



The Addiction Technology Transfer Center Network  
Funded by Substance Abuse and Mental Health Services Administration

# ADDICTION Messenger

*Ideas for Treatment Improvement*

OCTOBER 2004 • VOLUME 7, ISSUE 10

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## SERIES 16

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A project of  
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## Recovery Support - Part 1 Recovery: Treatment and Beyond

*“As long as we are persistent in our pursuit of our deepest destiny, we will continue to grow. We cannot choose the day or time when we will fully bloom. It happens in its own time”.*

~ Denis Waitley ~

**re-cov-er-y** n., pl.-ies. 1. An act, instance, process, or period of recovering. 2. A return to a normal condition. 3. Something gained or restored in recovering.  
(Webster’s Dictionary)

**R**ecovery can be defined in several ways with differing interpretations. There is no precise definition for substance abuse recovery that all agree on. The word “recovery” may be clear to you, an addiction professional, but it may have different meanings to those outside the addiction field and to clients coming to your agency for treatment. In fact, each of your clients may have a unique definition of what recovery is, and isn’t, as it relates to their own personal needs and goals. As you work with your clients you will be part of their growing and evolving definition of what “recovery” means for them.

The Substance Abuse and Mental Health Services Administration (SAMHSA) defines recovery as:

“abstinence plus a full return to biological, psychological, and social functioning.” This concept of recovery shifts from a pathology model toward one of resiliency.

The following concepts further illustrate the evolution of our ideas regarding recovery: **Recovery Process** – describing recovery as a process means that it happens over time, typically including:

- \* abstinence from alcohol and drugs;
- \* building social networks that support recovery;
- \* distancing from past negative influences;
- \* developing new skills to manage feelings and emotions; and
- \* gaining an awareness of addictive behavior patterns and irrational thinking and changing them.

**Partial Recovery** – acknowledges that the recovery process occurs in increments and may begin with reductions in frequency and duration of substance use.

**Recovery Movement** – the work done to decrease stigma, discrimination and other barriers.

**Recovery Coach** - the person providing clinical interventions, resources and support while the client is doing the work of recovery.

**Recovery Community** – those in recovery, their families, and people who have a commitment to this issue.

**Recovery Support Services** – the provision of social support to those in recovery, their families and significant others.

This series of the Addiction Messenger will

focus on the many aspects of recovery identified above, explain how recovery has evolved, and present counseling techniques and resources useful to clinicians and clients.

## How Recovery Has Evolved

The addictions field, including our understanding of recovery, has evolved in what can be viewed as developmental stages according to William White (2004):

The earliest stage, the *Pathology Paradigm*, defined substance abuse problems as a disease of body and will. It held the assumption that knowledge of the sources of substance abuse problems would lead to their eventual solution. This provided some beneficial knowledge that still influences policy, education, and clinical approaches to substance abuse problems, but also produced serious limitations and misconceptions.

The next evolutionary stage, the *Intervention Paradigm*, focused on providing professionally-directed treatment. Again, this framework advanced the addictions field and helped people to achieve sustained recovery, although the fact that many clients required several episodes of treatment was still not explained by this paradigm.

## A New Way To Look At Recovery

More recently there has been an interest in a *Recovery Paradigm* which could move the Pathology (“addiction is a disease”) and Intervention (“treatment works”) paradigms towards a Recovery paradigm (“recovery is a reality”). Evidence that this process is underway can be seen in:

- \* the diversification of American recovery communities;
- \* the recovery advocacy movement;
- \* the Wellbriety movement in Indian Country;
- \* faith-based support structures;
- \* recovering ex-felon support networks; and
- \* self-managed recovery homes, and the spread of recovery employment co-ops. (White, 2004)

It is also evident in state initiatives that promote “recovery-oriented systems of care” and the shift of treatment from serial episodes of acute interventions to models of sustained “*Recovery Management*”.

## Recovery Management

The shift from a focus on interventions to a focus on “recovery management” will involve changes in the client’s continuum of care, including:

- \* increasing and intensifying pre-treatment recovery support services to strengthen client engagement, enhance motivation to change, and eliminate any obstacles to

recovery that could hinder the client’s progress;

- \* intensifying in-treatment recovery support services to enhance treatment retention and effects. Traditional treatment might change from single-agency to multi-agency, from a categorical to a more global assessment, and from institution-based to a neighborhood/home-based service delivery; and
- \* shifting the focus of treatment from acute stabilization to support for long-term recovery maintenance.

