Family Recovery Support Practice Profile

The Family Recovery Support Practice Profile was developed by a workgroup that convened from July 2021 through January 2022—started through the Creating Connections NH Project and funded by the Substance Abuse and Mental Health Services Administration (SAMHSA). It reflects the talent and voices of caregivers impacted by a youth's substance use disorder, Family Support providers, certified recovery support workers, APG facilitators, researchers, and state partners. We would like to thank the following organizations and individuals for their engagement in this process and their commitment to improving the lives of youth and families:

- Heidi Cloutier, UNH Institute on Disability
- Kaarin Clausen, UNH Institute on Disability
- NH Department of Health and Human Services
- Robin Bergeron, Collective Roots APG
- NAMI NH
- Molly Plummer, Revive Recovery
- Donna Marston, Harbor Care
- Emily Hennessy, Harvard Medical School Center for Addiction Medicine

- Bob and Linda Faghan, Live Free Recovery Consultants
- JoAnne Malloy, UNH Institute on Disability
- Darlene Dadley, Revive Recovery
- Tonja Carr, Teen and Family Services
- George Youngblood, Teen and Family Services
- Annette Edens, Association of Alternative Peer Groups
- John Cates, Lifeway International
- Laura Burger Lucas

Family Support is critical for young people to find and sustain recovery, yet many organizations struggle to utilize Family Supports that effectively engage families and meet their needs. Creating Connections NH has worked to develop and implement a continuum of effective, community-based services and supports for youth, ages 12–25, with substance use disorders (SUD) and co-occurring mental health disorders, in collaboration with people with lived experience. All practices in this profile are based on using lived experience as an active part of a therapeutic process to enhance engagement and motivation, and to help families build skills that encourage health, wellness, and connection. This document started with a group brainstorm about the essential features of Family Support, followed by a literature search on the topic. It was then crosswalked with critical components of Alternative Peer Groups,

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NAMI's (National Alliance for Mental Illness) Family Supports, and SAMSHA's Recovery Competencies. The essential components were defined using the National Implementation Research Network Practice Profile template.

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Family Support Competencies

This Practice Profile is aligned with SAMSHA's recovery competencies (SAMHSA, 2022), slightly modified for the Family Support provider context, and contains the addition of the ethics competency domain. The Practice Profile will inform development of a) training and resources for Family Support providers; b) organizational policies and processes; c) job descriptions and qualifications; and d) resources to support organizations and staff who supervise Family Support providers.

RECOVERY-ORIENTED: Family recovery support providers hold out hope to those they serve, and partner with them to envision and achieve a meaningful and purposeful life, beyond the care of the youth. They help those they serve identify, build on strengths, and become empowered to choose for themselves and support family members' choices, and recognize that there are multiple pathways to recovery.

FAMILY-CENTERED: Family recovery support services are always directed by the family that is participating in the services. Family recovery support is personalized to align with the specific hopes, goals, and preferences of the family served and responds to specific needs the family has identified.

ETHICS: Family Support providers are partners or consultants to those they serve. They do not dictate the types of services provided or the elements of recovery plans that will guide their work with families. Participation in family recovery support services is always contingent on family choice.

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RELATIONSHIP-FOCUSED: The relationship between the Family Support provider and the family is the foundation on which family recovery support services and support are provided, and is respectful, trusting, empathetic, and collaborative.

TRAUMA-INFORMED: Family recovery support utilizes a strengths-based framework that emphasizes physical, psychological, and emotional safety, and creates opportunities for survivors to rebuild a sense of control and empowerment.

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Guide to Using the Family Recovery Support Practice Profile

While this Family Recovery Support Practice Profile was developed to provide Family Support in the context of Alternative Peer Groups for youth and young adults with substance use disorders and co-occurring disorders between the ages of 12–25, it may inform the development of Family Support in other environments, such as schools and collegiate recovery. Basic practices of family recovery support will remain consistent even when the context changes. A useful analogy is "Motivational Interviewing," a particular approach and expertise which can be applied in a variety of settings.

