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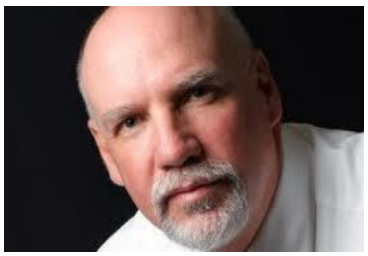
Citation: White, W. (2006). Recovery advocacy in Connecticut: An interview with Phil Valentine. Posted at **www.williamwhitepapers.com**

Recovery advocacy in Connecticut: An interview with Phil Valentine

William L. White
Emeritus Senior Research Consultant
Chestnut Health Systems
bwhite@chestnut.org



One of the bright organizational stars of the New Recovery Advocacy Movement is Connecticut Community for Addiction Recovery (CCAR). CCAR became an early model for diverse grassroots membership, collaborative influence on state policy, innovative media for recovery education, annual "Recovery Walks!" celebration, a focus on families and their recent development of regional recovery community centers. In December, 2006, I conducted a wide-ranging interview with Phillip Valentine, the Executive Director of CCAR to discover what lessons Phil and CCAR have learned that could be of benefit to other recovery community advocacy organizations.

***Bill White*:** Phil, briefly describe how you came to be involved in the New Recovery Advocacy Movement.

***Phil Valentine*:** Most of the time I think the movement chose me. I received a call back in the fall of 1998 from a dear friend of mine, Jim Wuelfing, who told me there was an interesting thing happening that I might want to check out. He was involved with NEAAR, the New England Alliance for Addiction Recovery, and told me about the work Bob Savage was doing in Connecticut with CCAR. Both organizations had just received funding from CSAT and I applied for positions at NEAAR and CCAR. I was offered the position of Associate Director at CCAR and assumed that position in January 1999. Diane Potvin, who now works for me, was one of the people who interviewed me for the CCAR position. We get a chuckle out of that today. It reminds us of an old AA saying, "Better be nice to the new person, might be your next sponsor".

Bill: Some of us feel this movement called us at a unique point of readiness in our own lives. Is this true for you?

Phil: A few months before I heard about the CCAR job, or a new recovery movement, there was a crisis in my marriage. I had been out of full time work for more than two years, staying at home with 2 very young children, while Sandy was working full time at a major insurance company. The crisis was that she wanted to be home with the kids. We sought out marriage counseling to sort out how we were going to do this and the marriage counselor asked me a very provocative question that changed the course of my life. She said, "Phil, you have about 30 good years left, what are you going to do with them?" I started looking hard for a job, any job. I was working the floor at Dick's Sporting Goods when I interviewed with CCAR. I had little knowledge of treatment or recovery advocacy and all the acronyms baffled me. But I quickly absorbed everything I could and discovered that my personal experience with recovery (largely outside of any formal treatment setting) was a valuable and desperately needed voice.

***Bill*:** Describe why you think this movement and its success or failure is so important.

Phil: As my friend Bill White has pointed out through his research, the pendulum swings back and forth. It seems the pendulum pace has accelerated. I'm middle-aged, 47, and I have seen Betty Ford on TV. I started my recovery in the treatment boom (1987 – although I never went to treatment) and I've seen the gains of that period wiped out. I've seen the stigmatized portrayals of Robert Downey Jr., Dwight Gooden and Darryl Strawberry send the message that recovery is not possible. I've experienced first hand the divorce of treatment and recovery. It has amazed me that things I found so basic to my recovery were absolute pearls of wisdom at certain tables. I am blessed to have a small role in this movement, and I believe the pendulum is beginning to swing back to treatment and recovery. The importance of this movement is obvious, it's about saving lives. It's about claiming lost potential. It's about discovering purpose and meaning in lives that were once thought hopeless. It's about God and his desire for us to live happy, joyous and free. I cannot conceive of any more noble work.

***Bill*:** How would you describe CCAR's vision and mission?

Phil: CCAR envisions a world where the power, hope and healing of recovery from alcohol and other drug addiction is thoroughly understood and embraced. Our mission is put a positive face on recovery through advocacy, education and service in order to end discrimination surrounding addiction and recovery, open new doors and remove barriers to recovery, ensure that all people in recovery and people seeking recovery are treated with dignity and respect. When people ask me what I do, my "one-liner" is CCAR organizes the recovery community to put a face on recovery and to build recovery capital.

