



# Family Recovery Support Practice Profile

Creating Connections New Hampshire



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# About

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) or with 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.

The development of this document began 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 the Alternative Peer Groups model, the National Alliance on Mental Illness's (NAMI) Family Support Model, and SAMSHA's Recovery Competencies. The essential components were defined using the National Implementation Research Network (NIRN) Practice Profile template.



# Family Recovery Support Competencies

Youth that have family support and understanding about the recovery process are much more likely to find and sustain recovery, yet this is often overlooked in the youth recovery process, or deemed too challenging to engage families to meet their needs. Family Recovery support is grounded in a shared “lived experience” which enhances authenticity, and acceptance of other’s experience, while acknowledging that every person’s journey to recovery is unique. 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) or with SUD and co-occurring mental health disorders, in collaboration with people with lived experience and their loved ones.

The development of this document began with a group brainstorm about the essential features of Family Support, followed by a literature search on the topic. It was then cross walked with critical components of Alternative Peer Groups, the National Alliance on Mental Illness’s (NAMI) Family Support Model, and SAMSHA’s Recovery Competencies. Note that SAMSHA’s competency labeled “voluntary” has been renamed “ethics” as a critical competency, not previously identified in peer workers behavioral health competencies and more encompassing than voluntary engagement in supports. The essential components were defined using the National Implementation Research Network (NIRN) Practice Profile template. Although the core competencies of Family Recovery Support are defined separately, there may be overlap or skills that could fall across multiple competencies. The competencies are Recovery Oriented, Family Centered, Ethics, Trauma Informed and Relationship-Focused and are defined below.

## 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, become empowered to choose for themselves, 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.

## 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.

## Relationship-Focused

The relationship between the Family Recovery 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.



## What is a Practice Profile?

Have you ever been asked to provide a program or support but aren't exactly sure what you are supposed to be doing? Sometimes we throw a bunch of possible solutions at a problem and hope one sticks. Unfortunately this isn't always the best or most efficient way of helping.

A Practice Profile identifies the core components of a program and defines the essential elements needed to obtain desired results. It is used to identify discreet skills, activities or elements that can

be taught, measured and observed. Implementation Science Research has demonstrated that how a program is implemented is just as important as what is being provided. Developing a practice profile is the first step in identifying what is needed to inform training, organizational supports and policies, job descriptions, supervisory activities, and progress monitoring tools to see how the program is doing and whether the supports provided are making a positive impact.

# How to use Practice Profiles

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 ages of 12–25 with substance use disorders (SUD) or SUD with co-occurring disorders, it may inform the development of Family Recovery Support in other environments such as schools and collegiate recovery programs. Basic practices of family recovery support will remain consistent even when the context changes. Just as Motivational interviewing is a useful approach in multiple contexts, Family Recovery Supports can likely 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 competencies for peer workers) described in this Practice Profile. Under each competency there are critical components listed and defined. The next column defines how this Critical Component, or skill areas identified, 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. By concentrating on the defined outcomes Family Recovery Support is trying to achieve, this allowed the stakeholder group to stay focused on the critical components that help foster those outcomes and avoid drift. The following column, titled “Measuring Implementation” identifies how one would know if that critical component was in place and

provides suggested data, evidence, or measures to determine implementation of that critical component..

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 Recovery Support. The last column includes hyperlinked resources that may be useful for providers to implement that particular critical component. The resources include both specific resources such as a Family satisfaction survey that includes a link to access the resource and general resources, such as “local multi-cultural center” to suggest that reaching out and learning more about these community resources may be helpful.

## Defined Recovery Outcomes

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.



## Language Clarification

“**Family**” and “**family members**” refer to the individuals that constitute a youth or young adult’s family group, and can include parents, siblings, and other biological kin, foster and adoptive family members, and/or other significant attachment relationships 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 Recovery Support**”, we are referring to parenting or being an essential caregiver for a youth between the ages of 12-25 years old with problematic substance use.