The Practice Profile identifies the critical elements of family recovery support. There are five competency areas (that align with SAMHSA's peer competencies for peer workers) described in this Practice Profile. Under each competency there are critical components included, and how this critical component is defined. The next column defines how this Critical Component contributes to the outcome of promoting healing and reconnection within the family through the sharing of experiences, strengths, and hope, while also integrating learning into our daily lives. The following column identifies how one would know if that critical component was in place and provides suggested data, evidence, or measures to determine implementation.

The next three columns define the best practice or "gold standard" that we would want to see from family recovery support providers; the emerging practice or what one would expect to see from someone new who is growing their skills to provide Family Support; and then the unacceptable practice—things that may be harmful, do not meet basic standards, and should not be a part of effective Family Support. The last column includes hyperlinked resources that may be useful for providers.

LANGUAGE CLARIFICATION

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"Family" and "family members" refer to the individuals that constitute a young adult's family group, and includes parents, siblings and other biological kin, foster and adoptive family members, and other significant attachment relationships, whether kin or not, as defined by each young adult.

Family recovery support providers are those individuals that facilitate group and/or individual supports for families of youth with problematic substance use.

"Lived experience" is defined as the personal experience of living with and overcoming a mental health/substance abuse/traumatic life concern which has caused problems in one or more areas of life. A person with lived experience will also have had valuable experience in navigating or using community resources, therapeutic services, or other supports to overcome the challenges. In the case of Family Support, we are referring to "lived experience" as parenting a youth between the ages of 12–25 with a substance use disorder.

Practice: Family Support for caregivers and family members with a youth or young adult (12–26) with a substance use disorder or co-occurring disorder.

Clearly Defined Outcome(s): In support of one another, families build resilience through sharing in a non-judgmental, safe space without stigma and shame. Our goal is to promote healing and reconnection within the family through the sharing of our experiences, strengths, and hope, while also integrating learning into our daily lives.

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Critical Component	Define How this Critical Component Contributes to the Outcome	Define the Data or Outcomes to Measure Implementation	Ideal "Gold Standard" of the Critical Component	Emerging Practice (Acceptable Variation) of the Critical Component	Unacceptable Variation of the Critical Component	Resources
RECOVERY-ORIENTED COMPETENCY: Family recovery support providers hold out hope to those they serve, and partner with them to envision and achieve a meaningful and purposeful life beyond the care of their youth. They help those they serve identify, build on strengths, and become empowered to choose for themselves and support family members' choices, and also recognize that there are multiple pathways to recovery.						

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1	Family Support is facilitated by and for family members with a youth/young adult (12–26 years old) in recovery from or with substance use disorder and/or co-occurring disorder. Facilitators are fairly compensated for their expertise.	Helps to build trust, mutual support, and connection/working relationship with the family	Job description of Family Support Family Support survey	Family Support is facilitated by and for family members with a youth/young adult (12–26 years old) in recovery or with substance use disorder and/or co-occurring disorder. Facilitators are fairly compensated for their expertise.	Family Support is facilitated by parent or caregiver of a youth/young adult adult (12–26 years old) in recovery or with substance use disorder and/or co-occurring disorder, or by an individual in their own recovery, or another trained professional in partnership with a family member.	Family Support is facilitated by someone without lived experience in recovery or raising a youth/young adult adult (12–26 years old) in recovery or with a co-occurring disorder.	NAMI Life Interrupted Training Rebuilding the Family Sharing without Shame Addictions and Recovery – 3.5 hour training on Families and Addiction Training (NH DHHS)

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				with lived experience.		

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2	Space is made at every activity to share and celebrate successes.	Helps increase self-esteem, as well as build community and connections within the organization	Surveys Meeting activity format/structure	Activities are structured in a way that all participants are invited to share and celebrate successes at every meeting/event. Facilitators model that any and all successes can and should be acknowledged and celebrated (substance-free birthdays, milestones, etc.).	Organization celebrates only big successes, or only sporadically acknowledges and celebrates milestones and accomplishments, or only successes of certain participants.	The organization does not celebrate successes. Activities are not structured or do not invite participants to share or celebrate successes. Facilitators do not model celebrating successes.	Celebrating Recovery

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3	Education is proactively provided on topics of interest or need to the families involved.	Integrating learning promotes healing and reconnection within the family.	Curriculum educational materials/ calendar of activities/events	Facilitator provides evidence-based or research-informed programming that includes engaging recovery-focused topics.

