
A Face It TOGETHER and Welkin Health White Paper

A dramatic increase in drug overdoses—now the leading cause of accidental death in the U.S., driven by a spike in opioid and prescription drug misuse—has pushed the disease of addiction into the spotlight like never before. The epidemic has taken a severe toll. In one small West Virginia town, 26 overdoses occurred in just a few hours.

Despite the attention on the crisis and years of research identifying addiction as a chronic disease, current treatment models fall far short. The predominant approach continues to treat addiction as an acute health problem rather than with a continuum of care to match the chronic nature of the disease. As a result, millions of individuals and their families find themselves caught in a revolving door between treatment and relapse without the support to sustain long-term recovery.

The scale of addiction extends beyond broken families and relationships. Employers lose productivity, valuable workers and around $250 billion annually, and payers accrue astronomical costs from expensive recurring treatment episodes. On the treatment side, providers face the nearly impossible task of addressing the growing demand to produce measurable outcomes under a fractured system of care.

Technology has the power to dramatically improve today’s model of addiction care. Technological solutions enable engagement to better support individuals living with the disease and help them manage and sustain their recovery long term. In addition, technology empowers providers and payers to capture and track data, offering flexibility to better meet the unique needs of different patient demographics and monitor health outcomes to reduce the costs of care.

The scope and complexity of the addiction crisis requires radical change in how healthcare systems and organizations approach the disease of addiction, paving the way for new solutions that will dramatically change treatment and recovery for the long term.

Reframing Addiction as a Disease

In 2014 more people died from drug overdoses than in any other year on record. More than three out of five drug overdose deaths involved an opioid; today, at least half involve a prescription opioid. Deaths from drug overdose are up among both men and women of all races, and adults of nearly all ages.

Although addiction has been conceptualized as a “chronic, progressive disease” for more than 200 years in the United States and is recognized as such within the addiction community, treatment remains largely disconnected from mainstream healthcare. Moreover, the addiction care field remains highly fragmented with services and support often costly and difficult to access.
Social stigma around addiction is real and the fear of isolation and discrimination from peers prevent many from seeking treatment. Common misconceptions about the disease persist and shadow individuals in their home life, places of work, communities and relationships with family and friends. The disease afflicts 22 million Americans, yet nearly 90% of those who are sick get no treatment in a given year. Many friends, family and co-workers assume addiction is a matter of willpower or self-control—or a lack thereof. Even those who are sick view their illness as a personal failing. Societal biases and stigma from the general public still serve as formidable barriers.

Decades of research show that addiction is a chronic, relapsing disease, not unlike other chronic illnesses, such as heart disease. According to the National Institute on Drug Abuse, “both disrupt the normal, healthy functioning of the underlying organ, have serious harmful consequences, and are preventable and treatable, but if left untreated, can last a lifetime.”

Treating addiction is further exacerbated by the nature of the disease, where behaviors that begin as voluntary choices evolve into patterns of behavior that, in the case of addiction, result in changes in the brain that undermine self-control.

Addiction shares many of the same disease characteristics as diabetes, hypertension and asthma—all undisputed chronic diseases—such as:

- Being influenced by genetics, personal, family, social and environmental risk factors;
- Involving treatments that can usually remove or reduce symptoms of the illness but cannot cure it;
- Requiring treatments for ongoing self-management, including significant changes in lifestyle and behavior;
- Exerting excessive demands on families, co-workers, social networks, the health care system and the economy.

Scientific research has established the importance of healthcare providers to approach treatment of addiction as they would any other chronic disease. However, for a variety of complex reasons, the majority of treatment and recovery programs continue to treat the disease reactively, addressing the latest acute crisis instead of monitoring and mitigating triggers before a full-blown crisis.

How Current Addiction Recovery Treatments Aren’t Enough

Approaches to addiction treatment and recovery are typically based on the acute-care model of addiction treatment, which has been shown to be ineffective and expensive. Research shows that less than 10 percent of those suffering from the disease remain well one year after treatment.