## NOTES

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# RECOVERY-ORIENTED CRITICAL COMPONENT CATAGORY #1

| CRITICAL COMPONENT  | CONTRIBUTIONS TO OUTCOME   | MEASURING IMPLEMENTATION  | IDEAL "GOLD STANDARD"   | ACCEPTABLE VARIATION   | UNACCEPTABLE VARIATION  | RESOURCES   |
|---|--|---|---|--|---|---|
| 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 (SUD) or with SUD and co-occurring disorder(s) (CODs). 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<br><br>Family Support provider survey | Family Support is facilitated by and for family members with a youth/young adult (12–26 years old) in recovery or with SUD or with SUD and COD(s). Facilitators are fairly compensated for their expertise. | Family Support is facilitated by parent/ caregiver of a youth/ young adult in recovery or with SUD or with SUD & COD(s), or by an individual who is in recovery, or another trained professional in partnership with a family member with lived experience | Family Support is facilitated by someone without lived experience in recovery or raising a youth/ young adult in recovery or with SUD/SUD+COD | NAMI Life Interrupted Training: <a href="https://bit.ly/3PrIhxZ">bit.ly/3PrIhxZ</a><br><br>Rebuilding the Family: <a href="https://bit.ly/3aaxx8w">bit.ly/3aaxx8w</a><br><br>Sharing without Shame: <a href="https://sharingwithoutshame.com">sharingwithoutshame.com</a> |

## RECOVERY-ORIENTED CRITICAL COMPONENT #2

| CRITICAL COMPONENT  | CONTRIBUTIONS TO OUTCOME   | MEASURING IMPLEMENTATION   | IDEAL "GOLD STANDARD"  | ACCEPTABLE VARIATION  | UNACCEPTABLE VARIATION  | RESOURCES  |
|---|--|--|--|---|---|--|
| 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<br><br>Meeting/<br>activity format/<br>structure/ meeting<br>observation | Activities are structured so all participants are invited to share and celebrate successes at every meeting or event. Facilitators model that any and all successes can and should be acknowledged and celebrated (substance-free birthdays, milestones, new job, 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.<br><br>Activities are not structured to invite participants to share successes. Facilitators do not model celebrating successes. | Celebrating Recovery:<br><a href="https://bit.ly/3PPd0qz">bit.ly/3PPd0qz</a> |

## RECOVERY-ORIENTED CRITICAL COMPONENT #3

| CRITICAL COMPONENT   | CONTRIBUTIONS TO OUTCOME   | MEASURING IMPLEMENTATION   | IDEAL "GOLD STANDARD"   | ACCEPTABLE VARIATION  | UNACCEPTABLE VARIATION   | RESOURCES  |
|--|--|--|---|---|--|--|
| Education is proactively provided on topics of interest or need to the families involved | Helps increase self-esteem, as well as build community and connections within the organization | Curriculum<br><br>Educational materials;<br>calendar of activities/ events | Facilitator provides evidence-based or research-informed programming that includes engaging recovery-focused topics.<br><br>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.<br><br>Facilitator does not implement new group strategies or approaches or solicit feedback from participants on interests/ needs. | APG Facilitator Resources:<br><a href="https://bit.ly/3yIE4BB">bit.ly/3yIE4BB</a><br><br>Talent and interest Survey:<br><a href="https://iod.unh.edu/sites/default/files/apg_talent_interest_">iod.unh.edu/sites/default/files/apg_talent_interest_</a><br><br>ASAM The Six dimensions of Multi-dimensional SUD Assessment:<br><a href="https://bit.ly/3zqNnXb">https://bit.ly/3zqNnXb</a> |

## RECOVERY-ORIENTED CRITICAL COMPONENT#4

| CRITICAL COMPONENT  | CONTRIBUTIONS TO OUTCOME  | MEASURING IMPLEMENTATION         | IDEAL "GOLD STANDARD"   | ACCEPTABLE VARIATION   | UNACCEPTABLE VARIATION  | RESOURCES   |
|---|---|----------------------------------|---|--|---|---|
| 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 | <p>Program regularly solicits input on family needs, and offers consistent, dependable support.</p> <p>2x/week group Family Support for new families in the first 4-6 weeks; 1x/week ongoing;</p> <p>1 x month for youth &amp; family joint activities</p> <p>Access to 1:1 coaching and support for families as needed</p> | Family Support offers weekly group support, but fails to offer 1:1 coaching, Youth and Family join activities, 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. | Organizations' Family support calendar, or schedule of activities and sharing information about NAMI Family Support, PFLAG (Parents, Families, and Friends of Lesbians and Gays+), New American Family Support Groups, etc. |

