

# Recovery Center Handbook

Our recoveries were only made possible by the selfless service of countless others who supported us in repairing the physical, emotional and spiritual harm caused by years of using alcohol and drugs. Guilt, shame, unconscious rationalizations, and losses of spiritual values linger on long after abstinence begins and it is only through relearning [or learning] life skills that recovery grows as an acceptable alternative to use. Recovery evolves as a result of trying to live life with empathetic support, role modeling, and openness to new ideas. Vermont's recovery movement is trying to make this support available to all who need to find recovery.

The Vermont Recovery Network is a non-profit organization that supports the provision of recovery support services. Although all our member centers provide space for various 12 step meetings and other peer to peer recovery supports – recovery centers are not affiliated with any of these groups. We are committed to providing welcoming, safe and supportive environments for those interested in recovery. We are open to everyone seeking recovery and support people on all paths to recovery.

The following pages include a short history of our development and an outline of the original building blocks used in creating our Network of recovery centers. This is followed by a general description of what we do and how we function. Each of our centers is unique. They have evolved as the result of different individual's commitment and approaches to providing recovery support services. These approaches have been developed and refined by the members of the Network, as a team effort. We started with a commitment to creating centers which were welcoming to everyone and went beyond just supporting those who had found recovery through 12 step approaches. We have discovered that the path isn't as important as creating joy during the journey toward a destination of increased comfort and wellbeing. We have been working at creating welcoming places for all seeking recovery and focusing on improving the quality of lives. The last part of this document is a collection of materials that have been developed as a result of providing recovery support services over a period of time. The documents reflect our current efforts (2009) as a Network and the efforts taking place in our individual centers. Our efforts are continually being modified to reflect our evolving understanding of how to best meet our visitor's needs. We encourage you to ask us all questions. (please see the documents section for contact information)

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## **Our History**

The origins of Vermont's Recovery Centers and the Vermont Recovery Network can be traced back to The Turning Point Club in White River Junction Vermont. The Turning Point Club was an AA club that had fallen on hard times, when Mark Helijas became it's director. He began to try to revitalize the club, expanded the space, encouraged participation from the local recovering community, and began the practice of being more open to those with issues other than just alcohol. He began to raise funds for this effort. While looking for funds, he went to a conference on using bottle deposits for funding substance abuse programs. While there, he ran into a powerful Vermont state senator who also was the former head of the state's addiction agency. Jim Leady had been involved in starting clubs like the Turning Point Club and was a strong believer in the concept of providing recovery support. This relationship ultimately led to Mark's proposing that the legislature fund a Network of 12 recovery centers across Vermont. In spite of tough fiscal times the legislature provided seed money for the first new centers to form. This funding was sent to Vermont's State Addictions agency. This began the process of developing clear language about creating recovery centers which were not affiliated with any particular path to recovery and open to everyone seeking recovery.

The original request for proposals invited groups of recovering people to join together to form boards and create non profit organizations. Here is some of the early descriptive language:

Community Recovery Center Grants are targeted for the establishment of recovery support centers in Vermont. A recovery center is a local, consumer driven center providing peer support services, sober recreation activities, and/or community education. Recovery support services assist people in maintaining alcohol and drug free lifestyles through age, gender, and culturally appropriate programs. Recovery centers are envisioned as places where Vermonters can find a sympathetic ear, information about recovery, information about substance abuse services, and a safe drug and alcohol free environment. Recovery centers provide non clinical services which assist with establishing community connections that can lead to employment, housing and other social supports. In order to be eligible for funding a fully established and functional local recovery group must demonstrate the capacity and readiness to implement a non-residential, community recovery center, which is committed to preventing relapse. To do this the group must demonstrate that a broad cross section of the local recovering community has been fully engaged and that a majority of the leadership is self identified as being in recovery from substance abuse.

Only one application will be accepted from each region of the state. We are encouraging active collaboration that involves all the different recovery approaches across Vermont. Recovery centers must agree to welcome and include people of all races, spiritual approaches, sexual orientations, disabilities, and people whose recovery includes the use of medication.

Recovery centers are envisioned to be places where anyone from your community who is concerned about substance abuse can go seeking help for either themselves or for a family member or friend. They are safe places for those in recovery to spend time and socialize in a drug and alcohol free environment. Applicants should include policies that assure everyone is welcome no matter what their path to recovery and include language that prohibits possession of drugs and alcohol, provides guidance on dealing with those who are under the influence, and sets minimum standards for hours that the recovery center will be open. We would recommend that new centers be open a minimum of 24 hours weekly and existing centers be open at least 40 hours weekly.

