

## Introduction

“Recovery by choice” seems at first a contradiction in terms. Isn't it the essence of addiction to alcohol and other drugs that we lose the power to choose?

Yes and no. Yes, once a person has crossed the line into addiction, if they<sup>1</sup> then put alcohol or other drugs into their body, they will not have the power to choose to stop. Once they get rolling they are like a truck without brakes. I know, I lived it.

But an addicted person can decide not to climb back into that truck. Not ever.

The power to make that decision, and to stick with it, doesn't come all at once, at least not for most people. But that doesn't mean they're too paralyzed ever to make it. The power to choose recovery may begin with small decisions having a horizon of seconds, minutes or hours. Shall I glance again at the beer billboard? Shall I pass by 23<sup>rd</sup> & Pine where I might run into my dealer? Do I spend the evening with people who drink and drug or with people who don't? Getting as far as choosing to live clean and sober in 24-hour blocks already marks great progress. Each successful decision strengthens and informs the power to make further decisions with wider horizons. Shall I attend a weeklong conference? Shall I spend the summer doing A or B? Shall I go back to school in Minnesota and get a degree, or move to San Diego and live with X? All the fractional decisions empower the person to make and persist in the global choice: shall I live my life as a clean and sober person, or shall I die a drunk and an addict?

Like a muscle or a mental skill, the power to choose recovery vitally requires material on which to exercise. Given no choices to make, or only pseudo-choices, it withers. The notion that addicted persons are too paralyzed to make choices is a self-fulfilling prophecy. If they are given no choices, they will be paralyzed. Paralysis, however, is not the optimum condition in which to start a long and difficult journey.

Successful recovery from addiction requires making choices. Addiction is systemic and dynamic. It shifts shapes, evolves, and insinuates itself into the infinitely varied details of our many different lives. Sure-fire recipes and miracle cures that require no thinking or choosing may work for localized, static disorders such as heartburn or hemorrhoids, but not for the bio-psycho-social monster that is addiction. Because it assumes all the

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<sup>1</sup> This book uses the plural pronoun “they” in place of the awkward “he or she” to refer to a singular person of either gender. Although this construction may offend grammatical purists, it is commonplace now in the spoken language and serves important goals of equity and economy.

diverse and changing forms of the individuals whose lives it destroys, addiction requires a response that is itself flexible, individualized, and capable of adapting and evolving. Recovery from addiction requires the ability to respond intelligently and in a resilient manner to an infinite variety of different situations -- it requires the power to think and make choices.

Effective treatment of addiction is individualized. The National Institute of Drug Abuse (NIDA) of the National Institute of Mental Health (NIMH) conducted a comprehensive study of treatment methods in 1999 and found, as the first fundamental principle: “No single treatment is appropriate for all individuals. Matching treatment settings, interventions, and services to each individual's particular problems and needs is critical to his or her ultimate success in returning to productive functioning in the family, workplace, and society.”<sup>2</sup>

Where can a person find addiction treatment that meets this first and most basic criterion? Clinical treatment in most programs is too short, and the average facility has too little resilience or resources to engage with the client's individual needs. Support groups can be wonderful, or not, and you can go there as long as required; but you are there only a few hours, and at their best they can only resonate with and support the work you do yourself. The only person in a position to give the individual in recovery the kind of extended personalized therapeutic attention that is required for success is you, the individual whose recovery it is to be. That's where this workbook comes in.

This is a how-to book for building a lifetime personal recovery program based on abstinence from alcohol and drugs. Using this book, you can become “the author and the arbiter of your own recovery.”<sup>3</sup> You can create “a program that keeps you in charge.”<sup>4</sup> You can learn to act with confidence as your own therapist.<sup>5</sup> You can empower your sober self.<sup>6</sup>

The basic method of this book is to offer you choices. You will hear many different voices addressing various recovery issues in a few words from a variety of angles. It is up to you to position yourself in this array of choices in a way that works for you to keep you clean and sober. The commentaries that lead from section to section will ask you to exercise your intellect, search your feelings, apply your experience, and use your judgment about a broad range of issues. The book offers some answers, but its main contribution is to raise questions for you to think about. The therapeutic concept is that the consideration of choices will awaken and energize your healthy, recovery-seeking

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<sup>2</sup> Principles of Drug Addiction Treatment: A Research-Based Guide. National Institute on Drug Abuse, NIH, Oct. 14, 1999.