## FAMILY-CENTERED CRITICAL COMPONENT #5

| CRITICAL COMPONENT | CONTRIBUTIONS TO OUTCOME   | MEASURING IMPLEMENTATION   | IDEAL "GOLD STANDARD"   | ACCEPTABLE VARIATION  | UNACCEPTABLE VARIATION  | RESOURCES  |
|--------------------|--|--|---|---|---|--|
| 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. | <p>Identifies and builds upon strengths</p> <p>Discusses how resilience and protective factors promote success in recovery and incorporates this with participants</p> <p>Models holding hope and using strengths-based language</p> <p>Focuses on strengths and assets rather than problems and deficits</p> | <p>Focuses on needed changes only without celebrating successes and strengths</p> <p>Frequently misses opportunities to identify and build upon strengths</p> | <p>Fails to recognize strengths with participants</p> <p>Fails to model reframing or use of strengths-based language</p> <p>Focuses on deficits or problems rather than strengths</p> | <p>Strengths Discussion Questions: <a href="http://bit.ly/3yVhcyO">bit.ly/3yVhcyO</a></p> <p>Exploring Thoughts and Beliefs Worksheet: <a href="http://bit.ly/3lwl2p8">bit.ly/3lwl2p8</a></p> <p>Gratitude Journal – Three Good Things: <a href="http://bit.ly/3890BfQ">bit.ly/3890BfQ</a></p> <p>SAMSHA Core Competencies for Peer Workers: <a href="http://bit.ly/3a6vt1a">bit.ly/3a6vt1a</a></p> <p>Strengths and Risk Assessment: <a href="http://bit.ly/3wCf9Op">bit.ly/3wCf9Op</a></p> <p>VIA Strengths-Based Assessment: <a href="http://bit.ly/3G90L3B">bit.ly/3G90L3B</a></p> |

## FAMILY-CENTERED CRITICAL COMPONENT CRITICAL COMPONENT #6

| CRITICAL COMPONENT                                  | CONTRIBUTIONS TO OUTCOME                      | MEASURING IMPLEMENTATION  | IDEAL "GOLD STANDARD"  | ACCEPTABLE VARIATION   | UNACCEPTABLE VARIATION  | RESOURCES  |
|---|---|---|--|--|---|--|
| Respects and honors differences (cultural humility) | Helps establish safety and builds connections | <p>Family Survey (includes important traditions, customs, and holidays)</p> <p>Calendar of celebrations/ activities</p> | <p>Self-aware of their own culture, heritage, values and biases.</p> <p>Learns and works within context of the family's cultural norms, traditions, values, and routines</p> <p>Encourages and uses tools for active engagement of families</p> <p>Intentionally raises the idea of including team members consistent with the family's culture</p> <p>Families develop or identify the priorities and makes decisions for the work.</p> | <p>Respects family's values and is learning more about family's culture</p> <p>Intentionally raises the idea of the inclusion of team members consistent with the family's culture</p> | <p>Works "for the system" rather than with the family.</p> <p>Objectives include forcing the youth/ family to assimilate to the dominant culture/fit in</p> <p>Primarily uses systems-oriented language</p> | <p>CLC online module: <a href="https://bit.ly/3G8BKW6">bit.ly/3G8BKW6</a></p> <p>PTA Multicultural calendar: <a href="https://bit.ly/3G8ObBo">bit.ly/3G8ObBo</a></p> <p>Think Cultural Health: <a href="https://bit.ly/3sTXaB4">bit.ly/3sTXaB4</a></p> <p>US DHHS Office of Health Equity: <a href="https://bit.ly/3sQDoGG">bit.ly/3sQDoGG</a></p> <p>Promoting Health Equity: A Resource to Help Communities Address Social Determinants of Health: <a href="https://bit.ly/3LCzDuH">bit.ly/3LCzDuH</a></p> <p>Local multicultural center</p> |

# FAMILY-CENTERED CRITICAL COMPONENT CRITICAL COMPONENT #6

| CRITICAL COMPONENT | CONTRIBUTIONS TO OUTCOME | MEASURING IMPLEMENTATION | IDEAL "GOLD STANDARD"  | ACCEPTABLE VARIATION | UNACCEPTABLE VARIATION | RESOURCES   |
|--------------------|--------------------------|--------------------------|--|----------------------|------------------------|---|
|                    |                          |                          | Is aware of and provides for communication access or additional resources specific to the family's culture |                      |                        | International Institute<br><br>Race and Equity in Recovery North Star document: <a href="http://bit.ly/3mzk50H">bit.ly/3mzk50H</a><br><br>Faces and Voices of Recovery LGBTQ+: <a href="http://bit.ly/3MHkkS9">bit.ly/3MHkkS9</a> |