Facilitators use feedback from participants to research and incorporate new group strategies or approaches. | Facilitator incorporates limited educational programming and occasionally incorporates new group strategies and approaches based on research or feedback from participants. | Facilitator does not provide programming that includes engaging recovery-focused topics.

Facilitator does not implement new group strategies or approaches or solicit feedback from participants about interests or needs. | APG Facilitator Resources |

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4	Family Support activities are held frequently enough to support the needs of group participants and offer consistent, dependable support.	Frequent meetings are necessary to foster connection and community.	Program schedule, family surveys	Program regularly solicits input on family needs, and offers consistent, dependable support. 2x/week group Family Support for new families in the first 4-6 weeks; 1x/week ongoing; 1x/month for families Access to 1:1 coaching and support for	Family Support offers weekly group support, but fails to offer 1:1 coaching or more frequent supports for new families, or provides sporadic or inconsistent scheduling.	Program does not solicit input on family needs and/or is not offered at a consistent time or frequently enough to support the needs of families, and no access to 1:1 supports.	

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			families as needed			

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FAMILY-CENTERED: Family recovery support services are always directed by the family participating in services. Family recovery support is personalized to align with the specific hopes, goals, and preferences of the family served and responds to specific needs the family has identified.							
5	Strengths-based	Facilitator practices using a strengths-based perspective and takes into consideration the family's overall goals and strengths.	Observation of groups/survey of participants regarding their ability to identify strengths/facilitators use of strengths-based supports	Identifies and builds upon strengths

Discusses how resilience and protective factors promote success in recovery and incorporates this with participants

Models holding hope and using strengths-based | Focuses on needed changes only without celebrating successes and strengths

Frequently misses opportunities to identify and build upon strengths | Fails to recognize strengths with participants

Fails to model reframing or use of strengths-based language

Focuses on deficits or problems rather than strengths | Strengths Discussion Questions

Exploring Thoughts and Beliefs Worksheet

Gratitude Journal - Three Good Things

SAMSHA Core Competencies for Peer Workers |

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				language in interactions Incorporates a focus on strengths and assets rather than problems and deficits			Strengths and Risk Assessment VIA Strengths-Based Assessment
6	Respects and honors differences (cultural humility)	Helps establish safety and builds connections	Family Survey (includes important traditions, customs, and holidays)	Self-aware of their own culture heritage, values, and biases Learns and works within context of the family's cultural norms,	Self-aware of their own culture heritage, values, biases Respects family's values and is learning more	Brings their own biases or values to the table "Works for" the system rather than with the family. The Family Support	OHE full-day training Cultural and Linguistic Competence Module

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		Calendar of celebrations /activities	traditions, values, and routines Encourages and uses tools for active engagement of families Intentionally raises the idea of the inclusion of team members consistent with the family's culture Families develop or identify the	about family's culture Intentionally raises the idea of the inclusion of team members consistent with the family's culture	specialist's objective includes forcing the youth/family to assimilate to the dominant culture/fit in Uses primarily systems-dominated language	PTA Multicultural calendar Think Cultural Health US DHHS Office of Health Equity Promoting Health Equity: A Resource to Help Communities Address Social Determinants of Health Local multicultural center

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				priorities and makes decisions for the work

Is aware of and provides for communication access or additional resources specific to the family's culture | | | International Institute

Race and Equity in Recovery Northstar |
| 7 | Feedback and data are gathered from group members regularly and used to improve the program so it meets the needs of participants. | Regular family feedback fosters a healthy community | Data collection procedures /data collected | Participants share responsibility to design, plan, implement, and | Participants are given multiple ways to provide feedback on programming and group structures, | Participants provide informal or no feedback about programming and | Family Satisfaction Survey

Wraparound questions |

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	that is more likely to meet the needs of participants. Data collection procedures/ data collected/improvement plans	improvement plans	evaluate all activities. Formal and regular feedback is solicited from participants and used to make improvements on programming and organizational management. Group facilitators ask for feedback at the end of each meeting about	but this may be irregularly documented and used to make improvements in the program.	organizational management.	

