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From The Ground Up:

How to Build Your Own Peer-to-Peer Recovery Center

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[Publication Information](#)

The

RECOVER

Project

Is a program of the Western Mass Training Consortium

The RECOVER Project is funded by a grant from the Massachusetts Department of Public Health/Bureau of Substance Abuse Services



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Acknowledgements

The creation of this manual was guided by the collaborative spirit of the Peer Participatory Process, which is described so beautifully in the pages to come. We could not have done this work without the foundation provided by the writers of the first edition, the wisdom shared by our recovery community, and the expertise of the consultants who supported us. We would like to express our gratitude to:

Rene Andersen – whose pioneering work in the Peer Participatory Process and commitment to integrating deepening understandings of the profound impact of trauma and how we heal was central to the original vision and continuing development of the RECOVER Project. She has been a consultant to the Peer Recovery Centers in Massachusetts, supporting their start-up and growth. Her expertise has greatly enriched this manual.

Maria Tarajano-Rodman – whose unfailing belief in the RECOVER Project's principles and values along with her expertise in the understanding of the rich complexity of people's lives and the healing that is possible within compassionate, trauma informed communities has been an invaluable resource for the RECOVER Project's development. Her wisdom and insights have guided the writing of this manual.

Members of the RECOVER Project - for sharing their recovery journeys with us so openly on a day to day basis – especially the members of our advisory board: Tim Ranney Blake, Melissa O’Malley, Michael Lewis, and Hal Davis. Also, Yinia Arce and Sue Bouchard for providing administrative assistance.

The Massachusetts Peer Recovery Centers - both directors and members, for sharing their experiences and expertise with this work. Great appreciation goes to **Efrain Baez**, director of Stairway to Recovery in Brockton, MA, and the Stairway to Recovery community for supporting us by bringing their cultural and bilingual lens to this work. Special thanks to **James Hiatt**, former Constituency Services, Program Coordinator at BSAS, for leadership and support in the early development of the MA Peer Recovery Centers.

Those who supported us from outside organizations-**Rodrigo Monterrey**, CLAS Coordinator DPH Office of Health Equity, for offering advice and guidance, and for sharing his work on the Department of Public Health manual, Making CLAS Happen: Six Areas of Action, a Guide to Providing Culturally and Linguistically Appropriate Services in a Variety of Public Health Settings. **Oryx Cohen**, Technical Assistance Center Director at the National Empowerment Center, for reading and helping us connect the content of this manual to the process of mental health recover. And **Faces and Voices of Recovery** for providing technical support.

Photography by Four Wings Studio: Special thanks to Ryan Williams and Ted Murphy.

Website Development & Graphic Design by Alwaysplay Web Design & Development: Special thanks to Michael Burke.

This manual is based in a large part on the work of the authors and contributors of the 2006 manual “How to Build Your Own Peer-to-Peer Recovery Center From the Ground UP!” We’d like to thank: Jessica Grasmere, Jeff Martell, Rene Andersen, Deb Parker, Chris W., Clarice B., Cyndi B., Laurie B., Laurie K., Lucinda B., Nantricia C., and Todd C.

Welcome



Welcome!

Whatever your reason for approaching this manual, on behalf of the RECOVER Project community—past, present, and future—I welcome you. This is an exciting time to be a part of the peer recovery movement. Since beginning my work as the Director of the RECOVER Project, I have witnessed tremendous expansion in this grass-roots movement growing up around us. As you approach this manual, please know that this work of peer recovery is at once radical and revolutionary. We are all pioneers, building this movement as we go. Imagine, a resource center developed and designed by people in recovery for people in recovery, a storefront space on a main street, easily accessible and open to all. Ten years ago, when we started this work, we began to imagine the possibilities. We have come to appreciate the messiness, inefficiency, and mystery of this process. Our community has learned to live in the questions, knowing that each time we believe we’ve reached an answer, more questions are revealed. At the end of the day, we have leaned to value the process over the product, as the process itself is where we grow.

This manual is based on the experiences the RECOVER Project has collected over the past ten years. Inside, you will find some

theoretical underpinnings, lots of practical applications, and the voices of those actively engaged in recovery. “From the Ground Up: How to Build your own Peer-to-Peer Recovery Center,” is designed to be an organic, living document. There are opportunities within the manual for sharing your community’s voices and experiences. Through this platform, we will learn from and support one another. We urge you to share your successes and challenges with us as you cultivate your recovery center from the ground up, and look forward to supporting and sharing with you as we grow together.

With gratitude,

Linda Sarage

A Letter From Oryx Cohen: Applications for Peer-Run Mental Health Communities



Dear Peer in Mental Health, fellow Trauma Survivor, and/or Person who Experiences Extreme States of Consciousness:

I decided to write this in a letter format to my peers in the mental health community mostly as a plea to please use and circulate this fantastic manual: From the Ground Up: How to Build Your own Peer-to-Peer Recovery Center.

When Linda Sarage and Jake Powers first approached me about writing a section that would help connect this manual to the mental health community, I initially envisioned writing a section that would serve as some sort of translation tool that could connect two very different communities toward a common purpose. After reading the manual, however, I quickly remembered how much the mental health community has in common with the substance abuse community and how little “translation” is actually needed.

So this is mostly a plea: Please use and circulate this excellent manual, it will help you build and grow your peer-to-peer mental health organization/community.

This being said, I do have a few comments, areas to emphasize, and even a few “translations” to offer.

Trauma-Informed Communities as a Bridge Between our Communities

As emphasized in the manual, the peer-to-peer addictions community should embrace a trauma-informed approach. The same can be said for the mental health community. In fact, if you look at studies like the Adverse Childhood Experience study, or ACE study, you find that there is not only a striking link between trauma and later mental health and substance use issues, but there is also a link between these adverse childhood experiences and later physical health problems and ultimately, early death. The lesson: trauma is universal and we should assume that everyone we encounter is a trauma survivor. Doing so is a way of using universal precautions and creating a better, safer, world for everyone.

Most of us can probably agree that trauma plays a huge role for both the mental health and substance abuse communities. I believe that substance use and mental health are more connected than we realize. I would like to suggest that both are ways that different people (or sometimes the same person) at different times cope with very difficult life circumstances. When I am faced with extremely stressful and difficult life circumstances, I tend to turn inward and go on very interesting spiritual/mental health journeys. When others are faced with similar circumstances, they might turn to alcohol or other drugs. I see these as just different coping strategies we have developed as humanity has evolved.

What connects us is that we are all human beings who at some point have to go through very difficult, and sometimes, traumatic life events. This is why the lessons that the RECOVER project has learned around being trauma-informed apply to our mental health communities as well. When you make your program or community trauma-informed, you not only make the community

better and safer for trauma survivors, you make the community better and safer for everyone.

A Few Points of Translation

The Word “Peer”

Both addictions and mental health communities are using the word “peer” now. In fact, I believe this is a word that we in the mental health community adopted from the addictions community, as peer support has been recognized and valued in the addictions community for a long time, especially after Alcoholics Anonymous was founded. I think we need to remind ourselves in the mental health community that the word “peer” can never be used to describe an individual. It is not just a replacement word for “client,” “consumer,” etc. As mentioned in this manual, it is impossible to be a peer in isolation; you have to be a peer in relationship to others in your community that share similar life experiences. In fact, this is where there is potential power in using this term as well, as mental health recovery rarely happens in isolation and peer support has played such a valuable role for so many of us.

Recovery-Informed Community

When the addictions community talks about creating recovery-informed communities, they are referring to communities that recognize the prevalence and impact that addictions and substance use has on the community.

I think this can be a powerful concept for the mental health community as well although the meaning may be slightly different. Being recovery-informed in our community may mean realizing that the prevalence of people who experience mental health issues, trauma, and/or extreme states is very high. And if we haven’t gone through these experiences ourselves, we most likely have a family member, friend, and/or neighbor who have. In fact, I believe that ultimately being recovery-informed is realizing that these mental health experiences such as despair, anxiety, mania, hearing voices, etc. are human experiences that we all experience to a various degree.

No Wrong Door for Peer-to-Peer Mental Health Recovery

Just as there is no wrong door to enter the world of peer-to-peer supports in the addictions community, there should be no wrong door to enter your peer-to-peer mental health organization/community. We really need to do away with the “silo” mentality that says these particular people belong over here and these other people belong over there. It shouldn’t matter whether someone is introduced to your organization because they just got out of a hospital, heard about your program through their 12-step support group, or just thought the community work you were doing sounded great and wanted to get some personal growth out of it. Everybody should be welcome and this is why even having a referral process is not a good idea. People should be able to strip their labels and come as they are, and should be welcomed through whatever door they come through.

This is Our Manual Too

To close, I wanted to thank all the people at the RECOVER Project who put this manual, *From the Ground Up*, together. I was lucky to be a part of the growth of the RECOVER Project “from the ground up” personally for several years and they welcomed me and others from the mental health community with open arms.

Again, I encourage you to put this manual to use in building your peer-to-peer mental health organization/community and to share it with others in the mental health community.

Sincerely,

Oryx Cohen

Technical Assistance Center Director

Preface

Since the original version of this manual debuted in 2006, the RECOVER Project has undergone some dramatic transformations. As a community, we have struggled with the smaller details of day-to-day policies and procedures, and confronted larger issues around our values and ethics. As a center, we outgrew our original space and experienced the wonders and challenges of filling newer, larger spaces. These changes brought both growing pains and the daily reminder that we—as recovering individuals, as a recovery community, and as a recovery center—hold an inherent capacity to expand beyond our wildest dreams. This capacity for expansion allows us to re-imagine our relationships to each other and to the spaces in which we grow and heal. Above all, we continue to heal and recover together, watch, listen, and learn from the unique journeys and paths of transformation that we all travel.

In the spirit of peer support, which tells us that great wisdom and competency resides in those with lived experience, this manual is our attempt to share some of these lessons, insights, and experiences. We hope that it will guide our continued growth, the growth of folks just beginning this process, and the growth of folks who are already well underway in fostering peer recovery in their community. Throughout the following sections, we explore the practical side of creating spaces and conditions for peer recovery support to flourish in your community through a model of healing that we have come to believe in deeply. This is a model that is grounded in some specific values, practices, and strategies that we've found to be vital in creating the conditions for purpose, meaning, community, connection, and relationship to emerge as we heal together. Everything we offer here might not translate exactly to your communities or spaces, but we are willing to bet that at least some of this material will provide you with a solid and safe framework for healing and growing together.

This time around we've relied not only on the wisdom and experience that is held in our own immediate recovery community, but also on the wisdom and experience of several other recovery centers around Massachusetts that have successfully launched into this work in the past few years. Community members and staff at each of these centers have become sustaining components of the intentional community we have assembled over the years by offering unique and supportive perspectives on doing work that is at once challenging, messy, and absolutely necessary. ([Click here for information on Massachusetts Peer Recovery Centers](#)) Through this expanded participation, we have simultaneously expanded the boundaries of what we understand as “community,” pushing past physical and geographic limits to connect with and learn from the knowledge, experience, and support that exists in broader networks of healing and recovery. This aspect of the manual puts into practice what we call the **“Peer Participatory Process,”** which you'll learn plenty more about in Chapter 2. At the basis of the Peer Participatory Process is a deep belief that participation from a wide range of community members with varied and valuable insights to offer and gifts to “give back” is absolutely one of the most important elements of how we heal together.

The topic of safety was mentioned briefly in the previous version of this manual, but this time around we've made it a major focus in order to highlight how immensely important we as a community understand safety to be in creating the conditions for relationship and healing to flourish. In Chapter 1, we discuss why the concept of safety matters to us as recovering individuals and communities in addition to offering some thoughts on the nature of safe relationships in the healing process. We also offer some more practical tips and ideas about creating conditions for both physical and emotional safety to emerge. Because recovery often requires us to learn to how to grow and heal from past lived experiences of violence, un-safety, and instability, we hope that our sections on safety offer some useful ideas about practices and policies, ways of interacting, and modes of community connection that your center may begin to experiment with as a jumping off point in facilitating safer spaces and relationships.

This version of the manual also includes an expanded section on the often complicated role of staff at peer recovery centers (Chapter 4) and a more in-depth exploration of how to foster deep and mutually beneficial community collaborations and connections (Chapter 7). Chapter 7 also includes some suggestions for using social networks and social media in creating and sustaining your recovery community in new and creative ways. These are all areas that our community has identified as being crucial updates to our manual, and we hope that you find them helpful for thinking about different areas of your own development.

We have also focused more attention in this version of the manual on cultural competence and linguistic inclusion as valuable and necessary foundations underlying any and all of the ideas or suggestions we offer here. Healing will not look or sound the same everywhere, and we offer multiple opportunities throughout the manual to reflect on questions of access, inclusion, and the ways in which bias might operating underneath the surface of your work.

Ultimately, it is up to your community to decide how to use this manual. Perhaps your community is truly starting “from the ground up.” In this case, working from beginning to end might make the most sense, as things like strengths and needs assessments, funding, and space are still on the horizon for you. Perhaps you already have an established recovery center but want to work on becoming more peer-driven and participatory. In this case, you may need to focus more on the Staff Roles or Peer Participatory Process sections. The web-based nature of this manual will allow you to explore the content easily and in whatever way you find useful, in addition to providing opportunities to share your own experiences and insights.

Regardless of how you utilize the voices and materials gathered together in this manual, we look forward to the creation and flourishing of other communities that also recognize and embrace the value of meaningful relationships and authentic connection in healing and recovery. There are, most importantly, communities that do not stop believing in our shared possibilities for growth and transformation, and actively work to cultivate those possibilities together. Best of luck on your journey. We’re still enjoying ours each and every day.

View the RECOVER Project informational video. It will give you a sense of who we are and how our community supports recovery and show you where our journey has taken us.

A snapshot of Franklin County

Franklin County is a rural county located in the north-central portion of Western Massachusetts (Pop. 71,500). Our center is located in Greenfield (pop. 18,000), which is the county seat. Greenfield has a historic downtown, host to local merchants, coffee shops, boutiques, and a Community College. Franklin County is one of the poorest, most rural and least populated counties in Massachusetts, with high rates of alcohol and drug use disorders (US Census, 2012). Some of the issues that face folks in the county are high rates of interpersonal violence, isolation, increased rates of heroin use (Mass DPH).

01: Creating Conditions

Why Safety Matters

Every person has a story. Every person who enters through the door of a recovery center holds in their bodies, minds, and hearts their life experience. The habit and ritual of addiction is a particularly charged and difficult lived experience that continues to move within us, even in recovery. Here, we want to share with you some thoughts about why safety matters in healing and growing together.

Whether we are aware of it or not, our life experiences shape and inform:

- our perception of self
- our interactions and relationships with others
- our view of the world.

As we move around in the world, we are unconsciously, yet constantly, assessing for ourselves, “am I safe?” In our work together, we’ve learned that there are some spaces, practices, and ways of being with each other that support us in feeling both physically and emotionally safe. A safe container allows us to begin trusting in ourselves and in each other.

This chapter will focus on how to create the conditions for safety at your recovery center. We include **five main points** to consider as you work towards developing a recovery community where people feel welcomed, safe, and part of something larger than themselves:

1. Creating Conditions: Safety as a Culture Change
2. Co-Creating Safer Spaces and Codes of Ethics
3. Healing Happens in Relationship
4. We Are Our Own Experts: No Right Way to Heal, No Right Way to Feel Safe
5. Safety Is An Action

Sharing our Experience...

When we use the word space in this section, we are referring to the climate and culture of a recovery community. That climate and culture can exist within the boundaries of a physical site, like a recovery center, but it also moves beyond those walls and out into the wider world, wherever recovery happens. **The main point is that we are intentional and thoughtful about bringing values, practices, and strategies for establishing the conditions for safety into the many spaces we move around and recover in.** We will talk more about physical space in [Chapter 5](#).

Voice from the Community

“When someone walks through the door of our center, we have to be sensitive. We don’t know what’s going on for that person, but we know something is up – or else they wouldn’t be here. Something brought them to our door. In order for them to return, we have to make this safe for them.” ~Peggy

Creating Conditions: Safety as a Culture Change



When we talk about safety, we talk about creating conditions for safety. It’s important to remember that we cannot guarantee absolute safety for everyone. A sense of safety is not “transferable” from one person to the next. What feels and is safe for one person may not be the same for another. We’ve found that putting into practice a set of universal precautions creates a change in the culture of your recovery center that supports the conditions for safety.

A culture change means two things:

1. The climate and culture of your community is organized around recognizing and establishing the importance of safety in recovery processes. This includes everything from the “vibe” or energy of a space, to your community’s stated values and day-to-day practices.
2. The climate and culture of your community recognizes that safety is necessary to build healthy relationships, as healthy relationships are necessary for healing and recovery.

Your community’s commitment to values, ethics, and healthy ways of being together will create conditions for safety as you continue to do this work. You’ll need to put some practices and strategies that reflect those values, ethics, and safe ways of being together. The next section will provide some suggestions.

Voice from the Community

"I grew up in a very violent home. Later, I joined the Infantry. I developed a very protective attitude. I brought that attitude here with me to the RECOVER Project, but quickly learned I didn't have to protect myself."~Gerald

Co-Creating Safer Spaces and Codes of Ethics

The recovery journey is personal, but it's also deeply intertwined with the journeys of other people in recovery. We actively co-create the conditions for safe and healing environments as we respect the strengths and needs of those around us.

This co-creation of safer spaces works well when we pay attention to a few key points:

- Listening to and deeply **honoring the stories** that each of us brings into a space. By listening closely, we are able to figure out what folks need to feel safe. We don't always know these things right off the bat, but we can discover them together through **meaningful and attentive conversations** about what has happened to us.
- Assuring that a space **reflects the language and images of the community's culture**. Attention to language and cultural images present in a space ensures that folks' own histories, cultures, and lived experiences are reflected and validated as a necessary component of the "vibe" or climate of a space.
- Recognizing the presence of racism, sexism, homophobia, and other forms of discrimination. Being willing to **examine the biases and prejudices** within our communities is another crucial step in understanding what kinds of conditions we need for safety. All people should feel safe, welcomed, and included in something larger than themselves.

Voice from the Community

"Somebody's always been at the reception desk or somebody's been in that front room, to greet them, to give them any kind of information that they needed, to give them any kind of help that they needed. There's just so much love, so much hope, so much- it's like a family. It's like one big family." ~Patsy

A Code of Ethics is a peer-developed document that outlines how your community wants to be together. We will talk more about how to create and utilize your Code of Ethics in later chapters, but for now it is important to note that your Code of Ethics is the foundation for creating conditions of safety at your center. A Code of Ethics:

- Reflects shared values
- Guides behavior and actions
- Shapes the "vibe" and energy of your space

It may also state strategies and practices that support the conditions necessary for a safe environment. For example:

- Asking folks not to gamble or exchange money inside of the center
- Asking all people in a space to not be under the influence of drugs or alcohol while there
- Respecting personal boundaries – physical, emotional, and social

The Code of Ethics is literally the lifeline of our recovery community and we hold each other accountable to it. This shared adherence to the Code of Ethics is a major step in creating and maintaining a culture of safety. It helps us to establish both values and practices that we continually integrate into the activities, actions, and relationships.

When someone is not staying true to what is outlined in the Code of Ethics, we respectfully remind them of our agreed upon Code. This helps to create conditions for safety in all areas of our work, from Community Meetings and daily activities to conflicts between community members and questions about members' recovery paths. We'll talk more about developing and utilizing a Code of Ethics in [Chapter 5](#) on "Getting Started".



Sharing our Experience...

At the RECOVER Project, the Code of Ethics is designed around four main concepts:

1. Safety
2. Respect
3. Compassion
4. Acceptance

Under each of these sections we have specific ideas, values, and practices that we agree to adhere to in order to for the conditions of safety to emerge for folks. Before each community meeting, we read a section of our Code of Ethics to make sure that we know it, practice it, and hear it on a regular basis. In addition to Safety, Respect, Compassion, and Acceptance, other centers have other areas of focus. [Click here are some examples of Codes of Ethics that have worked well for recovery communities so far.](#)

Healing Happens in Relationship

Our deepest wounds often involve betrayal by a trusted person or institution. When trust is broken, our sense of safety is lost, our world gets smaller, and we isolate and disconnect. Because this experience happens in relationship, safe and healthy relationships become the basis for hope and healing.

Peer-to-peer communities recognize the healing nature of mutually respectful relationships. We **repair** to heal and recover.

Recovery centers and recovery communities can be places of respite for people—spaces where they can feel safe enough and supported enough to begin the long and often scary process of pecking out of their protective shells, trusting in what and who surrounds them, and letting the collective light shine in.

Voice from the Community

“Nosotros somos como pollitos que queremos salir del cascaron y muchas veces el cascaron es grueso y necesitamos ayuda de otros para poder salir. Y una vez que salimos nosotros los adictos queremos sentirnos protegido. Queremos experimental la sobriedad, el calor y el apoyo de cualquier modo sea de Los Doce pasos de un grupo o otra manera. Queremos continuar sintiendo el sentimiento de estar sobrios y limpios.”

“We all are like chicks hatching from eggs. We are together in the nest and many chicks are having a hard time trying to break out of the egg shell. Sometimes the chick’s beak is weak, therefore we need the help of someone to be able to break through. Once we hatch, we need a safe environment and all the nurturing for the first time, whether it is from 12-step groups or some other way of experimenting being sober and clean.” ~Samuel

We Are Our Own Experts: No Right Way to Heal, No Right Way to Feel Safe

We are all experts in our own experiences; our experiences inform our paths of recovery. It is not up to any one person to decide which way of recovering is “right” for anyone else. The real work of healing happens in so many rich and unique ways, and it is up to us to give folks the space to navigate those pathways in a manner that feel safe, comfortable, and meaningful to their own cultural, social, and personal values. Creating the conditions for safety also means honoring and respecting all healing traditions.

It is crucial to remember that:

- We are not “experts” in all cultures. We cannot make assumptions about people from cultural backgrounds different from our own.
- One person’s experience does not represent the experience of all people from a particular culture.

Safety is an Action

In this section you will find some more specific tips and strategies for creating both physical and emotional safety at your center. Physical and emotional safety are not separate forms of safety, but are always occurring together at any moment. Challenge your community to brainstorm other ideas that make sense for your community's needs around both physical and emotional safety.

You may use the following questions as jumping off points for those discussions:

- What is the appearance of your space? Is your space warm, welcoming and inviting?
 - What is your first impression walking into the space?
 - What do you see?
 - What do you hear?
 - What do you smell?
 - What do you sense and feel?
- How accessible is your space for folks with accommodation needs?
- What is the climate of the space?
 - Are your signs respectful and positive?
 - For example, wording for a sign on a door leading into our administrative space was developed at a community meeting. We wanted to make sure it was respectful and people understood the reason why, for confidentiality sake, sometimes it would be necessary to knock before entering.
 - Another positive and respectful example is “Have you had an opportunity to take our survey this month?” vs. “STOP – Take the survey NOW.”
 - Do you use “person first language”?

Sharing our Experience...

Person First Language

- The person is always part of the statement
- The person is understood as complex and multifaceted
- What you are describing is only part of the whole person

Examples: “A person without a home”, instead of a “homeless person” or “Sussy is working hard to raise her family on a very limited budget”, instead of, “Sussy is a low-income mother.”

- Is someone always available to welcome anyone coming through the door?
- Does the layout of the space promote interactions between folks?
- When setting up chairs for a meeting or event is there a sufficient amount of space between each chair so that people's personal space is respected? Are there places for folks to sit without their backs to the door?
- Have you asked community members about how your recovery center's space supports physical safety? Are you open to changes people right suggest?

Sharing our Experience...

Our Center is safety conscious by closing when area businesses are closed, when foot traffic in the area decreases. ~StepRox, Roxbury Massachusetts

Some Things to Think About When Creating Emotional Safety:

- Am I Seen? Am I Heard? Am I Valued? Am I Included?
- Are these things part of your daily work?
 - Transparency – information is shared
 - Consistency and Predictability – no surprises
 - Resources Visibly Available
 - Clear and Consistent Expectations
 - Cultural Sensitivity
 - Gender-Specific Options
 - Authentic and Mutually Respectful Relationships
- Does your community encourage open and respectful communication?
- Have you asked community members about their definitions of emotional safety?
- Have you asked your community to brainstorm changes you might make to a space together to make it more emotionally safe?

Voice from the Community

“A friend told me about The RECOVER Project, so I stopped in one day to see what it was all about. I knew I needed to be in a safe place where people were in recovery. When I got there, this is what happened: I was made to feel welcome by staff and peers in recovery, without judgement. I was given time to feel at home there, never rushed. I was trusted for the first time in a long time. I was listened to, I was asked my opinion about activities and programs. I was asked to sit on committees. I was appreciated.” ~Laurie

Sharing our Experience...

The following scenario describes a strategy for finding common ground on a definition of emotional safety that worked well for the RECOVER Project. Feel free to use this exercise or develop similar questions to ask your community what emotional safety means for them:



The RP community went through a period when some concern was raised about the safety of our space. People who were not members were coming in and out, not staying for meetings or even conversations. There was an increase in foot traffic on the sidewalk and around the corner from our center. We held a special community meeting and instead of focusing on “what was wrong” with the uncomfortable energy and “vibe”. We offered two questions and then brainstormed as a community.

- **What is the RECOVER Project about?** Here's some of what folks said: A sober oasis; a springboard into a new life; a safe supportive place where people help people; a positive and safe place to learn how to change and recover with peers going through the same thing; acceptance and respect for me and my lived experience.
- **How can we continue to be what we're about?** Respect each other; be accountable; have personal integrity; set personal boundaries; peers remind peers thoughtfully; engage each other; be mindful of inviting guests who are focused on recovery.

These phrases were printed, framed, and hung about the community space. After this community conversation, a great shift occurred. A sense of safety and respect was restored.

Conclusion: Embracing a Trauma-Informed Approach

What we have been talking about in this chapter on safety is what is known as being “trauma-informed.”

A trauma-informed approach:

- Supports the conditions for safety, healing, and recovery
- Incorporates the wisdom, experience, and expertise of those with lived experience
- Honors the many and varied paths to recovery

We have also come to understand that a trauma-informed approach recognizes the overwhelming impact of trauma on the body. We may think of our bodies as actual archives of our life stories that contain small traces of all the things we have done, felt, and sensed in our lives, especially experiences that may have been painful or traumatic. As much as recovery is about consciously changing our relationships to particular behaviors, substances, objects, spaces, or people, recovery is also about coming to terms with what still lives inside the archive of our bodies. These are the things that often unconsciously impact when, where, and how we feel safe. For more information on the impact of trauma on the body, please see our [“Deeper Reading” section](#).

Remember, the meaning of safety can morph on a day-to-day or even minute-to-minute basis for your community members. Especially for folks newly in recovery, the recovery process requires continually exposing our raw bodies and hearts to others who have experienced similar kinds of hurt and loss in supportive, safe, and healing spaces. If we are constantly attuned to whether or not our spaces and our actions maintain the conditions for safety, support, and healing, we can begin to trust enough to let go and let those wounds heal together, in community.

Voice from the Community

“In terms of trauma-informed, it’s sort of complicated but it’s sort of simple that, we believe that we are who we are because of what happened to us, and that if there is safety and respect, voice, choice, control – all of the sort of things that we stand on – that people will heal...and that we heal with each other in relationship. That trauma happens usually in relationship and that it is also healed in relationship.” ~Lorena

02: Peer Participatory Process

Deep Breaths, Jumping In



How does recovery happen? Lots of folks have plenty of answers to this question and many times those answers differ quite drastically from one another. We may spend time arguing about the minute details of which path to recovery is “right” and in the meantime forget the basics, including the fact that there is no “right” way to recover and heal.

In this section we will talk about one process that we’ve worked together to shape and explore—one process that has worked for many of us. We’ve come to connect the way that recovery happens in our community with the phrase “**Peer Participatory Process.**”

Recovery happens when a singer gets to sing at a recovery community event and provides a new form of safe, fun entertainment for someone newly recovering. It happens when a carpenter uses her skills to build a closet at a recovery center to store art supplies for the afternoon art classes. Recovery happens when a person who has spent time in jail is able to share his experiences of reentering the community with someone just a few days out. Recovery happens when one peer is given the opportunity to share their wisdom, strength, and passions with others and is recognized and supported in the process.

Voice from the Community

“Through the Peer Participatory Process, peers help each other learn how to grow. Peers help other peers to think about responding differently when there is conflict. Peers help each other learn things we’d never learned or that we lost by using.”
~Margaret

What is a Peer? Oh No! Not Another Label!