## FAMILY-CENTERED CRITICAL COMPONENT #7

| CRITICAL COMPONENT   | CONTRIBUTIONS TO OUTCOME   | MEASURING IMPLEMENTATION                                     | IDEAL "GOLD STANDARD"  | ACCEPTABLE VARIATION   | UNACCEPTABLE VARIATION  | RESOURCES   |
|--|--|--|--|--|---|---|
| Feedback and data are gathered from group members regularly and used to improve the program so it meets the needs of participants. | <p>Regular family feedback fosters a healthy community that is more likely to meet the needs of participants.</p> <p>Data collection procedures or data collected or improvement plans</p> | Data collection procedures/ data collected improvement plans | <p>Participants share responsibility to design, plan, implement, and evaluate all activities.</p> <p>Formal and regular feedback is solicited from participants and used to make improvements on programming and organizational management.</p> <p>Group facilitators ask for feedback at the end of each meeting about what worked and what could be improved upon. Formal feedback is collected at least twice a year.</p> | Participants are given multiple ways to provide feedback on programming and group structures, but this may be irregularly documented and used to make improvements in the program. | Participants provide informal or no feedback about programming and organizational management. | <p>Family Satisfaction Survey: <a href="https://bit.ly/3O7UpEh">https://bit.ly/3O7UpEh</a></p> <p>Wraparound questions used at the end of every meeting</p> |

## ETHICS CRITICAL COMPONENT #8

| CRITICAL COMPONENT   | CONTRIBUTIONS TO OUTCOME   | MEASURING IMPLEMENTATION               | IDEAL "GOLD STANDARD"   | ACCEPTABLE VARIATION   | UNACCEPTABLE VARIATION  | RESOURCES  |
|--|--|--|---|--|---|--|
| 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. | <p>Washington state-certified peer counseling and family partner training: <a href="https://bit.ly/3GenHs">bit.ly/3GenHs</a></p> <p>NAMI: <a href="https://nami.org">nami.org</a></p> <p>NAMI NH: <a href="https://naminh.org">naminh.org</a></p> <p>Family Facilitator Training Tracker</p> |

## ETHICS CRITICAL COMPONENT #9

| CRITICAL COMPONENT   | CONTRIBUTIONS TO OUTCOME                                      | MEASURING IMPLEMENTATION | IDEAL "GOLD STANDARD"  | ACCEPTABLE VARIATION  | UNACCEPTABLE VARIATION   | RESOURCES   |
|--|---|--------------------------|--|---|--|---|
| <p>Privacy and Confidentiality</p> <p>All group members commit to honor privacy/confidentiality of group members, except when safety is concerned.</p> | <p>This creates a safe, socially reinforcing environment.</p> | <p>Survey</p>            | <p>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.</p> <p>Facilitator frequently reviews the meaning of confidentiality and privacy with all members as a large group (follows HIPAA/ FERPA/ 42 CFR Part 2).</p> | <p>Confidentiality is thoroughly explained when a new member joins; but facilitator does not adequately/ consistently review the meaning of confidentiality and privacy with members.</p> <p>There is a formal process for addressing concerns when privacy or confidentiality are not being respected.</p> | <p>Confidentiality is not thoroughly explained when new group members join</p> <p>Group norms do not reflect that protecting confidentiality and privacy is essential to creating a safe space for all.</p> <p>Organization doesn't keep up to date with current HIPAA/ FERPA/ 42 CFR Part 2 guidelines.</p> | <p>Privacy webinars hosted by CCNH (2021): <a href="https://bit.ly/3abr09">bit.ly/3abr09</a></p> <p>SAMHSA Substance Use Confidentiality Regulations: <a href="https://bit.ly/3wA4EeG">bit.ly/3wA4EeG</a></p> <p>Summary of Health Insurance Portability &amp; Accountability Act Privacy Rule (HIPAA): <a href="https://bit.ly/3lykOz1">bit.ly/3lykOz1</a></p> <p>Protecting Student Privacy: Family Educational Rights &amp; Privacy Act (FERPA): <a href="https://bit.ly/3Gin1YL">bit.ly/3Gin1YL</a></p> |

## ETHICS CRITICAL COMPONENT #9

CRITICAL  
COMPONENT

CONTRIBUTIONS  
TO OUTCOME

MEASURING  
IMPLEMENTATION

IDEAL "GOLD  
STANDARD"

ACCEPTABLE  
VARIATION

UNACCEPTABLE  
VARIATION

RESOURCES

There is a formal protocol for addressing concerns when privacy or confidentiality are not being respected.

