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Toward Effective and Affordable Recovery Support

An Interview with John Curtiss

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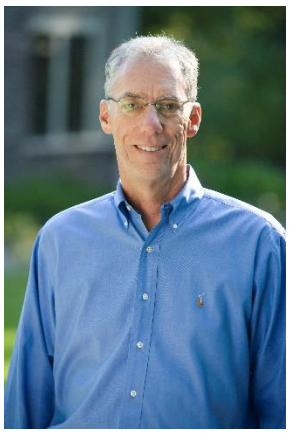

Introduction

As addiction treatment grew from a grassroots healing movement to a multi-billion dollar industry, long-tenured addiction professionals and people in long-term recovery began to express concerns that something quite precious had been lost in this professionalization and commercialization of addiction treatment. Such concerns helped spawn new grassroots recovery advocacy and recovery support organizations, a new menu of peer-based recovery support services, new recovery support institutions (recovery community centers, recovery homes, recovery schools, recovery ministries, and alternatives to traditional treatment programs that focused on accessibility, affordability and effectiveness in supporting long-term addiction recovery. One of the pioneers in the latter of these efforts is John Curtiss, cofounder of The Retreat. I recently (January 2016) had the opportunity to interview John about the story of his movement from the heart of mainstream addiction treatment to founding a very different form of recovery support community. Please join us in this engaging conversation.

Background

***Bill White*:** John, could you share the start of how you entered the field of addiction treatment?

***John Curtiss*:** Well, it actually started with my own recovery, in January of 1976, after a nine-year battle with addiction, I was sent, from my home in Cincinnati Ohio, on a one-way airline ticket to Hazelden in Minnesota. I spent two months in primary care, and then eight months in Hazelden's halfway house, Fellowship Club. Now back in that time, everyone entering recovery seemed to want to be a counselor someday. We all wanted to grow up and be like our counselors. We were young people trying to find our way in this new sober world and, of course, the message I got very clear was put your own life together, work on your own program in

recovery first. So, for my first 3½ years of sobriety, I worked in a printing shop and went to allot of AA meetings. About a year sober, I also started volunteering at the Bridge for Runaway Youth in Minneapolis, helping kids on the run get off the streets and into safe circumstances—either with their families or in other placements. In doing this work I felt like I'd found my calling. I found I had a knack, a natural empathic understanding of those in need of help. It convinced me that being a counselor in the addiction treatment field was my calling.

In 1979 I entered the Hazelden Counselor Training Program. A year-long immersion in the treatment and counseling experience. You lived on campus in a 24/7/365 educational and practical experience. That experience crystallized the decision that this was what I wanted to do with my life. Following my training I was hired by Hazelden initially as a floating counselor, which basically meant that you carried a caseload of 15 patients on three different units, and then I settled in on a unit and became one of the Unit Counselors and eventually became a Unit Supervisor in '83. It was a magical time in the field.

Hazelden Experience

***Bill White*:** How would you describe the field at that point in time?

***John Curtiss*:** Much of my experience at Hazelden was during the Dan Anderson, Pat Butler, Gordy Grimm and Harry Swift era, the originators of the Minnesota Model. They were amazing teachers and role models. The seventies and eighties at Hazelden, and in the field in general, was an exciting and highly collaborative time. Dan Anderson was the consummate teacher and was the best at creating a learning and teaching culture. Freely sharing ideas, models, everything with everyone. It was also a time of tremendous growth in the field. More people received help in the 70's and 80's than in any previous decade. The average length of stay in primary treatment was 28 days and the cost of care was reasonable enough to allow many to pay out-of-pocket if needed. The full continuum of care was in place; detox, primary care, extended care, halfway houses and sober-living allowing people the intensity of care and time needed to heal and recover. Looking back, this was a simpler time in the field. We were less encumbered by the regulatory demands and the eventual chokehold of managed care. Individuals and families got well and their gratitude was enduring.

