Stay in Your Lane

Distinguishing between a Drop-In Center, 12-Step Clubhouse,
Recovery Community Center and Addiction Treatment Agency

By Phil Valentine with a lot of help from his friends

I have been with the Connecticut Community for Addiction Recovery (CCAR) since January 1999 and have had a role in the evolution of the recovery community center model. In 2006, CCAR had operated a RCC for a couple years and I wanted to clarify what this new entity was and was not. I drafted <u>The Core Elements of a Recovery Community Center</u>. Since then, many organizations have used it to design their own recovery community center.

> A Recovery Community Center (RCC) is a recovery oriented sanctuary anchored in the heart of the community. It exists to put a face on recovery, to build recovery capital and to serve as a physical location where CCAR can organize the local recovery community's ability to care. *A RCC is not a treatment agency; it is not a 12-Step Club and it is not a drop-in center although aspects of all of these are apparent.* A RCC will deliver peer-to-peer recovery support services using its volunteer force as the deliverers of these services. A RCC is not a place for people to simply hang out, watch TV, play cards or pool and attend a daily meeting. We are not seeking to duplicate existing resources. Yet, an RCC will host specific social events. A RCC is not a drop-in center whose primary purpose is to refer and help people get into treatment. Obviously, people in need of help will enter the RCC and we will do everything in our power to assist them.

- A RCC maintains a structured schedule where recovery-related workshops, trainings, meetings, services and social events are consistently delivered.

- A RCC targets people in recovery, family members and friends to serve as volunteers, who in turn help those coming up behind them.

- A RCC is a place where a person with long-term recovery can give back.

- A RCC is also a place to find workshops, training and educational sessions to enhance one's own recovery.

- A RCC exists as a recovery resource for the local community.

In 2013 having operated RCCs for almost 10 years, CCAR found cause to revisit the <u>Core Elements</u>. One of their RCC's had "drifted" a bit from the Core Elements. It was located in a depressed, urban environment and was visited by people looking for stuff – coffee, clothes, bus passes, money, food, etc. People who were homeless sought sanctuary and warmth. People with mental health issues wanted a place to hang out. The CCAR staff at this RCC have hearts of gold and wanted to help everyone. In their eyes, a bit of help and a kind word might be the impetus to move someone into recovery.   And that's a great point! One staff person was able to get hundreds of thousands of dollars of brand new men's suits donated. Soon men from all over the city were showing up for a free suit claiming they were in recovery and needing a suit for a job interview.

However, along with all the kindness came a host of other problems that CCAR was not equipped to negotiate. People not interested in recovery (those pre-contemplative folks) showed up in droves. Gradually, the culture and

tone within the RCC deteriorated. It was no longer recovery-friendly or even recovery-oriented. Folks displayed a heightened sense of entitlement; they were looking for a handout and not looking to put a hand up. Interest in volunteering diminished. Frequent shouting matches arose and once in a while police had to be called. People became offended at the odor emanating from someone who hadn't showered in along time. CCAR had some problems, but was willing to look at it and seek a solution.

Under the leadership of CCAR Director of Operations Deb Dettor, CCAR set out to improve the culture and tone in all three of its recovery community centers. They flagged all the issues described plus some others. I revisited the Core Elements of a Recovery Community Center and discovered the line italicized (for our purposes above). It says:

> *A RCC is not a treatment agency, it is not a 12-Step club and it is not a drop-in center although aspects of all of these are apparent.*

It occurred to the CCAR leadership team that it might be able to use these experiences as a learning tool with staff and volunteers. By describing the drift from the primary purpose of a RCC to where we were, we might collectively develop solutions to get back on course. In this process, we realized that our original Core Elements needed more detail to help understand what was unique about a RCC. We drafted Stay in Your Lane: Distinguishing between a Drop-In Center, 12-Step Clubhouse, Recovery Community Center and Addiction Treatment Center. The idea about using the framework of "stay in your lane" to clarify programs came from a CCAR Recovery Coach Academy© participant who used that concept to describe the role of a recovery coach staying in his or her lane to distinguish between a coach, a sponsor and a counselor*. A list of 21 characteristics was developed and charted for each of the four organizational types. Stay in Your Lane added clarity for staff, volunteers and participants and has been very successful.

To refocus on our recovery orientation, RCCs have printed signs that are displayed prominently in each of the centers that read "How can we help you with your recovery today?" (Thank you, PRO-ACT in Philadelphia for this idea.) Together, these steps helped focus all the RCCs on recovery. The chart clarified the primary audience for CCAR RCCs – those in recovery from alcohol and other addictions. Secondary audiences were also defined. Over time, the recovery culture and tone at each RCC improved.

CCAR shares this experience with the hope that you and/or your organization may find it helpful.

