



## Transcript:

# Implications for COVID-19 & Complex PTSD for Opioid Use Disorder

Presenter: Andre Johnson  
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ANN SCHENSKY: Hello and welcome, everyone, to the Implications for COVID-19 and Complex PTSD for Opioid Use Disorder webinar. My name is Ann Schensky, and I'll be one of the moderators for today's webinar. Our speaker today is Andre Johnson, president and CEO of Detroit Recovery Project.

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Just a couple of housekeeping details to go over with you. The webinar will be recorded and the recording and the slides will be available on the Great Lakes current YouTube channel, in addition to the Great Lakes ATTC Products page. Certificates of attendance will be emailed to all attendees. It could take up to two weeks for you to receive the email. At the end of today's webinar, you will be directed to a very short survey. And we would really appreciate it if you could take a couple of minutes to complete it for us.

If you are having technical issues, please individually message Kristina Spannbauer or Stephanie Behlman in the chat section, and they'll be happy to assist you. Today will be an interactive webinar, so please respond to the speaker through the chat function. And if you're interested in any other webinars or trainings that we are doing, please feel free to follow us on social media.

And I'm going to turn this over to Kris Kelly to introduce our speaker today.

KRISTIN KELLY: Thanks, Ann. My name is Kris Kelly. I'm a woman in long-term recovery, and I'm also the state project manager for the Great Lakes ATTC, MHTTC, and PTTC in the state of Minnesota. And I'm really excited to have Andre Johnson here to present today.



So Andre is a native Detroiter and is currently the president and CEO of the Detroit Recovery Project, as Ann mentioned earlier. The Detroit Recovery Project is a multi-service agency that provides a wide spectrum of supportive services to the city's recovery community. Mr. Johnson has over 31 years of professional work experience, exemplifying a long-standing commitment and dedication to the field of substance use disorders.

I've had the honor and privilege of knowing Andre through the Association of Recovery Community Organizations and I've seen him present and speak on different occasions. And I think we're up for a really exciting webinar today. So thanks, Andre, and I'll let you take it from here. You might be muted, Andre.

ANDRE JOHNSON: Good afternoon, everyone. I'm excited to be part of this conversation today. And thank you so much, Kris, for your introduction. My name is Andre Johnson. I'm a person in long-term recovery. And what that means is I have not used drugs or alcohol as of July 13th, 32 years of sobriety. And it also means that I wouldn't have been able to be the invited speaker for today's subject matter.

So I'm going to go right into this implications of COVID-19 and complex post-traumatic stress disorder for opioid use disorder, but I would also be remiss if I didn't thank Kris Kelly and her entire team for helping to organize this very important conversation, particularly as it pertains to the challenges that we're faced with-- each and every community throughout our country, whether we're rural, urban, and/or suburban. We've all seen how COVID-19 has impacted just regular, everyday citizens, but also individuals particularly that have opioid use disorder.

So these are some of the items that I plan to talk about as it relates to training agenda. We're on training introduction and agenda, COVID-19 updates, complex post-traumatic stress disorder overview, opioid use disorder summaries, impacts of COVID-19 on complex PTSD and opioid use, epidemic and pandemic effects, strategies working with individuals in recovery, and then some cultural competencies addressed as it relates to Black Lives Matter, and then lastly, Q&A.

So the purpose of this conversation really was birthed from several conversations myself and Kris Kelly had over the last few months about what's going on with our OUD population and how all these protests and COVID-19 are having an impact on our community. So I started here in the Detroit community. I started asking people what were their experiences like.

And I had a consensus of a lot of folks because of COVID-19 began to experience what's known as complex post-traumatic stress disorders. And these were folks who are just everyday people and in another cohort of individuals who are or were in long-term recovery. So we really want to kind of get a pulse of what's happening in our community professionally and what's



happening in and out of, you know, our world, so to speak. Next slide. Next slide, Mrs. Lee. It's OK.

So how has COVID-19 affected you? And this is where I want to take an opportunity for you all to really share with me how has COVID-19 affected you. And please, feel free to write in the chat. We do want to respond to the chats. And we want to know what's going on and just kind of get a feel. So I did come up with a few bullets. Life already has anticipated stresses and anxiety, and COVID-19 adds additional hardships.

KRISTIN KELLY: You're getting a couple of responses, Andre. People feeling isolated, having to work differently, adjust style, support staff working from home, another isolation, stress of the unknown. It's affecting their work life. Fear of the unknown.

ANDRE JOHNSON: OK, OK. And those are-- what's this last one? Not being able to see family, friends-- sad. My network is a huge part of my recovery. Thank you, Gia Hooper. And so those are some of the same components or aspects that we've seen. I've experienced as a professional as well in terms of this.

Life as we knew it pre-COVID-19 is no longer the same. And as a recovering person, recovery is really built on social support and social connections, and I'm going to talk about some of that, and I'm going to also talk about some strategies to cope with some of the anxiety and some the stresses that have come with COVID-19. So I'm hoping that some of the solutions are embedded in this PowerPoint.

And I want to thank you all who have shared some of your experiences thus far. Loneliness, isolation, it definitely all goes hand-in-hand. I love the-- what is it? I saw something. Annual vacation is important, which I don't even know if we can take a vacation these days. So let me go-- death of a loved one is important. Let me go into the slides, and I think we'll see some of the solutions in some of the slides as we move forward.