The original requirements for establishing centers included providing:

- Vermont Non Profit Certificate of Incorporation
- Copy of IRS Tax-exempt application
- MOU outlining expectations and agreement [if fiscal agent used,]
- line item budget
- List of Board members [Majority self identify as recovering]
- List of Officers
- Mission Statement - By laws
- Policies - Center Rules
- letter of commitment signed by all the proposed center's board
- Letters of support
- Letter of assurance from local official approving proposed site
- sustainability plan
- commitment to provide data
- Assure inclusion [women, youth, medication-assisted, dual diagnosis, race/ethnicity, disabled]
- Commitment to working with data collection process

## **Our Services**

The original understanding of what services might be offered was limited and has evolved to our current services -

Most of our regular visitors attend the 90 weekly peer to peer recovery meetings held in our centers. These meetings include AA, NA, AlAnon, NarAnon, ACOA, CODA, Vet to Vet, Dual diagnosis support

groups (Double Trouble, Dual Recovery Anonymous & RAMI), Gamblers Anonymous, Overeaters Anonymous, Debtors Anonymous, Making Change, Wits End, Drug Court support, and newly forming groups like Mothers in Recovery. There are efforts to reach out to those on probation or leaving corrections. The menu of options at the centers is continually evolving depending on the skills and interests of key volunteers, for example computer skills classes and yoga have been offered recently.

One of the advantages of the Vermont Recovery Network is evident at our regular quarterly meetings, where sharing successes disseminates models of peer-support services that have proven effective in other centers. Let's explore some of the more consistent and interesting offerings:

"Recovery Solutions" is the term we have begun to use, to describe the recovery support services that staff and volunteers have universally been providing for people who enter our recovery centers. Recovery Solutions consist of a blend of recovery supports that run the gamut from a welcoming engagement, to information or intervention, referrals, work at preventing relapse and general support. We ask that volunteers drop their personal preconceived ideas of what recovery is and encourage active listening, empathetic responses, and a commitment to helping visitors arrive at their own chosen recovery paths. We support our guest's efforts at determining and achieving their personal recovery goals. In many cases our visitors have been reluctant to consider recovery approaches which include spirituality. Spending time in centers they are exposed to people who have diverse approaches to achieving the comfort offered by developing a faith in a positive path, no matter what the path. Optimism breeds further optimism.

The "Recovery Solutions" model of support was developed by adopting the basic empathetic, helpful approaches which are used by those in 12 step recovery and borrowing from other disciplines. It incorporates principles from recovery coaching and recovery management, utilizes motivational interviewing techniques (MI), assessing a person's readiness for change (Stages of Change) and takes advantage of nonviolent communication (NVC) practices. We have avoided the documentation and case notes that have evolved from case management approaches in our use of recovery management and the development of recovery plans. We encourage visitors to develop recovery plans or Wellness Recovery Action Plans (WRAP) but we only document the process as a series of recovery support interactions. The evolution of this model has been consciously driven by a desire to avoid clinical practices, while borrowing from clinically proven approaches which lend themselves to use in peer support environments. (see Volunteer Documents)

"Making Change" was developed in the Upper Connecticut River Valley area of Vermont and New Hampshire. It is aimed at engaging young people involved with substances. The program brings together groups of youth for peer support and has induced many to enter into the recovery process.

"Wit's End" is a parent support group which was founded in Rutland, Vermont by the parents of a young woman who died of addiction. The facilitated group is for adults who are concerned about some young person's use and abuse of substances. The model has been most commonly implemented by a peer leader supported by a trained interventionist/therapist.

The "Discussion on Medication" peer support meeting was created for individuals taking medications in recovery. The facilitator provides opportunities for people using psychiatric medications and chemical replacement therapies to share about their recoveries and learn practices for identifying appropriately in

other recovery venues; avoiding lines like, 'I'm Polly and I'm Bipolar.' or sharing in open meetings about their medication's side effects. They learn about 12 step recovery meeting, creating peer connections and sponsorship is discussed. "Abstinence is not avoiding your medications." This model should be delivered by peers with extensive experience in recovery.

The "Nurturing Parents Program" teaches age-specific parenting skills and addresses the need to nurture ones self. Prevent Child Abuse Vermont trains peer leaders.

The "Rocking Horse Circle of Support" provides a group intervention for mothers 18 to 35 years of age. This SAMHSA model program has been professionally led, but this intervention group, promoting parenting skills, building self esteem and reducing substance use has also been peer led at centers.

Rutland Turning Point Club has been hosting a peer-led, facilitated, "Drug Court Group." It meets once a week and is a valuable model as drug courts expand in Vermont.