***Bill*:** How is CCAR organized?

Phil: CCAR has a "central" office and four recovery community centers. They evolved out of our chapters. At one time we had six chapters up and running and their primary purpose was to put a face on recovery. From their needs and desires, we launched the recovery community centers – recovery-oriented anchors in the hearts of the communities, a place where local communities of recovery can design and deliver the supports they need to initiate and maintain their recoveries. Our CCAR staff members constitute an inner circle and our task is to support, empower, and train the volunteers who form the next circle. Our "target audience" is our volunteers – these are people in all stages of recovery, family members, interns, friends and allies. One of our "ideal" volunteers is a retired person in long term recovery. Our target audience is not people still actively using or even those seeking recovery or those in early recovery. They are our secondary target audience and we reach them through our volunteer force. Staff interacts with people at all stages of need, but we are gradually working to have volunteers handle most of the direct peer support. Currently we have 10 staff and 150

trained volunteers. We use this model to multiply our efforts and get the most value for the federal, state and local dollars we receive.

***Bill*:** What would you consider to be some of the more important milestones in the history of CCAR?

Phil: There are so many. Receiving funding from CSAT's Recovery Community Support Program laid a financial foundation that was later supplemented by funding from the Connecticut Department of Mental Health and Addiction Services (DMHAS). Our first Recovery Walks! held in 2000 was another early milestone and an idea that came from the recovery community. We had never heard of a walk in support of recovery from alcohol and other drug addiction. We did some internet research and found one walk/run for a treatment center in the DC area, so we decided that if we held a walk and 50 people showed up, we would be successful. 700 showed up for that first walk. Last September walks for recovery were held coast to coast. That's an incredible breakthrough. Recovery is truly becoming more visible. We just held our 3rd Legislative Day and a few legislators revealed for the first time publicly their own personal recoveries.

We produced a couple videos that are still pertinent and powerful today – Putting a Face on Recovery and The Healing Power of Recovery. We wrote the Recovery Core Values in collaboration with mental health recovery advocates that became the cornerstone of Tom Kirk's (DMHAS Director) policy on a Recovery-Oriented System of Care that has become a national model. Opening our first Recovery Community Center in Willimantic was an important milestone. This was in response to a high profile series of newspaper articles in the state's largest paper, *The Hartford Courant*, labeling Willimantic "Heroin Town." We like to say that a few years later, CCAR has had a hand in turning Heroin Town to Recovery Town. Another milestone was starting our Recovery Housing Project that inventoried the state's independently owned, privately operated sober houses, established a coalition, wrote standards and delivered training,. The most recent milestones have been initiation of our Telephone Recovery Support program which perhaps we can talk about later, and our purchase of a 3 story, character laden Victorian home in Hartford for our fourth recovery community center which will also contain our administrative offices.

***Bill*:** How has CCAR's membership evolved since its inception?

Phil: Early on we struggled to identify our ideal membership and debated how CCAR would define recovery. Finally, we concluded that "you are in recovery if you say you are." When I mention that definition to researchers they scoff and dismiss it, but there's a lot more to it than would seem apparent at first blush. We have never formally defined membership, except for people that have agreed to be on our mailing list. Paid membership was something we batted around, but never saw a way to do it. Paid membership also seemed to run contrary to many of our recovery backgrounds. Recovery is free. We decided as an alternative that running an Individual Giving Campaign would give those who wanted to contribute financially the opportunity to do so. We did not want "money" to define membership. We also believe that "you're a member if you say you are". CCAR has never "looked for numbers" but our frequent presentations attract many people to our organization. Our philosophy is that is that "our tent is big enough for everyone". We don't really pay attention to what your illness is, your drug of choice, your recovery support, the medication you may be on (or not on), etc. "You are in recovery if you say you are" and you are welcome. Our thriving all-recovery groups support this notion. As a result, we have become an incredibly diverse organization. And that's fun.

***Bill*:** You had the opportunity to work with Bob Savage who played an important role in the history of CCAR and recovery advocacy

in the Northeast. What are some of the important lessons you learned from Bob?