A shortcoming of the acute-care approach, according to one report, is that “the current treatment of addiction, like treatment of acute illnesses, is time-limited with no prolonged professional monitoring, support, or strategic reintervention (emphasis added),” ultimately creating a revolving door effect for patients.
The report explains, “One of the problems with the expectation of long-term change following a single episode of care is that it holds substance abuse treatment to a very high standard—one that is not imposed on treatments for most medical or behavioral disorders.”

Shortcomings within the healthcare system are abundant. Many physicians don’t have the proper training to identify or diagnose patients suffering from addiction. Treatment for addiction is not always provided by properly credentialed, medical professionals, and these professionals are often held to very low levels of accountability. Additionally, few treatment and recovery programs provide evidence-based outcomes, making it exceedingly difficult to determine what is working and what is not.

“It is established science that recovery from all serious, chronic brain disorders, especially addiction, requires social connectedness with significant others who bring that vision of hope that wellness is possible for everyone,” said Sam Donaldson, PhD and Clinical Psychologist. “Today, there is no comprehensive measure of wellness to track and inform the long-term continuum of care essential for addiction sufferers to stay well.”

A lack of standards and evidence-based approaches, as well as inherent shortcomings in the predominant model of care all contribute to barriers that make it difficult to get help and stay well.

How Social and Behavioral Methods of Treatment Help

In managing chronic diseases, approaches in addiction recovery that address the condition in the context of daily life, by integrating social and behavioral factors, have a significant impact on maintaining health long term.

For example, research has shown that education and the ongoing support and engagement of patients with chronic disease, such as diabetes and hypertension, lead to successful behavioral changes, enabling patients to learn how to manage their illness effectively.

Given the added social stigma that individuals with addiction experience, support networks become even more critical, laying the framework for many successful addiction program approaches. Research shows that “people need support to maintain abstinence and improve their lives before, during and long after treatment.”

Peer support has a long tradition in the recovery community and has evolved in recent years from 12-step programs to more formalized roles in a variety of clinical and community settings. Community public health centers and individual peer support programs, including faith-based groups, group therapy and SMART recovery, all embrace a peer-centered approach.

“One of the problems with the expectation of long-term change following a single episode of care is that it holds substance abuse treatment to a very high standard—one that is not imposed on treatments for most medical or behavioral disorders.”
Virtual support groups, such as peer-to-peer app-enabled networks like In the Rooms, use social networking technology to help people find others recovering from the same kinds of addiction in their area, enabling them to feel supported by people who understand them, and dispelling the notion they are facing their disease alone.

**Putting It All Together: An Integrative Approach to Addiction Recovery**

Face It TOGETHER began in 2009 as a local nonprofit organization and this year will expand its network to six states. A key focus of their work is peer recovery coaching with a strong emphasis on data and outcomes measurement. Their approach integrates the principles of peer support and chronic disease self-management to strengthen key variables that impact an individual’s recovery—such as family and personal relationships or community support. Through a digital health platform and other tools, Face It TOGETHER is capturing and using relevant data about the addiction recovery process to improve individualized long-term management of the disease.

Face It TOGETHER knows that building a recovery program centered around coaching relationships helps clients feel supported and accountable on their journey towards wellness. Facilitating engagement through frequent communication, in addition to in person meetings when possible, is a key ingredient in the client recovery process. Technology—a big component of Face It TOGETHER’S formula—helps elevate communication within this sensitive ecosystem, leading to enhanced support for those in recovery and more sustainable long-term wellness.

**Core Challenges with Ongoing Care**

As a rule, acute care for addiction eliminates disease ‘symptoms,’ usually with intensive treatment administered over a short period of time, giving the individual and their families the misguided impression that the person has been “cured.” Under this model, few resources are dedicated to supporting long-term recovery, leaving patients vulnerable. Moreover, relapse is often perceived as failure—by the person with the disease as well as family members and the community.

For most people in addiction recovery, the real challenge begins after discharge from a brief episode of clinical treatment. Relapse is common (at rates similar to those for other chronic diseases) due to a variety of factors such as exposure to everyday triggers, which differ for each patient—unsupportive social networks, isolation, and a lack of consistent follow up or engagement with a recovery coach or other care provider.

Very few treatment programs offer sustained, structured aftercare for a variety of reasons, including reimbursement models and lack of incentives to focus on long-term outcomes of their patients.
How Technology Fits into the Modern Approach to Addiction Recovery

Lack of follow up and a continuing support system can deter even the most determined people who struggle with addiction after clinical discharge. Technology is proving to be an effective tool to help offset these roadblocks.

