

Applying the science of addiction recovery (SOAR): Expect resilience! Training of Trainers

October 18, 2018; 8:30am – 11:45am; Wrightsville Beach, NC
Fall APNC Conference

Ginger Malcom, ICADC, CSAC, NCCP & CARES

gingermalcom@gmail.com, 828-772-7668

George S. Braucht; LPC, CPCS & CARES; Brauchtworks Consulting,

george@brauchtworks.com, 404-310-3941

Clinicians and peer service providers learn how to explain addiction and recovery as brain conditions that, very much like other chronic health conditions, require daily and sustained engagement as evidenced by over 25 million Americans who successfully inspire hope. Applying the Science of Addiction Recovery (SOAR) content is appropriate for peer/client and/or family psychoeducation groups, community outreach, or community partner presentations. This presentation is adapted from the Faces & Voices of Recovery (FAVOR) curriculum. The Applying the SOAR Training of Trainers will equip participants with a PowerPoint, Speaker Notes and handouts for delivering 60- to 90-minute Applying the SOAR symposiums. Upon completion of this session, participants will be able to:

- 1) Explain, a) why some people who use alcohol or other drugs can't just quit and stay quit, and b) the message of contagious hope for recovery based on current neuropsychology,
- 2) Identify the many pathways of recovery,
- 3) Promote how long-term recovery is likely to occur following the Faces and Voices of Recovery Bill of Rights, and
- 4) Effectively deliver Applying the Science of Addiction Recovery 60-90-minute seminars for peers, clients, allies, and other community partners and organizations.

A Moment of Still Silence

Simon & Garfunkel. (1966). *Sounds of silence*.

“If we had a keen vision of all that is ordinary in human life, it would be like hearing the grass grow or the squirrel’s heart beat, and we should die of that roar which is the other side of silence.”

George Eliot (Mary Ann Evans). (1872). *Middlemarch*.

David Crosby. (1988). *Compass*.

Applying the SOAR Training of Trainers (TOT) Objective and Goals

Expand the network of presenters who deliver research-based messages of hope that **expect recovery** by applying the SOAR. See the four specific goal above.

Applying the SOAR TOT Main Points

1. Delivering effective presentations takes practice
2. *You* are the “pearl” of the presentation, not the PowerPoint
3. Everyone improves with peer support and feedback



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Schedule

- 8:30am Applying the SOAR: Expect Resilience
- 10:00am* Break
- 10:15am* Your Turn! Presentation Tips, Techniques and Next Steps
- 11:45am* Adjourn

Applying the SOAR TOT Materials

1. See *Applying the SOAR TOT List of Materials* in this handout
 - a. Access materials at https://drive.google.com/open?id=0B1-g_B_Z9vYoeUpVbF9GS09Wd0U
2. Miller, J. & Braucht, G. S. (2009). *Advanced Presentation Skills Manual* is under “Professional Tools” at <http://brauchtworks.com/toolkit>

Three Components of Trust & Believability

Mehrabian, A. (1972). *Silent messages: Implicit communication of emotions and attitudes*.

Verbal (words or content) (0-100)	_____ %
Vocal (voice & sounds) (0-100)	_____ %
Visual (body language) (0-100)	_____ %
	= 100%

Effective presenters look (visual) and sound (vocal) confident and competent!

Three Self-Assessment Components for Becoming a Successful Presenter

- 1) Core delivery skills
 - a) Physical things you do to help or hinder people’s understanding of your message
 - b) See *Core Delivery Skills Self-assessment* in this handout
 - i) **Complete on each recording of your Applying the SOAR seminars**
- 2) Interaction skills
 - a) Engage your listeners or audience with relationship enhancement skills: PINK OARSI
 - i) Practice Intentionally Not Knowing or _____
 - ii) Open-ended questions
 - iii) Affirmations/validations
 - iv) Reflections/paraphrases
 - v) Summaries
 - vi) Information-giving
 - b) See *Relationship Enhancement Skills (PINK OARSI) Interaction Analysis* in this handout



Three Self-Assessment Components for Becoming a Successful Presenter (cont.)

