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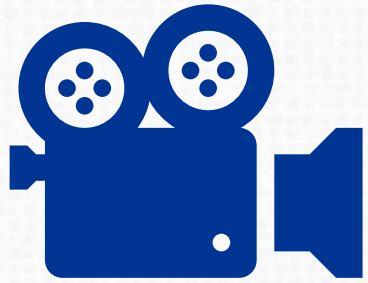
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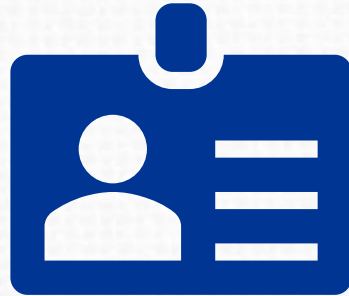
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Mutual Agreement

- Everyone on every Learning Network webinar is **valued**. Everyone has an expectation of **mutual, positive regard** for everyone else that respects the **diversity** of everyone on the webinar.
- We operate from a **strength-based, empathetic, and supportive** framework – with the people we serve, and with each other on these webinars.
- We encourage the use of **affirming language** that is not discriminatory or stigmatizing.
- We treat others as **they** would like to be treated and, therefore, avoid argumentative, disruptive, and/or aggressive language.





Mutual Agreement (continued)

- We strive to **listen** to each person, avoid interrupting others, and seek to **understand** each other through the Learning Network as we work toward the highest quality services for Centers of Excellence (COE) clients.
- Information presented in Learning Network sessions has been vetted. We recognize that people have different opinions, and those **diverse perspectives** are welcomed and valued. Questions and comments should be framed as **constructive feedback**.
- The Learning Network format is **not conducive to debate**. If something happens that concerns you, **please send a chat during the session** to the panelists and we will attempt to make room to address it either during the session or by scheduling time outside of the session to process and understand it. **Alternatively, you can reach out offline to your University point of contact.**



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- COE vision: The Centers of Excellence will ensure care coordination, increase access to medication-assisted treatment and integrate physical and behavioral health for individuals with opioid use disorder.



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Empowered Pathways

Supporting Personal Choice in Recovery



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Learning Objectives

- Identify key client-centered factors that **inform discussions** about **recovery pathway** options
- Examine **personal and systemic biases** toward specific recovery pathways, and assess how these biases may influence **client engagement** and outcomes
- Analyze core principles from recovery literature that emphasize **individual autonomy** and the right to choose one's own recovery path
- Examine strategies for **engaging respectfully** with clients from diverse recovery backgrounds





Fidelity Guidelines Connections

ASSESS

Understand the client's **needs, goals, preferences & priorities**

PLAN

Build an **individualized care plan** around what matters to the client

INFORM

Provide accurate **MOUD education** and support informed choice

CONNECT

Link clients to services and recovery supports **that fit their goals**

ENGAGE

Continue care management as **needs, goals & pathways change**



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Guiding Principles Connection

Guiding Principle	Connection
Expeditious MOUD Induction	Recognizes MOUD as an evidence-based treatment and recovery option and supports timely access when chosen
Hub & Spoke	Requires COEs to know and connect clients with a range of treatment, recovery, and community supports
Assertive, Community-Based Care Coordination	Keeps clients connected to care even when their goals, needs, or recovery pathway changes
Integrated Care	Supports the whole person by addressing substance use, mental health, behavioral health, and physical health needs together





What Does Recovery Mean to You?

