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Welcome

Central East PTTC Webinar

“Stigma the Gift that Keeps on Giving”

Residual Effects of Stress During the Recovery Process from Active Substance Use

The Central East PTTC is housed at the Danya Institute in Silver Spring, MD

Oscar Morgan
Executive Director

Deborah Nixon Hughes
Project Director
Central East Region

SAMHSA REGION 3
The use of affirming language inspires hope.

**LANGUAGE MATTERS.**

**Words have power.**

**PEOPLE FIRST.**

The PTTC Network uses affirming language to promote the application of evidence-based and culturally informed practices.

Central East (HHS Region 3)
PTTC Mission

1. To Strengthen the Capacity of the Workforce
2. To Deliver Evidence-Based Prevention Strategies
3. Facilitate Opportunities for Preventionists to Pursue New Collaboration Opportunities, which include Developing Prevention Partnerships
Services Available

- Online Courses
- Technical Assistance
- Skill Based Training
- Webinar
- Toolkits
- Facilitate Prevention Partnership & Alliances
- Research Learning Collaborative
- Newsletter
- Technology Driven Models
- Literature Searches
- Virtual Meeting
- Research Publication

Central East (HHS Region 3)
Other Resources in SAMHSA Region 3

Central East (HHS Region 3)

ATTC
Addiction Technology Transfer Center Network
Funded by Substance Abuse and Mental Health Services Administration

Central East (HHS Region 3)

MHTTC
Mental Health Technology Transfer Center Network
Funded by Substance Abuse and Mental Health Services Administration

Central East (HHS Region 3)

PTTC
“Stigma the Gift that Keeps on Giving”
Residual Effects of Stress During the Recovery Process from Active Substance Use
Part 1

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June 11, 2022
Presenters

Demetrie Garner

Shawn Colvin
Shawn Colvin has served as the Treatment Services Manager and Treatment Coordinator at the Helping Up Mission for the past ten years, directly impacting over 2,000 lives. Twenty-two years in active addiction provided valuable experiences and lessons that now inform his work in helping others. Currently, he is in his twelfth year of clean and sober recovery.

He has acquired numerous certifications, including Certified Peer Recovery Specialist (CPRS), Recovery Peer Supervisor (RPS), and Recovery Coach Professional Facilitator (RCPF).

In his role as Treatment Services Manager, Shawn collaborates with mission executives and partner organizations, including Johns Hopkins Medical Center and Greater Baltimore Medical Center. He oversees and manages all aspects of resident treatment and care, which include everything from Medical Assisted Therapy (MAT) to initial Peer Recovery Coaching.

Aside from his management role and coordinator responsibilities, he serves as the on-site RCPF, training individuals toward the goal of becoming a CPRS.

In both his professional and personal roles, Shawn's goal is always to share his experience, strength, and hope with his clients, students, and colleagues.
Demetrie Garner has been active in his recovery for over five years. After multiple arrests, incarcerations, homelessness, and countless overdoses, the recovery process promoted a new way to live. Accepting servitude as a way of life, he continues to work with people with high-risk behaviors as the Regional Project Coordinator for the Hepatitis C (HCV) micro-elimination project at MedStar Health Research Institute and MedStar Health. His role intersects with patient navigation, liaison to specialist providers, principal investigator assistant, and project coordination. Before his current role, he was promoted from MedStar Health as a Peer Recovery Specialist in substance use disorders at one of the largest emergency departments in Maryland. Having worked firsthand with substance use populations and being in active recovery, he is positioned to access and provide evidence-based lived and holistic approach experience to fill the gaps in our structured recovery process for individuals. As a University of Maryland at Baltimore County (UMBC) graduate, he is now pursuing his master’s in public policy with a concentration in healthcare. Recently, he has accepted board membership at The Helping Up Mission, a non-profit servicing men, women, and children experiencing homelessness and substance use in Baltimore.
While many intricate parts develop a positive outcome to recovery, identifying triggers that cause stress is the first step to a continuous, healthy recovery. Stigma can often become the conduit for environmental and emotional triggers. It is crucial to challenge and dismantle the stigmatizing attitudes and beliefs surrounding addiction and the recovery process. As we unpack the association of stress and triggers, we will close the loop on the missing link of dismantling the negative attitude of doubt facing the newcomer in recovery.
Learning Objectives

1. Recognize the role of stigma as a potential trigger for stress in individuals in recovery.

2. Understand the importance of identifying triggers that cause stress during recovery.

3. Investigate the various ways in which stigma can act as environmental and emotional triggers.

4. Consider how dismantling stigma can contribute to a healthier and more successful recovery.
Mentimeter Activity

Which animals are the best: dogs or cats?

