

## **Developing and Integrating Peer Mentoring Within Methadone Maintenance Treatment**

### Introduction

The Bridge to Recovery (BTR) is an innovative peer mentoring based treatment initiative designed to increase retention and produce positive treatment outcomes for patients receiving Methadone Maintenance Treatment. The initiative was developed and implemented by a Methadone Treatment Program administrator and a patient advocate in long term methadone maintenance. It is a peer mentoring focused approach which is designed to address the common reasons patients drop out of treatment prematurely; low motivation, lack of a healthy support system and the absence of a therapeutic alliance with the treatment program. The initiative recruits and trains patients who are in long term recovery with medication assisted treatment who desire to help others achieve their own recovery. The mentors meet with patients who are having difficulty maintaining sobriety, missing counseling sessions, and are at risk of dropping out of treatment. In most cases these patients lack a therapeutic connection or alliance with the program and lack motivation to make healthy behavior change. The goal of the initiative is to create a therapeutic alliance between the patient and the treatment program with the peer mentor being the catalyst or “bridge” for the alliance. Hence, the program is called “Bridge to Recovery”. The program works because the mentors have the ability to quickly form a bond with the patient who lacks one with the program staff. They then extend this alliance to the program counselors. The mentors are literally a “bridge” to connect the non-engaged patient with recovery. The research indicates that the therapeutic relationship between the patient and the treatment provider is the best predictor of treatment success (The Heart & Soul of Change; Hubble, Duncan & Miller 1999). This initiative helps establish this connection for those who are struggling with their recovery. The Peer Mentors attend the same type of training accessed by counselors preparing for certification as an addictions counselor in Connecticut which provides the peer mentors with a ladder to a career as an addictions counselor. Following the training, the Peer Mentors are eligible to take the certification exam with the CT Certification Board, Inc. For many, becoming a peer mentor is the first step to becoming a certified addictions counselor and a career in the addictions treatment field. This is not only important for the patient in recovery who desires a career but to the field as a whole. According to SAMHSA, the field of addiction treatment is projected to experience a significant future workforce shortage (SAMHSA, 2006). Outcome studies conducted at Connecticut Counseling Centers, Inc. (CCC) following implementation of this innovative approach have been extremely positive including higher retention rates, increased patient and staff satisfaction, and decreases in illicit drug use. An important component of the initiative is collaboration and coordination between the clinical staff and the peer mentors.

In 2012 CCC became a host site for the SAMHSA funded “Beyond MARS” project which is designed to replicate the peer support initiative “Medication Assisted Recovery Services” (MARS) at five methadone treatment program around the country. At CCC, the MARS program has joined with the BTR program to provide enhanced seamless peer support services. BTR provides peer counseling/mentoring by extensively trained peer mentors. The MARS program provides peer support, drop-in services, and a recovery oriented social network. The authors found that the two programs complement each other and enhance access to peer services with the availability of an array of peer support services.

The program has been recognized by the Connecticut Department of Mental Health and Addiction Services as a model program to be replicated at other sites. In April, 2012, the initiative received the SAMHSA “Science and Service” Award for demonstrated excellence and innovation in opioid treatment programs at the 2012 AATOD Conference in Las Vegas, NV. The program has been replicated in full or in part by other organizations as a result of past presentations at previous AATOD conferences.

### Proposal

The proposed workshop will include a description of the development of the peer mentoring program, the process of implementation, and integration with traditional MAT services with a specific focus on strengthening the therapeutic alliance between the patient and the program. Outcome data will also be presented. Potential benefits relating to staff utilization management, financial savings, improved outcomes, and an improved therapeutic alliance between the clinical staff and the patient following exposure to the peer mentors will be discussed. The presenters will focus on providing information the workshop participants will need to replicate all or part of the initiatives at their own programs. The current presentation will include a description of the program and video clips of sessions followed by an interactive case discussion between both a Peer Mentor and the workshop participants as before, but will also include a description of the MARS peer support program and how the two initiatives can complement each other by expanding access to peer supports and expanding the number of patients accessing peer support training. It will also include updated outcome data including patient testimonials. The presenters will describe the program from initial concept to implementation utilizing a power point presentation and handouts (60 minutes, 30 minutes each presenter). The remaining 30 minutes will be a question and answer discussion period.