



Connecticut Counseling Centers, Inc. “Bridge to Recovery” Peer Mentoring Program

The Bridge to Recovery (BTR) program is a peer mentoring based program that provides peer mentoring services for patients recovering from opioid addiction. The innovative peer mentoring program was developed and implemented at Connecticut Counseling Centers, Inc. by a unique collaboration between treatment provider and patient. The mission of the BTR program is to provide peer mentoring services for patients receiving opioid agonist treatment in the Methadone Maintenance Treatment Program (MMTP), who are struggling with their recovery, and may benefit from peer mentoring services. It is an innovative treatment initiative designed to increase retention and produce positive treatment outcomes. The initiative addresses the three main variables associated with poor treatment outcomes; low motivation, lack of a therapeutic relationship with program staff, and poor retention rates. The initiative recruits and trains patients who are in long term recovery with medication assisted treatment who desire to help others achieve their own recovery. A basic assumption of the initiative was that patients in long term recovery who are properly trained to provide peer mentoring services, would demonstrate a strong ability to form a positive therapeutic bond with the patient which would have a positive effect on patient retention. The “Bridge to Recovery” recognizes and builds upon the initial gains made by the patient by retaining the patient in treatment while providing Evidenced-Based practices such as Motivational Interviewing.

The mentors meet with patients who are having difficulty maintaining sobriety, missing counseling sessions, and are at risk of dropping out of treatment. In most cases these patients lack a therapeutic connection or alliance with the program and lack motivation to make healthy behavior change. The goal of the initiative is to create a therapeutic alliance between the patient and the treatment program with the peer mentor being the catalyst or “bridge” for the alliance. Hence, the program is called “Bridge to Recovery”. The program works because the mentors have the ability to quickly form a bond with the patient who lacks one with the program staff. They then extend this alliance to the program counselors. The mentors are literally a “bridge” to connect the non-engaged patient with recovery. The research indicates that the therapeutic relationship between the patient and the treatment provider is the best predictor of treatment success. This initiative helps establish this connection for those who are struggling with their recovery. Outcome studies conducted at Connecticut Counseling Centers, Inc. following implementation of this innovation have been extremely positive.

The concept of peer mentoring is not new. However, the depth of the training that the mentors receive is. The Peer Mentors attend 300 hours of training in the 8 performance domains of an addictions counselor, the same training accessed by counselors preparing for certification as an addictions counselor. The training also focuses on core counseling techniques relating to establishing the therapeutic alliance and Motivational Interviewing which is designed to increase motivation for healthy behavior change. The mentors attend classes with counselors working towards certification in the Connecticut Certified Alcohol and Drug Abuse Counselor Training Program (CT CADAC Training Program). This exposure has also helped reduce the stigma associated with medication assisted treatment.



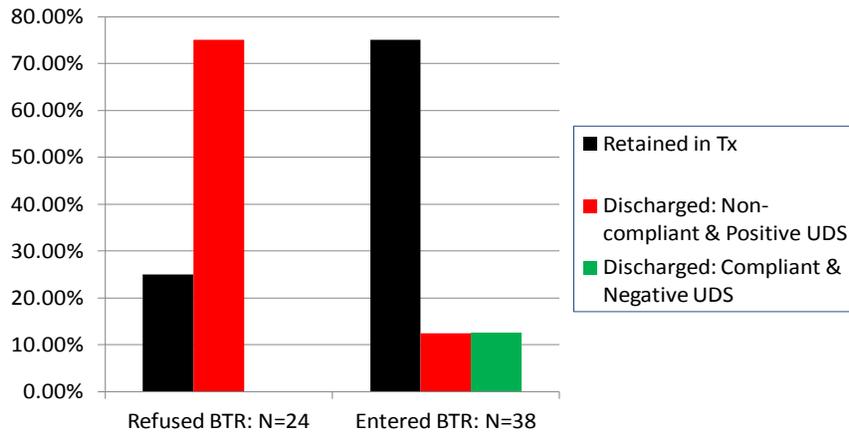
The training also provides the peer mentors with a ladder to a career as an addictions counselor. The mentors receive the same training required to become a certified addictions counselor. Following the training, the Peer Mentors are eligible to take the certification exam with the CT Certification Board, Inc. For many, becoming a peer mentor is the first step to becoming a certified addictions counselor and a career in the addictions treatment field. This is not only important for the patient in recovery who desires a career but to the field as a whole. According to the findings of a workgroup convened by the Substance Abuse and Mental Health Services Administration “The addictions treatment field is facing a crisis. Worker shortages, inadequate compensation, and stigma currently challenge the field. Increasingly, treatment and recovery support providers also struggle with issues related to recruitment, retention, and professional development of staff.” These findings were released in the report “Strengthening Professional Identity: Challenges of the Addictions Treatment Workforce” in December, 2006. Initiatives like the BTR can address these workforce issues by providing an additional portal into the addictions treatment field.