Many programs and models define a “peer” as a person with a particular set of lived experiences. Oftentimes, folks use the term “peer” to refer to someone who has the lived experiences of addiction and recovery. At other times, a peer is someone with a particular mental health diagnosis, or someone who has spent time incarcerated or in a psychiatric institution.

The term “peer” can be used as a label which separates an individual from others. Using the word “peer” as a label can create a hierarchy that places certain people in positions of authority and “the peers” under their direction. In our work, we want to challenge ourselves to push past this definition of “peer” as just another label for folks who are involved in particular clinical or social service systems.



Peer is a Relationship

We like to think of peers in the context of a relationship. Peers exist because they are in relation to—in relationship with—other peers. Peers connect to one another through a shared experience. Connection is the key term in this relationship. Through the presence of a shared experience, bonds form based on mutual respect and trust.

Peer-to-Peer Supports

The relationships that develop between individuals with shared experiences allows folks to create, collaborate, and heal in new ways. The relationships that may emerge between peers depend on the expertise that each person brings to the table. While each connection may look different than the next, all relationships are based on the idea that an individual's lived experience is a worthwhile and absolutely necessary contribution to the community.

Voice from the Community

"Honestly, I see peers supporting peers everyday. Just today I walked in the door and got help with something I didn't know. I asked a peer for help with math. It turned out he was a retired special education teacher. I was a special education kid in school. I was able to get the help I needed from another peer. We are talking about starting a math program to help others like me."
~Glen

Competency and Wisdom Reside Within

The Peer Participatory Process begins by recognizing that each and every person who comes through the door of our recovery center brings something unique to contribute or share:

- A **set of skills** (ex. listening without judgment, repairing bikes, writing poetry, mediating disputes, preparing taxes)
- A **particular passion** (ex. cooking, playing an instrument, DJing, taking photographs)
- A **lived experience** that one has survived and learned from (ex. knowing hunger AND learning how to obtain food stamps, being without a home AND navigating a shelter system, being in an unsafe relationship AND safely ending that abusive relationship)

And people who have had some time in recovery also bring:

- A map tracing their **recovery successes** (ex. returning to school, regaining custody of a child, finding new employment)

Turning It Upside Down—Valuing Wisdom, Experience, and Expertise



Many traditional service programs operate within a model that resembles a traditional triangle. Instead of recognizing and valuing people’s wisdom, knowledge, and experience, traditional programs often focus on what is “wrong” with an individual and attempt to “fix it”. A traditional hierarchical model ensures:

- That the power and authority to craft and carry out programs, policies, and procedures affecting the whole community are concentrated in a few decision makers at the “top” of the pyramid.
- The rest of the community—those most affected and impacted by these “top down” decisions—are located at the bottom.

The Peer Participatory Process literally “flips” this model upside down so that the community determines and maintains the programs, policies, and the “vibe” of a recovery space. This model requires that **the entire community really and truly values the wisdom, knowledge, and expertise that inherently resides in the many folks that make up any given community.**

The Peer Participatory Process ensures that:

- Expertise is recognized as residing within the community.
- Those affected by programs, policies, and procedures are an integral part of the work being done.
- Community members are involved at all levels of the organization.

Meaningful Participation at All Levels

Simply having community input on programming is not sufficient. The Peer Participatory Process requires meaningful peer participation at all levels, including:

- A host organization’s board of directors
- Developing policies
- Program planning
- Determining how program funding will be distributed
- Ongoing assessments
- Day to day procedures and activities

Modified Peer Participatory Process: Decision Making and Collaboration

Many—if not all—peer recovery centers will operate in environments that already have their own protocols and procedures, whether those come from their funding source or from a “host organization.” This means that some decisions—especially those



carrying legal weight—cannot be made at the community level. In these cases, even though we may not be able to entirely “flip” the organizational hierarchy so that community is responsible for making all decisions, we can at least work towards **flattening that hierarchy**. We call this a “modified Peer Participatory Process.”

Voice from the Community

“The community has a direct voice about what goes on and about all kinds of issues that need to be addressed. Having a voice makes you feel like you belong, like you’re connected, and part of the creative environment. Until someone asked me to share my thoughts, and take on some responsibility, I had no idea I was being noticed. I had always felt invisible.” ~Celina

Some Parameters for implementing a modified Peer Participatory Process:

- When bringing up an issue at Community Meeting or in another forum, be clear about whether you’re asking the community to **discuss** that issue and **make a recommendation** or you’re asking the community **make a decision** on that particular issue.
- When hiring new staff people, invite community members to participate in an interview committee that can make recommendations about potential candidates to those at the decision-making level.
- Set up opportunities for community to have input on staff evaluations. Community will most likely not be involved at the level of firing staff, but they are certainly entitled to voice opinions that are heard and respected by those at the decision-making level.
- Integrate community members into meetings and other interactions with a host organization and funders when appropriate.
- Continue to value the expertise that resides in your community, regardless of what level of input they have on any particular decision.

Voice from the Community

“I worked in human resource management before coming to work at the RP. I’ve never seen anything like this. First I was interviewed by a team of staff and peers, then I was interviewed during a second round by a different team, and finally I was interviewed at a community meeting with 40 people asking questions. It became a fun conversation but... I was more used to interviewing formats that started big and got smaller, ending with a 1:1. I knew then that this place was not business as usual.”~Hal

For a look at the RECOVER Project peer interview process, [click here](#).

Decision Making as a Skill Set

Frequently, groups of people jump to making decisions without the necessary amount of thought and time to let things develop more fully. Slow it down! Decision making in itself is a skill set that requires development for all of us. When making a collective decision at your center there are several things you’ll want to consider:

- **Capacity** – Do you have the community and staff capacity to put this decision into effect?
- **Timeline** – How long do you need for this decision to be fully implemented?
- **Resources** – Do you have enough resources (fiscal, material, organizational) to implement this decision?
- **Information** – What other information do you need to make an informed decision?

Sharing our Experience...

At one community meeting an RP volunteer suggested that she would like to host a firewalk as a fun RP-sponsored social event. The community quickly came to a consensus. “What a great idea! A firewalk!” The idea was quickly moved forward to a vote. In this hastiness, however, the community had not stopped to consider the many different issues that might present a

problem with this plan, including liability concerns from both program staff and our host agency. Staff then intervened into the community meeting to suggest that some folks do some information gathering on the viability of this idea before moving forward. After looking into the topic, community members realized that it was not feasible and removed the piece from a vote at the next meeting after giving community an update on host organization policies.

A general decision-making process that considers all angles might look like this:

1. **Initiation** – someone initiates a topic that requires a decision.
2. **General Discussion** – the community has a general discussion on the topic, which includes determining whether there's interest in moving forward. If there's interest then
3. **Information gathering** – a group of folks investigate capacity, timeline, resources, and gather any other information that might be useful for making a decision.
4. **Further Discussion** – information is brought back to the community for new discussion in light of what's been discovered about the topic.
5. **Final Decision** – the group makes a final decision based on a vote or any other mechanisms your community has in place for gaining consensus.

Embracing a Collaborative Atmosphere

Embrace an atmosphere where staff and peers collaboratively identify when, when, and how peers can be involved is central to the Peer Participatory Process. For most activities at the center, the community can ask: *Is this something peers could be doing?*

Some things to remember about this process:

- There is no blueprint – each community is guided in its own group process.
- It's messy and inefficient – if things are going too smoothly then there's a good chance the process is getting short-changed.
- The guiding question is: “**How** and **Where** are peers involved?”

The Peer Participatory Process in Action

It will be essential to create some structure that fosters the Peer Participatory Process. The items discussed below ensure that the Peer Participatory Process stays at the center of the work.

Community Meeting

Community Meetings are central to the Peer Participatory Process. This regularly scheduled meeting provides a time for community members to bring up new ideas, discuss issues pertinent to the center, and propose and vote on policy and procedure changes (among many, many, many other things). The Community Meeting is also an opportunity for announcements to be made, information to be shared, and successes to be celebrated. ([Click here for a sample Community meeting format](#)).

Community Meeting is:

- Open to all
- Peer facilitated
- An open agenda created by peers

Sharing our Experience...

At the RECOVER Project, we have a celebration following the last community meeting each month. We present a cake and each person at the meeting shares a success they had during the month. This is a special time to check in with one another on milestones and desired support. These shares run the gambit: “I am sober today; My daughters came home to live with me this month; I celebrated 1 year clean last week; I graduated from the Men’s (Halfway) House; I passed my math test!” The applause is genuine as each person has a chance to be acknowledged and celebrated.

Suggested Format for Community Meetings (& Other Meetings):

Since most meetings should be peer-led, having a set format to follow can be helpful. It is unwise to have a meeting that is merely a long string of updates without a tangible goal or task defined. We have learned that people need something to “chew” on, that is, a decision to weigh in on, a task to complete, an opportunity to give advice on a new initiative, etc. Setting ground rules or “group agreements” is important as well.

We use this general format for community meetings, Ethics Committee meetings, planning committee meetings, and Leadership Council/Steering Committee meetings:

- Post or distribute agenda ahead of time. Invite participants to add agenda items.
- Recruit a volunteer to facilitate ahead of time.
- Facilitator starts meeting by introducing themselves, welcoming the group, and explaining the purpose of the meeting.
- Facilitator asks for a volunteer to keep notes.
- Ask members/participants to introduce themselves.
- Facilitator reviews group agreements (e.g., no cross talking, raise hands, etc.).
- Do an icebreaker or an inspiring reading, including a section of the Code of Ethics if appropriate.
- Follow agenda, starting with updates.
- Reserve enough time for the “meaty” agenda item—this might be a discussion, a chance to propose a new initiative, or a time to get feedback or work through a concern or issue.
- Once the discussion is done, facilitator should sum up any decisions that were made.
- Closing—facilitator reminds when the next meeting is.
- If the group is comfortable with it, the facilitator ends with a closing meditation, moment of silence, blessing, or success story.
- Someone types up notes from meeting and makes them available in a binder or on a bulletin board so folks not in attendance can stay updated.

Clarity results in a more efficient community meeting because folks know exactly what the outcome of each agenda item will be. If it’s made clear upfront that an item is only on the agenda as discussion, then if that discussion veers into a heated debate on an eventual final decision, the facilitator can step in and redirect the conversation back to general discussion.

Sharing our Experience...

In order to maintain clarity, the RP follows a procedure where agenda items for community meeting are divided up into 3 categories before the meeting starts:

- **Announcements:** This includes updates, items that have already been through a discussion, notices, information, reminders or factual information. If there are any questions beyond those of “who”, “what”, “when”, and “where”, please see presenter after the meeting.
- **Discussion:** This is a time limited item, and if it appears that the topic may take up more than 10 or 15 minutes, anyone can make the motion for it to be moved to Eagles meeting. Discussion also means “Is there interest?” and brainstorming. Not all discussions require decisions. It should be made clear from the start, however, if the discussion in question warrants a decision.

- **Decision:** This is defined as a conclusion, the collective will of the group, a vote or a finalization. A yes or no vote on an agenda item can only be made when eight or more members are present, or by specific committees designed for an event or task.



Leadership Committee

A leadership committee acts as a steering committee for the center. The leadership committee has its fingers on the pulse of the community and acts to preserve strengthen the Peer Participatory Process. [Click here for peer leadership team guidelines and mission statement](#)

Standing and Ad Hoc Committees

Various committees will form organically according to your programs needs and designs. These committees are facilitated by peers with support from staff. To learn more about the role of staff in this process see [Chapter 4](#) on the role of staff. Committees will often arise out of a community need or desire. Once the need is met through committee collaboration, and the challenge is resolved or the desired outcome reached, the committee may decide to disassemble, having put in place the structure that will sustain the work. Other committees will arise in the same way, based on a need or desire from the community, but will continue to operate indefinitely. The length of time a committee operates should be discussed and decided by those individuals sitting on the committee itself.



Day to Day Operations

There is no such thing as token volunteerism at a peer recovery center. Folks should not be asked to volunteer just for the sake of volunteering. The daily work done at a center allows folks to utilize their strengths and gain new skills while supporting the community as a whole. Below are some examples of what this might look like:

- The director of a program might come out of her office and ask if any peers know how to use Excel. A peer then gets to use her skill to support the director in creating a budget spreadsheet.
- A community might have a conversation about an AC that isn't working well. A new member who happens to have a history with maintenance gets to recommend a higher capacity air conditioner, and then support staff as they purchase a new one.
- A graphic designer might have the opportunity to create a window display promoting an upcoming event.

Is our Peer Participatory Process working?

Because the strength and health of a recovery community depends on the Peer Participatory Process, it is important to continue assessing our work as we move forward. While this continued assessment will look different for each center, we believe we can make some suggestions for places to examine.

Distribution of power: Where does the power reside in your community?

A participatory process is inclusive, never exclusive; it is open to many, not a few. Everyone should be invited to be involved in decision making. However, it is possible that the power to make decisions, craft programming, or make changes in the community will become concentrated in the hands of only a few peers who participate most actively and voice their opinions the loudest.

In this situation, your center will take on the form of a traditional top-down model. This shift in power may happen based on seniority (the length of time an individual has been a member) or an individual's natural abilities as an outspoken leader. Although it is important to recognize an individual's leadership skills and their understanding of the work gained through extended participation, it remains vitally important that everyone's voice is heard.

Voice from the Community

"The peer community is intimately involved in all levels of the organization, the agency, the work, everything from deciding what programs and supports and activities happen at the different sites to training opportunities to suggesting funding opportunities that we might go after...it's not about treatment, it's about the idea that we really believe and know that healing happens in relationship."~Maria

Organizational Transparency

A Peer Participatory Process is clear, consistent, and predictable. In this way of being together, expectations are clearly stated. When it is time for a decision to be finalized by staff, the reasons and outcomes should be made clear to the community as a whole. There should be space and time for peers to voice comments, concerns, or additional thoughts.

Characteristics of a Peer Participatory Process

- Peers are respected as experts in their own lives and learn from others who share similar experiences
- Participatory work requires self reflection. You might ask, "Am I doing this out of self interest?" or "Do I truly believe the community will benefit from this decision?"
- It is messy. There are no recipes for success.
- It requires trust in oneself and others. This type of trust takes both safety and time to develop.
- We continue to engage in the questions. When we live in the questions and re-evaluate our systems, practices, and processes on a regular basis, the Peer Participatory Process stays fresh and continues to grow.
- As the process unfolds, individuals become empowered and move toward ownership.

For more information on the Peer Participatory Process, please see the deeper reading section at the end of this manual. ([Click here for Deeper Reading](#)). We have also included this video, which goes deeper into the ideas we have covered in this chapter.

03: Planning Stage

Where are you starting? Host Organization, Grassroots, or somewhere in between?

There are many ways to start a recovery center and there are many elements to the planning process that may shift depending on where you're departing from. One of the major distinctions you'll confront is whether your recovery center is already associated with a host organization or whether you'll be doing this process totally grassroots with a group of dedicated individuals.

If you are starting with a host organization, perhaps some of the very early steps in this process will already be taken care of. You may already have a core group of people who will participate in the center's development. You may already have staff for your center, or a space for the community to use. No matter where you are starting from, we encourage you to read this chapter. There is always room to grow.

Sharing our Experience...

If you're not actually starting from the "ground up," there are probably lots of differences from how you're currently operating. We transitioned from a clinical model to a participatory model for our recovery center, and it was not only difficult for the staff to grasp this new concept, but also for the "clients" who would become members. Community members were accustomed to receiving services, but not being included in decisions affecting their well-being. It was difficult for the staff because everything was developed and implemented by staff before the change. A unique aspect of our recovery program now is that most of our members have long-term recovery and have different expectations than those who are new or are early in recovery. It was challenging because these "new" members' traditional beliefs and values included never being asked to give input on policies, procedures, and program content. They had never felt valued. ~StepRox, Roxbury, Massachusetts

Geographic Community – Intentional Community

Before getting started on "Getting Started," we want to explain what we mean by the word "community." Especially in early stages, we make a distinction between the **geographic community** that exists in the physical area you live in and the **intentional community** that you are working to cultivate through the development of your center.

- A **geographic community** includes a larger group of folks that have already coalesced around experiences of recovery through things like 12-step groups, sober houses, or other avenues. That geographic community also includes people like police officers, teachers, social workers, parents, business owners, and others who are concerned or affected by addiction and recovery but may not be "in" recovery themselves. Geographic communities are bounded by:
 - economics
 - politics
 - culture
 - history
- An **intentional community** is what and who emerges from the development of your program, project, or center. It is not only the folks who visit the center on a regular basis, but includes any folks who have some investment in the work that you do. Intentional communities are bounded by:
 - Shared experience
 - Maybe shared understanding of experience
 - People who have experienced stigma
 - People who have shared characteristics (such as missions and goals)

Sharing our Experience...

We often think of the Intentional Community as a subset of the Geographic Community. But in practice, the **Geographic Community** and the **Intentional Community** are separate, as those most vulnerable are dismissed to social service providers. The source and solution to their “issue” is seen as an individual’s problem, not a community or public health concern.

We’re looking at this as a social change model, based on identity transformation within the individual, within the peer community and within the geographic community. The individual begins to see themselves as having a valued role in the community and the peer group sees itself as integral to the geographic community. Rather than marginalizing those who have been labeled as broken or of little worth, perception is shifted by those in the geographic community. Members of the intentional community are valued for their lived experience as they become contributing members of society.

The Planning Stage

1. Developing a Vision

- This is where you explore your **values** and come up with **guiding principles** and a rough structure for your program.
- Attention to creating **conditions for safety** and integrating the **Peer Participatory Process** into both the planning process and your eventual programming and space is crucial, even at this early stage.

2. Assessing Your Community’s Needs

- This is where you bring people from your community “**on board.**”
- The first step in this process is identifying **what your community looks like.**
- Next, you’ll need to figure out how to **identify the needs and strengths of the community.** There are many strategies to do this, which we’ll talk about below.
- Presumably at least some community members have been involved from the beginning of this process, but next comes the time when you **invite even more people.**

3. Crafting Your Programs & Policies

- Guided by your vision work and by the community’s needs, this is where you **design the specific programs, activities, events, resources, and policies** that will address the community’s needs.

Participatory Process: Inviting People to the Table

Drawing on the basic tenets of the Peer Participatory Process covered in [Chapter 2](#), it is crucial that people in recovery are a part of the planning process on **all levels** and at **all stages**. This means people in recovery contribute in meaningful ways to:

- The emerging vision of your program
- Identifying the community you will serve
- Assessing your community’s needs
- Crafting your programs and resources

It’s crucial to start developing practices and ways of interacting and communicating that create opportunities for meaningful and engaged participation from a wide range of community members. This will set the stage for sustained, meaningful, and engaged participation once your program is in full swing.

Supporting and encouraging the Peer Participatory Process in planning stages and later on means creating opportunities for people to “be a part of” all stages of your project—from planning to implementation to completion. Rather than two or three staff deciding what happens at your recovery community center, it is the recovery community who decides and makes it happen.

Who is included in this process?

As many different types of people as possible! Having the widest possible range of people included in this process ensures that the diversity that inherently exists in your community is reflected in the spaces, programs, and resources that you create in order to recover and heal together. Think about diversity in terms of age, race, class, sexual orientation, housing status, ability, and any other kinds of difference that may exist in your geographic community.

Here are a few quick tips on how to invite participation from an already-existing recovery community in your area from the start:

- Go out and meet with area services providers—halfway houses, criminal justice programs, mental health clubhouses, shelters, substance abuse providers, rehabilitation centers, soup kitchens, etc.
- Hold an open house and reach out to as many different kinds of people as possible from different races, creeds, socioeconomic statuses, sexual orientations, types of recovery, and lengths of recovery. This will ensure representation from diverse groups, which will ensure that your programming and values reflect the richness of your community.
- Participate in networking meetings of local providers—ask for an opportunity to present your programs at these meetings.
- Invite 12-step and other recovery groups to rent your space. See [Chapter 8](#) for more information on negotiating clear boundaries with 12-step groups who may end up holding meetings in your space.



You should repeat these strategies periodically. It's a good way to “keep an ear to the ground” and to keep your community continually engaged.

Whose Vision is it?

Because you want to make sure that a wide range of needs and strengths are reflected in your center's programming, policies, and in the “vibe” of your space, make sure you pay close attention to the folks you're inviting to this early visioning process. Ask yourself:

- Does everyone involved in this process look like me?
- Does everyone involved come from a similar age group or socioeconomic or racial background?
- Are their strengths and needs the same as mine?

If you answer yes to any these questions it's time to branch out. Push the boundaries of your planning group to include folks whose perspectives, backgrounds, and type and length of recovery are different from your own. Consider the rich experiences, needs, and strengths that are held throughout your entire geographic community. This ensures that the “visions” you come up with for your center do not just suit your own needs.

Developing a Vision

Before you open your center and get programs started, there are some key questions that need answers. These answers should come from the community. Oftentimes, they'll lead to more questions. That's okay—it's all part of the process. We are learning to live in the question!

You will want to gather together people concerned with addictions and recovery to do some vision work. Some of the vision sessions might be staff only, but as much as possible, be sure to invite people with first hand addictions and recovery experience. Include family members, caregivers, service providers, and as many different kinds of people as possible in these conversations.

The answers to these questions will help to provide a **values framework** and perspective for the work you will be doing that will

be immensely helpful as your recovery center begins to develop.



Suggested questions for Early Vision Session(s)

- Who or what is at the center of our work?
- How do people recover?
- What are the greatest strengths of people in recovery?
- What are the barriers or challenges faced by people in recovery?
- What are the key components or bodies? (e.g. staff, volunteers, recovery community, board of directors, geographic community), and how do these components interact?

In our visioning stage, we came up with the following model of growth and recovery. The model was inspired by a model developed by women healing from violence and trauma, and we've found it helpful for the lives of all people in the context of recovery. (CLICK here for the RP model of Growth and Recovery)

If all goes well, after the vision session, you'll come away with some guiding principles. Maybe you will create a mission statement. You might make a map or other visual aid of your intended project's scope. Hopefully you will end up with more questions that you can ask in the next phase, which is **assessing your community's strengths and needs**.

But remember, just because you have fancy charts and documents, it doesn't mean that it's all set in stone. Just like recovery, this is a **PROCESS**, and you're never really done asking questions, improving, modifying, and going with the flow. In fact, you'll be most successful if you continue to challenge your community to adapt and grow. You will want to meet new challenges and confront new issues as they present themselves. This will help you to stay relevant. It will also give community members a sense of respect and ownership that is absolutely necessary if folks are going to stay invested in the community you are creating together.

Sharing our Experience...

In our vision planning, we came up with **4 guiding principles**:

1. People move from dependence to interdependence
2. Reliance on the community is central to recovery
3. Competence and wisdom reside in all people with lived experience of addiction and recovery
4. Leadership emerges naturally within the community and positive leadership should be fostered and supported

Voice from the Community

"We acknowledged that we did not want to "fix" people, but rather create conditions in which people can heal, get connected,

learn more about themselves, and ultimately, thrive.” ~Robert

Assessing Your Community’s Needs

Now that you have some sense of your values and principles, perhaps a recovery model and a budding organizational structure, you will need to find out who is in your community and what strengths, needs, and gaps exist. This will help you to decide what kinds of supports, activities, events, or resources you will provide. Besides, who would know best what strengths and needs should be addressed by your center than the people living in your community?

Where will you go? Who will you ask and how?

You’ll want to get input from many different cross sections of your community. Before you begin asking the right questions that suit your community, you’ll first need to make sure you’re going to the right places. Folks in recovery hang out in a wide range of places. Some things to think about:

- If you visit a church’s community center, you might also want to visit community centers associated with mosques and temples in your area.
- A visit to the detox unit at your local public hospital might be followed up by a visit to a private treatment center.
- Visit both community colleges and private colleges in your area, and reach out to other educational hubs like literacy or ESL programs.
- Get creative in brainstorming the wide range of places you’ll reach out to in your needs assessment, as this will greatly affect what kinds of needs, values, and pathways to recovery you hear about in return.

Asking the right questions

Once you’ve figured out where you want to go to gather the widest possible range of information for your strengths and needs assessment, you’ll need to start thinking about formulating questions for the folks you meet in those places. The questions that you ask should be appropriate to the size and makeup of the group that you’re meeting with. For example:

- In a focus group of 10 teenagers, the questions should be structured so that kids can relate.
- If you’re visiting a soup kitchen run by a Latino family organization, make sure you have materials prepared in Spanish and a facilitator who speaks that language in case folks feel most comfortable conversing that way.
- In a small group, have a handful of questions ready, be prepared to ad-lib some probing questions, and allow time for some open discussion.
- For a group of 50 adults, don’t ask 20 questions, rather ask a few pointed questions, otherwise you’ll never get through the session.

Some strengths and needs assessment strategies we recommend:

- **Open community meetings:** Invite all concerned with addictions – recovering people, local merchants, healers, family members, employers, service providers, cops, lawyers, folks who have been incarcerated, community activists, and so forth. Ask several basic questions – what are the needs, gaps, strengths, and possible solutions in addressing addiction and recovery in your community? Have someone take notes. If you serve different geographic locations, hold at least one meeting in each area. If the demographics in your area suggest that multiple languages are spoken, be sure to have someone on board who can translate for you, including someone who can sign for deaf and hard of hearing folks or support folks with vision impairment through an auditory translation of written and other visual materials.
- **Individual interviews:** Recruit a team of volunteers to go out into the community and interview neighbors, family, employers, friends, teachers, etc. These interviews should be short with just a few open ended questions. You might want to ask how substance or alcohol addiction affects them, their family and/or the community.
- **Targeted focus groups:** Hold several focus groups with people who identified as having special needs or concerns, or who identify with a specific ethnicity/culture, e.g. LGBTQ, people with HIV/HepC, Latinos, Parents, Youth, trauma survivors, and so forth.

[Click here to see materials included in the RECOVER project's 2010 needs assessment.](#)

[Click here to see the Community Survey](#)

Don't reinvent the wheel

Other social service organizations may have already done strengths and needs assessments. Call around to find out. If so, you might want to research their results. Pull out what is helpful to you, or even summarize their results to help you design your programs.

Additionally, you might want to connect with various identity-focused community organizations to see where they've done outreach in the past. For example, connecting with the local LGBTQ center will help you to figure out where LGBTQ folks in recovery hang out, something you may not know if you do not identify with that community yourself.

The results

When you're done, you should take the information you gathered and try to synthesize it down into four or five key areas of concern, and have some idea of how to address these concerns.

Sharing our Experience...

Strengths and needs assessments can also be a great way to begin to form connections with other community organizations and may even plant seeds for later collaborations. In a second needs assessment that the RP conducted six years into our work, we reached out to both the Mayor's Office and the YMCA—two entities that we hadn't had much contact with before. We figured they would be great spaces to explore attitudes about recovery in the greater geographic community. We were right!

Not only did we gather some great information from our strengths and needs assessment surveys at the Y, we also sparked a more long-term collaboration where RP community members provided assistance with cleanup efforts in exchange for free Y memberships.

Our interview with the Mayor not only served as an exchange of information about recovery issues specific to the local government, but we were able to approach the Mayor a few months later with a proclamation to designate September as Recovery Month in our city. The relationship eventually led to a Community Development Block Grant award to foster mental health and substance abuse collaboration. Strengths and needs assessment connections continue to bring us both information and relationships.

The community assessment never ends

Just because you asked the community what to do in the beginning, it doesn't mean you're all set. You should always have an "ear to the ground" – continually LISTEN to the community, always adjusting your programs to meet people's ever-changing needs. If you've set up a Peer Participatory Process ([Chapter 2](#)), this will happen naturally, but it also requires constant reflection and maintenance.

Not only will your needs change, but your community might change as well. Perhaps a new halfway house opens up down the street from your center, bringing in a group of newly recovering folks to a community that was previously made up of "old timers." This will require some thoughtful reflection on how you can begin addressing the specific strengths and needs of your new community members. Take these kinds of changes into consideration as you continually reassess whether you're addressing the strengths and needs of the community in any given moment.

Crafting Your Programs and Policies

Now that you have three to five key areas of concern, **the next step is to craft your activities, programs, and policies.** Before we talk a bit more about how to bring together a group of people to do this work, we want to include some thoughts on the topic of cultural competence and linguistic inclusion. Inclusion should be at the center of your planning, implementation, and sustained reflection in order to create the conditions for the safest and most welcoming spaces to emerge.