- 3) Content knowledge
 - a) Convey your message with combinations of words, icons, sounds and other communication tools
- The basic philosophy: Attending to the audience and their responses is more important than the information that you present.



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Applying the Science of Addiction Recovery: Expect Recovery

Now, It's Your Turn!

SOAR Training Tips: Three Keys

- 1) Be enthusiastic about your subject matter and engage the audience at the beginning of your talk
 - a) Envision your objective and *write it down*. Plus:
 - i) Why am I (and the sponsor) willing to talk to other people about recovery?
 - ii) What do I (and the sponsor) expect to accomplish during the seminar?
 - iii) What do I (and the sponsor) want participants to do after the seminar?
- 2) Expect to improve your presentation over time with feedback.
- 3) Do a lot of seminars!

Begin with the end in mind!

Three W's for Presentation Organization: Who, Where and Why

- 1) Know **who** will be your audience
 - a) Pre-workshop Sponsor Discussion
 - i) What tasks or activities does the sponsor (and you) want participants to do after the session?
 - ii) Who are the likely participants: What's their DNA?
 - (1) Demographics
 - (2) Needs: What are the pressing or "hot button" issues around addiction, mental health and recovery that the sponsor would like addressed? What message(s) is most important to the sponsor?
 - (3) Attitudes: What attitudes, positive and negative, may be expected from the participants?
- 2) Know **where** you are doing this presentation?
 - a) Size matters!
 - b) Arrange seating for close proximity
 - c) Check audio-visuals
 - d) Monitor room temperature
- 3) Know **why** you are doing this presentation. Different agenda if...
 - a) Self-organized or invited?
 - b) Open or skeptical audience?
 - c) Michael Jr. – Know your why: <https://www.youtube.com/watch?v=1ytFB8TrkTo>

Preparations

- 1) Bring laptop, projector, speakers, flip chart & stand, markers, name tags, gifts, etc.?
 - a) Check your PowerPoint before every seminar!
- 2) To Dos:
 - a) PowerPoint Skills Self-Assessment
 - b) Core Presentation Skills Self-Assessment
 - c) The tasks or activities the organizer wants participants to do during and after this session



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Responding to Questions: PINK OARSI

- ✓ Affirm the person's concern and validate her/his experience
- ⊗ No fixing! Avoid explaining, diagnosing or otherwise focusing on the not-present person's behavior
- Consider the person's resources: What's been tried? What's worked, even briefly?
- ✓ Explore local resources



Participant Feedback

- 1) Always, every time, never do without!
- 2) Include the seminar objectives
- 3) See *Participant Feedback Summary Spreadsheet* and return it to the sponsor with a "Thank you!"

Applying the SOAR TOT: Next Steps

- 1) Read an *Introduction to Psychology* textbook's Physiological Psychology/Biological Basis of Behavior chapter and/or watch the below YouTube videos **AND** journal your main takeaways
 - a) Watch [Drug Set Setting](#) (10:31 minutes) **AND** journal your main takeaways
 - b) Watch [PSYC2050 Week 1 SP13](#) (23:49 minutes), the first in a series of 13 **AND** journal your main takeaways
- 2) Arrange for a 1-2-hour symposium preferably for you and a co-facilitator (classmate, George, Tarusa, Courtney,...) and do it with a partner whenever possible!
Where will you do it? _____
 - a) RCO, treatment program, faith organization, civic group, jail/prison, day reporting center, recovery residence,...
 - b) Lunch-n-learn, staff meeting, Wednesday night supper, etc.
- 3) Regarding 1) and 2), **what is your current level of...**
 - a) Commitment (0-10): _____
 - b) Confidence (0-10): _____
- 4) Video yourself delivering the symposium & self-assess after reading [Advanced Presentation Skills](#). *Send video and self-assessment to your training partner(s) and George for additional feedback.*
- 5) Repeat #1, #2 & #3 over and over while seeking and providing feedback and support with peer training mentors.

