

Transcript:

Alcohol is STILL a Drug: An Explanatory Webinar Series – September 2021

Presenter: Kris Kelly
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ANN SCHENSKY: Welcome, everyone. We're going to give everybody a minute or so to get in and then we will get started. OK. Looks like we've gotten most participants in this morning.

Again, welcome, everyone, to the first of our series, Alcohol is Still a Drug, an Exploratory Series. This series will take place-- we will have 10 dates. Please note the dates. January we will not have a session.

This webinar is brought to you by the Great Lakes ATTC, MHTTC, PTTC, and SAMHSA the Great Lakes ATTC, MHTTC, and PTTC are funded under the following cooperative agreements. The opinions expressed in this webinar are the views of the speakers and do not necessarily reflect the official position of DHHS or SAMHSA. The Great Lakes ATTC, MHTTC, and PTTC strongly believe that words matter and use affirming and respectful language in all of our activities.

Just a quick reminder to everyone that September is National Recovery Month. You can go to the Faces and Voices of Recovery website to look for activities in your area. And you can also look on all of the Great Lakes ATTC, MHTTC, or PTTC websites for activities in the region.

A couple of housekeeping details-- if you are having technical issues, please individually message Kristina Spanbauer and she will help you. She'll be happy to assist you. We will be using automated transcriptions for today's webinar, so you can turn them on if you would like.

We are recording this session and all of the sessions, and they will be available up on our websites in about two weeks. And you will get a certificate of attendance for attending the session. Those also take about two weeks and we send them to you via email.

If you would like to see what else we're up to, please follow us on social media. And if you're on our mailing list, please look for our weekly updates for upcoming trainings. We are very excited to have our first speaker today be Kris Kelly.

Kris is a project manager for the Great Lakes Addiction, Mental Health, and Prevention Technology Transfer Centers, a woman in long-term recovery, and

a subject matter expert on peer-based recovery support services. Kris also leads the recovery community organization capacity building core for the Peer Recovery Center of Excellence. And I am going to turn it over to you, Kris. KRIS KELLY: All right. Thanks so much, Ann. Really grateful for everyone who is joining us today. And happy Recovery Month. This is an exciting month for many people in the recovery community and beyond. And we're going to talk a little bit about that today.

And to kick off this series, we really wanted to first start with, being that it's starting in National Recovery Month, we really wanted to start off with a message of hope, and resilience, and a reminder that people can and do recover. Ann gave you my professional introduction. So that's how I write up my bio if I'm going to present at a conference or whatnot.

But oftentimes when I go out and I publicly speak, I use what we call recovery messaging. So some of you may be familiar with that and some of you may not. But I'll introduce myself that way.

So hello, I'm Kris Kelly and I'm a woman in long-term recovery. And for me, that means that my life radically transformed in 2009. Today, I own a home, I am a really great mother to a, now, 19-year-old daughter. I'm now married. I own a car.

I have employment that values what I contribute, I have great colleagues, I have rich friendships, I'm a support system to my family, my friends, and my community. And so we use that type of messaging to remind people that, again, people can and do recover, and to provide hope. And so, again, if I didn't utilize my recovery messaging, I would just be your neighbor, your colleague, your friend, and you may not even know that I'm in long-term recovery.

And we really identified-- the recovery movement really identified a way to tell our stories that was that reminder of resilience and hope. And so that now you can look-- well, actually, in my front yard, I have a sign that says "recovery works" because I really wanted to be visible. I wear a pin on my book bag that says, "recovery works", because everywhere I go I want to be an opening to have that conversation that recovery is possible for anybody if we're given the right supports, and the right dosage, at the right time, in a way that makes sense to us.

So this year is the 32nd year of national recovery month. This year's theme is recoveries for everyone, every person, every family, every community. And so this is a national observance held every September to promote and support new evidence-based recovery and treatment practices, the emergence of a strong and proud recovery community, and the dedication of providers and community members across the nation who make recovery, in all its forms, possible.

One of the things that's really important about the recovery movement to me, and for many in the recovery community, is the idea that there are multiple pathways to recovery. Again, just a little bit about myself that I can use as an example here is, after many, many attempts over the course of 25 years to access recovery and finding ways, or being prescribed ways that weren't very effectual for me, I was given access to create my own recovery pathway. And that recovery pathway included baking.

So I know some people chuckle when I say that, but baking was an important component of my own recovery pathway, because oftentimes my use would occur at night once my daughter went to bed. And I needed something to keep me and my hands busy and kind of use up that idle time I had. And so I started baking. And out of that, I actually opened my own baking business.

