Chapter 13: Getting Started

13.1 About This Chapter

Chapters Two through Eight of this book described a LifeRing meeting or network of meetings that are already formed and operational. This chapter assumes that the convenor stands in a territory where no LifeRing yet exists. The chapter is a guide to the prerequisites and the methods for putting a new LifeRing face-to-face meeting on the map.

Much of this material also applies to the founder of a new online meeting. Please refer to the chapter on online meetings at p. 93 and contact the Chat Coordinator (see http://unhooked.com/chat/ for the email address) for further details on starting an online meeting.

13.2 What It Takes To Be a Founding Convenor

The first requirement to be a LifeRing convenor is personal sobriety. This may seem too obvious to mention, but it bears emphasizing nevertheless. The convenor must be clean and sober *before* founding a LifeRing meeting and *during* their entire watch as convenor.

There is to date no hard and fast rule how much sober time a person should have before becoming a LifeRing convenor. Making such a rule would be in the province of the LifeRing Congress. We have been working with an informal rule-of-custom that a face meeting convenor should have a minimum of six months.

There may be unusual situations where the length of sober time a convenor has before beginning a meeting is unimportant. Suppose at a treatment program in an area where there is no LifeRing, a whole cohort of fifteen people decides they are going to use LifeRing as their long-term recovery support group. None of them has much more than a month, but they already have their group together, and they can continue to meet at the facility. There is no need for them to hunt a room, do publicity or ask for referrals. After a while most of them will have the six months. No problem.

In the much more common case, however, the founding convenor does not already have a whole group together. The convenor has to appear before referral sources, other recovering people, and the public to recruit members. If so, the convenor has to have sufficient sober time to be credible.

We are a sobriety group and the proof of our concept lies in our personal sobriety. The convenor's basic message is, "Come to LifeRing, it works to keep you sober!" The convenor needs to be able to walk that talk, otherwise the message carries no weight. Not only referral sources, but newcomers to the room expect the convenor to have a solid piece of sober time. A convenor with only six months is like a Class A rookie pitching in the Major Leagues, but with hard work and luck you can get results. One year is much more presentable. Two years is respectable everywhere. Anything over that is gravy.

Convenors who are not sober or who relapse while in the convenor role not only lack credibility, they can do serious, long-term damage to LifeRing's reputation. More than seven years after the incident, I still hear from referral sources about a certain convenor of a dissident faction of our predecessor organization who conducted his meetings with brandy on his breath. His meeting was thrown out of the host facility as a result. Even though we are twice removed organizationally from this incident, and it happened years ago, it is still thrown up to us. As a startup organization, we are like Jackie Robinson: we need to be twice as good in order to get equal treatment.

Another reason why the founding convenor needs to have a stable and robust sobriety is that starting a new meeting in a cold territory can be a lot of stress. Paradoxically, the effort to build a new togetherness can make the convenor more lonesome than ever. In the early days in a new territory, the convenor may and probably will spend more than one session in the meeting room alone. We even have a joke about it. What do you call it when you sit in a room by yourself for an hour? Answer: Convenor training. (It's a joke!)

Another point to consider is that a face meeting convenor can't be "in the closet" about their recovery. You don't have to be "out" before all the world but when you post meeting notices, contact media and referral sources, negotiate for a meeting room, etc., you are revealing yourself as a recovering person to everyone you contact in your local community. Is your recovery ready for that? Not only that, but you are promoting a recovery brand that most people have never heard of. Even the contacts who are OK with the concept of people in recovery may look at you with skepticism and sometimes hostility. Is your recovery strong enough to handle it?

You may also want to take a look in the mirror. You will be representing not only yourself but an organization. People judge people by first impressions. Have you had a haircut recently? Are your nails clean? You don't have to look like a model, but you have to look like you have your act together.

There are other significant stresses for the founding convenor. Getting a meeting room can take legwork and time. Getting the word out can be a big project. Making all the other preparations can be a serious drain on the convenor's time, wallet, and emotional resources. Convenors may also get so absorbed in facilitating other people's recovery that they neglect their own personal sobriety program and relapse. I've seen it happen.

The bottom line is that you must be sober in order to start a meeting. Never start a meeting in order to get sober. We've tried it, it doesn't work. This is an old story. William White, the historian, writes about Luther Benson, a 19th century alcoholic who preached temperance on the lecture circuit with impassioned eloquence in the hope that this work would help him remain sober. He was soon drinking before, after and between lectures, and concluded that trying to cure others in order to cure himself was "the very worst thing I could have done." (White 1998:7-8) All the happy babble about "If you want to get it you have to give it away" assumes that you and the people who want it have already found one another. Until you get to that point – which can be a long, uphill struggle – the motto is, "If you want to give it away you got to have it first. Lots of it."

13.3 Bootstrapping

The person early in sobriety in a cold place who wants to start a new LifeRing may feel caught in a Catch-22. In order to start a meeting you need to be sober, but in order to stay sober you need the support of a meeting. How are you supposed to bootstrap yourself?

One solution: go online. Using the LifeRing email lists and forums and chat meetings for support, an otherwise isolated person just beginning their recovery can build up enough sobriety time to become a credible, robust face meeting convenor. It's been done. Go online every day, twice a day. Engage with people. Read the literature. Soon you may feel not only connected, but overwhelmed with the amount of support that's out there for the asking.

The other solution: find a partner. Use all your online connections to advertise: "Middletown, KS, recovering person wants to start LifeRing, seeks kindred spirit." Use all your local connections by word-of-mouth. Is there someone you already know in twelve-step meetings who feels as you do? Do you have a sympathetic counselor, minister, physician, lawyer, nurse, bartender, barber, manicurist, massage therapist, bus driver, or somebody else who sees a lot of people, and who will put out the word for you on the local grapevine that an abstinent alternative to twelve-step is forming and to get in touch with you?

When you have a partner, you already have the nucleus of a meeting. You can meet in living rooms or over coffee for a few months and recruit others by word-of-mouth until you feel solid and credible enough to go public. Lots of social movements start in this quiet way, in living rooms. Don't be in a rush to raise the flag and make a big public display. When you are ready to make the big move, you can share the chores and the expense, and you'll never be alone in the room. Having a partner is the best way by far for a convenor in early sobriety to bootstrap a new LifeRing meeting in a new territory.

13.4 Finding and Reaching Our People

In order to make a meeting, the convenor needs other people. The convenor's role definition, after all, is "to bring people together." To bring them together one first has to find them and reach them.

13.4.1 Who Are Our "Customers"?

It may be a useful mental exercise for the startup convenor to pretend that a LifeRing meeting is a commercial enterprise, like a grocery store or a barber shop or an auto repair shop, and to ask, where and how will we get our customers? Thinking about the meeting as a business proposition can be helpful in coming to grips with the nuts-and-bolts issues that have to be solved in order to turn a dream into a reality. The convenor who does not confront these questions may end

up spending more time in solo meditation than is necessary or beneficial.

Some startup convenors think about getting a room before they think about the “customers,” but it may be wiser to think about the “customers” first, and let that analysis illuminate the search for a location.

Who is our target audience? In the heroic era of Temperance, larger-than-life reformers like Carrie Nation marched into saloons brandishing umbrellas, smashing bottles, beating inebriated sinners about the head and shoulders, driving them into the street and herding them onto the horse-drawn wagon to the revival tent to be saved.

That's not our style. Were it so, then LifeRing convenors should be hanging out in bars trying to argue the besotted sober. We know better.

Our target audience is people who already have a desire to quit drinking/drugging, or who have already quit and want support to stay quit. (I'm using the word “desire” in the loosest sense here.) We are not a reform group trying to save people from their addiction despite themselves. We are a support group to connect people who want to help themselves.