<sup>3</sup> “The first principle of recovery [from trauma] is the empowerment of the survivor. She must be the author and arbiter of her own recovery. Others may offer advice, support, assistance, affection, and care, but not cure. Many benevolent and well-intentioned attempts to assist the survivor founder because this fundamental principle of empowerment is not observed.” Judith Herman, MD, in *Trauma and Recovery*, 2<sup>nd</sup> Ed. 1997 Basic Books (New York), p. 133. .

<sup>4</sup> The expression is that of Doug Althausen, *You Can Free Yourself from Alcohol & Drugs: Work a Program That Keeps You in Charge*, 1998, New Harbinger (Oakland).

<sup>5</sup> Relapse prevention “is most successful when the client confidently acts as his or her own therapist following treatment.” Linda A. Dimeff, G. Alan Marlatt, “Relapse Prevention,” in Reid K. Hester & Miller, *Handbook of Alcoholism of Treatment Approaches: Effective Alternatives*, 2<sup>nd</sup> ed., 1995, Allyn & Bacon (Boston), p. 177.

<sup>6</sup> See my “How (Our) Self-Help Support Groups Work,” in *Presenting LifeRing Secular Recovery, A Selection of Readings for Treatment Professionals*, 2000, LifeRing Press (Oakland), p. 23.

mental and emotional powers, engage and strengthen your motivation, stimulate you to take intelligent action on your own behalf, and teach you how to be in charge of your own recovery. The ultimate aim of the method is to facilitate your autonomy as a clean and sober person.

Constructing your individualized custom-made recovery program presents certain challenges. The emphasis on making choices, figuring things out for yourself and making your own plans for action places greater demands on a person's emotional and intellectual capacities than memorizing answers, taking things on faith, and "doing what you are told." This is not for everyone. If you are more inclined to coast than to pedal, you may find this approach too strenuous.

However, the build-it-yourself method has advantages.

A strong and consistent finding in studies of recovery motivation is that people are more likely to persist in a course of action, and to succeed at it, when they have chosen it themselves. The same therapeutic method works better when the person has elected it than when it is imposed.<sup>7</sup> People are more committed to a plan that addresses their personal concerns and to a program that is of their own making.<sup>8</sup>

When people become active and figure things out for themselves, they learn better. MIT learning theorist Peter Senge writes in his best-seller *The Fifth Discipline: The Art and Practice of the Learning Organization*, "Self-concluding decisions result in deeper convictions and more effective implementation. ... People are more effective when they develop their own models -- even if mental models from more experienced people can avoid mistakes."<sup>9</sup> By going through the process of developing your own model – as distinct from merely copying a recipe – you experience what Senge calls a "deep learning cycle," which entails "the development not just of new capacities, but of fundamental shifts of mind, individually and collectively." The evidence of "deep learning" is that we can do things we couldn't do before – in this case, to lead and enjoy our lives without alcohol or drugs.

Despite the widespread currency of blame-deflecting medical metaphors, many well-meaning people still approach the recovering client as a Bad Person, a reject from the character assembly line. We who are in recovery all too often internalize these self-flagellating definitions that facilitate relapse. Recovery approaches based on such moral judgments tend to operate on the policy, "The Beatings Will Continue Until Morale Improves."

Science can help here, if we use it. Decades of brain research into addiction have shown that long-term use of addictive substances impairs a person's power to take pleasure from reality.<sup>10</sup> Recovery means, in important part, learning or relearning to "get off on

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<sup>7</sup> William R. Miller, "Increasing Motivation for Change" in Reid K. Hester & Miller, *Handbook of Alcoholism of Treatment Approaches: Effective Alternatives*, 2<sup>nd</sup> ed., 1995, Allyn & Bacon (Boston), p. 95

<sup>8</sup> Miller, p. 95.