Just to recap, as of July 1st, the CDC has confirmed 3.48 million cases-- 1.3 million recovered and 138,000 confirmed deaths. The American Medical Association reported increased number of opioid-related mortality rates. More than 35 states have reported increase in opioid-related mortality and expressed concerns for individuals with mental illness and substance use disorder.

Next slide, Ms. Lee. And I'm going to respond a little bit later as relates to those two bullets. What is complex post-traumatic stress disorder? It is a psychological disorder that can develop in response to prolonged, repeated experience of interpersonal trauma in a context in which the individual has



little or no chance of escape. Let me say that last line-- trauma in a context in which the individual has little or no chance of escape.

Now, here's some comparison that kind of shows the difference between post-traumatic stress disorder and complex post-traumatic stress disorder. Post-traumatic stress disorder usually develops following a single episode of trauma, and complex post-traumatic stress disorder involves several traumatizing events on a long-term basis.

And then the second one says patients have the capacity to forget and move on after some time. Complex patients will get flashbacks and nightmares associated with insomnia from time to time.

Now I'm having these pauses because I'm having these personal experiences of experiencing complex post-traumatic stress disorder because during an onset, the epidemic of or the pandemic, I remember coming to my office on Saturday, and I had a crew of our staff, and we were passing out gloves and masks, and we were sanitizing our building.

And so we have two large recovery centers in Detroit. One is on the east side, and one is on the west side. So I spent two hours in my office on the east side. Then, when I got to my office on the west side, all of a sudden, I was extremely exhausted and tired to the point where I barely wanted to drive myself home. It was just like I just was out of it, and I realized at that point that I had been exposed to COVID-19.

And I literally made it home and stayed in the bed for the next several days. And every morning, I woke up and my throat was completely dry. It was like no water couldn't keep me hydrated. But nevertheless, I stayed in bed, rested, quarantined myself, drank lots of fluids. Couldn't eat nothing, I had lost my appetite. The only thing I would eat over those several days were oranges.

But during the midst of those several days, I would receive several calls back to back where people had shared that several of our clients had passed away, and three of our staff had passed away kind of like back to back and back to back. And so I can really relate to complex post-traumatic stress disorder from a personal perspective, particularly during these trying times.

But also, when we talk about PTSD, it's typically associated with behavioral issues and reckless activities like sexual acting out, binge-eating, abnormal drug or alcohol use. And then, when you talk about post-traumatic stress, this complex PTSD, patients are also diagnosed with borderline personality disorders and dissociative disorders as well.

For both PTSD, treatment methods involve short-term counseling and drug therapy, and for complex PTSD, treatment methods involve multiple



therapeutic sessions lasting for a much longer, longer time. Did anybody have any comments or questions around PTSD and/or complex PTSD?

Let me see. I want to just double-check the chat. Kris, did you have anything?

KRISTIN KELLY: No. I think this was a great layout, though, to kind of understand what you might see whether it's in ourselves, within our colleagues, within people we supervise, and then, certainly, the people that we work with and work for that there's different ways to address each. And current events could certainly bring, I think, PTSD into that complex PTSD zone.

ANDRE JOHNSON: Right. And Kris, you and I have been talking, and think about how, again, this complex PTSD affects our community, but it also affects our recovery community and the dynamics that are involved with the recovery community because the recovery community foundation has been built on social support models.

And imagine being inside a submarine and being under attack while you're in a submarine, and your only resolve is to turn to what you know, which is OUD. That could be heroin. That could be prescription pills to ease the moment because now, we have to be more creative and more resourceful to really, really build a growing recovery support community via online, telehealth, et cetera. And so I'm going to talk a little bit more about that. Next slide, Ms. Lee.

Again, complex-- these are some of the other PTSD symptoms including nightmares, flashbacks, avoiding certain situations, changes in beliefs and feelings about yourself and others. Hyperarousal refers to constantly being on alert or jittery; lack of emotional regulation; uncontrollable feelings, such as explosive anger or ongoing sadness; changes in consciousness-- example, forgetting traumatic event or feeling detached from your emotions or body or disassociation.

And negative self perceptions, feelings of guilt or shame-- huge; difficulties with relationships; avoiding relationships with other people out of mistrust; or a feeling of not knowing how to interact with others; loss of systems of meanings refer to your religion or beliefs about the world.

KRISTIN KELLY: Yeah, so Andre, I've just seen a lot in the chats around that pull between people in recovery needing community and then experiencing that social isolation and how the pandemic has impacted that.

ANDRE JOHNSON: Oh, OK. OK. Yeah, I see quite a bit of synergy. And thank you all again for your comments in the chat. I hope that I will, at least, discuss some of the comments in some form or fashion, whether it's directly or indirectly. And again, this is an interactive conversation so that we can talk



about some of the facts, some of the un-facts, and also, some of the solutions to this epidemic and pandemic that we are all faced with.

Some of the data-- and I know a lot of you all who work in the area of opioid use disorder there. This is just some of the data from that revealed 128 people die daily from opioid overdose. Opioids were involved in almost 70% of all drug overdose deaths in 2018, 70% of overdose deaths, which is just alarming. Next slide, Ms. Lee.