***Bill White*:** Hazelden had already become an iconic institution at the time you were in training and working as a counselor there. People were visiting from all over the country and world. Did you have a sense of that specialness?

***John Curtiss*:** I did. It was clear that I had landed in the middle of a very special place that was influential in driving an international movement in the addiction treatment field. I was surrounded by people from all over the U.S., and around the world in training and as patients. In 1976 when I first came to Hazelden as a patient, there was a revolution of sorts in the treatment of addiction. The Minnesota Model was exploding across the country and abroad. Nearly every hospital in the country had a 20-bed, 28-day program that mirrored what Hazelden was doing. Young people were flooding into recovery. It was the year of Freedom Fest (June 1976) where tens of thousands of recovering alcoholics and addicts filled the Metropolitan Stadium in Bloomington Minnesota celebrating their new found freedom. Garry Moore and Dick Van Dyke were the hosts and a documentary film called, *One Day*, captured the happening. I remember calling home with six months of sobriety and saying, "I think everyone in Minnesota is in recovery!" (Laughs) It was a very exciting time and impossible not to get swept up in the enthusiasm. It was an exciting and energizing time to enter the field.

***Bill White*:** You went on to serve as Executive Director of Hazelden's Fellowship Club and to be a VP at Hazelden. You were

one of the key purveyors of the Minnesota Model in the 1980s.

***John Curtiss*:** I would more accurately say I was an active participant in the Minnesota Model in the 1980's. I became a Unit Supervisor in '83 and supervised two different primary treatment units and then in 1988 became the Executive Director of Hazelden's Fellowship Club, which was one of the first halfway houses in the country dating back to 1953. Fellowship Club was a 55-bed intermediate care program (which is how we referred to it at that time) serving adult men and women. We felt that the term halfway house conveyed more of what today would be called a sober house, and Fellowship Club which offered more clinical services and was staffed by a multidisciplinary treatment team fell somewhere between extended care and sober-living. So Intermediate Care was the term we used. People stayed six to eight months, working, going to meetings and taking what they had learned in primary treatment and putting it into action in their day-to-day lives. It was a residential community-based program that created a safe "caring community" environment to support our resident's re-integration back into society.

During this time I completed graduate school, receiving a masters degree in Human and Health Services Administration. In 1992 I was promoted to VP of Hazelden's National Continuum of Care. Overseeing Hazelden community partnerships around the country and the development and operations of Hazelden's programs in New York City, Chicago and St. Paul.

***Bill White*:** How did your role then transition to a national scope?

***John Curtiss*:** First, it was impossible not to have a national, or even international, view of the field working at Hazelden. Over half of our patient population came from outside of Minnesota and abroad. In 1979 Hazelden was very involved in helping set up The Betty Ford Center in California and in the 1980's The Hanley Hazelden Center in West Palm Beach Florida. In the late 80's & early 90's, Hazelden was looking to expand as alumni and donors in New York and Chicago wanted to see Hazelden programs in their communities. So our first venture was to replicate what we had in St. Paul, Hazelden Fellowship Club, a 55-bed intermediate care facility in the heart of Manhattan. Doug Tieman, who's now the CEO of Caron Foundation, and I led this effort. Doug was the fundraiser and I was the operations and program guy. Together, we found a building, purchased and renovated it, and opened what became Hazelden New York. Bill Moyers, who led our fundraising campaign in New York, called it, an "Island of health in the busiest city in the world." A few years later we opened Hazelden Chicago.

For much of my 19 years at Hazelden I was also an instructor for Hazelden's Continuing Education Department teaching "The Minnesota Model", "Group Therapy" and "Working with Special Populations". This allowed me to meet some amazing and very dedicated fellow professionals throughout the country and abroad.