<sup>9</sup> Peter Senge, *The Fifth Discipline: The Art and Practice of the Learning Organization*, (1990).

<sup>10</sup> Eliot Gardner, "Brain Reward Mechanisms," in *Substance Abuse, a Comprehensive Textbook*, 3<sup>rd</sup> Ed., Lowinson et al., editors. Williams & Wilkins, Baltimore, 1997, p. 52.

reality.”<sup>11</sup> That is why this workbook presents numerous opportunities to develop the positive side of your reality. Get into new activities, hang out with new people, experience new feelings, get to know and to appreciate the positive qualities you've had all along, increase your self-esteem, build up a healthy ego, work toward a positive self-image, do something every day that makes you feel good -- these are essential building blocks of recovery from addiction.

This book is intended basically for self-study (bibliotherapy). You could work it in isolation if necessary. But the book grew out of, and is adapted for, self-help recovery in a group setting. Some people can and do recover alone, but many people find that it's more effective and a lot more fun to do it with a congenial support group. For this reason, many of the topic areas contain the suggestion to take the topic to a group for discussion and feedback.<sup>12</sup>

Although it is not designed as a clinical protocol, this book may improve your treatment experience.<sup>13</sup> If you are having friction with staff because the legacy approach is not working for you, you may be able to persuade your counselor to permit you to use this workbook as a demonstration of your commitment to your recovery. The book also contains a series of suggestions to help you obtain what you need from your treatment program in a positive, sobriety-directed manner. You may also be able to use this book to identify particular areas of your concern where professional service providers may be helpful with referrals, suggestions, or pointers to other readings.

The veteran addiction treatment counselor and historian of recovery, William L. White, writes that the basic aim of professional addiction treatment is “to create a setting and an opening in which the addicted can transform their identity and redefine every relationship in their lives, including their relationship with alcohol and other drugs.”<sup>14</sup> In keeping with this concept, this workbook is organized around key relationships in people's lives: the person's relationship to his or her body, to the places and things of addiction, to life activities and situations, to other people, to one's feelings, and to various aspects of lifestyle, culture, and personal history. Blanks are provided for those who wish to add other personal concerns. What you will be doing as you proceed, bit by bit, is to reinvent yourself as a person who does not use drugs or alcohol.

### **How to Work This Book**

The book opens with a simple tool, the Sobriety Priority T-chart. The basic idea behind the T-chart is to make recovery one's priority in analyzing life choices. This is the core design that replicates itself in a thousand different ways at many different scales and in many settings throughout the book. Except for the first chapter and the last, which serve as the frame, this book is organized like a fractal pattern, not like a stairway. Once you

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<sup>11</sup> The phrase is Dr. Gardner's.

<sup>12</sup> All meetings of LifeRing Secular Recovery allow cross-talk (supportive free conversation) during all or part of the meeting's time so that participants can, if they wish, get direct feedback from other group members. See *Handbook of Secular Recovery*, (LifeRing Press, Oakland, 1997-1999), Ch. 5.

<sup>13</sup> Treatment professionals interested in learning more about the LifeRing Secular Recovery approach may consult *Presenting LifeRing Secular Recovery: A Selection of Readings For Treatment Professionals* (LifeRing Press, Oakland, 2000).

<sup>14</sup> *Slaying the Dragon: The History of Addiction Treatment and Recovery in America*, p. 342.

get the basic design, the order in which you work is an individual matter. Feel free to move through the book in any sequence you see fit. Work it backward if you prefer. Let your life be your guide. If you feel you are in a high-risk zone for relapse, jump ahead to the Relapse chapter and then go wherever you see the need. If your feelings concern you most, start with the Feelings chapter. If you have people trouble, jump to the People chapter. The labeled tabs in the outside margin and numerous cross-references in the text may facilitate your explorations. Skip material that doesn't speak to you. If you encounter topics that stress you to the point where you are at risk for relapse, back off. Let sleeping dogs lie until they and you are ready to face each other in a non-threatening way.