When you talk about people who have difficult time enough to maintaining a recovery routine, adding social isolation and a pandemic into the mix has been a life-threatening combination. Recovery is not about sobriety, but it's all about connection. So again, we're talking about-- now we're dealing with the pandemic on top of dealing with an epidemic. And now this particularly applies to some of the needs and challenges of people in recovery. Next slide.

A large part of the solution to moving forward in recovery is building social connections through meetings and social supports, and most of you already know who works in the field, the 12 Step community. Whether it's 12 Step NA, 12 Step AA, or 12 Step Fellowship Anonymous, all of those components have been-- particularly for people in recovery, that's our extended family. Some people in recovery, don't have-- some people in recovery have burned all their family bridges, and so the social connections become the new families, the extended families.

And so think about now we have to have this social distancing, and now, we can no longer hug each other, embrace each other like we were taught in early recovery. Removing that piece places individuals at risk. It makes people fall back into the traps of isolation, which I know was already in the chat. It makes people feel alone and lonely.

The recovery community is like a tight-knit family. Anybody who's in recovery and have experienced the support of the fellowship knows that it's one of a kind. And I'll tell you, the fellowship, in my mind, it worked vigilantly.

When COVID hit our country and our 12 Step meetings had to shut down, our groups pulled together, the Zoom groups all over the country, and now, every time I talk to my friends around the country, oh, I'm in a Zoom meeting in Africa, or I'm in a Zoom meeting in Iraq.

I talked to a guy the other day who's been sober 45 years. He said, I don't do any more Zoom meetings in Detroit. I do all my meetings out of state. So it's interesting because now people are meeting new people. They connecting with new people, and they having an opportunity to really work and keep that recovery life, to keep that recovery energy because if not, some people lives depend it.



Some people lives depend on that hug everyday. That hug everyday is the experience of feeling love everyday. And so imagine losing, losing, losing the love that you were once getting everyday all of a sudden. So ways to effectively relax and manage stress. Set aside leisure time is vital. And oh yeah, thank you, Melissa, who talks about the inability to maintain support-- next slide, Ms. Lee-- is vital.

These norms have been in practice for decades and are now being challenged. As result of the isolation encouraged doing COVID-19, individuals who use opioids are at a greater risk to use alone. Without having anyone to rescue them, individuals are at an increased risk for overdose deaths.

There has been some studies and some research that's being done or undergoing right now through NIDA, and they're also looking at some of the parallels around COVID-19 and opioid use disorder. In fact, Dr. Nora Volkow, she actually talked about OUD users and how it affects the respiratory. She said three things. One is respiratory, and anything that affects the respiratory, heart, and breathing have been kind of the three deadly sins for lack of better words of overdose or death as relates to COVID-19.

So those are some of the studies they're looking at as it relates to the physical health complications that come with OUD, and then, if you are out trying to buy illegal drugs, you put yourself at a higher risk to contract COVID-19. Oh, I like the statement, we need everybody to have naloxone in their homes and in their communities. We have to have all of you.

And also, we want to encourage our people in recovery to find a way of doing something that they enjoy alone, and that may be going for a walk in the park. That may be doing some mindfulness activities, breathing, and an opportunity to learn how to breathe, breathing exercising and the benefits of breathing exercise. For example, it helps to calm the central nervous system.

Keep a sense of humor. Sometimes, just keeping a sense of humor, trying to find some laughter during the darkest moments can help to relax you. And just being able to practice relaxation effectively is vital. It's really, really important. And those are just some of the strategies to employ as it relates to individuals who are in early recovery.

Next slide, Ms. Lee. So we'll talk about some of the goals, objectives as relates to this complex PTSD. Next slide, Ms. Lee. Just being conscious of other strategies to reduce symptoms, reduce the anxiety, and also improve coping skills, which is being free of panic episodes, recognizing and planning for top five anxiety-provoking situations, developing strategies for distraction when fixating on the future.

And so sometimes, I understand, and I can relate to trying to plan for the future, predict what the future looks like, and you get to the point where you've



mapped out everything, and then you have this question pop up, what if it goes wrong. And then, you start just responding to the negative thought process and energy. And so I think it's important that we understand our own triggers as it relates to anxiety. And anxiety, I think, hits a lot of adults later in life. OK. Next.

So it's important to think about decision making. Make short and simple to do lists and complete three tasks each day. And so now, we begin to set ourselves up and challenge ourselves to have some goals and objectives everyday. And when we spend our energy thinking about three tasks that we're going to accomplish everyday, and then, we celebrate everyday with some little success and also some positive self talk and also, some positive journaling. Documenting and writing our wins are beneficial to our self-esteem as well.

Identify three options for any major decisions. Be able to weigh options, make simple decisions within five minutes. So sometimes, we have to weigh out major decisions. Next slide, Ms. Lee. Here are some of the resources that you all can have at your disposal as relates to additional facts, research studies, or anything as it pertains to mental health and substance abuse services.

NIDA as pertains to research around National Institute on Drug Abuse, National Institute of Mental Health, Department of Health and Human Services, also Great Lakes Addiction Transfer Technology Center, and obviously, you can use Detroit Recovery Project as your resource as well.

So now, it's 12:34, and we wanted to use the last time to have a conversation and reflect more on some of the questions that's been asked. Kris, would you like to take the lead on that?