Cultural Competence & Linguistic Inclusion

We've encouraged you to reach out beyond the boundaries of your own racial, socioeconomic, gender, or sexual identity when imagining the structure, values, and programming at your center. Now it's time to think about how to ensure your programs reflect the languages and cultures of the people you have brought to the table.

Voice from the Community

"When I walk into a space, I look around to see if I see myself anywhere in the center, in pictures, in themes, in the atmosphere. I want to know if I belong here, if I will be accepted." ~Irene

What is Culture?

Culture is the collective patterns of human behavior. Culture includes language, thoughts, ways of communicating, actions, customs, beliefs, and values of individuals who make up a group. These collective patterns may be influenced by, but are not limited to, race, ethnicity, religion, class, gender, gender identity, ability, and other aspects of an individual's life upon which identity is constructed.

Working toward Cultural Competence

Cultural Competence is a set of behaviors, attitudes, and policies that come together in a recovery center that enable folks to collaborate, share, and grow with one another despite their cultural differences.

Cultural Competence is:

- Gaining awareness of and addressing negative biases and stereotypes
- Learning to value diversity
- Understanding how people from different backgrounds think about addiction and recovery
- Providing programming and materials that recognize the cultures and languages of your community

Cultural Competence goes beyond simply providing one translation of your center's materials into another language or visiting a local cultural organization once or twice a year for outreach. The values, practices, policies, and "vibe" of your center should reflect a sincere dedication to welcoming all people. Cultural Competence is a mindset as opposed to a singular action or set of objectives.

Working toward cultural competence is a goal to strive toward, recognizing that you will never fully achieve this goal given the diversity of languages and cultures that folks bring to your centers. A center's effort toward becoming culturally competent will, however, determine whether or not folks feel safe, welcome, and respected enough to begin trusting and healing in relationship. This same awareness should go into the crafting of your center's programming.

Some Tips for Moving Toward Cultural Competence

- Respect, relate to, and respond to individuals in a non-judgmental, respectful, and supportive manner.
- Consider each person as an individual and do not make assumptions based on perceived or actual membership in any group.
- Acknowledge and celebrate difference.
- Acknowledge the limits of our personal cultures and linguistic abilities.



- Be committed to increasing personal knowledge about the impact of culture and the specific cultures that exist in your center.
- Take a proactive stance in addressing the gaps in respect and participation.

Making Cultural and Linguistic Inclusion Happen

What we've written here barely scratches the surface of cultural inclusion. Working with a community organization or trainer that has a real understanding of these issues might be a great place to start. Our hope is that you will continue to dig deeper into these ideas as your move forward.

The Massachusetts Department of Public Health has put together an excellent resource called [Making CLAS Happen: Six Areas for Action – A Guide to Providing Culturally and Linguistically Appropriate Services \(CLAS\) in a Variety of Public Health Settings](#). The CLAS Manual is immensely helpful for thinking about how to make cultural and linguistic inclusion a central framework in your center's development. We encourage you to read it and consider it's suggestions seriously in your planning and implementation phases.



Brainstorming with your Community

Before brainstorming solutions to meet community strengths and needs, review the results of the strengths and needs assessment with folks involved in the planning process. Think about the three to five key areas of concern you've identified, any statistical analysis you've done, as well as specific anecdotes from individuals.

For each area of concern, brainstorm different solutions or strategies. For example, if a key area of concern identified from the community assessment is parenting in early recovery, a solution might be a parenting support group or access to custody resources. Write it all down on flip chart paper so everyone can see. Once the committee has identified four to five solutions or strategies for each area of concern, ask them to prioritize or "order" each strategy within each area of concern.

What is a "brainstorm"?

A "brainstorm" is when a group of people join together to come up with ideas or solutions to a proposed concern, question or problem. In a brainstorm, people's statements might be spontaneous or thoughtful, absurd or sensible. Either way, the facilitator makes sure that all ideas are heard and written down. Then the facilitator asks the group to identify common themes among individual responses.

Four Areas of Recovery Support

Folks in recovery have identified four key areas that are helpful for guiding the development of programming and supports for recovery communities. In this stage, you can consider whether your program will address all four areas of support or whether it will focus primarily on one or two areas.

Four areas of support that meet designated strengths and needs:

1. **Emotional support** refers to activities that support well being. This area include demonstrations of empathy, caring, and concern that build one’s self-esteem and confidence.
2. **Informational support** involves assistance with knowledge, information, and skills. This type of support can include providing information on where to go for resources or might involved teaching a specific skill.
3. **Instrumental support** refers to concrete assistance in helping others do things or get things done, especially stressful or unpleasant tasks.
4. **Affiliational/Relational support** refers to the opportunity to establish positive social connections with other recovering people. It is important for people in recovery to learn social and recreational skills in an alcohol and drug-free environment.

Here are some examples in each category of some of the activities and programs that happen at the RECOVER Project:

<p>Emotional</p> <ul style="list-style-type: none"> • Peer Mentoring • Peer-led support group (i.e., general recovery support, veteran to veteran support) • Yoga • Meditation • Reiki • Recovery Art Group • Zumba • Stress Reduction Workshop 	<p>Informational</p> <ul style="list-style-type: none"> • Job and/or life skills training (parenting classes, computer training, • Health and wellness information (HIV awareness, smoking cessation, stress reduction) • Newsletter • Resource Library • Other Trainings (CPR, non-violent communication, group facilitation)
<p>Instrumental</p> <ul style="list-style-type: none"> • Clothing exchange • Providing childcare • Bus Passes • Support with filling out forms • Providing opportunities for community service • Bike loan program • HIV testing • Job/Housing search workstation • Transportation to detox 	<p>Relational</p> <ul style="list-style-type: none"> • Providing safe space • Peer-facilitated community meetings • Social Involvement Committee • Family Movie Day • Community Garden plot • Trips to other recovery centers • Karaoke • Potluck Dinners • Recovery Rallies • Book Groups

Voice from the Community



“I was lost. A way that I found to move forward was to use my experiences to form a peer support group where I saw a need. The need was to help Military Veterans transition and return to civilian life. The concepts of effective recovery work as well for veterans as they do for people in addiction or mental health recovery. The support for this happening was embedded in the RP set of cultural values. I proposed the idea to the community, and after consideration, the vet-to-vet group was formed.”~Tim

Talking Points

We'll discuss this more later, but it should also be mentioned here. The ways you talk about your project to new participants are important. You will use talking points when recruiting volunteers, networking with community organizations, asking for donations, talking with law enforcement and employers, and so forth.

In your planning stage, come up with a few talking points—really brief sentences or phrases that convey what you do, who you are, and why you do it. Challenge yourself and see how few words you can use to describe your project without diluting your message.

Here are some other examples of talking points:

- “The RECOVER Project is a place where people in recovery help each other.”
- “At our center, volunteers and staff work together to provide sober social activities, peer mentoring, wellness activities and leadership development.”
- “Addiction and recovery affect us all, so we work with the community to show that while addiction is a problem, people in recovery are part of the solution.”

Developing a Plan

Once you've gathered the results of your brainstorm session, work with your volunteers and staff to develop a work-plan. Decide which activities you are able to do right away, which ones you'll do down the road, and what your capacity is. Keep in mind that until you get a pool of volunteers, most of your activities will be coordinated and run by staff. Be realistic about your capacity and be careful not to overextend yourself. It's better to do a few things well than many things poorly.

A work-plan can be a simple table with several columns:

- the activity
- the steps involved
- the timeframe for each step
- the person responsible.

Each community will have a unique timeline, but we suggest that by about a year in, you should have some idea of how to bring

people in the door and how to keep them there.

Having the following pieces in place at various stages in the planning process will be helpful for reaching that goal:

- Mission/Vision Statement (Early Planning Stage)
- Programming (Mid-Planning Stage)
- Especially focus on strategies for bringing new folks in the door.
- These ideas include community outreach, renting space to 12-step groups, or getting in touch with other community organization looking for space (See [Chapter 6](#) for more info on getting people in the door)
- Code of Ethics & Other Policies (See [Chapter 8](#) for more info on policies and procedures)

Developing Policies: Code of Ethics

In [Chapter 1](#), we mentioned the importance of a Code of Ethics in creating the conditions for safety to emerge in your center. A Code of Ethics is a set of guidelines to be followed by everyone who visits your space.

In the later stages of your planning process, you should gather a group of people to develop these guidelines. This group (we called it an **Ethics Committee**) will ideally be made up of folks who have more than a year of sobriety, have a commitment to the project, and who have demonstrated the capacity for leadership in the community.

Here are some suggested steps to designing a Code of Ethics with your Ethics Committee:

- Use “critical incidents”— these are tricky scenarios that might happen in a recovery center. Have committee members share how they would respond to each incident. Think of things that might happen inside the recovery center and of things that happen outside the center.
- Then identify the values or principles that motivated their response. For example, “I would respond to this incident by doing x, y, and z, because safety and respect are important to me.”
- Then identify three to five values that are most important to the recovery community. These are the foundation that you will build your Code of Ethics upon.
- Then ask questions about each of these values, for example, if a value is SAFETY, ask the question, “What constitutes a safe space? and “What makes people feel unsafe?”.
- Using the answers to these questions will help to generate ethical statements about each value.

We recommend posting a large version of your [Code of Ethics](#) available in whatever languages make sense for your community in a highly visible place at your center. This way there is clarity from the get-go about how folks are expected to be together in the space. Clarity and consistency is a major part of getting people in the door and keeping them there.

At this stage, you may also want to consider bringing your Ethics Committee together to think about developing some guidelines around how you plan to respond when people do not follow the Code of Ethics in your space. In [Chapter 7](#) you will find more information on Grievance Procedures: what they are and why they’re important.

Voice from the Community

“The RECOVER Project is very safe places for me. I love how safe I feel when I am here. The other day I was approached in a manner that made me very uncomfortable. Someone was talking about drugs and I made myself very clear that these words were, as I put it, unacceptable. Then, I remembered our Code of Ethics, and the part about compassion. I realized we are all in a different place in our recovery so then I turned and said- “Let’s take a deep breath and start all over again.” Being in recovery means change and with learning sometimes mistakes are made. But it is important to remember that as members of the RECOVER Project we all signed an agreement to uphold the Code of Ethics.”~Davina

04: Staffing

Now that you know WHAT, you'll have to figure out WHO will make it happen. Who will communicate with funders or a host organization if you have one? Who will do outreach? Who will support new folks just walking in the door? There are a few potential scenarios. As we go through them, remember **you should always be asking yourselves how and where community members are involved**. See the [Chapter 2 on Peer Participatory Process](#) for exactly why this is an important reflection you should be making.

Volunteers vs. Paid Staff

A recovery center can be run by paid staff, by a team of volunteers, or a combination of both. This is tied in to how and if you are funded, what kind of host organization you have, and what kinds of commitments community members can make to running a center.

It may be hard to find volunteers who can make a full time commitment (with or without compensation). Likewise, the time commitment folks can make to a recovery center may shift through time. A person newly in recovery might have eight hours a day to contribute to the center. A year later, that same person might have a job, a new relationship, growing kids, or a new hobby. It's important to respect those kinds of transitions and to work towards facilitating positive growth without overburdening people. Having at least one full time paid staff person can be a real asset. With that being said, the job descriptions included below can be filled by either paid staff or skilled community members.

Evolving Roles

As your community evolves, staff roles will shift, too. As you go through different phases in your project evolution, the folks who contribute to these phases will need to put energy and thought into many different areas. These areas should be based on community needs. Flexibility is key as we're constantly living in the question and being aware of our roles.

For example, in the case of the Volunteer Coordinator, their focus in the early phases might be recruitment and outreach—a central aspect of building up a solid base of committed folks. In later phases, outreach and recruitment might be taken over by one or two dedicated community members, and the Volunteer Coordinator might focus more on overall leadership and skill development. You might find it helpful to consolidate some of these roles into one position (especially if it's paid staff doing the work), or expand them into more positions (this works well in an all volunteer setting).

Staff Diversity

Staffing is another important area to consider when working towards ensuring the cultural and linguistic diversity of your community. Having staff members that reflect a diverse range of experiences, cultural backgrounds, and languages spoken is crucial to making sure folks feel welcomed and appreciated in your space.

Job Descriptions

In an attempt to maintain clarity and consistency among staff and community, it's a great idea to post or make available staff job descriptions somewhere in your center. Community members should have an opportunity to understand exactly what staff members are responsible for at the center. Here's a sample of potential job descriptions that might be useful as you determine what paid and unpaid roles will look like your center.

Sharing our Experience...



When the RECOVER Project was posting a new staff position to be filled, it occurred to us that the community never had an opportunity to see any job descriptions of current staff members. At community meeting it was decided to create a bulletin board – “Just WHAT Do You Do Here?” This has been helpful for folks to see the scope of the different staff positions and realize that there are some major areas of focus that are different for each one of us.

Project Director:

Responsibilities include project oversight, report and grant writing, budget, policy and procedure, networking with community organizations, providers, national, state and local entities. Support and liaison with Board of Directors (leadership or steering committee) and/or a host organization. Oversight of fund development and sustainability work.

Community Involvement Coordinator:

Responsible for coordinating community involvement, including outreach, recruitment, skill development, and incentives. The Volunteer Coordinator should facilitate leadership opportunities and encourage community participation in all aspects of the project. This person works with the community to develop new positions and volunteer committees for emerging project needs and works with the program coordinator to ensure follow through on volunteer projects.

Program Coordinator:

Responsible for supporting community members with the facilitation of regular programs and activities such as publicity, sign-up process, scheduling, etc. This would include regularly scheduled programs, like a weekly support group or art class and also less frequent activities like potluck dinners, Wellness Day or a Recovery Month Event. If you've designed a work plan in your planning stage, this person makes sure that the objectives (activities, initiatives and programs) set out in that plan are actually completed. The program coordinator makes sure that new initiatives are in line with the project's goals and capacity.

Fund Developer / Marketing Coordinator:

The marketing coordinator is responsible for all stages of marketing your project. This person is responsible for event publicity and sponsorship, donor solicitation, press releases, developing “branding” or project name recognition. Focus is on raising public awareness and community “buy in”.

Operations and Administrative Coordinator:

This person makes sure office functions go smoothly, from initial office set up (copiers, computers/Internet, phones) to daily office use. Responsible for basic bookkeeping, including petty cash, invoices and income processing, as well as ordering supplies. How much bookkeeping you do depends on whether you have a host organization (a 501C3 nonprofit that you receive funding through) that does the accounting. If this is the case, then you will only be concerned with the basic bookkeeping mentioned above. If you are your own fiscal entity, then you will need to have a bookkeeper or accountant on staff.

Additional **Peer Volunteer Roles** will depend on your program strengths and needs, what type of supports you have, and the skill level of your community members. There are more sample job descriptions specific to peer volunteers in [Chapter 6](#).

(For sample Job descriptions [click here](#))

Sharing our Experience...

RECOVER Project hired three paid staff in 2003. These were: an **outreach coordinator** to recruit volunteers, a **program coordinator** to start programs and an **operations/admin coordinator** to start and maintain the office. In the first two years, most of the work was done by staff. Peer volunteers were involved on committees and had job descriptions, but staff spent a lot of time coaching, supervising, and providing emotional support. By the end of our third year, the capacity of our volunteer program had grown to the point where much of the work is done by volunteers. Our staff positions have evolved to include a family advocate, leadership development, and recovery advocate.

One golden rule: Staff should be accessible. **Here are a few tips:** Have an open door policy. Is there work that can be done in the community space? Can members support that? Join your volunteers and participants for lunch in the main room of your center from time to time. Participate in a peer led discussion group. Sit in on an art class. This will help “flatten” the hierarchy that occurs in so many human service places

Staff Roles and The Peer Participatory Process

Working with a participatory process in your recovery center poses some unique challenges (and opportunities!) for staff. The Peer Participatory Process offers us a way out of a traditional hierarchical model of leadership where staff are located in positions of absolute power and authority at the top of an organizational structure. **We believe in sharing the power and sharing the work**, which can feel very strange if you are used to a more traditional approach to staffing and leadership.

This chart outlines some of the major differences between a traditional approach and a participatory approach where staffing is concerned:

Traditional Approach	Participatory Approach
Top down decision-making	Modified part approach – includes all stakeholders when possible
Supervising and directing	Coaching and empowering
Task driven/product emphasis	Highly relational/process emphasis

Role of Staff in the Peer Participatory Process

As you can see from the previous list of job descriptions, each recovery community will call for different types of staff involvement and responsibilities. Flexibility will be crucial to making sure staff and community members are supported.

For staff working in a participatory context, it's important to resist the natural tendency to be a “helper” or take care of people. It's also important to resist the natural tendency to “just get the task done!” In this work, the task itself becomes the process through which relationships are formed, skills are developed, and connections are made.

Staff can take the opportunities that come from a “task as process” approach to foster growth through support. Through the process, new specific skills will develop (budget prep, editing a newsletter, facilitating groups) and more general skills will be learned, such as effective communication, conflict management and resolution, etc.

Voice from the Community

“I get to learn from everybody in the staff who models and I get to learn from everybody, all the peers who model and they get to learn from me and from you and it's really community.”~Hal

Creating Balance Between Task and Process

Sometimes it is necessary for staff to “staff” a committee because of constraints in community participation or the skill level of those immediately involved in a planning process. Here we use the example of staff participation on a social involvement committee. In this example, the committee is working on planning a social event.

Staffing/task	Support/process
<ul style="list-style-type: none">• Responsible for getting check• Access petty cash for event “bank”	<ul style="list-style-type: none">• Teach/review planning for money needs• Teach/ review budget development
<ul style="list-style-type: none">• Responsible for assuring agenda is addressed in a timely way	<ul style="list-style-type: none">• Support chairperson in development of facilitation skills, agenda development by teaching and modeling
<ul style="list-style-type: none">• Responsible for assuring adequate PR happens	<ul style="list-style-type: none">• Train committee members on PR including: preparing and writing press release, developing mailing list to target people/groups for event publicity• If necessary bring in a community “expert” to offer support if staff doesn’t have the skills necessary
<ul style="list-style-type: none">• Responsible for ensuring sound and/or video is in order	<ul style="list-style-type: none">• Train interested members to develop the skills necessary to operate AV equipment including setup and troubleshooting

Sharing our Experience...

We like to remember that Coaching is:

- Asset based – begins with inquiring about strengths and dreams/aspirations
- Focuses on developing the staff member through a series of questions based on staff person’s professional and personal goals
- Encourages appreciation of staff person’s talents and gifts
- An effective tool for supporting volunteer
- Coaching lends itself to mentoring relationships

Staff Characteristics in a Peer Participatory Model/Approach

- Patience
- Adherence to process
- Ability to listen
- Ability to observe
- Ability to be both a learner and a teacher (mutuality requires excellent relational skills – this does not mean a staff person needs to be an extrovert, but rather implies a willingness to be in relationship with another in a mutually beneficial way).

- Consistency and approachability

Sharing our Experience...

When RECOVER Project community members were selected to present some of their work at a conference, staff were directly responsible for two areas of the process: 1) securing and facilitating transportation (10%) and 2) creating an opening for peer presentation by connecting with conference organizers (10%). The bulk of the work that went into the presentation included working directly with community members: preparing, planning, and practicing.

Managing is making sure people do what they know how to do. Training is teaching people to do what they don't know how to do. Mentoring is showing people how the people who are really good at doing something do it. Counseling is helping people come to terms with issues they are facing. Coaching is none of these – it is helping to identify the skills and capabilities that are within the person, and enabling them to use them to the best of their ability.



It's All About Intention

When a staff member is playing chess with a community member, the experience is not only about the game of chess. Whether the staff member is teaching the community member how to play or vice versa, the game is mainly about the two people learning about each other. This is especially true for the staff member, who is learning about the person they're playing with in order to match that community member with someone else for mutual support, learn their skill set to encourage volunteerism, learn about the person's dreams, goals, and their recovery journey, and to figure out how the center can support that person on his or her healing/recovery journey.

Self-Care and Staff Support

Finally, we want to highlight that working as a staff member at a participatory recovery center can be extremely demanding work. This work requires living in the question. Staff members find themselves constantly navigating gray areas and remaining dedicated to a messy and often inefficient process. Because of these elements of the Peer Participatory Process, there is a large amount of internal work that happens during your day-to-day engagements.

Being able to name these difficulties and to be heard and supported by fellow staff members, supervisors, and the administration of your organization is a major asset to supporting your own healing and growth while "at work." We encourage you to take advantage of any Employee Assistance Programs that your organization may offer and to be mindful about self-care routines.

Voice from the Community

"As the Peer Involvement and Leadership Development Coordinator in a peer participatory recovery center, my job is very clear. My job is simply to meet people where they are, and to provide a safe, welcoming place for them to find their own path to recovery. As a woman in long term recovery, my job is not to pass on my particular path to recovery, but rather, to support people

as they discover their strengths and passions and encourage them as they take these strengths and passions back out into the greater community. I am not a counselor but I can be a confidant. I don't do things for people, I do things with people. I draw on my skills and experiences from many areas of my life. And when in doubt, I keep it simple."~Mary Kate

05: Space

You are going to need a space for your recovery center. There are several points you are going to want to consider, including:

- **Location**
- **Zoning**
- **Accessibility**
- **Atmosphere**
- **Function**
- **Safety**

Let's address these points one at a time.

Location



The location of your center is an important part of your center's success. People need to be able to find and "use" your center easily, and finding a space that is accessible is a vital component to this work. People in early recovery often face transportation challenges. Locating the center in a place where their friends and neighbors might already have to go anyway increases the chance they will be able to get those vital free rides.

Locating your center "downtown" – within a block or two of the main street –will make all the difference for folks who don't have access to transportation. In a larger community, you will have to brainstorm what neighborhoods or "sub-downtowns" exist in your area that will meet that vital "someplace people go anyway" criteria.

If yours is a community where public transportation is readily available and used by many, you may want to make it a priority to site the center near a bus or metro stop. If there is little public transportation (such as in rural areas, where there may be none at all) then having the site in a place that is easy to find and offers free public parking will be essential.

Zoning

Most communities have rules about what kinds of activities may take place in what buildings, or on what streets. These rules are called zoning restrictions, and if your town or city has them, they may impact your location planning.

Your center will be considered "commercial" use (it will likely be deemed "professional offices") and thus you must identify

properties already zoned for “commercial” or “commercial/residential” or “commercial/ industrial” use. To find out about zoning laws in your community you can check with your local planning board.

How to look for space:

Once you have a general idea of where you’d like your space to be located, there are several ways to move forward:

- **Real estate agents or property managers** specializing in commercial rentals would be one place to begin your search, but these businesses often charge fees associated with assisting you find space.
- **Walk or drive** around that area and look for empty spaces, signs, or likely looking buildings.
- **Word of mouth** is probably the most productive and cost effective method for finding a space. Asking people if there are spaces open in the buildings where they work is one way to find spaces that might not be visible when walking or driving through.
- **Visit your local Chamber of Commerce**, tell them about your space requirements, and ask whether they’ve heard of anything open.
- **Directly contact local building owners** to see if they have an appropriate space is another option. Think creatively and cast a wide net of inquires when looking for a space, this way you will uncover locations that might not be apparent when just starting out.

Sharing our Experience...

Our own initial grant proposed that we would offer services in one centralized office in the county seat and also offer virtually identical services in smaller ‘annex’ offices in two sister communities, each 20 or so miles in either direction.

Two years into the project, we had to wave the white flag and surrender that ambitious plan. The populations in the three communities were more different than we’d ever anticipated, they were almost different cultures. The programs they needed were different, the times of day they wanted to frequent the sites were different ... In the end, people from the two “peripheral” communities ended up coming into the central offices for events and activities anyway, much the way they did for other things.

If we had it to do over, we would have focused all of our attention on getting the first center up and running, and making it self-sustaining, and then considering the outlying regions, for their own centers, or simply strategizing on how to increase outreach to them

“THERE GOES THE NEIGHBORHOOD”

One thing you need to prepare for is what we call the “There Goes the Neighborhood” factor. It is important to “negotiate a warm welcome” from your town, potential landlords and future neighbors. To help with this, we recommend bringing in consultants/technical advisors from other projects. When you go to see town officials or hold a voluntary public meeting on your plan, try to bring folks who have started and successfully operated projects for “scary sounding” populations. Bringing experienced individuals can be a wonderful way to ease people’s fears about your center.

As a visible representation of the intentional community you’re creating, the physical space you select will undoubtedly impact how the larger geographic community “sees” people in recovery. This is a great opportunity to reduce stigma by bringing a positive (and visible) face and voice to recovery. We’ll talk more about creating connections and collaborations within your geographic community in Chapter 7, but at this stage, keep in mind that the space you select and how you address the “There Goes the Neighborhood” factor are all tied in to the possibility of positive and transformative community education.



Accessibility

Chances are, your project is going to use at least some federal, state or county money to get up and running or to stay operating. **Americans with Disabilities Act (ADA)** compliance is required for federally funded programs (and is just plain desirable and necessary for creating the conditions for safety in any case.)

The ADA basically says that all persons, regardless of any physical, cognitive or emotional challenge, has the right to have access to all of your programs. It is up to you to ensure that this access is granted, be it physical access to your site (via an elevator or ramp, for those with motor challenges) to the use of the rest-rooms (such as providing grab bars, and having toilets and sinks properly positioned to allow use by those using wheelchairs).

The ADA also requires that you ensure communication-related access. This means you will need to consider and address: If you have a calendar of events, how will you make it “accessible” by those who cannot read? Or if you have community meetings or classes, how will you accommodate those who communicate using American Sign Language? [For More on the ADA please click here.](#)

Atmosphere

The atmosphere of your project is also something you will want to consider. Questions to ask include:

- Will we want it in an existing “social services building” that will allow people easy access to other services they may need? Or will that mean that many people think of us as being ONLY for “broken” people? Would we rather have our site in a building filled with small businesses and agencies serving the general public?
- If your center is located in a “social services building,” will members feel any increased stigma if they come looking for your door in the halls of the building? If so, are there any strategies you can use to reduce the stigma?
- Think about how you might help ease the discomfort of people who might be arriving for the first time from the local shelter, dressed in donated clothing, and carrying a trash bag with all their possessions.
- Should your site be close to, or further away from, agencies that offer services to people in transition, such as housing authorities, state offices for public assistance, or the community mental health center?

You may or may not end up having many choices when it comes to choosing your neighbors, especially if office space is at a premium in your area. Nevertheless, all of these factors deserve your consideration in your early planning discussions.

Voice from the Community

“I was pleasantly surprised when I first walked into The RECOVER Project. My prior experience with anything that had to do with services extended to people in recovery had me expecting vinyl, mismatched furniture, linoleum floors, fluorescent lighting....To walk in and find what looked like comfortable space, with a large living room, furnished with comfortable, matching couches and armchairs, lamps, coffee tables, nice book cases gave me an impression that this place was going to be different. Special. That these people valued themselves, and the work they were doing.”~Maura

Function



What a “viable” or practical space means to you will be based on the desired functions of your center. Basically, you need to ask yourselves how much room and how many kinds of rooms will you need. In thinking about the functionality of your space, you might create a list of aspects the space “**must have**” and another list that includes aspects of the space that “**would be nice**”.

Your **Basics/Must Have List** may look something like this:

- A main gathering, “living room” or “great” room
- Private office(s) for staff and confidential files
- Kitchen facilities Conference/meeting room Computer Room or area
- Resource Room or Library area
- Child Care Room or area
- Ample storage space

Your “**Would Be Nice**” List might look like this:

- Meeting hall for 100 people
- Dance floor
- Clothing exchange/food pantry for people in need
- Commercial kitchen for community meals
- Meditation room
- Physical Fitness equipment
- Art Studio



Sharing Space

Space that meets all of your needs can be expensive. One option is to share space or resources with another organization. If you are in close proximity to an organization, you can share kitchen facilities, conference rooms, computer resource rooms, or childcare space. For large events like dances or potluck dinners, you can rent community space, or get “free” space by negotiating a trade, for example: trading free space for free advertising in your newsletter.

Sharing our Experience...

At the RP, we decided that it made sense to share a newer, larger space with one of our “sister programs,” another peer recovery community for folks with lived experiences of psychiatric diagnosis and extreme states. In addition to the “growing pains” that came along with adjusting to our new space, we also experienced the challenges of learning to co-exist with a community of folks who shared many of our same values and experiences, but who had an identity that was different from ours. The attitude that “they’re not us” and “we’re not them” came up more often than we’d anticipated and these differences in community identity began to create challenges. Sometimes we worked through these challenges gracefully and sometimes our approaches and reactions were not so graceful. However, as two intentional peer communities sharing the same space, we remained dedicated to processing and working through those challenges in a way that was ultimately productive for everyone involved and allowed us to learn new ways to articulate our needs and compromise on getting those needs met. We came to a deeper understanding of each other.