The "Medication-Assisted Recovery System" (MARS) peer-to-peer model is under development by the Opiate Dependence Resource Center in Brattleboro, VT, but has not yet been fully refined due to staffing and budget constraints. There have been a number of unsuccessful attempts to establish medication assisted recovery groups, so we are optimistic about this effort.

Worthy of note-

The anchor for the recovery services provided in our centers has been created by cooperation with 12 step recovery groups, while respecting the twelve traditions developed by AA, particularly those of non affiliation and anonymity. Vermont Recovery Center's all rely on the atmosphere of support they have developed as a result of renting space to AA, NA, AlAnon, and other fellowships. We owe these groups and their individual members a huge debt of gratitude. It is important to understand the 12 traditions. We also urge people to read the pamphlet Advocacy in Action.

Many of our peer leaders are recovering professionals but the Vermont Recovery Center movement has generally sought to maintain a commitment to providing non clinical services. The only exception to this has been Wits End groups, which were initially conceived with professional facilitation and were funded as a result of advocacy efforts.

## **Our visitors**

We welcome people in all stages of recovery and those approaching recovery from different perspectives. The concepts of peer recovery have expanded from the original Alcoholics Anonymous 12-step model, challenging us to honor traditions while including people who don't view a "spiritual solution" as being a part of recovery. After exposure to recovery support services many of them do move on to AA, NA or other approaches. The Network's centers are not affiliated with AA, NA, or any other recovery approaches, but they do rent space for them to hold their meetings; our missions revolve around providing safe, supportive, substance free environments, which are welcoming to everyone seeking recovery.

Volunteers and staff receive training in providing recovery solutions. This assures that they are welcoming and supportive. They ask newcomers where they see themselves in their recovery process, encouraging them in their effort and encouraging them to ask questions. After establishing a rapport, they

often make suggestions about other supports or services that might be helpful; creating connections that lead to employment, housing and other social services. They are good listeners while gently encouraging people to focus on solutions instead of problems. Our staff and volunteers introduce newly recovering people to others, in order to make them feel like they are being welcomed into a supportive environment.

One of the challenges is to be supportive of those who are having trouble with abstinence. Supporting those who are still actively using helps them to move into recovery, but it has to be done without enabling unhealthy behaviors. We support many who choose a path that includes chemical replacement therapies such as Methadone and Buprenorphine.

Anyone seeking recovery is welcome at our centers as long as they are not in possession of drugs, decompensating so badly they are not appropriate for a social environment or so badly under the influence that they are disruptive. We do ask those who are under the influence of alcohol to only remain in the center for recovery meetings or while actively looking for treatment. This policy was enacted to avoid enabling active users and to maintain a recovery environment. We also ask that our homeless visitors demonstrate some commitment to the recovery process instead of a commitment to our coffee, warm space and comfortable chairs.

## **Data System - Early Development**

Developing a data collection and an evaluation process for our center's moved us into uncharted territory. The idea of collecting data on individuals in recovery was not a quick sell to many of the AA members willing to help us create recovery centers. We adopted some of the elements from SAMHSA's GPRA data set and developed surveys for center participants, which included anonymous information on housing status, criminal involvement, employment, education, and medication use. We have also asked the centers to collect data on: # hours open, # of visitors, # of Staff, # of volunteer hours, number and type of recovery meetings and other activities. Because of anonymity concerns expressed by our original partners, we have never insisted on centers collecting individual's names, thus we only have data on numbers of visits and not numbers of individual visitors.

The original language and requirements for collecting data were:

Demonstrating the success at your recovery center will be critical to securing ongoing funding for all the members of Vermont's Recovery Centers Network. This year we are requesting all centers to participate in quarterly Recovery Center Network Leadership meetings. These gatherings are envisioned as opportunities to share successes and provide support in solving operational challenges. Each center will summarize their quarterly report, submit data and join in a discussion about our collective results. This will be a regular part of the meeting agenda. The required quarterly reports include: board meeting minutes, financial reports (cash flow analysis), copies of local media reports, copies of the past three monthly reports, and the submission of a minimum of 20 participant surveys. These forms are attached and include information about numbers of hours the center is open, visits to the center, regularly

scheduled recovery meetings held, recovery based recreation activities, advocacy events, educational opportunities provided, and information about a minimum of 20 participants at your center.

## **Data System - Today**

The data collection process and the forms for collecting data have just been revised. Once again, consumer input dictated that our questions not be too intrusive or create anxiety for newcomers who are exploring recovery. If you are interested, we encourage you to view the Participant Survey & Recovery Solutions forms on the website <http://www.vtrecoverynetwork.org/>. They are on the Centers section of the website. The most significant changes include better documentation of: recovery solutions, relapse prevention, prevalence of dual diagnosis, and use of medications in support of recovery. We are collecting more data about housing, employment, and justice involvement.