Such people are scattered all over the social and geographical landscape. Wherever people drink/drug, a certain proportion of them get sick and tired of drinking/drugging, and the urge to quit arises within them. This process goes on all the time, entirely independent of us, like a force of nature. As long as people drink/use, there will be a percentage who get sick and tired of it and want to quit. Our potential customers, our people, are scattered here and there, everywhere. The great mother of all problems is finding and connecting with them.

13.4.2 Broadcasting and "Narrowcasting"

The primary way that big businesses reach a widely scattered customer base is unremitting exposure on network television. One day, if we become a large and established organization, LifeRing will enjoy persistent favorable national network television coverage. Until then we are relegated to the cheap streets.

A few of the people who want recovery are active on the Internet search engines, hunting out all their available options. We are there for them at *www.unhooked.com* and at a number of other Internet addresses (currently www.lifering.com, www.lifering.org, www.lifering.info, www.lifering.biz, and www.lifering.ca plus a

number of local sites) and they can readily find us. Through their online LifeRing connection they may be able to find and connect face-to-face with other people who are online in their community. We at the LifeRing Service Center can sometimes help make those connections for them. But a lot of people in recovery have spent their computer money on drink and drugs, or are not computer-literate, or reside for other reasons on the wrong side of the great Digital Divide. How will we reach those?

Some recovering people haunt bookstores, and they have spending money. We can covertly slip our meeting notices between the pages of recovery books in bookstores and libraries (“salting”). But a great many people in recovery are not active readers; and many bookstore owners and librarians are wise to the ways of missionaries, secular or otherwise, who mess with their merchandise.

A few LifeRing meetings started as maverick twelve-step meetings and gradually peeled off and changed their affiliation. That's fine when it happens spontaneously, due to internal pressures in the twelve-step world. But there is no effective lever from which such a result can be engineered from the outside, nor is it a wise strategy to spend energy on the attempt.

Many communities have noncommercial community channels, public access TV, free speech forums and similar openings that the local LifeRing convenor may be able to utilize. We can also put free or cheap ads and calendar notices in community newspapers, hire inexpensive services that post flyers on utility poles and in laundromats all over town, and use other affordable media that broadcast to a general audience. LifeRing convenors have done all of that in several communities. However, most of these efforts to broadcast to a general audience using small ads in the cheap media have so far had very limited impact. The fish are too widely scattered or run too deep and the cheap nets are too small and shallow to catch many. That is why they are cheap.

The LifeRing convenor is in the same situation in this regard as many other small entrepreneurs. We can't afford to broadcast via the high priced media, and broadcasting via the cheap media doesn't reach enough of the customers.

This dilemma, however, is far from hopeless. The solution is to switch from broadcasting to “narrowcasting” or focused marketing. Instead of trying to cover the whole sea where the fish are widely scattered, narrowcasting focuses effort on limited pools where the target population is concentrated. Focused marketing in various

forms is today a widely practiced business strategy used by commercial and nonprofit concerns alike.

Are there pools where our "fish" are concentrated? Yes, there are. On any given day in the United States, about nine hundred thousand people are in licensed chemical dependency treatment programs of various kinds and in various settings. (Robert Wood Johnson Foundation chartbook, 2001:106) Based on the fact that the people are there, it can be assumed that they have some desire to get clean and sober, however fragile and temporary it may be. Practically all of these people need support groups and all of their treatment providers will refer them to support groups.

Perhaps the same number of people or more attend twelve-step meetings. They already have a support group.

Apart from those two pools of concentration, people who have a desire to quit drinking/drugging are scattered thinly all over the social and geographical landscape. Those are basic demographic facts. It does no good to fight or ignore these facts. The landscape is littered with the bones of meetings that dried up and died because they found no way to reach the pools where the people are to be found. The LifeRing convenor who wants to turn the dream of a new meeting into a reality will need to make peace with demographic facts and build on them.

13.4.3 Twelve-Step Meetings: Off Limits

LifeRing convenors or members do not attempt to infiltrate twelve-step organizations and conduct recruitment within them. If that occurs – and instances are rare – the members are acting as individuals on their own. It happens that people who normally attend twelve-step meetings as well as LifeRing meetings share about their LifeRing experiences in their twelve-step meetings, and share their LifeRing literature with interested twelve-step friends in the normal course of their participation. But we do not enter twelve-step meetings for the purpose of recruitment or propaganda. We do not slip LifeRing meeting announcements under windshield wipers of cars in twelve-step parking lots, or similar tactics. LifeRing has nothing to gain, and much to lose, from provocative, antagonistic, confrontational, or invasive tactics toward twelve-step meetings. We have everything to gain from mutual tolerance and respect. They travel their road, we travel ours. Although the roads are different, we are on the same journey.

Does this mean that we, as LifeRing convenors, are not interested in reaching the members of twelve-step groups? On the contrary. When we are invited to share our views with audiences composed largely of twelve-step people, we happily accept. But twelve-step meetings are generally not free speech forums, nor should they be. LifeRing convenors are realists; we do not go where we are not invited.

A "hands-off" attitude toward twelve-step meetings is also important because it improves the working climate for our friends within the twelve-step community. In the treatment industry, many of the professionals who have been most active in supporting LifeRing as a support group option are long-time participants in twelve-step groups. They want an abstinent secular option, and are willing to invest time and effort to make it happen, because it is the right thing to do. A notable example is within the Texas prison system, where long-time Narcotics Anonymous activists employed by the prison administration set up and organized a secular alternative support group network without being forced to do so by a prisoner lawsuit, simply because it was the right thing to do. They want people to come to twelve-step by choice, not by compulsion.

There are twelve-step activists who want the treatment industry and the twelve-step organizations to step back from one another, take down the big Steps and Traditions posters from the treatment room walls, and play a more neutral, independent role. They don't seem to be vocal on a national scale, but I hear them in many treatment facilities on a local level.

Nationally, LifeRing is recognized, included on referral lists, and treated fairly by such twelve-step notables as AA historian Ernest Kurtz, recovery historian and treatment consultant William L. White (*Slaying the Dragon*) and Stacia Murphy, president of NCADD (the National Council on Alcohol and Drug Dependency). These and other figures in the twelve-step world take to heart the pluralist streak within AA co-founder Bill W., who recognized that there are many roads to recovery, (Wilson 1944) and that AA has no monopoly on getting drunks sober. As Wilson said in an address to the New York Medical Society:

> Your president and other pioneers in and outside your society have been achieving notable results for a long time, many of their patients having made good recoveries without any AA at all. It should be noted that some of the recovery methods employed outside AA are quite in contradiction to AA principles and practice. Nevertheless, we of AA ought to applaud the fact that certain of these efforts are meeting with increasing success. (Wilson 1958)

Many LifeRing convenors have encountered individuals within the twelve-step world who would be happy to see an abstinent alternative emerge – "whatever works" – and are willing to help to make it happen, or at least not stand in the way.

13.4.4 Sobriety Is the Key to the Door

Unlike participants in twelve-step meetings, patients/clients in treatment programs are a perfectly proper and legitimate audience for our outreach. There they are, nearly a million of them each day, clustered together at locations where you can find them, all needing support groups. We have support groups. The LifeRing convenor who wants to fill a meeting room with people who want recovery will want to do everything possible to reach the patients/clients in treatment programs.

In the San Francisco Bay Area, the earliest convenors already took the trouble to get their local meeting announcements into the major chemical dependency treatment programs. These efforts made a big difference in my life. When I arrived for my intake interview with the medical director of the program on my first day clean and sober, he already had a sheet of paper with the meeting schedule to give me.

At that meeting, I met some other patients from the same treatment program. We banded together and we would speak up, politely and respectfully, at strategic moments. For example, when a counselor asked the group, "And how many twelve-step meetings have we attended this past week?" We would say, "None." When the scolding began, we would add that we had been to two secular, non-twelve-step, abstinence support group meetings.

