Questions Asked During Live Webinar Broadcast on 4/17/2020

Recovery Support Series, Section IV: The Participatory Process for Solutions to Addiction
Presenter: John Shinholser and Honesty Liller, CPRS

What do you mean Barackatizing?
A: bureaucratise

   1. endue (someone or something) with the characteristics of a bureaucracy.

   "impersonal and bureaucratized welfare systems"

Basically as authentic recovery support providers government agencies have a tendency to limit our effectiveness, they tend to over professionalize simple recovery support services.

Do you think relapse is part of recovery?
A: Relapse is part of 97% of those seeking and attempting recovery.

I feel it doesn’t have to be, but statistics shows it does.

How do you get more diversity involved in your participatory process?
A: Strategically seeking diversity. Funding helps a lot also.

We have sent out surveys to our community to get feedback about diversity. We took the info from that survey and incorporated different support groups at our Recovery Center.

Are you concerned that if you fund the 12-step programs that they will become beholden to the funding sources and not to those people who voluntarily identify as members of the 12-step groups?
A: It’s almost impossible to fund 12-step programs, it is strictly prohibited especially AA and NA.

I agree with John, the 12-Step programs are self-funded since the beginning of existance. It is part of the culture.

What about other peer groups that aren’t based on 12 steps?
A: Love most of them, wish there were more, they are typically embraced.

There are lots of forms of groups now to support those with addiction. These are needed because not all people with addiction want to be in 12-step.

Do you feel peer to peer is more effective than clinical?
A: For the most part, for the majority, however it may be the clinical component that gets a person to the peer portion. It may be the peer portion that get a person to the clinical portion. A person typically can have contact with clinical services intermittently throughout their recovery lifetime. Social connective is primarily a peer to peer thing yet for example trauma work is probably best under clinical supervision as many other cooccurring disorders. To have both available is best!

Personally with my own experience, peer to peer helped to save my life. I tried clinical for years and the authentic aspect of peer to peer is what I needed. I believe that clinical and peer can work together though. Some need more than just peer to peer.

I live in the Midwest. What do you suggest for getting services and help to an area with people that are so closed minded? And in an area that is so heavily substance laden?
A: Tough situation, find like minded people and just start sounding the alarm, when you can get a spark fire will follow.

I think you should still continue to be a voice and help anyone that you can. It is all about advocacy and communication in your community. Just don’t stop and find allies that can do it with you.

What specifically are the negative outlooks on the state and federal level and what can we do about it?
A: Their brainwashed for the most part, they believe their rhetoric. The solution is for 40% of SUD tax dollars to flow through state agencies to authentic recovery support providers.

I believe funding is an issue with most localities. Giving the funds to state agencies to help those with SUDs is not always the answer. There needs to be a respect for the peer to peer led Recovery Community Organizations and their data to prove it works.

How can I start a Peer Support program?
A: Google McShin, watch and read all the content you can find, then go to McShin home page and read and watch all the video’s then go to our facebook page and watch and read as much of that as you can. Then call me and I’ll walk you through the process.

It’s all about having someone to help you. I am happy to chat as well.

What experiences do you have with attending 12 step meetings when clients are present? What suggestions do you have for someone who finds themselves in this situation, particularly in rural areas?
A: I have a lot of experience with this, for decades, commonsense is always the order of the day, be mindful of possible legal situations. Rural areas definitely require a higher level of spirituality.

This one is still a little difficult for me. I do share in 12-step meetings with participants in there as well. I just utilize my support group if I am going through something that I don’t want the participants to hear in the meeting.