Building upon their holistic approach to addiction recovery, Face It TOGETHER partnered with digital health company Welkin Health to develop the most advanced web-based platform for addiction recovery programs, called AXIS™. Customized to meet Face It TOGETHER’S specific needs for their addiction recovery support protocols, AXIS is designed to improve client health and expand outreach capabilities for coaches or other care team members. AXIS gathers data into one platform for recovery coaches and care teams to easily organize and prioritize their work, eliminating static spreadsheets that require manual data entry. Client progress is tracked in real-time, monitored, and then analyzed to better determine the complex variables that sustain, or inhibit, long-term addiction recovery outcomes.

Technology opens up more opportunities to help individuals in recovery develop the self-management skills to successfully navigate the challenges of everyday life—which can be where the real test begins after clinical treatment ends. AXIS, for example, allows for easy, ongoing communication between clients and their recovery coach, where and when clients need it, through multiple channels—phone calls, text messaging, email—depending on what the client prefers.

Improved workflow, increased engagement, data collection and analytics all create more opportunities for recovery coaches and care providers to better engage and effectively impact individuals in recovery. The platform also empowers care coordination and outcomes measurement to prevent multiple treatment episodes and ensure more cost-effective addiction care.

Strengthening the Coach/Client Relationship

Through technology, ongoing interaction and communication between a recovery coach and client is easily woven into the context of an individual’s daily life, becoming a natural part of the recovery process, as organic as email or calling a friend to check in.

Over the years studies have shown the value of health coaching as an effective tool to achieve behavior change in patients with chronic disease. Frequent, remote check-ins with coaches using phone, text messaging, email or mobile apps, give patients the guidance, support and confidence needed to stay on track with care plans and remain proactive participants in their health.

One study looking at the effectiveness of phone-based intervention of adults with Type 2 diabetes found that “health coaching facilitates an increase in personal control of health and builds confidence in self-managing diabetes. Patients feel really supported and become motivated towards self-care.” Short-term benefits were seen at three months but deteriorated once the study was complete, validating the benefits and need for ongoing patient and coach interaction.

AXIS is designed to improve client health and expand outreach capabilities for coaches or other care team members.

Learn more: faceithealth.org | welkinhealth.com
Improved health outcomes have also been seen in studies integrating mobile technology into psychosocial and health behavior treatments and therapies. This study specifically engaged individuals as they went about their “everyday lives” in “natural settings” when individuals coping with issues such as diabetes, alcohol use and anxiety may be most likely to encounter triggers. In this case, mobile technology-based solutions were found to be effective for addressing a variety of health issues in real-world settings.

A comprehensive review of studies looking at the effectiveness of apps to treat a variety of mental health disorders found significant reductions in depression, stress and substance abuse showing promise to improve access to treatment. However, the review cautioned, “the majority of apps that are currently available lack scientific evidence about their efficacy. The public needs to be educated on how to identify the few evidence-based mental health apps available in the public domain to date.”

Even government agencies are thinking outside the box to try and spur creative solutions to address the opioid crisis. The FDA is tapping into innovators’ competitive spirit by launching a competition encouraging developers to create an app that will help opioid users, their families and friends and first responders “be able to identify and react to” an opioid overdose and administer naloxone to reverse the effects, an effort aimed to save lives.

Evidence-based technologies—such as AXIS—will provide the most value for individuals in recovery and their care teams due to its ability to capture real-time data and track outcomes, in addition to continuously engaging and supporting clients.

**Keeping Clients in Focus and Breaking Down Stigma**

How the disease of addiction is defined matters. Referring to individuals that suffer from addiction as “addicts” or “abusers” reinforces stigma and fosters misconceptions that the addiction is a personal weakness rather than a legitimate chronic condition such as diabetes or hypertension. Sarah Wakeman, MD, FASAM, Medical Director, Massachusetts General Hospital Substance Use Disorder Initiative, explains, “Words matter and continued use of stigmatizing language perpetuates false stereotypes, spreads misinformation, and keeps people out of care.”