KRISTIN KELLY: Sure. So anyone can feel free to ask any direct questions here that you might have for Andre. I think throughout the chat here, I heard someone comment about the American Indian community not being able to hold some cultural ceremonies and pow wows throughout the summer because they've been canceled due to COVID-19, and that has a great impact on them, their families, as well as the broader community. Are there ways that the Detroit Recovery Project and the community in Detroit has been able to maintain any different cultural?

ANDRE JOHNSON: I think that's a very good point, and that's why I said in the very beginning, I think all of our communities, rural, suburban, urban, whether it's predominately African-Americans or Native Americans, because we have a very unique, diverse population in Detroit.

We have one of the largest Middle Eastern populations, the second-largest Middle Eastern population outside of Iran or Iraq in the world. And then, we





have a large area where there's a Hispanic community. We have 11 Native tribes.

And so we're kind of all over the place, and I think that with restrictions placed on our states and in our countries that we're experiencing that based on where your state is at. Our state right now is allowed to have 100 people in the same proximity outdoors only. Face masks must be worn.

Our governor made an announcement this past week that people in restaurants and bars not wearing masks, that they will close those establishments down and fine those establishments with repossessing their liquor license. So I think that large groups have-- and then, if you're a large group outside, you have to adhere to the social distancing.

So I really think it boils down to the communities, and it also boils down to us being a little more creative, even if we can have a big TV screen and have ways to communicate. I think some communities also comes with challenges, and those challenges are internet connections. Those challenges are internet access.

There's a digital divide in some communities where cell phones, internet is a luxury. And so some people don't have what it takes to stay connected. And one of the other challenges I've seen is individuals who are actually computer illiterate. And so getting on Zoom can be a challenge.

I've been on some of these Zoom 12 Step meetings where we have 300 and 400 people, and don't nobody know how to chat. So I need another meeting after that meeting. I like what Ms. Perryman said, knowing how to access varied information.

For Latino communities, how has your state been able to meet their needs? How are some creative ways to bring them into the recovery community more despite the COVID-19 in a non-digital way without putting them at risk? Great question, Bianca. I'm not sure I have an answer to that question right now.

I do know that we are working more and more diligently to make sure that we have telehealth services available to all those people who need it. And we're just adhering to our state laws. Our recovery centers are open everyday. We were shut down for about four weeks. The work we do is considered an essential service. We have equipped all of our workers with personal property equipment.

We have the big clear screens at all our desks. We provide gloves and masks to individuals as needed. And so we're trying to be there. We're back having groups. We're having groups, individual sessions. Our groups are social distant groups where everybody is six feet apart, and everybody is required to



wear a mask. And we're just doing the best we can to support everybody doing this pandemic.

Yeah. Somebody acts if there any outdoor meetings. There are some outdoor meetings that have started in the Detroit area over the course of the last two months. I think we have meetings on Saturday and Sunday in Palmer Park. If anybody's in this discussion from the Detroit area, Palmer Park is one of our beautiful historical parks in the Detroit area-- on Saturdays and Sundays. Thank you for your question, too, Bianca.

Let me go through some of the other chats. I seen that--

KRISTIN KELLY: Terry just jumped in and said it's important to balance screen time as much-- and then, watching news 24/7 about COVID and/or Black Lives Matter can cause her anxiety-- or I'm sorry-- can cause them anxiety. I want to be informed as I am an advocate, but I also need to be stayed engaged in self-care.

ANDRE JOHNSON: OK. Who said that, Kris?

KRISTIN KELLY: Terry Sprader.

ANDRE JOHNSON: OK. I love it. All right, Terry Sprader, thank you for your comment. I think you've said it. It's important to balance screen time as watching news-- yeah, because I've been hearing about people binge-watching on the news 24/7 keeping up with COVID-19, and every two to three hours, there's some new data and new statistics and some new anxiety created.

And then she has, and/or BLM can cause me anxiety. I want to be informed that I'm an advocate, but I also need to make sure that I'm engaged in self-care. Absolutely, I think self-care is critical to us and for us all right now because just everyday living can create some aspects of anxiety and stress.

And so I think in light of COVID-19, we were already isolated for three or four months in our homes. I see some relationships, people grow together, and then I've seen marriages where some people have divorced after those three to four months. So I only believe that the external things that affect us outside of ourselves can also have an internal affect, and those internal effects are the stress and anxiety.

Me being an African-American and watching the George Floyd incident, it caused some distress. In fact, I was pulled over by a police officer about two weeks ago in my car. And then, I was taking a friend of mine's home, and it was a black officer and a white officer. And they wanted my registration and my insurance, and they said that my registration, my license plate, was registered to another vehicle.



And I very kindly said that that's absolutely impossible because I've had this vehicle for several years so I don't know how that can even be real. But I was very cordial and patient, and my friend in my car, it was like, well, I'm about to call the deputy police and the chief. And I said, we don't have to go through that. It's nothing to worry about. And so long story short, they came back, and the Caucasian officer said it was my mistake. I apologize. I typed in the wrong information. I didn't mean anything by it.

Now this incident happening two or three weeks in the midst of everything, of course, I felt some anger and some frustration and knowing that I hadn't done anything wrong. But I do have to constantly check myself to make sure that the anxiety is not getting the best.