Phil: Bob was CCAR's first director and I learned many things under his six-year mentorship. I think some of the most important lessons were the following:

- Family, family and more family. Family members have the potential to be the recovery advocacy movement's most powerful constituency.
- Pick a few things and do them very well. Don't try to do everything. Quality counts.
- Be an ally of the state department. Work with them, not against them.
- Pay people in recovery well. Value their experience. If a recovery community organization doesn't pay people in recovery well, who will?
- We have a right to be heard and to speak even when it's uncomfortable to voice our opinions.
- Tenacity works.
- Integrity matters.
- Treat your Board with utmost respect.
- Hire carefully and take your time when hiring.
- Address all personnel situations in reasonable time frames. "20 minutes of intense discomfort is a small price compared to months, or years, of prolonged pain."
- Seek help on special issues from people who have more experience than you in a given area.
- Share your challenges as well as your successes.
- Surround yourself with great people.
- I learned the art of true delegation – giving someone a task or a project and letting them do it. Bob allowed me to either fail or succeed with Recovery Walks! One of the most freeing and encouraging things he ever said to me was that it was OK if it didn't work out, go for it!

Bill**:** As CCAR's second Executive Director, what have you learned about the leadership development and succession process?

Phil: I absolutely love my work, how many people can get up each day and say that? As much as I'd like to think this will be my last job until I retire seaside, I realize that it likely will not be. So how do I ensure that CCAR remains long after I'm gone? I do that by developing my "second in command". I have great confidence in Cheryl, and she has all the skills to continue if I ever moved away from CCAR. To prepare her for that time, I have to be open with her about my plans, my intentions. She and I have to have a different working relationship than with other staff. She sees more of what I go through, is in touch with more of the key decisions than anyone else.

Bill**:** Can you describe situations where you have witnessed the organized recovery community exercising its power?

Phil: Obviously, the walks are one place. Another time CCAR organized the recovery community to brief the legislature on the Connecticut pardons process. There were more than a dozen speakers, and many, many more in the audience as person after person told their story of recovery and how a felony conviction was hampering their lives. As a result, the pardons process was revamped. This past year, a round of CSAT's RCSP funding was eliminated but was restored because of the work of advocates from across the country. I see it every day in the life of the recovery community centers, where people are establishing relationships and serving one another all in the name and hope of healing. I see it in our telephone recovery support services where the recovery community came up with a simple, yet powerful solution, to fill a significant gap in the continuum of care.

Bill**:** One of your early responsibilities at CCAR was organizing CCAR's annual recovery celebration march. Could you describe how this event has evolved over the

years and why it's important to the recovery community in Connecticut?

Phil: We tried several things – some worked, a lot didn't. This may sound like the ultimate in common sense, but, if it didn't work, we didn't do it again. How many times have you seen an agency "doing the same thing over and over again and expecting different results?" Some of the things that didn't work – cooking hot dogs in 90 degree heat, having an 8-hour schedule complete with many musical acts (there were only 6 people left at the end), buying too many tshirts, buying hats and sweatshirts, billboards, paying for buses so providers could bring their clients and more. We have learned what works for us. The last two years we have streamlined the operation, the park set up goes quickly, the agenda flows, the walkers know what to do. It's not nearly the same stress as earlier years, in fact, staff can really enjoy it now. We found that the walk was particularly important for the oldtimers who run into people they haven't seen in a long time. So the walk has a "reunion" function to it. The newcomers also are often amazed and dramatically encouraged by the sight of so many people in recovery. This year I had some earth people attend (friends from church) and they were impressed with the warmth and love of the whole day. It shattered some stereotypes of people in recovery. The Honor Guard, is seen as just that, a place where long-term recovery is appropriately honored and recognized. To be in the Honor Guard, one must have 10 or more years of recovery (family members included), go to the Honor Guard registration table and be outfitted with a purple sash with a sticker of the number of years in recovery. Often people describe the "draping ceremony" as incredibly moving. The walk brings dignity and respect to recovery.

Bill**:** CCAR has developed a very close relationship with DMHAS, your state addiction agency. How has that relationship evolved over time?