Stigma is a frequent companion of those coping with addiction and one of the biggest deterrents to seeking help. The option to engage patients through a variety of communication channels—providing an individualized approach—has shown great promise to reach more patients on a level they are comfortable with, increasing the chances that they remain engaged and proactive in their health.

Research is showing phone communication to be a strong tool in helping to reduce stigma, providing individuals with a sense of privacy and an opportunity to develop trust with a care provider without feeling judgement or shame—something that in person communication doesn’t always afford.
One study found that more than 50 percent of patients would be more inclined to discuss heavy drinking with their physician if prompted to by an interactive voice response system before their scheduled appointment. The system approach helped lower the stigma surrounding the topic of problematic alcohol use, enabling patients to feel more comfortable discussing it with their provider and giving the provider the tools necessary to improve the health of their patients.

In addition, with providers putting a greater emphasis on patient engagement, mobile tools are proving their value in allowing more efficient coordination between specialists and primary care providers, reducing hospital readmission rates for patients with chronic disease, and increased patient adherence to medication, diet and exercise plans. Research is revealing that when patients are engaged, wellness and health outcomes improve.

Advancements in digital health technology have worked to close this gap for patients with chronic disease, including addiction, where high relapse rates and recurring treatment episodes remain the norm.

According to Daniel Mongiardo, MD, former Lieutenant Governor of Kentucky and Physician at Lifecore Recovery, who utilizes Welkin Health’s mobile app in his clinic to work with patients in recovery states, “We try to intervene before they relapse. The same thing can be applied in all types of healthcare or any chronic disease. Instead of waiting until a patient has progressively worsening congestive heart failure and they’ve gained 30 pounds in a week, it is better to address problems when a patient gained two or three pounds in a day.”

With a 98 percent read rate, text messaging proves to have the highest reach of any communication channel including the 79 percent of lower income individuals whom text and use their mobile phone as their primary means of communication. Studies have shown that two-way texting enables a whole new level of interaction—creating communication that is both meaningful and impactful—for both patient and provider.

While the promise digital health tools show for sustaining the health of individuals with addiction and other chronic illness is exciting, it's important for providers to focus on appropriate tools that have evidence-based results and can be configured to reach a wide population of patients in different contexts, who have different needs and skill sets. For example, a beautifully designed mobile app won’t be useful to those without smartphones, such as some senior citizens and patients with lower-socioeconomic status, but technology to help connect that population with a health provider, say via text messages, would be far more impactful.

This shows us that technology alone is not the answer. Rather, technology that’s integrated into the daily lives of people managing their health in the way Face It TOGETHER and Welkin Health have done with the AXIS platform, will actually improve health outcomes.

Learn more: faceithealth.org | welkinhealth.com
Cost Savings for Payers Using AXIS

Addiction is one of the most expensive diseases to treat, driving healthcare costs of $43.6 billion in the U.S. in 2005 (the most recent year data is available). The opioid epidemic is costing private insurers heavily.

One report found that between 2011 to 2015, “professional charges for services for patients with diagnoses of opioid abuse or dependence rose more than tenfold” from $72 million to $722 million. The cost of treating patients with opioid addiction was found to be “more than five times higher” than for those with any other diagnosis.

Payers lose millions of dollars each year around addiction and could greatly benefit from more proactive, innovative approaches to care that better meet the needs of patients struggling with this chronic disease.

While payers often cover the cost of addiction treatment programs, research shows relapse is high after a patient is discharged without ongoing follow-up or support, fueling a costly revolving door effect. The escalating opioid crisis has some insurers taking proactive steps to keep their patient populations healthy—tighter limits on opioid painkiller prescriptions and providing social workers for patients with addiction—in an effort to cut down on hospitalizations and relapses.

The demographic of addiction has also changed with the opioid crisis. The disease not only affects the uninsured and Medicaid recipients but also, as indicated above, those with private health insurance—a group who up until now, had low percentages of heroin use, but has since skyrocketed—prompting private health insurers to find solutions.

As the healthcare system transitions to value-based care and the opioid crisis continues to deepen, payers will benefit from long-term solutions that prevent multiple costly treatment episodes and hospitalizations and aim to extend the wellness of their members.