But having something to do during that time that wasn't necessarily leaving my home, because at the time, I had a six-year-old daughter sleeping in bed. And so I wanted to be home, and I wanted to be a good and engaged mother and be present for her. And so baking was part of my recovery pathway.

I noticed as the further along I kind of came in to recovery, the more my brain came back online and I really craved education. Within a month of coming into recovery, I enrolled myself for school, and I did online schooling. And probably one of the most important components is I found the local recovery community here in the Twin Cities where I live. And having access to that community really meant the world to me.

So I did not know or was not aware of recovery community organizations in my own recovery process. And so recovery community organizations are grassroots nonprofits led and informed by the local recovery community. And they really focus on peer-to-peer support, public education, and advocacy. Most of us, probably, on this call are familiar with peer recovery support services. If you aren't, I'm going to tell you a little bit about that.

So that that's when a person with lived experience in recovery gets specialized training to provide support to others who are also trying to access recovery or navigate their substance use challenges. Public education. So again, members of recovery communities take that messaging out. So versus what we typically hear in the media is the sensationalism of addiction.

So any day, we can open a paper or open up a news feed and see all the stories of the death and devastation brought to our communities by addiction. But we don't have an equal response with the recovery stories. So if we look nationally, again, we can see maybe there's 20 to 23 million people in active addiction at this time across the United States. But if you didn't know, there are 23 million people who identify as being in long-term recovery in the United States.

I think it's really important and valuable that we highlight those stories, and that those become those messages of hope that people see every day.

Because again, when we open our news feed and there's the constant barrage of information telling us, like, we're not close to ending this epidemic, that those numbers are skyrocketing, people can tend to feel really hopeless and start to lose belief that people do recover.

And then advocacy-- so the third arm of recovery community organizations-- really focuses on working with policy makers to create laws and policies that are fair and equitable to people in recovery. Some of the reasons, too, why we advocate for recovery and when we talk about those rules is-- I can give an example from here in Minnesota. Within the last 10 years, a bill actually made it to the floor that proposed that people get three attempts at treatment before insurance will not pay for it.

It's in the last 10 years. And I'm just pausing because that number still-- or that thought that this happened in the last 10 years really still astounds me. We wouldn't see that for, say, heart attack or somebody who's having challenges managing their diabetes. The nation would be up in arms.

And so when I see laws like that brought to the floor of our House or Senate, it really gives me pause to think about, where are we at with stigma and discrimination against people with substance use challenges? The highlight or the good part of that story is that when the recovery community caught wind that this was happening, we showed up in droves to testify that many of us were there because we're in long-term recovery and we were given access to recovery support services beyond those three attempts. We were able to bring the research that shows that we can't cut people off from accessing funded treatment options.

So going back to National Recovery Month, so yes, we bring a face in the voice to the recovery movement. We focus on advocating for policies and multiple pathways to recovery. So some of the main pathways people might think of when we're talking about accessing or managing your recovery, are 12-step pathways. Some might know of, like, Women for Sobriety, Celebrate Recovery. But there's just countless pathways.

So just a little bit ago, I told you about my own pathway of using baking, going back to school, really focusing on being a good mother. Those were my recovery pathway. I didn't use any social support groups. I had a network of other people who are growing and facing challenges.

I found a yoga community that was super supportive of my recovery. And so it looked a little different than, again, what was prescribed to me when I left my last treatment. And again, because I found a recovery community organization that supported my unique pathway, I was able to-- well, I'm able to be here today 12 years later, doing a job that helps people understand these multiple pathways to recovery.

LAURA SAUNDERS: Kris how did you-- Hi, everyone. This is Laura Saunders. I work with Kris.

Kris, how did you find the courage to seek community outside of people? It sounds like you-- beyond the treatment center-- you were able to tell people, like, at yoga and other places that aren't traditional quote, unquote, "treatment places," you were able to share with them that you were in recovery and get support. So how did that-- say a little bit more about that.

KRIS KELLY: Well, like I said-- thanks for the question, Laura. Like I said earlier, when I had had four attempts at clinical treatment and I knew what didn't work. So I knew what didn't work was just going home and not talking about it and acting like it didn't happen.

And oftentimes, friends, family, neighbors, employers, that actually worked best for them to not talk about it, because we're still so shrouded in shame when we talk about addiction. And so truly I just thought, like, I'm going to tackle this differently. I know I can consistently maintain my behavior changes if I'm really open about them.