Furnishing and Equipment

First impressions are key. You do not want your center to look like the waiting room to a doctor’s office, nor do you want it to look like a place that is not cared for. Everything about the physical site should say: “Useful, self-respecting adults do important work here.”

You also want your space to be welcoming to all different types of people. Having posters or artwork that represent different cultures, body types, and ages and lifestyles can be helpful. Make sure that furnishings are comfortable for different sizes of people. Remember, too, that posters and artwork that reflect and include the diversity in your community are a necessary and positive thing to have, but that it also takes a lot more than those surface elements to reach a level of cultural competence in your space and in your interactions. See the section in [Chapter 3](#) titled, “Cultural Competence and Linguistic Inclusion,” for more a more [in-depth discussion](#) on the topic of cultural competence and linguistic inclusion.



Recommended furnishings and equipment:

- Couches and armchairs
- Fold up chairs
- Office chairs
- Tables (several different sizes-ranging from card table to dining room table)
- Magazine racks
- Bookcases
- Board games
- Ceiling and floor lamps for non-fluorescent lighting
- Bulletin boards
- Online computers & printers
- Fax machine/copier
- DVD player, projector
- Video game consoles
- iPod port or speakers with bluetooth capability
- Guitar or other musical instruments
- Coffee pot
- Refrigerator
- Microwave oven and toaster
- Water Cooler

This will add up to a chunk of money. Even if you have “start up” money in your budget, you should still ask local business, second hand shops, or individuals for donation.

06: Engaging Exchanges

Now that we’ve covered some of the basics of creating conditions for safety, navigating the Peer Participatory Process, and making decisions about staffing and physical space, let’s get down to the main business of why we’re here: to heal and recover together by offering what we have to give, taking what we need from those who are offering, and learning and growing in the process. In this section, we’ll discuss some of the nitty gritty details around inviting people in the door and keeping them coming back to participate meaningfully in this give and take exchange that is at the heart of a thriving recovery community. We’ll focus on 2 main elements:

Bringing people in the door

- Locating and recruiting new members
- Getting new members started

Creating meaningful opportunities for developing skills and relationships

- Volunteer positions
- Volunteer Committees
- Coaching
- Volunteer training
- Creating “buy in”
- Retention and recognition
- Relapse prevention

Bringing People in the Door



People will participate in your programs in many different ways. Some folks might just use your resource library and computers. Others might just come to your social events. Your program should be open to these different ways of participation and create a variety of activities and opportunities.

We've found it helpful to be very direct with folks about the fact that our recovery center is not a drop in center. A peer-to-peer recovery center is not a place where people can mindlessly engage in time-wasting activities for hours on end. It is a space for people to be active in finding purpose, forging relationships, and being recognized and honored for their commitments and achievements.

Voice from the Community

If it wasn't for The RECOVER Project right out of jail, who knows where I'd be? I've had the probation, the incarceration, the warning – “If you do that again you are going back.” None of it worked. The RECOVER Project did. Why? I was ready, really ready. I did not want to go back anymore, and there were no rules at the RECOVER Project, no one ordering me around, no threats or abuse of power. Instead, the RECOVER Project has a Code of Ethics – guidelines for living better and for being in community. I am able to participate here and still be me. Who I am and where I've been is incorporated in how I can now support others. I can use my knowledge about computers and help others – even the staff!” ~Chris



Locating and Recruiting New Community Members

New community members can be recruited from a variety of sources: halfway houses, substance abuse or mental health service providers, correctional facilities, civic organizations, wellness and community health centers, or community hangouts. Remember to be diverse in developing your recruiting strategies and areas of contact. Ask yourself:

- Where are diverse communities centered?
- Who haven't we reached out to yet?



Talking Points

People need to know who you are, so you'll need to do some community education as part of your recruitment. Be sure to use the **talking points** you developed in the planning phase ([Chapter 3](#)). Here are some specific ways to recruit new community members, who may eventually become more dedicated volunteers:

- Hold "information sessions" in your community. Your audience should be people in recovery, as well as folks who work with people in recovery or regularly come into contact with them.
- Staff at a human service agency might refer their participants to your program.
- If you are a city or town with an actual "downtown area" walk around town with brochures and flyers.
- Word of mouth – ask existing community members to spread the word.
- Invite recovery meetings (AA, NA, Smart Recovery, Dual Recovery Anonymous, etc, Trauma Recovery) to rent your space for meetings. This will expose people in recovery to your center.
- Invite current members who have shown an interest or have skills that match a program need to step up their participation in a particular area.

- Invite a skilled recovering person from the community to help out on an event planning committee.
- Ask existing volunteers if they know folks who might be interested in helping out with a specific project. For example “Wendy, do you know anyone who might be interested in editing our newsletter?” If so, ask the volunteer to invite them in.
- Advertise with posters, fliers. Put an announcement in a local newsletter or community newspaper. Buy a help wanted ad.



Why is it so important to have a clear message?

When people walk through our doors, oftentimes they are referred from a formal treatment program that may be based in medical or clinical models. Some folks ask us, “will I be assigned a case manager?” or “do you guys provide counseling?” Others confuse us with 12 step recovery programs. **Right from the start, we had to be very clear that we are “peer-to-peer,” explaining that we are not treatment and not a 12-step recovery program.** We clarify that we are not these things, but we acknowledge that 12-step recovery programs and clinical forms of treatment are an important part of many people’s recovery.

Voice from the Community

Here I take pride in being a member. I take pride in what I do for the community. I come in with skills, carpentry, mechanical, and I am learning new ones. I pop in three days a week to see what needs to be done. Sometimes I put up cabinets, repair chairs, set up a room for a function. Idle time on my hands can turn into a desire to use. Giving back to the community helps my recovery. ~Ted

Getting New Community Members Started

It will help to have a procedure in place to welcome new people and get them started at your center. Instead of overwhelming people with forms or digging questions, we’ve developed a process that gently welcomes folks into the center. Remember, it takes a lot of courage to take those first steps through the door, and folks often arrive with a history of difficult lived experiences. Below you will find some suggestions for welcoming new folks.

Suggested Welcoming/Orientation Process:

1. **Welcome and tour** (can be done by a volunteer greeter). When someone new comes in the door, show the person around, offer them coffee or water, and find out how they heard about your program. Let them know they are welcome to have a seat and spend some time learning about what happens at your center.
2. **Application.** When folks have showed up a few times and express interest in becoming a regular part of the community, you may want to have them fill out an application form. This form can be short and simple. It would include contact information, how they heard about your project, and maybe a question about what types of support/activities they are interested in being a part of.

3. **Meeting with a Volunteer Coordinator or Experienced Member.** This is a chance to go over more details in terms of what a person can offer and what needs they might have in their recovery process. This is an opportunity to become acquainted with each other. This meeting might also involve briefly reviewing your center's guidelines and protocol, asking and answering questions, going over volunteer opportunities and expectations, signing additional forms, etc.
4. **Group Orientation.** You will want a chance to go over the bigger picture. This might include how folks fit into the community, information about your host organization if you have one, rules and regulations, your ethics, guidelines, etc. This is also a chance for new members and volunteers to get to know each other and ask questions. Orientation can be facilitated by staff member, a community member, or ideally, some combination of the two. Add your regular orientation schedule to your calendar so folks can know in advance when it will be and sign up ahead of time.

Creating Meaningful Opportunities for Developing Skills & Relationships



Once you've got community members in the door and familiar with the center, it's time to begin the real work of growing and sustaining your intentional recovery community. This begins by creating meaningful opportunities for folks to participate, support, and grow. A good place to start is having "things to do" for people coming into your space.

Your center's "things to do" can range from tasks like cleaning the kitchen and stuffing envelopes to facilitating a support group or creating a newsletter. Try to avoid simply "making up tasks" just for the sake of giving folks something to do. The opportunities for folks should tie in to your programs and to some of the early goals you set out in your visioning work.

Crafting a list of things that need to be done on a regular basis might be helpful. A list will allow folks to choose an opportunity if there's nothing immediately available. Locating a community member who is willing to get a group of folks together to brainstorm and create this list is another way to get folks involved.

Volunteer Positions

It can be helpful to develop volunteer positions to match your administrative and program needs. Having a job description helps to provide some context and structure to the position. Be sure to include minimum weekly time commitment in the job description. Also include a suggested timeframe (e.g. "6-month position"). This gives the participant a safe way out, should he or she decide to move on. There are many possible jobs for volunteers, so the sky's the limit.

[For some sample volunteer jobs click here.](#)

Some examples of volunteer jobs are:

- Greeter/Receptionist
- Resource Material Organizer
- Library Coordinator
- Maintenance Coordinator
- Social Event Planner

- Audio/Visual Editor
- Newsletter Editor
- Group Facilitator
- Assistant Volunteer Coordinator

The sky's the limit, but remember, you'll need to make sure that the job is getting done. If a problem arises, find out why, and provide support. Be prepared to have positions that match all different types of skills, and abilities. Think of roles that would be a good fit for someone in a wheelchair, someone who has trouble seeing or hearing, or someone who cannot read. Make reasonable accommodation for all different abilities.

Volunteer Committees

Volunteer committees can be helpful in getting things done. They provide a structure and process to make things happen. Committees have different roles. There are planning committees, advisory committees, temporary (AKA ad hoc) committees or ongoing committees. Some committees exist to achieve a set goal or outcome, like an event, training curriculum, or a quarterly newsletter. Others serve an ongoing purpose, like advising the project or processing grievances. It is not necessary to have a committee for every single activity or objective; some goals are achieved through other means.

Here's an example: If one of your goals is to do ongoing Open Mic Nights, you'll probably want to gather a social event planning committee. To do this, you'll need to find volunteers who are team-oriented, interested in event planning, and willing to make a commitment. Recruit from your volunteer and member pool, put up a sign up sheet, and announce that you need help at your Community Meeting.



Coaching

We recommend using a coaching model, instead of direct supervision of volunteer opportunities. Coaching works well with the Peer Participatory Process. Coaching is hands-on and involves less of a power difference between staff and peers. Usually both staff and peers learn through this process as both sides share advice, thoughts, suggestions.

A trained volunteer or staff person should be available to coach volunteers, especially those who are facilitating groups, teaching skills, or who have other leadership responsibilities. Significant issues can come up for people in these roles, and it is important that they have someone to vent to and bounce ideas off.

The volunteer coordinator should routinely check in with volunteers and members to see how they are doing. While checking in, a staff member can affirm the positive work a person is doing and suggest modifications that will make the work go smoother. It is not the job of the staff member to "solve" any issues that come up, but to work closely with a peer to determine how their skills can be best put to use and what specific support they may need. These check-ins can be informal, or you can arrange scheduled meetings to discuss goals, concerns, and issues. (For more on staff roles see the Staffing [Chapter 4](#))

Voice from the Community

“I was facilitating a tobacco awareness group for the first time with staff support. I was responsible for creating the agenda, preparing handouts, and facilitating discussions. A staff person met with me before each session to see if I had any questions, or needed any support. During the support group, I was the lead person, and staff would refer to me if people had questions or needed direction. Following each session we met for a reflection to talk about what went well and thought about ways to improve the next session. The process of planning, doing the work, and then reflecting helped me grow as a group facilitator.”~Melissa

Volunteer Training

The types of training you make available for volunteers depends on the positions and roles volunteers will fill, as well as the needs and interests of your community. Provide a wide range of learning opportunities so that folks can select depending on their skills, interests, and availability. An eight-week in-depth computer training might work well for some folks, whereas others would only be able to commit to a one-day computer tutorial. Consider all of these elements as you plan. Trainings are a great way to build your community’s volunteer capacity. Also, providing training is a great way to give back to volunteers by offering opportunities for growth. Here are a few different types of training that you could provide:

- **Life Skills Training**, for example: how to balance a checkbook; how to send an e-mail; basic computer skills; literacy workshops; how to organize your schedule.
- **Communication Skills Training**, for example: effective or non-violent communication; conflict resolution, negotiation; boundaries.
- **Leadership Training**, for example: public speaking, group facilitation; writing, peer mentoring; co-counseling; event planning; public relations; marketing.
- **Creative or Community Building Training**, for example: social justice awareness; social media management; digital video or photography; web development; creative writing group facilitation

Don’t reinvent the wheel! Other social service organizations may already provide some of this training. If it’s a quality program and is provided for free, you might want to point your participants in the direction of another organization that meets those training needs. You can also partner with another organization to offer their training in your space, which is a great way to deepen community collaborations. You can always also send community members to training conferences in your area. Conferences usually have a registration fee, so budget some money for participants to attend.

Creating “Buy In” for Your Project

Creating “buy in” from community is essential for a successful center. Communities flourish when their members are invested. If people are a part of the process, they are more likely to have a commitment to the outcome, and ultimately, more likely to “see it through”. This is what the Peer Participatory Process is all about!

People are more likely to be invested in something they feel like they’ve had an active role in creating. This applies to any aspect of your project – individual activities, how the center is organized and run, policies and procedures, how to keep it going for the long run. Participatory Process lessens the burden of decision making on staff and puts it in the hands of the community.

As mentioned before, there are several ways to uphold this process – Community Meetings, Leadership Council, and Ethics Committee are just a few. The key is to bring questions, issues or tasks to each of these groups and encourage the group to work out a solution. Participants should be allowed to put items on the agenda and facilitation should be done by interested members of the community, rather than staff assigned to the group. For more on the Peer Participatory Process see [Chapter 2](#).

Voice from the Community

“After my children were removed from my home, I was required to take a parenting class before they could come back. The problem was that there were no parenting classes to be found anywhere. So I found a way to MAKE this happen! I brought this topic to a Community Meeting at the RECOVER Project. An interest sheet then went up on the announcement board and a large number of people expressed they had a similar need. The first series of the class was co-facilitated by a woman from The

Institute of Health and Recovery, who developed the curriculum we used. A parent advocate from the RECOVER Project co-facilitated the first group. The next series was taught by the RP Parent advocate and myself. Now we are on our seventh series and several peers have had an opportunity to co-facilitate the class. Myself and several other people have been successful in reuniting with our children thanks in part to this amazing class!" ~Heather

Retention/Recognition

As you can see, the Peer Participatory Process is a great way to motivate and engage community members. It creates meaningful opportunities for participation and skill development. We emphasize the Peer Participatory Process again here because it's such an important part of sustaining "buy in" and preventing burnout.



With volunteers who are devoting so much of their time and energy, it is a good idea to recognize and reward their hard work! Here are some suggestions:

- Give the person a simple thank you card with a gift certificate or movie pass stuffed inside.
- Verbally thank them, and MEAN IT. Tell them why you are thankful and how the work they are doing affects people/the project in a positive way.
- Mention their accomplishments in your newsletter or at a community meeting.
- Give them a certificate honoring their contribution.
- Hold a ceremony honoring all volunteers, with special recognition of those who have achieved in key areas.
- Nominate them for leadership awards presented by area organizations.
- Provide training opportunities that match people's needs or send a few volunteers to a conference in your region.

Sharing our Experience...

We hold an annual Volunteer Recognition Night every spring. All work and preparation is done by staff as a way to honor and appreciate the various ways that community member support the RECOVER Project on a daily basis. The evening includes a feast, a speaker who has had a past connection with the RECOVER Project, and some fun awards. Everyone walks away with a small gift as a token of our gratitude at the end of the night.

One of the keys to retaining volunteers is to work with them. Some things to consider:

- **Be available**, stick with them, and be on time when you meet with them.
- Understand that each individual has their **own process**. Respect that process, but don't allow people to get away with not showing up without checking in about why that might have happened.
- Complete the tasks that you agreed to do in a **timely manner**.

- **Consistency and availability** are very important. Do your part in the process.
- Keep in mind that people's availability and commitment may shift and change. Be ready to work with people in determining what level of participation is realistic and right for them in any given time period in light of the demands of the rest of their lives.
- Most importantly, **learn from each other** about how to be caring and thoughtful in balancing dreams and desires, realistic needs, and the infinite possibilities that this work will present to you.

Relapse Prevention

For some, relapse is part of the process. If your programs are informed by the community and executed properly, they will help to prevent relapse. Simply being available as a safe space for people to go can help enormously. If your community expresses interest, you can also design programs geared toward relapse prevention, such as support groups, discussion groups, and wellness activities (acupuncture can help with cravings). Regardless, your project should have a full range of activities that serve the [four key areas](#) mentioned in [Chapter 3](#).

Keep in Touch

One simple thing you can do is to **keep in touch**.

- Mentally keep track of your participants, especially new participants who are more likely to be in early recovery.
- If you haven't seen someone in a few days or weeks, give them a ring to find out how they're doing.
- If you hear that someone has relapsed, let them know that they are welcome back whenever they are ready. This is so important because people often feel shame or guilt about "going out" and need to know they are welcome back.

Sharing our Experience...

We are currently developing a system where members of the center make calls to other members that haven't been around the center much. These "friendly" calls reach out to others in the early stages of their recovery and hopefully bring them back in. We are thinking about tracking the success rate of the calls to improve the process. ~Devine Recovery Center, South Boston, Massachusetts

07: Growing and Sustaining

Creating a Recovery Informed Community

Recovery affects us all, whether we are directly recovering from drug or alcohol addiction or not. Therefore, a recovery-informed community is one that honors all citizens and provides opportunities for all people to give back. Part of our work is learning how to create the conditions for that recovery-informed community to flourish.

In this section, we'll cover some basic strategies for building deep collaborations within your geographic community. Before we start giving advice on how to do a fundraiser or marketing or writing a grant, we'd like to share some perspective on this work. Sustainability is not just about keeping your project going, it's about keeping recovery alive. Cultivating a "recovery informed community" is essential.

A "recovery informed community" includes:

- The intentional recovery community of people who spend time at your center
- The larger recovery community in your area, meaning people who are in recovery but may not spend time at your center
- And your geographic community that may not be "in" recovery themselves but are affected by recovery.

People do not recover in a bubble. We are in the community and therefore we recover in the community – at coffee shops, places of worship, at work, at PTA meetings, and in doctor's offices. So in order to sustain recovery, you must have a community that understands the challenges of addiction as well as the benefits of recovery. Building deep collaborations with a wide range of local organizations, businesses, and individuals is a great way to sustain recovery and to continue building the relationships that help us heal.

No Wrong Door

We believe there no wrong door to recovery. There is no wrong kind of recovery and there is no wrong way to recover. We should recognize and value the depth and fullness of a person's life, and part of this recognition is valuing the multiple ways that a person may seek recovery. Community connections are a key element to this process.

Building deep connections in your geographic community is a great way to open up the channels of support. No matter which door a person "enters" through to a housing support agency, a 12-step meeting, a conversation with an old friend on the sidewalk, an art show for folks with experience with mental health diagnoses—they deserve the opportunity to enter into recovery and into community.



Opening the Door Through Relationships with Other Organizations

As a peer recovery center, you are more than a name and a phone number. You are a part of a larger network of support that already exists in your community. Developing mutual relationships with other agencies and organizations in the community is essential. Having relationships with other organizations:

- Makes it easier other organizations to tell folks about your center
- Provides a name and a familiar face when they bring someone through the door
- Helps them talk about your center in an informed way
- Allows members of your community have knowledge of outside resources and connect folks with the supports they need outside your center
- Creates opportunities for collaboration

When considering what kinds of mutual relationships you want to build to sustain your community and your project, think critically about the range of support a person might need. How might you build bridges to link folks with necessary community supports? For example, the attitude that “we don’t do job searches here” is not particularly helpful for someone newly in recovery who desperately needs a job to make rent this month. For that person, jobs may be one of the most important aspects of their recovery right now, and it’s up to you to make those connections happen, either at your center or through connections with other organizations that provide that kind of support. Instead of saying, “We don’t do that here,” think about how you might help that individual find out who does.

Sharing our Experience...

The RP is part of a larger host organization that has several programs in our area that we collaborate with on a regular basis, whether in programming or in the exchange of resources and other forms of support. These organizations reach groups of people who may not be immediately seeking recovery support, but once they’ve begun to work out one challenging area of their lives, some realize that recovery support is another layer in the complex process of healing.

Because staff working with people at our “sister programs” already have such a deep knowledge of what we do, they’re often able to introduce people they work with to our community who end up becoming valuable members.

These sister programs include a women’s resource center, a program that focuses on women and violence, one that works with families involved in care and protection process in juvenile court, and one that supports folks who have experience with mental health diagnoses, extreme emotional states, and trauma.

Building Mutual Relationships

Keeping recovery alive means more than simply approaching your local businesses and asking for a donation or applying for a slew of foundation grants, though these are both effective fund development strategies. In order to sustain recovery, your geographic community has to “buy into” recovery. This means they have to have a vested interest in recovery, and specifically, your project. This “buy in” is the same process that supports peer participation. People “buy in” as they begin to feel like they have some real value and ownership in your work. When people in your greater community feel valued by your organization, they are more likely to hold up their end of the bargain in an emerging relationship.

You’ll need to educate folks that recovery is everyone’s business, because all are affected by recovery. When you approach someone, ask the question, “What can you do to support our recovery center?” But also educate them about how a recovery-informed community can benefit them or their business. Remember that there is considerable stigma surrounding addiction, so while they may be aware of the problem of addiction, they are probably not aware of the benefits of recovery or the positive contributions that recovering people bring to the community.

Once you’ve made a connection with an individual or business, you need to nurture that relationship, even if the initial collaborative phase is over. This means staying in touch with sponsors and donors, sending newsletters and visiting agencies you’ve partnered with, etc.

Voice from the Community

Several years back we approached Panera Bread requesting a donation of their day old bread. They responded by donating

bread and pastry biweekly to our center. In the spirit of giving we decided to share our donations with other agencies local to us—senior centers, local shelters, sober houses and other social service agencies. In return, one of these agencies, Employment Options, began to share their donations of meat with us in quantities to meet our needs and the needs of many others. We decided to redistribute to all the previously mentioned programs and more. Embracing the generosity of others inspired and motivated our members to create “The Giving Back Program.” The ripple effects of this program have empowered us to hand out over 120 food care packages during the holiday seasons to families in need in addition to pastry platters for all the organizations we collaborate with, and more. The ripples of that first pebble have provided food to people in need, surprise gifts of appreciation to our collaborating agencies, meaningful things to do for our community members, and an enhanced sense of pride for the people who do this work. We have also reduced stigma and increased community education as our community has come to value us and recognize the good work that we do. ~The Recovery Connection, Marlborough, Massachusetts

Whom should you reach out to?

You should reach out to all different kinds of people in your community, including both individuals and groups of people. You'll have to choose whom to reach out to, depending on your program's focus and capacity. How you relate or interact with each entity will vary, depending on what is appropriate.

Remember, building relationships requires time and energy. It also requires thoughtfulness and reflection about whom you're attempting to build relationships with. Are you reaching out to businesses, organizations, and individuals that reflect the varied demographics and experiences that exist in your area, or are you sticking to what's comfortable or “easy” for you? Thinking about these questions is something you should be doing during your planning phase already. If you reach out and cultivate relationships in a thoughtful way, it will help to sustain your programs and recovery in the long run. Mutually beneficial partnerships and collaborations ensure that recovery is in the hands of the community.



Here are some suggestions of whom you might reach out to:

- “Old timers” (folks in recovery for a long time)
- Social service providers
- Law enforcement, including correctional facilities
- Housing shelters
- Domestic violence shelters
- Schools and colleges
- Community leaders who are in recovery – “old timers”, veterans in recovery, activists, landlords, politicians, business owners
- Elders in your community
- Libraries
- Public officials

- Veterans
- Chambers of Commerce
- Mothers Against Drunk Driving or other activist organizations
- Employers
- Merchants
- Faith leaders
- Sober clubs
- Holistic health providers
- Transportation authorities
- State and local recovery bureaus and coalitions
- Other community centers (faith-based, LGBTQ, cultural or ethnic based community centers)

Don't limit yourself. Remember that everyone is affected by addiction and recovery, so suggestions can come from anyone, collaboration can happen with anyone, and donations can come from anyone. Get creative in thinking about what—and who—may be included in unique collaborations that offer something meaningful for all involved.

How will you collaborate or interact?

Following are some scenarios for how you might collaborate or interact with folks in the community. In each of these scenarios there is a **natural connection** and the relationship is mutually beneficial – each entity involved gets something out of the interaction. After each interaction, there should always be follow up. Do your best to stay connected. If you nurture a relationship, it will grow.

Some questions to think about when considering a collaboration are:

- What is the nature of this relationship?
- What are the entities involved connecting over?
- Is there a natural connection?

Some examples of “natural” connections include:

- The county jail + community members who were recently released = a mentor program
- A local celebrity in recovery + a music store = an open mic night
- A community television station + a local TV and film producer in recovery = a monthly television show with news and interviews about issues facing folks in recovery

Voice from the Community

“We're all recovering from something- whether it be PTSD, or whether it be alcohol, or whether it be drugs, or any of those kinds of things, we're all recovering from something. It's all about networking – building layers and layers and layers and criss-crossing these lines, and plugging people into people and communities into communities, to a point where there's a solid net.”~Michael

Sharing our Experience...



Two very successful collaborations the RP has fostered over the years include a collaboration with the county jail and the community college in our area. The jail collaboration emerged out of a need expressed by our community to support reentry back into the community from jail for folks in recovery. After discussions between staff, community members, and corrections administrators, we formed a weekly program where men from the county jail are accompanied by corrections staff to the RP once a week to participate in a group recovery focused discussion. In this exchange, the jail's reentry goals around recovery are supported in the community through the RP collaboration and the RP is able to extend recovery supports to a segment of our community that cannot come to our physical space on a regular basis. We've found that if folks still in jail experience the RP before they've reentered the community, they're a lot more likely to return for support and connection once they've been fully released.

Our community college collaboration arose from our realization that several of our members were currently enrolled as students in the local community college and felt as though there was a lack of recovery-specific support for students on campus. There was also little exchange of information and support between students already in recovery on campus and the RP community. One of our members initiated a collaboration with Greenfield Community College, which eventually grew into a more sustained collaboration that includes an on-campus center for students in recovery, a student recovery group, recovery-informed advisors and faculty members, and several workshops and information sessions on the impact of addiction and recovery on college campuses.

Community Education

Community education is central to developing a recovery-informed community and sustaining recovery. As you build relationships, you'll find that there are folks in your community who "get it," meaning, they already understand addictions and recovery. For other folks, however, addicts, and even recovering addicts, are seen as a drain on society. This is due in large part to the widespread stigma that often still surrounds addiction in our wider culture.

So, you will want to reach out to the people who "get it," and also educate the people who have not yet learned about recovery and still rely on the stereotypes and stigma. Community education is a great way to put a positive face and voice on recovery. This is part of the work of reducing stigma. Education will help form deeper collaborations that show the ways in which folks in recovery contribute to the wider community in meaningful ways that do not reflect the stereotypes.

What is the purpose of community education?

- To promote awareness of addiction and recovery
- To get the community thinking about recovery and to spark interest in recovery
- To reduce stigma around addiction and recovery

Community education can also help to market and publicize your programs. There are some secondary benefits to this process: it can help to "get word out" about your programs and the work that you do and thereby create interest and "buy in" to your programs, and to recovery in general.

Sharing our Experience...



At the RP, we ran into some issues with a neighboring business owner who wasn't so happy when the recovery center opened next door to his shop. In an effort to foster a better relationship, reduce stigma, and put a positive face and voice on recovery, we began a regular clean up effort of the shared sidewalk in front of our spaces. Community members picked up trash, swept, and removed snow in the winter months. This demonstrated to the business owner our shared investment in keeping the space clean and presentable, which ended up positively impacting his view of our community and the work that we do. In the process of undertaking a project that was mutually beneficial, we were able to do some community education and plant the seeds for a relationship to potentially grow.

So, how do you educate people about addiction and recovery?

It depends on whom you are reaching out to. Some of your collaboration projects can also serve as opportunities for community education. If you are working with folks who don't know a lot about recovery, talk to them about the way addiction and recovery affect them. Find out your common goals before you collaborate with them. In other words, make sure you're all on the same page.

Here are some suggested community education strategies: Remember that some of these are also publicity and marketing strategies so they serve dual purposes.