Scan QR Code

OR

Go to:

<https://www.menti.com/al3z1tvc8dpe>



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What does the word **recovery** mean to you?

new life

difficulty

hope

life



Background

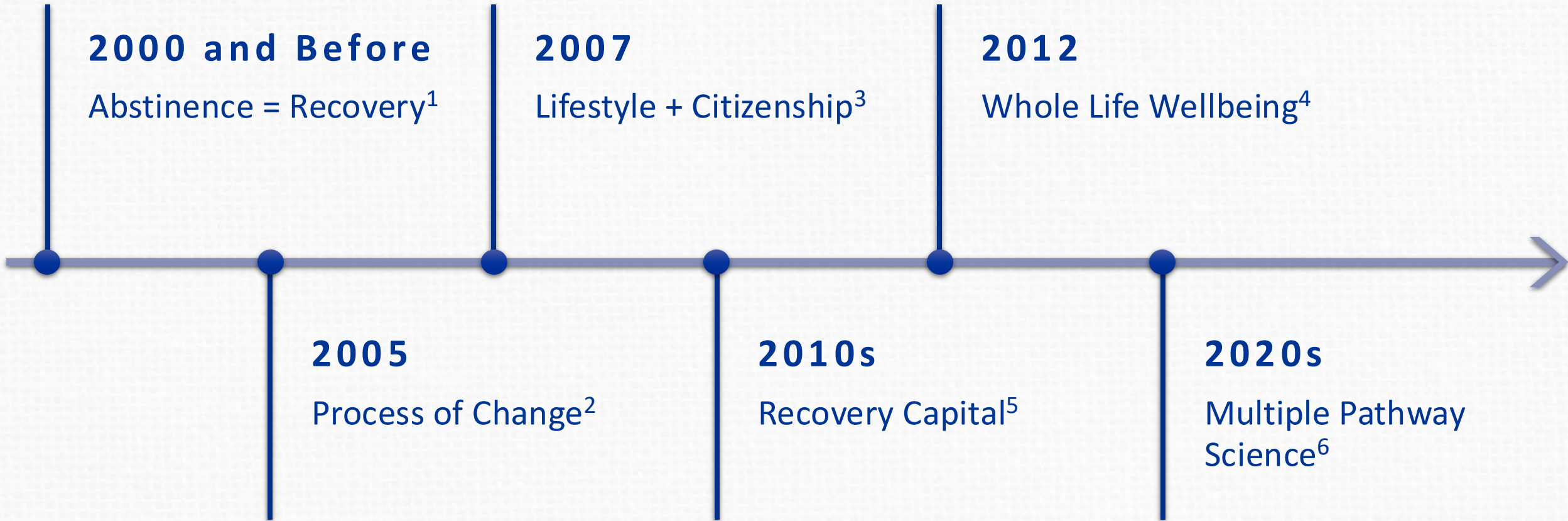


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Recovery Definition Timeline



(¹Anderson et al., 1999; ²CSAT, 2007; ³Betty Ford Institute Consensus Panel, 2007; ⁴SAMHSA, 2012; ⁵Kelly & Hoepfner, 2015; ⁶Witkiewitz et al., 2020)



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Abstinence

- Abstinence-only framing can increase **shame** and reduce **engagement**¹
- Practice **cultural humility**: stay curious about values, identity, and context²
- Define **abstinence** individually; pathways and outcomes vary³
- Recovery exceeds behavior; abstinence is **one doorway**⁴

(¹Paquette et al., 2022; ²Cultural Considerations in Addiction Treatment, 2021; ³Witkiewitz et al., 2021; ⁴SAMHSA, 2012)





Recovery Is Personal

- Recovery has many **legitimate pathways**¹
- People can **combine and shift** supports over time¹
- Evidence shows **multiple routes** to improve well-being²
- There is **no single “best” path**²
- COEs should **normalize choice** and support switching without labeling it a failure



Pathways Can Work Together

- Recovery often involves **multiple supports** at the **same time**
- Treatment, MOUD, peer support, mutual aid, family, and community supports can **complement one another**
- Different supports may address **different needs and goals** at different points in recovery

Rather than asking “Which pathway?”, we can ask “What **mix of supports and approaches** works for this person?”