And the first couple of times-- I won't kid you-- it wasn't easy. I didn't really know how to talk about it. I didn't really-- at that time, I hadn't interfaced with the recovery community organization to tell me that there was something actually called recovery messaging and a way to talk about this. But I just took a chance, because intuitively I knew if I talk about this behavior change I'm making, it'll help the people around me hold me accountable.

And again, that could be a coworker, it could be a friend, it could be a family member, it may be a neighbor, could be my employer. But I knew the more times that I got it out there and I said it out loud, it became more real. And my support system, then, just grew. And so I had tons of people around me, supporting me. And again, not just through traditional methods, but people that I live, work, and play with.

LAURA SAUNDERS: Yeah, so that bravery really paid off. Although you were reluctant at first, you were met with such warm, caring, and concern, and wrap around—

KRIS KELLY: Yeah.

LAURA SAUNDERS: Yeah.

KRIS KELLY: Yeah. And I think, I mean, I have to say, a lot of it, there's things inherent about me that made that easier. I can say I am a white woman. That made it easier to talk about and not be used against me.

I can say that it made it easier because I was 35 years old. I can say it made it easier because I was a mother and people wanted to see hopeful things in a mother. There were a lot of things that, again, built into my life that I had no control over that did make that easier.

ANN SCHENSKY: Yeah. Yeah. Kris, I'm wondering if you could comment on something that is popped up here in the question and answer, if you're OK with that?

KRIS KELLY: Absolutely. Yes.

ANN SCHENSKY: Somebody is wondering, what-- as a prevention specialist, what strategies would have been most helpful to you to prevent what happened to you? Like, given what you know about recovery, what can you lend to the prevention community?

KRIS KELLY: Yeah. So thanks, that's a really great question. And Laura kind of knows, I've talked about this before in other settings. But I can create a timeline of events back to being 12 years old. And missed interventions is what I call them.

And so all the way back at 12 years old, addiction was fairly rampant in my-- well, I shouldn't say rampant, but we had addiction in my family, and it went back generations. We had some financial troubles within my family. So we had faced a bankruptcy in my house.

And my own use had initiated at age 12. And so there were things going on at that time. And I actually reached out to my local school and joined ALLY team. I don't even know if that still exists, but I did, because I knew things at home were different than what other people were experiencing or some of my friends were experiencing in their homes.

And the support there was OK and good, but definitely not enough for the level of support I needed. And when I went home and brought this to my family that I had joined ALLY team, which, again, was really difficult to do as a 12-year-old, I was met with a little bit of, like, what are you talking about? This isn't a problem. Everything's fine.

And again, within that same year, my own use started. And so we didn't really have many programs in our school other than DARE. And DARE felt a little bit like it was telling me my family was wrong for the way it just was. And so we kind of can fast forward to several years of use.

Again, I interfaced with law enforcement because of my use at age 12 and was sent to a juvenile detention center. And again, my substance use was not even touched on during that experience. It was just, really just a punitive experience that I didn't really benefit from. Again, missed opportunity, missed intervention.

And we can fast forward. There was trouble between 16 and 21, but at 21-- at age 21, 2 times, I had 2 really severe DWIs. And in one of them, I was just pulled over and arrested. Again, went through court processes, but really wasn't offered much in the way of support and treatment.

And the second one, because I caused damage to public property and hurt someone, I was mandated to a diversion program. So two years of continuous support. And during that two years, I maintained sobriety.

But I don't really think I saw it as recovery. I didn't see it as long-term. I thought, I'm too young to go through this. And after the initial treatment in the diversion program, it was really just about serving my probation. And so there weren't a lot-- there wasn't any recovery support services outside of 12-step program.

So I was just mandated to attend-- and this is a while ago-- but just mandated to attend 12-step programming, which didn't work for me. I didn't have any sense of connection to that program. But I did attend for two years because, again, I was mandated to.

And there, too, we were on limited time, but I could go on with other countless stories of interventions-- missed interventions-- with our health care system, where I had a bleeding stomach, and they did all sorts of tests, and colonoscopies, and endoscopies, and all sorts of things to try to figure out what was going on. But I was never asked, like, do you use substances? And what does that look like? And inside, at that time, I was well aware that I was addicted to alcohol and other drugs. And I was silently suffering and really wanted a primary care provider to ask me if I was OK.

ANN SCHENSKY: You were you were just alone. Like, here you are, you know what's going on and nobody is reaching out. And when I think about how we now say substance use disorder, we wouldn't let anyone else who had any other kind of physical health condition-- just like, oh, we're just not going to do anything about that. We're just going to ignore that. We're going to ignore that. And that just speaks so loudly to how the stigma around substance use disorders has so prevented us from helping people and leaving people like yourself through that whole journey, just alone, without reaching out and just allowing all that suffering to happen.