- Hold an **open-house** at your center. Invite a diverse array of people – recovering people, public officials, social service providers, law enforcement, family members, etc. Ask community members to be available to talk about the project.
- Plan **information sessions** at other social service organizations to talk about your project and your overall goals and approach.
- Start a **Facebook group** for folks in recovery in your area. Invite participants to post stories, ideas for events, and strategies for support.
- Bring together a team of community members to **tell their stories** at public schools.
- Get a booth at a **community fair**, hand out brochures, answer questions, hold a raffle, sell merchandise.
- Develop a **Twitter hash tag** from an account associated with your center that gets folks talking online about recovery issues. One example of a Twitter hash tag might be #ineedrecoverybecause.
- Gather together a group of community members to participate in a **charitable community project**, such as a community clean up, a walk-a-thon, or adopt-a-family during the holidays. Everyone wears your project t-shirt when you participate.
- Do regular **press releases** highlighting different aspects of addiction and recovery.
- Invite **local business** to an “employer luncheon”. Have community members talk about addiction in the workplace.
- Join **email listservs** that are relevant to community issues and concerns in your area and post announcements about upcoming events, including things like Community Meeting and social events.

- Join local **taskforces, committees, and networking groups**. There are often opportunities to present your project to an audience of other community organizations. Invite interested community members to join and attend these committees.
- Approach your local government to **co-sponsor an event** to celebrate recovery month.

Voice from the Community

We built a mutually beneficial relationship with our local police and probation departments when we formed a community service collaboration in our first year of operation. We learned quickly that many of our members were involved with local probation and were required to complete community service as part of meeting their probation requirements. One of our members requested permission from her probation officer to complete her hours at The Recovery Connection and invited her probation officer to attend our community meeting to learn about what we do. We explained that forming this collaboration would provide them with a safe and reliable referral source for their probationers and that the individual would then be introduced to others with similar lived experience that are now on a path to recovery. Our members now present a panel discussion 4 times a year at the courthouse discussing how The Recovery Connection has helped them and answering questions from the probation officers, helping them understand just how valuable recovery is in a person's life.~The Recovery Connection, Marlborough, Massachusetts

Marketing Your Project



Branding and Naming

Name recognition is key. Project name, logo, and slogan are some tools to convey the essence of your program. Even if your project name is pretty basic, a slogan can help with name recognition. Famous slogans are Nike: "Just do it" or Apple: "Think Different." Some well-known recovery slogans are "Got Recovery?," "Recovery is Real," and "Recovery Happens" (these slogans are already being used and may be trademarked). Acronyms can be confusing, unless they are catchy like one recovery program in New York City whose name is "Project H.I.G.H—How I Got Help".

Like a slogan, a tagline might also be useful for easily summarizing your values and work for a public audience. Not everyone knows what peer or participatory means, so something that hints at what you actually do works well. The RP community developed the tagline "Support. Participate. Grow." for this purpose.

Another way to "brand" your programs is to use an image that captures your message. This might be a creative or meaningful symbol that you use in your logo or perhaps a photo that you use in all of your publicity materials. At RP, we've used a photo of a toddler wearing a "Got Recovery?" t-shirt and a teal ribbon symbol with "Got Recovery?" printed on the front.



Packaging your programs

This is about figuring out exactly what about your project will make people want to join in. It's about knowing your audience. It's about being selective in your communication so that the wide variety of things you offer are narrowed down and targeted to the audience you're trying to reach. For example, if you are reaching out to a corporate sponsor, you might want to focus on what you're doing around addiction and recovery in the workplace. If you are looking for an in-kind donation for a sober social event, you might want to talk about how important it is to have sober, safe places for people to party.

If you are reaching out to a general audience, there are some things that just about everyone will respond to. If your program helps children (even indirectly), be sure to highlight this. Tell a compelling story of someone whose life has been positively affected by your project. There should be elements in the story that everyone can relate to in some way. Having a voice and face to connect to this story is best, so make sure you're bringing folks along who can speak on their own behalf.

Packaging your programs will be especially important if you are applying for small grants, as you will be looking for funding for specific programs.



Merchandise

Get some products with your name or slogan on them. Coffee mugs, bumper stickers, water bottles, tote bags, key chains, t-shirts, pens, whatever. Merchandise serves three purposes:

- To help spread the word about your project
- To give as "thank you" gifts to volunteers, donors and sponsors
- To sell to the public

There are many ways to sell your merchandise, including having it available at events held in your space, bringing it with you

when you do events in the wider community, and having it visible in a display case at your center.

Also consider promoting your merchandise on any web or social media presence that you have established (see below for more on Social Media). This way, you can reach a far wider audience that might not encounter your products—or the work that you do—in a “real life” setting. Linking to a Merchandise page on your website is a good way to make this happen. In this case, you’ll need to figure out a payment and shipping system. PayPal has worked well for us in the past. When folks order merchandise from our website, we receive an email with the order information. Community members process and package the order and we ship it out to the address provided in the online order. Make sure to add a small fee to cover shipping costs for online orders, as this can get costly!

Getting the word out

There are some tried and true techniques for getting the word out about your project and the great work that you do. Newsletters, brochures, publicity fliers, a website, and media-related publicity are great ways to get the word out. Below are some tips on how to make these work for you.

But let’s not forget word of mouth. One of the best things you can do for your public image is to do what you do well. This means doing your best to meet the needs of recovering people, create conditions for people to thrive and grow, and provide consistent, reliable support. If you do this, people will spread the word about your programs and activities. They’ll tell their friends, employers, probation officers, therapists, and families about your program. This organic process helps to spawn interest and, eventually, involvement in your project.

But don’t rely on this solely. You need to be proactive about getting the word out. Ask volunteers to create “buzz” about upcoming events. Simply asking five people “Hey did you hear about the dance next weekend? Are you going?” can help increase participation.



Ok, so here are those tips we promised:

- Develop a **project brochure**. Be sure to include your mission statement, a list of your programs and activities, quotes, your philosophy, statistics about recovery, artwork or photographs. Keep it updated as your project evolves.
- Publish a **newsletter** featuring articles, stories, poetry and art from community members. Have committee handle all aspects of publication. When you’re ready, offer advertising to local businesses and nonprofits.
- **Use the media** – TV, radio and newspapers. Send out press releases whenever you have a big event, an accomplishment, a new program or initiative.
- Create a **website** and include everything that’s on your brochure. Have links to publicity fliers, important documents, calendars, photo galleries, local resource information, and donation forms. Include links to partner organizations and sponsors.
- Design and distribute publicity **flyers or posters** for events—especially those that are open to the public. Hang them in restaurants, shops, public message boards, etc.

- Develop a **template for flyers** that includes a standard section with your center's name, contact information, and logo. With a template you won't have to re-invent the wheel each time you want to create materials to advertise an event or activity. Having consistency in your advertising materials will make flyers easily recognizable to people in public places.
- Send out a **weekly email** with updates about events and activities for that week. Make a sign-up sheet for the email list available in your center and at outside events and bring it with you when you do outreach in the community.
- Create a **video** that includes clips of community members talking about your project and their own experiences with recovery. Include clips from community events like sober dances, music festivals, or art exhibits. Host a film screening and invite the larger community to attend. Post the video on your website and use it in grant proposals.
- Make regular **in-person visits** to other businesses and organizations and bring along calendars, brochures, and flyers.
- Publish a **monthly calendar** that includes both regular and special events and activities and open hours. Post the calendar up on bulletin boards around the community and make it available online.
- Establish a **Publicity Committee** that works explicitly on advertising events and activities. This committee will focus on writing and designing materials, cultivating relationships with local media outlets, and on the ground and web distribution. Create a wide range of tasks for folks with varying skill levels and interests to get involved with.
- Create a **social media presence** that you update regularly. Facebook, Twitter, Instagram, Tumblr, and LinkedIn are all relevant social media outlets that will allow you to reach a wider audience than by simply using print materials and word of mouth as a way to get the word out. See below for more info on social media.

Social Media

The possibilities for fostering connections and relationships through online social media have skyrocketed. Many if not all of the centers that we are associated with utilize social media in different ways to keep their communities engaged and connected.



Here are a few reasons why utilizing social media is important for your recovery center:

- **Expanded publicity network.** Social media is a way to quickly and easily reach out to folks who might not encounter your publicity materials in person. This means you cast a wider net, whether you're hosting a large scale event, recruiting participants for a committee, or simply trying to increase attendance at your Community Meeting.
- **Instant communication.** Perhaps an event you're hosting has to be cancelled due to bad weather. A single post via social media networks can reach hundreds of members of your community instantly who can then also use word of mouth or their own social media networks to spread the information. This is a much more effective strategy than calling people or posting a sign on the door after folks have already showed up.
- **New volunteer opportunities.** Someone has to maintain your social media and web presences, right? What better way to actively engage someone who comes with a larger amount of web-based skills and/or enjoys coming to your center to use the computers for social networking purposes? Perhaps your community decides that a committee for managing social media presences will be helpful and several people get involved in this aspect of your program. Either way, you're creating new opportunities for folks to develop skills and exercise expertise in a way that benefits everyone.

- **Tapping into already-existing networks.** Chances are many of your members already Facebook, Tweet, or post photos and videos via Instagram. Tapping into these networks is a way to stay innovative and keep your finger on the pulse of your community. Encourage community members to post about your center on their individual accounts to spread the word.
- **Expanding the boundaries of your community.** Perhaps there's a peer recovery center two states away that some of your members connected with at a regional recovery conference. By simply "Liking" each other's Facebook pages, you create an immediate connection that more easily facilitates the exchange of ideas, support, contact, and information about resources and events.
- **Photo and video sharing.** Everyone had a great time at your monthly picnic and now folks want to share those memories with other friends and family. Using social networking to share photos and videos is a great way to get your center's name out to folks who may never have come across it if they hadn't seen pictures from that picnic posted on a friend's Facebook page. Maybe someone sees those photos and decides to stop in the following week and get involved in person.
- **Provide outlets for people to see what you do.** Maybe folks don't know if they'd feel comfortable coming into your space for the first time and would like to check you out without physically interacting just yet. Social media can be a great way to allow folks access to the "vibe" of your space before going in person.

As we mentioned, these are only a few of the ways that social media can work for your community. Be sure to tap into the rich resources, expertise, and networks that already exist within your community as you consider integrating social media into your work.

Sharing our Experience...

Social media is a wide world of ever-expanding possibilities, but keep in mind that there are folks who may not want to be visible or present on your social media networks for a variety of reasons. Work with your community to think about reasonable solutions to these issues.

Including a social media consent form with orientation materials might be a good idea so that people can easily opt out without having to explain their choices. Maybe the privacy settings on your social media networks are set higher than average to protect the confidentiality of folks involved (i.e. you have to approve new followers to a Twitter or Instagram account instead of having an "Open" account). There are many solutions, so be creative and respectful in your use and NEVER assume someone is okay with you posting about them without their consent. ([For a copy of our photo release form click here](#))



Here are some tips for using specific social media outlets at your center:

- **Facebook** – Create a page dedicated to your center and "[Like the pages of other recovery centers](#) in your area and around the country. Post photos and videos from events. Share inspirational quotes, information about local resources, and ideas for recovery support with your contacts. Post updates about daily and one-time activities. Recruit participants for events and activities that are experiencing low attendance.

- **Twitter** – Start a hashtag associated with your center or with recovery in general and see how many folks you can get to use it. Think things like #RecoveryIs or #INeedRecoveryBecause or #INeed(YourCenter’sName)Because. See if you can get those hashtags to “trend.” This occurs when lots of people use the hashtag in their Twitter posts (called “Tweets”) during the same time period. Tweet about events and tweet “at” members who are active on Twitter as a way to stay in touch, check in, and offer support. Think “Hey @GotRecoveryCollegeGuy good luck on that exam today! Stop by when you’re done!”
- **Instagram** – Those Open Mic pics will look even better with an Instagram filter and an hashtag, right? Encourage all community members at an event to tag their photos and videos with the same hashtag so that folks can more easily access all of the photos that others have posted. Perhaps on a program for a sober music festival you can note, “Use #RecoveryJam2013 when posting photos of the event today!” so that when folks click on the hashtag on their mobile devices they’ll see the photos that everyone has posted from that day.

Sharing our Experience...

We think the Divine Recovery Center (DRC) greatly benefits from using technology (i.e. social media, Facebook, etc) to reach out to the community. We currently have Facebook and Twitter accounts and have been able to effectively reach others peers in recovery. We communicate a consistent message of “Sober is Better” and list all events/activities on Facebook. We feel this approach also works well with all the different recovery centers to collaborate on joint projects/events. Putting together events for BBQ’s and targeting dates for all centers to participate in basketball/softball tournaments works well. ~Divine Recovery Center, South Boston, Massachusetts

Fundraising

For many of us, funding is a constant source of concern. Depending on what your funding is like, you might find it useful to reach out to your community for fiscal support. This is a great way to foster collaborations, gain financial stability, and fund new projects.

There are several ways to ask directly for money. Again, you’re not simply asking for money – you are starting a mutually beneficial relationship. In this section we’ll talk about three ways to raise funds:

1. Fundraising Events
2. Appeal for individual donations
3. Merchandise Sales

Fundraising Events Convening a **fundraising committee** is a great way to make each of fundraising options successful. A committee will bring a wide range of experiences, skills, and personalities into this process from the beginning. This committee might be comprised of community members, staff, leadership council members, and other experts in fundraising in the community. The committee can work on developing all sorts of fundraising strategies, including fundraising events, sponsorship solicitation and merchandise sales, which we’ll talk more about below.

This might be a gala ball, a music concert, a sober dance, or a walk-a-thon.

Recovery month is September, so that’s a good time to do a large-scale fundraising event. You can raise funds through admission, sponsors, and silent auctions. In-kind donations can help offset the cost of supplies and services. If you have a volunteer social committee, they can plan the event and solicit sponsors and in-kind donations.

Sponsors

Sponsors are people or businesses who help to underwrite a fundraising event. You can ask local merchants and manufacturers to sponsor an event. Use your connections and ask your community members who they know among potential sponsors. Always offer something in exchange – advertising, free event tickets, project merchandise, or training, for example. Use a solicitation packet (see below) when you make the ask so that you have something concrete to hand to them. Nurture the



relationship by keeping them updated, sending them free passes to social events, and making sure they get your newsletter.



Items in a Successful Solicitation Packet

- **Letter** signed by your Project Director and community members describing your program, the event, and what kind of mutual benefits will arise from the partnership.
- **Pamphlet** or **brochure** of your program.
- **Monthly calendar** describing the range of events and activities you provide.
- Document outlining possible **donation tiers** and what they'll receive in return (i.e. \$100-2 Tickets to Event; 2 Mugs; Small advertisement in next newsletter).
- A narrative of some **personal recovery stories** from community members.
- **Statistics** about addiction and recovery specific to your region.
- Small **token of appreciation** like a bumper sticker or pen.

Appeal to Individual Donors

This is usually in the form of an “appeal letter,” which you send in the mail. This is a letter asking an individual for a donation. Who should it go to? People with resources, people with an interest in recovery, community leaders? Ask your volunteers and leadership committee to go over the mailing list and add names.

When you craft your letter, remember that people have a short attention span. Try to make the letter brief, but flashy. Describe your project in a few sentences, feature several project accomplishments and describe why your programs are important. Include a list of different donation levels (\$25-100, \$100-500, etc). Use colorful photographs and quotes from those involved in your project. A great way to drive the message home is to include a story of someone whose life has been profoundly affected by your work.

It's up to you how many people you ask. We recommend between 50 and 200 people for your first appeal. Don't get disappointed if you don't get a lot of response right away. Developing a relationship with donors takes years. Once you've identified a core group of donors, keep asking them each year, and gradually add names as you go.

When someone gives you money, it is very important that you send them a thank you letter. Keep your donors engaged throughout the year by sending them newsletters, project updates, free tickets to upcoming events and inviting them to open houses and social activities.

Training and Support for Donor Appeals

It's also a great idea to offer some training to community members on how to approach and successfully solicit money from donors. Many of us have had some challenging lived experiences around money (asking for it, needing it, improperly managing

it). Knowing how to confidently and skillfully ask for money is a difficult task for anyone.

Working with a consultant on this might be advantageous. You can also work together to craft and practice “talking points” to use when approaching donor that might be a bit different than the ones you designed in your planning phase. Learning how to tell our own stories is also a useful tool for making donor appeals. Your story is a powerful tool that can be of great use whether you’re using it for fundraising purposes, community education, or marketing.

Tips for “Making the ask”

Whether you are making a pitch in person, or via a letter, here are some tips that might be helpful:

- Keep it simple and direct. Use short statements that are “to the point”.
- Use your talking points that you designed in your planning phase.
- Explain how your program makes a difference in people’s lives.
- Put together a solicitation packet with donation levels, your project information, statistics, personal recovery stories, etc. (see section of “solicitation packet” above).
- Customize to your audience, think about what will motivate them to join. Usually, this means helping them to recognize how addiction and recovery affects them.
- Feature the stories of people in recovery. Include this in your solicitation packet.
- Include statistics about addictions and recovery, specific to your town, city, or region.
- Involve community members at all stages in the process – ask them to help design your solicitation packet, go out and make solicitations, have a group of volunteers sign your appeal letter.

Merchandise Sales

You might be thinking “What? We have to sell our stuff?” No, it’s not crucial, but it can help. Your merchandise can do more than just spread your message. Why not sell it, too? If you have a catchy slogan on a t-shirt, that makes people think “I gotta have that,” you will have buyers.

There are several ways to sell stuff. You don’t necessarily have to open up a storefront (although that might be a good idea if you’re in a high traffic area). You can sell merchandise at county fairs, sober events (yours and others), or health fairs. Again, this requires building a relationship with fair and event organizers.

A simple and easy way to sell merchandise is on the web. If you have a website, you can use PayPal to set up a payment interface. If not, you can sell it on Ebay. Your volunteers can help process online orders. You can also use social media to promote your products. Posting on Facebook with a link to your website with payment options is a great way for people to easily access what you have available. Post photos of new (or old) merchandise on Instagram and maybe your followers will stop in to pick up one of the new t-shirts that just came in.

Grant Writing

No matter what your initial funding source is (state, federal, foundation), you should always keep your eyes open for new funding sources. Knowing where to look for funding is a skill that is both extremely useful and takes practice and connections. Does your community have access to federal block grants? Is there a local philanthropic organization looking for new projects to fund? Cast a wide net when thinking about where to apply for funding.

- **State and federal grants** are usually larger dollar amounts (hundreds of thousands of dollars), and tend to occur in three to ten year cycles. These grants have significant reporting and administrative requirements. The applications for state and federal funding are fairly complex. Sometimes funding streams are cyclic, so, for example, after a three to four year cycle, you may be able to re-apply for an additional three to four years of funding.
- **Foundation grants** usually come in smaller dollar amounts (hundreds to thousands of dollars) and require less reporting and administration. The applications are usually simpler than state/federal grant applications, but in most cases you’ll have to reapply each year.

Before you write your proposal, there are several things you should keep in mind:

- Before you apply, find out what the trends and priorities of the funding organization are. Most foundations have a list of programs they've funded in the past. These lists are usually available online so you can get a sense of the kinds of projects they tend to gravitate towards before you end up applying to a funding body that is unlikely to fund you because you share different priorities or target areas.
- If you are applying for foundation funding, contact someone from the foundation, have a conversation about their priorities. Is it a good match? You might even get a chance to ask them what they think of your ideas to "test the waters" before you write your proposal.
- If you are planning to apply for state funding, start attending state coalition meetings early on. Network with people who have some influence and knowledge about state funding. Seize opportunities to present your project at task forces and coalition meetings. And be sure to bring a community member who is in recovery with you!

The Proposal

Regardless of funding source, you will have to submit a proposal. The requirements may vary, but the basic elements of a proposal are the same. A proposal includes:

- A summary or abstract, a problem statement
- Goals and objectives
- Methodology
- Evaluation
- Sustainability plans (future funding) and a budget
- Appendices

Package your programs

Depending on the scope of your project, you may be able to find a single foundation that funds your entire project. If you decide to apply for multiple grants, you will need to "package your programs". This means dividing up your programs into fundable portions.

You might have to package your programs and activities to match what a specific funder is looking for.

For example, you might package all of your social activities together or apply for funding primarily for your peer mentor program. Maybe you'll look for funding to pay for all of your volunteer leadership training.

Identify new and innovative practices

Many funders are interested in funding new and innovative practices. This doesn't necessarily mean that you will have to start something brand new and shiny to attract funders! You are probably doing innovative work without even realizing it. Carefully consider the work you are doing:

- Are you the only group doing this sort of work in your area?
- Are you reaching a unique group or population?
- Have you developed a new model or protocol?
- Is there an expressed need to expand or improve any of your programs or activities?

Some Suggestions for Sustainability:

- It's never too early to start planning for the future. Convene a task force, planning committee or ask your leadership council or board of directors to work on sustainability strategies.

- It can be helpful to “package” your programs into bite-sized, fundable pieces, for example, look for funding for three to four wellness activities or for a year’s worth of family-oriented social events.
- Learn how to market your program. Personal stories about how someone’s life has been affected are a great way to attract potential donors.
- Learn how to ask for money without feeling guilty or weird about it. Carefully craft and practice your “ask”.
- Cultivate relationships within your local community and on the state and federal level. Reward donors by giving them goodies like tickets to your next event, merchandise, or a program update.
- Encourage community members to participate in marketing, solicitation, production, grant writing, etc. A diverse range of community input means a wide range of expertise and connections to draw upon.
- Don’t get discouraged! Individual donor appeals start with a small return, then grow year by year as you build and cultivate relationships.

Role of Community In Sustainability

As with **every** other part of your project, community members should play a key role in sustainability. Community members often have valuable connections to individuals organizations who might make great collaborators, funders, or sponsors.

As we discussed in Chapter 2, this kind of participation is the cornerstone of the Peer Participatory Process in your work. This kind of participation naturally contributes to your project’s sustainability because members of the community are personally invested in your project’s success. As we work together towards sustaining the project, we form relationships that sustain our own recovery. The longer we’re here, the more we recognize and value the ways that this model works in our lives.

08: Policies, Procedures and Guidelines

As your program grows and changes, you will need to develop policies and procedures to better meet the needs of your community. Most policies can be developed in your planning phase (Chapter 3) and modified at a later date if needed. As much as possible, policies and procedures should be developed by community members.

Code of Ethics

As we’ve mentioned in our Safety and Getting Started chapters, a Code of Ethics is a set of guidelines that clearly lays out the expectations for everyone at your center. As a policy, the Code of Ethics is how we remain accountable to each other. It is a way to remain predictable, clear, and consistent.

It is up to you to decide how to deal with situations where folks violate the Code of Ethics. This is part of developing a set of procedures that accompany your policies. We recommend being firm, but also compassionate when dealing with Code of Ethics violations. This way of being together may be very different for some folks who have never spent time in a place like your center, but that doesn’t excuse a disregard for these guidelines. Being clear, consistent, and predictable with how you deal with violations is important. Try hard to make violations of the Code of Ethics an opportunity to learn with and from each other. [RECOVER Project Code of Ethics](#)

Sharing our Experience...

We visibly display your Code of Ethics our space and take time during your Orientation to read the Code of Ethics (and other policy documents you may have) aloud. At orientation folks initial that they’ve read the Code of Ethics so that we can be sure that we are all on the same page from the start. We also regularly read a section of the Code of Ethics aloud at every community meeting so that folks hear the language and content of this important set of policies.

Grievance Procedure

It is important to have a way for members of your community to raise concerns about other community members, staff, or

policies. Another phrase for grievance procedure might be an “Oh, Stop It Now!” procedure. Your Ethics Committee (the same folks who developed your Code of Ethics) can create this procedure as well. It should be simple, but not as simple as “all grievances go to the project director.” The responsibility should be shared.

Keep in mind that some, but not all, host organizations will want to review your grievance procedure to make sure it is in line with their own. If there are difference between your grievance procedure and your host organization’s, you might have to modify your procedure.

Here are some tips to consider when developing grievance procedures:

- Rely on the strengths of individuals. If someone has an issue with a member of the community, encourage him or her to work it out with that individual.
- If the person needs support to do this, offer them some coaching, maybe some suggestions on what to say or how to use active listening and effective communication.
- Always keep safety in mind. If the person does not feel safe approaching the individual of concern, then offer to be present.
- If the grievance is severe, such as someone witnesses physical abuse or assault in your center, then a more serious course of action is needed.
- Always have back up. If you have a host organization, seek guidance from senior staff. If not, have several people “on call” from your Ethics Committee to provide guidance.

Please click here to see our [Grievance Procedure](#).

Policy on Project Participation

As we’ve stressed, peer recovery support should be open to all people, regardless of prior experiences or circumstances. ALL are affected by addiction and recovery in some way, though they might come through different doors and from different backgrounds. However, there is the possibility that your funding source or host organization might have some criteria that you need to follow regarding participation. For example, some host organizations might not allow people under the age of 18 to be present in your physical space. On the other hand, you might have the autonomy to make decisions about participation.

You might find it necessary to limit one’s participation at your space based on their past behavior or issues that come up at the center. These limits will be for you to determine based on the needs of your community.



We also realized that there are some circumstances where folks might not be able to participate at your physical center for a range of other reasons. Perhaps there is a restraining order in place against a community member. One center has decided that because there are often small children around, Level III sex offenders can’t be present in the center.

In these cases, we always offer to support people outside the walls of our physical space. We know where drugs and alcohol can take people and therefore, it doesn’t necessarily matter “what’s happened.” Everyone deserves to remain connected and

supported in their recovery processes and we do our best to make sure this is possible.

Suggested Policies for Participation

Keep in mind that individual safety is of utmost importance, so there may be a few other instances where you might want to develop policies about participation at your center.

Here are several recommendations:

1. You will want to consider whether to allow people who are “under the influence” at your center. A community member may come to our center intoxicated or high. Usually he or she is seeking help, and has a desire to get sober. Your community should develop a policy and procedure on how to address this issue.
2. You may want to have a procedure for suspending someone from your project. If someone repeatedly does something that is offensive or violates the Code of Ethics, we recommend having a conversation with that person. You might issue a warning and make sure the individual is aware of the rules. Make it clear that if they want to continue participating, they must stop whatever offensive thing they’re doing. If the individual continues the offensive behavior, then you may want to suspend their membership. Identify if and when they are allowed to return— after one month, a few months, etc. When they do return, be sure to have a conversation with them to see where they’re at, review the Code of Ethics, etc.
3. Sometimes, people will want to join who might actually need more intensive support before they are ready to participate in your programs. For others, your program just might not be a good match. In these cases, be prepared to suggest other appropriate places for folks to seek the support they need or want.

NOTE: When designing these policies, we recommend that you seek legal council to make sure that your policies are in line with state and federal law. And remember to use your participatory process to inform these policies—ask your Ethics Committee or Leadership Council to provide guidance.

Policy regarding 12 Steps and Traditions

It is important to be clear about your relationship with 12-step groups. A good number of your participants will be members of 12-step groups, and you might decide to provide space for 12-step groups. There may be folks in your geographic community that have mixed feeling about your program because they see it as threat to 12-step programs.

It is important to remember that while 12-step group members may make up the bulk of your community, there are also other roads to recovery. You may find it important to stress to prospective members, and to the recovery community at large, that you exist as a recovery support, and are not affiliated with any 12-step or any other sort of recovery program.

Sharing our Experience...

Here are some ways that we negotiate clear boundaries between your center and 12-step recovery programs:

- Collect rent from 12-step groups using your space. Many 12-step programs discourage groups from accepting outside contributions, such as rent for space.
- Ask participants not to announce your events at meetings. It is alright to discuss program events during the social time before or after meetings and outside the venue. Many-12 step programs discourage announcements of any events not directly related to the program at hand.
- Respect people’s anonymity in recovery. Anonymity is at the foundation of many 12-step programs and should be respected.

For an example of our [Use of Space Agreement Click Here](#)

Day to day procedures

It is possible to design procedures for **every little day-to-day thing** that goes on at your center. Don’t overdo it. While procedures can be helpful, they can be time-consuming to develop and potentially limiting to the creative flow of the project.

On the other hand, procedures can be helpful, especially if tasks and projects need to be passed onto others. For example, if a staff person has been planning a wellness activity for the past two years, it might be time to train a volunteer to do it. In this case, writing a “how to” procedure can be helpful.