Professionally-directed recovery management shifts the focus of care from one of admit, treat and discharge to a sustained health management partnership.

## When Does Recovery Start?

When does the recovery process start? Is it when the client “makes the first phone call”? Is it after the client has completed residential or out-patient care? Is it after they stop using substances? Is it when they affiliate with AA or NA? Or has that person’s recovery process begun before they even make contact with you? Gaining an understanding of what “recovery” means to your client will be enlightening to both of you. In fact, if you engage your colleagues in a discussion of these questions, you are likely to quickly see how divergent opinions on this topic are.

Clients are responsible for their own recovery. As an addiction professional you can offer support, advise, educate, and encourage, but the client is the one “putting the wheels in motion”.

As your client organizes their thoughts and plans around recovery, you can help them understand that recovery is more than quitting substance use. It also involves:

- \* not being around drugs;
- \* avoiding people and situations that stimulate their desire to use;
- \* finding a “partner” in their recovery – a non-using family member, a friend, or a sponsor from NA/AA that they can go to and confide in when they need help;
- \* thinking of themselves as a recovering person; and
- \* planning their time constructively.

As you help your client recover from substance use, you will both be discovering new ways they can respond positively to feelings and life. These changes form the building blocks that will help your client gain the strength and skills necessary to begin and maintain their recovery.

You can help by:

- \* giving them credit for each step they take in the right direction;
- \* asking questions such as “What is the one thing you did

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last week that helped your recovery efforts?";

- \* looking for opportunities to complement their insights, abilities and competence; and
- \* offering honest and sincere statements to promote their self-esteem development.

### **Stages of Recovery: A Brief Overview**

During the early recovery period clients need to develop or strengthen coping strategies to replace alcohol and drugs as a way of managing life's difficulties and challenges. With abstinence your client will be in a better position to acknowledge their problems and address them. This task may be daunting to them, but you can help your client prioritize their issues – building on their recovery achievements to date.

After several months of abstinence your client may feel a great deal better and begin thinking of substance use as “a problem I used to have”. Clients who have not identified themselves as recovering individuals may terminate treatment at this point or disengage from recovery-related activities. They may also be feeling the stigma associated with substance abuse treatment and begin to disconnect, making the client vulnerable to relapse. Your client may share with you that they “can handle it now”. You should

explore what factors are at play with the client while strongly encouraging them to focus on their behavioral supports for abstinence like self-care, support group meetings, etc.

A major effort in ongoing recovery is the development of social networks that support abstinence. A client who has achieved abstinence may start feeling uncomfortable in social situations and may attempt to “fit in” rather than working to establish a new network. Some clients can reconnect with friends who don't use substances, while others will need to build a new network of support.

Another focus of recovery is facing feelings and ambiguity. Clients may have leaned heavily on substances to manage difficult feelings. Those with a long history of substance use may have an underdeveloped ability to identify their feelings and express themselves appropriately. Recovery will often demand that counselors help clients develop new skills and a larger capacity for coping with difficult feelings.

### *Next Issue:*

**“Recovery: Supporting Your Client in new Ways”**

### **Sources:**

White, W. (2004). **Recovery: The next frontier.** Counselor 5(1).

Margolis, RD and Zweben, JE (1998). **Treating Patients With alcohol and Other Drug Problems: An Integrated Approach.** American Psychological Association, Washington, DC.

**The NFATTC office will be moving November 1st!**

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- Series 2** Vol. 4, Issues 4-6 “What Works for Offenders?”
- Series 3** Vol. 4, Issues 7-9 “Manual-Based Group Skills”
- Series 4** Vol. 4, Issues 10-12 “Preparing Clients for Change”,  
“What Is A Woman Sensitive Program?” and “Naltrexone Facts”
- Series 5** Vol. 5, Issues 1-3 “Methamphetamine: Myths & Facts”
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- Series 15** Vol. 7 Issues 7-9 “Research and the Clinician”

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## PRE - TEST Series 16

#1

Recovery involves which of the following:

- a. not being around drugs.
- b. avoiding people and situations that stimulate a desire to use substances.
- c. being discharged from a treatment agency.
- d. "a" and "b".

#2

The Substance Abuse and Mental Health Services Administration's (SAMHSA) definition of recovery is:

"abstinence plus a full return to biological, psychological, and social functioning"

True                      False

#3

Which of the following could be used as a recovery resource?:

- a. SMART Recovery
- b. Recovery Anonymous.
- c. Sober 24.
- d. all of above.