This game went on for quite some time, and I suppose the counselors thought we would just relapse and go away. But, instead, we stayed very much sober, and also attracted other patients to our informal caucus. While many of the patients who relied on twelve-step were dropping like flies all around us, we stayed rock steady through thick and thin and were obviously enjoying ourselves. After a while, our cheerful sobriety wore down the ranks of the staff skeptics.

Today, LifeRing enjoys a level playing field at this treatment facility, and at a growing number of others. As a support group we are treated more or less on a par with twelve-step groups, and the patients enjoy all the benefits of choice. At such facilities, program literature and forms such as signup sheets have been modified to speak of attendance at "outside meetings" instead of "twelve-step meetings." All patients are given the choice of LifeRing or twelve-step attendance, or a

combination thereof, from the outset. Using variations on this same basic sobriety-centered approach, LifeRing convenors in the San Francisco Bay Area have built a network of more than 25 LifeRing meetings at this time, at least two meetings every day of the week. The recovering person who wants or needs to do "90 in 90" (90 meetings in 90 days) can do that entirely in LifeRing if that is their preference.

The basic point of this story is that if you have sobriety, then you need not be afraid to rattle the cages of treatment programs. Sobriety is the key to get in the door. You could make a big difference in someone's life when you make the effort.

Professionals in the chemical dependency field know that relapse is very common. "The most common treatment outcome for alcoholics and addicts is relapse." (Dimeff/Marlatt 1996:176) If you can demonstrate that you have something that keeps some people sober – especially people whom the professionals expected to fail – then you have something that serious treatment professionals want to know about.

Some LifeRing convenors have wounds in their souls from certain treatment programs, and they like the idea of approaching those programs for referrals about as much as a doing their taxes. In truth, some programs are abominably bad and would be shut down in any other health care field but substance abuse. Substance abuse in some eyes seems to legitimize patient abuse. But the convenor who simply turns away from mistreatment and never looks back may be missing an opportunity to help other patients in that program by getting them to a LifeRing meeting.

The LifeRing convenor who has been a patient at a treatment facility has a valuable asset for building the ranks of the meeting: their contact with the staff, and possibly also with other patient graduates. Every LifeRing member who has been in a treatment program, and who has at least six months of sobriety, can pick up the phone, call the counselors they knew, and set up an appointment to bring them LifeRing literature. You can ask for fifteen or twenty minutes of staff meeting time to share your LifeRing experience. Be sure that staff always have a suitable stack of your meeting flyers to hand out to patients. If the program has outside speakers come in to speak to patients, insist on being included. Don't take no for an answer. Sobriety is the gold standard. If you have sobriety, you can get what you need.

The LifeRing convenor who has never been a patient in a treatment program will want to learn the ropes of this milieu for the same obvi-

ous reasons that a seller of cowboy boots will want to become familiar with rodeos. Remember, the role of the convenor is to bring people together. That requires knowing and going wherever our people can be found.

The startup LifeRing convenor or convenor partnership, then, may want to sit down early on with the Yellow Pages and make a list of their local treatment facilities. There is also an online national treatment locator maintained by a federal agency (SAMHSA, linked from *www.unhooked.com*) that lists licensed and accredited facilities nationwide by zip code, with telephone numbers, addresses, and often the names of the directors, along with types of service and other useful information. Some localities also have associations of accredited substance abuse counselors, and these have mailing lists that can be borrowed or rented. From these lists, the convenor(s) can select and prioritize the most likely looking facilities, and then plan out a campaign of approach.

I sometimes talk to convenors in communities where the LifeRing meeting is not growing and I ask them what they are doing to try to attract newcomers.

In some cases they are relying entirely on word of mouth. Word of mouth is good if your existing members are widely connected into self-renewing pools of other recovering people. Word of mouth is good also if your organization is deeply wired into the media and if every Hollywood movie with a drug or alcohol theme includes a plug for your group. But if you are new to the scene, and if your existing members tend to stay to themselves outside of their meeting, then word of mouth may not be enough to reach new members.

In other cases, the convenors are trying to broadcast to a general audience using the cheap media, and are not finding their high expectations fulfilled. Sometimes the convenors become dejected and believe that nobody wants what we have. But when I ask them what have they done to get the word out to the pools of recovering people who are concentrated in the local treatment programs, they have assigned that a low priority.

13.5 Treatment Programs: A Convenor's Primer

Treatment programs virtually all refer their patients/clients to support groups. The basic reason is that most courses of treatment are too short. Support groups provide the long-term follow up or mainten-

ance that the programs themselves cannot provide. In a sense, the central function of treatment is to induce the client to take up long-term support group participation.

For historical reasons that are discussed in some detail in White's *Slaying the Dragon* (White 1998) most treatment programs in the U.S. operate on a model derived from the twelve-step groups and routinely refer their patients into twelve-step groups. The symbiosis between twelve-step groups and the treatment programs is often so close that it may be impossible to tell where the twelve-step group leaves off and the treatment program begins. This long-standing connection is familiar stuff to anyone acquainted with the field in the United States.

13.5.1 Gaps in the Wall

The significant fact for LifeRing convenors and others is that in recent decades, cracks have developed in this relationship and there are openings for change. In my experience, four developments have stirred the pot most deeply: professionalization, Managed Care, internal ferment, and patient resistance.

13.5.1.1 Professionalization

Rank-and-file substance abuse treatment providers are underpaid, overworked, and receive little professional respect. In their own healthy self-interest they have formed associations to advocate for elevated and uniform educational standards, accreditation, and improved compensation. This movement marginalizes counselors whose only credential is their own recovery, and it advances counselors who have university degrees and graduate-level accreditation. Most of the latter have been exposed to the scientific method, behavioral psychologies, and the secular outlook. These professionals, by and large, are much more receptive to abstinent alternatives. In general, the more M.D.s, Ph.D.s, and other accredited professionals a program has on its clinical staff, the more likely it is to have a LifeRing meeting.

13.5.1.2 Managed Care

The Managed Care movement has forced nearly all recovery modalities under the cost-benefit microscope. Is this stuff really working? The answers in many cases have come up negative. The Managed Care axe has almost stripped the forest of 28-day inpatient treatment, once the protocol of choice. Wherever state funding and insurance

play a role – almost everywhere – Managed Care exerts unrelenting daily pressure to show that treatment is responsive to client needs. Managed Care has little to recommend it either from the management or from the care standpoint, but it does have one silver lining: where clinical directors are earnestly concerned about their outcome numbers, LifeRing is more likely to get a hearing.

13.5.1.3 Internal ferment in the twelve-step world

The seamless connection between twelve-step organizations and most of the treatment industry has always had critics within the twelve-step organizations, who see it as a violation of the AA tradition mandating independence from outside entities. Many twelve-step participants are less than thrilled by the massive influx of treatment patients into their meetings. I hear more and more voices within the twelve-step world pushing certain treatment programs to stand on their own feet and act like they have a brain of their own. The LifeRing call for a choice of support groups resonates with these appeals.

13.5.1.4 Patient resistance

Undoubtedly the greatest and strongest force for change has come from the patient population. For reasons that the social scientists will probably take a long time to unravel, patients today are not throwing themselves as willingly into the twelve-step melting pots as they used to. Perhaps the reason lies in the accumulated cultural and political upheavals of the past half century – the anti-colonial movements, the civil rights era, the Vietnam War years, the counterculture, the booms and busts of the eighties and nineties. (Althauser 1999:2) Or it may be that the twelve-step movement, born in the Great Depression, has experienced a hardening of the arteries and an exhaustion of its primal spirit. Or it may be that the disease of alcoholism, like so many bacterial and viral diseases, has evolved resistance to the dominant treatment modality. I do not know. Whatever the reason or set of reasons, the bloom is off the rose. The counselor whose mission it is to steer patients into twelve-step groups is facing more and more patients today who are OK with abstinence but not OK with the twelve-step approach. Silent resistance is widespread, but more and more patients are saying the equivalent of the old anti-war slogan, “Hell no, we won't go!”