## ETHICS CRITICAL COMPONENT #10

| CRITICAL COMPONENT | CONTRIBUTIONS TO OUTCOME  | MEASURING IMPLEMENTATION                   | IDEAL "GOLD STANDARD"   | ACCEPTABLE VARIATION  | UNACCEPTABLE VARIATION   | RESOURCES   |
|--------------------|---|--|---|---|--|---|
| Boundaries/ethics  | Facilitator practices using ethical boundaries to ensure safety of the clients as well as the agency. | Staff handbook outlines boundary policies. | <p>Follows SAMSHA Peer Recovery Competencies.</p> <p>Organization has documented policies around ethics and professional boundaries that facilitators are trained in and follow.</p> <p>Uses professional boundaries.</p> | <p>Policies are in place, but family facilitators are not trained in them or supported to understand state or federal confidentiality guidelines.</p> <p>Inconsistent use of professional boundaries.</p> | There are no written policies in place regarding boundaries or ethics. | <p>SAMSHA Peer Recovery Competencies: <a href="http://bit.ly/3PBhRva">bit.ly/3PBhRva</a></p> <p>NAMI Code of Ethics: <a href="http://bit.ly/38ELzPt">bit.ly/38ELzPt</a></p> <p>Community Mental Health Providers in Schools: Guidelines for Schools: <a href="http://bit.ly/3wDwJSp">bit.ly/3wDwJSp</a></p> <p>National Center for School Mental Health Sample MOU template: <a href="http://bit.ly/3sQImTQ">bit.ly/3sQImTQ</a></p> |

## ETHICS CRITICAL COMPONENT #11

| CRITICAL COMPONENT                                      | CONTRIBUTIONS TO OUTCOME   | MEASURING IMPLEMENTATION  | IDEAL "GOLD STANDARD"  | ACCEPTABLE VARIATION  | UNACCEPTABLE VARIATION   | RESOURCES   |
|---|--|---|--|---|--|---|
| Self-care strategies are taught, modeled, and fostered. | <p>Ensures consistent delivery of Family Supports</p> <p>Allows for modeling of wellness</p> | <p>Training</p> <p>Survey</p> <p>Facilitator/<br/>Facilitator Fidelity Tool</p> | <p>Self-aware of what contributes to or threatens one's own well-ness</p> <p>Has and follows a personal wellness plan and set of strategies</p> <p>Seeks support to prevent burnout or illness</p> <p>Organization intentionally plans for and promotes self-care practices within the organization.</p> | <p>Is aware of own needs and resources. Relies on supervision or others to follow through on wellness needs.</p> <p>Family Support facilitators are still learning best practices for self-care and may be inconsistently modeling these practices.</p> | <p>Works at the expense of own health where it becomes detrimental to themselves and the work</p> <p>Does not seek individual support for wellness</p> | <p>CCNH self-care training</p> <p>Coaching support</p> <p>APG Learning Community - 3rd Friday monthly via Zoom: <a href="https://bit.ly/3Hb6FBw">https://bit.ly/3Hb6FBw</a></p> |

## RELATIONSHIP-FOCUSED CRITICAL COMPONENT #12

| CRITICAL COMPONENT                           | CONTRIBUTIONS TO OUTCOME  | MEASURING IMPLEMENTATION                              | IDEAL "GOLD STANDARD"   | ACCEPTABLE VARIATION  | UNACCEPTABLE VARIATION   | RESOURCES   |
|--|---|---|---|---|--|---|
| Collaborative partnership/<br>mutual support | Helps to build trust, mutual support, and connections/<br>working relationships | Family Survey<br>Observation tool<br>Engagement tools | Facilitators ensure that space is created for mutual support, foster authentic non-judgmental communication, and encourage families to hold each other accountable while being supportive.<br><br>All families are welcome and treated as equals, and staff presume positive intent and competence. | Facilitators have inconsistent application of skills that foster and promote collaborative partnerships.<br><br>Facilitators are developing skills and continue to be trained in this area. | Facilitators cannot relate to or build solid relationships with group members. | SAMHSA Core Competencies for Peer Workers:<br><a href="https://bit.ly/3yU00d1">bit.ly/3yU00d1</a> |

## RELATIONSHIP-FOCUSED CRITICAL COMPONENT #13

| CRITICAL COMPONENT | CONTRIBUTIONS TO OUTCOME   | MEASURING IMPLEMENTATION                | IDEAL "GOLD STANDARD"   | ACCEPTABLE VARIATION   | UNACCEPTABLE VARIATION                    | RESOURCES  |
|--------------------|--|---|---|--|---|--|
| Strategic sharing  | <p>Builds connections, trust, and relationships with peers</p> <p>Brings a level of credibility or expertise to the practice</p> | <p>Survey</p> <p>Training materials</p> | <p>Able to use lived experience to build connections with peers</p> <p>Able to distinguish times when sharing elements of personal story is helpful; using story with discretion</p> <p>Able to hear peer's story; active listening for strengths and dreams as well as goal pathway</p> <p>Has permission from family member to share lived experience</p> | <p>Is not ready or able to share their story but can identify this as a need for development</p> | <p>Shares experience indiscriminately</p> | <p>Strategic Sharing Tip Sheet: <a href="http://bit.ly/3MKLGYN">bit.ly/3MKLGYN</a></p> |