A few section titles are in square brackets. These are primarily addressed to readers who are still drinking/using, e.g. [Detox], or who have recently returned from relapse, e.g. [My Relapse Debriefing Worksheet].

This book contains numerous checklists, many of them prefaced with the tag "People Say." Put a checkmark before an item that resonates with you. Leave the others blank. These are not test questions and there is no answer book and no score or grade. Working most of these checklists is like entering a virtual meeting or chat room. Imagine that a person in the room with you is speaking the item. How do you feel about it? Does it strike a chord with you?

Just like in a real meeting, there is no consistent pattern to the checklist items. Some of the choices are complementary; check all that ring with you. Some are mutually exclusive. Some will seem obviously right to you, no-brainers. Some may seem annoyingly stupid. Some may be wobblers for you and unsettle you and get you thinking and feeling. Those may be your best ones.

Try to let the checklist material sink in a little; don't rush through it too fast. But try not to agonize forever, either; if you are spinning your wheels, just make a note or leave it blank and move on to the next. Items that leave you stuck may be particularly good ones to bring to a support group meeting.

The final section of the last chapter, titled "My Personal Recovery Program," is blank. The point is for you to write it yourself. This will be the place to pull together all the detailed plans you may have made in the previous chapters into the beginnings of an over-all life plan for your recovery.

Feel free to revise your work as you go. Few great plans go from first draft to completion without extensive alterations. Changing a plan is the rule, not the exception. If you relapse, it means there's a bug in your program, so it's time to deepen the analysis and make some revisions. It will be helpful for you to learn to recognize your near-relapse situations -- moments when your path takes you to the edge of a cliff -- so that you can change your course and revise your plan before you actually tumble over. Learning sobriety has much in common with learning to ride a bicycle.

One of the most useful things you can do with this book after you have worked with it is to share your personal program with others. People new to recovery may benefit tremendously from seeing your finished book, or at least the summary that you wrote at

the conclusion. If you are part of a LifeRing recovery group, your group may after a while want to collect its members' personal recovery plans (last section of Chapter 14), with the authors' permission, and put them into a binder for newcomers to look at.

Some chapters of this workbook have places for you to revisit, for example after three months or after a year of sobriety. In this way the book can help you chart your own progress over time. Even after you have basically finished your work with the book, it can serve as a useful refresher for you later on, when your memories of your early recovery may have faded.

This workbook will probably do you the most good if you express yourself freely and fully in its pages. But please keep in mind the obvious fact that books may get lost or fall into the wrong hands. Do not write information that would put you at risk of harm. If you absolutely must commit such things to paper "to get them out of your system," write them on a separate sheet and handle them separately. When you refer to other people, use their first names or pseudonyms.

Many points in this workbook suggest that you may want to get more information about a specific topic. The fastest way to get a large quantity of information these days is on the Internet. The LifeRing web site, [www.unhooked.com](http://www.unhooked.com), is a good starting point. It will lead you to numerous other resources. It may be quicker, however, to ask a knowledgeable person, such as a counselor or a librarian. Don't hesitate to broadcast a general request for information to your meeting or your online community. Do not be surprised if you find that there is fundamental and vehement disagreement among experts about practically every issue involved in addiction and recovery. Perhaps even more than in other fields, this is an area where your survival may sometimes require that you ignore the babble of warring authorities, including this book, rely on your own wits, and do whatever works to keep you clean and sober.