Some programs only experience an unremitting chorus of individual resistance. Answering the telephone and the emails at the LifeRing Service Center in Oakland I hear a constant refrain from counselors and case managers around the country: “A lot of our clients refuse to do twelve-step groups ... they understand about abstinence but they

go to a couple of twelve-step meetings and never go back ... twelve-step isn't working for them .... We need something else or we lose them.” Even from the lucrative “Serenity Heavens” – the high-priced for-profit long-term residential programs -- I hear stirrings of resistance and rejection, and declining enrollments.

In some programs, the patients band together informally, form a caucus, and/or threaten mutiny. One treatment program director phoned the LifeRing Service Center in 2002 to say that the patients had met with her as a group and swore that they would either drink in protest or quit the program unless an alternative to the twelve-step support groups was made available to them.

One patient in a 28-day inpatient program told me: “Before you guys [LifeRing] came, I figured my choice was AA or a bullet to the brain. I like my chances better now.” I have heard less melodramatic but similar expressions from patients many times.

Patients in large majorities are willing to do abstinence but many tell me they could not maintain abstinence using the twelve-step approach. The basic message they get from twelve-step is that they are powerless to recover and their only chance is to rely on something that sounds to their ears like total malarkey. As a result, they say that after twelve-step exposure they feel more depressed and less competent to do recovery than before. For many of these individuals, twelve-step work is an engine of relapse.

In the coerced setting, when patients/clients are backed against the wall, they find lawyers, file suits and win court orders mandating a secular treatment and support group option. A collection of appellate decisions mandating a secular option is assembled at http://unhooked.com/sep/index.htm#policy. At this time, the law requires a secular option in coerced settings in the states that make up the second federal appellate circuit (NY, CT, VT), the seventh federal appellate circuit (IL, IN, WI) and in the states of Virginia and Tennessee. The U.S. Supreme Court so far has declined to review these decisions. All of these decisions stem from patient resistance to coerced twelve-step participation.

13.5.2 A Two-Way Street

The upshot of these factors is that the LifeRing convenor today has opportunities that have not existed for many decades. The old stereotype of the U.S. treatment industry as an impenetrable and monolithic fortress of twelve-step dogma has developed significant cracks and, in a number of places, is crumbling or has crumbled before our eyes.

Behind those walls there is a small and growing number of professionals who are not only open to LifeRing, but who actively seek us out. There is a substantial and growing number of patients who welcome LifeRing with enthusiasm because the twelve-step approach spells relapse for their recoveries.

It follows that the relationship between LifeRing and the treatment industry today is a two-way street.

- One: LifeRing has much to offer the treatment industry. Our meetings provide a vitally needed service for the growing ranks of the program's patients/clients who want another abstinence flavor besides twelve-step. In so doing, we perform an essential service for the treatment programs themselves. We make it possible for them not to fail those clients. We give patient rebellion a safe, abstinent place to go, and we ease internal tensions and frictions in the clinical setting. We improve the programs' outcomes balance sheet, if they keep one. Offering the patient a choice of support groups is the hallmark of a modern professional-quality program. Having a LifeRing meeting available as an option makes a treatment program look good.
- Two: The treatment industry has much to offer LifeRing meetings. Treatment professionals are gatekeepers who funnel patients/clients into other resources in large numbers over time. Channeling people into support groups is at the core of their function. The LifeRing meeting that has a place on the local treatment professionals' referral list will experience a steady stream of newcomers.

The cracks in the twelve-step-treatment-industry nexus spread in an uneven, irregular manner. They are not visible everywhere or to the same degree. Even in the San Francisco Bay Area there are doors that remain closed to us. Nevertheless, LifeRing convenors everywhere who still stand alone in the cold outside the walls where recovering people are concentrated, rather than inside among our people, may have mainly themselves to blame. The doors may not have opened because the convenors have not knocked on them, or not often and persistently enough.

13.5.3 Abstinence, Abstinence, Abstinence

In the San Francisco Bay Area, LifeRing convenors have given literally dozens of presentations in treatment programs. We have ad-

dressed patients, staff, mixed groups of patients and staff, and high-level program directors. At a number of the larger treatment facilities, LifeRing presentations are scheduled every eight weeks, or at a similar interval synchronized with the facility's treatment cycle.

Sometimes the LifeRing speakers have the whole hour to ourselves; sometimes we share the platform with speakers from other support groups. Sometimes staff gives us only a few minutes. We have learned to scale our presentations to fit the time available.

If I have an audience that knows nothing about LifeRing, and I have only one brief chance to get the LifeRing message across, I will hammer on three points only: abstinence, abstinence, and abstinence.

The most pervasive and damaging myth about recovery alternatives is that only twelve-step is abstinent, and that all the alternatives promote moderation or controlled drinking. We need absolutely to sweep aside this misconception in order to be heard.

Effective LifeRing presentations begin with stating the speaker's clean and sober time. If the presenter has at least two years of clean and sober time, all achieved in LifeRing, that alone can stand as the central message. The rest of the presentation is a footnote.

Effective explanations of the LifeRing philosophy begin with the first "S," Sobriety, defined as abstinence. Write it on the board if there is one, "Sobriety = Abstinence." If I have time, I make a joke. I say that we considered abbreviating our philosophy as one "A" and two "S," but "Three S" sounded catchier.

Effective outlines of the difference between our approach and the twelve-step approach begin by noting the identity of our views on the issue of abstinence, expressly rejecting moderation and controlled drinking.

Effective discussions of any recovery-related topic benefit from using the word "abstinence" as many times as will reasonably fit into a sentence.

If the only thing that the audience remembers from a short initial LifeRing presentation is "LifeRing = abstinence," the presentation has been a success. Of course, there are many other topics to cover as well; but in a first meeting, the abstinence message is the most vital part of the LifeRing philosophy to get across.

13.5.4 The Strategic Goal is Choice

The LifeRing convenor's strategic goal in the treatment industry is always *choice*. We do not want to supplant the twelve-step approach but to be a supplement to it.

It's helpful to our cause that LifeRing has operated for years in a variety of treatment facilities without any friction with twelve-step groups or twelve-step group leaders. Although we clearly have a different approach and we obviously reject some propositions that are fundamental to the twelve-step world view, we have coexisted peacefully with twelve-step meetings for a long time, sometimes literally next door. We know very well that the LifeRing approach is not intended for everyone and it is not our ambition to become the only program. We are glad that the twelve-step groups are there so that people who don't resonate with the LifeRing approach can have an alternative. We respect the twelve-step group leaders and members because we are all working on the same project, leading our lives clean and sober.

It's also useful to point out that the LifeRing option is not an either-or choice. Many people attend both twelve-step and LifeRing meetings, and we have no problem with that. The same cannot be said, unfortunately, of certain twelve-step meetings. A newcomer in the San Francisco Bay Area who attended a LifeRing meeting and got the LifeRing stamp on her attendance sheet was interrogated about it by a twelve-step meeting secretary and confronted with an either-or choice. For that matter, I have been told that certain AA districts warn members against attending AA meetings in other districts. I have had people come to me in tears at discovering that the AA meeting into which they had been recruited was part of an organized cult within AA. LifeRing is not a cult and we do not demand exclusive possession of our members' soul.

