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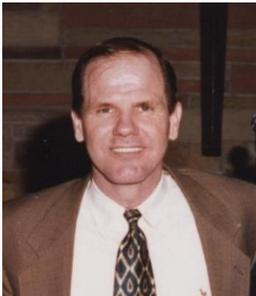
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Running for Recovery: An Interview with Jared Webber

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Introduction

One of the emerging discoveries in the resolution of severe alcohol and other drug problems is the value of recovery support experiences beyond participation in professionally directed treatment and recovery mutual aid societies. These activities can involve a rediscovery of old interests or development of new interests that can be integrated into a new recovery lifestyle. Such activities span the arts, social or religious events, hobbies of all varieties, and community service, to name just a few. Sport is also being increasingly integrated as a recovery and wellness support activity. In Pittsburgh, a unique program is being offered that illustrates this new trend. I recently interviewed Jared Webber of Pinnacle Treatment Centers (<http://www.pinnacletreatment.com>) and asked him to share the story of how he engaged methadone maintenance patients in running as a recovery support activity.

Working in Methadone Maintenance

Bill White: Jared, could you describe how you first got into the addiction/treatment field?

Jared Webber: I think I've always been interested in the people-helping profession. I began working in an outdoor wilderness program in Georgia that served high school and college students experiencing co-occurring substance use and psychiatric disorders. Over the next twenty years, I worked in a variety of addiction treatment settings in West Virginia and more recently in Pennsylvania. I took a job with the University of Pittsburgh Medical Center where I worked in a detox and dual diagnosis program and then worked in a Halfway House for a number of years before choosing to work in a methadone maintenance program, which I have now been at for several years.

Bill White: Tell me something about your present worksite and what your experience

has been working in methadone maintenance treatment.

Jared Webber: The program in which I am currently employed—Pinnacle Treatment Centers—offers two components to its treatment. The first is medical and is primarily focused on inducting patients on the appropriate amount of methadone that will stabilize and allow them to pursue abstinence from the illicit use of substances such as heroin and prescription painkillers like oxycodone. The initial methadone dose is directly related to the amount of opiates they were ingesting prior to intake. The other component is the clinical area in which the counselor offers individual and group counseling services. The goal of the counseling is to enhance each patient's coping skills to allow them to face life on life's terms. Typically, the counselor coordinates with the Medical staff to assure an appropriate methadone dose to ensure that the patient is stable while in treatment and pursuing a lifestyle of sobriety. Our counselors also connect patients to our I.O.P. program when needed and coordinate care and referrals to community mental health programs and to NA, AA, and other recovery support programs. For those patients who successfully taper off methadone, counselors are responsible for disposition planning/aftercare planning.

Bill White: What special recovery support needs do you see patients in your clinic experiencing?

Jared Webber: The most critical need is biopsychosocial stabilization, which begins with the medication induction and proceeds to broader physical, mental health, and social needs. The medical needs are particularly acute because of the high rates of Hep C and other chronic health conditions. Working with these patients also involves a lot of work coordinating care with CYF for families, helping with educational needs and vocational needs, and working with probation officers for patients with probation/parole issues.

People addicted to opioids who are seeking help through methadone maintenance are a very challenging group of people to work with. Bill, most of the people I work with are here as a last desperate resort after experiencing numerous other types of treatment that have not resulted in enduring recovery. Helping create hope for recovery for people who have been through such long addiction and treatment careers is quite challenging, but I find it very rewarding.

Bill White: Do the patients you've seen in methadone treatment present with much more severe and complex needs than patients you worked with in other addiction treatment settings?

Jared Webber: Yes, I think so. They have less coping skills needed to manage life on its terms and as a result, bring multiple and complex problems with them to treatment. Opioid addiction consumes everything so there are vast unmet needs that these patients are experiencing at the time they enter treatment—much more so than in any other treatment setting that I have worked in—particularly much more complex health issues.

Running for the Health of It

Bill White: Now, where did the idea of Running for the Health of It come from?

Jared Webber: I ran cross country in high school and have always believed in the health and wellness benefits of running and exercise. Once I got into the mental health and addictions fields, I began to explore how running or exercising could be integrated into treatment plans. Much of this discovery came from working in the wilderness program in Georgia. A lot of that program was adventure-based, which helped me develop a greater emphasis on physical activity as a part of treatment. This helped me combine two of my own passions into promoting running and exercising in mental health and addiction treatment service settings.

Bill White: What were the goals of Running for the Health of It when you started?