### **Acknowledgements**

I was first exposed to many of the issues raised in this workbook as an outpatient in 1992-1994 in the Kaiser Permanente Chemical Dependency Recovery Program in Oakland California. It was my good fortune to have its then Medical Director, Laurence Bryer MD as my case manager, its Program Coordinator, Robert Boyd PhD, as one of my group leaders, and its current Medical Director, Dr. Nicola Longmuir MD, as my physician. I also owe debts to my other Kaiser counselors, Leslie Chatham PhD, Jennifer Palangio PhD, and Janet Robinson LCSW, among others. Jeffrey Blair MFCC and Joann Cook LCSW have been sources of valuable counsel during follow-up. They will probably find in these pages the evidence of many seeds they sowed years ago.

In the gestational stages of this workbook I had the unique opportunity to lead a weekly LifeRing meeting with patients at the Dual Diagnosis Crisis Intervention Unit at the Herrick Campus of Alta Bates Hospital in Berkeley, California. Attempted suicide with alcohol/drug involvement is the most common reason why people are brought to this locked ward. Many of the patients are veterans of chemical dependency treatment and traditional recovery groups. There I came face to face each week with the failures of every recovery approach, including my own. These patients helped me like no others to

be clearer, more positive, more modest, and more aware of the gravity of the choices we make. I am grateful to Jane Haggstrom RN, PhD, the Patient Care Manager, and to the other Herrick 4N staff members for their many kindnesses and support in connection with this meeting.

I began writing this book in earnest when the Merritt-Peralta Institute (MPI) at Summit Hospital in Oakland California decided in the Spring of 2000 to host a LifeRing meeting as a supplement to its 12-Step offerings. This is a 28-day inpatient program based on the Minnesota Model. A significant portion of patients in the program, over time, had been asking for an alternative approach. Almost the first question from the MPI patients in our first LifeRing meeting was, "Do you guys have a workbook?" This book is a response to the MPI patients' eager, insistent, and legitimate demand for some tool that spelled out the LifeRing approach in some detail. I am grateful to David Cohn MD, the MPI Medical Director, and to Terry Arnold LVN, Clinical Coordinator, for their permission to hold the LifeRing meeting and to test out portions of the workbook with the MPI clients; and to the whole MPI staff, but especially Chuck Marisco CDC, Kathy Koshgarian RN, MSN, Sue Hinde RN, and Carolyn Robinson CNA for their professional cooperation and friendship.

I need to acknowledge here a general philosophical indebtedness to the following authors of recovery books: the late Jean Kirkpatrick, founder of Women for Sobriety; James Christopher, founder of Secular Sobriety Groups (SSG, later SOS); Jack Trimpey, founder of Rational Recovery; Charlotte Kasl, author of *Many Roads, One Journey* (1990) and founder of the Sixteen Steps groups; and to the late Dr. James R. Milam, principal author of the classic *Under the Influence: A Guide to the Myths and Realities of Alcoholism* (1981). Over the course of three decades these therapeutic pioneers cleared and cultivated the mind-space without which the abstinent choice-based recovery approach exemplified in this workbook could not have been built.

I also owe special intellectual debts to six contemporary American treatment professionals.

Doug Althaus, MEd, CSAC, MAC, Program Coordinator of the Kaiser Permanente Chemical Dependency Recovery Program in Honolulu Hawaii, is the author of *You Can Free Yourself from Alcohol and Drugs -- Work a Program That Keeps You in Charge* (New Harbinger, Oakland, 1998). This remarkable book first demonstrated to my mind that it is possible to "square the circle" -- to combine structure and order with freedom and choice in chemical dependency treatment. The purpose, plan, and particulars of the present self-help workbook differ in many respects from Althaus's more sequential and institutional approach. Althaus's is mainly a clinical protocol; this workbook is mainly bibliotherapy. But the core concept here is the same, and I am deeply grateful to his work for showing the way.

Professors Reid K. Hester and William R. Miller, authors of *Handbook of Alcoholism Treatment Approaches: Effective Alternatives*, first opened my eyes to the evidentiary basis underlying or not, as the case may be, the legacy substance abuse treatment and support enterprise. This workbook has drawn substantial inspiration and ideas from the Hester-Miller *Handbook's* survey of modern evidence-based treatment approaches.