Therefore, what LifeRing offers to a treatment program and to its clinical staff is "another arrow in the quiver." The aim of having LifeRing meetings included on the professionals' referral list is to allow patients a wider choice of abstinence support groups. We are a plus; we represent an enrichment of their program; we allow them to help patients who would not otherwise be helped. We offer an additional channel on their set; one more road to recovery; more tools in their box; more healing resources for the patient to select from. The key word is *choice*.

13.5.5 Accent on the Positive

In approaching treatment professionals, the LifeRing convenor not only needs a credible term of personal sobriety, but also a positive explanation of how LifeRing works to keep people clean and sober. Presentations to treatment professionals are not occasions to criticize other approaches. They are occasions to put our own best foot forward and to lay out our basic philosophy and practice.

The convenor will want to be familiar with our "Three S" and with the main points of our usual process-meeting format. We have a great deal to talk about, and the practiced convenor can easily fill an hour speaking positively about recovery the LifeRing way and answering questions.

Each convenor will have to work out a presentation that works well for them and for the audience. A 45-minute slide presentation I gave at the 2002 LifeRing Congress in Berkeley, very similar to presentations I have given to treatment professionals, is available as an audio file on *www.unhooked.com/realaudio/lifering101.ram* by way of an example.

Generally, if the audience is composed of people whose horizon is defined by the twelve-step world, it will be helpful to include those elements of LifeRing that are identical to or similar to twelve-step practice. For example, abstinence and group support. The "make-your-own-God" concept in the twelve-step world is a useful bridge to understanding our "build-your-own-program" approach. There are quite a few other elements in twelve-step thought that have counterparts in the LifeRing approach. Mentioning these points will reassure the audience that LifeRing is not a concept from an alien planet.

At the same time the convenor can highlight positive features of our own approach that, as it happens, contrast with the twelve-step approach. For example,

- The LifeRing poly-abstinence approach is a point that most treatment professionals accept as solid and obvious, and that they have long embraced in their own practice. They have to backpedal hard in order to justify segregating the community of recovering people into different organizations based on "drug of choice."
- Our inclusion of crosstalk in the meeting format provides feedback, which most counselors know to be a highly effective motivational tool.

- Our support for members' voluntary efforts to quit nicotine, if and when they are ready, resonates affirmatively with most professionally trained counselors.
- Our underlying "You can do it" attitude is an outlook that counselors in all the helping professions (at least outside substance abuse)* know as essential for healing and progress.

And so on. It is not necessary to draw the contrasts explicitly; the listeners are painting the picture in their own minds.

When the convenor has hewed strictly to the positive, and has succeeded in portraying LifeRing as a viable and coherent recovery approach, the listeners will sometimes surprise the convenor by voicing their own spontaneous doubts about the twelve-step method.

This phenomenon occurs frequently in presentations to patients. The convenor has not said one cross word about any other approach, but in the question period some of the patients spontaneously cut loose with strong criticisms of the twelve-step meetings they have experienced. The LifeRing convenor then needs to take the high road and gently restrain the attacks with a reminder that there are many roads to recovery.

This paradoxical phenomenon also occurs with treatment staff. When the convenor's presentation has been entirely positive, staff will often vent their frustration that "patients just don't get the Higher Power thing, maybe we should try something else," and similar fertile thoughts. Twelve-step fatigue is deep and widespread beneath the surface. Occasionally, after the presentation, in confidence, a twelve-step counselor will bare their professional soul: they see nothing but relapse after relapse, the Promises don't come true, it's just not working, why are we even here?

The reason for high staff turnover in addiction counseling is not only the low pay, the long hours, and the lack of respect, but the high rate of relapse. Counselors, like everyone else, want to feel that they are doing some good in the world. If LifeRing can help the treatment professional get a positive feeling more often in life, they may be ready to give it a try.

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* A comprehensive comparison of mainstream psychological counseling approaches with the twelve-step approach appears in "Alcoholics Anonymous and the Counseling Profession: Philosophies in conflict," by Christine Le, Erik P. Ingvarson, and Richard C. Page, *Journal of Counseling Development*, 07-01-1995, p. 603. Online at http://www.unhooked.com/sep/aacouns.htm

13.5.6 Strength in Numbers

When I first started doing treatment center presentations in 1995, I did them alone. Gradually I got smarter, and for the past few years practically all the treatment presentations in this area have been done by speaker teams. Doing a presentation with one other person gives us two angles of approach into the minds of the audience, and it helps the person get training as a speaker. There is only one way to learn doing presentations, and that is by doing them. Some of our most successful presentations have been with three, four, five, even six speakers dividing the speaking time. This way we get multiple angles of approach. We are very likely to get a broader resonance than any single speaker. When they speak as part of a team that includes people with two or more years of LifeRing sobriety, newcomers with just a few weeks of sobriety can deliver very effective presentations. There's no need to rehearse anything ahead of time; people can just talk on the topic of "what I like about LifeRing."

When there are three or more presenters, it's a good idea to put the two most experienced LifeRing speakers first and last. Sandwich the first-timers and the less-experienced speakers in the middle. Audiences most remember the first thing they hear, and the last thing.

13.5.7 Using LifeRing Press Literature

LifeRing convenors approaching treatment professionals will want to come armed with literature. This will consist not only of a local meeting flyer – good for posting and handing out – but also of other literature designed for the program's patients/clients, particularly the three main handouts that outline the "Three S" philosophy.

In addition, the presenter will want to come with an ample supply of the *Presenting LifeRing Secular Recovery* booklets. This contains:

- A Frequently Asked Question section.
- Letters of recommendation for LifeRing from treatment professionals at centers where LifeRing meetings have been established. (There is an additional letter, received too late for inclusion in the *Presenting* book, on p. 223, below.)
- Reviews of books of interest to treatment professionals that advance viewpoints helpful in understanding the LifeRing approach.

- An excerpt from the NIDA treatment study recommending an individualized approach, rather than one-size-fits-all.

The LifeRing Service Center makes these booklets available on terms that allow convenors to hand them out free to treatment professionals as part of an effort to obtain referrals to a LifeRing meeting.

In addition, convenors will want to bring at least a few copies of the *Recovery by Choice* workbook. Although economics forbids distributing these free to all professional staff, donating one copy to the center's library is usually feasible. It is a good practice to circulate a display copy of the workbook among the audience while the LifeRing presentation is in progress so that they can heft it and leaf through it. The book tends to underline the convenor's positive message that LifeRing is a well thought-out, structured approach that can help their clients achieve long-term abstinence.

The Permanente Medical Group, Inc.
CHEMICAL DEPENDENCY RECOVERY PROGRAM
969 BROADWAY
OAKLAND, CALIFORNIA 94607
(510) 251-0121

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ANANSE TAHARKA, M.D., Assistant Physician-in-Chief
SHEILA MACKEL, M.D., Assistant Physician-in-Chief
J. DAVID ARTERBURN, Medical Group Administrator

April 25, 2000

To Whom It May Concern:

I am writing this letter in support of LifeRing Secular Recovery. Kaiser Oakland's Chemical Dependency Recovery Program has been at 969 Broadway, Oakland since May of 1995. Ours is a regional program, drawing participants from Alameda and Contra Costa Counties and occasionally from Solano, and San Joaquin Counties. The Oakland CDRP offers four levels of care for chemically dependent people. Our population is a mix of voluntary and mandated patients. Some of our patients are struggling with addictive disease only, while others are dually diagnosed.

All the CDRP patients are required to go to outside support meetings. We offer traditional meetings such as NA and AA. We also offer LifeRing for patients who are not comfortable with the format of 12-step programs. LifeRing meetings have been offered on Tuesday and Wednesday since our program began. Last April LifeRing began a Saturday morning group. LifeRing meetings have always been well attended but the Saturday group has been so popular that at times we have had to open a second meeting room to accommodate all the people who wish to attend.