How to participate:
- Scan the QR code from a mobile device OR
- Click on the link in the chat OR
- Go to menti.com and enter the code at the top of this slide.
Stigma is a set of negative attitudes and stereotypes that can create barriers to treatment and make these conditions worse

- The binding factor of substance use that prevents recovery

**Different Forms of Stigma**

- Public Stigma

- Self Stigma

- Institutional Stigma

Emotional and Psychological Effects of Stigma

Shame + Guilt = Isolation

An excess of shame undermines recovery; whereas enhanced self-esteem, hope, and inspiration facilitates recovery

[CrossRef] [Google Scholar]
• Dismantling Stigma in Self
• It Takes A Village
• It's A Marathon Not A Sprint
The Role of Stigma as a Potential Trigger for Stress

- Demetrie—“The Time I had a boil that landed me in the ER”

- Shawn—“When I first got clean”
Mentimeter Activity

How do you define triggers and what can cause them?

| How to participate: | • Scan the QR code from a mobile device  OR  
|                     | • Click on the link in the chat  OR  
|                     | • Go to menti.com and enter the code at the top of this slide. |

All responses to your question will be shown here

Each response can be up to 200 characters long

Turn on voting in Interactivity to let participants vote for their favorites
Definition of Trigger - a stimulus that elicits a reaction

What constitutes a trigger
• Emotional
• Environmental
• Situational
• Physical

Identify Triggers
• Self-reflection
• Therapeutic techniques
• Support Groups

Managing Triggers
• Coping Strategies
• Preparation
• Stress Management

• Identification of Triggers Specific to the Recovery Process.

• Can I See The Warning Signs? Impact of Triggers on Recovery

• My Past Can Be Used As Indicators To Keep Me Healthy.
Mentimeter Activity

How much do you agree with the following statement?

We can become conditioned to living in stress.

Central East (HHS Region 3)

PTTC

How to participate:
- Scan the QR code from a mobile device
- Click on the link in the chat
- Go to menti.com and enter the code at the top of this slide.
❖ How Do I Use My Stress As A Tool For My Recovery?

❖ Parameters, Parameters, Parameters

❖ See Something, Say Something
• I Can Only Use What I have

• Knowledge Is Key
Consider how dismantling stigma can contribute to a healthier and more successful recovery

Education and awareness
- Public Education Campaigns
- Training for Healthcare Providers
- School Programs

Community Support
- Peer Support Programs
- Family Education
- Community Events
Personal Stories with Mental Health Integration

- Testimonies from People in Recovery
- Integrated Care Models:
  - Trauma-Informed Care
  - Holistic Approaches
Advocacy and Education

• Empowering Peer Advocates

• Recovery Advocacy Movements
• New Lifestyle  Breed New Habits

• The Benefits of Dismantling Stigma That Causes Triggers
Small Group Discussion
Instructions

- Turn on your camera if you are willing and able
- Designate a notetaker
- Read through the case study
- Discuss the case study questions
- The notetaker should type up a short summary of the discussion/group answers to the questions
- The notetaker pastes their summary in the zoom chat after the breakout session ends
Case Study

Tyrone, a 35-year-old African American male, endured neglect as a child and grew up in foster care, leading him to start using drugs and alcohol at an early age. Despite numerous unsuccessful rehab attempts, he began a Suboxone program late last year. However, Tyrone's network consists mostly of men unfamiliar with maintenance-based treatment (MBT) and unsupportive of it, causing him to keep his treatment a secret due to their negative attitudes towards MBT. As a result, Tyrone has withdrawn from his network functions and support groups. How does his network perpetuate Tyrone’s stigma, and how can he address their stigmatizing practices that leave him isolated, akin to his experiences in foster care? Moreover, how has Tyrone responded to their stigma by erecting his barriers, and what are some possible strategies to overcome his dilemma?
Tyrone, a 35-year-old African American male, endured neglect as a child and grew up in foster care, leading him to start using drugs and alcohol at an early age. Despite numerous unsuccessful rehab attempts, he began a Suboxone program late last year. However, Tyrone's network consists mostly of men unfamiliar with maintenance-based treatment (MBT) and unsupportive of it, causing him to keep his treatment a secret due to their negative attitudes towards MBT. As a result, Tyrone has withdrawn from his network functions and support groups. How does his network perpetuate Tyrone’s stigma, and how can he address their stigmatizing practices that leave him isolated, akin to his experiences in foster care? Moreover, how has Tyrone responded to their stigma by erecting his barriers, and what are some possible strategies to overcome his dilemma?

Discussion:
• How might Tyrone's early experiences of neglect and foster care have influenced his susceptibility to substance use and addiction?
• In what ways do you think Tyrone's childhood experiences impact his current approach to recovery and trust in support systems?
• How does Tyrone’s network perpetuate stigma against maintenance-based treatment (MBT)?
• What are the psychological impacts of this isolation on Tyrone’s mental health and recovery?
• If you were in Tyrone’s position, how would you handle the stigma from your network?
Q & A

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Contact Us

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