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* Bill White originally made this distinction in his paper, Sponsor, Recovery Coach, Addiction Counselor: The Importance of Role Clarity and Role Integrity. CCAR teaches this concept in the CCAR Recovery Coach Academy©. The paper can be found here http://www.williamwhitepapers.com/pr/2006SponsorRecoveryCoachAddictionCounselor.pdf.

Characteristic	Drop-In Center	12 Step Clubhouse	Recovery Community Center	Addiction Treatment Center
Primary Target Audience	People with mental health issues, people who are homeless	Members of a specific 12-Step fellowship	People in all stages of recovery from alcohol & other addictions	People still actively using or in early stages of recovery
Secondary Target Audience	People with co-occurring addiction & mental health issues	None	People seeking recovery, family members, friends & allies	Family members (in some settings), EAP, drug court particpants
Core Services	Crisis response, focus on immediate basic needs of individual (food, clothing, shelter, etc.), place to hang out	Sober social fellowship, mutual aid meetings, meeting rental space	Peer recovery support services, advocacy and public education opportunities, social activities	Assessment, diagnosis, treatment planning, treatment services, continuing care
Culture/Tone	Variable, often perceived as a place to have immediate needs met, in & out	12-Step environment, signs, slogans, language, meetings; fellowship; sanctuary	Multiple pathways to recovery welcomed, sanctuary, hope, caring, healing; recovery task oriented; fellowship; opportunities promoted	Variable, often perceived as sterile, hospital like
Service/Support Framework	Not recovery oriented	Operates within beliefs and practices of a 12-Step fellowship (see <u>AA Guidelines – Relationship between AA and Clubs</u> for more)	Works across multiple frameworks of recovery via choices of those with whom they work	Works within a particular organizational treatment philosophy; can involve 12-Step
Assessment	None	None	"How can we help you with your recovery today?" Gradual, informal over duration of relationship, may include strengths-based recovery capital needs assessment; could result in recovery plan	Immediate upon arrival, formal, comprehensive, documented, results in diagnosis & treatment plan; pathology-based
Recovery Focus	Limited to none	Maintenance & sustainability	Maintenance & sustainability	Initiation
Role of Community in Recovery	Minimal	Intrapersonal & interpersonal focus; Minimal focus on ecology of recovery; No advocacy	Focus on linking to community resources & building recovery capital; Significant public awareness & advocacy work	Intrapersonal & interpersonal focus; Minimal focus on ecology of recovery; Minimal advocacy
Training on Recovery	None to minimal	12-Step training	Extensive, varied, comprehensive, wide variety of topics, based on community needs	Historically minimal but increasing, majority of training focused on addiction

Characteristic	Drop-In Center	12 Step Clubhouse	Recovery Community Center	Addiction Treatment Center
Knowledge Base	Mix of experiential & professional	Experiential	Experiential (pressure to professionalize)	Professional & scientific knowledge
Corporate Status	Nonprofit	Nonprofit; membership-based	Nonprofit; membership-based	Vary from nonprofit to proprietary/for profit
Service/Support Relationship	Moderate power differential; Moderate external accountability	Minimal power differential; Support is reciprocal; Minimal to no external accountability	Minimal power differential; Ethical guidelines being developed; Moderate external accountability	Significant power differential; Explicit ethical guidelines; High external accountability
Style of Helping	Ranges from formal to informal	Informal, open & spontaneous	Variable by organizational setting but generally personal & informal	Formal, personally guarded and strategic
Use of Self	Self-disclosure usually limited and discouraged	Strategic use of one's own story; Role model expectation	Strategic use of one's own story; Role model expectation	Self-disclosure discouraged, monitored for strategic value or prohibited
Volunteer Opportunities	None to moderate	Yes, informal system, no formal recognition, within specific fellowship; high level	Yes, formal system, formal recognition, multiple opportunities; high level	Minimal, some opportunities with alumni programs; low level
Temporal Orientation	Focus on present, how can we assist you today?	Variable by fellowship & stage of recovery	Focus on present	Considerable focus on past experience and problem solving strategies
Duration of Support/Service Relationship	Variable	Variable but can span years determined by individual	Variable but can span years, determined by individual and/or organization	Short term with beginning, middle & end, based on payment availability and/or clinical guidelines
Documentation	Minimal	None	Minimal (for those providing service) but growing	Extensive
Sources of Funding	Grants, foundations, ministries	Membership dues, donations	Grants, contracts, fee-for-service, insurance, individual giving	Fee-for-service, insurance, grants, self-pay, individual giving
Computer Access	None to minimal	None to minimal	Yes	Usually none and/or may be prohibited from accessing internet during inpatient treatment
Paid Staff	Primarily	Minimally	Variable (mix with paid staff & volunteers)	Primarily