

April 11, 2011

Odyssey House grant uses peers, follows CCAR model

Half a year into its \$1.2 million, three-year federal grant to use “mentors,” or peers, Odyssey House is well into the startup phase, president and CEO Peter Provet, Ph.D. told *ADAW* last week. “The biggest challenge is finding mentors, and getting them trained and committed to the program,” he said. So far there are 24 clients who are mentees, and 32 mentors.

Mentors are paid a stipend “which is a small amount of money to help them cover costs, from transportation to having a cup of coffee with a mentee,” he said.

Included in the grant, which is from the Substance Abuse and Mental Health Services Administration, is a “train-the-trainer” protocol. Odyssey House staff were first trained by the Connecticut Community for Addiction Recovery (CCAR), and then went on to train mentors.

“This is different from traditional recovery,” said Provet. “This system deals with helping the person’s recovery in all life arenas and with helping them develop a plan.” He stressed that the mentors “don’t just chat and develop relationships.” They have to develop a concrete plan for the mentees — break down their lives into fundamental areas of education, vocation, housing, family, children, and substance abuse issues. “They are acting as a coach, not a therapist,” said Provet.

To choose the mentors, Odyssey House recruited

its own graduates “who have succeeded,” said Provet. They are encouraged to participate and told that being a mentor will “strengthen their own recovery,” he said.

Provet is bemused by the attention being paid to peers today, because therapeutic communities fashioned “peer-driven mentoring” half a century ago. “This is an extremely well-grounded concept that has proven to be effective in addiction treatment,” he said. “So now we’ve come full circle, and the federal agency overseeing all drug and mental health treatment is recognizing the legitimacy and importance of peer-driven recovery.” Having this “federal stamp of approval” on peer-driven recovery is an important step for the field, he said.

There is concern among therapeutic communities that residential treatment may not be covered under the PPACA, but Provet said he is optimistic. “That there is a review and questioning of residential drug treatment is not a bad thing,” he said. “Some people are trying to limit residential treatment, and that is a concern to me. But I believe that if you have to go to residential drug treatment for three months, for six months, for nine months, it will ultimately be covered.” Provet is confident that when policymakers look at the costs of “untreated hard drug addiction,” they will opt for covering whatever treatment is needed.

Also see *ADAW*, October 18, 2010.