In the late 80's, I became very active in the Association of Halfway House Alcoholism Programs of North America (AHHAP); Fellowship Club was one of its founding members in 1966. My involvement on the AHHAP board of directors broadened my involvement in the national and international halfway house, recovery home & sober house movement. Meeting people like Jim & Sue Cusack in New York, Skip Land and Jack King in Chicago and Susan Blacksher and Ken Schonlau in California contributed to a significant shift in my thinking about where recovery, and even treatment, should move if we are ever to make recovery available to the masses in need. We traveled the country together meeting likeminded grassroots providers who were dedicated to this "social model movement". Creating thousands of community-based recovery homes, and in turn were creating hundred of "naturally occurring recovery communities" surrounding them, that were making recovery accessible to many more people for

allot less money. I served two stints as Chairman of the AHHAP board.

***Bill White*:** As you look back on your Hazelden experience, what do you see as the value of the Hazelden model?

***John Curtiss*:** First, it showed the world that you could and should treat those suffering from alcoholism and drug dependency with dignity and respect. Hazelden was the first program in the country to merge total abstinence, active involvement in Twelve Step recovery and the clinical components into one seamless and effective treatment philosophy. It was, and is, an amazing treatment and training environment that carried the message that alcoholism is a primary progressive illness, it is treatable, and that recovery is a multi-dimensional process that's best supported by a multidisciplinary approach to care. It started a revolution in the addiction treatment field and contributed greatly to the professionalism of the field. Over the years, Hazelden has trained thousands of people and sent them off into the world to replant the seeds of the Minnesota Model Care.

Birth of the Retreat

***Bill White*:** Were there limitations from your experience with the Hazelden experience and the larger directions of addiction treatment?

***John Curtiss*:** I remembered on a number of occasions talking with Dan Anderson before he retired as president of Hazelden in 1986 where he shared his worry that Hazelden was getting too big, too complicated, and too expensive, a trend that was happening across the addiction treatment field in the United States. Over time, the professionalization of the treatment field became a double-edged sword. It certainly helped to become more accountable and credible in the world of health care and I think overall "care" was improved. However, the simplicity of the treatment field was lost in a maze of the rules and regulations of licensure and accreditation, the mandates laid down by insurance companies and managed care, and in the multiplication of services within the treatment setting. The professional counselors' role was continually evolving, requiring more education, more specialized skills, and broader knowledge than the professionals before them. Joint Commission and CARF accreditations, licensure, utilization review, quality assurance, Total Quality Management, endless tweaking of standards for admission, continued stay and discharge and the never ending battles with insurance and managed care companies took it's toll on the organization and the staff. Treatment became a much bigger business layered with levels of administrative and clinical responsibilities, endless documentation and in general much more complexity.

All of this, of course, drove the cost of care up and with the growth in beds across the country led to increased pressure to keep beds filled. The growth of the "business" of treatment eventually led to a shift away from the collaborative "sharing the model with anyone and everyone" to a much more protectionist, market share driven culture.

Two other critical changes to the addiction treatment field, one brought on by external forces and one by internal decisions made to combat these forces led to dramatic changes in the treatment environment:

The first was managed care's decision that funding for addiction treatment be tied to their ever changing "medical necessity criteria" and the second was the move of treatment under umbrella of *behavioral healthcare.* These two changes played a key role in a dramatic increase in the number of patients being diagnosed with co-occurring mental health disorders. In the '70's and '80's between 18-20% of those being treated were diagnosed with a co-occurring mental health disorder, mostly depression or an anxiety disorder. By the mid to late '90's, sixty to seventy percent were diagnosed with a co-occurring conditions and with women and adolescents that number rose to as high as 80-100%. Now it's quite possible that there were many

patients in those earlier years that were under diagnosed and as the professional staff became better trained we were identifying more accurately. But, the mandates from Managed Care to only reimburse for medical or psychological stabilization and the increased role of the psychologists and psychiatrists in the treatment environment led to what I have referred to over the years as the *over pathologizing of the human condition*. There are many people who in their first few days of recovery appear to have a lot of co-occurring mental health disorders, but with total abstinence, active involvement in a "program of recovery" and the gift of time those symptoms eventually disappear. The pressure, brought on by Managed Care's medical necessity criteria, to assess, diagnose and treat within the first three days of treatment inevitably led to over-diagnosing, over treating and in some cases over medicating conditions that would have disappeared over time. And as the lengths of stay diminished the *gift of time* was no longer on our side.

