too much push can cause the individual to leave the program and likely fall into relapse.

3. **Meet the Spiritual Needs of the Person with Substance Use Problems.**

The initial approach should be to provide help to the individual with no expectation of anything in return. This is an unconditional love approach that is very different from the abusive and manipulative relationships that these individuals are accustomed to. Meet the current needs of the individual first. In the words of Father Martin, the Catholic priest who dedicated his pastoral life to helping persons recovering from addiction integrate spiritual principles into their recovery lives, 'Don't give spiritual steak to spiritual infants.'

Twelve-Step Programs.

Twelve-step programs are supports that aid in recovery but do not constitute formal treatment programs (ASAM, 2013). The twelve-step experience creates a sense of community for its members. Programs provide mutual support in getting members to abstinence (Galanter, 2006). Developed more than 65 years ago, these programs provide simple tools for living based on a set of spiritual principles and reliance on the fellowship of women and men who share the experience and offer support as part of a lifelong process of recovery (The Addiction Recovery Guide, n.d.).

These programs are the right type of treatment for substance use issues for many individuals. There are people who will demonstrate success toward recovery if there is a spiritual and/or faith-based component (About Addiction.com, n.d.).

Alcoholics Anonymous.

Alcoholics Anonymous (AA) is the oldest of the 12-step programs designed to help individuals on their path to recovery. Members typically describe it as a spiritual fellowship (Galanter, 2006).

A large-scale evaluation of a Twelve-Step Facilitation program designed to boost attendance in AA has shown it as effective as cognitive and motivational techniques and even more effective than those techniques in the achievement of abstinence. Still high-powered studies are lacking, likely due to the fact that there are no membership lists (Galanter, 2006).

Narcotics Anonymous.

Narcotics Anonymous (NA) is a non-profit, self-help group based on AA. The goal is to develop a spiritual awakening in each participant (Khodabandeh, Kahani, Shadnia, & Abdollahi, 2012). However, NA is non-religious (West TN Area NA, n.d.). Meetings first occurred in the Los Angeles, California, area. Starting as a small movement in the United States, NA is now well established throughout much of New Zealand, Australia, Western Europe, and much of the Americas. NA materials are available in 41 languages at the time of this writing (na.org, 2012). As in AA, each member is encouraged to embrace a relationship with a higher power and to believe on it. Medications are not components of the program (Khodabandeh et al., 2012).

The only requirement for membership in NA is a desire of the individual to stop using substances. NA has twelve concepts of service which are based on the same concepts for world service as AA. These concepts are the guiding principles for service structure (NA, 2012).

Providing an environment in which addicts can help one another stop using substances and find a new way to live is the only mission of NA. Members are highly encouraged to comply with complete abstinence from all substances, including alcohol. While NA has no opinion on pharmacological treatments such as methadone maintenance program, abstinence is encouraged and members are asked to define what it means to be abstinent from substances for themselves. NA reinforces its recovery-through-abstinence message (West TN Area NA, n.d.).

Other Faith-Based Programs.

Celebrate Recovery.

Perhaps one of the more familiar faith-based recovery programs is **Celebrate Recovery**. Built on the twelve-step philosophy, Celebrate Recovery began in 1993 at the Saddleback Church in Lake Forest, California. In contrast to AA and NA, the program is Christ-centered rather than “higher power-centered”. In fact, it is the only biblically based, twelve-step program in the country (Stone, 2009).

Celebrate Recovery was designed to help individuals struggling with hang-ups, habits, and hurts. Groups are employed, based on the Small Group Guidelines and format. Groups are also gender specific. Face-to-face group participation is required because there are no online Celebrate Recovery groups. Group guidelines are implemented and followed every time (Celebrate Recovery Web site, n.d.). Furthermore, confidentiality and anonymity are required and participants are reminded of these requirements at every session (Stone, 2009).

Tennessee Department of Mental Health and Substance Abuse Services (TDMHSAS) Faith-Based Recovery Network Initiative.

The Tennessee Department of Mental Health and Substance Abuse Services (TDMHSAS) has started building a cohesive prevention, treatment, and recovery network with faith-based organizations. This faith-based recovery network initiative was designed to support a common goal of strengthening individuals and families and ultimately restoring communities. The initiative will help expand the capacity of places of worship and fellowship in offering recovery programs for persons that desire to beat their addiction(s) through a spiritual resource. Faith-based entities are very prominent in the state of Tennessee.

- There are over 11,542 faith-based congregations in the state of Tennessee.
- Tennessee has the 10th highest number of congregations in the United States.
- In Tennessee, there are 18 congregations per 10,000 people, ranking it 9th in the University states (Association of Religion Data Archives [ARDA], 2012).

