1. **Do you feel any manual-based approaches and "SMART" help, especially for one-on-one? If manualized, any recommendations?**

I believe in all evidence-based recovery programs – including Twelve Step recovery (see John Kelly’s work at Harvard). I am a strong proponent of SMART, and although I’m not certain it is ‘manualized’ LifeRing is also a good program. I also endorse Stephanie Covington’s evidence-based ‘Helping Women Recover’ program. All of Dr. Covington’s work has been instrumental for women in or seeking recovery.

I believe there is a growing evidence base for Wellbriety as well – which is a holistic model based on the use of Native culture to support healing.

2. **Do you support those in a MAT program?**

Absolutely – MAT has been saving lives for decades.

3. **How do you feel about language in 12 Step programs such as "defects" - a term I do not use in my work with clients or want to use in Al-Anon 12 Step groups for family members?**

I prefer not to use it, which is why one of our ten Intentions & Guiding Principles reads: ‘We focus on our strengths, not our defects. This is how we change.’ When speaking with or working with women who follow a 12 Step program I share my views of the concept of ‘patterns’ rather than defects to allow observations about the things they do that might do harm to themselves or others, but I always try to focus more on what they do well and not on what isn’t working for them. They know what isn’t working for them almost always, they just need encouragement and some skill building to stop doing it.

4. **You mentioned research being done on knitting in recovery. Do you have any resources for information on this?**

I don’t have access to an academic database in this moment but did find this PhD Dissertation:
Knitting as an Adjunctive Treatment for Substance Use Disorder: Knitting as an Adjunctive Treatment for Substance Use Disorder: A Mixed Methods Multiple Case Study

Also, a google search will reveal a lot of literature and discussion on the topic.

5. What are some vetted online recovery meetings/supports in limited/frontier locations to increase access?

I don’t believe there is actually a vetting system anywhere for online recovery meetings but there is certainly a PLETHORA of virtual recovery meetings and supports. She Recovers trains facilitators in holding trauma informed, body and food neutral spaces and we host a variety of meetings for identity-based groups. There are some great meetings on In The Rooms as well.

6. What are some talking points for professionals without personal recovery experience (only family use) to explain 12 step programming to clients?

Gosh, this would take me a long time to write, lol. My main advice would be to suggest that a client check out 1-3 online meetings to assess alignment. And, if possible recommend that women attend women’s meetings, LGBTQ+ attend LGBTQ+ meetings etc. I would reiterate to them that 12 step programs have worked and continue to work for millions and millions of people, and also it’s okay if it’s not for them.

As it so happens, I received a link to a blog post on this topic in my inbox this morning so will share the link. I will say – that I wish that people writing for others about 12 step recovery would remain consistent and use the term ‘higher power’ consistently rather than using ‘God’ to describe a higher power:

All the Top Benefits of 12 Step Programs for Addiction

7. What stigma do women in 12 steps face? Do nurses carry same stigma?

Women in recovery in general experience more stigma than their male counterparts. And nurses and other healthcare professionals including mental health professionals experience even more stigma, something we talk about all the time in our support group for female-identifying healthcare and allied professionals.

Here is a good article on stigma and women in recovery: chrome-

And another specifically about nurses and stigma:
8. Medication in 12 step programs? This is why I was basically run out. How can we address that in 12 step?

I think there may always be issues within mainstream 12 step meetings (NA in particular) but the best with the programs the response is always to remind people that ‘the only requirement for membership is the desire to stop using.’ Unfortunately – hardcore NA members see MAT as using. I prefer to refer people to Medication-Assisted Recovery Anonymous, there they will find complete acceptance and support for their chosen pathway.

9. I know many recommend ‘just look past this or that’ in 12 steps. I have trouble with even looking past their language that is non-inclusive. Is it true the Big Book still only recognizes men, and it is the same text as written in the 1930’s?