***Bill White*:** John, was that awareness the seed of what will become The Retreat?

***John Curtiss*:** Yes. In 1991, the Johnston Institute hosted a conference at South Sea Plantation on Captiva Island, Florida. Fifty professionals from across the country attended with representatives from criminal justice, substance abuse treatment and the research community. The theme of the meeting was, "Where are alcoholics going to get help in the future?" It was clear at that point that managed care was going to continue to squeeze the bottleneck in terms of access to care and that this will significantly reduce residential lengths of stay and ultimately reduce treatment beds across the country.

I met Dr. George Mann, the founder of St. Mary's Hospital program in Minneapolis at that conference. I had known of George for years but had never really sat down and shared ideas with him. It turned out that he and I shared similar concerns about the direction the addiction treatment field was going: The rising cost of care, the decrease in access to care, the increased complexity of care, and the shift of the field under the umbrella of psychiatry and behavioral health and away from the spirituality of the Twelve Steps of Alcoholics Anonymous. We both felt these changes would drastically impact the quality of care and eventually outcomes.

We shared a set of common beliefs: that treatment could and should be simpler, more affordable and accessible and more connected to the spirituality of the Twelve Steps. Could we go back to the basics at a time when everything was becoming more complex? George came back from that conference and formed a "think tank" group and called it The Community of Recovering People of which I was a member.

The group consisted of dedicated professionals in the treatment field (Johnston Institute, St. Mary's, Abbott Northwestern and myself from Hazelden), business leaders and long-term recovering people. Our mission was to explore the variety of treatment methods and models existing at that time and come up with another approach that could help more people access a life of recovery. We met at the Basilica, St. Mary's in Minneapolis once a month for seven years. We met with leaders in the social model movement from California. We brought people in from High Watch Farm (the program Bill W. and Marty Mann started in 1939) in Kent, Connecticut. And we had many conversations with Harry Swift and Gordy Grimm about the very early days of Hazelden. What we found in those early accounts was that there was a power in these "people helping people" community-based approaches that were simple, affordable and effective. In their beginnings they were not treatment but rather "recovery retreats". I was enamored with the simplicity of the Old Lodge (Hazelden's original program starting 1949) and the High Watch Farm experience. Could we go back to something like that, with the knowledge and sophistication we now have about clinical complexity and co-occurring issues the alcoholics are presenting us today? Could

we make a simple, basic model like that exist in this day and age?

In 1995, I wrote a business plan for a 20-bed, supportive-educational, Twelve Step immersion retreat center modeled after those earlier approaches and called it "The Retreat". I wanted to make a distinction between "treatment" and this more supportive educational community-based approach. This seemed to be a model we could all coalesce around. No one, it seemed, in the field was moving in the direction of simpler, more basic, more affordable, more Twelve Step focused, so we felt we had our mission. George Mann called in all his personal favors and raised about $600,000 and Bob Bisanz, Jim Steubner and I started looking for a building. At the close of '97, we found a potential site: the old Pillsbury-Gale family estate in the western suburbs of Minneapolis. It had 172 acres of land, an 8,000 square foot brick mansion, a horse stable, and a gatehouse. It was like a Monet painting—an absolutely beautiful facility. Initially we leased the property with an option to buy. Around that same time George Mann approached me and said, "John, do you believe in this model enough to leave your great job at Hazelden to make it happen?" After much discussion with George and others and a lot of prayer said, "Yes, I do." So on April 1st 1998, I left Hazelden to start The Retreat. I remember my first day, driving my pickup out to the new location; I was alone (I was our first and only employee) in an empty building with no furniture thinking, "What have I done?" Thank God that moment of insecurity didn't last long. I found a volunteer that helped me furnish the place (we received a lot of donations). I hired the three additional staff to get the program up and running; Misha Quill (admissions coordinator), Diane Poole (program coordinator) and Greg Olson (overnight Retreat Assistant) and brought on AA and Al-Anon volunteer "champions" to help drive the volunteer teams who would deliver the program curriculum. By the 11th week we were ready to accept our first guest.