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Pathways Can Evolve Over Time

Needs Change

Goals and priorities evolve

Supports Change

Add, change, or leave supports

Pathways Shift

Recovery is not always linear

Change $\neq$ Failure

A different path can still support recovery

Reassess & Support

Help clients identify what fits now



Types of Recovery Pathways



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Recovery Pathways

12-Step
Mutual Aid

Secular
Mutual Aid

Faith-Based
Recovery

Clinical
Recovery

Medication-
Assisted
Recovery

Natural
Recovery

Cultural-Based
Recovery



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12- Step Mutual Aid Research

- **Higher abstinence rates** and comparable treatment outcomes¹
- **Less substance use** and related problems²
- **Positive recovery outcomes**³
- **Greater involvement** linked to better outcomes⁴
- Associated with **opioid abstinence**, including with **MOUD**⁵



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12- Step Mutual Aid: Core Elements

Twelve Steps & spiritual growth

Higher power, broadly defined

Meetings, sponsorship & service

Peer accountability & community

Emphasis on abstinence

Views on MOUD may vary by group



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12- Step Mutual Aid: Considerations for Fit

- Clients with OUD who feel okay with, or can flexibly interpret, **“Higher Power”** language
- People who thrive with **clear norms, strong structure, and frequent contact**
- Potential challenges for clients with **religious trauma or marginalized identities**
- COEs can help people find meetings that are **more inclusive, trauma-sensitive, and MOUD-friendly**





Secular Mutual Aid Research

- **Peer-led, nonreligious** groups using CBT/REBT-style tools and mutual support¹
- Supports change for **any** compulsive behavior¹
- Evidence shows **reduced use** of substances¹
- Perform **at least as well** as traditional recovery supports in reducing substance use²



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Secular Mutual Aid: Core Elements

Cognitive-behavioral & motivational tools

Secular, self-empowerment approach

Managing urges & problem-solving

Discussion-based mutual support

Focus on building self-efficacy



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Secular Mutual Aid: Considerations for Fit

- Clients turned off by God/Higher Power language but wanting **peer support and practical skills**
- People who like **structured, skills-based approaches** that feel similar to CBT/REBT
- Clients who felt **judged or marginalized** in some 12-step spaces but still want a group
- Availability can be **limited locally**; online meetings and forums often expand access



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Faith Based Recovery Research

- **Lower risk of harmful substance use** and better recovery outcomes¹
- May **reduce substance use**, particularly in 12-step approaches²
- Faith-affiliated programs may create **MOUD access barriers**³



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Faith Based Recovery: Core Elements

Faith tradition integrated with recovery

Spiritual practices & growth

Faith community & connection

Peer support, mentoring & discussion



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Faith Based Recovery: Considerations for Fit

- May fit people who want recovery support **connected to their faith and values**
- Can offer **spiritual connection, accountability, and a strong sense of community**
- May be challenging for people with **religious trauma or who do not feel affirmed** within a particular faith community
- **MOUD acceptance and inclusivity can vary**, so it's important to find a program that supports the person's identity, values, and treatment choices





Clinical Recovery Research

- **Reduced substance use and criminal activity¹**
- **Effective for alcohol and drug use disorders²**
- **Benefits can continue after treatment²**
- **Can combine multiple evidence-based approaches²**
- **Formal treatment may be one phase of a longer recovery journey¹**



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Clinical Recovery: Core Elements

Comprehensive assessment & diagnosis

Individualized treatment planning

Evidence-based therapies

Appropriate level of care

Ongoing assessment & adjustment





Clinical Recovery: Considerations for Fit

- May be especially important for people with **higher clinical severity, co-occurring conditions, or significant safety risks**
- Can provide **structure, monitoring, and coordinated support** during complex life circumstances
- Treatment intensity should be **matched to the person's individual needs**—not automatically default to a higher level of care
- **Access barriers** such as insurance, transportation, location, and availability can affect what treatment options are realistic