Following a best-practice model, congregations across the state can join a growing network of recovery congregations who openly support people in recovery. Faith-based entities in this network will agree to do the following:

1. Provide spiritual/pastoral support.
2. View addiction as a treatable disease.
3. Embrace and support people in recovery and walk with them on their journey.
4. Provide a visible outreach in the community.
5. Disseminate recovery information.
6. Host or refer individuals to recovery support groups. (These are usually, but not limited to, Twelve-Step programs.)

Interested entities can go to <https://www.tn.gov/behavioral-health/topic/Faith-Based-Initiatives> to learn about the Faith-Based Recovery Network Certification process. Special certification ceremonies have already been held across the state (TDMHSAS, 2015). At the time of this writing, there are 123 certified faith-based “Recovery Congregations/Organizations” in Tennessee (TDMHSAS, 2016). There are further opportunities for individuals to become faith-based ambassadors. These individuals will serve as a point of contact with TDMHSAS, the contact for recovery support services, and the conduit for information sharing between the churches and organizations that are involved. Information about faith-based ambassadors can be found at <https://www.tn.gov/behavioral-health/topic/Faith-Based-Initiatives> as well.

Lifeline Peer Project.

Lifeline is an initiative that helps people that want to recover locate and/or start a recovery group meeting in their area/community. Recovery meetings are designed for individuals on their road to recovery from substance use and/or dependence. The meetings are attended by people of like minds who join together to stay sober one day at a time (Lifeline Peer Project, n.d.).

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The initiative was established as an assist in reducing the stigma associated with addiction and increasing access to substance use recovery services like AA and NA meetings. Such meetings can be helpful.

- ✓ ***The meetings provide an opportunity to hear stories of attendees, which can then be evaluated against a person's own experiences.*** Individuals can decide if they have an addiction as well as understand that they are not alone. All kinds of people can be impacted by addiction. The meetings can be a sense of comfort and strength.
- ✓ ***At recovery meetings, people meet and interact with others who are going through similar situations and circumstances.*** Addiction can be an isolating disease but the recovery groups afford the opportunity to reach out and ask for help. Individuals can start to have hope that recovery is possible because they get to hear the stories, successes and failures of others. The meetings provide an atmosphere of learning from others who have been through similar experiences.
- ✓ ***People can learn what others did to recover.*** The meetings allow for open, honest, candid talk with people in recovery. Individuals can discuss their fears and/or concerns. They also get to learn that life without substances can be exciting and fun.
- ✓ ***People will not be judged.*** The people in the recovery group have heard it all before. They have done it all before. They know what it's like to have an addiction. They want to help, not be critical.
- ✓ ***Individuals are reminded of the consequences of using substances.*** After being clean and sober for periods of time, even just 30 days, an individual in recovery will start to feel stronger than he/she has felt in some time. However, that's when the addiction voice will say, "you don't need this support; you can control things on your own". The meetings allow people to re-hear stories of others who relapsed and how that happened. Individuals are also reminded of how they started the process through the stories of others who were just starting their recovery journey. The meetings are important reminders that help to keep people in recovery on the clean and sober path.

- ✓ **Individuals are reminded of the chronicity of addiction.** Being addicted to substances is a lot like having diabetes or heart disease. It's never gone, even when you start to feel better. The recovery meetings remind people that they must continually deal with their disease.
- ✓ **Finally, recovery meetings provide a safe place to go.** Recovery meetings are a safe harbor when people want and/or need to be out of harm's way. By the end of the meeting, people will almost always feel better and more motivated toward achieving their recovery.

Go to the following link to learn more about the Lifeline Peer Project: <http://tn.gov/behavioral-health/article/lifeline-peer-project>. To find out the location and name of the Lifeline Peer Coordinator in your area/community, click on the link titled Lifeline Peer Project Map. It's worth the click!

Oxford Houses.

Oxford House is one of the largest examples of a community-based, mutual-help residential community for high risk substance abuse individuals (Jason & Ferrari, 2010). The concept of Oxford Houses began in 1975 in Silver Spring, MD, when attorney Paul Molloy and other residents of then just a halfway house purchased it before it could be sold from under them. Thus, Oxford House, Inc. was born (Craig, 2008). It was established to serve as the next step in the process of substance use recovery, focusing on sober community living at a low cost, effective way to prevent relapse (The Addiction Recovery Guide, 2014). Affiliated houses are financially independent and residents must pay their share of the expenses, including rent and utilities. Thus, residents must have a job or some legal form of income such as a pension. Houses are either all male or all female.