Just Do It!

Start by doing what's necessary, then do what's possible and suddenly you are doing the impossible. St. Francis of Assisi

**Thanks
For Your Attention
&
Participation!**

Ginger & George



Your < 60 second introduction as an Applying the Science of Addiction Recovery Trainer

What I did well:

Potential improvements:

Applying the SOAR TOT Materials

Please **do not share** this link with anyone who has not attended the Applying the SOAR TOT. Click [here](https://drive.google.com/open?id=0B1-g_B_Z9vYoeUpVbF9GS09Wd0U) (https://drive.google.com/open?id=0B1-g_B_Z9vYoeUpVbF9GS09Wd0U) for the folder containing all of the below materials that you can download.

1. [Applying the SOAR PowerPoint with Speaker Notes](#)
2. [Advanced Presentation Skill Manual](#)
 - a. Core Delivery Skills Self-assessment
 - b. Core Delivery Skills Scoreboard
3. [Applying the SOAR Participant Handout](#) in Word; modify and use as a handout for your presentations if you'd like
4. [Applying the SOAR Participant Feedback Template](#); add your and your-co-presenter's names, etc. and for every presentation
5. [Applying the SOAR Participant Feedback Summary](#) spreadsheet; optional but a good way to report to the sponsor after the presentation
6. [Applying the SOAR Presentation Report](#); optional but recommended as a report to the GCSA after each presentation
7. [FAVOR Recovery Bill of Rights](#); add to your Applying the SOAR Participant Handout; optional – works well as a visual aid poster when printed on a matting board
8. [FAVOR Recovery Messaging, Interviewing Tips and Q &A](#)
9. [FAVOR SOAR Training Tips](#)



Core Delivery Skills Assessment Date: _____

Circle one number that reflects your assessment of each core skill then transfer the numbers to the scoreboard.

Posture	<ul style="list-style-type: none"> • Feet hips-width apart • Arms down at sides • Knees and shoulders relaxed <p>0 1 2 3 4 5 6 7 Novice Intermediate Advanced Expert</p>
Movement	<ul style="list-style-type: none"> • Purposeful, motivated by eyes • Deliberate pace • Non-confrontational, on an arc <p>0 1 2 3 4 5 6 7 Novice Intermediate Advanced Expert</p>
Gestures	<ul style="list-style-type: none"> • Natural • Originate from the shoulders, not elbows • Non-repetitive <p>0 1 2 3 4 5 6 7 Novice Intermediate Advanced Expert</p>
Facial Expression	<ul style="list-style-type: none"> • Smiling and relaxed • Warm and sincere • Passionate <p>0 1 2 3 4 5 6 7 Novice Intermediate Advanced Expert</p>
Voice	<ul style="list-style-type: none"> • Projection – easy to hear • Resonance – deep diaphragm or rich tone • Variety – volume, pitch & pace; not monotone <p>0 1 2 3 4 5 6 7 Novice Intermediate Advanced Expert</p>
Pause	<ul style="list-style-type: none"> • Verbally punctuate sentences • Use silence instead of “filler” (uh, um, etc.) • Varied verbal connections (so, but, therefore) <p>0 1 2 3 4 5 6 7 Novice Intermediate Advanced Expert</p>
Eye Communication	<ul style="list-style-type: none"> • One sentence or thought per person • Focused on people, not ceiling or floor • Randomly included as many people as possible <p>0 1 2 3 4 5 6 7 Novice Intermediate Advanced Expert</p>



Core Delivery Skills Scoreboard (Progress, not perfection)

Enter 0-7 for each core skill, total all scores, and then place an X for the total in the corresponding location of the chart.

