

Recovery Advocacy in Pennsylvania
An Interview with Bev Haberle
(2007)

Women have played important leadership roles in the New Recovery Advocacy Movement, and one of our most effective leaders is Bev Haberle, Executive Director of the Bucks County Council on Alcoholism and Drug Dependence, Inc. I have worked with Bev for many years on various advocacy-related projects and was delighted to have the opportunity to interview Bev in June of 2007 on a wide range of topics related to her recovery advocacy work in the State of Pennsylvania and nationally. I think advocates around the country will find her words inspiring and informative.

Bill White: Could you describe how you first came to be involved in recovery advocacy activities.

Bev Haberle: As a person in long term recovery, I began about thirty years ago to explore how churches could get involved in helping individuals and families who were suffering from addiction. Part of my role then was to locate local resources and connect those resources to various congregations. One of the resources I identified was the organization that became the Bucks County Council on Alcoholism and Drug Dependence. As I interviewed the Director of the Council, he also interviewed me, and recruited me as a volunteer. I began by answering the information line which taught me that getting people accurate information was an important part of advocacy. I learned in that early volunteer role how to understand and navigate the service system and how to help people get what they needed. My advocacy work continued to expand over the years in tandem with the Council's growth.

Bill: How did the Pennsylvania Recovery Organization—Achieving Community Together (PRO-ACT) come into existence and how has it evolved as an organization?

Bev: PRO-ACT's parent organization, the Bucks County Council on Alcoholism and Drug Dependence, had been doing advocacy work for many years when the opportunity arose to apply for a CSAT Recovery Community Support grant. One of our historical frustrations as an affiliate of the National Council on Alcoholism was not having the financial resources to do the kind of advocacy work envisioned and exemplified by NCADD

founder Marty Mann. The CSAT grant seemed like the perfect opportunity to pursue that so we applied and received the grant in 1998. The resources provided by that grant were used to formalize our work, establish PRO-ACT and increase our advocacy work in Pennsylvania. . We had done a lot of community mobilization around prevention activities and special issues before, but we had never had the resources to sustain our work mobilizing a constituency within the recovery community. The RCSP grant gave us the resources to put Marty Mann's vision into action.

Bill: PRO-ACT has recently become involved with the Philadelphia Department of Behavioral Health's recovery-focused system transformation process. How has PRO-ACT been received in Philadelphia?

Bev: It's been wonderful. In our initial start up back in 1998, we tried to get involved in Philadelphia but were not successful. Over the intervening years we have learned a lot by our work in the five county area surrounding Philadelphia that helped our latest efforts. Having a number of years working in recovery advocacy and support on a smaller scale equipped us to be a better partner in Philadelphia. I say the word partner because I really mean it. Under the leadership of Dr. Arthur Evans, the Philadelphia Department of Behavioral Health (DBH) has embraced us as a full partner in the recovery transformation process. When I go to meetings not in the city, they sometimes say to me "Oh, I'm really sorry we forgot to put you on the mailing list for the last meeting." In Philadelphia, they say "What does your calendar look like? We need to schedule a meeting and want to make sure you can be there," That feels wonderful. It is truly a partnership.

Bill: What kinds of activities have characterized this partnership?

Bev: We helped kick off the meetings announcing the recovery-focused system transformation process and we have sat on the major committees that DBH has used to plan and implement the transformation process. PRO-ACT is included in the provider meetings and director meetings and are afforded regular opportunities to update treatment providers on our activities. We have been very involved in DBH's peer service initiative. PRO-ACT is currently looking to establish a recovery center in Philadelphia and are working with multiple stakeholders on the services that it could provide. We have also collaborated with you on developing a number of papers related to the recovery transformation process.

Bill: What are some of the activities in which PRO-ACT is currently involved?