So I think it's important to turn the TV off and go inside. Look at how we feel internally, and look at our internal stress, our internal anxiety, our internal feelings and emotions about everything, and start writing about it, talking about it, and working towards recovery.

If you need therapy, if you need cognitive behavioral therapy, there are licensed psychologists, licensed counselors, licensed social workers, licensed certified recovery coaches, that can help you and your loved ones during these processes to help process these trying times in our country.

Try not to overwhelm yourself. But I do think that we have to be culturally competent and aware of the times we're living in. And we're living in some hard times and trying times where there's a lot of division, where there's a lot of-- and so we have the responsibility as professionals and recovery practitioners to continue to strive to build our recovery community.

Somebody talked about in the chat earlier, our fundings has been challenged. Our fundings continue to be challenged. Some people don't believe the importance of recovery. Some people believe that if you use drugs or alcohol, you need to suffer, and taxpayers shouldn't have to contribute to you getting better.

Let me see. Somebody says my self-care involves turning off the live TV news during these days. Amen, Emily. I do believe that self-care does involve turning the radio off, turning the TV off, and finding a quiet place, getting to a quiet place. Sometimes, it's just too much chatter going in and out of our ears, going in and out of our head, and we'll be all over the place like a ping-pong.

But I think recovery is important to find some peace, to find some mindfulness activities that can help you to Find some patience, some serenity, and some hope because TV, media, we can't find serenity and hope binge-watching on Fox TV or binge-watching on CNN TV 24/7. We have to take time for our own mental health. So I love it.



What are some tips you can give for those who are trying to avoid seeing all of the chaos to do with riots and COVID that wants to cut off social media and stay home, but don't want to feel isolated in their mental help? I would suggest that you find some videos that are the opposite of the COVID-19, that are the opposite of riots.

I would suggest that you find something that's more empowering, something that's more uplifting, something that gives you some hope. Find some music. Find some music that gives you joy like I just like listening to the old song. How's it go? Love and happiness. I like watching old videos. That's the kind of stuff I like to do.

I haven't been on Facebook. I'm celebrating a year in recovery off Facebook. I haven't been on Facebook because that stuff takes too much time, too much energy, and it drains you. Some of the things personally I've been doing is challenging myself to walk everyday. I took 15,000 steps the other day. I was geeked. I was happy.

I still look like I'm pregnant. I still look like a turkey, a turkey-- little legs and fat stomach, and three months pregnant. So y'all got to pray for me, but I'm going to keep working on that. But I do think leisure time, sense of humor, relaxation, and not over commuting is very, very important to maintaining some peace and some serenity.

KRISTIN KELLY: Andre, we did have a question from Bianca earlier asking about bilingual peers. Do you have lingual peers working at your RCO?

ANDRE JOHNSON: Absolutely, we do have Spanish-speaking peers. We only have one. And we also have-- so in Detroit, there's a Latino family service, and there's a company called Detroit Hispanic Corporation, and they're the two largest organizations that kind of represent those communities. So we have strong memorandums of understanding and partnership. So if we run into clients who are fluent-speaking in those languages, we do have a backup.

And that's the same for the Middle Eastern population as well. A lot of folks speak Arabic. But we've also experienced where we've had folks from the Latino community, and they couldn't speak Spanish, which was funny, but it was cool. And so we help people of all ethnic backgrounds. We don't necessarily agree with not letting people go through our doors and not providing help, support, and resources. But that's a great question, Bianca.

KRISTIN KELLY: Yeah, thank you. And from Molly, she asked earlier, what assistance is there for families who may be quarantined with someone who is in recovery and/or relapsing?



ANDRE JOHNSON: Yeah, that can be a tough one. Only thing I would suggest is that if the person is relapsing, I would strongly encourage that they find the 12 Step support groups that are online throughout the day and require those individuals to participate in those groups. But also, meet those individuals up with therapists and psychologists so that they can begin or have some telehealth services.

And it's also an opportunity to really discuss the importance of love because see, if the person is using drugs and alcohol, and they're quarantined at home, that means that person is going outside their family. And then, they put their family at risk when they come and go and not adhere to the quarantine or adhere to the social distancing because it's kind of hard to adhere to that. And then also, look up for Al-Anon and again, 12 step AA, NA. The telehealth community has exploded in our country.

And so I think if the person-- and then, the family needs therapy a lot of times. The family needs support. And so I would encourage that the person who's using get the support and help he or she needs, but also, the family gets the support and help that they need. And lastly, the family sometimes need to be educated around codependency and how to break some of those co-dependent habits as well.

KRISTIN KELLY: Yeah, thank you. And I'll just add to that as well that there is a great organization called the Center for Motivation and Change, and they've written a book called Beyond Addiction that's a great resource for family members as well as through their website.

Again, the Center for Motivation and Change, they have some guides that family members can download that give really concrete tips based on craft and motivational interviewing and different evidence-based practices that have shown best ways to live with boundaries and love someone who might be active in their addiction.

And I know our local RCO, Recovery Community Organization, in Minnesota has a family recovery group that's not related to any particular pathway, but it's open to anybody who wants to get some support for themselves around living with or being in relationship with a family member who is active in their addiction.