The Bridge to Recovery (BTR) Peer Mentoring Program has been in operation for almost four (4) years. Outcomes during the past three years including higher retention rates, increased patient satisfaction, and decreases in illicit drug use have been better than anticipated.

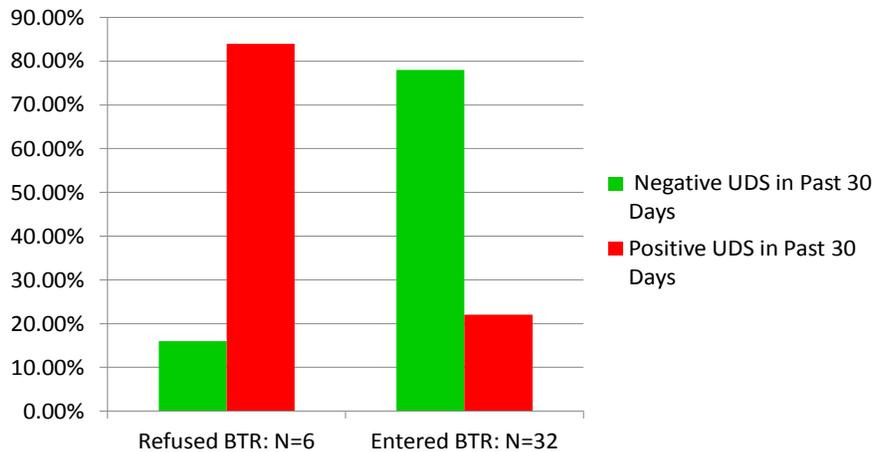
Patient & Counselor Satisfaction Survey Results					
Questions	Strongly Agree	Agree	No Change/ Opinion	Disagree	Strongly Disagree
Sample of Patient Survey Questions					
My quality of life has improved since my involvement with the BTR program.	18%	82%	0%	0%	0%
My relationship with my counselor has improved.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



Patient Outcomes: Chart Review 62 Patients Referred to BTR



Urine Drug Screens (UDS) for Patients Retained in Treatment





An important component of the initiative is collaboration and coordination between the clinical staff and the peer mentors. Feedback to date from both mentors and staff has also been extremely positive.

The program has been recognized by the Connecticut Department of Mental Health and Addiction Services as a model program to be replicated at other sites. The authors have presented the initiative at the 2009, 2010, and 2012 American Association for the Treatment of Opioid Dependence (AATOD) conferences. The program has also been approved for presentation at the 2012 AATOD conference. The initiative was also presented at the “CT Recovery Conference: Medication Assisted Recovery: Best Practices & Emerging Trends”, in Mystic, CT on September 19th & 20th, 2011. As a result of these presentations, several organizations expressed interest in replicating the program in full or in part. Connecticut Counseling Centers, Inc. is exploring funding opportunities to replicate this initiative at other Methadone Maintenance Treatment Programs across the country.

The Bridge to Recovery Program received the U. S. Department of Health & Human Services, Substance Abuse and Mental Health Services Administration (SAMHSA), Science and Service Award for demonstrated excellence and innovation in the treatment of mental health and substance use disorders at the American Association for the Treatment of Opioid Dependence Conference in Las Vegas, NV on April 24, 2012. The SAMHSA national awards program promotes excellence in the treatment of addiction by recognizing programs that have demonstrated implementation of exemplary innovative services, practices, and/or strategies, resulting in improved patient outcomes.

The Bridge to Recovery Program was co created by Robert C. Lambert, MA, LADC, Program Director, Connecticut Counseling Centers, Inc., Norwalk Facility and Kurt Kemmling, CMA, President of the Connecticut Chapter of the National Association of Medication Assisted Recovery (NAMA-R) and Regional Director of NAMA-R.

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