Here are some examples of simple procedures and rules you can set up to help things run smoothly:

- A procedure to apply to be a member (See [Chapter 7](#)).
- A procedure for taking publications out of the lending library.
- A set of rules regarding computer use, including sign up sheets, seniority rights for volunteer projects, and inappropriate use (for example, pornography or sites with hateful or oppressive content).
- Rules and procedures for opening and closing the center.
- Rules and procedures for groups that use your space after hours.
- A procedure for starting new activities, such as an art group, wellness activity, or social outing.
- Bike loan program policy ([Link to Bike Loan Policy](#))

Forms for new volunteers and members to sign

We try to keep our forms to a minimum. Nonetheless, there are a few forms, in addition to the initial application, that we either ask members to fill out and/or provide support to folks in getting forms completed. Here’s what they are:

- **Computer Policy** – this states our clear expectations for computer usage, including what kind of content is considered acceptable and how long folks are able to use the computer each day. ([Link to Computer Policy](#))
- **Code of Ethics** – this form confirms that the individual has read our Code of Ethics and agrees to adhere to these guidelines as much as possible. ([link to Code of Ethics](#))

Some thoughts on forms

Sometimes folks can’t or don’t want to complete forms for a whole range of reasons. There may be literacy challenges or filling out “official” forms might feel like a scary reminder of some not great prior experiences. In order to address these concerns, we make sure to read the above forms out loud together at Orientation and let people know they can simply initial them to feel safe.

Some funding sources may require forms to be filled out. It’s important that people understand why they’re being asked to fill out such forms, what the benefit to filling out that form is, and that they always have the choice to walk out the door if they don’t want to fill it out.

Sharing our Experience...

If a volunteer or member is interested in starting a new activity, they follow a procedure. First they bring the idea to the community meeting to see if there is interest or if anyone wants to jump on board. Then, if appropriate, they put up a sign up sheet to see if enough people are interested. With help from staff and other community members, they publicize the activity, coordinate the details, and make it happen. If necessary, they pull together a planning committee.

Voice from the Community

“I remember a few years back how much fun sober soft-ball was on Saturday afternoons. I wanted to start playing again. So I brought it to community meeting and generated some interest and got some feedback. Staff gave me support when I created a flier, and got a copy of the insurance rider to send to the recreation department in town. RECOVER Project already had the equipment, we drummed up the enthusiasm, and before you knew it we were gathering, some with our families, out on the field.”~Norma

Interview Process

From Melissa, peer leader at the RECOVER Project:

I have been a member of RECOVER Project since 2010. I have lived experience of being a parent and an addict, and now a parent in recovery. I facilitate a parenting program for families here at RECOVER Project. I'm a member of the volunteer leadership team. As a team we meet monthly with the staff to be the voice of the community and develop leadership skills. One of the things I've enjoyed most is being involved in the interview process.

When a new staff is being hired at the RECOVER Project, the whole community goes into action. Having peers as part of the hiring process is essential because as peers, this is our center, and we want to make sure that the person who is hired shares our values and understands our lived experiences.

At the RP, we put together an interviewing committee made up of peers, staff, and our extended community. Peers on the committee who might not have any experience with interviewing meet with the director and speak about the interview process. Part of skill development at the RP is making sure that everyone understands the job description and qualifications needed for the position. Although human resources has the ultimate decision due to the confidentiality of some of the information regarding the applicants, peers review resumes, take an active role in the interviews, and make recommendations that are considered by the director. During the interview process, we review the applicants' resumes, discuss the applicants' strengths, and then rate the applicants based on a three point scale developed by peers as a tool before deciding who is a good fit. The interview process happens in three rounds. The first round is a simple conversation to get to know the applicant. We as peers get to ask a few questions that are important to us, and then we allow the applicant to ask us questions. Then based on the first interview, we call the best candidates for a second interview. Finally, we invite the final candidates to join us during a community meeting so the entire community has the opportunity to meet and ask questions, and really get a feel for the person before they are hired.

In the end, having peers involved in the hiring process works out in the interest of both the community and the new staff member. Through the peer interviewing process, peers feel they have been a part of finding the right person for the job, someone they feel comfortable with and confident in, and the new staff feels secure in the fact that that the community felt comfortable enough with them to recommend them for the job.

Conclusion

Congrats, you've reached the end! Now you know exactly how to start your own peer recovery center. Piece of cake. Our work here is done... Just kidding! This work is never over – not for those of us just getting started or for those of us who are already well on our way down this messy and inefficient yet immensely rewarding, healing, and necessary path.

We continually reassess the ways that we exist together in our spaces, and we continue to ask the fundamental question: How and where are peers involved? We acquire new spaces and new funding sources, and we conduct new needs assessments. We form new collaborations, hire new staff people, and welcome new faces who walk through our door every day. In each of these moments, this work starts again, but maybe not quite "from the ground up." Each day that we work and heal together in relationship, we continue to add on to and re-shape the sturdy foundations of safety and respect that hold us up.

In fact, the work of this manual isn't finished yet either. In the spirit of the Peer Participatory Process, we're excited to watch and see what you will bring to this document as you engage with its suggestions, try things out, and develop new ideas. As we've worked on revisions, edits, and entire new sections, we've come to envision this manual as a living, breathing document. We hope that it that will continue to expand organically through the kinds of dialogue and participation that online formats permit us to have. In the process, we're expanding our intentional community across geographic and virtual borders and, we hope, across the borders that define the kinds of recovery that we are in. This manual was written from the immediate perspective of those of us in recovery from or affected by drug and alcohol addiction, but we hope that its ideas about creating conditions for safety, peer support, participatory process, and collective, community-based approaches to recovery and transformation translate to many different modes of healing. After all, exactly where you've been doesn't matter quite as much as what you offer others on your journey through this world. Those experiences, wisdom, and forms of expertise are exactly what we need to support each

other, grow, and heal together.

Voice from the Community



"I would say somehow figure out how to do this in your own community. Somehow figure out a way" ~Bill

Jam picture of the whole community

Deeper Reading

Creating Spaces, Creating Conditions

Creating Spaces, Creating Conditions: Healing Safer in Community

By Lindsey Whitmore

Fostering a Culture Change

Healing in community asks us to enter into shared spaces and new relationships raw and ready to embrace a bright unfolding in our lives, our bodies, and our hearts. It asks us to bring with us all that we've experienced, offer it up those who surround us, and leave carrying all the small parts of others' lives and stories that we need to grow in new directions.

In order for this to this healing to unfold, we need to feel safe. Feeling safe is the very first layer of opening up so that we can open out. Healing in community requires that we create spaces, practices, and ways of being together allow people to feel physically and emotionally safe. It requires us to encourage and actively participate in creating relationships where people feel welcomed, valued, and part of something larger than themselves.

We talk here about **creating conditions** because we recognize that any one person cannot guarantee absolute safety for any other person in every circumstance. The walls of our shared spaces are not impermeable; our communities and our recovery exist beyond those walls and people's lives are complex, enmeshed in all sorts of relationships and dynamics that unfold along their own terms. It is not our job to tell people how they will feel safe.

Instead, you can work together in healing communities to put into practice a series of common precautions that ultimately create a change in the overall culture of the spaces you heal and grow in. When we use the word "culture" here we don't mean changing the personal backgrounds, beliefs, or circumstances that people bring with them in the door; these are indispensable

to fostering an energized and dynamic community driven by all the rich experiences that folks have to offer. Instead, we focus on culture in the sense of a shared environment, which means creating an atmosphere within a shared recovery space that includes everything from the “vibe” of a physical area to the practices, values, and ways of being together that you collectively identify as important and work to create.

Whether your recovery community is just starting “from the ground up” or is already well established in a space, fostering this kind of culture change means that the culture of your community actively encourages an environment of mutual care, attention to difference, and shared forms of support. When put into practice, this change will recognize and pursue the conditions needed for folks to feel a basic sense of bodily, emotional, and physical safety based on their specific needs and experiences. Most importantly, this culture change recognizes and affirms this central role of safety in supporting collective healing processes and facilitating meaningful relationships and connections.

This change also means having the courage to intentionally and thoughtfully break down the “every person for themselves” attitude that permeates many mainstream attitudes about healing and recovery that ask us to be responsible only for own interests. This work does not happen in the bubble of our unique lives, it happens collectively and in relationship. In order for genuine healing relationships to blossom, we encourage you to continuously reflect on your community’s knowledge and attitudes around conditions for safety, as well as the more concrete policies, procedures, and practices that you have in place to help people feel safe and welcomed. We’ll explore how to do this with more depth in the following discussion, but for now, just keep in mind that this work is ongoing and requires constant, compassionate, and careful attention.

Throughout this piece you will find in bold a series of “Prompt Questions for Dialogue” that you can use to spark conversations and dialogue around many of these issues. Keep in mind that folks might feel quite vulnerable reflecting on some of these questions, so be sure to make space available to process thoughts and feelings that come up.

Prompt Questions for Dialogue:

- **What does safety look like for you?**
- **Can you name some differences between physical and emotional safety?**
- **What kinds of conditions (i.e. physical spaces, ways of interacting) help you feel physically or emotionally safe?**
- **Are there policies and procedures you already have in place that create these conditions in your center?**
- **What’s not working in your center in terms of safety?**

Stories, experiences, and tips about safety and recovery provided by community members are also peppered throughout this piece in italics to give different voices and perspectives to many of the issues we explore here.

Safety means always knowing that people have their own experience. Being in this place where there is such awareness of that broadens sensitivities and makes us want to expand and include all people.

Before we delve into some ways to work towards actively creating these conditions for safety in your space, let's back up a bit to think some more about why safety is an important practice for recovery communities to develop.

Why Safety Matters

Each person that enters through the door of a shared recovery space holds in their bodies, minds, and hearts a whole range of complex and often painful lived experiences. The habit and ritual of addiction itself is a particularly charged and difficult lived experience, as are the many forms of violence, loss, sadness, and sacrifice that have lived within many of us who are directly affected by addiction, perhaps since our earliest childhood years. Whether we are conscious of it or not, we carry these past experiences with us and they greatly impact how we interact with other people, how we react to the world around us, and how we cope with challenging circumstances. Even if we don't always feel their overt presence in our day-to-day lives, we can think of these experiences as behind-the-scenes filters that impact how we feel connected to or alienated from the world around us.

A loud greeting of "HELLO!" could send someone right out the door. Be inviting enough, but understand that different people need different things.

Body Archives

In some ways, we can think of our bodies as actual archives of our life stories, containing small traces of all the things we have done, felt, and experienced that are ready to be called up when we sense things in the world that remind us of those traces. The smell of sawdust might unexpectedly transport someone back to memories of their childhood home and provoke a sudden shortness of breath or a sharpened awareness of the surrounding environment. The taste of burnt toast might remind someone of a particular memory of a former romantic partner, which might incite a racing heartbeat or a feeling of being constricted, especially if that relationship contained elements of pain or fear.

How these past experiences move within us is different for everyone and depends on all the complex and often non-conscious linkages we've made in our body-archives of spaces, feelings, and memories that have become bonded to particular physical reactions like racing heartbeats, sweaty palms, or dry mouths. If we choose to think about our bodies as carriers of experience in this way, we can begin to see how our bodies bear the heavy weight of all the things that have happened to us and all the ways we've learned to cope with those experiences.

Much of this weight is held in the spaces of our body that we are not consciously aware of. Our brains, muscles, organs, and nervous systems are all deeply intertwined with the living experiences of stress, violence, loss, fear, and struggle that we hold within us and have not yet had the opportunity or space to heal from. Checking out the work of Gabor Mate, Peter Levine, Bessel Von de Kolk, and Stephen Porges is a great place to learn more about these processes, as these are leaders in the field who have contributed in compelling ways to knowledge about trauma and the body from a variety of scientific and cultural perspectives. Below we'll discuss in more detail some of the brain/body science that is relevant to the process of feeling safe.

Prompt Question for Dialogue:

- **What is held in the archive of your body?**

- **Are there signals your body gives you that these pieces of the past are being called up?**

Body-Brain Science: Feeling Our Way to Survival

New scientific research shows us that our brains, muscles, organs, and nervous systems are highly attuned not only to our past lived experiences, but also to the social environments that we exist within in any given moment. This points to the presence inside of us of a kind of “social nervous system” that is developed very early on—as early as the first days of infancy. This nervous system develops during the period when attachment and connection occurs between a mother and a child, although its effects on how we respond to our social environments reach deep into adulthood.

In this period during infancy, we quickly learn to equate safety with a basic sense of attention and attachment, which is created automatically for us when we are held, responded to, looked at, and talked to by our primary caretakers. Babies who are not responded to or held in these early time periods experience an early disruption of this social nervous system, and instead of feeling safe in social interactions, perceptions of the world and people around them become primed for survival, constantly evaluating risk and safety automatically, all of the time. Much like in infancy, in later years this social nervous system relies on our unconscious reading of safety based on things like eye contact, smiling, and tone of voice.

Taken together, these past experiences and immediate perceptions demonstrate that our bodies are—and always have been—a first and bottom line of defense, instinctually preparing us for what we need in order to survive. Even if we did receive adequate attention and attachment as infants, other experiences of loss, disconnection, instability, and violence later in life may interfere with the functioning of this social nervous system so that we still end up primed for survival.

For many folks with experiences of addiction or violence, the body—and the nervous system in particular—will continuously and mostly unconsciously assess our circumstances, asking the question “Am I safe?” throughout our lives. If the answer to that question is often “No,” then our organs, brains, and nervous systems are continually turned on, ready to spring into action to ensure our literal survival by assessing the risks that surround us. This results in our unconscious bodily processes draining significant amounts of energy from our daily conscious lives in their attempts to protect our bodies and minds from perpetually perceived harm.

In fact, science also now shows us that there is one nerve in particular—the vagus nerve—that travels from the brain throughout the organs of the body, including the larynx, heart, lungs, kidneys, digestive system, uterus, and what makes up our “guts.” This nerve carries signals about possible harm to and from the brain and is often called “the wanderer,” demonstrating the unconscious interconnectedness between brain and body that largely structures how we think, feel, and react to the world. The vagus nerve is responsible for instinctual responses including regulating heart beat, muscle movement and breathing—all things we need to mobilize our survival response. It also transmits a variety of chemicals through the body, including stress hormones needed for self-defense, and it is responsible for keeping the digestive tract in working order by stimulating the release of gastric juices and controlling muscle contractions, which are also important processes for survival.

This interconnected part of the nervous system that links up our brain (often thought of as the primary organ of “reaction”) with many different organs is where the body holds the impact of our lived experiences most clearly. As we attempt to process and prepare to react to stress, violence, and un-safety deep within our nervous systems, our entire body is strained on the levels of organs and muscles in their continual attempts at survival. This survival preparation alert can mean many things, including being ready to exert large amounts of energy to “fight” or to “flee,” or exerting the unmoving, though no less strained, energy required to stay still, be vigilant, and watch and wait to see what will come next. The “threat detector” in our brain—the amygdala—is on high alert when our body is in survival mode, which means that our body’s danger signals ring repeatedly, our thinking brain slows down, we assume that the signal ALWAYS means danger, and our body is fueled with extra energy.

We have all survived in these ways over and over and over again—our living presence in the world is a testament to that survival. As such, for many of us our bodies have become conditioned to expect these states of continual threat preparation—both when a very real danger or threat to our well being is present and when our bodies simply *think or feel* that a danger or threat is present or approaching. If we pay close attention to the ways that our bodies feel, which may be something new for some of us who have tried for a long time not to feel our bodies and their continuous reactions to the chaotic worlds that surround us, we can connect bodily sensations like racing heart beats, sweaty palms, quickened breathing, or butterflies in the stomach to particular people, things, or places in the world that remind us (consciously or unconsciously) us of a danger or threat that we have experienced in the past.

Our trauma is invisible—there are often no cues people can see. It is our job to recognize that it may be there even if it's invisible.

Prompt Question for Dialogue:

- **Can you identify any bodily sensations you feel when you sense danger?**

- **Where in your body do you “feel” fear?**

Trauma shakes your world. Remember that environment is essential to recovery.

Our brains' capacity for lucid, creative, and cooperative thinking literally slows down in order to make room for these survival responses to occur. These self-focused survival emotions and sensations prevent us from feeling connected to something larger than ourselves and prevent us from being able to heal in relationship because we are incapable of experiencing those connections when all we can think or feel is our own survival.

Healing & Recovery as Bodily Attention

As much as recovery is about consciously changing one's relationship to particular behaviors, substances, objects, spaces, or groups of people, recovery is also about coming to terms with many of these difficult experiences that live inside us, including coming to terms with what makes us feel unsafe and what prompts particular movements within our bodies.

For many of us, this may be the first time we are paying any close attention to how our immediate environments and past experiences influence the way our bodies feel in a given moment, which may be a bit scary or overwhelming, especially because many of these feelings and sensations remained below the surface for so long. For many of us who have lived in fear and un-safety for most of, or at least part of, our lives, we have never had the time, energy, or privilege of thinking about our bodies and their relationship to our surroundings in such a way.

When someone is talking about something painful or triggering we say, “Ouch.” This lets people know to change the topic

In recovery, however, paying close attention to these dynamics can be a relief, a pathway to restoring a sense of connectedness with the worlds around us, which is a key component of recovering in relationship. This sense of connectedness is also

strengthened when we learn to become in tune with these responses in other folks around us. Recovery is a time when we can afford ourselves the care, safety, and connection needed to think and feel our way through these experiences and their relationship to our present bodies.

This is about knowing the skills of each one of us involved in creating that safe space. We know where each other stands and how to give respect. We lead by example.

It is crucial to remember that simply talking about safety or attempting to “understand” safety from a removed standpoint is not enough to make these changes come about in our collective recovery communities and/or in our own bodies. Safety has to be recognized in and through the body so that a sense of safety reaches deep down and touches the organs, muscles, and bodily processes that are impacted by the nervous system’s unconscious perception of our environment. It needs to reach down far enough so that it touches our deeply entrenched threat responses, allowing us recognize that it is safe enough to shift out of those responses and that we will not be hurt in doing so.

Our trauma is invisible—there are often no cues people can see. It is our job to recognize that it may be there even if it’s invisible.

This is a task that asks us to be vulnerable and to trust. It requires that we be ready, willing, and open enough to engage in safe relationships, something many of us have not had the opportunity to practice in our lives thus far. This recognition that a relationship or a space will be safe and supportive comes from the body up and is often facilitated by non-verbal elements like eye contact, facial expressions, and tone of voice—elements that we can regularly be aware of when we interact and form relationships with folks on a daily basis.

Prompt Question for Dialogue:

- **How can you tell someone else around you feels unsafe?**

- **What signals or signs might that person give?**

Safety Happens in Relationship

This journey is certainly personal, but as we’ve pointed out, it’s also deeply intertwined with the journeys of other people in recovery, and as we learn to become attuned to and respectful of the bodily responses and emotional and safety needs of others, we actively co-create the conditions for safe and restorative environments. When we live in un-safety and fear, we live in isolation and strained alertness. When we live in safety and security, we live in spaces of creativity and cooperation, where it feels safe to express or explore emotion together and where we can clearly articulate our needs and desires. When we feel safe we digest, rest, play, love, communicate, and collaborate—all modes of social engagement that take on new meanings as we explore them in recovery and in connection with other folks doing the same.

I grew up in a very violent home. Later, I joined the Infantry. I developed a very protective attitude. I brought that attitude here with me, but quickly learned I didn’t have to protect myself in that way.

In using these tools thoughtfully in the recovery spaces we create, we can begin to re-train our bodies, minds, and hearts towards a sense of mutual trust and support that begins in our bodies but quickly circulates and flourishes throughout these spaces that we occupy together.

Our deepest wounds often involve betrayal by a trusted person or institution. When trust is broken, our sense of safety is lost, our world gets smaller, and we isolate and disconnect. Because this experience happens in relationship, safe and healthy relationships become the basis for hope and healing. Peer-to-peer communities recognize the healing nature of mutually respectful relationships. We re-pair to heal and recover.

These are the conditions that safety demands and these are the conditions that safety creates. These conditions are not only possible, but are necessary for fostering safe, stable, and nurturing relationships in which recovery can flourish.

It's not what you say, but how you say it.

Now that we understand a bit more about why creating conditions for safety to emerge is crucial for a recovery community to think about, we will talk a bit more about how to create those conditions, including some practical strategies that you can begin to develop to foster a culture where safety is recognized, affirmed, and creatively pursued.

Prompt Question for Dialogue:

- **What does it feel like when you've been able to let go of a particular fear?**

Pay attention during interactions, watch, and be aware of people's responses. Tread lightly.

Creating Safety-Focused Environments: Common Precautions

Based on what we've discussed so far, it's become clear that experiences of violence, loss, hurt, fear, and stress greatly shape and inform one's position in and perspective of the world and one's ability to connect safely and productively with other people. Recognizing and affirming the widespread impact of these experiences is one of the key values and practices necessary to creating the conditions for safety to emerge in a recovery center or community. One community member beautifully illustrates the way this increased awareness can make a difference in engagements with new community members:

I was doing childcare at the family center and there was a little boy who needed a diaper change. I didn't know the mother well and wasn't thinking of her story and past experiences. I said, 'Hey! You need to change this kid's diaper!' I intimidated her and didn't know she struggled with this part of parenting. You have to be sensitive because you don't know what's going on with people sometimes. I could have been more gentle in my approach, opened the door differently.

If we do not recognize and practically confront the presence of these experiences within our bodies, our communities, and our relationships, we cannot work together to change structures, spaces, and modes of interactions to make our relationships and

our work safer, more collaborative, and more conducive for recovery, growth, and healing to flourish.

The following are some key things to think about in terms of creating conditions that you may keep in mind as you do this work. These practices may look different depending on the needs of your community, but we've found them to be generally useful guidelines for creating conditions for safety in terms of both physical and emotional needs.

- **Transparency** – Is important information made available to the community? This could include information about decision-making processes, policy changes, or any number of other things that the community can and should know about. If folks don't have access to basic information that will affect them on a daily basis, they certainly will not feel valued or welcomed.
- **Consistency and Predictability** – Does your center operate with a “no surprises” attitude? This can be an incredibly supportive element for folks who come into recovery desperately needing to let go of the unpredictability and instability that often accompanies experiences of addiction, violence, and un-safety. Replicating these forms of instability is a surefire way to make someone feel unsafe, so reflecting on how you are (or are not) being consistent and predictable is an important ongoing practice.
- **Resources Visibly Available** – Sometimes folks do not want to or will not feel comfortable having to ask someone for access to a particular resource as though that person is the gatekeeper of information. Perhaps the resource required refers to a personal matter a person does not want to “come out” about. Making resources like shelter information, job listings, or crisis and health clinic phone numbers visibly available removes one sometimes-uncomfortable step for folks needing access to those resources and promotes a sense of equal access to important information.
- **Clear and Consistent Expectations** – Many recovery communities benefit a great deal from having a clear set of community-developed expectations, ethics, or values posted very clearly in a recovery space in multiple languages and with the possibility for auditory translation for folks with hearing concerns. This way we can easily hold each other accountable to the ways of being together that help us heal together.
- **Cultural Sensitivity** – This is an element that we will discuss more in-depth below, but for now, we want to highlight that cultural sensitivity goes far beyond simply having a variety of culturally specific images present in your center or providing one translation of your center's materials into another language. In fact, a recovery community will never become “fully” culturally sensitive. It is, rather, an ongoing process that you will return to on a regular basis. The values, policies, and “vibe” of your space should reflect a sincere dedication to welcoming all people. Your effort towards cultural sensitivity will certainly determine whether or not folks feel safe, welcome, and respected enough to begin trusting and healing in relationship. This same awareness should go into the crafting of your center's programming.
- **Gender-Specific Options** – For some folks, recovery is a time of healing from past wounds that may very well have occurred in relationships where gender was a key area of hurt or pain. Providing gender-specific options in programming (i.e. a woman's yoga class, a men's support group) may be one way to facilitate this kind of safe healing in your spaces.

- **Authentic and Mutually Respectful Relationships** – This practice is the foundation from which your community will grow from. In order for us to heal together, we must feel as though our relationships are both authentic (based on real and deep connections and support) and mutually respectful (based on deeply valuing the stories and experiences that another person has to offer).

Prompt Question for Dialogue:

- **Was there a moment in your recovery where you began to feel safe enough to let some of your walls down?**

- **When was that? Who was there? What did it feel like?**

Going Deeper: Confronting Networks and Legacies of Violence and Un-safety

Violence is not a one-time event—its effects ripple across bodies, families, and generations. As we form meaningful relationships and connections in recovery, it is up to us to learn to recognize the signs and “symptoms” of these effects as they come up in the day-to-day lives and interactions of our community members. Having a deeper awareness of how past events and experiences move in a person’s body and learning to read body language for a person’s subtle reactions to the world around them are two strategies among many others for actively resisting the re-introduction of certain forms of violence and un-safety into people’s lives. Recovery centers and recovery communities should be places of respite for folks—spaces where they can feel safe enough and cared for enough to begin the long and often scary process of pecking out of their protective shells, trusting in what and who surrounds them, and letting the collective light shine in.

Creating the conditions for safety requires that we remain dedicated to our communities and their unique needs by fully integrating knowledge and awareness of the impacts and effects of violence, loss, stress, sadness, and hurt into a center’s policies, procedures, practices and settings. This means that we also recognize the multiple levels that these experiences can exist upon so that we can create policies, procedures, and ways of being together to address these multiple levels.

When I first came to the recovery center, there was some concern that there might be some ostracizing due to my sexuality. But I found that the community was welcoming and bias-free.

Recognizing Legacies of Violence

Violence, loss, stress, and sadness are not confined to what has happened to a single person during a single event, although this is certainly an important element of awareness for creating the conditions for safety. Violence and un-safety can also be experienced collectively and over a long period of time, creating cross-generational experiences, emotions, and ways of coping with the world that reach deep into the very fabric of cultures, communities, and families.

Prompt Question for Dialogue:

- **Do you or your community have particular painful or challenging lived experiences that have been carried across generations?**

- **What do those experiences look like? How do they impact where you stand today? What do they feel like today?**

This is often particularly true for communities that have been marginalized, discriminated against, or violently controlled by particular forms of power and oppression because of perceived social, political, or bodily differences. Colonization, genocide, slavery, territorial occupation, mass rape, racism, and war are only a handful of the many emotionally, psychologically, and spiritually wounding experiences of oppression and violence that so many people—especially women, queer and gender-variant folks, indigenous communities, and people of color—continue to bear the weight of on a daily basis.

In a culture that continues to practice both overt and subtle racism, sexism, homophobia, and myriad other forms of discrimination and oppression, simply moving about the world is enough to reintroduce these experiences of violence into one's life. Recognizing the presence—and perpetuation—of these heavy and often unrecognized burdens in our communities is a crucial first step towards hearing and learning from folks who have experienced these forms of social and bodily violence what they need to feel safe and welcomed within spaces that might not initially be aware of these particular needs.

Keep in mind the fact that many communities who have experienced legacies of oppression and violence have long-established modes of survival that work and work well. By listening to, learning from, and respecting these forms of surviving, a recovery community can learn a great deal about forms of safety they might not be immediately attuned to. This practice of deeply listening to and valuing long-honed forms of survival is another way for recovery communities to actively resist replicating the same forms of cultural marginalization and violent rejection that operate within our larger dominant culture.

Recognizing Multiple Oppressions

Recognizing that any one person within a community may experience one or more unique kinds of oppression at any given moment is also a crucial step in thinking about how to create the conditions for safety that are meaningfully safe and actually welcoming. On a most basic level that considers experiences of race and gender, a disabled woman of color may experience the world in terms of violence, discrimination, and stress very differently than an able-bodied white woman or an immigrant man of color. Expanding this model to think about the ways in which poverty, disability, immigration status, religion, age, gender presentation, or sexual orientation affect one's experiences of safety in the world and in recovery are only a few of the countless elements we might add to this mode of understanding a person's complex lived experience.

Legacies of violence and oppression are still very alive and well in our many cultures of recovery, occurring in countless spaces, practices, uses of language, and modes of interacting. They deeply affect our bodies and our families, and a safety-focused environment will not be a real possibility until we recognize and confront those dynamics in ourselves and in our practices, policies, and procedures. Being aware and critical of biases and our role in perpetuating the violence of oppression is not always an easy task, but it is absolutely necessary if we hope to produce real changes in the safety of our communities and ourselves.