KRIS KELLY: Right. Right. And you imagine how amazing-- even at those interventions, younger, if somebody had brought up, like, our what is going on? Or knowing what I know now in my professional life, like, learning about SBIRT, and learning about harm reduction, and learning about moderation management, and then the other, like, 10 million pathways to recovery.

Learning about those things now is really an impetus for me doing this work and continuing this work, because I really don't want anyone else to have the experience I had.

And so I work really hard every day to make sure people know about the multiple pathways to recovery. That we work with primary care, FQHC, CCDHCs, treatment providers, even, to understand that there's so many ways to recover. And if we can just really ask the individual-- because again, the one thing I know I'm an expert on is me.

I can't say that about many other things. But I know I'm an expert on me. And so to partner with somebody and move away from the disease and diagnosis model, and really start to partner with people and ask them, what brings you joy? What does a fulfilled life look like? And then, work on that recovery planning to get there.

ANN SCHENSKY: So one of the last things that's showing up here in the questions, Kris-- and maybe this would be a nice way to send us on our way-- is, what do you think that we can do, that the people on this call, what can we do to spread recovery support? How do we demonstrate that we are allies and that we want to do our part to help people see the promise of recovery?

There was a question earlier on-- you were talking about the button that you have on your book bag, and somebody saying, can I wear that button if I'm not a person in recovery and yet I see myself as a resource? So maybe you could comment a little—

KRIS KELLY: Yeah, absolutely. Yes, everyone. Like, if you have any touchings, whether it's friend, family, professionally, we are all members of the recovery community. So the recovery community is defined broadly as not just the person with that lived experience, but their friends, their families, and our allies that often are professionals that work to change the system as well.

Some things I think people on this call can do-- so if you're working within a clinical facility and peers are hired on to your staff, welcome them as best you can and realize how, what I'll say is, kind of, intimidating that role is. And so you're coming in as a peer professional, and it's this whole clinical structure might be new to you. Probably is new to you.

And so again, just checking in and making sure that they feel welcomed, and that they have a space to do their work, and that they're supported in their employment with you, rather than maybe pushing back or questioning their methods is-- maybe go through some sort of recovery coach training yourself so that you have a deeper understanding how recovery management might differ, but can definitely complement treatment planning. Understand that the recovery professionals on your staff are really there and focused for when that person leaves your services.

And so, again, we might spend 30, 60, 90 days within this clinical treatment that really, really does that deeper dive into our diagnosis, but peers are there to prepare people for that post treatment experience in their natural environment. And so rather than telling them they can't do something, maybe ask why they're doing it. And then, if it seems sensible and reasonable, partner with them and be an advocate for what the changes that they're trying to make. Because it's no secret, when we hire peers, our services transform.

ANN SCHENSKY: So I just wanted to mention one last thing in our last couple of minutes here is, Faces and Voices of Recovery is hosting a virtual summit.

And so it's this year's summit is a 20-year anniversary to a summit that occurred in St. Paul, Minnesota in 2001. And the summits have three goals. And it's to celebrate and honor recovery in all its diversity, to foster advocacy skills in the tradition of American advocacy movements, and to produce principles, language, strategy, and leadership to carry the movement forward.

And so, again, you can join that summit virtually from wherever you are. It's in October. October 3 through 6. I believe. And this is really where Faces and Voices of Recovery was born.

Again, if you're not familiar, I highly encourage you to go to the Faces and Voices of Recovery website and check it out, because they are really national experts on recovery advocacy. And also, you can go to a newly funded SAMHSA technical Assistance Center called the Peer Recovery Center of Excellence. And so this is really a technical assistance center focused on supporting and helping develop the substance use disorder peer recovery workforce.

And so if you're integrating peers and you have questions, you can go to the Peer Recovery Center of Excellence and get technical assistance from us that helps you integrate peers into your system. We have CU opportunities for peers, and we partner with and build capacity in local recovery community organizations.

KRIS KELLY: Sorry if I was too all over the place, but I had a lot to say in a little bit of time. So I really want to thank everybody for joining us today.

ANN SCHENSKY: And thank you, Kris, for joining us and getting us sent off in a wonderful way for our Alcohol is Still a Drug Series, reminding us how we can support the recovery part of alcohol use disorders. So thank you so much.

KRIS KELLY: All right. Thank you.

ANN SCHENSKY: Thank you.

KRIS KELLY: Have a great day.

ANN SCHENSKY: Yeah. Thanks--