I received a phone call from a Hazelden board member who had a nephew who needed help and it turned out I was his counselor 16 years earlier. He became guest number one on June 21, 1998. The 2nd guest came a week later and by the 5th month we were nearly full and operating "in the black". It cost us $177,000 to get The Retreat opened, furnished, staffed and operating in the black. We exercised the option to purchase the property the second year and paid off the mortgage the third year. We have had 18,000 people from around the world go through The Retreat since that time (18 years) and have never had a "red" year.

The Retreat Model

***Bill White*:** John, how would you distinguish The Retreat model from the clinical treatment of alcohol and drug dependence?

***John Curtiss*:** The Retreat is a supportive-educational community-driven model of care rather than a clinical or medical treatment program. We don't serve people who need the level of clinical intensity offered in the more traditional treatment programs. We serve people who know they have "the problem"of alcoholism and/or drug dependency, are "motivated" for recovery and are medically and psychologically stable. We provide an intensive orientation to the spiritual solution of recovery embodied in the Twelve Steps of Alcoholics Anonymous. We believe that if we provide a safe and supportive environment, accurate information about the *problem* and the solution, and a solid bridge to Alcoholics Anonymous, people will recover. If clinical services are needed, our guests can access them through a network of community resources. The entire cuuriculuum at The Retreat is delivered by a vibrant and dedicated group of volunteers that are active members of Alcoholics Anonymous and Al-Anon. We have over 400 volunteers that interacted with The Retreat guests, in a variety of capacities, each month. As a result of this volunteer-driven model we are able to deliver a 30-day residential stay for $4,900

compared to $30,000 or more for more clinically-oreinted treatment programs.

In some ways we serve different populations. However, I have found over the years that there are many being served in traditional treatment programs who really don't need the level of clinical intensity that they are paying for. There are many who just need a safe and supportive place to go to get out of the "burning house" of their addiction and learn and practice the Steps and principle of recovery in their day to day lives.

Bill White: How do recovery outcomes following participation in The Retreat compare to outcomes of traditional treatment programs?

John Curtiss: We utilize an external research group from Oregon to measure everything that we do. We survey our guests when they arrive, when they leave, and six months and twelve months post discharge. We look at general demographic information, prior and post substance use, health care access, involvement in the legal system, mutual help participation, employment, and overall quality of life. We have been researching our model now for over 17 years and the outcomes are at or above the highest industry standards at 20 cents on the dollar. This was the statement from our research group in our 2012 Report:

"The Retreat data continues to be some of the strongest, most compelling data the evaluation team has seen in over twenty years of evaluating a variety of addictions programs."

***Bill White*:** I assume then that the staffing pattern would be very different than that found in a traditional Minnesota Model program.

***John Curtiss*:** That's true. Although many of our senior leadership staff are licensed clinicians, mostly serving in a screening gatekeeping capacity, we don't have the full multidisciplinary team (counselors, nurses, doctors, psychologist, psychiatrists, etc.) found in a traditional clinical treatment program. Rather than a "case management model" as seen with most treatment programs, The Retreat staff serve in a "milieu management" capacity overseeing a community of volunteers who deliver the curriculum. In a clinically oriented treatment program the *agent of change* is the "*counselor-patient*" relationship where in The Retreat-model care it's "*God working through the Community*".

