



Vermont Recovery Network
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Cooperation

Vermont's growing recovery center movement has only been possible through the service of many people, most of whom maintain their recovery through the practice of the 12-step programs developed by the original members of Alcoholics Anonymous. Paradoxically, confusion about the relationships between recovery centers, the 12-step fellowships, and treatment providers has, in some cases, prevented us from fully achieving our shared primary purpose—carrying the message of recovery to those still suffering.

Recovery centers are open to everyone seeking recovery, on all paths to recovery. We do not promote any particular approach to recovery. Maintaining safe, supportive, drug- and alcohol-free environments, which are welcoming to all, helps people begin the process of reducing the harm caused by the use and abuse of substances. Many visitors are relieved to learn that we encourage progress toward recovery and do not require spirituality. We ask those who are actively using substances not to make our centers a place to spend time while using, except when they are attending a recovery meeting or actively trying to find a way to stop using. We invite these visitors to share their personal recovery goals, and we encourage progress. They are invited to come back to share how their approach is working and are urged to try treatment, if it appears that it would support them in following their chosen path to recovery. Some of our volunteers, maintaining recovery through 12-step programs, have found it difficult to encourage treatment approaches that include medications or chemical replacement therapies, but we try to support everyone in making commitment to a recovery path that will bring them relief from addictions and co-occurring disorders. When guests consider medications, we suggest finding physicians who understand addiction recovery and encourage medication compliance.

Recovery centers do not provide formal assessments, specify any particular level of care, provide clinical services, monitor abstinence, maintain client records, or dispense medications. We provide safe, supportive places for people in recovery to congregate; we rent space to recovery groups to hold meetings; and we provide peer-based recovery support services. Although we employ people with experience in recovery who have been trained in delivering recovery support services, we discourage the power differentials that exist between experts and "clients." We refer to our guests as visitors, people in recovery, guests, or recoverees. We are careful to avoid affiliation with the recovery fellowships to which we refer people, and we understand the need for cooperation with the groups who rent space in our centers. But because many of our volunteers are members of 12-step recovery groups, a possibility exists that these lines may become blurred. Center directors and other staff provide guidance and supervision to protect these and other boundaries.

In many cases, the recovery support services we provide have borrowed aspects from treatment approaches that have proven helpful in engaging people who suffer from addictions. These approaches include evaluating a person's willingness to change (Protraska & DeClementi); reflective listening (Rogers); and motivational interviewing (Miller). We also have incorporated a modified version of clinical case management, Recovery Management (White, Godley, Dennis), to form the basis for what we commonly call providing "recovery solutions" for our guests. Many of these approaches are evidence based, but it is important to note that these approaches have been adapted for use as peer-support recovery services.

We refer people in need of clinical services to treatment providers. Treatment providers have used recovery centers as treatment sites, but we do not provide clinical services ourselves. We have begun to provide peer-run recovery support groups based on practices that were originally proven effective in treatment settings. We have found that people who struggle with “getting” 12-step recovery benefit from our research-proven Making Recovery Easier groups developed by Lee Ann Kuskutas. Those who have traumatic pasts benefit from peer-led Seeking Safety groups using the calming practices developed by Lisa Najivatas. Peer-led mindfulness and relaxation exercises are important adjuncts to recovery, as are communication groups. Peer-led recovery planning groups support visitors in exploring ways to address their own personal needs for education, employment skills, medical support, child-care support, stable housing, sound diets, exercise, and recreation. Ideally, volunteers at centers address these issues with guests over time as a part of the process of helping them find “recovery solutions” in their lives. Recovery coaches can address these needs in a more systematic way on a one-on-one basis.

As recovery centers grow in sophistication, providing broader peer-support services, we have run up against financial constraints. We really need additional resources to train and pay experienced peer-support workers in providing the services listed above. Our volunteer-based peer supports have proven their effectiveness, but experience has demonstrated that including experienced recovery support workers on staff at recovery centers makes it possible to consistently deliver more sophisticated services and simultaneously mentor new volunteers in providing recovery supports. We believe that we are creating the lifelong recovery supports required to help those with addictions to maintain recovery.

Just as all members of AA, NA, or CA don't necessarily understand and honor the twelve traditions developed in Alcoholics Anonymous, not all volunteers at recovery centers do either. The boards and staff of most centers have strong connections with 12-step recovery and make every effort to provide guidance and assure strong cooperation without affiliation, but well-meaning new AA members sometimes announce recovery center events at meetings that do not permit non AA announcements. Our centers rent space to autonomous AA, NA, and other recovery group meetings, and we freely acknowledge that we can't dictate that they hold group conscience meetings, participate in the service structure, or adhere to traditions. It is hoped that as time goes on members of the recovering community will demonstrate the same patience and tolerance that long term AA's have shown to newcomers by gently (or not so gently) instructing them in the process of learning to live through practicing the steps and traditions. We hope that an increased understanding of our goals in supporting people in recovery will improve cooperation between the recovery fellowships, recovery centers, and treatment providers who have all proven so critical to recovery in Vermont.

We have referred literally hundreds of people to 12-step recovery and treatment programs. We encourage you to keep us supplied with meeting lists, pamphlets, and brochures so that we can continue to cooperate by sending newcomers and those returning to recovery to meetings and services that will support their efforts.

Note: Written with input from recovery centers, treatment partners and Vermont's recovering community.

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