# RELATIONSHIP-FOCUSED CRITICAL COMPONENT #13

| CRITICAL COMPONENT | CONTRIBUTIONS TO OUTCOME | MEASURING IMPLEMENTATION | IDEAL "GOLD STANDARD"  | ACCEPTABLE VARIATION | UNACCEPTABLE VARIATION | RESOURCES |
|--------------------|--------------------------|--------------------------|--|----------------------|------------------------|-----------|
|                    |                          |                          | <p>Acknowledges that not all parts of a story need to be shared and allows for safety of privacy on some details</p> |                      |                        |           |

## RELATIONSHIP-FOCUSED CRITICAL COMPONENT #14

| CRITICAL COMPONENT  | CONTRIBUTIONS TO OUTCOME   | MEASURING IMPLEMENTATION   | IDEAL "GOLD STANDARD"   | ACCEPTABLE VARIATION  | UNACCEPTABLE VARIATION  | RESOURCES  |
|---------------------|--|--|---|---|---|--|
| Conflict management | <p>Effective conflict management fosters positive relationships and growth.</p> <p>Maintains relationships through stressful times</p> | <p>Youth parent scale Surveys</p> <p>Youth happiness with parent scale (Donohue, 2001)</p> <p>Satisfaction of conduct disordered and substance abusing youth with their parents. (Donohue, 2001)</p> | <p>Maintains emotional and physical safety through stressful situations</p> <p>Manages discomfort</p> <p>Recognizes conflict and communicates when feeling discomfort</p> <p>Recognizes when to be neutral and tries to redirect to a positive/ productive focus.</p> <p>Is able to successfully de-escalate/ neutralize high conflict situations</p> | <p>Sometimes recognizes conflict and communicates when feeling discomfort</p> <p>Still learning/ improving skills in conflict management</p> <p>Sometimes recognizes when to be neutral</p> | <p>Escalates or does not deal with conflict</p> <p>Communication strategies are conflict-oriented</p> | <p>CCNH Communication Etiquette: <a href="http://bit.ly/3GcGRod">bit.ly/3GcGRod</a></p> <p>CPI Nonviolent Crisis Intervention (associated cost): <a href="http://bit.ly/39G9Og9">bit.ly/39G9Og9</a></p> <p>Life Space Crisis Intervention (associated cost): <a href="http://bit.ly/3lThfnf">bit.ly/3lThfnf</a></p> <p>Community Reinforcement Approach and Family Training (CRAFT) intervention (associated cost): <a href="http://bit.ly/3GdA8u4">bit.ly/3GdA8u4</a></p> |

## RELATIONSHIP-FOCUSED CRITICAL COMPONENT #15

| CRITICAL COMPONENT                       | CONTRIBUTIONS TO OUTCOME                               | MEASURING IMPLEMENTATION  | IDEAL "GOLD STANDARD"  | ACCEPTABLE VARIATION  | UNACCEPTABLE VARIATION   | RESOURCES   |
|--|--|---|--|---|--|---|
| Navigating crisis situations effectively | Essential for families to be safe and focus on healing | Audit process reviewing procedures and case notes/ incident reports | <p>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.</p> <p>Assists family to identify crisis symptoms such as (triggers) stressful events and warning signs before the crisis happens</p> <p>Helps the family identify strategies or coping skills to prevent or work through a crisis</p> | <p>Acknowledges crisis when it happens and uses strategies to support the family through the crisis.</p> <p>Not competent or confident in handling the crisis</p> | <p>Having no crisis plan in place</p> <p>Crisis prevention is not considered, even after crisis happened at least once.</p> <p>"Plays down" the seriousness of a crisis situation.</p> <p>Staff/Family Support specialists are not trained in how to handle crises effectively.</p> <p>Youth or family's input into the crisis plan is not considered.</p> | <p>Youth Mental Health First Aid Training:<br/><a href="http://bit.ly/3wMeYiD">bit.ly/3wMeYiD</a></p> <p>Worker Safety online module:<br/><a href="http://bit.ly/3yNTNzk">bit.ly/3yNTNzk</a></p> <p>(RCO) Recovery Community Organizations Emergency Preparedness Toolkit:<br/><a href="http://bit.ly/3IDiDKg">bit.ly/3IDiDKg</a></p> |