Medication Assisted Recovery (MAR) Research

- Lower **mortality** and **overdose** risk¹
- Improved treatment **retention**^{1,2}
- Better **post-release** outcomes²
- Can support **long-term recovery**¹



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MAR: Core Elements

Evidence-based medication

Reduced cravings & withdrawal

Individualized supportive services

Health, stability & functioning

Medication for as long as beneficial





MAR: Considerations for Fit

- Especially important for people with **moderate-to-severe OUD** or elevated **overdose risk**
- Medication and treatment setting should reflect **individual needs, preferences, and circumstances**
- **Stigma and misconceptions about MOUD** may affect a person's recovery experience
- COEs can **affirm MOUD as compatible with recovery** and support informed treatment choices





Self-Directed Recovery Research

- Recovery can occur **without formal treatment or mutual aid**¹
- May involve **abstinence or reduced/nonproblematic use**¹
- A **legitimate pathway** to recovery²
- Draws on **personal, informal, and community supports**²



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(¹Sobell et al., 2000; ²De Meyer et al., 2024)



Self-Directed Recovery: Core Elements

Self-initiated change¹

Personal turning points & motivation¹

Informal and social supports²

Changes in identity & life circumstances²

Little or no formal treatment^{1,2}



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(¹Sobell et al., 2000;²De Meyer et al., 2024)



Self-Directed Recovery: Considerations for Fit

- May fit people who **prefer to make changes independently** or do not feel they need formal treatment
- More commonly identified among people with **lower substance-use severity and fewer** recovery barriers
- Can draw on **personal strengths, changing life circumstances, and informal supports**
- COEs can **respect self-directed change** while keeping treatment and **other supports available** if needs or goals change



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Cultural-Based Recovery Research



- Improves **wellness** and **substance-use** outcomes¹
- Reduces **substance use** and **related consequences**²
- Improves **alcohol-use** outcomes and psychological **well-being**³
- Supports **healing** and **recovery** across multiple areas of life¹



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(¹Rowan et al., 2014; ²Venner et al., 2021; ³Venner et al., 2016)



Cultural-Based Recovery: Core Elements

Culture as part of healing

Language, identity & community connection

Traditional practices & ceremony

Elders, teachings & cultural guidance

Holistic wellness & interconnectedness



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Cultural-Based Recovery: Considerations for Fit



- May be especially meaningful for people whose **culture, identity, and community are central** to their understanding of wellness and recovery
- Can support healing from **historical trauma, racism, cultural loss, and disconnection**
- Cultural traditions and healing practices should reflect the **individual's preferences** and their **specific community**
- COEs can support access by **partnering with cultural leaders and community-based resources** rather than trying to replicate or appropriate cultural practices



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Discussion

Thinking about the people you've worked with...

- Have you seen someone for whom any of these pathways or others were a **really good fit? What made it work for them?**
- Have you seen someone for whom any of these pathways was **not a good fit? What got in the way?**





JSP | COSSUP
RECOVERY STORIES



Recovery Pathways in Practice

- What **combinations** of recovery pathways have you seen work well together?
- What did the combination **provide** that one pathway alone may not have?
- How can COEs help clients **explore and combine options** that fit their goals?



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Using Motivational Interviewing (MI) to Support Pathway Choice



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From “Which Path?” to “What Fits?”

Explore what recovery means to the client^{1,2}

Ask about goals, values, and preferences^{1,2}

Offer a range of recovery options¹

Avoid steering toward a preferred pathway^{1,2}

Support the client’s informed choice^{1,2}



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Ask Before You Inform

ELICIT

What do they know and want?

PROVIDE

Share information and options

ELICIT

Ask what they think



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Questions that Support Choice

- “What does recovery **look like to you?**”
- “What **has worked** for you before?”
- “What are you **open to trying?**”
- “What feels like a good fit **right now?**”
- “Would you like to **hear** about some **other options?**”
- “What would you like your **next step** to be?”