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			what worked and what could be improved upon. Formal feedback is collected at least twice a year.			
ETHICS: Family Support providers are partners or consultants to those they serve. They do not dictate the types of services provided or the elements of recovery plans that will guide their work with families. Participation in family recovery support services is always contingent on family's choice.						

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8	Facilitators are adequately trained and supported to facilitate Family Supports.	Increasing families' capacity for self-sufficiency by providing support that helps build on strengths and better coping skills	Training outline/supervision schedule	Facilitators are trained in group facilitation, recovery support, SAMSHA's Recovery Competencies, motivational interviewing, and engage in ongoing professional development, structured debriefing/supervision, and/or coaching.	Facilitators have received some training and are receiving some support in the form of structured debriefing and/or supervision.	Facilitators have not been trained and/or do not have oversight or support, or structured time for debriefing/ supervision.	Washington state-certified peer counseling and family partner training

NAMI

NAMI NH

Family Facilitator Training Tracker |

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9	All group members commit to honor privacy/confidentiality of group members, except when safety is concerned.	This creates a safe, socially reinforcing environment.	Survey	Group norms reflect that privacy and confidentiality are an essential part of creating a safe space for everyone in the Family Support community and hold each other accountable for understanding and respecting each other's privacy.

Group facilitator frequently | Confidentiality is thoroughly explained when a new member joins; however, group facilitator does not adequately and consistently review the meaning of confidentiality and privacy with members. There is a formal process for addressing concerns when privacy or confidentiality are | Confidentiality is not thoroughly explained when new group members join and the group norms do not reflect that upholding confidentiality and privacy is essential to creating a safe space for all.

Organization doesn't keep up to date with | Privacy webinars hosted by CCNH (2021)

SAMHSA "Substance Use Confidentiality Regulations"

Summary of Health Insurance Portability and Accountability Act Privacy Rule (HIPAA)

Protecting Student Privacy: Family Educational Rights |

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			reviews the meaning of confidentiality and privacy with all members as a large group (follows HIPAA/FERPA/ 42 CFR Part 2). There is a formal protocol for addressing concerns when privacy or confidentiality are not being respected.	not being respected.	current HIPAA/FERPA/ 42 CFR Part 2 guidelines.	and Privacy Act (FERPA)

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10	Boundaries/ethics	Facilitator practices using ethical boundaries to ensure safety of the clients as well as the agency.	Staff handbook outlines boundary policies.	Follows SAMSHA Peer Recovery Competencies Organization has documented policies around ethics and professional boundaries that facilitators are trained in and follow. Uses professional boundaries	Policies are in place, but family facilitators are not trained in them or supported to understand state or federal confidentiality guidelines. Inconsistent use of professional boundaries	There are no written policies in place regarding boundaries or ethics.	SAMSHA Peer Recovery Competencies NAMI Code of Ethics Community Mental Health Providers in Schools: Guidelines for Schools National Center for School Mental Health Sample MOU template

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11	Self-care strategies are taught, modeled, and fostered.	Ensures consistent delivery of Family Supports Allows for modeling of wellness	Training Survey Facilitator/Facilitator Fidelity Tool	Self-aware of what contributes to or threatens one's own wellness Has and follows a personal wellness plan and set of strategies Seeks support to prevent burnout or illness Organization intentionally plans for and promotes self-	Is aware of own needs and resources. Relies on supervision or others to follow through on wellness needs. Family Support facilitators are still learning best practices for self-care and may be inconsistently modeling these practices.	Works at the expense of own health where it becomes detrimental to themselves and the work Does not seek individual support for wellness	CCNH self-care training Coaching support APG Learning Community - 3rd Friday of the month via Zoom

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			care practices within the organization.			

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RELATIONSHIP-FOCUSED: The relationship between the Family Support provider and the family is the foundation on which family recovery support services and support are provided and is respectful, trusting, empathetic, and collaborative.						