Prompt Question for Dialogue:

- **What kinds of structural issues affect your feelings of safety in the world?**
- **Do things like your race, gender, social class, or nationality impact whether you feel safe in a space or not?**

Recognizing Institutional Violence

Also keep in mind that past lived experiences of un-safety and violence impact bodies, minds, and hearts in a whole range of ways that may result in a person receiving particular medical or psychiatric diagnoses and/or other forms of institutional labeling that arise out of things like experiences with the criminal justice system or the family court system. Often these labels are not self-selected and are imposed on people via experiences of incarceration, institutionalization, and other kinds of medical or social intervention. In certain communities, particularly in communities of color, these kinds of labels have sometimes been historically used as ways of controlling and regulating the behaviors and movements of bodies, families, and communities that do not fit the “norms” of society, whether in terms of race, class, sexual orientation, age, nationality, gender, family make up, or religion.

Recognizing the potential presence and impact of these forms of institutional violence in people’s lives is another crucial step in making the process of creating the conditions for safety inclusive of the many kinds of violence folks have faced both presently and historically.

Prompt Question for Dialogue:

- **What kinds of labels have you experienced in your life?**
- **Did you choose those labels or were they put upon you by an outside entity?**

I overdosed, died, and was brought back. I was in a wheelchair, I couldn’t talk. I went from the ICU to the psych ward and I was scared to leave. I had nowhere to go. I couldn’t talk about this with “normal people.” The first place I came to was here. I knew I’d be accepted; someone would be here to talk to. When I walked through the door I felt loved. People here helped me rebuild myself. Honestly, it saved my life.

Having an intentionally safety-focused environment does not require people to identify with any one label. In fact, this environment actively reframes these kinds of conversations away from asking the question “what’s wrong with you?” and towards asking the question “what’s happened to you?” By focusing on the person and not the label, we can recognize that there are many complex reasons for why people seek recovery and many complex pathways to practicing recovery that often do not travel in a straight and narrow line and do not conform to a culturally dominant framework of healing.

Prompt Question for Dialogue:

- **What ways of recovering work for you?**
- **What ways don’t work?**

No Wrong Door to Recovery

It is not up to any one person to decide which way of recovering is “right.” Violence, addiction, and other forms of loss, stress, and hurt are not understood or experienced in the same way universally and therefore we should not expect healing to follow one single “right” model either. We are all experts in our own experiences. Creating the conditions for safety means honoring and respecting all healing traditions and all forms of experience and difference. We should recognize and value the depth and fullness of a person’s life, and part of this recognition is valuing the *multiple* ways that a person may seek recovery.

Likewise, it is crucial to remember that 1) we are not “experts” in all cultures so therefore we cannot make assumptions about people from cultural backgrounds different from our own; and 2) one person’s experience does not represent the experience of all people in a particular cultural or social background.

The real work of healing happens in so many rich and unique ways and it us up to us to give folks the space to navigate those pathways in ways that feel safe, comfortable, and meaningful to one’s cultural, social, and personal values.

Safety is an Action

Love is an action. Safety is an action.

The meaning of “safety” can morph on a day-to-day or even minute-to-minute basis for your community members. Especially for folks newly in recovery, the recovery process requires continually exposing our raw bodies and hearts to others who have experienced similar kinds of hurt and loss in supportive, safe, and restorative spaces. If we are constantly attuned to whether or not our spaces and our actions maintain the conditions for safety, support, and restoration, we can begin to trust enough to let go and let those wounds heal together, in community.

Massachusetts Recovery Centers Contact Information

Western MA

RECOVER Project, 68 Federal St., Greenfield, MA 01301

(413)774-5489

www.recoverproject.org

Northeastern MA

P.E.O.P.L.E. Recovery Center, 11 Union St., Lawrence, MA 01840

(978) 688-5767

daniel.singh@psychologicalcenter.com

Southeastern MA

Everyday Miracles, 25 Pleasant St., Worcester, MA 01601

(508) 799-6221

Everydaymiracles@spectrumsys.org

The Recovery Connection, 31 Main St., Marlborough, MA 01752

(508) 485-0298

info@therecoveryconnection.org

Stairway To Recovery, 142 Crescent St., Brockton, MA 02301

(508) 436-6123

Efrain.baez@lhi.org

Boston MA

STEPRox, 9 Palmer St., Roxbury, MA 02119

(617) 442-7837

www.stepboston.org

Devine Recovery Center, 70 Devine St., South Boston, MA 02127

(857) 496-1384

celinecannon@gavinfoundation.org

Community Meeting Format

BEFORE MEETING

- Facilitator Reviews agenda with staff before meeting, to make sure items are under the correct category.
- Assures that chairs are set up in meeting space.
- Assures that agenda is written on white board separating announcements, discussions and decisions.
- Assures that there is a Note Taker recording the details of the meeting

DURING MEETING

- Start meeting promptly at 1:30 by calling the meeting to order, seek help from staff or a VPLT member if necessary.
- Begin the meeting with introductions followed by group agreements (see next page).
- Facilitator to read one “bullet” within any one of the code of ethics.
- Facilitator to read their own “positive thought” from any source, or reads one from the material provided in the Community Meeting binder.

- Preview the agenda aloud. Ask if anyone has anything to add to announcements. Discussions or decisions will not be added because posting to notify interested members ahead of time is required.
- Before beginning the agenda with the announcements, the facilitator reads the announcement description aloud.
- When announcements are finished read the definition of a discussion and begin discussion items.
- When discussions are finished read definition of a decision and begin the decision section.
- Meeting should not go past 3pm.

AT CLOSE OF MEETING

- Ask for a volunteer who has completed “Facilitation Training” to facilitate the next community meeting. Be patient if no one responds immediately. If no one volunteers after 30-45 seconds, simply say that a member will be found to facilitate before the next meeting.
- Close the meeting by asking for members to offer an acknowledgements of another member’s contribution at the RP during this month.
- Assures that Chairs are put away and a table pulled out for pizza.
- Remind people that pizza is available for those attending at least half of the meeting
- Monthly Celebration takes place at the end of the last meeting each month. Each attendee is given the opportunity to tell their own success story from this month or acknowledge another member for their contribution during the month. Everyone gets cake.

Volunteer Peer Leadership Team

Mission

The mission of the Volunteer Peer Leadership Team is to encourage and support RECOVER Project members in their personal journeys through recovery by providing a safe and welcoming space for all while preserving and strengthening the integrity of our unique peer participatory community. We offer guidance and our lived experience to the RECOVER Project director to ensure good stewardship of RP resources.

Team guidelines:

- 7 member team consisting of RECOVER Project members as detailed in Criteria for Volunteer Peer Leadership Team
- Participation by invitation – team suggestion, staff reserves final decision
- Criteria for participation developed and amended by Peer Leadership Team
- Rotating service – 6 months with opportunity to renew for additional 6 months by invitation
- After one year of service, member can express interest to return following a 6 month break
- A one month “try out” for new Peer Leadership Team members is recommended

Community Survey

The RECOVER Project is a community open to all concerned with alcohol and drug addition. We exist to foster recovery and empower individuals, families and the community of Franklin County

The RECOVER Project has been active in Greenfield for over five years. We are in the process of expanding our goals and your input will be very valuable. We are conducting a community assessment to:

- **Identify** community strengths, resources, & talents to support recovery in Franklin County.

- **Assess** the strengths of The RECOVER Project and the 3 communities we serve (RECOVER Project participants, the local recovery community, and the Franklin County Community)
- **Identify** obstacles to accessing the RECOVER Project's offerings.

1.) How familiar are you with The RECOVER Project?

- This is my first time hearing about the Project
- Have heard bits and pieces from people in the community
- Have read articles or seen posters about events in the media
- Have attended a RECOVER Project social event
- Have participated in a RECOVER Project wellness offering
- Have volunteered at the RECOVER Project

2.) How important do you believe it is to change public attitudes about alcohol/drug addiction issues and recovery?

- Very Important Important Somewhat Important Not Important

Why? _____

3.) What do you think are the biggest obstacles to recovery in our community? (Check all that apply)

- Lack of Information Denial Lack of Treatment Programs
- Fear/Shame/Embarrassment Cost of Treatment/No Insurance
- Other _____

4.) What is your general understanding of addiction? (Check all that apply)

- Addiction crosses all ages, genders, races, economic classes, etc
- Addiction is a moral weakness
- Addiction is a chronic, progressive disease
- Addiction is primarily a crime problem
- Other _____

5.) What is your general understanding of recovery? (Check all that apply)

- Recovery is possible for all
- One should be cautious around someone in recovery
- Recovering people use drugs and/or alcohol
- Recovery changes people's lives so they can be productive citizens
- Other _____

6.) What addiction/recovery issues do you think are important? (Check all that apply)

- Making treatment available
- Ending stigma and bias against people who are addicted and who are in recovery
- Educating the public about addiction and recovery
- Building support systems for people in recovery
- Other _____

7.) Overall what do you think about the existing recovery support services that are available in our community?

- Very Satisfied Satisfied Ok Dissatisfied Very Dissatisfied Don't Know

Why? _____

Optional:

8.) How would you identify yourself? (Check all that apply)

- I am in recovery I have a family member or friend with an addiction
- I have a family member or friend in recovery I work in the addiction field
- I use substances socially, including alcohol Other _____

If you are interested in being involved, willing to participate in a focus group, or would like to be kept informed of our activities please provide:

Name: _____ Email: _____

Address: _____ Phone: _____

The RECOVER Project Community Assessment

The RECOVER Project is a community open to all concerned with alcohol and drug addiction. We exist to foster recovery and empower individuals, families, and the community of Franklin County.

Thank you for agreeing to complete this survey for The RECOVER Project.

We are interested in knowing how we can better support YOUR recovery.

You do not need to sign your name to this survey

- 1. Please answer “Yes” or “No” to the following questions about your involvement at the RECOVER Project. Please feel free to provide further information in the “Comments” section.**

	Yes	No	Comments
I feel safe.			2. At the RECOVER Project we rely on volunteers and members to create and design activities that support recovery. What skills or talents can you offer the community (i.e. guitar lessons, computer classes,
I feel welcome.			
The hours the RP is open work for me.			
There are activities that interest me.			
There are opportunities for me to participate in decision making.			
I feel that my presence is valued.			
I feel that my culture is valued.			
There are opportunities to develop leadership skills.			

facilitation skills)?

*Please leave your name and contact information below only if you would like to be contacted about volunteering your skills.

Name: _____ Contact: _____

3. In which types of trainings or educational opportunities would you participate if they were offered? Check all that apply.

- Communication Workshop Group Facilitation Workshop
- Setting Healthy Boundaries Self-Care (Hep C, HIV, etc.)
- Peer Coaching Other: _____

4. How long have you been coming to the RECOVER Project?

- Less than 1 month
- 1 to 3 months
- 3 months to 6 months
- 6 months to 1 year
- 1 to 2 years
- More than 2 years

5. During which blocks of time would you most likely to come to the

RECOVER Project?

Monday	8am – 12pm	12pm – 5pm	5pm – 8pm
Tuesday	8am – 12pm	12pm – 5pm	5pm – 8pm
Wednesday	8am – 12pm	12pm – 5pm	5pm – 8pm
Thursday	8am – 12pm	12pm – 5pm	5pm – 8pm
Friday	8am – 12pm	12pm – 5pm	5pm – 8pm
Saturday	8am – 12pm	12pm – 5pm	5pm – 8pm
Sunday	8am – 12pm	12pm – 5pm	5pm – 8pm

6. How do you identify?

- a person with a substance addiction history
- a person who has experience with mental health challenges
- a family member of someone with a history of substance addiction or mental health challenges

not a person in recovery, but I am an ally and advocate for the recovery community

7. For persons with a history of substance addiction:

The RECOVER Project is open to all paths of recovery. Please check all that apply to you:

I have a history of substance addiction and do not currently plan to stop or cut down on my use.

I am thinking about cutting down or stopping my alcohol or drug use.

I am using less frequently or less in amount when I do use drugs or alcohol.

I am seeking help for my problem with alcohol or drugs but I am still using.

I am returning after a recent relapse.

I am in recovery from my alcohol/drug use. How long? _____

Other: _____

8. On the “Four Areas of RP Support” page at the end of this packet, please check off the top 2 or 3 items per category that are most important to your recovery.

9. After answering question 6, are there any other activities you would participate in if offered at the RP?

10. How did you hear about the RECOVER Project?

a friend in recovery told me about it

a member of the RP told me about it

saw a flyer about an event/activity

read an RP newsletter

referred by a service provider

walked by and decided to drop in

Other (please explain): _____

Four Areas of RP Support

<p>Emotional</p> <ul style="list-style-type: none"> • Safe space • Code of Ethics • Peer Coaching • Art Group • Reiki/Massage • Wellness Day/Wellness Wednesdays • Drug Court Support Group • 12 step groups • Sober social activities (karaoke, softball, Relay For Life team) • Sober social events (dances, Open Mics, Recovery Jam) • Video Game Days • Women's Yoga @ Grapevine • Monthly Celebrations • Peer to peer chats • Hiking/Adopt-a-Trail • Writing groups 	<p>Basic Needs (Instrumental)</p> <ul style="list-style-type: none"> • Safe space • Childcare Vouchers • Peer resource advocacy • Resource manuals & library available • Established relationship w/ other community organizations for support referrals • Job/Housing search workstation • Computer, Internet & Phones access • Volunteer opportunities • CORI Reduction workshop • Family Support Advocate on site • Photocopier/Fax machine • Jail outreach/Re-entry program • Veteran's outreach • Bus tokens available • Collaboration with housing support specialist and family court advocates
<p>Informational</p> <ul style="list-style-type: none"> • Resource library & manuals available • Resource referrals to basic needs providers • Job/Housing Search workstation • Wellness Day/Wellness Wednesdays • Volunteer/leadership training • Info. sessions from other community/resource orgs. • Newsletter • RP Member/Volunteer Manual • CORI Reduction workshop • Updated website w/ RP events section & Resource page • Weekly "RP Happenings" email sent out to approx. 150 people • Email distribution list composed of community members, providers, etc. • Community Meetings • Regular Orientation for new members and volunteers • Peer to peer chats • NARCAN training • Established relationship w/ other community organizations for support referrals • "How to Build Your Own Peer to Peer Recovery Center" Manual • Reception Training 	<p>Relational</p> <ul style="list-style-type: none"> • Safe space • Community Meetings • Trauma informed practice • Sober social activities (karaoke, softball, Relay For Life team) • Art group • Hiking/Adopt-a-Trail • Volunteer program • Newsletter • Community outreach/education • Volunteer Peer Leader program • Sober social events (dances, Open Mics, Recovery Jam) • Video Game Days • Relay for Life • Monthly Celebration • Peer to peer chats • Jail Outreach/Re-entry program • Veteran's outreach • Recovery Coach Training • Writing groups

Sample Job Descriptions

Director 1 FTE

- Responsibilities include:
 - Responsible for fiscal management including the development and maintenance of the budget
 - Manage all aspects of project development and implementation
 - Responsible for grant writing
 - Oversee Recover Project (RP) supports and activities, work with staff and peers to maintain grant timeline
 - Grant management including sub-contracts
 - Responsible for reports, proposals, and other materials as necessary.
 - Coordinate with peers and staff presentations at coalitions meetings, hospitals, and other local/regional entities with the peer community.
 - Oversee project operations and administration
 - Support Leadership Council meetings.
 - Liaison with Consortium staff and serve on agency committees.
 - Attend or identify RECOVER representative local stakeholder meetings (NEAAR, MOAR, Western mass Substance Abuse Providers Association, Franklin County Resource Network, North Quabbin Community Coalition), Consortium meetings, and trainings/conferences as necessary.
 - Network with other recovery sites across the state and country.
 - Coordinate new programs and initiatives as needed.
 - Attend bi-monthly Community and Eagles meetings.
 - Supervise RECOVER Project staff.
 - Additional duties as needed.
- Qualifications:
 - Experience in project management and coordination
 - Experience with grant writing
 - Experience with contract management
 - Comprehensive understanding of substance addiction and recovery
 - Experience and knowledge of Franklin County community organizations and service providers
 - Knowledge of organization development, community building, and strategic planning.
- Prior Experience:
 - Experience coordinating projects
 - Experience in substance abuse recovery
 - Experience writing grants
 - Experience with community engagement

- Personal Qualities:
 - Excellent communication skills, oral and written
 - Critical thinking skills
 - Leadership skills and organization skills
 - Strong interpersonal boundaries
- Travel Requirements: Monthly travel in W. Mass, occasional travel to Boston and E. Mass
- Supervisory Duties: Supervise Administrative Assistant, Peer Involvement Coordinator, Community Engagement Specialists, Community Liaison Coordinator
- Supervised by: Project Manager/ Associate Executive Director for Program and Comm. Dev.

Peer Involvement and Leadership Development Coordinator 1FTE July 2013

- Responsibilities include:
 - Maintain safe space for all RECOVER Project participants, upholding Code of Ethics and trauma-informed values
 - Oversee all aspects of membership including peer involvement, program planning, and leadership development
 - Support process for assessing community goals and other data gathering tools as required by funders and the Consortium
 - Provide support and guidance to volunteer activities, alternative wellness recovery, and standing committees by providing direct support to facilitators
 - Coordinate and engage members in advocacy work
 - Maintain community service records and support projects for fulfilling community service requirements
 - Develop and support Volunteer Peer Leadership Team
 - Support RECOVER Project administrative assistant and interns including supervision and professional development
- Qualifications:
 - Experience in program planning and coordination
 - Experience with volunteer coordination
 - Comprehensive understanding and experience with substance addiction and recovery
 - Knowledge of organization development, community building and strength based leadership
- Skills and Knowledge:
 - Program planning and coordination skill
 - Management and leadership skills
 - Excellent interpersonal skills
 - Excellent computer skills
- Travel Requirements:
 - Occasional travel throughout Massachusetts
- Supervised by Project Director

Community Engagement Coordinator (1 FTE)

- Responsibilities Include:
 - Assist peer volunteer coordinator with all aspects of membership, including program planning, and data management
 - With RECOVER Project members, conduct outreach of individuals in or seeking recovery including area educational settings, local health care facilities, local businesses, area restaurants
 - Work with peer volunteer coordinator to connect recovery community members with volunteer program
 - Coordinate and engage members in advocacy work
 - Enhance membership opportunities, recovery support, and knowledge of the RECOVER Project through information sessions and outreach to community organizations
 - Facilitate community awareness through media outreach; press, television, radio, and internet in collaboration with Community Liaison and Volunteer Coordinators
 - Assist project director with administrative tasks, including budget management, scheduling, correspondence, report presentations, and grant writing
 - Other responsibilities as needed
- Qualifications:
 - Close familiarity with local recovery community
 - Extensive knowledge of Franklin County community, including service providers, local businesses, community supports, libraries, etc.
 - Experience in outreach and community building
 - Lived experience substance addiction recovery
 - Be able to work flexible schedule including some weekends, nights, and holidays
- Skills and knowledge required:
 - Excellent interpersonal skills
 - Program planning and coordination skills
 - Strong oral and written communication skills
 - Group facilitation skills
 - Understanding of or experience with peer-participatory model
 - Knowledge of basic computer programs such as Word and Excel
 - Experience with strength-based approach to leadership development
- Personal qualities
 - Excellent interpersonal skills
- Strong interpersonal boundaries
- Supervisory Responsibilities
- Supervised by: Project Director
- Some travel within Massachusetts required; valid driver's license needed

Community Engagement And Advocacy Coordinator 1 FTE

- Responsibilities Include:
 - Maintain a safe, welcoming space for all RECOVER Project participants and guests, upholding Code of Ethics and trauma-informed values.
 - Assist Peer Involvement Coordinator with all aspects of membership, including program planning, and data management
 - Enhance membership opportunities, recovery support, and knowledge of the RECOVER Project through information sessions and outreach to community organizations, including schools, health care facilities, local businesses, area churches, civic organizations
 - Work with peer involvement coordinator to connect recovery community members with volunteer program
 - Serve as liaison with Franklin County Sherriff's Office – Kimball House Re-entry program
 - Coordinate community based peer recovery advocates
 - Other responsibilities as needed
- Qualifications:
 - Close familiarity with local recovery community
 - Extensive knowledge of Franklin County community, including service providers, local businesses, community supports, libraries, etc.
 - Experience in outreach and community building
 - Lived experience substance addiction recovery
 - Recovery Coach training or equivalent experience
 - Be able to work flexible schedule including some weekends, nights, and holidays
- Skills and knowledge required:
 - Strong program planning and coordination skills
 - Strong oral and written communication skills
 - Knowledge of group dynamics and solid group facilitation skills
 - Understanding of or experience with peer-participatory model
 - Knowledge of basic computer programs such as Word and Excel
 - Experience with strength-based approach to leadership development
- Personal qualities
 - Excellent interpersonal skills
 - Strong interpersonal boundaries
- Supervisory Responsibilities: none
- Supervised by: Project Director
- Some travel within Massachusetts required; valid driver's license needed

Family Support Advocate .25 FTE

- Responsibilities:
 - Connect with recovery community to reinforce family engagement
 - Available to consult with individuals regarding family matters including mediation, custody, visitation, and grandparenting concerns
 - Support parenting education and skill building
 - Serve as a liaison with courts and probation
 - Maintain and update resources about community supports, prevention, and treatment opportunities
- Qualifications:
 - Close familiarity with local recovery community
 - Extensive knowledge of Franklin County community, including service providers and community supports
 - Knowledge of family court process
 - Experience with evidenced-based parenting skills curriculum
 - Lived experience with substance addiction recovery
- Skills and knowledge:
 - Program planning and coordination skills
 - Group facilitation skills
 - Excellent interpersonal skills
 - Mediation and communication skills training
 - Understanding of or experience with peer-based work
 - Knowledge of recovery support strategies
 - Experience with strength-based approach to leadership development
- Supervisory Responsibilities: none

Sample Volunteer Jobs

Volunteers Needed for: Friday Night Karaoke

Volunteer Position Title: Friday Night Karaoke Coordinator

Primary responsibilities:

1. Arrive 20 minutes before activity starts to set up space appropriately for *Karaoke*: Set up karaoke machine; put out any music needed for the evening; arrange seating
2. Facilitate interaction between members and encourage participation
3. Ensure safe space is maintained by holding members and volunteers accountable to Code of Ethics
4. Ensure all participants feel welcome and included
5. Make sure those attending sign in

Skills/Attributes:

- Good interpersonal and communication skills
- Ability to facilitate member involvement and engage new participants
- Ability to resolve any conflict that might arise during the event

Outcome/Goals:

- Provide a positive environment for recovery community members on Friday evenings
- Recruit new members and volunteers

Orientation and Development Plan:

- Orientation to our organization, project goals and ethics guidelines
- Group facilitation training
- Event specific training: Orientation to turning on and running the karaoke machine

Primary Contact Person: RECOVER Staff point person

Time commitment:

- 3-6 hours per month, minimum of 3 hours/month

Signature: _____

Time Commitment: _____

Volunteers Needed for: Newsletter

Volunteer Position Title: Newsletter Co-Coordinator

Primary responsibilities: Same as newsletter committee member, in addition:

1. Ensure safe space is maintained by holding members and volunteers accountable to Code of Ethics
2. Arrange/facilitate weekly newsletter committee meetings
3. Develop layout based on committee suggestions
4. Update staff on newsletter status
5. Communicate staff suggestions and requirements to newsletter committee, also evaluate community feedback, and make suggestions to committee
6. Edit newsletter for grammar, flow, consistency of voice, etc.
7. Collate and submit completed newsletter to staff for printing, or actually complete the printing if coordinator has knowledge of that process
8. Assist with bulk mailing (folding, labeling, etc)

Skills/Attributes:

- Writing and editing skills, attention to detail
- Good computer skills in Microsoft word.
- Good interpersonal skill and organizational skills, appreciation for deadlines

Outcome/Goals:

- Feedback from community re: newsletter content and format
- Completion of tasks by deadline

Orientation and Development Plan:

- Orientation to our organization, project goals and ethics guidelines
- Group facilitation training
- Computer and writing training if needed

Primary Contact Person: RECOVER Staff point person

Time commitment:

- 3-5 hours per week, minimum of 2 hours/week

Duration: 3 publication cycles

Signature: _____

Time Commitment: _____

Volunteer Position Title: Receptionist

Volunteers Needed For: Reception

Primary responsibilities:

1. Ensure safe space is maintained by holding members and volunteers accountable to Code of Ethics
2. Greet visitors, potential members and volunteers
3. Answer questions about RECOVER Project
4. Awareness of who is in the space at a given time
5. Give people brief tours of the space
6. Answer phone and transfer calls to staff voicemail or member phone extensions
7. Maintain member confidentiality on the phone
8. Update member message board
9. Introduce visitors to staff and other volunteers

Skills/Attributes:

- Good interpersonal and communication skills – person should be polite, good listener, etc.
- Ability to recognize members by face and name
- Knowledge of phone system and how to transfer calls
- Knowledge of the RECOVER Project mission and goals, as well as upcoming events and activities

Outcome/Goals:

- Successful maintenance of staff and member phone calls
- Sustain welcoming environment upon visiting the RP
- Provide accurate information or referrals to those visiting the RP

Orientation and Development Plan:

- Orientation to RECOVER Project mission and goals

- Phone system orientation

Primary Contact Person: Recover Project staff

Time commitment:

- 1-2 hour per week

Signature: _____

Volunteers Needed for: Social Events & Recovery Month

Primary responsibilities:

1. Identify sober social activities and recovery month activities
2. Ensure safe space is maintained by holding members and volunteers accountable to Code of Ethics
3. Recruit ad-hoc volunteers to help plan, publicize, and run events
4. Set up and facilitate planning meetings
5. Plan, market, facilitate and evaluate social events
6. Possible fundraising activities

Skills/Attributes:

- Good listening/interpersonal skills
- Networking and planning skills

Outcome/Goals:

- Smoothly run, well attended social events

Orientation and Development Plan:

- Orientation to our organization, project goals and ethics guidelines
- Group Facilitation Training

Primary Contact Person: RECOVER Project Staff liaison

Time commitment:

- 1-2 hour per week

Duration: 3 months or as identified within

Signature: _____

Grievance Policy

If any person has a complaint/issue/problem with another person who is either a volunteer/member, participant, or staff of the RECOVER Project, he/she may choose one or more of the following procedures in order to resolve such problems:

Procedure A:

1. Speak with party involved 1:1 if possible
2. If you cannot speak with the party involved, or do not feel comfortable in doing so alone, see a staff member for support.
3. If not resolved by procedure A1 or A2, you may choose procedure B or C.

Procedure B: (If you do not feel comfortable addressing this issue with the person in question, or if the problem is not directly related to you, such as you witness another stealing from the project, or acting inappropriately at a RECOVER Project function)

1. Speak with a staff person as soon as possible
2. Staff will then address the issue with the person in question
3. If staff feels that it was not resolved in speaking with the person, he/she will bring it to the ethics committee without using names to be resolved and addressed.

Procedure C: (If previous options are not appropriate)

1. Fill out formal grievance form and give to project manager.
2. Project Manager will review the grievance, investigate the claim or concern, and respond to the complainant within 30 days. If needed, Project manager will seek outside consultation from upper management at parent organization, The Western Mass. Training Consortium.
3. A copy of the grievance and outcome will be copied and placed in persons file for future reference.

*All decisions are final and will be made available to both parties involved. We will not accept a second complaint regarding an issue that has been resolved in this due process.

Our intentions are to protect every participant of The RECOVER Project and to ensure that each person has fair and adequate hearing. We want to have a safe environment for all involved, but also understand that we may not make decisions that satisfy all parties involved.

Bicycle Loan Policy

- Bikes will be loaned during open hours to members only and need to be returned to the RECOVER Project no later than 4pm. Only the borrowing member may operate the bike.
- All members need to leave a returnable deposit of \$5.00 or an identification card or driver's license to borrow a bike.
- An estimated time of return (ETR) will be recorded for each borrower for the convenience of other members who are interested in borrowing a bike later on the same day.
- Bikes are loaned on a first come, first served basis.
- Bikes may not be loaned overnight.
- Members need to sign a release waiver of liability and bicycle safety rules of the road each time a bike is borrowed.
- Members borrowing bikes must have watched a bicycle safety video created by National Highway Traffic Safety Administration (NHTSA) during the RECOVER Project Orientation process.
- A helmet and bike lock will be provided and need to be used by the rider.
- All borrowed items need to be returned no later than 4:00pm on the same day they are borrowed.