For example, AXIS, which emphasizes engagement and peer support and also captures data and measures outcomes, delivers value to payers searching for cost-effective, evidence-based solutions to better manage the long-term addiction health of their members.

At the center of Face It TOGETHER’S approach to addiction management is their proprietary measurement tool, the Recovery Capital Index® (RCI), which is designed to evaluate a person’s recovery progress toward wellness, providing real-time information about intervention effectiveness so clients can stay on track and maintain their health.

The RCI measures three primary characteristics found to play an integral role in a person’s addiction recovery—personal wellbeing, family and social relationships, and core cultural values and beliefs. Within each of these domains are key health, social and living components that directly impact a person’s journey from illness to wellness.

Learn more: faceithealth.org | welkinhealth.com
The AXIS technology links with the RCI data to help care providers better understand each individual’s progress towards recovery and identify which factors impact them and how.

AXIS and the RCI measure what’s driving the recovery process for each individual, impacting their journey toward wellness.

Data and results from the RCI can be linked with each client’s provider to more accurately measure the effectiveness of treatment and improve patient outcomes by providing actual data-driven outcomes across an entire continuum of care.

“The disease of addiction is extraordinarily complex and costly to manage,” says David Whitesock, Chief Data Officer for Face It TOGETHER. “There are numerous factors influencing a client’s recovery that traditional approaches to addiction care have not found a way to integrate into the recovery process. For the first time, we have tools that allow us to identify and measure the variables contributing to the disease of addiction, helping us to alter outcomes based on real-time data.”

“We have selected the RCI because we see it as a critical tool in helping our clients continually assess their recovery capital and use that to build a successful recovery plan and monitor their progress. The RCI innovatively takes advantage of the emerging science that places recovery capital at the center of sustained recovery,” said Michael Cain, Clinical Director, Southwest Behavioral Healthcare Center.

Creating more channels for payers to reach their members—be it by phone, text, email or app—will help empower members to take a more proactive interest in their health and manage it successfully. Scalable and configurable, AXIS gives payers the freedom to develop and execute different program protocols to see what works. Additionally, the technology platform provides the option for payers to improve the health outcomes for multiple chronic disease populations in addition to addiction, such as diabetes and chronic heart failure.

Face It TOGETHER also offers outsourced peer recovery coaching along with AXIS to provide a comprehensive, turnkey solution to help payers better manage addiction health among their members.

Moving Forward in a New Era of Addiction Wellness

Addiction is a large and complicated problem affecting an estimated 22 million Americans—about one in every 11 people. In 2014 more people died from drug overdoses than in any other year on record. More than three out of five drug overdose deaths involved an opioid; today, at least half involve a prescription opioid. With the mounting human, social and economic costs of the disease, the need for creative, multi-faceted solutions is paramount.

Addiction is still widely misunderstood. Social barriers to care are problematic—stigma is a heavy burden, preventing many from getting help. As with managing any chronic illness, access to effective, ongoing care and support is critical.

“We have selected the RCI because we see it as a critical tool in helping our clients continually assess their recovery capital and use that to build a successful recovery plan and monitor their progress. The RCI innovatively takes advantage of the emerging science that places recovery capital at the center of sustained recovery.”

– MICHAEL CAIN, CLINICAL DIRECTOR
However, for many, such as those in remote or rural communities or individuals in lower-income underserved areas, there is little access to consistent, quality care for addiction.

Fortunately, evidence-based approaches are illuminating what is working for addiction treatment and recovery, allowing providers and payers to focus on innovative solutions that produce outcomes and better manage costs.

Professional and peer-based coaching integrated with advanced and flexible technology offer solutions that bridge the best of both worlds.

Progressive organizations like Face It TOGETHER that are identifying effective, meaningful and scientific solutions to addiction management offer much hope for those affected by this devastating disease. Enhancing coaching relationships with technology like AXIS by allowing care to be delivered to more people that need it, in a way that works for them, over longer periods of time, promises to transform the landscape of how addiction and other chronic illnesses are managed going forward.

To learn more about AXIS and how it can improve member health, as well as a payer’s bottom line, get in touch with Steve Schwartz, president of Face It TOGETHER Health, at sschwartz@faceithealth.org or visit this page.