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12	Collaborative partnership/mutual support	Helps to build trust, mutual support, and connections/ working relationships	Family Survey Observation tool? Engagement tools	Facilitators ensure that space is created for mutual support, and facilitators foster authentic non-judgmental communication and encourage families to hold each other accountable while being supportive. All families are welcome and treated as equals, and staff assume	Facilitators have inconsistent application of skills that foster and promote collaborative partnerships. Facilitators are developing skills and continue to be trained in this area.	Facilitators cannot relate or build solid relationships with group members.	SAMHSA core competencies for peer workers

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			positive intent and competence.			

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13	Strategic sharing	Builds connections, trust, and relationships with peers Brings a level of credibility or expertise to the practice	Survey training materials	Able to use lived experience to build connections with peers Able to distinguish times when sharing elements of personal story is helpful; utilizing story with discretion Ability to hear peer's story; active listening for strengths and	Is not ready or able to share story but can identify this as a need for development	Shares experience indiscriminately	Strategic Sharing Tip Sheet

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			dreams as well as goal pathway Has permission from family member to share lived experience Acknowledges that not all parts of one's story need to be shared, and allows the safety of privacy on some details			

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14	Conflict management	Effective conflict management fosters positive relationships and growth. Maintains relationships through stressful times	Youth parent scale Surveys Youth happiness with parent scale (Donohue, 2001). Satisfaction of conduct disordered and substance abusing youth with their	Maintains emotional and physical safety through stressful situations Manages discomfort Recognizes conflict and is able to communicate when feeling discomfort Recognizes when to be neutral and tries to redirect to	Recognizes conflict and is able to communicate when feeling discomfort sometimes Still learning/improving skills in conflict management Sometimes recognizes when to be neutral	Escalates or does not deal with conflict Communication strategies are conflict-oriented	CCNH Communication Etiquette CPI Nonviolent Crisis Intervention (Associated cost) Life space Crisis Intervention (Associated cost) Community Reinforcement Approach and Family Training (C RAFT) intervention (Associated cost)

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			parents. (Donohue, 2001)	a positive/productive focus. Is able to successfully de-escalate/neutralize high conflict situations			Thomas Kilmann Conflict Mode Instrument (TKI)

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15	Navigating crisis situations effectively	Essential for families to be safe and focus on healing	Audit process reviewing procedures and case notes/incident reports	The organization has clearly documented crisis policies/procedures that are revisited at least annually, and ensures that all staff are trained and supported in using them. Assists family to identify crisis symptoms such as (triggers) stressful events and warning	Acknowledges crisis when it happens, and uses strategies to support the family through the crisis. Not competent or confident in handling the crisis	Having no crisis plan in place Crisis prevention is not considered, even after crisis happened at least once. "Plays down" the seriousness of a crisis situation. Staff/Family Support specialists are not trained in	Youth Mental Health First Aid Training Worker Safety Online Module (RCO) Recovery Community Organizations Emergency Preparedness Toolkit

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			signs before the crisis happens Works with family to explore possible patterns and stressful events (triggers) to identify warning signs Helps the family identify strategies or coping skills that prevent or work through a crisis		how to handle crises effectively. Youth or family's input into the crisis plan is not considered. Takes on the responsibility for providing all crisis support for the family.	

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			Can differentiate between what they can provide for help and when to contact a clinician or more intensive support provider Facilitator follows crisis plan and documentation procedures, including debriefing and reflection on lessons learned, making			

The Family Support Practice Profile was developed as a collaborative effort by the Creating Connections NH Project and the NH Department of Health and Human Services through a SAMSHA Substance Use Treatment Grant (Creating Connections NH #GH79TI080192), and was adapted from NAMI NH's 2018 Family Support Model.

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			adjustments to procedures as necessary.			

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TRAUMA-INFORMED: Family recovery support utilizes strengths-based framework that emphasizes physical, psychological, and emotional safety and creates opportunities for survivors to rebuild a sense of control and empowerment.						