Bev: We realized early in our efforts to mobilize the recovery community that different people had different strengths and values. We responded to those differences by developing five different strategies to reduce stigma and advocate for the recovery community. The strategies became organizing committees that carry out the work of PRO-ACT. They are; Amends in Action , Recreation/Celebration, Educating the Community, Public Policy and Recovery Support. Amends in Action that puts a positive face on recovery through a variety of community activities such as fixing up a play ground, volunteering in soup kitchens,etc. Recreation and Celebration Committee works to create events that includes a recovery walk, recovery month activities, and other activities and celebrations throughout the year. This creates opportunities for people to fully participate in positive activities in the community. We have one-on-one recovery support services such as recovery coaching and mentoring steered by the Recovery Support Committee . The Public Policy Committee gets involved in providing feedback to legislators regarding issues that effect recovery. Educating the community provides recovery-focused education to the community through health fairs, our speakers bureau and an ongoing family education program.

Bill: For readers who have not participated in a recovery celebration event, could you describe the kinds of recovery celebration activities that PRO-ACT hosts?

Bev: Sure. One of the things we have found is that people in AA don't always interact with people in CA, and people in Al-Anon don't get to do a lot with people in Nar-Anon. So we began to have picnics were we invited the recovery community and people got to really socialize and got to see their similarities instead of their differences. We also do very formal celebrations. We have a Tree of Hope every year at our courthouse where we honor people in recovery and remember people who have lost their lives to this illness. It has become for many people a holiday tradition and has grown every year. We have a recovery walk which last year drew more than 3,000 people. These are very powerful events. I had a young man last year who said to me "I had no idea that there were so many people like me." I almost started to cry. The purpose of a lot of our celebration and recreation activities is to provide opportunities for people to do positive things sober.

We have done dances, a comedy night, shopping trips, a trip to New York to see the play about Bill W. and Dr. Bob. These activities meet a need for people to celebrate their recovery and to experience themselves as part of a community of shared experience.

Bill: You've also done things that really bring recovery to the attention of the public. I was thinking of the Philly's baseball event. Could you describe that?

Bev: Every year during recovery month, we do three activities: our recovery walk, our legislative breakfast, and we do a Philly's game. At the game, we have 500 seats in a whole block together, and it's something to see that many people celebrating recovery. A Recovery representative throws out the first pitch at a major league baseball game and the score board recognizes Recovery Month. For some attending this is the first time they have attended a game drug and alcohol free.

Bill: Could you talk about the important role volunteer's play in PRO-ACT and how volunteers are recruited, trained and supervised?

Bev: PRO-ACT would not exist if it weren't for volunteers. We see ourselves as a voluntary health organization that could not operate with only staff services. Our volunteers are essential, and we use a four step process of working with them: engagement, education, activation and support. It's a very participatory process. Our volunteers help us determine the needs to which we should respond, help us craft a master plan, and direct that master plan as representatives of the recovery community. Some organizations set up "here's what we want to do and here are a few little roles for volunteers to help". Our approach is based on three questions: "What needs to be done? How can we (volunteer leadership and staff) do it? And what does staff need to do to support the volunteers to achieve that."

Bill: So in the model that you are using, staff members are not direct providers of recovery support services. They really support the volunteers to do that.

Bev: That's correct. We use a "crawl, walk, run" model. We have a family education program where volunteers first identified the need, worked with staff to develop the curriculum, learned facilitation skill and now run a monthly program based in 3 locations throughout the area.

Bill: A lot of places have given up on the volunteer model because of volunteer turnover. Can you describe how you've achieved such a high retention of volunteers?

Bev: We actually have. I was just recently thinking that we have some volunteers that have been with us since 1998, which is a long time to be committed to the project. Such continuity is important to our ongoing work with the recovery community. I believe the key to our retention is this participatory process that is going on all the time. Our volunteers feel ownership of what they do and ownership of PRO-ACT. I think another factor is that we take our responsibility to support volunteers very seriously.

Bill: You have been very outspoken on the issue of risk management of volunteers. That's a term many people will not have heard applied to volunteers. Could you describe what you mean by it?