## RELATIONSHIP-FOCUSED CRITICAL COMPONENT #15

| CRITICAL COMPONENT | CONTRIBUTIONS TO OUTCOME | MEASURING IMPLEMENTATION | IDEAL "GOLD STANDARD"  | ACCEPTABLE VARIATION | UNACCEPTABLE VARIATION  | RESOURCES |
|--------------------|--------------------------|--------------------------|--|----------------------|---|-----------|
|                    |                          |                          | <p>Works with family to explore possible patterns and stressful events (triggers) to identify warning signs</p> <p>Can differentiate between what they can provide for help and when to contact a clinician or more intensive support provider</p> <p>Facilitator follows crisis plan and documentation procedures, including debriefing and reflection on lessons learned, making adjustments to procedures as necessary.</p> |                      | <p>Takes on the responsibility for providing all crisis support for the family.</p> |           |

## TRAUMA-INFORMED CRITICAL COMPONENT #16

| CRITICAL COMPONENT   | CONTRIBUTIONS TO OUTCOME  | MEASURING IMPLEMENTATION                     | IDEAL "GOLD STANDARD"  | ACCEPTABLE VARIATION  | UNACCEPTABLE VARIATION   | RESOURCES  |
|--|---|--|--|---|--|--|
| 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 | <p>Group norms are developed in collaboration with participants, included in orientation materials, and revisited regularly. Participants hold each other accountable to the norms.</p> <p>Norms include a discussion of stigma-reducing language and cultural responsiveness.</p> <p>Norms are posted in a prominent location(s).</p> | 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: <a href="https://bit.ly/3NuZ42J">bit.ly/3NuZ42J</a> |

## TRAUMA-INFORMED CRITICAL COMPONENT #17

| CRITICAL COMPONENT  | CONTRIBUTIONS TO OUTCOME   | MEASURING IMPLEMENTATION               | IDEAL "GOLD STANDARD"  | ACCEPTABLE VARIATION   | UNACCEPTABLE VARIATION   | RESOURCES  |
|---|--|--|--|--|--|--|
| Facilitators are trained in trauma-informed practices and their impact on behavior, development, and relationships. | <p>Creates safety and trust</p> <p>Fosters empowerment</p> <p>Demonstrates empathy</p> <p>Informs approaches and interactions to enhance positive outcomes</p> | Enhanced positive outcomes of families | <p>Facilitators are trained in and effectively use trauma-informed approaches with participants.</p> <p>Facilitators provide education and supports to families to help them understand trauma and its impact on adolescent development and relationships.</p> | <p>Facilitators have some training in effective use of trauma-informed approaches with participants.</p> <p>Facilitators provide minimal education and supports to help families understand trauma and its impact on adolescent development and relationships.</p> | Facilitators are not trained in use of trauma-informed approaches with participants. | <p>Adverse Childhood Experiences (ACES): <a href="https://bit.ly/3wL5bcp">bit.ly/3wL5bcp</a></p> <p>NH Coalition Against Domestic and Sexual Violence: <a href="https://bit.ly/3sVmSVF">bit.ly/3sVmSVF</a></p> <p>The National Child Traumatic Stress Network: Creating Trauma-Informed Systems: <a href="https://bit.ly/38aFREF">bit.ly/38aFREF</a></p> |

## TRAUMA-INFORMED CRITICAL COMPONENT #18

| CRITICAL COMPONENT   | CONTRIBUTIONS TO OUTCOME   | MEASURING IMPLEMENTATION  | IDEAL "GOLD STANDARD"   | ACCEPTABLE VARIATION  | UNACCEPTABLE VARIATION   | RESOURCES  |
|--|--|---|---|---|--|--|
| Family Support activities are planned with thoughtful consideration of the physical, emotional, and social/safety needs of all participants. | <p>Ensure the safety of all participants</p> <p>To ensure a safe environment where support is easily accessible if needed to handle an emergency</p> | <p>Emergency procedures, plans, and posted group norms</p> <p>Accessibility audit/walkthrough</p> | <p>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.</p> <p>Facilitators have training in mental health, CPR, first aid, suicide prevention, and accessibility best practices.</p> <p>Families understand that the facilitator is a mandated reporter.</p> | <p>The privacy of participants. The space is inclusive (e.g., gender neutral restrooms).</p> <p>Facilitators have had some training but are still learning.</p> | <p>the facilitator is a mandated reporter.</p> <p>There are no emergency procedures or norms, or the space has equipment that is not functioning properly or violates safety standards or physical accessibility guidelines.</p> | <p>Mental Health First Aid: <a href="https://bit.ly/3z1e2cG">bit.ly/3z1e2cG</a></p> <p>Change to CPR, First Aid &amp; Narcan Training</p> <p>Planning Accessible Meetings and Events Toolkit: <a href="https://bit.ly/3Nxs9uE">bit.ly/3Nxs9uE</a></p> <p>Know and Tell – free online course on mandated reporting: <a href="https://bit.ly/3wFzMcS">bit.ly/3wFzMcS</a></p> |