#4

The NFATTC is moving on November 1st. Their new address is:

\_\_\_\_\_ (fill in the blank)

#5

The Pathology Paradigm defines AOD problems as a disease of body and will.

True                      False

#6

It is not uncommon for the family to experience problems when a member changes during recovery.

True                      False

#7

In the future, addictions professionals may be providing recovery management checkups as a component of recovery support services.

True                      False

#8

List one web-based resource you could use to identify recovery organizations and resources.

\_\_\_\_\_ (fill in the blank)

#9

Partial recovery means:

- a. attending treatment part-time.
- b. that the recovery process occurs in increments and may begin with reductions in frequency of substance use.
- c. relying on a recovery coach.
- d. all of the above.

#10

Experiencing the stigma associated with substance abuse may make a recovering person want to disconnect from services but will not make them vulnerable to relapse.

True                      False

*Mail or FAX your completed test to NFATTC*

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## Recovery Support - Part 2

# Recovery Counseling Strategies

*"It is a good rule to face  
difficulties at the time they  
arise and not allow them to  
increase unacknowledged".*

~ Edward W. Ziegler ~

Ideally, a discussion about the recovery process should occur early in your client's treatment - but how do you address it? This Addiction Messenger will focus on counseling strategies and easily accessible resources that can enhance the recovery process.

### Recognize Resiliency

The stereotypes and stigma faced by your clients are all too familiar. Your client's awareness of that stigma can keep them focused on the mistakes they have made, damaging their belief that recovery is possible or their ability to see themselves as a recovering individual. What would happen if the focus was instead on their strengths and their resilience? You can help your client create such a strengths-based focus without denying the behaviors that are causing problems in their life.

One resiliency model, developed by Steven and Sybil Wolin, stems from clinical experiences and interviews with adults who had been raised under difficult circumstances.

They identified seven resiliencies that help

people survive:

#### \* **Insight**

The mental habit of asking searching questions and giving honest answers.

#### \* **Independence**

Dealing with competing needs: having safe boundaries with their troubled parents, the dictates of their conscience, and their longing for family ties.

#### \* **Relationships**

Having intimate and fulfilling ties to other people.

#### \* **Initiative**

Having the determination to assert themselves and master their environment. They prevail by carving out a part of life they can control amid the confusion of a troubled family.

#### \* **Creativity**

Having a safe harbor where their imagination can take refuge and rearrange the details of their life in a more positive way.

#### \* **Humor**

The ability to mix the absurd and the awful and laugh at the combination.

#### \* **Morality**

Wishing for a good personal life. Morality can grow when a child from a troubled family feels hurt and wants to know why. They begin judging the rights and wrongs in their daily life.

How might you use this information in counseling sessions? By helping your client find the evidence of those resilient qualities in their present actions or past history, and by

discussing the positive effects these resilient behaviors produced.

### Chart Recovery Progress

Each person in recovery does specific things that help them stay on-track. Margolis and Zweben (1998) refer to these behaviors as “mooring lines” because they help keep a client’s recovery process in place and prevent a potential relapse from occurring without warning. The Mooring Lines Recovery Chart, shown below, can be used to list and track the “ropes” that keep your client in recovery. To use the chart:

- \* Have your client identify 4 or 5 specific things that are now helping them stay in recovery (e.g. working out for 20 minutes 3 times per week); they can include items such as counseling or group therapy appointments, attending 12-Step meetings, adjusting eating patterns, etc.;
- \* Note specific people or places that are known triggers under the “I am avoiding” section (e.g. hanging around friends who use).

Encourage your clients to complete the checklist regularly (weekly). When you notice that two or more items cannot be checked, it may be a warning of a drift towards relapse. Discuss with your client the possible reasons mooring lines could be interrupted. Personal hardships, illnesses, even vacations and holidays can be disruptive. Your client can use the chart to recognize when the potential for relapse is there, and decide on a strategy for dealing with it.

### Use Mental Roadmaps

The Institute of Behavioral Research at Texas Christian University (TCU IBR) developed a counseling manual titled “Mapping New Roads to Recovery: Cognitive Enhancements to Counseling”. This manual describes node-

link mapping, a method for visually representing a client’s problems, issues and potential solutions.

The strategies presented in this manual can be used in individual and group counseling sessions to:

- \* provide a visual communication tool for clarifying information shared by the client, and
- \* provide a model for systematic and “cause and effect” thinking and problem solving that clients can adopt.