When we started, we had four staff: myself as the director, Misha Quill, our admissions coordinator, Diane Poole, (who also trained at Hazelden) as our program coordinator and Greg Olson our overnight Retreat Assistant. It was very lean staffing pattern and continues to be, relative to our growth, to his day. Today, with 157-beds, we have 77 employees, many of which are part-time or on-call, with a total of 37 FTE's.

***Bill White*:** And how was the cost different compare to traditional treatment?

***John Curtiss*:** When we opened the Retreat we were about ten percent of what traditional treatment programs were charging; $2,600 a month compared to $27,000 a month for many treatment programs at that time. Today, eighteen years later, we charge $4,900 for a 30-day stay, which includes a 4-day residential family program for one guest's family member, compared to $30,000 plus for a traditional residential treatment program.

Many of our guests will come to The Retreat for 30-days and then live in our long-term sober-living residences in St. Paul for a year or more, to practice the Steps and principles of their recovery while re-engaging into full and productive lives—all for total cost of less than $5,500 for an entire year immersion in this Caring Community. Our residents pay their own sober-living cost of $550-$600 per month with jobs they receive in the community.

The gift of time, structure and support to heal, to learn to live happy, sober and productive lives without breaking the family bank.

To put this into perspective most clinically oriented halfway houses today are charging $6,000 to $9,000 a month not including the $30,000 plus for primary treatment. It's difficult to get the time one needs at these prices.

Model Dispersion

***Bill White*:** John, you have had opportunities to spread this model in other communities, both in the United States and internationally. Could you talk a little bit about such replications?

***John Curtiss*:** Our replication efforts have really been a product of attraction. There have been a lot of eyes on this little project from the very beginning. It may have been that the people who were involved in creating The Retreat were well known around the country and our affordability and outcomes drew a great deal of attention. From the beginning people started visiting The Retreat from Sioux Falls to Hong Kong saying they wanted to create something like this in their communities. And we were delighted to help them.

I came out of the Dan Anderson era at Hazelden where Dan would give away everything we were doing to anybody and everybody. He would travel around the country and the world spreading the Hazelden model even when there was no financial benefit to Hazelden. He felt that the more programs out there helping alcoholics and addicts the better it would be for us and the world. I felt this was the philosophy I wanted to emulate at The Retreat, and we have. So, The Retreat model is now in communities all around the world. (Hong Kong, Sioux Falls, Nashville, Auckland New Zealand, Vero Beach Florida, Waterford Ireland and soon in Dallas, Sydney Australia and Boulder Colorado). At times, a board member will say, "Can't we monetize this in some way?" or "Shouldn't we build our own bricks and mortar projects around the country?" I keep reminding them, "I've seen many organizations expand around the country ending up with 500- 600 beds and the bricks and mortar that comes with it." The weight that puts on an organization changes you, and we wanted to avoid that. We want to help as many people as we can provide and receive support for recovery. I'd rather give it away and see how many of these models we can help create without the weight of owning bricks and mortar everywhere.

Now, that said, The Retreat has grown considerably since our early days. We moved from the Upland Farm property in Minnetrista Minnesota after six years as a result of long waiting lists and the realization that we had completely outgrown that facility. We moved to the Wayzata Big Woods, 22 acres of old growth forest in the middle of the wealthiest community in Minnesota. The citizens of Wayzata raised their property taxes 3.1 million dollars to help contribute to us coming to this property. Community leaders wanted to preserve the Wayzata Big Woods and keep the integrity of the spiritual retreat center that was there before. The Cenacle Sisters had hosted spiritual retreats on this site for 50 years. So, it was one of those amazing public/private partnerships between the Trust for Public Land, the citizens of Wayzata, the Minnesota Land Trust and The Retreat that allowed us to move to this environment. Today, we have 157 beds, including: a 40-bed Men's Center, a 20-bed Center for Women's Recovery, a 20-bed Center for Family and Spiritual Care all on our Wayzata campus and 77 long-term sober living beds in six facilities in the historic Crocus Hill neighborhood St. Paul. We also have non-residential evening programs in St. Paul and Wayzata and an Older Adult day program in Wayzata for those 60 and over. As much as we've grown, all of our programs remain grounded in our volunteer-driven, supportive, educational retreat model of care.