Presentation Date:																		
Total Score Chart	49																	
Expert: 42																		
	35																	
Advanced: 28																		
	21																	
Intermediate: 14																		
	7																	
Novice: 0																		
Total Score =																		
Posture (0-7)																		
Movement (0-7)																		
Gestures (0-7)																		
Facial Expression (0-7)																		
Voice (0-7)																		
Pause (0-7)																		
Eye Communicat. (0-7)																		





PINK: Ppractice intentionally not knowing (curiosity) with OARSI

Interaction Analysis by: _____ Date: _____

With: _____ Location: _____ Recording #: _____

Type	Description	Number
<u>O</u> pen-ended question	Express curiosity, interest, concern, puzzlement, etc.; Who, What, When, Where, How (Why)	
Closed question	Receive a simple, short answer, often “Yes”, “No” or specific information	
<u>A</u> ffirmation/Validation	Build feelings of empowerment and self-efficacy in the other person – may or may not be questions; observed strengths or character	
<u>R</u> eflection/Paraphrase	Stay “within an inch” of what the other person says	
Simple	Use the other person’s exact words or phrases; communicate attention, following and interest	
Complex	Go beyond what the other person has said; cognitively reframe the content or reflect the emotion expressed, infer greater meaning; move the conversation forward	
Amplified	Over- or under-state an absolute statement to ensure this is an accurate stance; prompt re-considering a statement; avoid sarcasm - typically leads to anger or a counter-argument	
Double-sided	Highlight both sides of an issue; Use “and” not “but”: “on the one hand... and on the other...”	
Metaphor	Move beyond stated content; provide a new framework or model for understanding what was said; if familiar to the other person, the metaphor may introduce and organizational scheme for incorporating new information/observations	
<u>S</u> ummary	Succinct; organize what’s been said; highlight change talk and contrast ambivalence stated in the moment or previously; transition to new topic or focus; always end with a summary	
<u>I</u> nformation-giving	Use OARS first; ask for permission; use 3 rd person references - add personal experience if clarification needed; share as potential options; state how you fell and what you need for this to be a mutually-beneficial relationship; determine level of confidence and obtain level of commitment	



Expect Recovery: Applying the Science of Addiction Recovery (SOAR)

This seminar highlights the combined genetic and environmental factors that produce alcohol and other drug use's impact on the brain, body, mind and behavior. Over 50 years of clinical neuroscience research shows that recovery or resilience is due to our brain's ability to adapt and heal. An essential element for achieving progressive wellness is sustained engagements in social support, also known as the social model of recovery.

Objectives. Upon completion of this session participants will be able to:

- A. Explain: a) why people sometimes don't "just quit and stay quit," and b) the reasons for the message of hope that expects recovery;
 - B. Describe how alcohol and other drugs and the environments in which use occurs changes priorities and behaviors, and why recovery capital and connections to supports are typically needed to initiate and sustain long-term recovery; and
 - C. Identify the many peer and professional resources that are available in your community.
1. Download the handout and PowerPoint slides at brauchtworks.com
 2. Sign in to receive a certificate at <https://goo.gl/forms/KNCIY10F4N93Q1ZK2> and see #4
 3. Participate in audience polls by opening your web browser to www.responseware.com
 - a. Enter as a "Guest" with Session ID **ExpectRecovery**
 4. **Before the end of this session**, provide feedback on this session - required for a certificate - at <https://goo.gl/forms/OjtFDqi02WVrKNUE2>

Three key takeaways

#1: Like other preventable, treatable and chronic health conditions, addiction and recovery affect the _____, mind and behavior.

#2: Like other preventable, treatable and chronic health conditions, _____ requires **daily** and **sustained** engagement and connections.

#3: Over _____ Americans are in long-term recovery from alcohol and other drug use and we carry the message of _____ and Expect Recovery!