Phil: The key is that CCAR places a high emphasis on integrity, honesty and trust. The DMHAS staff trusts us. We will tell them the truth, even if it might mean some temporary "loss" for ourselves. They know we have the best interests of the recovery community at heart. What we will not do is inflate our numbers or exaggerate what we are doing or minimize our struggles to make ourselves look good.

Bill**:** How has CCAR's relationship with local recovery communities changed over time?

Phil: The biggest change is that trust has grown. Early on there was serious skepticism about what we were trying to do, particularly in the 12 step community. But as times have changed, CCAR's mission makes more and more sense to those in long term recovery.

Bill**:** What kinds of trainings does CCAR do and who is your audience?

Phil: We have three main areas of training, the Recovery Training Series, basic Volunteer training and advanced Volunteer training that includes peer facilitation, telephone recovery support, and trainer of trainers. The Recovery Training Series is geared toward the recovery community, but open to anyone. Our most popular trainings in the series are "The Pardons Process I" and "So, You Want to Open a Recovery House?" We have several other modules developed and tested many times. We have a newer one, "Understanding Addiction and Recovery" that has more outreach to it and family members, workers in the field, interested parties have attended. Our volunteers have to go through a comprehensive orientation that includes a two-hour block called CCAR Ambassador 101. A cool thing about these is we have used our consultants to train volunteers and staff to deliver these. Ideally, volunteers do most of these, but sometimes staff fill in to help with the training. We have found over the years that two orthree hour blocks work much better than full day, six-hour trainings. Another training we do is "Racism of the Well Intended," a full six-hour training that we run

every year that is an awesome experiential learning session.

***Bill*:** CCAR has long used focus groups as a way to guide your own efforts and as a way to assure representation of various recovery constituencies in your planning and priority setting. Describe how important these have been to CCAR?

Phil: When we first had the idea of doing training, we had some ideas on what we could offer. However, the better ideas came from conducting a series of focus groups with people in recovery in different areas of the state to determine what they wanted. Our Recovery Training Series was developed from the ideas, needs and concerns of people in recovery. The next generation of these focus groups has been a series of oldtimer retreats that have revealed some amazing ideas that we are currently pulling together in a paper. We are learning a lot about the support needs of oldtimers. We have also learned that people in long term recovery are NOT anti-CCAR, or anti-recovery movement. They just needed more information. By holding these focus groups we have gained support from the recovery "elders".

***Bill*:** How would you describe CCAR's relationship with the treatment community?

Phil: CCAR has never taken an antagonistic stance with the treatment community. Early on, we were perceived as a threat—a new source of competition for limited dollars. I believe that has changed. Recently, I was meeting with a PhD researcher and I was talking about working with treatment programs to find better solutions. He was surprised. He wanted to know why I wasn't more angry, or more active, in trying to right ALL the wrongs within the system I replied that I know a lot of people on the front lines, have met many counselors with huge hearts trying to move people into recovery, and that I don't have an issue with them. Yeah, there are some bad eggs, there are in every field. But for the most part, we have an incredibly dedicated workforce. Why would I take issue with them? I think it also has to do with another unwritten philosophy that is part of the CCAR culture, I say it this way, "We labor in the light of recovery instead of dwelling in the darkness of addiction". I realize the treatment industry is there, and yes there are instances of "harvesting the crop of the addicted for profit", and yes, recoverees are usually left to fend for their own once they're done with their treatment episode. Yet, the treatment industry does serve a purpose, it is very good at initiating recovery.

***Bill*:** Describe the recovery values and principles that CCAR helped forge for the State of CT.

Phil: The state had merged the mental health and addiction services under one new agency. CCAR got together with mental health advocates to discuss what we had in common. We agreed that we had a lot in common when we first entered the "system". They are centered around being treated with dignity and respect, that we shouldn't be left to navigate the system on our own, that the system should reward the providers that are the most recovery friendly and produce the best outcomes. We don't care how many people a provider serves, we care if the people they serve get well. Tom Kirk used these to write Policy #83, a defining document in beginning to design the state's Recovery-Oriented System of Care (http://www.dmhas.state.ct.us/policies/policy83.htm).

Bill: How did CCAR come to work on "The Healing Power of Recovery" video project?