I am happy to state that LifeRing has always been able to coexist harmoniously with other support meetings. Patients report being satisfied with the format and some say they attend LifeRing and 12-step support meetings. I am happy to recommend LifeRing to any drug treatment program.

Sincerely Yours,

Jeffrey Blair MS MFCC
Day Treatment Co-coordinator

KAISER PERMANENTE

13.5.8 If We Build It, They Will Come

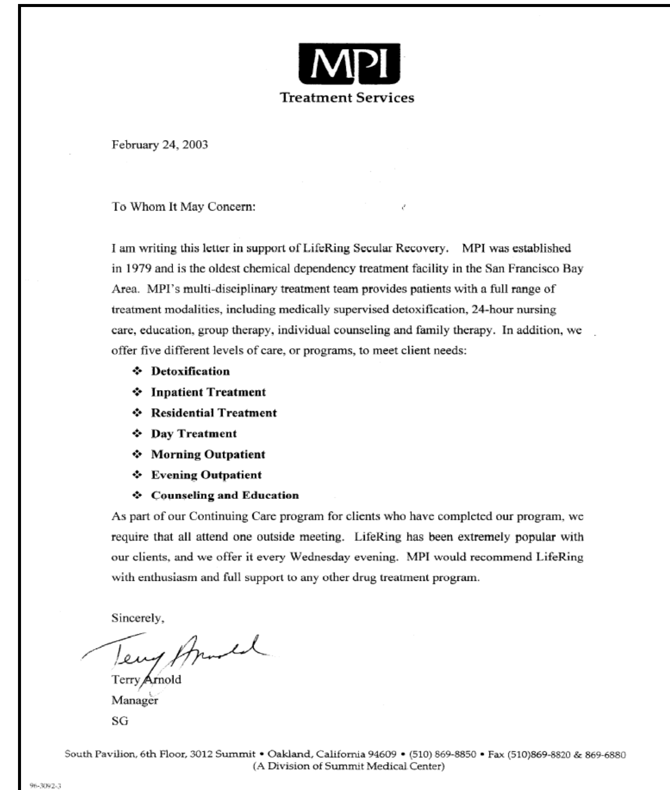
The LifeRing convenor who advocates choice-of-support-groups may encounter skepticism from some counselors that patients will actually attend something other than twelve-step. Some counselors just don't listen to patients; if they listen they don't hear; if they hear they don't believe. LifeRing convenors themselves may be unsure on this vital point. How many will come to a LifeRing meeting if it is offered as a choice side by side in the same time slot with twelve-step meetings?

In the San Francisco Bay Area we now have more than four years of practical experience with situations where the LifeRing meeting runs side-by-side with twelve-step meetings in the same time slot.

In a large regional outpatient program in Oakland operated by Kaiser Permanente, the country's biggest Health Maintenance Organization, beginning in the spring of 1999, patients in the Saturday session have been mandated to attend support groups between ten and eleven o'clock in the morning. (See letter of recommendation from this facility, previous page.) The facility hosts at least three support group meetings side by side in its rooms during that hour: LifeRing, AA, NA, and sometimes another twelve-step group. Patients have the choice which meeting to attend. The Saturday morning LifeRing at that facility, running in the same time slot in rooms on the same hallway as twelve-step meetings, consistently draws between fifteen and thirty participants out of a census of 45, and frequently has had to split into two rooms to handle the overflow. It is consistently among our largest meetings in the area.

In a nationally known 28-day inpatient facility in Oakland, known as a strongly traditional twelve-step program, a weekly LifeRing meeting has been running for more than three years in the same time slot down the hall from an AA meeting with an outside speaker. (See letter on next page.) Patients have the choice which meeting to attend. The LifeRing meeting draws an average of between a third and two thirds of the facility's census. As the letter of recommendation states: "LifeRing has been extremely popular with our clients, and we offer it every Wednesday evening. MPI would recommend LifeRing with enthusiasm and full support to any other drug treatment program." Some weeks practically the whole patient census elects to attend the LifeRing meeting, and the atmosphere is excellent.

Patients in treatment programs want choice. If we build it, they will come.



MPI
Treatment Services

February 24, 2003

To Whom It May Concern:

I am writing this letter in support of LifeRing Secular Recovery. MPI was established in 1979 and is the oldest chemical dependency treatment facility in the San Francisco Bay Area. MPI's multi-disciplinary treatment team provides patients with a full range of treatment modalities, including medically supervised detoxification, 24-hour nursing care, education, group therapy, individual counseling and family therapy. In addition, we offer five different levels of care, or programs, to meet client needs:

- **Detoxification**
- **Inpatient Treatment**
- **Residential Treatment**
- **Day Treatment**
- **Morning Outpatient**
- **Evening Outpatient**
- **Counseling and Education**

As part of our Continuing Care program for clients who have completed our program, we require that all attend one outside meeting. LifeRing has been extremely popular with our clients, and we offer it every Wednesday evening. MPI would recommend LifeRing with enthusiasm and full support to any other drug treatment program.

Sincerely,

Terry Arnold
Manager
SG

South Pavilion, 6th Floor, 3012 Summit • Oakland, California 94609 • (510) 869-8850 • Fax (510)869-8820 & 869-6880
(A Division of Summit Medical Center)

96-3092-3

13.5.9 Leveraging Outreach

Once you the LifeRing convenor have established a stable connection with some of the pools where our target audience concentrates, you may find that your other "nets" gradually become more effective.

Most people who have attended treatment programs go out into the wide community and tell at least some of their family, friends, and co-workers what they heard and learned. If they have heard of LifeRing in treatment, they will spread the word wherever they go. If they have personally benefited from their LifeRing involvement, they will become walking LifeRing advertisements. There is no better promotion for your meeting than someone who credits LifeRing with a role in helping them get themselves clean and sober.

The next time someone reads the word LifeRing in your calendar notice in the local community throwaway, or sees your bookmark salted into the pages of a recovery book in a bookstore or library, there may be that little spark of recognition that raises the item above the blur.

When you have become a presence in treatment programs, your word-of-mouth circuits will start working for you. Conversations that mention LifeRing run into fewer terminators – people who say "Eh what? Lifething? Never heard of it!" – and more repeaters, people who continue the circuit because they have name recognition, as in, "Yeah, LifeRing. My sister-in-law's ex went to that, she said it did the bum some good." Focused outreach to the places where our fish are pooled gives all of our other outreach nets positive leverage.

13.6 The Meeting Room

Once you the convenor have decided where your people can be found, the next step is to find a location where you can meet with them. In the San Francisco Bay Area we currently have more LifeRing meetings than any other metropolitan area in the world. About three out of four of our meetings are located in or very near to chemical dependency treatment facilities. Some are in community centers that also host a variety of other recovery meetings. Very few are in general-audience locations that have no connection with a recovery effort or institution.

In theory a LifeRing meeting can be located anywhere, even in a cathedral. Churches have budgets. Renting meeting space implies no organizational affiliation. There are LifeRing meetings now that meet in churches, public libraries, municipal and county community centers and recreational facilities, meeting rooms of title companies, hotels, college classrooms, general hospitals, student clinics, and in people's living rooms. All of these and other locations can and do serve the basic purpose. The founding convenor may have very little choice in the matter of rooms and needs to be creative, flexible, and opportunistic. Take whatever you can find.

If you have the option, however, consider the advantages of locating your first meeting in or near a chemical dependency treatment facility.

- Foot traffic. Your people are right there, within walking distance, or very near. An excellent location for a LifeRing meeting is in one of the group rooms of a large treatment facility. Arrange your meeting schedule so that your meetings start as soon as the treatment program's own group sessions close, or fit into time gaps in the program such as the lunch hour. The next best location is in close geographical proximity.