Closing Reflections

***Bill White*:** What have been the greatest personal challenges you've faced in this work?

***John Curtiss*:** One of the challenges for me (and my staff get tired of hearing me say this)

is how do we continue to grow and *stay small*. How do we grow and develop as a model of care that can help more people access a life of recovery, and yet maintain our intimacy with the people we serve, our donors, our friends, our community, our mission? There's this natural thing that happens with every growing organization - you create layers of leadership, administration, departments, divisions and silos. In that process you can, if you don't pay attention, grow your way out of specialness. George Mann and I spent a lot of time talking about our need to keep our organizational structure as flat as possible. By design, we want our board and our staff to be in the middle of the action - close to our community and to the people we serve at all times. I still have dinner with the sober house men every Tuesday night. All of us are involved in the trenches, visible in the community, active in meetings. We try our best to operate our organization using the principle and traditions of Alcoholics Anonymous as our guide.

Keeping our model simple and staying focused on what we do best is another challenge. There are a lot of "shiny pennies" out there in the field that are being developed all the time. You go to the conferences where everybody's marketing their new specialty program (1,200 count bed sheets, ocean views, massage therapy, equine therapy, CBT, DBT, etc.). The big push in the field today seems to be toward these "high-end" programs with all the bells and whistles. ($30,000 to $60,000 a month primary treatments, $3,000 to $20,000 a month sober houses) This strategy is not going to solve the problem of access to care that we are facing in our country. I'm constantly saying to the board and the staff, "We have to keep our model simple, focused and affordable, complexity ends up moving us away from what we're trying to accomplish, an affordable, spiritually grounded immersion in the Twelve Steps of Alcoholics Anonymous." This is what we do! It is the most difficult part of our model – *keeping it simple*.

How do we remain true to the fundamental goals of total abstinence and active involvement in Twelve Step recovery and not be labeled as a bunch of old-school guys that just want to hang on to our old school ways? As an organization we are always growing and always learning and certainly want to support the field to look for every solution out there that may help save lives. But we also want to preserve this time-tested Twelve Step abstinence-based model of care for current and future generations.

Another challenge is around succession planning. As the field and the profession moves more toward the medical-model, clinical interventions and toward various harm reduction and Medically Assisted Treatment strategies, which all have their place, the next generation of helpers in the addiction treatment field don't have the same deep and practical grounding in the spirituality of the Twelve Steps, the disease concept, or even the value of total abstinence as a fundamental goal of recovery. Where are the professionals that encompass the clinical knowledge and skills, the spirituality of the Twelve Steps, the power of community and the grassroots movement with strong business acumen going to come from? Today's counselor training programs are not teaching these skills. The Retreat's professional in residence training program and internship programs are helping in this regard, but much more is needed.

***Bill White*:** As you look back over this work, what do you feel personally best about?

***John Curtiss*:** You know, there's an amazing ability and desire in communities, particularly in the recovering communities, to help one another. Everywhere we go, we experience this powerful ethic of compassion and service. That is probably the most exciting thing for me--knowing that we have been able to play a small part in rekindling this movement of people in this country who want to help each other live happy, sober and productive lives. The other thing to me is the power of love. It generally doesn't get talked about much in the therapeutic modalities, but there's nothing more powerful or more effective to helping

someone get to the bright side of this problem than loving them. What enriches me most is being surrounded by this caring community of people who are so dedicated to carrying this message of hope & recovery. It's been by far the greatest gift of my life, watching that come together and being part of it.

***Bill White*:** John, that's a perfect closing point. Thank you for taking this time to share your experience and thoughts.

John Curtiss: My pleasure Bill. Thank you.

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