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AA and the Peer Recovery Support Revolution

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On May 12, 1935, two desperate men, Bill Wilson and Dr. Robert Smith, met in Akron, Ohio, each seeking escape from a disorder that had resisted innumerable efforts at self-cure and professional treatment. Their meeting stands as one of the milestone events in the birth of Alcoholics Anonymous (AA). Today, AA has a membership exceeding 2 million members spanning more than 100,000 local groups and 150 countries.

AA's rise to cultural prominence in America sparked secular recovery support group alternatives such as Women for Sobriety, SMART Recovery, Secular Organizations for Sobriety, LifeRing Secular Recovery and Moderation Management. Recovery support groups that were explicitly religious in their orientation also were inspired by AA's example. These include Alcoholics Victorious, Celebrate Recovery, Overcomers Outreach, Liontamers Anonymous, and Millati Islami. AA's Twelve Step program has also been adapted by new Twelve Step organizations to address more than 400 distinct problems, and AA has been the source of inspiration for an even larger array of mutual support groups that now dot the American landscape. In that process, "recovery" has become a metaphor for the process of resolving a broad spectrum of human problems.

AA has offered many gifts to the world—beyond its specific program of alcoholism recovery. AA affirmed the value of experiential knowledge in the helping process, extolled the legitimacy of the "wounded healer" (the idea that individuals who have survived an adverse experience or condition may have special abilities to help others similarly afflicted), and validated the "helper principle" (the helper benefits from the process of assisting others) all on a world-wide scale. AA also discovered the value of story reconstruction and storytelling in personal recovery and offered specific prescriptions for daily living as aids in the management of severe and complex problems.

The growth of American communities of recovery has led to the cultural and political awakening of recovering people and their families. This awakening is evident in the emergence of recovery advocacy movements, cultural revitalization movements (particularly within American

Indian and African American communities), and new grassroots recovery community organizations. In the addictions arena, local recovery advocacy organizations have banded together nationally under the linked umbrella of Faces and Voices of Recovery, the National Council on Alcoholism and Drug Dependence, the Johnson Institute and the Legal Action Center. The addiction recovery advocacy movement is spawning new cultural institutions that include volunteer-run community recovery centers, recovery homes/colonies, recovery schools, recovery industries, and recovery ministries/churches. Advocacy movements are focusing on social policy issues, but they are also calling upon traditional service organizations to shift their primary focus from acute problem stabilization to sustained recovery support.

The growth of these mutual aid and advocacy movements raises the question of how nonprofit community service organizations should relate to these movements. Based on my experience studying and facilitating these relationships, I would offer the following 12 prescriptions for nonprofit community service organizations.

1. Conduct a "searching and fearless" inventory of your organization's degree of responsiveness to the needs of the individuals, families and communities you serve e.g., conducting "town meetings" with multiple constituent groups, monitoring recovery-focused benchmark data, e.g., attraction, engagement, service quality, post-service check-ups, and long-term service outcomes.

2. Engage constituents in defining recovery, identifying a set of core recovery values and developing a recovery-focused vision statement to guide the work of your organization.

3. Cultivate a corporate identity that defines the organization and its staff as a part of and accountable to local communities of recovery.

4. Increase the representation of recovering people at all levels of the organization, and provide formal mechanisms for participation in organizational decision-making, e.g., board representation, a consumer advisory council.

5. Establish formal linkages between your organization and service committees of local recovery support groups and recovery advocacy organizations.

6. Encourage all staff, volunteers and consultants to become students of local cultures of recovery, e.g., become knowledgeable of respective recovery philosophies and meeting rituals, explore the rapidly growing world of Online recovery support meetings and resources, participate in open meetings of local support groups, and financially support and participate in local recovery celebration activities.

7. Involve indigenous recovery support resources from the community within agency-sponsored service activities, e.g., the development of strong volunteer programs and alumni associations.

8. Recruit people in recovery as paid recovery coaches or volunteer peer support specialists and to fill other professional and technical roles.

9. Embrace a "philosophy of choice" that acknowledges the legitimacy of multiple pathways and styles of long-term recovery and empowers clients to manage their own long-term recovery processes.

10. For each client, transition as quickly as possible from professionally-directed service plans to client-directed recovery plans; cultivate

assertive and sustained approaches to post-treatment continuing care.

11. Utilize community organization and community development techniques to expand local recovery support resources.

12. Enter into partnership with local recovery community organizations to jointly advocate on issues of shared concern (including issues that transcend the financial interests of your organization).

In recent decades, local nonprofit community service organizations were encouraged to see themselves as businesses—to emulate the management, marketing, and financial acumen of the private for-profit sector. Many of us achieved this goal and have organizations whose budgets, facilities and staffing levels would have been unthinkable in our earlier professional years. And yet there are the pangs of fear that something of great value is being lost through the professionalization and industrialization of the helping process. Some fear lost contact with our historical missions or that we have lost contact with the grassroots communities out of which we were born. And long-tenured workers lament a world more focused on a progress note signed by the right color of ink rather than whether clients are making progress.

The spread of mutual support movements, new recovery community organizations, and new recovery advocacy movements is a call for us to fully re-enter the lives of our communities. In a service world too often marked by ever-briefer contact, impersonality, and excessive preoccupations with money and regulatory compliance, there seems to be a rising cry for helping relationships that are reciprocal, enduring and non-commercialized. Entering into true partnership with these movements can achieve many goals, including the elevation of service quality and the effective stewardship of limited community resources. Reaching out to these grassroots movements also affords a wonderful opportunity for personal, professional and organizational renewal.