Bev: Sure. I think that if you are going to embrace a model of having your programming all carried out through the use of volunteers, you need to be very, very careful about managing the risks involved in a volunteer service model. We need to protect the volunteer, the person who is receiving volunteer services, the service organization, and the wider community. I think that our obligation to volunteers is to assure their safety and comfort and to assure that they have been trained to do what is expected of them. It's never about winging it. It's about making sure there are clear expectations and clear rules and boundaries involved in whatever roles and task they are being asked to take on. The safety of people who are recipients of services also needs to be assured. They need to be assured that the volunteer peers who serve them have been trained, have been personally matched to them, and will serve as a good role model. As an organization, we have the responsibility of protecting our own liability by assuring that people who are doing this kind of work have been adequately screened, trained, and supervised within the framework of clearly defined service procedures. So all across the line, we are building safety for the volunteer, the people who are receiving the services, and our board of directors

Bill: I seem to recall you and your board having some very engaging discussions about the issue of criminal background checks for volunteers.

Bev: We do criminal background checks on everybody—all staff and all volunteers. Having a criminal background does not automatically disqualify a person from serving in either role, but it does assure that we are not putting anybody in a situation that could jeopardize their recovery or pose a threat to those they serve.

Bill: As an organization, you've spent considerable time developing ethical guidelines for the delivery of peer support services. Could you describe a little bit about the process?

Bev: This is a really good example of participatory planning and work. Volunteers were called together initially to begin the process. We developed focus groups to help formulate our ethical guidelines for peer-based services. We formulate scenarios that had come up or could come up in the context of peer support services and then discussed guidelines for such situations. So it was very much a back and forth, here's a draft, what do you think? It was a very long process, but we had to take the time and steps needed to have people own the process. We had a core group of more than 20 people involved in developing our ethics training paper and PRO-ACTS ethical guidelines. We were able to pull people from throughout the five counties we serve to assure we were representing the community and not just one faction of it.

Bill: The ethics guidelines as an example of developing something locally that took a lot of time and energy, and that you then made available nationally.

Bev: We have actually done that with a lot of projects. Our Tree of Hope has been replicated, not only throughout this state, but throughout the country. We have put a sort of "how to" kit together and have sent it out to people around the country.

Bill: This seems part of a wonderful partnership that is emerging within the recovery advocacy movement itself.

Bev: It's wonderful that people in this movement are so generous. Local recovery community organizations are doing very pioneering work. We need to continue to share our achievements across communities.

Bill: Let me ask you a question about the larger movement. How well are we progressing in the development of a new generation of recovery advocacy leaders?

Bev: In Southeastern Pennsylvania, we have conducted leadership training. A lot of our current core leadership emerged as an outcome of that training. We are set to launch additional leadership training this fall in Philadelphia. I'm really excited about the numbers of people who are coming forward and who want to get involved in recovery advocacy. Our leadership course has evolved over the years to the point that it offers college credits toward an associate degree.

Bill: That's fairly striking since many programs focus only on what the volunteers can give to the organization and the community. You've really focused a lot on what can the volunteer get out of the process for themselves as well.

Bev: I think it goes back to a lot of work needing to be done and our history of recruiting a diverse pool of volunteers to do that work and to develop themselves in the process.

Bill: I've been so impressed with what you have done to honor and bring recognition to the volunteers. How important do you think that's been in your retention and development of local leaders?

Bev: I think it's really important. And some of it can be really small things. I think that many times people doubt their own abilities and I think you have to meet people where they are at, and recognize the small things that they do, and what they are able to accomplish, and that gives them the foundation to move on. I'll give you an example. We had a man who sat in on meeting and was there for a long, long time and never said a word. It turned out that when we were doing our walk, he had access to all kinds of nitty gritty stuff we needed to do the walk (such as things to mark the road). He became a great volunteer and did a huge amount of work, but he sat for probably a year and really contributed very little, but each time he would contribute something, he was validated. Then he blossomed. It's not just the big awards, and we do have those. We did an awards breakfast a number of years ago where we recognized all of our volunteers and we've followed this with other such events. We recently had one of our volunteers recognized at the Philadelphia Mayor's "make a difference" dinner. We were able to bring

a whole table of PRO-ACT people who got to see one of their own being recognized in a very public way. All those things contribute to self esteem and self confidence.