Organizational Considerations



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Team Composition

- Build teams that reflect **diverse lived experiences, identities, and recovery pathways**¹⁻²
- Include staff who can **connect clients** with supports **across different** recovery pathways¹
- Consider staff **beliefs and attitudes about recovery** and how they may influence client choice¹
- Use **training and exposure to diverse recovery experiences** to strengthen multiple-pathway practice¹
- Avoid requiring one recovery pathway as the standard for peer staff; **pathway-specific needs should reflect the population served**²



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Interview Practices



Screen for **recovery-oriented, person-centered values** during hiring¹



Explore whether candidates can **support pathways different from their own**¹



Use **scenario-based questions** to assess responses to diverse client goals and choices²



Look for **curiosity and flexibility**, rather than preference for one “right” recovery pathway^{1,2}

(¹National Council for Mental Wellbeing, 2022; ²NYC Department of Health and Mental Hygiene, 2019)



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Policies

- Review policies for **requirements or expectations** that favor one recovery pathway¹
- Ensure participation in a specific pathway is **not treated** as the definition of **engagement or recovery**¹
- Establish clear processes for referral when a **client wants services, MOUD, or supports** the organization does not provide²
- Consider client **preferences and recovery goals** when matching staff and services^{1,2}
- Make sure policies support **movement between or combination of pathways** as needs and goals change¹



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Staff Training

- Train staff to **recognize and respect** multiple pathways to recovery
- Include **direct exposure** to people successfully using **diverse recovery pathways**
- Help staff identify how their **own recovery** beliefs and experiences **may influence** their work
- Use **discussion, case examples, and scenarios** to practice supporting pathways different from their own



Referral and Community Partnerships

- Build relationships with a **broad range** of treatment and recovery supports¹
- Maintain an **up-to-date resource network** that reflects different pathways, identities, and needs²
- Ask about **client preferences and prior experiences** before making referrals²
- Use **warm handoffs and follow-up**, rather than relying only on resource lists²
- Know which community resources are **MOUD-supportive, inclusive, accessible, and aligned** with client goals²



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Questions

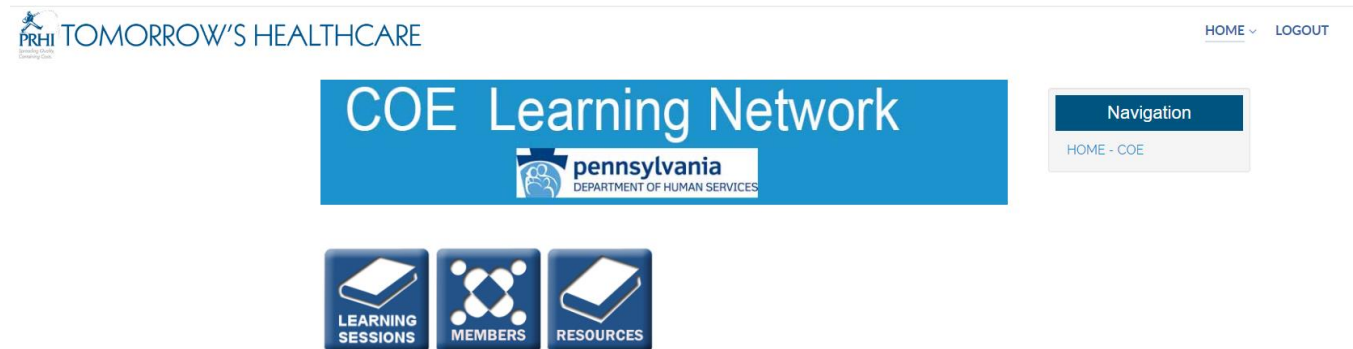


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Wrap up and Next Session

- Please complete the **session evaluation**
- Slides and recording available on Tomorrow's Healthcare
- **Next Session: Motivational Interviewing Refresher, 10/21/2026**





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