- Referral contacts. Your referral sources are on location and you can contact them frequently. They can see that your meetings are active. If necessary they can drop in to reassure themselves that you are not roasting babies. When you are in their view, you are in their minds, and they will not forget you when making referrals.
- Economy. Most treatment centers provide meeting spaces for recovery groups without cost. The reason for this is solid: the groups provide a valuable service to their patients. In some cases your meeting literally frees up hours of staff time and allows staff members to catch up on their paperwork or help other patients. They are usually sincerely grateful that you are there. Therefore your LifeRing meeting in a treatment facility rarely has rent to pay. This greatly simplifies the convenor's job; see the chapter on the Meeting's Money.

It may be well to remember that a meeting requires the coordinated motion of physical bodies in space, and this requires investing energy to overcome inertia. A location with short transportation lines maximizes the average number of bodies you will have in your meeting and the number of sober minds that will be able to connect with one another.

13.7 The LifeRing Charter

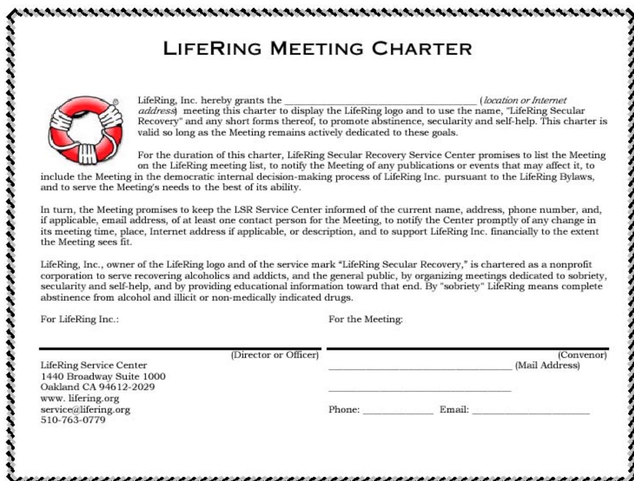
The LifeRing charter (see next page) is a useful piece of paper that convenors can use to demonstrate the *bona fides* of their meeting to meeting space providers and referral sources. Some space providers can only rent meeting space to nonprofits and require proof that your meeting is part of a nonprofit entity. Some space providers will rent to nonprofits at a discount. Some are just cautious about who they rent to and want to see paperwork. Some referral sources don't require paperwork, but papers would help to establish your pedigree. When you're a local unaffiliated group, you're sometimes regarded as nobody. National affiliation establishes your identity and gets you recognition. The meeting charter serves all of the above purposes. You can use it alone or in combination with supplementary docu-

mentation, such as LifeRing's 501(c)(3) tax exemption letter or LifeRing's corporate charter (both available for download on *www.unhooked.com*) to establish your *bona fides* wherever required. If these documents are still not enough, contact the Service Center with your needs. "Serve the Meetings" is the Service Center's mission.

The meeting charter is also helpful within LifeRing to establish your *bona fides* as a meeting. If questions arise at a Congress about your meeting, your charter paper may help to resolve any ambiguity. If questions come up about whether your meeting is entitled to be listed on the web, or to receive referral services, or otherwise to be included in the LifeRing internal process, the charter document can help to decide the issue. The LifeRing Service Center keeps a photocopy of meeting charters and the volunteers there very much appreciate the record keeping clarity and simplicity that comes from having a charter document.

You get a charter by downloading a blank charter form from www.unhooked.com, filling in the meeting information and the contact information, and sending it to the LifeRing Service Center. (You could also phone the Service Center and ask to have a blank sent to you.) Your original with the countersignature of a LifeRing director or officer will be mailed back to you.

Although having a charter paper is useful and recommended, it would be a mistake to make a fetish out of the document. The charter



LIFERING MEETING CHARTER

LifeRing, Inc. hereby grants the ______________________________ (*location or Internet address*) meeting this charter to display the LifeRing logo and to use the name, "LifeRing Secular Recovery" and any short forms thereof, to promote abstinence, secularity and self-help. This charter is valid so long as the Meeting remains actively dedicated to these goals.

For the duration of this charter, LifeRing Secular Recovery Service Center promises to list the Meeting on the LifeRing meeting list, to notify the Meeting of any publications or events that may affect it, to include the Meeting in the democratic internal decision-making process of LifeRing Inc. pursuant to the LifeRing Bylaws, and to serve the Meeting's needs to the best of its ability.

In turn, the Meeting promises to keep the LSR Service Center informed of the current name, address, phone number, and, if applicable, email address, of at least one contact person for the Meeting, to notify the Center promptly of any change in its meeting time, place, Internet address if applicable, or description, and to support LifeRing Inc. financially to the extent the Meeting sees fit.

LifeRing, Inc., owner of the LifeRing logo and of the service mark "LifeRing Secular Recovery," is chartered as a nonprofit corporation to serve recovering alcoholics and addicts, and the general public, by organizing meetings dedicated to sobriety, secularity and self-help, and by providing educational information toward that end. By "sobriety" LifeRing means complete abstinence from alcohol and illicit or non-medically indicated drugs.

For LifeRing Inc.: (Director or Officer)

LifeRing Service Center
1440 Broadway Suite 1000
Oakland CA 94612-2029
www. lifering.org
service@lifering.org
510-763-0779

For the Meeting: (Convenor)

______________________________ (Mail Address)

____

Phone: ____________ Email: ____________________

paper only memorializes the underlying agreement between the meeting and the larger LifeRing network. You enter into that agreement by the act of using the LifeRing name and/or logo. In legal terms, each meeting that uses the LifeRing name and/or logo enters into an implied license to use the name and logo only in a manner consistent with the basic purposes of the organization. This license is legally enforceable whether it is recorded on a piece of paper with signature or not. Thus, if you make "a few little modifications" to your local meeting format so that it now begins with a sacrifice to Baal, continues with compulsory Scientology exercises, and ends with a pitcher of beer at the local tavern, you could be sued in court to make you stop using the LifeRing name and logo, regardless of whether or not you have a charter document. Hopefully such a situation will never arise.

The charter document can also serve an informational function. If members are ever in doubt about the organization's basic philosophy – its reason for existence – the charter document is the most authoritative and succinct statement available. A meeting that has no other LifeRing literature but the charter can still find its way. If you are permitted to do so by your meeting space provider, you might frame a copy of your charter and hang it for display in your room.

13.8 Growing the Meeting

Once the LifeRing organization becomes fairly well known in a community, meetings may grow quickly. Recent LifeRing convenors in the San Francisco Bay Area have no experience of sitting in a room by themselves. Where the local treatment facility gives LifeRing meetings a level playing field with referrals and facilities, the room is full from day one. By the second month these convenors are worrying about whether to get a larger room and/or a second room because of the overflow.

While writing this book I started a lunchtime meeting at an outpatient facility in downtown Oakland. We had eight people the first week, 18 the second, and since then have averaged between 16 and 24 people steadily. This experience is not unusual for new LifeRing meetings at major treatment facilities.

Still, a thriving meeting consists of more than a room full of bodies. There has to be chemistry between them. In a treatment setting, turnover in meeting attendance can be as rapid as turnover in the facility's own program. The challenge for the convenor there is threefold:

- Guide the participants to the other LifeRing meetings in the area so that they can settle in a meeting nearer to where they live after they leave treatment
- Plant the seeds so that people will take LifeRing with them to areas where no LifeRings exist yet, and perhaps start new meetings there
- Develop a core group of regulars

The first objective requires distributing current meeting schedules and talking up the existence of the other meetings. People who attend other LifeRing meetings should be encouraged to report on their experiences there. Convenors will benefit from visiting one another's meeting, being recognized there, and inviting members to come check their meetings out. As much as possible, we want to encourage participants to see and use LifeRing as a network of meetings, not only as a single point.