Bill: Describe how PRO-ACT came to be involved in the development of gender specific recovery support services.

Bev: I mentioned that we do everything through a participatory planning process, and one of the programs that we had was a mentor plus program which worked with people who were incarcerated and on their way out of the prison. Through that program, we identified the difficulties women seeking recovery were having coming back into the community from prison. These difficulties spanned housing and a wide spectrum of service needs which they often experience barriers in accessing. That led to a group coming together to develop a recovery center specifically for women. Our vision was one of a barrier free opportunity for women to achieve long term recovery. Our focus on the needs of women went from a very special population of women to the recovery support needs of women from different walks of life and from different areas of the community.

Bill: Could you give examples of some of those special needs?

Bev: Sure, I mentioned housing because we live in an area where housing is expensive. But it's more than that. It's about physical health and lifestyle stability—how women in early recovery with horrific histories of trauma can get and keep a job, reclaim their roles as parents, assure the safety of themselves and their children, and face issues of stigma related to addiction and incarceration. We found that women experienced many complications and obstacles to their recovery not seen in the men we have served.

Bill: I think the women's issues an example of how ProAct has worked very hard to represent a very diverse recovery community in terms of gender, ethnicity, age, sexual orientation and pathways of recovery. Has this been a conscious strategy on your part?

Bev: Absolutely. And we have worked particularly hard in articulating the many pathways to recovery, which is relatively new concept for many in the recovery community and the larger communities we serve. We're one of the few recovery centers that will house women who are on methadone, buprenorphine, or other pharmacological adjuncts along side women in

faith-based or 12-Step recoveries. Bringing people together to share and support their recovery status while respecting differences in choice of recovery pathways was difficult at first but seems to be getting easier.

Bill: You and PRO-ACT have been very involved in the larger national recovery advocacy movement through groups such as Faces and Voices of Recovery. How has this national involvement enriched you own local recovery advocacy activities.

Bev: The resources that we have been able to garner as the results of that involvement have been invaluable, as has been the networking with recovery advocates from across the country. Our involvement in the larger movement helps us link our work to the big picture of what is unfolding nationally and to feel we are part of that larger movement.

Bill: PRO-ACT was recently involved with Faces and Voices in work around the HBO special on Addiction. Can you describe what PRO-ACT did in tandem with this special?

Bev: We were able to do a number of things. We took it on as a year's commitment to increase education and visibility around addiction and to increase visibility around resources for help. We also wanted to use this time to send a public message that recovery is alive and well in southeastern Pennsylvania. So one of the initial things we did was hosting a major premier of the HBO special in the city of Philadelphia. The premier drew over 400 people and was followed by a local panel. A number of scenes in the film for HBO were shot in Philadelphia so we had a particular investment in making sure that people knew the kind of work that people were doing in Pennsylvania. That same night, we had over 60 people volunteer to do their own house parties or showings at their churches. We targeted four levels of the community, to be available to have viewings of the HBO special and the 13 different components to it. We were able to have a staff person dedicate their time just to help people in the tri-county area to help develop programming and showings of the program and we are doing four this month. We've done them now in youth serving organizations, in hospitals, in treatment centers, in people's homes, in churches, in universities, and social town hall meetings. It's been a great opportunity, not only to get the information out but to increase the visibility of recovery in many of our communities.

Through the HBO special, we were able to partner with two newspapers to do articles on addiction and recovery, with the Philadelphia Inquirer was willing to do a whole series on various components that were involved in the video documentary. We also bought a hundred DVD sets to give out to key people, organizations and to our local libraries so the public would be able to have access to it.

Bill: One of the interesting side effects of the HBO special and all of the activities around it is the recent interest by pharmaceutical companies in developing relationships with recovery community organizations. What do you think of this development?