To learn more about AXIS and how it can improve member health, as well as a payer’s bottom line, get in touch with Steve Schwartz, president of Face It TOGETHER Health, at sschwartz@faceithealth.org or visit this page.

About Face It TOGETHER Health
Face It TOGETHER Health is dedicated to helping payers and providers strengthen their recovery support programs. They provide a range of tools to extend engagement and reduce costs for better addiction population health management. With its addiction wellness measurement tools, recovery coaching and AXIS support technology programs, Face It TOGETHER provides the latest in personalized and effective addiction recovery care. Face It TOGETHER Health is a division of the national nonprofit Face it TOGETHER, which has been working in communities since 2009 to foster system change around addiction. A key focus of their work is peer recovery coaching, with a major emphasis on data, technology and outcomes measurement.

About Welkin Health
Welkin Health is a digital health company that helps healthcare organizations improve health outcomes and reduce operational costs through engagement, education, and support programs for people living with chronic disease. Our workflow and communication software allows care teams to prioritize patient outreach and reach individuals on any device, including SMS, phone call, and email. Welkin helps teams focus on building and maintaining long-term relationships with custom configurations of the Welkin patient relationship management platform. To inquire about partnering with Welkin, write to partnerships@welkinhealth.com.

Learn more: faceithealth.org | welkinhealth.com
AXIS in Real Life: Interviews with a Face It TOGETHER Recovery Coach and Client

Coach Q&A

Terri Brown, Lead Recovery Coach, Face It TOGETHER

What motivated you to join Face It TOGETHER as a coach?
I first started volunteering in 2009 and fell in love with the concept. I started off mainly with telephone recovery support, which was calling people and helping them over the phone with their recovery, which we found to be very beneficial. Just the act of reaching out and calling someone to actually ask “hey how are you? How are you doing?” had a big impact. We’re proactive in making the first move.

What has your experience been like as a coach for Face It TOGETHER?
People need to know that someone cares about them. Empathy is the key word—being empathetic to people and their circumstances. At Face It TOGETHER we understand where they’re at. One gentlemen who used the service for two years and was contacted every Monday morning said those weekly calls got him through the week. Every single week. Just a ten minute phone conversation.

A lot of people don’t understand that addiction is a disease. Most of their thought process has been ingrained at an early age through some sort of life experience or trauma. The first session we give clients a general idea of what we do here. We’re not a treatment center. We look at recovery in a different light. It’s not just about the drink and the drug, but it’s about changing the whole thought process. “Change your thoughts, change your world” is my motto.

What are some challenges about being a coach?
Getting people to continue with the sessions. To understand that this is a process, to not give up. Addiction is a disease that requires lifelong management. A lot of people want immediate gratification. A lot of people don’t understand that your thoughts lead you to do what you do, but there are consequences. Anyone can change the way they think and develop the right skills to get better outcomes in their life.

What are the most rewarding aspects of being a coach?
For me, it’s seeing people start to get it. Learning to be comfortable in their own skin. That’s huge. When you get to the point in your life and your recovery when you can change the way you think, you become comfortable with who you are and stop trying to live for someone else.

Learn more: faceithealth.org | welkinhealth.com
**How would you describe your relationships with your clients?**

A confidante, mentor, a friend. I’m just like them. The whole peer-to-peer concept, relatability—it makes clients feel comfortable that they’re talking with someone who truly understands what they’re feeling.

I don’t follow a script. You have to meet a person right where they’re at. People don’t want to hear what they need to do—they already know that. Give them a different perception. It comes back around to changing the way you think and developing the right skills to live a healthy life.

**How have the Face It TOGETHER model and tools like AXIS shaped the way you coach?**

The platform allows me to manage follow-up and communicate in a timely manner. The thing I love about AXIS is it’s pretty smart, it leads the way. It tells you when you need to do something, whether it’s a client follow-up or an assessment or something else. As a full-time coach, I have a really full schedule so it’s nice to have these prompts.

AXIS also makes sure that we document assessments and capture data about how our clients are doing. The data help us learn what’s working and what’s not. AXIS enables us to monitor a client’s strengths and their growth as well as their weaknesses. The Recovery Capital Index is a great tool. At first the numbers are low, but after the client gets into recovery and begins to change, the RCI responses change and get better.