Mapping can also help organize your client’s thoughts, provide a springboard and focus for discussions, and provide a “shared ownership” of the counseling process enhancing rapport between you and your client.

“Mapping New Roads to Recovery” gives detailed instructions for map development, strategies for use, and clearly illustrates the mapping process through example dialogues with clients. The manual can be downloaded for free at [www.ibr.tcu.edu](http://www.ibr.tcu.edu).

### Develop Transition Skills

A final product from TCU IBR which can be used in recovery counseling is a manual called “Straight Ahead: Transition Skills for Recovery” which helps clients develop the social skills and support networks which are so important for recovery maintenance. The manual addresses relapse prevention, the importance of friends and social networks, 12-step and other community based self-help, family recovery issues, assertiveness, communication, stress reduction, anger management, and problem solving. Developing these transitional skills enables clients to establish their own continuing aftercare support systems.

The manual outlines ten two-hour sessions for small groups, and is best used with clients who are making progress in their recovery, rather than those in crisis. This tool can be

### Mooring Line Chart

Mooring line behaviors	Date	Date	Date	Date
1.				
2.				
3.				
I am avoiding				
1.				
2.				
3.				

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### **Address Stigma**

The stigma of addiction makes it difficult for many people to begin the recovery process. They may not want to admit they need help or think they are worthy of receiving it. Stigma may deter the person from seeking assistance or remaining in treatment for a duration that will improve their recovery outcomes. Addressing stigma openly and directly with your client throughout the treatment process can make a difference in their recovery process.

One strategy that will help your client step back and take a more objective look at themselves is storytelling. White (1996) suggests a series of questions, below, that can help clients redefine their identities in recovery by looking at who they've been, who they are now, and who they want to become. These questions can be addressed in individual or group settings:

1. Who was I before I began using alcohol/drugs?
2. Who and what did I become as a result of my use?
3. Why me? How do I explain what happened?
4. What happened to break this pattern? (How do I explain why and how I stopped?)
5. Who and what am I now?
6. Where am I going, and what do I need to do to get there?

As your client redefines themselves, their patterns of self-blame, self-criticism, and self-hatred can be broken, allowing the recovery process to progress.

### **Dual Diagnosis Recovery Counseling**

NIDA's "Approaches to Drug Abuse Counseling" series includes a downloadable guide specific to counseling dual disorder clients. The guide addresses specific and practical concerns such as proscribed counselor behaviors, format for typical individual and group counseling sessions, dealing with common problems such as resistance, responding to slips and relapses and involving significant others. Go to: <http://165.112.78.61/ADAC/ADAC3.html> and download the manual.

### **Twelve-Step**

NIAAA's Project MATCH series includes a "Twelve-Step Facilitation" manual, 12-15 individual sessions based on 12-Step behavioral, spiritual, and cognitive principles. TSF facilitates acceptance of the need for abstinence and the willingness to participate actively in 12-step fellowships as a means of sustaining sobriety. Goals are broken down into a series of cognitive, emotional, relationship, behavioral, social, and spiritual objectives. The manual is best used by a counselor who has attended 12-step meetings (anyone can attend an "open" 12-Step meeting, so all counselors should have this experience in their repertoire). The manual costs \$6 and can be ordered online at <http://www.niaaa.nih.gov/publications/match.htm#ordering>.

### **Facilitation**

*Next Issue:*

**"Recovery Resources"**

### **Sources:**

NIDA Approaches to Drug Abuse Counseling. **Dual Disorders Recovery Counseling**. Retrieved from World Wide Web on October 19, 2004: <http://165.112.78.61/ADAC/ADAC3.html>.

Margolis, RD and Zweben, JE (1998). **Treating Patients With alcohol and Other Drug Problems: An Integrated Approach**. American Psychological Association, Washington, DC.

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## Recovery Support - Part 3

# Recovery Resources

*“Always bear in mind that  
your own resolution to succeed  
is more important than  
any one thing”.*

~ Abraham Lincoln (1809-1865) ~

It can be an exciting process to help clients move through the challenges of recovery. At some point in the process, counselors' and clients' thoughts and plans should focus on ongoing recovery support. This issue of the Addiction Messenger highlights some resources that address a variety of challenges facing the recovering person. There are many more resources than can be mentioned here; the important point is that counselor and client discuss the issues of what will be needed for ongoing support and develop a plan tailored to that individual client's needs, desires and circumstances.