***Phil*:** Five days after 9/11 in 2001, we held our second Recovery Walks! After 9/11 we weren't sure whether we should hold the walk or not. Frankly, we didn't know how to cancel it. So we went ahead. The first few hours as we set up, everyone seemed scattered, thing didn't flow smoothly, we were all rattled. Then Amanda sang God Bless America and Arno played the Lord's Prayer on saxophone, and a power greater than us settled on the crowd. It was a supernatural healing power and the rest of

the day was spectacular. We not only stood firm as people in recovery. We stood firm as Americans. I asked Jim Mattingly if he could capture that on video. How do you capture God? He interviewed and filmed for more than 18 months and pieced together this video… it still moves me today.

***Bill*:** Describe the evolution of CCAR's involvement in peer-based recovery support services?

Phil: CCAR was first organized as a pure advocacy organization. Those first four plus years we did all kinds of cool things to put a face on recovery – posters, website, video, presentations, etc. However, when a member asked a very simple but deep question, "what can I do?" we were often stretched to find something meaningful. They could tell their story (well, what does that mean?), or they could attend a Chapter meeting (and then?), etc. You catch the drift. There was also a segment of our membership that wanted to be of service, they wanted to provide support, give rides, lend a listening ear, mentor, etc and we didn't have those opportunities available. So when the RCSP switched from Support to Services, we resisted at first and then began to see how this could really be of benefit. We started slowly and as we grew into the delivery of support services, they have become more defined. Now we have volunteer opportunities for those who are wired for advocacy and those who are wired for service.

***Bill*:** Describe your efforts to build a network of recovery community centers?

***Phil*:** As CCAR evolved, we realized that in order for local communities of recovery to have a realistic shot at providing support services that they would need an actual physical location. We put together a loose plan and worked it in Willimantic. The plan follows a theme from the movie Field of Dreams, "build it and they will come." Willimantic opened. We looked for a site for over a year before we found one in New London. Bridgeport opened after a long search. Lastly, we have moved into the world of ownership by purchasing a building in Hartford. Our funds our stretched to the maximum now, we will need additional funding to open more. We have been welcomed wherever we have opened. There has been no NIMBY experience for us (knock on wood). A lesson learned is that the Center will take on the personality of the lead organizer and that is a good thing. We call the lead organizer a Senior Peer Services Coordinator and running a Center is more about community organizing than anything else. I think a lot of Recovery Community Organizations lose the organizing piece; they follow a traditional treatment provider model.

***Bill*:** You have recently started providing telephone-based recovery support services for people leaving CT treatment programs. Could you describe the scope of this and what you are learning from it?

Phil: The Telephone Recovery Support premise is simple: a new recoveree receives a call once a week for 12 weeks from a trained volunteer (usually a person in recovery) to check up on their recovery. We have found though that after 12 weeks when we ask the recoveree if they want to still receive a phone call, most times the answer is "yes". We now have people who have been receiving calls for 40 or more weeks and they are still in recovery. In our first full year of making these calls, CCAR volunteers and staff have made more than 3,100 outbound phone calls. We piloted the project for 90 days out of Willimantic, after meeting with Dr. Mark Godley from Chestnut Health Systems to refine our procedures (DMHAS supported this consultation through a Center of Excellence project). We tweaked the script a bit and the process and it works amazingly well. Outcomes have been ridiculously good – our last quarterly report indicated that 88% of our recoverees were maintaining their recovery. Volunteers love making these calls, it helps them as well. It's a win-win situation. We have trained dozens of people to make these calls out of all our

locations. Anyone is eligible to receive a call –all you have to do is ask.

***Bill*:** What do you see as the relationship between recovery advocacy activities and peer-support services?

Phil: Peanut butter and jelly. You can focus on one or the other, but together you have something special. People are wired differently, and an organization that embraces both will draw more people, more energy, more ideas, and more results. When you make a PB&J sandwich and put the two sides together, it's hard to separate them again. CCAR has taken a stance that advocacy is a service and service is advocacy. Our sandwich is mushed together. For example, when a volunteer helps someone navigate the system - is that advocacy or service? Or when a member who has been trained through CCAR speaks at a public event, is that advocacy or service?

***Bill*:** Do you see a danger in recovery advocacy organizations losing their advocacy focus as they get involved in the delivery of recovery support services? How is CCAR balancing these efforts?