Jared Webber: I think the goal was certainly to help patients achieve stable recovery, but it was also to provide a unique type of treatment that got them involved outside the program in a more holistic approach to treatment. These patients have been through so many treatment programs. They're used to being in group rooms. They're used to being in individual sessions and just talking about things. What Running for the Health of It did was provide a dynamic program that took recovery support outside the walls of a treatment program through the vehicle of physical exercise. We're not just sitting around talking about health and self-esteem; we're actually DOING something that creates health and self-esteem. And we're doing it in a framework that involves social interaction and expansion of one's coping skills. The goal is still recovery, but it approaches it through activity rather than through talking.

Bill White: How did you get Running for the Health of It started as a formal program?

Jared Webber: First, I had to present it to the staff and administration for their approval. They were quite excited about the idea. I also had to talk with the medical staff here, and they helped me develop a form that could be filled out by each patient's primary care physician to clear them for participation in the running program. I also talked up the idea with some people in the recovery community and discussed it with a Wellness Director at another program here in Pittsburgh. She came and talked to our patients about the importance of exercising, wellness, nutrition, smoking cessation, and other wellness-related issues. I also spoke with an editor of one of Pittsburgh's magazines about our program and what we were trying to do. We tried to involve the community as much as we could.

Bill White: Was Running for the Health of It a voluntary program patients could choose to participate in?

Jared Webber: Yes, I talked with each one of the counselors to see if they might have any clients who might be interested in this type of program. Each counselor then referred individuals to the running program.

Bill White: And how many individuals did you end up recruiting to participate?

Jared Webber: We started with 12 patients volunteering out of a clinic population that ranges between 400-450 patients.

Bill White: You've told me that a major goal for the program was competing in a Great Race. How much preparation or training time preceded the race?

Jared Webber: We did group meetings in February 2012 to educate volunteers about the running program. Some of it was like psycho-educational groups—teaching them some counseling and some theories about how they can succeed in the running program. We taught them transactional analysis. It was like the adult versus the child and it's the adult who helps us to accomplish things in our life. The child would try to sabotage our involvement in the running program. The first two months were just involved in educating them in the program. Then at the end of March, we started out on the track, which is close to the program. We trained two days out of the week and then we gave each patient a runner's log where they would train by themselves and report on how they were doing in group. We trained from spring to the end of summer and then ran the Great Race on September 30th.

Bill White: And how many of the twelve individuals that started were able to complete the race?

Jared Webber: There were twelve that were with us through the month of February. We had some attrition in March and April, but six patients finished. Of the six that did not complete the running program, four of those individuals are no longer in the clinic. They went back into the addict lifestyle and back

into drugs. The individuals who stayed with us were able to stay clean and are still involved in the program. Of the six who completed the race, we had five ladies and one man.

Bill White: What's your perception of what it meant for these individuals to go through the training period and successfully complete the race?

Jared Webber: I think a lot of them developed a new identity and expanded their views of what was possible in their lives. I think it also helped these individuals rise above the stigma that is still associated with methadone treatment. Some of the patients shared with me that they changed their identity from a junkie or an addict to a runner or an athlete. I think the whole experience broadened their horizons in life. They realized that if they could successfully compete in the Great Race, they could also successfully compete in life. The Race became a way of priming their sense of the possible—going back to school, getting their GED, getting a driver's license, and other personal goals. They became very enthused about the possibilities.

We gave them running t-shirts that said, "Running for the Health of It" and when they were in the Great Race, a number of people would come up to our patients and ask them what the running program was all about. It brought them into contact with the larger community and created a new sense of social connectedness. I think these people began to realize, Bill, that they're more than their addiction. They got over some of the shame from their pasts as they shed the addict identity and took on this new identity of runner athlete.

Bill White: Did you observe improvements in the larger, global, physical health of people through this training process and through participation in the race?

Jared Webber: Yes. Those involved talked a lot about their improved physical fitness, how they were getting more in shape or addressing such issues as smoking. Some

also experienced dramatic improvement in particular health conditions as a result of running.

Bill White: There really are a lot of stereotypes about methadone and methadone treatment patients, and those stereotypes would sure seem to be challenged by methadone patients training and competing in a competitive race while in methadone-assisted treatment.

Jared Webber: An individual came up to us at the race and, after talking with us about Running for the Health of It, was so encouraging of these people because she had a son who was opiate-addicted and seeing our patients complete the race gave her greater hope for her son. She was just very encouraging about the program and to our runners.

Bill White: What do you think are some of the important lessons you've drawn from your work with patients involved in Running for the Health of It?