## ORGANIZATIONS

### Twelve-Step Programs

Twelve-step programs are among the best known and most widely available recovery support systems. Below are links to the national websites for a few 12-step programs; from here one can find links to local chapters and meeting information (this information should always be verified by

the client, as meetings may change and the website may not be current—calling the local number is the best strategy):

Alcoholics Anonymous  
<http://www.alcoholics-anonymous.org/>

Narcotics Anonymous  
<http://www.wsoinc.com/>

Cocaine Anonymous  
<http://www.ca.org/>

Dual Recovery Anonymous  
<http://www.draonline.org/>

There is an ever-increasing variety of 12-step programs for specific target groups, such as groups in Spanish, groups for hearing impaired, etc., so it's important to stay aware of your local resources and have such information readily available for your clients.

### Wellbriety

<http://www.whitebison.org/>

Counselors should acquaint themselves with a variety of culturally-appropriate resources for recovery support so that the needs of a diverse client population can be met. For example, White Bison, an American Indian organization, is a proud facilitator of the Wellbriety Movement. Wellbriety means to be sober and well and teaches that we must find sobriety from addictions to alcohol and other drugs and recover from the harmful effects of drugs and alcohol on individuals, families and whole communities. The “Well” part of Wellbriety is the inspiration to go beyond sobriety and re-

covery, committing to a life of wellness and healing everyday.

### **Oxford House**

<http://www.oxfordhouse.org/>

Oxford Houses are democratically run, self-supporting drug free homes. The Oxford House website has a state-searchable list of the houses currently in operation throughout the country, and in other parts of the world as well (all of the states in NFATTC's service area—OR, ID, AK, HI, WA have some Oxford Houses). The website also describes how one can apply to reside in an Oxford House, and the process involved in starting a new house.

### **SMART Recovery**

<http://www.smartrecovery.org>

SMART (Self-Management And Recovery Training), a network of mutual self-help groups, is an alternative to Alcoholics Anonymous (AA) and Narcotics Anonymous (NA). SMART Recovery believes that each person finds their own path to recovery and supports individuals by teaching them how to change self-defeating thinking, emotions, and actions.

While SMART differs from AA and NA, some SMART participants may choose to attend AA or NA meetings as well.

## **WEBSITES**

### **Sobriety and Recovery Resources**

<http://recoveryresources.org>

Clients can find many useful treasures at this website, including:

- Personal Stories & Experiences,
- Early Recovery Memories,
- On-line AA meetings, chat channels, mailing lists,
- Other Programs: Al-Anon, Overeaters, Narcotics, Nicotine, etc.,
- Co-dependency & Relationship Addiction,
- Humor,
- E-mail Support Hotline, and
- Recovery and Support Newsgroups.

### **Web of Addictions**

<http://www.well.com/user/woa/>

In addition to a good overall selection of addiction information, this website has two sections specifically for recovery support - check out the links under "Self Help Information" and "Self Help and Recovery News Groups" for a variety of useful websites.

## **ADVOCACY**

### **The Recovery Association Project**

<http://www.rap-nw.org>

The Recovery Association Project (RAP) is an example of a community-based advocacy organization dedicated to creating a vehicle for people in recovery to speak out on substance abuse related issues. The collective voice of RAP members challenge the stigma associated with addiction to create an environment where those in recovery can share their success and advocate for progressive policy changes related to substance abuse. Meetings are led by people in recovery and their supporters. RAP is active in Oregon's Metro and Mid Willamette Valley counties. Other states have similar advocacy groups that can offer clients a chance to work with others on the larger social and political issues that effect their lives.

### **Faces and Voices of Recovery (FAVOR)**

[www.facesandvoicesofrecovery.org](http://www.facesandvoicesofrecovery.org)

Faces & Voices of Recovery is a national campaign advocating for public action to deliver the power, possibility and proof of recovery. Faces & Voices of Recovery supports local recovery advocacy by increasing access to research, policy, organizing and technical support; facilitating relationships among local and regional groups; improving access to policymakers and the media; and providing a national rallying point for recovery advocates.

### **National Alliance for the Mentally Ill (NAMI)**

<http://www.nami.org/>

NAMI is a nonprofit, self-help, support and advocacy organization of consumers, families, and friends of people with severe mental illnesses. NAMI works to provide education and support, combat stigma, support increased funding for research, and advocate for adequate health insurance, housing, rehabilitation, and jobs for people with mental illnesses and their families. The website also provides contact information for local affiliates and state organizations which identify and work on issues most important to their community and state.