Phil: The danger in losing your advocacy is that you lose sight of the big picture. The voices of the communities of recovery must be present at the tables where decisions are made on how people struggling with addiction will be treated. If we stay hunkered down in the trenches, who's going to hear us? We must do both.

Bill: Could you describe in more detail the work you are doing on the Elders project?

Phil: The mission of this project is to record for history, in a video documentary format, the lives and recovery stories of people in ultra long-term recovery. CCAR believes that our stories of recovery are our prize possessions. None are richer, more laden with history, more chock full of wisdom, than those of people with ultra-long term recovery. We're talking people with 40 or more years. Sadly, when these people pass away, their stories are often reduced to memories. If we're lucky they may have spoken at a conference where their story was captured on an audio cassette. CCAR created the Recovery Elders Video Project to preserve in a digital video format, the stories of our recovery elders for future generations so that they may leave behind a profound and powerful legacy, a Legacy of Hope. The first five videos are made possible through a grant by the Connecticut Department of Mental Health and Addiction Services and will be reproduced and distributed to every recovery house in Connecticut free of charge. The elder will also receive 25 copies of their video to distribute as they see fit. CCAR will also send copies to archives, museums, treatment agencies and the general public at a nominal fee to help cover production costs. Four of five videos have been taped. Barring any complication, all five will be released by January 2007. One of the people we interviewed, a woman with more than 50 years of sobriety and who personally knew AA co-founder Bill W., recently passed away. With her story on tape, she will live and help others forever.

***Bill*:** Let me come back for the last portion of our interview to the larger recovery advocacy movement. What do you see as the current state of this movement?

Phil: It's not often I get a chance to step back and ponder the state of the nation. However, I do think that when things get darkest, the light of recovery always finds a way. Is the situation getting darker nationally or is it getting brighter? I'm not sure. There is a lot of darkness – people being sent to prison in droves, the medical profession refusing to treat, the press having a field day with tragedies brought on through addiction. And I see bright things – I see recovery community organizations forming, recovery support services formalized, recovery oriented systems of care discussed, more understanding of the recovery process. It seems the sides are forming, positioning themselves for a showdown. Maybe, I'm

being dramatic, maybe I've watched the Lord of the Ring trilogy too many times, but I think we need to draw as many people to our side. Light always prevails over darkness.

***Bill*:** What do you think we handle the vulnerabilities we face as a movement?

Phil: We must not become overly concerned about power, or worse, become drunk on it. We need to keep our egos in check and our purpose out front. From personal expense reports to chasing huge grant dollars – we must maintain our integrity. We must report our numbers accurately and tell our stories truthfully. There are many large industries that would love to see us have a moral failure. We need rigorous honesty – we must have the ability to see where we have been wrong and promptly admit it and take corrective action. We must always be ready to embrace change that results in improvement. We must develop new leaders.

***Bill*:** You received one of the 2006 America Honors Recovery Awards. Describe what that experience was like for you and your family.

Phil: Grateful. I'm grateful because God saw fit to take a wretch like me and use me for some small part in His grand design. Anything I have accomplished, or any award I receive is because of His grace and He deserves all the glory. Having my family at the awards ceremony was amazing. Me? At the podium of the National Press Club??? Come on… THAT is a miracle. Grateful because of the people I am surrounded by – the staff and volunteers of CCAR all deserve awards for their commitment, creativity and passion for helping others.

***Bill*:** What other experiences stand out for you as you reflect on what you have done in the new recovery advocacy movement?

Phil: To meet and talk with the people I have read and heard about: Bill White, Don Coyhis,
Stacia Murphy, William Cope Moyers, Tom Kirk, Art Evans, Tom Hill, Cathy Nugent, June Gertig, the list goes on and on. To work with others in the RCSP, to share common goals and common battles. They have enriched and blessed my life beyond words.

Bill: Is there a closing message you would like to extend to other recovery advocates across the country?

***Phil*:**
- Organize, don't recruit.
- Embrace honesty.
- Pursue integrity.
- Err on the side of being generous.
- Err on the side of the recoveree.
- Focus on the light of recovery, not the darkness of addiction.
- Love.
- Do the next right thing.