I owe a special debt to William L. White for his book *Slaying The Dragon, The History of Addiction Treatment and Recovery in America*. His work is a fascinating read from any standpoint -- history written as well as one ever sees it. I found it particularly mind-stretching to read about the great variety of recovery efforts in American history.

White's panorama allowed me to see more clearly than before that the contemporary landscape is, after all, a transitional one, and that the inexorable processes of change will have, and are having, their way. As a veteran treatment professional and educator of treatment professionals, White has written some of the most empathetic and eloquent passages about the treatment process that I believe I shall ever read. His description of treatment as the presentation of choices<sup>15</sup> is the methodological keel of this workbook.

Eliot L. Gardner MD of the Albert Einstein College of Medicine in New York is the author, among other works, of a review article, *Brain Reward Mechanisms*, summarizing fifty years of addiction research with laboratory mammals.<sup>16</sup> Gardner's article cemented in my mind the conviction that addiction has a neuro-physiological foundation; or, to put it another way, that addiction happens not so much in the "mind" as in the brain.

Experimenters routinely take normal little rodents, lacking (as far as we know) any inkling of civilization or its discontents, and turn them into alcoholics/addicts by infusing their bloodstreams, via needle or vapor chamber, with sustained high doses of the substance for a period of time. Off they go then, transformed, pressing a lever thousands of times to get the next dose, ignoring food, sex, companionship, sleep, pain and everything else, until they fall dead from exhaustion.

This simple method for manufacturing addicted mammals, replicated in thousands of studies, suggests, to my mind at least, that searching for the causes of human addiction in lofty fields such as personality, psychology, psychiatry, sociology, history, morality, "spirituality," theology, philosophy, or aesthetics is misdirected. These higher, uniquely human functions may assist an individual's recovery, or not, but they are superfluous to produce addiction. NIDA's finding that the cause of addiction in humans is excessive intake of addictive substances, reported by its director Alan Leshner PhD in another context,<sup>17</sup> is consistent with Gardner's survey of the laboratory studies and possesses strong therapeutic and prophylactic value. This finding underlies the *My History* chapter here, and informs the workbook's general approach.

Finally, I am grateful to NIDA for the Oct. 1999 publication of its science-based survey of addiction treatment, quoted at the outset. This workbook is in major part an effort to translate the principal NIDA findings about the qualities of effective treatment into a format useful to individuals who are treating themselves.

The main purpose of this book is therapeutic. But the book also has a secondary, organizational purpose. I hope that the book will help to make more people acquainted

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<sup>15</sup> "What we are professionally responsible for is creating a milieu of opportunity, choice and hope. What happens with that opportunity is up to the addict and his or her god. We can own neither the addiction nor the recovery, only the clarity of the presented choice, the best clinical technology we can muster, and our faith in the potential for human rebirth." *Slaying the Dragon*, p. 342.

<sup>16</sup> "Brain Reward Mechanisms," in *Substance Abuse, a Comprehensive Textbook, 3<sup>rd</sup> Ed.*, Lowinson et al., editors. Williams & Wilkins, Baltimore, 1997, p. 52.

<sup>17</sup> Leshner, "Addiction is a Brain Disease, and It Matters," *Science*, Oct. 3, 1997.

with the LifeRing approach that has helped me and so many others make our recoveries. Building a personal recovery plan is a fundamental part of the LifeRing recovery approach; it flows from the third “S” in the LifeRing “Three S” philosophy: Sobriety, Secularity, and Self-Help.<sup>18</sup> The choice-based method of this workbook, leading to a diversity of individual abstinence plans, is an implementation of the LifeRing concept of “small-p” programs.<sup>19</sup> The workbook’s technical approach goes back to a suggestion in Chapter 4 of the LifeRing *Handbook of Secular Recovery* that one way to start building one’s personal recovery program is to make a T-chart.<sup>20</sup> I hope that people will make use of this workbook to form more LifeRing recovery meetings -- “life rings,” as someone aptly called them.