The Big Book of AA was indeed written in the 1930s – but AA does a good job at providing updated information in the form of ‘pamphlets’ on a wide range of recovery related topics. And they do try to change language in meeting guidelines – a few years ago they changed the statement “AA is a program of men and women’ to “AA is a program of people” to be more inclusive of non-binary folks and that was a step in the right direction. But also, if the language is just too hard to get past, there are other options for individuals seeking recovery.

And of course, I always suggest that women look to Stephanie Covington’s A Woman’s Way Through the Twelve Steps as well as Patricial Lynn Reilly’s A Deeper Wisdom: The 12 Steps from a Woman’s Perspective.

10. How can your sponsor help you understand the 12 steps when you found recovery on a different path?

I think that it’s important to talk about the 12 Steps as a ‘pathway’ that can be a part of a larger patchwork of recovery. For those who found recovery in a different way, checking out the 12 steps can be seen as just a tool on the journey? I always talk about the power of the ‘principles’ behind each of the steps as the principles are larger and more abstract, but that works for some people. For women, I always suggest using Stephanie Covington’s ‘A Woman’s Way Through the Twelve Steps’ = a revised edition has just been released this month – and it comes along with a workbook (the revised version will be released in April).

11. Dawn, I’m curious to hear suggestions on how to respectfully introduce myself at 12 step meetings. I no longer say, “Hi, I’m Tara and I’m an alcoholic.” But I now live in an area that people introduce themselves constantly throughout the meeting every time they read or share, and I find it redundant and I just don’t subscribe to the label.
Questions Asked During Live Webinar Broadcast

Such a good question – I think I answered it in the session but my fave suggestion is for women to say ‘I’m Tara and I am a woman in recovery’ or ‘I’m Tara and I choose to be sober today.’ Some variation of those. As for the redundancy piece – I think a lot of people really have a strong attachment to the label and that’s okay if it works for them right? Doesn’t have to work for everyone.

12. When looking back at the 70’s, do you see the oppressions of women needs and shaming? What work was prompted in your movement to help those women still sober/abstinent?

Sorry I am not sure I understand the question. I do believe that the women’s movement of the 1960s and 1970s led to changemakers like Stephanie Covington and others to demand women-centered addiction treatment in the 1980s. Prior to that, men and women were always grouped together in addiction treatment. That was the beginning, I believe of a movement to empower women to take charge of their own recovery and to help other women do the same. Today, we focus on connection, support and empowerment of women in recovery – that women need to take charge of their own recovery is a pillar of what we believe.

13. It is so hard to get off MAT. Do you recommend it to your clients?

When I am supporting someone using medication in their recovery my advice is always the same – they need to consult with their medical professionals / addiction physicians and other supportive professionals to discuss coming off of MAT.

14. I’m trying to find out more about where to look for good evidence that considers 12 step programs, other types of group support or therapy, and individual therapy. You brought up John Kelly. Where else can I look?

I’m mostly familiar with John Kelly’s work which you can find out more about at the Recovery Research Institute but here is an article that goes into some detail about the state of the evidence: Revisiting 12-Step Approaches: An Evidence-Based Perspective.

15. To follow up on my earlier question thank you, on the word “defect“, has the issue of using the term defect been formally discussed in AA etc. in making policy?

I can’t answer that question, but I would guess not. However, I encourage women and individuals to feel empowered to change the words when doing their own work, or to access other Twelve Step inspired materials to support them in their work such as

16. Many women are accessing plant medicine such as ayahuasca and psilocybin once or twice along their path to enhance their spiritual connection to a higher power, work through trauma, access healing - and they continue to stay completely sober outside of
Questions Asked During Live Webinar Broadcast

this type of healing - do you consider this a relapse or part of medication assisted recovery?

I don’t consider accessing plant medicine a relapse at all – if the intent of the experience is to delve into deeper healing, not to get high. I’ve never thought of it as ‘medication assisted recovery’ but that could work? I usually talk about it as a ‘plant-based healing modality.’

17. My community needs help finding an online SUD counselor for level two clients. Any ideas?

Sorry I’m not a clinician and am not familiar with the term ‘level two clients.’