You can’t start capturing a pattern until a client has at least 90 days in recovery. We’re not here saying we’re going to fix everyone, but we do track their progress and try to keep an accurate record of where they are. The numbers are pretty impressive.

**How has the AXIS platform helped you in your coaching role?**

It helps keep clients accountable. They have to have some skin in the game. People who are truly ready to be accountable like looking at their RCI and seeing how they’re doing.

**What elements create a successful coaching relationship?**

Supportive and inviting surroundings. A setting of recovery shouldn’t have to be in a basement or other dark and hidden place. Face It TOGETHER is bright and airy, clean, with vibrant colors, that make people feel yes, they are worth something.

Secondly, the proper tools, like AXIS, are essential to successful coaching. Give people the right tools and you can do your job.
Client Q&A
Rachel Cooke

How did you find out about Face It TOGETHER?
I was in outpatient treatment and someone from Face It TOGETHER came and spoke to our group. I signed up right there and then.

Why did you decide to access Face It TOGETHER peer coaching services?
I’ve done the meetings before and Face It TOGETHER was something new. A lot of people go through treatment once or twice, I needed something different. I needed something to stick. I was hopeful for anything to work.

What are some challenges you’ve faced in your recovery, and how did Face It TOGETHER/your coach help you?
Anger, I was really angry. I felt like a victim at the beginning of the recovery process, which stifled my growth. Terri (my coach) had a really good way of helping me to work through those feelings and move forward in a positive way. It wasn’t so much that I needed my feelings validated but just someone to acknowledge how I was feeling.

Especially being in drug court for 15 months, an alternative to sending drug addicts to prison, which is a really rigorous program—there were many expectations. The process ended up being really beneficial for me but there have been some painful moments along the way. It’s nice to have Terri acknowledge those moments. She has been there before herself and really understood what I was going through.

How would you describe your relationship with your Face It TOGETHER coach? What is one thing that surprised you over the course of your coaching relationship?
Meaningful, comfortable and professional at the same time. I was surprised at how good it felt to be as open with her as I was. Terri is the most non-judgmental person in the whole world, she’s such a straight shooter. I’m surprised at how honest I’ve been able to be with her about all of my endeavors and everything I’m going through and the mistakes that I’ve made along the way.

What are elements of a successful client relationship with a coach?
I think honesty, on her and my end. I like it that Terri doesn’t tell me what I want to hear and she doesn’t coddle me along, but there’s always this empathetic and sympathetic ear with her where you can just go in and talk to her. I know that she understands.

Empathy is a big part. The frequency of our visits is important as well. We’ve been meeting once a week for the last year. Her availability has been really good. Even if we can’t see each other in person, she’ll call me or I can call her. I trust her very much.

Learn more: faceithealth.org | welkinhealth.com
How have you used Face It TOGETHER communications tools - like texting - in your relationship with your coach?

Being able to talk to her on the phone when I can’t make our appointment has been a huge convenience. Text messages have been helpful too. There was one instance where we had bad weather and she was on her bike and my car window was broken and we couldn’t see each other but could text back and forth and communicate.

Would you recommend Face It TOGETHER to others?

Absolutely.

How would you evaluate your Face It TOGETHER coaching experience?

I love going to Face It TOGETHER. For example, in drug court, you have all of these requirements. Face It TOGETHER is not even a requirement for probation, I go on my own because it has been really beneficial to me. And I will continue to go.

I’ve recommended Face It TOGETHER, especially Terri, to everyone. My experience has been really great. I’ve done the whole meetings thing, I’ve had a sponsor and worked the 12 steps—and it’s okay, they are really helpful for some people so I’m not knocking it—but having a one-on-one connection is much more profound to me than sitting in a room full of people and trying to find a topic in your life that relates or fits in with what they’re discussing that day.

Just having someone right there with you, one-on-one, that wants to see you succeed and wants to see you through it.

You go to Face It TOGETHER for recovery and you get recovery. No hidden agenda.

To learn more about AXIS and how it can improve member health, as well as a payer’s bottom line, get in touch with Steve Schwartz, president of Face It TOGETHER Health, at sschwartz@faceithealth.org or visit this page.