

White, W. (2014). Foreword. Kurtz, L. *Recovery Groups*, pp. xiii-xiv.

## Foreword

Recent decades stand as a watershed era in the history of *recovery* as an organizing construct for addiction treatment and mental health services in the United States and in other countries. Recovery mutual aid groups are growing exponentially, as evidenced by their number, size, philosophical diversification and increased specialization. New recovery support institutions—grassroots recovery community organizations, centers, clubhouses, cafes, residences, schools, industries and ministries—continue to spread. Recovery advocacy movements organized by and for people in recovery are coming of age and mobilizing numbers of people in recovery that would have been unthinkable only a few years ago. Approaches to professional treatment are being extended from models of acute stabilization and palliative care to assertive models of long-term personal and family recovery. Representation of people in recovery is growing at all levels within behavioral health systems, with peer recovery support services flourishing amidst growing calls to create *recovery-oriented systems of care*. The vision and reality of long-term recovery are reshaping behavioral health policies, programs and frontline service practices. If there is what could be called an *age of recovery*, we are clearly entering it.

And if there is a ground zero from which this recovery revolution is unfolding, it is clearly the critical mass that has been reached through the growth of recovery mutual aid groups. The increased professionalization and commercialization of addiction treatment and mental health services in the mid-twentieth century led to a disconnection between grassroots communities of recovery and professional systems of care. That disconnection is now being reversed, but professional caregivers are ill-prepared for this new world. Training of physicians, nurses, psychologists, social workers, addiction counselors, mental health counselors and other allied professionals has provided little training on the prevalence, pathways, processes and stages of long-term personal and family recovery and even less about the history, organization, culture and etiquette of secular, spiritual and religious recovery mutual aid organizations. What is needed is a history- and science-informed primer on the nature of such groups and how professionals can collaborate with these groups without harming them in the process. Linda Kurtz's latest contribution, *Recovery Groups*, provides just such a primer.

*Recovery Groups* outlines the history of recovery mutual aid groups, explores the core characteristics that distinguish them from professional care, and profiles some of the major recovery mutual aid groups in the United States. Kurtz further reviews research on the major mechanisms of change that operate within these groups and offers concrete guidance on how service professionals can facilitate collaboration with and effective referrals to these resources. Of particular note is the closing chapter on the growing phenomenon of virtual recovery—the management of personal recovery through support garnered from online support groups and related online communications. A day may come sooner than any could predict when more people will be involved in internet-based recovery support than in face-to-face recovery support meetings. *Recovery Groups* offers a window into this future by exploring both the potential and risks associated with internet-based mutual aid.

*Recovery Groups* is well- conceived, well-researched and well-written. It will find a wide and appreciative audience among all those interested in behavioral health problems and solutions. I suspect it will become the primer for training behavioral health professionals for years to come. Professionals are at their best when they enter communities of recovery from a position of curiosity, respect and humility—as an inquiring student rather than as a teacher. The best way to learn about recovery mutual aid groups is the direct experience of conversing with people in recovery and observing open meetings, but preparation, such as reading *Recovery Groups*, will enrich such experiences.

The foundational scales of orientation within behavioral healthcare are tipping from a focus on pathology and intervention technologies to a focus on the programs and processes of long-term recovery. The following pages constitute a needed guidebook to these cultures of recovery.

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