## **Recreational events and activities -**

Let's talk about fun. The centers all hold recreational events, parties, educational forums and provide spaces for recovering community events. Many of the centers host "Alcathons," which are holiday events (often put on by AA groups) where people can gather, hold meetings, and fellowship in a sober environment. Examples of recreational events range from Kingdom Recovery Center's "Rock around the Block Party," which has become a St. Johnsbury community wide event/party – on to the many recovering community dinners that are held at the centers. In addition, there are programs such as "chess" and "pool" nights, book clubs, writing groups, poetry readings, art workshops, open microphone performances and special seasonal events such as substance free holiday parties and dances. There are sports events on TV, trips to sports events, picnics, yoga, walks, knitting groups, bike rides, blueberry picking, skiing and snowboarding events, a 50's style roller skating party fundraiser, and participation in a community wide art show. There is a ton of fun to be had in recovery.

## **Volunteers**

Our strongest source of volunteers continues to be the recovering communities that surround the recovery centers. We also benefit from assistance provided by students in need of internships, training programs such as Reach Up for welfare recipients, and Vermont Associates for people over 55 trying to reenter the workforce. We provide community service opportunities to clients referred to us from the courts and Department of Corrections. Our community service volunteers have a chance to experience our recovery environment and most of them find it attractive. One of the benefits of helping at the centers is the potential for getting a strong job reference as a stepping stone into the workforce.

## **Volunteer Background checks**

As a rule, the Network's centers do not do criminal background checks. There are strong liability reasons for spending the money on checks, but they provide a real disincentive in attracting recovering volunteers.

Because Vermont is a small place and almost every volunteer is known to someone else, this potential area of controversy has been avoided. Burlington's center has developed a volunteer application which includes references and holds the possibility of a check open for those who are strangers with questionable backgrounds.

## **Retaining and Honoring Volunteers**

All of the centers have developed strong supports for retaining & honoring their volunteers. Good supervision, clear roles, job descriptions, and recognition events have all made a difference. Local United Way efforts have created partnerships for doing this.

## **Training Volunteers**

Volunteer training workshops all include information on providing recovery supporting solutions, listening skills, conflict resolution, confidentiality, data collection, sensitivity to 12 step traditions and opportunities for the volunteers to share experiences with each other. In order for our volunteers to engage and support a new visitor, they need to be empathetic and determine what a visitor's interest in recovery is before trying to help them move them forward. Recovery centers do not provide clinical services but we have improved our effectiveness by borrowing from clinical approaches. Many of the principles of motivational interviewing and the elements in case management are synonymous with providing peer support. Successful therapeutic approaches include concepts that have promise for training volunteers, and we are about to discuss this further at our next Network meeting.

## **Peer credentialing**

Peer credentialing has been a hot button topic with Vermont's treatment and recovering community. Treatment providers have been critical of creating professionalized recovery workers. Everyone agrees on the importance of training volunteers. In the recovering community, there is a real concern about professionalizing a freely given volunteer supported approach. The potential for alienating those in recovery, who have been willing to support our recovery centers, by creating a "professional peer" is viewed as very real. Although there has been some openness to considering a credential for those who manage and train our volunteers, there is a strong concern about the potential for professionalizing recovery supports in the same way that the treatment system has professionalized an activity which began as 12 step work.

## **Recovery Centers as Advocacy Platforms**

Recovery Centers have developed into advocacy platforms. In addition to providing services, Vermont's recovery centers are helping to weave the concepts of recovery into the fabric of services offered in their communities. Through their presence, they provide visible and tangible advocacy, increasing awareness about the benefits of providing comprehensive recovery supports. They are involved in: Agency of Human Services regional partnerships, United Way efforts, Chambers of Commerce, prevention partnerships, drug courts, and local coalitions. We are making positive changes in the way people view recovery.

## **Documents**

The following documents reflect our current efforts as a Network in 2009. They reflect the support work taking place in the individual recovery centers. Our practices have progressed well beyond our written documentation. We encourage you to speak directly with us about our work. Rules, policies, and approaches are continually being modified to meet evolving needs. We have collected the current mission statements, by-laws, policies, procedures, and other documents relevant to how we provide services. There has been an evolution in the way we train and support our volunteers. The current documents in this process are reflected, but we are involved in an evolving process which has included changes as we learn more about providing encouragement and support for people pursuing all paths to recovery. We started with a commitment to creating centers which went beyond just supporting those who had found recovery through 12 step approaches. It turns out that this is not a well worn path. The documents that follow reflect our commitment to providing peer support using an approach based on engagement and empathy.