Jared Webber: I think I've certainly become more patient with these patients. Most of our patients have lost much of their internal motivation. They have never had or have lost their ability to work within structure or daily routines. So we put them in a routine and sometimes they would show up late. I'm not used to showing up late to anything (laughs), so it took patience on my part. I had to scale down my initial impatience, and when I did that, I became more accepting and more encouraging of them. So I first learned an awful lot about myself. And then I developed great respect for how far our runners could develop over the course of a year—as people in recovery and as runners.

I was also able to use some counseling theories in ways I had not expected. For example, I used Rational Emotive Therapy (RET) from Albert Ellis as part of our training. I taught them about activating events and their beliefs and how they could dispute them. We just taught them that the quality of their life comes from the quality of their thoughts, and they came

to really understand and use that, Bill. It was just tremendous.

Bill White: You referenced needing to initially lower your expectations. I'm wondering when you did that and really accepted and engaged the patients if you were then able to collectively raise expectations.

Jared Webber: Absolutely. At the start of the program in February, I didn't even know if people would show up. But as they continued to show up and we talked about the importance of commitment and perseverance, I think all of us raised our expectations. A lot of them didn't think that they could complete the Great Race because the race was a 5K with about 5,000 people competing in it. That can be pretty daunting, but we were able to raise their expectations by supporting them and developing support within the group that we could really do this. And I would number off the days, like if it was in the middle of summer, I'd say, "We got 60 more days until we're running the Great Race." We also visually rehearsed the race. We would go over a map of the race. We would show them where it's at and we would help them visualize that "You guys can do this." So we raised their expectations from "I'm not sure I want to show up twice a week for running" to the point where they realized that "We can and will accomplish this."

Bill White: What are your thoughts after this experience about the potential role of sport in long-term addiction recovery?

Jared Webber: Sport offers so many lessons relevant to recovery—discipline, perseverance, commitment. Sport can be a very healthy outlet for people in recovery, Bill. And it provides a way to express emotions in healthy ways rather than to self-medicate them through intoxication. The discipline created through a running program can be an important component to long-term recovery.

Bill White: I'm wondering if all of you ran together during the race.

Jared Webber: For the most part, we did. There was some separation since a couple of people ran the whole thing much faster and waited for the rest of us at the end of the race but the majority of us ran together. It was just so interesting to watch these people interact with other runners and to support each other during the race. The patients were able to support each other but they were also able to get support from the other runners.

One of the challenges of recovery is moving out of invisibility as an addict. Those in the running program became visible because they were interacting with the running community. They became runners. They were a part of society they had long wanted to join, and on that Sunday of the race, they were part of and contributed to that society.

Bill White: What are your future plans for Running for the Health of It?

Jared Webber: We're talking right now about doing it again in the coming year. We're talking with the counselors again with hopes of starting a new cycle in the spring. I've already talked with some of the other runners and they're enthused about doing it again and they're out recruiting some of the other clients to see if they might be interested in doing it. So we're definitely going to try to do it again.

Bill White: What advice would you have for others who would like to replicate Running for the Health of It inside an addiction treatment setting?

Jared Webber: Looking back on my experience, you certainly need a plan. You need resources and support. You need a track that you can run on that's relatively close to the treatment site. You need the support of the clinic—the administration, the medical team, and the counselors. You need to reach out to the community. But more than anything, you have to have one or more

people leading the project who are deeply committed to it.

Bill White: Were there things you had to do to keep participants engaged?

Jared Webber: We got those involved used to psycho-educational groups so we would just bring them back into groups and we would talk about issues as they were coming up. But I think what was helpful for this kind of program, Bill, was to talk with them out on the track. Maybe sometimes the group wasn't warranted because the tension was so high but we would talk them down out of that tension just running out on the track and that was really what the program was for.

Bill White: Would you be available for other people that might want to contact you to talk about how they might replicate this in their programs?

Jared Webber: I would love to. I can be reached by email at jrdwbbr235@gmail.com.

Bill White: As you look back over this first cycle of Running for the Health of It, what do you feel best about?

Jared Webber: I think it is witnessing how this type of program can actually impact people's lives. Running for the Health of It can achieve a lot of things, including helping people experience brand-new feelings, such as a genuine feeling of accomplishment or finishing something that they start. To see the expressions on their faces at the finish line of the race was a tremendous experience for me. And the running program became one more reason to stay drug-free each day. Our participants learned some very important life lessons that I think we all need to learn—the importance of commitment, the rewards of perseverance, that when you get knocked down, you gotta get back up and get into the race. Our runners learned how to do that.

Bill White: Jared, thank you so much for sharing this experience with us.



Photo: **Jared Webber** and the Running for the Health of It team at the Great Race