ANDRE JOHNSON: Kris, actually if you can post that in the email-- I mean the website.

KRISTIN KELLY: Yeah, I'll do that right now.

ANDRE JOHNSON: Let's see. A few more chats came in. Looks like the Urban Survivors Union has an online support group. I'm not familiar with that, but that sounds good. Chris Shaw asks what are strategies that can be



utilized to break down the us versus them mentality and barriers that produces for someone transitioning through recovery from a past and current supervision of involvement in the criminal justice system?

Oh. Chris Shaw-- man, I-- Chris, you giving me a loaded gun. I think the key to that really is stigma, breaking down stigma. I think having town hall meetings that focus on stigma as it relates to addiction, as it relates to incarceration, and as it relates to the support that people need, whether you're coming out of prison or whether you're coming out of an active addiction.

People need support, and right now, we have more people incarcerated and more people who are actively using drugs and alcohol than we have people who can support those communities or support those individuals as they exit out of those programs.

In other words, when you're just like-- in Detroit Michigan, we have, I think, the last number was 50, 60,000 inmates in the state of Michigan. The city of Detroit's budget was \$3 billion in 2005. Michigan Department of Corrections budget was over three something billion dollars.

And at the time, in 2005, we had a population of about 700,000 people. So I think that there has to be some strategies to really work to develop and create some rehabilitation within our incarceration program. And I think that we have to also develop more strategies to create more success and recovery support services for individuals in early recovery who need to acquire long-term recovery. And that's just a big process in itself.

Thank you for posting the site Center for Motivation and Change, Kris. I hope I answered your question OK, Chris Shaw.

KRISTIN KELLY: Well, and I think, Andre, too, that leads to a topic of as recovery community members, we're often advocates, both little a and big A advocates. So we're often advocating for the people we're working with. But we're also advocates at a local, state, and national level to ensure that the policies are fair and equitable and fighting so that policies are fair and equitable. That breaks down some of these barriers that people face, especially when they're returning from incarceration.

ANDRE JOHNSON: Mm-hmm. I certainly agree, and that's-- I think, particularly us, Kris, who are in recovery and are of leadership positions, we understand the value, the importance of advocacy. Facing the voices of recovery has taken the lead or changing the face and voice of recovery in DC and working on the capital and doing a lot of advocating.

Whether it's with Substance Abuse Mental Health Services Administration or if it's on the capital dealing with Congress, dealing with Office of National Drug Control policy, I think the more we begin to advocate, the more we create



interact with, and have the conversation about the importance of supporting recovery, because some people still believe the old myths of once an addict or once an alcoholic, well, you will always be an addict or alcoholic.

And so we have to break down those myths, and we have to break down those stereotypes, and we have to come together to work towards making solutions for change. That's what was posted. Thank you, Kari. Love it, love it, love it.

And I think, Kris, in a way, that's what you and I are attempting to do as it relates to just having this conversation today is that a year ago, we were not having this conversation. And so it's important that we continue to have these conversations, and hopefully, these conversations can turn into some policy recommendations and also, turn into some change in our community, some systemic change.

12, Peter-- Peter-- thank you, Peter. Peter says 12 Steps leans too heavily on abstinence as the endpoint. I don't necessarily agree. I think that abstinence is one aspect, but the 12 Steps, from my understanding, Peter, is about living with accordance to a set of spiritual principles.

And so those spiritual principles that people practice on a daily basis are what helps people to have peace, serenity, but also, help people on the path of productivity, help people on the path of giving back to their community, and helping people become more sufficient and independent.

But I think if we're doing anything that can focus on-- OK. I know, but why are person on methadone silenced? Old argument, I know. Well, yeah, we'll have to have a whole other conversation about methadone. No, but I think that-- and so part of some of the philosophies that's been established over the last 20 years or two decades have been there are multiple pathways of recovery.

And so how a person chooses to find their recovery, and if they find it through methadone maintenance, buprenorphine, naloxone, or [INAUDIBLE], god bless them. We don't necessarily judge people about it. We want to remove ourselves from judging people because a major pride of being a recovery coach, an essential attribute is being nonjudgmental.

I like this book. Kris, you mentioned book, Beyond Addiction, Motivation and Change. What is that about?

KRISTIN KELLY: Yeah, so they actually wrote-- it's Jeff Foote and-- I can't remember-- Ken-- I can't remember his last name, but they wrote a book, and it's really about-- so it's Beyond Addiction, How Science and Kindness Help People Change. And so it's a great guide for families, and it really walks families through, like I said earlier, how to stay in relationship with their loved ones who might be misusing substance or have a substance use disorder.



And so it talks a lot about why do people change, how do people change. When we say meet people where they're at or start where they are, I think it's-- I took a training from them, and one of the key points they help you as a recovery coach to work with families on is behaviors make sense.

So how their loved one is behaving as far as their substance misuse or substance use really makes sense if you look at where they are in their lives and if you start from there and use positive communication and positive reinforcement that you have a better opportunity of helping them reach their recovery goals.

And so it's just a-- for me, it was a life-changing book as a person in recovery, as a family member of a family that has addiction, and then, as a recovery coach. It was really a life-changing book to read because it was very concrete and built up my skills and gave me different ideas of how to really love somebody through a really difficult time in their life.