These living loops of positive feedback form the main source of the many voices you will hear in the checklists that make up the core of this workbook.<sup>21</sup> Since I stopped drinking and using on Oct. 2, 1992, I estimate I’ve attended close to a thousand LifeRing meetings,<sup>22</sup> but I still hear new matter all the time. The *LSRmail* email list created by Tom Shelley of St. Petersburg Florida, with its hundreds of participants and tens of thousands of posts, has been another inexhaustible mine for this book.<sup>23</sup> Additional material came from the patients in the Dual Diagnosis Crisis Intervention meeting and from participants in the MPI inpatient program, described above, and from the Focus Group, described below. To all of these I am grateful.

The progress of this workbook has benefited greatly from the feedback generously provided by a number of participants in LifeRing Secular Recovery. Scott Newsom, Ph.D. of Houston TX reviewed the earliest versions of the manuscript and made a number of valuable general and particular suggestions, for which I am particularly grateful. Patrick Brown of Ryan TX provided valuable feedback both as to the general concept and to particulars. Marjorie Jones of Oakland CA and Robbin Lou, Berkeley CA, each took the trouble to review early drafts and give me the benefit of their feedback as to form and content. Jones also moderated the LifeRing convenor’s email list, *lsrcon*, on which discussions of the various drafts posted online from 0.70 forward were conducted.

I owe special thanks to the members of the first Workbook Focus Group that met on Thursday evenings and then Mondays at the Kaiser Permanente CDRP facility in Oakland beginning in August, 2000. Veteran Oakland LifeRing convenor Bill Somers was a mainstay of this working group, but it consisted mostly of newcomers then in the first 90 days of their recoveries and participating, as I had years earlier, in the Kaiser early education program. Together we went through many of the chapters line by line.

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<sup>18</sup> For more on the “Three-S” philosophy, read the LifeRing *Handbook of Secular Recovery*, Ch. 1. Although building one’s own recovery plan is basic to the LifeRing approach, nothing requires the LifeRing participant to do it in writing or to use any particular book or device. This workbook is merely one item in an open-ended secular toolbox available to the LifeRing participant.

<sup>19</sup> On building “small-p” v. “Big-P” programs, see Ch. 3 of the LifeRing *Handbook*.

<sup>20</sup> *Handbook of Secular Recovery: A Brief Introduction to the Philosophy and Practice of LifeRing Secular Recovery* (originally published as *Sobriety Handbook: The SOS Way*, 1997), LifeRing Press, 1999, p. 27.

<sup>21</sup> Few of the checklist items constitute verbatim quotations. I have called up from memory the gist of what I heard and rephrased it to fit the concise checklist format. In a few cases I have set down words that I believed people were thinking but not saying, or that were implied in conduct.

<sup>22</sup> The meetings were formerly known as SOS.

<sup>23</sup> For a selection of posts from this remarkable online community, see *Keepers: Voices of Secular Recovery* (LifeRing Press, 1999).

These were the perfect critics and collaborators, because it is for them and others beginning their recoveries that this book is primarily written. They were at the same time ruthless and infinitely forgiving, critical of the smallest detail yet supportive of the effort, unmerciful in their exposure yet gracious in their praise. They were a joy to work with, and they profoundly reshaped this book for the better. They were Larry S., Craig S., Sam L., Steve H., Amy L., Kenny C., Lynda T., Bert Y., John L, Ronnie Z., Martin Z., David Lee B., Sharon B., and Sonya R., and others. I am especially grateful to Chet G., Amy L., Gillian E. and Sylvia S. for detailed feedback in writing. Thanks also to Gary E. and Dennis T. for suggestions and feedback.

If the people with whom I had the good fortune to work in writing this book are typical, there is no thoughtfulness deficit in early recovery. I have at various times taught college undergraduates, graduate students, freedom schools, adult classes, and study groups, and I don't believe I've ever seen a sharper, brighter and more motivated group of minds. It is to them that this work is gratefully dedicated.

-- Marty N.

12/28/00