Description of the Intervention

(Excerpt from Article: **Integration of Alcohol and Other Drug, Trauma and Mental Health Services**)

Bonita M. Veysey PhD , Rene Andersen MSW , Leslie Lewis MA , Mindy Mueller PhD & Vanja M. K. Stenius MA (2005)
Integration of Alcohol and Other Drug, Trauma and Mental Health Services, Alcoholism Treatment Quarterly, 22:3-4, 19-39, DOI:
10.1300/J020v22n03_02

DESCRIPTION OF THE INTERVENTION Theoretical Underpinnings

The human potential movement provides the theoretical basis for the FCWVP. The intervention uses a blended theory that combines Maslow's (1970) hierarchy of needs, Herman's stages of recovery (1992), and the Stone Center's Relational Theory of women's recovery (Miller, 1976). The philosophy guiding Maslow's theory is that human beings have the capacity to reach their full potential and that unmet needs directly contribute to many problems that they encounter. Humans are primarily motivated by a push for physical and psychological survival and, when survival needs are met, by a push toward the actualization of inherent potentialities. Maslow identifies the hierarchy of needs as: (a) physical or basic needs, (b) safety, (c) love and belonging, (d) esteem, and (e) self-actualization. Previous levels' needs must be met before making significant progress in higher levels. This implies that individuals in recovery must have their basic needs met and be physically safe prior to making significant progress in their healing.

Herman (1992) suggests that abuse primarily results in disempowerment and disconnection from others; therefore, healing from trauma must focus on empowering the survivor and creating new connections with others.

26 RESPONDING TO PHYSICAL AND SEXUAL ABUSE IN WOMEN

Any therapeutic intervention that takes power away from the individual is counterproductive. In contrast, autonomy, which allows women to choose when and how they use treatment and other resources, promotes empowerment and recovery. Herman (1992) holds that recovery occurs in three stages: (a) safety, (b) remembrance and mourning, and (c) reconnection with ordinary life. These stages are a useful heuristic but should not be taken literally, nor are the stages necessarily linear (Herman, 1992). Safety includes naming the problem and creating emotional and physical safety. The second stage involves transforming the traumatic memory and mourning the losses. The third stage, reconnection, includes learning to fight, reconciling with oneself, reconnecting with others, finding a survivor mission, and resolving the trauma.

Relational Theory (Miller, 1976) provides the final component for the Project model. Growing evidence supports the hypothesis that women differ significantly from men physiologically, developmentally, experientially, and socially. These differences exemplify the need for gender-specific approaches to healing. Relational Theory adopts a gender-specific approach and states that empowering relationships between women and those around them is the primary mechanism by which women heal (Miller, 1976).

Blending the three theories together with experiential knowledge derived from the Project led to the development of the following heuristic model (see Figure 1). The model begins with addressing women's basic needs, such as food, shelter and clothing, and establishing physical safety prior to any therapeutic or support intervention then moves onto changing women's relationships, roles and sense of self. Empowering relationships (i.e., relationships that support the value and humanity of the individual while setting appropriate boundaries between individuals) serve as the linchpin of recovery and wellness. Relationships allow women to explore new roles and skills, both vocational and relational. More important than the simple accumulation of skills is the assumption of valued roles (i.e., roles that the community at large value, such as skilled daycare worker, computer operator, therapy group leader). Skill development and the assumption of valued roles help build self-esteem and self-efficacy. Experiences in relationships and in developing new skills and roles change the way women view themselves and their own histories. For example, women may redefine their primary identity from alcoholic to survivor to peer resource advocate.

At this point, women begin to see their traumatic experiences less as wounds and more as assets. The concept of self-actualization embodies this and is comprised of three distinct constructs: (a) recontextualization (i.e., the ability of individuals to reframe their experiences and redefine themselves) (Way, 1962), (b) activism/altruism (i.e., the ability to reach beyond oneself in the service of causes or individuals) (Frankl, 1978), and (c) wellness (Higgins, 1994). The ability to (a) give and receive love and acceptance in relationship, (b) change their perceptions of self in the world (i.e., come to love and value themselves) and (c) provide support for causes and/or individuals define wellness.

(Refer to Growth and Recovery Model in Manual Appendix)

While this woman-centered human potential model best describes the philosophy of the Project, the process of recovery from AOD addiction and distressing mental health symptoms requires further clarification. This model assumes a relationship between trauma (especially childhood occurrence) and adult AOD use, psychiatric disorders, and adaptive strategies that are often interpreted as symptoms of psychiatric disorders. Trauma is primary while psychiatric disorders and alcohol and other drug problems are secondary responses. This has clear implications for therapeutic interventions in an integrated trauma-informed system: specifically, trauma must be addressed directly while emotional distress and adaptive strategies, such as addiction, also require attention even if they are not the primary focus. Women may access resources to address specific problems (e.g., alcoholism, emotional distress, mental health concerns, self-esteem, trauma). However, the recovery process

does not theoretically require women to focus on deficits. In fact, this model predicts a decrease in AOD use and mental health symptoms as women engage in supportive relationships, skills building, meaningful work, and valued roles.

The Service Model

The three Drop-in Centers serve as the focal points of the individual level intervention. Following the logic of the heuristic model, FCWVP services and supports incorporate four core elements: (a) safe space, (b) trauma groups, (c) peer resource advocacy, and (d) opportunities for valued roles. Each Drop-in Center provides all four core elements of the intervention that are offered in sequence: (a) physically safe space in the drop-in centers establishes a sense of safety; (b) the trauma group provides women with connections to others, empowering relationships, tools to recontextualize earlier experiences, and methods of self-care; (c) peer resource advocates help women meet self-identified needs and goals, establish links to the community, and identify opportunities for skill development; and (d) opportunities for valued roles offer a sense of worth and self-efficacy as well as concrete employment transferable skills.

Safe Space and Other Services, Supports, and Resources

The three Drop-in Centers provide physically safe, peer-run, women-only space. None of the Centers have time limits on use of services and resources. The Centers offer other resources in addition to the core services. The Survivor's Project at the Long Street House is located on a public transportation line in Greenfield, the largest and most centrally located community in the county. The Center offers AA meetings, an art room, quiet room, resource library, free childcare and children's play room, a large garden, free clothing exchange, computer and Internet access, a healthy midday meal, expressive and creative groups (e.g., writing, yoga, theater), training and workshops, and a comfortable space to relax. The Center is open about 50 hours/week (M-F 9-5 and some evenings). CSR-identified women comprise 50% of the staff and 75% of the volunteers who assist in running the Center.

Day Break Drop-in Center in Orange/Athol provides drop-in space in the northeast portion of Franklin County with a quiet room, a resource room, childcare and children's activities, laundry facilities, free clothing and furniture exchange, and rooms for temporary shelter. The Center is open about 50 hours/week (M-F 9-5 and some evenings). Staffing consists of a full-time Program Coordinator, volunteers and support from staff at the Orange Family Inn next door. The third center, the Catholic Family Services Drop-in Center, is in Montague. There, women may connect and access resources, including computers and educational resources, childcare and children's programs, mothering support activities, and a free clothing exchange room. The Center is open roughly 20 hours/week during evenings and weekends. Staffing consists of one half-time Program Coordinator, with support from on-site volunteers.

The ATRIUM Model

The Addictions and Trauma Recovery Integration Model (ATRIUM) is a manualized, trauma recovery program. It is an effective bio-psychosocial group intervention that responds to the complex treatment needs of trauma survivors. Groups provide trauma survivors with safety and human connections that help participants learn valuable coping skills and gain a sense of hopefulness (Najavits et al., 1998; Chard et al., 1997; Stein & Eisen, 1996). ATRIUM cultivates a more holistic treatment paradigm and understanding of trauma by actively identifying and exploring the mind/body interface in relation to trauma (Miller & Guidry, 2001). The focus on trauma and addictions provides an opportunity for women to recontextualize their experiences and adaptive strategies. Each group has two facilitators, one of whom is a trauma survivor/CSR. A licensed psychologist trains and supervises the facilitators. Each group meets for one session (1.5 hours) per week for 12 weeks. ATRIUM has been found to decrease depression, externalized forms of self-soothing, such as self-harm, suicidality and aggression; it also reduces intrusive symptoms associated with PTSD (Miller & Guidry, 2001).

Peer Resource Advocates

Peer Resource Advocates (PRAs) combine strength-based case management with an empowerment model. The "consumer-driven" strengths model focuses on improving each woman's quality of life by identifying and enriching her individual strengths, and accessing resources needed for community integration (Stanard, 1999). PRAs are women with similar AOD, trauma and mental health experiences who are further along in their healing and interested in reaching out to other women. This model is inherently empowering for both women in the partnership: the advocates represent a source of hope, possibility and capacity for women coming into the project; at the same time, the PRAs experience themselves as competent and contributing to someone else's well-being. The approach is highly individualized, focusing on concrete supports and specific skill-building.

PRAs help women articulate their own strengths, needs and goals, and then access resources in the community that foster

healing and growth. Recognizing the unique barriers faced by poor, rural women, PRAs are mobile. They can meet with women in their homes, at the Drop-in Centers or other locations. Staffing consists of one full-time Volunteer Coordinator, based at the Survivor's Project, who handles recruitment, training, supervision, and support of the 15-20 trained volunteer PRAs. In addition, staff at the other two Centers provides support and coordination for PRAs at these sites. PRAs work with individual women for 1-3 hours/week over a period of 16 weeks and, at a minimum, help them develop an individual Wellness Recovery Action Plan (WRAP).

Valued Social Roles

The Project offers opportunities to gain skills and assume new roles. Women may volunteer or work as paid staff for the Project (e.g., field researchers, PRAs, group co-facilitators, committee members). Women may also volunteer to run the Drop-in Centers (e.g., childcare workers, gardeners, cooks, and greeters). These opportunities for valued social roles benefit both the women served by the Project and the Project itself. Women experience themselves and are seen by others as worthy and capable of making valuable contributions. The Volunteer PRA Coordinator, Program Coordinator, CSR Coordinator, Principal Investigator, Co-Principal Investigator, and ATRIUM and Ethnography Supervisor all support the women in their roles. This element of the intervention does not have specific staffing requirements. The hours per week and duration of involvement depend on each woman.

DESCRIPTION OF THE INTERVENTION Theoretical Underpinnings

[Click here to view the Model of Growth and Recovery](#)

(Excerpt from Article: Integration of Alcohol and Other Drug, Trauma and Mental Health Services)

Bonita M. Veysey PhD , Rene Andersen MSW , Leslie Lewis MA , Mindy Mueller PhD & Vanja M. K. Stenius MA (2005)

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This is What Recovery Looks Like

This is What Recovery Looks Like: The Role of Peer Participatory Process in Creating Safer Healing Spaces

By Lindsey Whitmore

Deep Breaths, Jumping In

How does recovery happen? Lots of folks have plenty of answers to this question and many times those answers are quite divisive. We may spend time arguing about the minute details of which path to recovery is "right" and in the process forget the basics, including the fact that there is no "right" way to recover and heal. There are many processes that may support one's route to healing and recovery, and we're here to talk about one process that we've worked together to shape and explore—one process that has worked for many of us.

If you ask us, the route to recovery is simple. That doesn't mean it's easy—it takes the hard work of stepping out of our long-protected comfort zones, taking a deep and sometimes shaky breath, and intentionally pushing ourselves into new and uncharted territories. These territories often contain the energies and experiences of folks whom we don't know yet, but who might soon feel like family if we keep at it. It's not easy, but it's simple.

Recovery happens when we feel safe enough to form meaningful relationships with folks who share some of our lived experiences. Recovery happens when those relationships allow us the courage and space to develop the skills and gifts that we already carry with us. Recovery happens when those relationships help us to develop new skills and gifts that we can then give back to the communities we are slowly becoming a part of. Once we get inside the door of a recovery community center for the first time and meet a welcoming, non-judgmental face, recovery often happens naturally and in relationship with others.

We are creating the ripple effect that sustains our human interactions.

For some folks, the “ripple effect” touches them right away. Relationships found through recovery communities may form quickly and one is able to jump right in and get to work building new modes of relating and creating new, healthy structures for dealing with the chaos of the worlds we live in. For others it takes a bit longer; someone might need to hang back and slowly build up a comfortable context to begin sharing and participating in the creation of a recovery community.

Safety is the main concern for either of these routes, as it determines whether a person can trust enough to let go and begin the long process of re-building connections to other people and to the world at large. Both—and all—routes are okay. What matters is that 1) recovery is a process—one without an identifiable end, 2) it inevitably involves other people, and 3) it requires that we share the richness of our experience and strength with other folks by finding safe space to let our voices, skills, and wisdom to come to life.

In order for recovery to work, we pay attention to a person’s needs. We watch what ‘food’ is appropriate at that moment.

Got Recovery? How’d it Happen?

We’ve come to connect the way that recovery happens in our community with the phrase “Peer Participatory Process.” Before we delve into a more in-depth exploration of what that phrase means to our recovery paths, our recovery communities, and our recovery relationships, let’s think a bit more about the mechanics and logistics of how recovery happens in the spaces that we create. This will help us to trace the ways in which the Peer Participatory Process recognizes and guides both the creation of these spaces and the actual ways that people heal.

Based on our shared experiences working together, creating together, and healing together, we’ve found that recovery happens because people find purpose and meaning where they previously had isolation, hopelessness, and hurt. Recovery happens when folks draw on their own strengths and passions to connect in a new way to something that they value deeply in their own lives. That something can be anything from nature or music to teaching, fitness, art, or something completely different. Recovery happens when folks find the spaces, conditions, and support to share the fruits of their skills and passions with others, creating new relationships and forms of engagement with the world in the process. Recovery happens when people are able to use that purpose and meaning to enrich and benefit the whole community.

Through the Peer Participatory Process, peers help each other learn how to grow. Peers help other peers to think about responding differently when there is conflict. Peers help each other learn things we didn’t learn or that we lost by using.

Recovery happens when a singer gets to sing at a recovery community event and provides a new form of safe, fun entertainment for someone newly recovering. Recovery happens when a carpenter uses her skills to build a closet at a recovery center to store art supplies for the afternoon art classes. Recovery happens when a person who has spent time in jail is able to

share her experiences of re-entering the community with someone just a few days out, making that person's re-entry process just a little bit less overwhelming. Recovery happens when people are recognized and supported in these processes.

When someone asked me to take on a responsibility, I had no idea they were noticing me. I had always felt invisible.

We believe that members should be recognized for their contributions and support to other peers and to their own progress in recovery. Members bring in small items from the dollar store or pick up a \$5.00 gift card and wrap the items. These items are placed on a 3-tier gift cart. Before our members meeting, we choose a member (or two) to be recognized for their work in the Center. The members chosen for their support and work in the center pick a ping pong ball out of a hat marked with number 1, 2, or 3, which corresponds to the gift cart tier level they will receive a gift from.

These basic principles suggest that each person in our community enters through our door with something unique to contribute or share, whether that is a **set of skills** (i.e. listening without judgment, repairing bikes, writing poetry, mediating disputes, or preparing taxes), a **particular passion** (i.e. cooking, playing an instrument, DJ-ing, taking photographs), a **lived experience** that one has survived and learned from (i.e., knowing hunger AND successfully obtaining food stamps, being without a home AND navigating a shelter system, or experiencing an unsafe relationship AND safely that relationship), or a map tracing their **recovery successes** (i.e. returning to school, regaining custody of a child, or finding new employment).

Our community could not function without the presence and participation of each of these unique contributions, as these contributions lay the foundation of the relationships that we form here. These relationships evolve, feed, and sustain us in new and creative ways that are necessary for our continual growth.

Honestly, I see the Peer Participatory Process in action everyday. Just today I walked in the door and got help with something I didn't know. I asked a peer for help with math. It turned out he was a retired special education teacher. I was a special education kid in school. I was able to get the help I needed from another peer. We are talking about starting a math program to help others like me.

Turning It Upside Down

One of the ways that some recovery communities have found it helpful to talk about the PPP is to visualize it in terms of a triangle. This model has its limitations, but it is also helpful for getting oriented to some of the main values that the PPP, and those who practice it, consider very important. Many traditional support programs operate like a traditional triangle. This means there is a hierarchy in place that ensures that the power and authority to craft and carry out programs, policies, and procedures affecting the whole community are concentrated in a small few staff members at the "top" of the pyramid. The rest of the community—those most affected and impacted by these "top down" decisions—are located at the bottom of this hierarchy, at the bottom of the theoretical triangle.

Often those few people at the "top" don't share the immediate lived experiences of the folks at the "bottom" of the triangle, whether those experiences are addiction, mental health diagnoses, homelessness, or whatever else brings folks together in a particular setting. Because of the education, compensation, or professional status of those at the top, they are sometimes afforded a greater sense of legitimacy in forming and holding knowledge about what's "best" for the ones at the bottom. Barriers between "us" and "them" are often constructed and maintained in this model, and folks are limited in the amount of input they have in determining how they engage with and create a space, a program, or a relationship, even when their lives—and their recovery—are affected by those decisions on a daily basis.

Peer recovery centers literally “flip” this model upside down so that the community—those directly impacted by a center’s policies, procedures, and programming and those with lived experiences to offer and share—hold the capacity to determine and maintain the programs, policies, and “vibe” of a recovery space. This requires that the entire community really and truly value the strength, wisdom, knowledge, and expertise that inherently reside in the many folks that make up any given community. It requires that the community have enough faith in these forms of expertise to trust in a model that invests the community with the power to create the kinds of relationships, spaces, programs, and policies that they determine will best support them in growing and healing. Most importantly, it requires that the community both keep in mind and actively practice this model in every moment and in every interaction so that community members are involved at all levels of the organization.

This involvement requires participation at both the highest and lowest levels of the organization, including sitting on the organization’s board of directors or helping determine how program funding will be distributed. Simply having community input on programming is not sufficient. It requires that the community regularly practice these organizational values in a deep and thoughtful way, constantly being open to evaluation, critique, and conversation about the model’s successes and its challenges.

Everyone engages to create an environment.

Staff members still retain very important roles in facilitating and supporting the Peer Participatory Process, which is why the whole “triangle” visual might not be the most effective way to envision the Peer Participatory Process at all peer recovery centers.

Flattening the Hierarchy

For both new recovery community centers and for programs transitioning to a model that utilizes the Peer Participatory Process, figuring out how to diffuse or flatten the hierarchies of power that we are all so used to encountering in our lives and learning how to affirm and encourage community participation at all levels of an organization is an ongoing challenge that requires constant honest reflection.

If you’re not actually starting from the “ground up,” there are probably lots of differences from how you’re currently operating. In the ideal situation, you would be designing a new space, as opposed to our Center where we had to adjust to the space that we inherited. We transitioned from a clinical model to a participatory model for our recovery center, and it was not only difficult for the staff to grasp this new concept, but also for the “clients” who would become members. The “clients” were accustomed to receiving services, but not being included in decisions affecting their well-being. It was difficult for the staff because the program was previously entirely staff-led; everything was developed and implemented by staff. A unique aspect of our recovery program now is that most of our members have long-term recovery and have different expectations from those who are new or are early in recovery. It was challenging because now these “new” members’ traditional belief values included never being asked to give input on policies, procedures, and program content because they never felt valued.

Additionally, many—if not all—peer recovery centers also have a “host” organization that retains some control over policies and procedures, particularly when those issues carry legal weight. This might pose yet another challenge to centers working to affirm and encourage community participation on all levels of an organization. It is important to be clear with community on whether a particular element being discussed ultimately requires a decision (often from a vote, depending on your decision-making processes) or a recommendation that can then be sent along to final decision-making people. Integrating community members into meetings and other interactions with a host organization may be one key way to continue practicing PPP, even within organizations that may be a bit more “top down” in their approach. Keep in mind that in the day-to-day work of creating conditions for healing and growth at a recovery center, the community and its expertise remains central to doing this work and

doing it well.

In the PPP, community gets a direct voice in what goes on and all kinds of issues that need to be addressed. It makes you feel belonging, connected, and like you're part of the creative environment.

As the earlier anecdote makes clear, it's also important to remember that for many folks who have spent their much of their lives affected and silenced by literal violence, disenfranchisement, and alienation from communities and forms of active connection and participation, this newfound sense of power and influence that comes with the Peer Participatory Process can be a bit destabilizing or challenging.

Putting It All Into Practice: Community Meeting

Community Meeting, an open forum that many recovery communities use for bringing up new ideas, confronting issues pertinent to the center, and proposing and voting on policy and procedure changes (among many, many, many other things), is often a space where these challenges play out quite visibly. Because Community Meeting is a wholly open and participatory setting at many Centers with few limits on who can have input on any given topic, it may become a particularly charged space where emotions, attitudes, conversations, and ways of interacting become tense and difficult if there is not a general consensus about an agenda item that folks feel invested in.

Likewise, the length of the meeting may become drawn out if there is a long agenda to get through or if there are disagreements that need to be resolved through input from everyone who wishes to have input. Emotionally charged Community Meetings and extremely long Community Meetings (in addition to other challenging circumstances arising out of open recovery community forums) require extra time, patience, and perseverance from all community members involved. Like recovery in general, the Peer Participatory Process at work it not always neat and easy and it's certainly not quick. However, if given the right amount of time, space, and compassionate energy, the fruits of those shared labors can sustain our growth and healing in completely new ways.

Community members who have been involved for longer periods of time can often guide new members towards an accessible way to participate in this process. For Community Meeting in particular, drawing on folks who have some prior experience successfully facilitating meetings or pairing up new facilitators with seasoned facilitators are some ways that your community might successfully navigate some of these challenges. For both Community Meeting and for the day-to-day operations of a center that utilizes the Peer Participatory Process, having patience is key, as is making sure that the Center is a safe space for people to practice both challenging and supporting projects and ideas in an honest, supportive, and communicative way.

We found that opening our Community Meetings to the community was challenging because people who mainly have felt disenfranchised for the majority of their lives are given an opportunity to participate. They believed their power was in saying "no," as opposed to saying "yes," and many people blocked new ideas.

Because it was a new process, we found that individuals were sometimes intimidated, shy and reluctant to give their opinions in a group setting. Many times this was based on low self-esteem, entitlement, and a sense of alienation from the larger community.

People often aren't comfortable with the upside down triangle. People expect commands, to be told what to do, but it's not like that at our recovery center. It takes time to get used to it.

We show, we don't tell about PPP. How you come off at first is very important. Gently, compassionately. Start by sharing something. The PPP will show itself. Once a person is comfortable and their guard is down, the "mask comes off." Then, the PPP can be explained further in orientation.

Before we discuss some of the innovative practices and projects, ways of interacting, and kinds of language that communities have developed to make this process work for the creation of healthy and healing relationships, let's talk a bit more about the word "peer," as it more fully illustrates the central dynamic at work in this process—relationship.

What's a peer?

In the broadest sense, many programs and models for "peer recovery" define a peer as a person with a particular set of lived experiences. In many of the above examples, folks use the term peer to refer to someone who has expertise in the lived experiences of addiction and recovery. For other kinds of peer-driven programs, a peer might be someone with a particular mental health diagnosis or someone who has spent time incarcerated or in a psychiatric institution. A peer is often understood as a label that identifies a single person with a particular lived experience and positions that person as distinct from folks with other forms of power with respect to decision-making and policy design in a program setting.

In our work, we want to challenge ourselves to push past this definition of peer as a unique identity or as just another label for folks who are involved in particular clinical or social service systems. We've all encountered plenty of labels that are applied to us throughout our lives, both by choice and not by choice. One more isn't particularly helpful, especially if it's being used to distinguish one group of people from another, often based on differing levels of power, compensation, perceived knowledge, or even social value.

Instead, we like to think of the word peer in the context of relationship. Peers exist because they are in relation to—in relationship with—other peers. Peers have a particular set of lived experiences that connect them to a larger community that also shares some of those lived experiences. Connection is the key term in this relationship. Peers cannot exist in isolation; the word peer connotes a process that happens between two or more people who have a shared experience. Those folks connect through honestly sharing that experience, and a meaningful relationship begins to form that allows those people to create, collaborate, and heal in new ways. The relationship that may emerge between peers depends on the expertise that each person brings to the table. The relationship inherently values that experience as a worthwhile—and absolutely necessary—contribution to the community.

Peers welcome and greet each other, which comes with sincerity. Peers share stories with one another, which is a kind of motivation. When peers say, "This is what I went through, this is what I did," there is a sincerity and honesty there that encourages other people to share too.

It is also important to remember that the word "peer" cannot be used to collapse people's shared experiences into one broad category or identity that always means the same thing or that always feels the same way. Peer is not a one-size-fits-all word. Each person that shares a particular experience with others may have several other experiences that they do not share with others.

Part of the joy—and challenge—of engaging in this way through the PPP is that we get to name and learn from these

differences while celebrating and recognizing what we share. For example, three folks might all have experience with psychiatric hospitalization—one African American man, one mixed race woman, and one white transgender person. Because of the many complex structural, historical, and circumstantial inequalities (including racism, sexism, and homophobia) that are in place within many of these systems, these three people might experience similar circumstances in a psychiatric institution very differently through the lenses of race, sexuality, class, or gender. They may connect through the shared experience of hospitalization, but we cannot disregard the unique lenses that each person has encountered that experience through.

While we recognize and affirm our shared experiences in peer relationships, we must also learn to recognize and affirm our differences, thinking critically about how those differences create other ways of being in the world and relating to each other that might affect our strategies for communicating, coping, and healing. Opening ourselves up in these ways expands our capacity to create safer relationships that challenge our zones of comfort while also allowing us to practice and test out new ways of relating that do not fall into the traps of fearing or ignoring difference.

Give and Take: Understanding Participatory Processes

With this definition of peer a little more fleshed out, let's move to the word "participatory," which is another key element in this process. Our discussion of PPP has already touched on many of the elements that go into the formation of a participatory community. In order to make it a bit clearer, let's think about "participatory" in terms of what folks can give and take at a recovery center. Maintaining the balance between give and take is always tricky, and sometimes folks are in a position to give more than they take or take more than they give. This is inevitable. Maintaining an absolute balance between give and take is an impossible process and will surely drain the energy, patience, sanity, and compassion of any community member. Instead of making sure that all community members give and take in the same way, you'll end up being more productive as a recovery community and more supportive as a recovery space if you strive to meet folks where they are at. This allows you to gently build up a relationship where participation is natural, enthusiastic, non-threatening—a relationship that creates the conditions for valued social roles within a community to emerge. These valued social roles are crucial for challenging the ways that many folks in recovery have previously been pushed to the borders or margins of society and named as less important. Gaining a valued social role in a recovery space is an important way to begin reversing social rejection and bringing those valued roles back into the larger community.

Participation at a recovery center can mean anything from answering phones and welcoming folks as they come into a center on a daily basis to showing up at a recovery event once every few months and playing a set at an open mic. It can mean sitting in on meetings with a host organization to discuss budget concerns or watering the plants. It can mean starting a parenting class for community members with children or working on a grant proposal to secure a new funding source. It can mean listening to each other's stories honestly and without judgment or connecting someone in search of a particular resource with another community member who knows exactly how to locate that resource.

When someone walks through the door the majority of peers know if they can relate to that person's needs or not. If they can't, they find someone who can and who is able to get that person connected to resources. We know what peers have that lived experience. We know each other's stories, strengths, and challenges.

The PPP starts with reception, as soon as someone walks through the door. New people receive the same respect as everyone else. We appreciate the person, even if they are unable to do much at first, and they have a voice whether you like them or not. We meet the person where they are eye to eye. If we don't have what is needed, we connect people with other organizations or resources that can help.

Bringing It All Together

With this invaluable community wisdom, many crucial things emerge about PPP. We hear about sharing stories, becoming visible, and meeting folks where they're at. We hear about connecting to resources, paying attention to other's needs, and getting the push that we may need. We hear about welcoming folks the moment they walk in the door, connecting with sincerity and honesty, and about an emerging sense of ownership. We hear about inverted triangles, about showing not telling, and about having a voice.

These are only a few elements of the peer participatory process at work, a process that is as rich and as dynamic as the community members who make it happen. In addition to these elements, there are community member facilitated committees, community meetings, and codes of ethics. There are recovery music jams and food shares, BBQs, and community gardens. Being peer-based and community-based is more than just a mindset. It means having a process or system in place to ensure that the voices of those with the lived experiences of recovery are heard and respected, and that people in recovery are involved at all levels of decision making about program, policy, and strategic planning. It means deeply honoring, valuing, and making intentional space for the stories we bring with us and the skills we have to offer. We encourage you to be creative with your own communities in considering all the varied ways that folks can support, participate, and grow through safe and supportive involvement with your community.