Notes, Doodles and **My Top Three Takeaways**:



THE RECOVERY BILL OF RIGHTS

FACES & VOICES OF RECOVERY



We will improve the lives of millions of Americans, their families and communities if we treat addiction to alcohol and other drugs as a public health crisis. To overcome this crisis, we must accord dignity to people with addiction and recognize that there is no one path to recovery. Individuals who are striving to be responsible citizens can recover on their own or with the help of others. Effective aid can be rendered by mutual support groups or health care professionals. Recovery can begin in a doctor's office, treatment center, church, prison, peer support meeting or in one's own home. The journey can be guided by religious faith, spiritual experience or secular teachings. Recovery happens every day across our country and there are effective solutions for people still struggling. Whatever the pathway, the journey will be far easier to travel if people seeking recovery are afforded respect for their basic rights:

- 1. We have the right to be viewed as capable of changing, growing** and becoming positively connected to our community, no matter what we did in the past because of our addiction.
- 2. We have the right—as do our families and friends—to know about the many pathways to recovery, the nature of addiction** and the barriers to long-term recovery, all conveyed in ways that we can understand.
- 3. We have the right, whether seeking recovery in the community, a physician's office, treatment center or while incarcerated, to set our own recovery goals,** working with a personalized recovery plan that we have designed based on accurate and understandable information about our health status, including a comprehensive, holistic assessment.
- 4. We have the right to select services that build on our strengths,** armed with full information about the experience, and credentials of the people providing services and the effectiveness of the services and programs from which we are seeking help.
- 5. We have the right to be served by organizations or health care and social service providers that view recovery positively,** meet the highest public health and safety standards, provide rapid access to services, treat us respectfully, understand that our motivation is related to successfully accessing our strengths and will work with us and our families to find a pathway to recovery.
- 6. We have the right to be considered as more than a statistic,** stereotype, risk score, diagnosis, label or pathology unit—free from the social stigma that characterizes us as weak or morally flawed. If we relapse and begin treatment again, we should be treated with dignity and respect that welcomes our continued efforts to achieve long-term recovery.
- 7. We have the right to a health care and social services system that recognizes the strengths and needs of people with addiction** and coordinates its efforts to provide recovery-based care that honors and respects our cultural beliefs. This support may include introduction to religious, spiritual and secular communities of recovery, and the involvement of our families, kinship networks and indigenous healers as part of our treatment experience.
- 8. We have the right to be represented by informed policymakers** who remove barriers to educational, housing and employment opportunities once we are no longer misusing alcohol or other drugs and are on the road to recovery.
- 9. We have the right to respectful, nondiscriminatory care from doctors** and other health care providers and to receive services on the same basis as people do for any other chronic illness, with the same provisions, copayments, lifetime benefits and catastrophic coverage in insurance, self-funded/self-insured health plans, Medicare and HMO plans. The criteria of "proper" care should be exclusively between our health care providers and ourselves; it should reflect the severity, complexity and duration of our illness and provide a reasonable opportunity for recovery maintenance.
- 10. We have the right to treatment and recovery support in the criminal justice system** and to regain our place and rights in society once we have served our sentences.
- 11. We have the right to speak out publicly about our recovery** to let others know that long-term recovery from addiction is a reality.

ENDORSED BY: American Association for the Treatment of Opioid Dependence, Inc. • American Society of Addiction Medicine • Community Anti-Drug Coalitions of America • Ensuring Solutions to Alcohol Problems • Entertainment Industries Council • Johnson Institute • Join Together • Legal Action Center • NAADAC, the Association for Addiction Professionals • National African American Drug Policy Coalition • National Alliance of Advocates for Buprenorphine Treatment • National Alliance of Methadone Advocates • National Association on Alcohol, Drugs and Disability • National Association of Drug Court Professionals • National Association for Children of Alcoholics • National Association of Addiction Treatment Providers • National Council on Alcoholism and Drug Dependence • National Council for Community Behavioral Healthcare • Rebecca Project for Human Rights • State Association of Addiction Services • TASC, Inc. • Therapeutic Communities of America • White Bison

Alcohol & Drug Abuse Certification Board of Georgia
Georgia Addiction Counselors Association
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www.facesandvoicesofrecovery.org
info@facesandvoicesofrecovery.org