Commissioner Varney has described Oxford Houses as good examples of high impact, low-cost alcohol and drug abuse services in the state (TDMHSAS, 2013a).

Today there are more than 1,000 chartered houses in the United States, Australia, and Canada (Craig, 2008). Commissioner Varney has described Oxford Houses as good examples of high-impact, low-cost alcohol and drug abuse services in the state (TDMHSAS, 2013a).

There are nine Oxford House traditions. They are as follow:

1. The primary goal of Oxford House is to provide housing and rehabilitative support for alcohol and other substance addicts who want to stop drinking or using and to stay clean and sober.
2. All oxford Houses must be run in a democratic manner. Officers are deemed as trusted servants who serve for continuous periods not to exceed six months in any one office.
3. Members of Oxford Houses are never asked to leave without cause, which is defined as a dismissal vote by the membership because of disruptive behavior, consumptions of alcohol, or using drugs.

Recovery Services/Supports

4. While Oxford House is not affiliated with AA or NA, either financially or organizationally, its members realize that only active participation in those support groups offers assurance of continued sobriety.
5. Each Oxford House is autonomous except in matters that affect other houses or Oxford House, Inc. as a whole.
6. Each Oxford House is financially self-supporting. However, with encouragement or approval of Oxford House, Inc., financially secure houses may provide financially needy or new houses a loan for a term not longer than one year.
7. Oxford House should remain forever nonprofessional. However, individual members may be encouraged to use outside professionals whenever such is likely to enhance recovery from alcoholism.
8. Propagation of the Oxford House, Inc. concept is to always be conceived as public education and never as promotion. Principles should always be placed before personalities.
9. Oxford House members who leave a house in good standing are highly encouraged to become associate members and to offer support, friendship, and example to newer members.

In contrast to other aftercare residential programs, like halfway houses, Oxford House does not have a prescribed length of stay for residents. Moreover, there is no professional staff. To remain in one of the houses, residents only have to abstain from alcohol and/or other drug use, pay rent, contribute to the maintenance of the house, and avoid disruptive behavior (Jason & Ferrari, 2010).

An NIAAA-supported study compared outcomes of Oxford House residents to persons received usual community-based aftercare services. Participants were randomly assigned to conditions. Results were encouraging, revealing significantly reduced recidivism for Oxford House participants 24 months after discharge from residential treatment, compared to usual care participants. Other positive outcomes included higher employment rates, fewer days engaged in illegal activities, and greater percentages of women regaining custody for Oxford House versus usual care participants. The study also examined community reactions to the presence of Oxford Houses and found neighbors had significantly more positive attitudes toward recovery homes, increased support for individuals in recovery to live in residential neighborhoods, increased awareness of their roles in providing a supportive environment for recovery home residents, and increased acceptance of having a self-run recovery home on their block (Jason & Ferrari, 2010).

As of May 4, 2016, our state had 42 Oxford Houses: 11 in West Tennessee, 12 in Middle Tennessee, and 19 in East Tennessee (Oxford House (TN) Web site, 2016). Oxford House Outreach Workers have been hired to locate and establish appropriate housing; recruit and select appropriate recovery house members; submit loan applications; network with the local recovery community groups; and provide ongoing assistance as needed. Workers must be in substance use recovery.

Addiction Recovery Support Centers.

At the end of state fiscal year 2013, the Department funded three addiction recovery support centers. There is one center per each grand region of the state. Designed for individuals with lived experience in substance use disorders, the centers provide peer-to-peer interactions that support transition from the wait list for admissions to inpatient substance use treatment. These individuals are afforded the assistance they need while in wait. Specialists at the support centers are also available to assist individuals with engagement in 12-step meetings, e.g., AA and/or NA. Other services might include recovery skills groups, relapse prevention, drug testing, case management, and transportation. These latter supports are typically delivered following clinical treatment, but may be provided to persons who have experienced or have a concern about a relapse (TDMHSAS/PPC, FY 2013).

There is one (addiction recovery) support center per each grand region of the state (TDMHSAS/PPC, FY 2013).

Within these centers, Peer Wellness Coaches and Peer Leaders implement the *My Health, My Choice, My Life* grant program. It is a holistic health initiative that integrates a medical model with resiliency and recovery, resulting in a program that focuses on overcoming mental and physical health symptoms through strengths, personal empowerment and resiliency. As of December 2013, the program had served 403 persons in East Tennessee, 148 in Middle Tennessee, and 38 in West Tennessee. Evaluation results showed that, overall, participants reported statistically significant improvements in functioning between intake and discharge, which included dealing with crises, controlling their own lives, experiencing fewer symptoms that interfere with their daily lives, and getting along with their families (Mental Health Transformation, 2014). Peer Wellness Coaches coordinate the initiative in their region.