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16	Family Support creates and adheres to its own set of norms to ensure safety, engagement, and inclusiveness of all members.	The development and use of norms fosters safety and inclusion of all participants, and helps communicate expectations.	Group norms and protocols for updating these	Group norms are developed in collaboration with participants, included in orientation materials, and revisited regularly. Participants hold each other accountable to the norms. Norms include a discussion of stigma-reducing language and	Group norms are initially developed in collaboration with participants and posted. Norms are infrequently revised or modified to reflect current participant feedback, and/or participants do not hold each other accountable to the norms.	Group norms are not developed, or are developed without any input from participants, or group facilitator does not hold participants accountable to the norms.	Setting and Using Norms with APGs

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			cultural responsiveness. Norms are posted in a prominent location(s).			

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17	Facilitators are trained in trauma-informed practices and their impact on behavior, development, and relationships.	Creates safety, trust, and builds empowerment Demonstrates empathy Informs approaches and interactions to enhance positive outcomes	Enhanced positive outcomes of families	Facilitators are trained in and effectively use trauma-informed approaches with participants. Facilitators provide education and supports to families to help them understand trauma and its impact on adolescent development and relationships.	Facilitators have some training in effective use of trauma-informed approaches with participants. Facilitators provide minimal education and supports to help families understand trauma and its impact on adolescent development and relationships.	Facilitators are not trained in use of trauma-informed approaches with participants.	Adverse Childhood Experiences (ACES) NH Coalition Against Domestic and Sexual Violence The National Child Traumatic Stress Network: Creating Trauma-Informed Systems

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18	Family Support activities are planned with thoughtful consideration of the physical, emotional, and social/safety needs of all participants.	Ensure the safety of all participants

To ensure a safe environment where support is easily accessible if needed to handle an emergency | Emergency procedures, plans, and posted group norms

Accessibility audit/walkthrough | Facilitator ensures that emergency procedures, group norms, the location of the meetings, safety protocols, local and state safety standards, and physical accessibility is in place and communicated with families.

Facilitators have training in mental health, CPR, first | Organization secures adequate space for families to participate in activities comfortably. The space and equipment are clean, working properly, and supports the privacy of participants. The space is inclusive (e.g., gender neutral bathrooms). Facilitators have had some training, | Facilitator is not educated in emergency procedures, accessibility, and group norms.

Families are unaware that the facilitator is a mandated reporter.

There are no emergency procedures or norms, or the space has equipment that | Mental health first aid

CPR

Planning Accessible Meetings and Events Toolkit

Know and Tell – 2.5 hr free online course about mandated reporting |

Family Recovery Support Practice Profile

Critical Component	Define How this Critical Component Contributes to the Outcome	Define the Data or Outcomes to Measure Implementation	Ideal "Gold Standard" of the Critical Component	Emerging Practice (Acceptable Variation) of the Critical Component	Unacceptable Variation of the Critical Component	Resources
			aid, suicide prevention, and accessibility best practices. Families understand that the facilitator is a mandated reporter.	but are still learning.	is not functioning properly, or violates safety standards or physical accessibility guidelines.	

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19	Family Support provides opportunities to link members with natural supports, SUD treatment, behavioral health supports and other recovery support services, and aftercare and transition supports.	As families grow, they may need different or additional supports to maintain their health, wellness, and/or recovery.	Resource list	Helps family understand the accessible and culturally responsive supports that are available. Relate to the family's experience in the service system Knowledgeable about services and supports and how to access local, regional,	Helps family understand the supports that are available Has limited knowledge about services and supports and how to access local, regional, and state resources	Does not have any knowledge of the systems that are needed to support the family Does not use their own experiences or knowledge to assist the family or link to other supports Does not empower the family to seek outside	211.org 988 Family Resource Centers

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			and state resources Is able to "translate" jargon or support the family to speak up when professional language is unclear Works to enhance the family's skills in navigating the systems for their supports so that the family can do		services/supports beyond the APG Promotes specific medication or treatment	

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			it on their own without peer support			

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<u>References</u>

Donohue, B., DeCato, L, Azrin, N., & Teichner, G. (2001). Satisfaction of parents with their conduct-disordered and substance-abusing youth. *Behavior Modification 25*(1), 21-43. https://scales.arabpsychology.com/s/parent-happiness-with-youth-scale-phys/

Substance Abuse and Mental Health Services Administration (SAMHSA). (2022, March 23) *Bringing Recovery Supports to Scale Technical Assistance Center Strategy*. https://www.samhsa.gov/brss-tacs