ANDRE JOHNSON: OK. Well, I think it sounds like a good book. I've written it down myself. So I plan to make that a book to read over the summer. I think this is the opportunity that-- we've got to find the silver lining in life through our ups and downs, our challenges, our good moments and bad moments.

And the silver lining for me has being able to have a little more quiet time than I used to have. And so for me, I'm looking for two to three books to read over the summer, and just make the best of this situation. So I think that sounds like a great book that you suggest to read.

Let me see. Cassie, I'm a member of the 12 Step program, and while I've heard other members be judgmental in regards to MAT, there are many members including myself that understand that there are all different pathways. I was on MAT for the first year of my recovery and heavily involved in the 12 Step group.

Well, thank you for your comment, Cassie. I do think it's important, and I think that we're evolving. I mean, the 12 Step community was established in the '30s and '50s or somewhere around there, and now, we're in 2020. The MAT methadone was established in the late 60s, and now in 2020, with this increase of MAT Medicaid assistant treatment, now we have pills that help people cope with their opioid.

So I think as a nation, we're continuously working to evolve and learn from our past. And I think the one thing we all learn from our past, particularly as pertains to the field of addiction, that we can not be judgmental. When I got straight in the late 80s, the AA folks, they didn't like NA folks. They don't like AA.





Then, the Fellowship Anonymous Support Group was established, and that was a 12 Step support group that was established and created by people who were on methadone because they felt alienated from individuals who were in other 12 Step programs.

So I just think we live in a society where people are quick to pass judgment and put their programs and their personal beliefs and think that your personal beliefs supersede somebody else's personal belief. I don't necessarily agree with that philosophy. I think we all have some growing, we all have some learning to do.

Catherine Brown said, can I get the name of that book?

KRISTIN KELLY: I'll type it in again here, Catherine. And I think, too, when I was facilitating different recovery coach academies, Andre, we often referred to building an individual's recovery capital. So it really didn't matter what path or what group they belong to. It was more important to help them find connection, whether that was a boxing club, a knitting club, a book club, a anything club. Where can they get connected to others that are going to support them in their pathway to wellness whatever that looks like for them?

And so I think AA is one of the most well-known fellowships, but others are emerging and becoming really robust. And so I think the most important thing is that people just get connected to a group of people that love and care about them and really have their best interest in mind, regardless of what pathway that is.

ANDRE JOHNSON: Right, right, and I do agree. I think-- and that's why I said, we're steady evolving, and we're staying growing, and we have to continuously grow and think outside the box and be creative because social capital is important. A lot of folks, when you're in the midst of drugging and alcoholism, you don't see or you don't realize that you have strengths.

So this whole strength-based approach is vital for people who are seeking recovery because a lot of times, you've been put down. You've been alienated from your family. You've been stigmatized. You've been in and out of these systems. And you come into these programs with no hope whatsoever. And these programs would give people hope.

I always say, when I came into the program at 18 years old, I was broken. But after leaving treatment, I had a therapist. I had an older white woman who was about 4 foot 7", and here I am 6'4". And once I got done with treatment, I felt like she was my Yoda, and I was Luke Skywalker, and the force was within.

So I think it's important that we realize that we are beacons of hope. We have to give people hope, and they have to believe that they can be better despite



of their past. And I think if we don't make sure that that's a priority as recovery practitioners and professionals and individuals who are in recovery, then we're missing the mark. But this is a hope program.

KRISTIN KELLY: Yeah, agreed.

ANDRE JOHNSON: And it's a program built on love, and so that's the other part. If you're loving your fellow brother and sister, you're not judging your fellow brother or sister. Who wants to be-- most people want to be connected with a community of love versus not being loved.

Smart recovery can be another support group, and thankfully, so many groups have gone online, which provide structure if not that hug is all we need-- virtual, virtual hugs-- virtual love. We giving them out. They for free, but you got to show up to get it.

KRISTIN KELLY: Andre, so I wanted to go back, just for a moment, to the topic of PTSD versus complex PTSD. And if we're working with individuals, whether we're a peer recovery specialist or a clinical staff member, what are some things that we might see, and especially considering we're in the age of telehealth, that might perk our ears up to say I think this person needs additional support?

So when we're in that space with an individual, and I would say, most people who have had a substance use disorder have had some sort of PTSD in their lives. What might make us think this could be going into complex PTSD?

ANDRE JOHNSON: So Nicole, if you could just put this slide back up that differentiates the two in terms of complex and regular PTSD, and I think it really boils down to the individual and the type of flashback images and experiences that they are having. And that's what really differentiates what's complex PTSD and what's considered PTSD.

And so there's some variables around single episode of trauma. And so I think with related to the complex PTSD, because we're still-- I don't think we've dealt with something outside of our control like COVID-19. One minute, they say the data is going down. The next minute, they say that-- after July 4, Dr. Anthony Fauci reported that we had 250,000 new cases of COVID-19. Now Florida is a hotspot.

And so those are experiences that we began to internalize, and that's why I say it's really important that we began to do an inventory on what we're internalizing and what we're externalizing because when we internalize certain things it comes out via externalization. And so if we're not sleeping good, if we're having nightmares, if we're having insomnia, those are some of the complex PTSD signs.