TDMHSAS Recovery Services

Case Management.

This service incorporates service coordination to assist the service recipient in identifying, accessing, and organizing resources that support achievement of his/her treatment and recovery goals. Services may be delivered separately or in combination through face-to-face or telephone contact. Case management might be offered by state licensed treatment providers as well as non-licensed recovery support providers (TDMHSAS/DSAS, 2012).

Drug Testing.

Random drug testing is used to determine the presence of substances. Drug testing is not a stand-alone service and must be done in conjunction with other Tennessee Addiction Recovery Program (TN-ARP) services.

Pastoral/Spiritual Support.

This service includes a variety of addiction recovery support services which incorporate faith and specific religious beliefs and convictions in the addiction recovery process, as well as spiritual practices based on universal spiritual principles and practices. It is designed to assist people in recovery in developing their spirituality and religious practices as an integral part of their addiction recovery and may cover practices and principles such as establishing a relationship with a higher power; identifying a sense of purpose and mission in one's life; achieving serenity and peace of mind; balancing one's body, mind, and spirit; and utilizing spiritual practices such as prayer, scripture, meditation, and yoga. Examples of this service include a meeting involving a person in recovery with a minister, priest, rabbi, imam, monk, or other qualified person to study the application of a religion's beliefs, convictions, and scripture to addiction recovery for support during a crisis or to determine an addiction recovery plan.

If performed in a group setting, group size must be a minimum of two persons and no more than 20. The staff facilitating this service must be trained and qualified according to the agency's governing body. Individual sessions are 50 minutes and group sessions are 60 minutes in duration.

Recovery Skills.

This service is designed to assist the person in recovery in obtaining the necessary skills to be a successful and productive member of the community and offers skill-building topics such as budgeting, parenting, personal growth, and responsible decision making. If performed in a group setting, group size must be a minimum of two persons and no more than 20. The staff facilitating this service must be trained and qualified according to the agency's governing body. Individual sessions are 50 minutes and group sessions are 60 minutes in duration.

Screening.

TN-ARP screening is used to determine whether individuals meet basic eligibility criteria for program services. Providers must use 'TDMHSAS' brief screening instrument. Moreover, the provider's staff must be trained on TN-ARP eligibility criteria and use of the screening instrument.

Transitional Housing.

Sometimes individuals in their treatment and/or recovery phase do not have a place to live. Therefore, some provider agencies make transitional housing available as support. This service, if available, is offered in conjunction with other treatment/recovery services, never as a stand-alone service. Individuals receiving this support are required to remain substance free (TDMHSAS/DSAS, 2014).

Transportation.

Often individuals with substance issues need assistance in getting to treatment and/or recovery services or other activities that support their recovery. Hence, many provider agencies of the

Tennessee Addictions Recovery Program (TN-ARP) Services offer transportation services. To be eligible for this service, the individual must have no other reliable source of transportation, no other payment source for this service, and no public transportation except when using it creates undue hardship (TDMHSAS/DSAS, 2014).

Relapse Prevention.

This service was designed to help persons in recovery in developing skills to recognize early signs that may result in relapse and to develop techniques that will counteract these triggers. It might be offered in groups ranging from two to 20 persons. Group sessions run 60 minutes and individual sessions run 50 minutes. The service may be offered by either licensed treatment providers or non-licensed recovery support providers (TDMHSAS/DSAS, 2014).

A relapse or “slip”, as some people like to refer to it, does not start when the person resumes using the drug or drinking again. Relapse is a slow process that begins well in advance of actual use (BuddyT, 2016a). Following an extensive cognitive-behavioral analysis of relapse involving 48 episodes, it was revealed that most relapses were associated with three high-risk circumstances: (1)

Most relapses are associated with social pressure, frustration and anger, and/or interpersonal temptation (About.com Alcoholism, n.d.).

social pressure; (2) frustration and anger; and/or (3) interpersonal temptation. Some researchers have investigated the effectiveness of skills-training interventions that help alcoholics as well as other substance users cope with relapse risk.

Individuals learn problem-solving skills and rehearse alternative behaviors when specific high-risk behaviors might be encountered, hence providing a useful component of a multimodal behavioral approach to prevent relapse. The importance of considering dependence severity as a critical factor in both behavioral and pharmacological prevention strategies must also be noted (BuddyT, 2016b).

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