## **FEDERAL INITIATIVES**

*Access to Recovery* is a new three-year, \$600 million federal treatment and recovery support initiative which enables eligible clients to use vouchers to obtain help from a variety of sources, including faith-based and community-based organizations, in states awarded one of these grants.

How *Access to Recovery* grants work:

- Those individuals seeking drug and alcohol treatment and recovery support are assessed and receive a voucher

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to pay for a range of appropriate services.

- The state works with a consortium of public and private entities to jointly administer the program, distribute vouchers and deliver alcohol and drug treatment and other recovery support services.
- The state is required to monitor client outcomes and to make adjustments based on the cost effectiveness of services received.

Two states in our region have received Access to Recovery grants:

**Idaho** — was awarded \$7.6 million per year for each of three years to provide the state's first opportunity to self-select a provider from a menu of assessment, clinical treatment and recovery support service providers. Idaho is involving faith community recovery advocates, community and tribal health clinics, community and tribal social services providers and state services in its system.

**Washington** — was awarded \$7.6 million per year for each of three years to provide treatment and recovery services to low-income individuals in crisis who are involved with Child Protective Services, shelters and supported housing, free and low income medical clinics and community detoxification programs. Washington's grant also increases the number of trained providers offering services, including faith-based providers.

**Recovery Month:** Every September SAMHSA sponsors Recovery Month, providing kits to help you create a suc-

cessful event in your treatment agency or community. An active Recovery Month website provides updates and a page on which you can publicize your efforts. The theme for 2005 is "Join the Voices for Recovery: Healing Lives, Families, and the Community". Kits are free and can be downloaded or ordered from [www.recoverymonth.gov/2005](http://www.recoverymonth.gov/2005). In previous years, treatment programs and recovery groups have sponsored or co-sponsored events such as walks, art shows, concerts, birthday celebrations, open houses and more, as a way of celebrating recovery and combating stigma. Such efforts can be energizing for staff and clients as well.

### **FYI**

The September/October issue of *SAMHSA News*, Volume 12, Number 5, addresses recovery in its lead article titled "Peer-to-Peer Program Promotes Recovery" and focuses on the benefits of SAMHSA's Recovery Community Services Program. This program promotes the idea that people who have already recovered from alcohol or substance abuse can help their peers initiate or sustain their own recovery. For more information visit SAMHSA's website at <http://rcsp.samhsa.gov>

*Next Issue:*

**"Family Treatment"**

### **Sources:**

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**The Recovery Association Project (RAP)** Retrieved from World Wide Web on November 17, 2004: <http://www.rap-nw.org>

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NAME \_\_\_\_\_

## POST - TEST Series 16

- #1  
Recovery involves which of the following:  
a. not being around drugs.  
b. avoiding people and situations that stimulate a desire to use substances.  
c. being discharged from a treatment agency.  
d. “a” and “b”.
- #2  
The Substance Abuse and Mental Health Services Administration’s (SAMHSA) definition of recovery is: “abstinence plus a full return to biological, psychological, and social functioning”.  
True                      False
- #3  
Which of the following could be used as a recovery resource?:  
a. SMART Recovery.  
b. Recovery Anonymous.  
c. Sober 24.  
d. all of the above.
- #4  
The NFATTC moved on November 1st. Their new address is: \_\_\_\_\_ (fill in the blank)  
the blank)
- #5  
The “Pathology Paradigm” defines AOD problems as a disease of body and will.  
True                      False
- #6  
It is not uncommon for the family to experience problems when a family member changes during recovery.  
True                      False
- #7  
In the future, addictions professionals may be providing recovery management checkups as a component of recovery support services.  
True                      False
- #8  
List one web-based resource you could use to identify recovery organizations and resources.  
\_\_\_\_\_ (fill in the blank)
- #9  
Partial recovery means:  
a. attending treatment part-time.  
b. that the recovery process occurs in increments and may begin with reductions in frequency of substance use.  
c. relying on a recovery coach.  
d. all of the above.
- #10  
Experiencing the stigma associated with substance abuse may make a recovering person want to disconnect from services but will not make them vulnerable to relapse.  
True                      False

*Mail or FAX your completed test to NFATTC*

**Northwest Frontier ATTC, 810 D Street NE, Salem, OR 97301  
FAX: (503) 373-7348**

*You can still register for continuing education hours for Series 1 through 15.  
Contact Mary Anne Bryan at (503) 373-1322 ext. 86001*