And also be, to be quite honest, certain drugs and alcohol also have a major impact on our mental health being. So if you use certain drugs and alcohol for a significant amount of time, there's a strong correlation and possibility you could develop a personality disorder or a dissociative disorder. And these are disorders that often need ongoing treatment, ongoing therapy, ongoing and professional help to help people to live and be able to live productive lives.

When we look at this last box, that says treatment methods involve multiple therapeutic session lasting for a long time. So that means that when you look at PTSD, it says short term. So basically, the difference between complex and just regular PTSD, complex is more ongoing challenge. So that means you may need longer-- typically, some of my colleagues who are psychologists, they tend to see their clients on an average six months to five or six years.

And again, it depends on the progress. It depends on the treatment modality. Some people are doing cognitive behavioral therapy to cope with their post-traumatic stress disorder. They're also looking at some behavior modification programs to cope with the complex post-traumatic stress disorder.

So it's really tailored-- recovery and therapeutic support are really tailored around the individual and where they are. And that's the beauty about our whole recovery process is really meeting people exactly where they are, and also examining where they are and what they've experienced and how we can help put them on the path of recovery.

Peter-- I see Peter asked and raised some good stuff. He says misogamy, racism, the war on drugs being a war on us-- what's this-- xenophobia-- a basis for complex issues for so many of us. And so those, again, those are all components that can certainly attribute to complex post-traumatic stress disorder.

Racism, the war on drugs, the war on on. And I think it's, again-- and the beauty of having therapy and being part of a support group is it really allows you to foster and build social connections with people of all races I mean, I've had the luxury of building recovery networks in East Africa, walking the streets of Zanzibar or the streets of India or the streets of Thailand.

Attending 12 Step conferences all over the country and having colleagues all over the country, it opened and broadened my perspective. And having those experiences of unconditional love with people all over the world has broadened my experience.

And so I think, for me, as a person of long-term recovery and having those kind of relationships helped me to stay centered, and it also helps me to sustain my own peace and serenity where I don't necessarily subscribe to everything that I hear in the media or subscribe to everything I hear on the



news, but I put my efforts and energy into subscribing to being a better me. And I think for me, that's what recovery is all about. OK.

KRISTIN KELLY: Well put.

ANDRE JOHNSON: How we looking, Kris?

KRISTIN KELLY: Pretty good. Are there any final questions from the audience here and/or any final thoughts from you, Andre? Maybe we could just run through the list again. I like always ending with solutions. So what can we do when we're facing this pandemic on top of the epidemic and then addressing racial tensions, and we're trying to keep our head afloat and provide support and help to other people? You know whether-- yeah, go ahead.

ANDRE JOHNSON: No, no, no. I'm sorry. Go ahead, finish.

KRISTIN KELLY: Oh, I just thought, like I said, I like to end on the solutions.

ANDRE JOHNSON: Well, I think it's really, really important to take inventory of ourselves, of our loved ones, our friends, and help people to see if they may experience some of the criteria that surround complex post-traumatic stress disorder for our friends and family who are part of the recovery community.

Sometimes, people need help with linking up with Zoom 12 Step recovery meetings. I've talked to several people, older and younger, that had little experience with accessing internet and found that Zoom was somewhat-- they were saying I don't want to do it, but I had to look a little deeper and realize that they didn't have the basic computer literacy to access the internet and telehealth and tele-Zoom 12 Step meetings.

So I would just urge all of the participants today-- well, first of all, I want to say again, thank you a thousand times, Kris, for allowing me to be your presenter, and I want to thank you and your entire team for this opportunity.

And then second of all, I think the solutions are really relying on the recovery network that we have at our disposal and also relying on therapy, therapists, whether it's a licensed to practice social worker, licensed practice counselor, or a psychologist, and a psychiatrist. Some people may need medication, and psychiatrists are the ones who prescribe medication, depending on the significance of individual's disorders.

And lastly, I wish that all of us have a great summer and make the best of it and all of us work towards our mental health and our well-being. It's what keeps us going every day. And so we have to take time and invest and make sure that we can have a peace of mind during this never-ending nightmare.



And the never-ending nightmare is COVID-19. It's not going away no time soon, but we have to stay centered. We have to find peace. We have to do what we need to do for our own personal well-being. Thank you, again.

KRISTIN KELLY: Thanks, Andre. It's been a joy to have you. For everyone, look to your recovery community organizations, your recovery community centers, your recovery cafes, your harm reduction communities because there's a whole slew of folks out there, boots on the ground, doing this work everyday, that can wrap around individuals who may be struggling and looking for that connection.

And they are the experts on how to really truly meet someone in the community, whether it's virtually or physically and wrap around them and provide them that support they need to help them stay in recovery. And with that, I think Ann is going to wrap it up for us with a quick survey. And Ann, I'll let you take it from there.

ANN SCHENSKY: Thanks, Kris. When you log off, the survey will pop up automatically. So like I said, it's 10 questions. So if you could just very quickly take it, that would be fantastic. And again, just a reminder that the presentation and the slides and any other information that we shared like the names of books and that kind of thing will be posted on our website. It usually takes about a week.

So if you want to just check back, all of those resources will be there. And we appreciate everyone's time today. Thank you very much, Andre and Kris. This was a very, very informative and practical webinar. Thank you.

ANDRE JOHNSON: Thank you. Thank you.