Regularly distributing LifeRing literature in the meeting is also a key to encouraging participants to start LifeRing meetings in areas where there are none. This goal may be many months off for them, and it is not a realistic objective for everyone, but it is not too early to talk it up, get the literature into their hands, and plant the seeds.

Most important for the convenor of any new meeting is retaining and building a core group of people who participate on a regular basis. Without the core group, the convenor has to work hard to re-establish the ground rules at almost every meeting. A core group carries the meeting and makes the convenor's work light. The chemistry between the core group members sets the tone for the meeting and models the process for newcomers. Newcomers are often attracted to a meeting because of its core group, provided that the group is open and welcoming to newcomers. Some hints and ideas for welcoming newcomers are in an earlier chapter, at page 69.

Developing a core group requires a little bit of luck and a lot of common sense. You need luck to draw a set of people who get along and have good chemistry. Common sense tells you to give people talking time, listen carefully and empathetically to what they have to say, avoid giving unsolicited advice, give them responsibility, and be there for them between meetings if that seems appropriate. In other words, building a core group largely means applying the basic convenor skills discussed in the initial chapters.

13.9 Turning it Over

Now you are a convenor, you have a room, you have people in it, and you are exhausted and exhilarated. You have brought them together in recovery. The peer-to-peer bonds are forming. Sober-to-sober communication is flowing. Synergy is surging. People are feeling their sober power growing inside of them. They are weaving their personal recovery programs in the quickness of the here and now. They are taking charge of their recoveries and making plans to prevail against the challenges of the coming week. The pulse of your own sobriety is going strong. Everything that you dreamed of is becoming a reality. Is your work finished now?

No. You have one more task ahead of you: turning it over.

13.9.1 Convenor Material

Somewhere in the ring of faces in the room there is at least one, perhaps quite a few more than one, who will be ready in a few months to become convenors themselves. From the first meeting, and every meeting thereafter, you need to be scanning the room to identify them. How can you tell the likely convenors of the future?

- They are clean and sober. If they relapse they quickly get up again. They don't repeat the same mistake more than twice. They make whatever life changes they need to make to achieve a stable recovery. They are actively building and implementing their personal recovery program. Sobriety is their personal priority.
- They are regulars. They arrive on time just about every time, and stay for the whole meeting. If they go on vacation, they announce it ahead of time. If they unexpectedly miss a meeting for some reason, they try to phone somebody to let people know.
- They participate. You can count on them to give a vivid highlights-and-heartaches newsreel of their past week in recovery, and to lay out their personal challenges ahead. They get and give crosstalk. They ask helpful questions, and make people laugh in a good-natured way. They show empathy. They refrain from talking too much. They model how to make the best use of the LifeRing meeting format.
- They have something extra. They explain things well, or they have a bigger reserve of empathy, or they are more

energetic or more patient, they volunteer to help, they take responsibility, they defuse sticky situations, they listen really well, they make friends well, they help people between meetings, they show leadership ability, they have creative ideas – or some combination of the above.

The LifeRing meeting format, with its participatory nature and its open architecture, is an apt one for potential convenors to develop themselves and to display their qualities.

The current convenor sometimes only needs to observe and let matters take their course. Over a period of a few months or a year or so, depending on the situation, a natural new convenor, or several of them, will usually emerge, and all the current convenor has to do is get out of the way at the appropriate moment.

13.9.2 On-the-Job Training

The current convenor may want to create opportunities for others to develop in the convenor role. As early as possible, the convenor could, for example:

- Decide that the meeting today is too big and needs to split into a second room. Whoever emerges as the "split" convenor will be developing the skills to become the main convenor.
- Hand the clipboard to a likely successor and excuse themselves to go to the restroom … and take a long time before returning.
- Announce that they will be late to the next meeting, and ask for a volunteer to start the meeting off.
- Announce that they will be absent for the next meeting, or the next two, and ask someone to take over temporarily.

The ingenious convenor can craft other similar opportunities for regulars to obtain in-the-water convenor swimming practice.

It also helps if the convenor spends extra time with the people who are developing toward the convenor role and does whatever may be helpful to them to come along. Perhaps the convenor can lend them a useful book, or go have coffee, or arrange to meet for lunch between meetings, or some other positive effort. It doesn't hurt at all for the convenor to say publicly and privately that the LifeRing system is to pass the convenorship along and to ask others to think about stepping into the role one of these days.

In the San Francisco Bay Area, where we have periodic convenor workshops, the current convenor of each meeting will want to bring along at least one, if not more, other meeting participants. These workshops are useful not only in developing meeting leadership skills but also in developing the theoretical understanding of why we do what we do. Every LifeRing convenor needs to be able to explain the basic LifeRing philosophy and to relate it to everyday practice.

13.9.3 When to Pass It On

There can be no hard and fast rule about how long a convenor should remain in the role before turning it over. It depends entirely on the circumstances. In one meeting I started, I was able to turn it over within a couple of months. In another, it's been almost three years and I'm very close to being able to walk away, but not quite.

The convenor needs to find a middle ground between "too early" and "too late."

Walking away from a meeting before another convenor is at all ready to take over amounts to abandonment. The meeting could disband, or continue but merge into the twelve-step background, or go off on a wild tangent and self-destruct. Walking away prematurely is irresponsible.

On the other hand, if the convenor holds on too long, members will become frustrated and people who are ready to become convenors may become hostile or go away. Such a convenor no longer brings people together but drives them away.

In my observation, convenors are more likely to underestimate than to overestimate the readiness of others to step into their role. In one instance the convenor held on for many months longer than the usual six to eighteen months or so, arguing that the meeting had high turnover and nobody was regular and stable enough to take over. When this convenor finally did relinquish the reins, it turned out that there were at least four people in the meeting ready, willing, and able to be its convenors, but too polite to suggest that it was time for a change. The convenor role has its gratifications and convenors may be reluctant to let them go.

If the founding convenor of a community-based meeting (as distinct from a meeting in special settings, see that chapter) cannot find a successor after two years or so, my intuition says that something may be wrong; let's have a look.

- If this meeting has lots of newcomers but no core of regulars, that is a red flag. Perhaps the convenor could do more to retain people. Generally, people come back if they feel that their participation is welcome and valuable. One of the most meaningful ways of communicating this message is to invite people to become convenors themselves when they feel ready.
- In other cases, the convenor is doing all the right things within the meeting, but something is wrong in the meeting's time, location, or supply lines (referrals, outreach, word of mouth). The local convenor workshops, if they exist in that region, or the online channel (the *convenors* email list) are good venues for analyzing problems of this kind in detail and getting feedback from other experienced convenors.

If the meeting is doing well and a core group has developed, the actual handover to a new convenor can occur in any number of ways. If there are several people who are clearly candidates for the convenor role, and if they cannot come to an informal agreement about sharing or taking turns, the meeting could hold a quick vote. Most of the time formal votes are unnecessary. The outgoing convenor hands the new convenor the clipboard and the other tools of the role, and sits back. The new convenor starts or continues the meeting. It may be appropriate to begin with a few words of thanks and a round of applause for the outgoing and incoming convenors. A card of thanks to the outgoing convenor signed by all those present may be appreciated. The less ceremony, the better.

It's usually a good practice for the former convenor to continue to attend the meeting as a regular member for a period of time. This can be good for the convenor in the same way that a cool-down walk after a strenuous run is good for the body. It may be good for the meeting because the experienced convenor can be there as a backup if the new convenor runs into an unexpected snag. Once the transition is complete and the meeting is in cruise mode with the new pilot, the convenor's job as convenor in that meeting is finally done.

Congratulations!

Now it's time to start the next one.