## TRAUMA-INFORMED CRITICAL COMPONENT #19

| CRITICAL COMPONENT   | CONTRIBUTIONS TO OUTCOME  | MEASURING IMPLEMENTATION | IDEAL "GOLD STANDARD"   | ACCEPTABLE VARIATION   | UNACCEPTABLE VARIATION   | RESOURCES  |
|--|---|--------------------------|---|--|--|--|
| 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            | <p>Helps family understand the accessible and culturally responsive supports that are available.</p> <p>Relates to the family's experience in the service system</p> <p>Knowledgeable about services and supports and how to access local, regional, and state resources</p> <p>Is able to "translate" jargon or support the family to speak up when professional language is unclear</p> | <p>Helps family understand the supports that are available</p> <p>Has limited knowledge about services and supports and how to access local, regional, and state resources</p> | <p>Does not have knowledge of the systems needed to support the family</p> <p>Does not use their own experiences or knowledge to assist the family or link to other supports</p> <p>Does not empower the family to seek outside services/ supports beyond the APG</p> <p>Promotes specific medication or treatment</p> | <p>211:<br/>211.org</p> <p>Mental health crisis hotline/ 988:<br/>bit.ly/3NuA0Jo</p> <p>NH Family Resource Centers:<br/>fsmh.org</p> |

# TRAUMA-INFORMED CRITICAL COMPONENT #19

CRITICAL  
COMPONENT

CONTRIBUTIONS  
TO OUTCOME

MEASURING  
IMPLEMENTATION

IDEAL "GOLD  
STANDARD"

ACCEPTABLE  
VARIATION

UNACCEPTABLE  
VARIATION

RESOURCES

Works to enhance the family's skills in navigating systems for their supports so that the family can do it on their own without peer support

## References

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>

Metz, A. (2016). *Practice profiles: A process for capturing evidence and operationalizing innovations*. [National Implementation Research Network White Paper]. The University of North Carolina, Frank Porter Graham Child Development Institute, National Implementation Research Network.

Metz, A., Bartley, L. (2012) *Active Implementation Frameworks for program success: How to Use Implementation Science to Improve Outcomes for Children*. [National Implementation Research Network White Paper]. The University of North Carolina, Frank Porter Graham Child Development Institute.

## About Creating Connections NH

Creating Connections NH began as a federally-funded project to develop and implement a system of care for youth (ages 12-25) with Substance Use Disorders (SUD) and Co-occurring mental health disorders and SUD (COD). The work of Creating Connections NH continues today through a Collaboration of the NH Bureau of Children's Behavioral Health within the NH Department of Health and Human Services and the University of New Hampshire Institute on Disability. This work would not be possible without the youth, families, Recovery Support Providers, including Family Supports, Youth SUD Treatment Providers and many other valued stakeholders.

The primary goals of Creating Connections NH are to:

- Design and provide training and supports to deliver developmentally appropriate, research-based screening and brief intervention to youth in the pilot regions.
- Provide training for implementation of research-based assessments, including the CANS (Child and Adolescent Needs and Strengths Checklist) to guide treatment planning.
- Design and provide training for implementation of developmentally-appropriate research-based treatment services consistent with System of Care values and principles and American Society of Addiction Medicine (ASAM) continuum of care, including training in the Seven Challenges, Motivational Interviewing, Care Coordination, Family- and Youth-Driven Wraparound, Peer Support, RENEW, Medication Assisted Treatment, Recovery Coaching, and other evidence-based practices.
- Identify critical barriers in state and federal licensing policies, rules, and regulations that interfere with the development of high-quality assessment, treatment, and recovery services for youth and young adults with SUD or SUD/COD.

Creating Connections NH is a project of the Institute on Disability (IOD). The IOD's mission is to promote full access, equal opportunities, and participation for all persons by strengthening communities and advancing policy and systems change, promising practices, education, and research. Learn more at [iod.unh.edu](http://iod.unh.edu).

Institute on Disability/UCED