Bev: Well, I think that in any partnership you need to be aware of what is expected of both partners. And our relationship with pharmaceutical companies has been pretty positive. But you also need to be aware that medicated assisted recovery is not something that everybody faces or wants. We have written a book entitled “A Consumer’s Guide to Medication-assisted Recovery” which we distribute to people who are considering getting involved in medicated assisted recovery.

Bill: And what I like about this product is that it presents a very objective portrayal of medications and their potential role in recovery, as opposed to simply passing on the marketing materials of the pharmaceutical companies.

Bev: Yes, we thought that was important, and we found a number of resources that helped us develop our own consumer guide. Our goal is to create informed consumers of treatment and recovery support services and to help move people beyond the disempowered position of “give me whatever you’ve got”.

Bill: Another way you have really encouraged the public to reach out, ask questions and seek resources is through your billboard campaign. Could you comment on your family education program and what response you had to it?

Bev: This is another example of something that if it weren’t for our volunteers, it would have never occurred to us. We had a volunteer who was a painter and painted a house of somebody who happened to own the billboard contracts on RT. 95, which is a highly trafficked route through the city of Philadelphia. And to make a very long story short, our volunteer got a

billboard donated for our use that we are able to put specific messages on every time the billboard is not filled. So about every three months our billboard goes back up again. We first used it to promote our family education program, and gave a phone number that people could call. We expected to get deluged by that but we didn't. What happened was that our numbers just slowly increased and kept on increasing to our current level of 800 participants this year. Many site the billboard on their first contact requesting involvement in the program.

Bill: I think that's an example of using lots of media strategies to build toward a critical mass of public awareness over time.

Bev: I think that that's a really important piece for us.

Bill: Another area I'm interested in is how you got involved in working in the area of insurance discrimination.

Bev: Back in the 1980's, we helped create Pennsylvania's Act 106 which was a mandatory insurance bill in the state of Pennsylvania that stated that if you write insurance in Pennsylvania, you must include certain benefits for treatment of substance use disorders. Many of us who have been around for a long time had the misunderstanding, that when managed care came, Act 106 was no longer in place. Then all of the sudden there was this "aha!" moment when we figured out it was still there. A number of attorneys who volunteer for PRO-ACT could not find any reason why it wasn't still enforced. And so we started visiting various district attorneys and the attorney general's office and asked why Act 106 was not being enforced. It turned out to be not quite that simple. We did a lot of consumer education and provider education to help people gain access to rights to which they were entitled. We did a lot of insurance provider education as well. We got involved in it initially because we had to many people who were not getting the services that they were entitle to and had paid for insurance coverage. And we ended up hiring a person as a client advocate whose role is to help family members and individuals gain access to addiction treatment

Bill: Bev, a phrase that has emerged from your work in this area is "diagnosis discrimination". Could you summarize what you mean by this?

Bev: I believe that we are suffering from diagnosis discrimination. I am envious of the mental health system whose advocates have fought this issue

for years. Many times we will have people who if they have a co-occurring illness will be entitled to services under the psychiatric diagnosis who would not be eligible for services if they only had a substance use disorder. In some cases you are entitled to a paid peer specialist services if you have a mental illness, but there is no such service reimbursement from private or public carriers if you have a substance use disorder. So we have coined the phrase *diagnosis discrimination* to describe these circumstances. Addiction is certainly not being treated like other diseases within these reimbursement systems.

Bill: Bev, I want to thank you for this wonderful information you have shared. Is there anything else you would like to tell us that would give our readers a better understanding of recovery advocacy or the work of ProAct?

Bev: Only that it is such a privilege to be able to be involved with this movement. Seeing people who get the right kind of support really blossom is so rewarding. We had a man the other day get his first legitimate job at age forty with the help of recovery support services. Seeing people who were thought to have no chance rise from the chaos of their addicted lives to a state of sober citizenship is very exciting work. It is also quite rewarding to see recovering people volunteering in work they would have once thought themselves incapable of performing. This is all very fulfilling and hopeful.