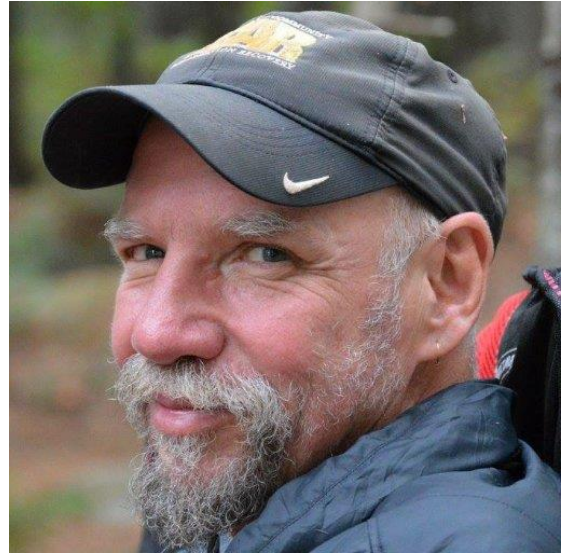


Interview #7 – Phil Valentine, Reflections on the Historic 2001 Recovery Summit in St. Paul, Minnesota, and the start of the New Recovery Advocacy Movement

Forward: I have met Phil Valentine a few times over the years. However, this was the first time I had a chance to sit down and have a direct conversation with him. Most of what I know about his work has come from hearing about how instrumental his ideas were to the development of peer services and reading his work. The thing that came through this interview for me most clearly is that Phil has a deep sense of what I see as the [custodial nature of the work](#). He is not looking to be a rock star of recovery. He is following a path of purpose and the rich history of recovery bestowed on us in order to better serve the community.



There were themes that are emerging from this interview series for me; the importance of centering our work on recovery values, keeping recovery as the first priority, inclusion while maintaining a sense of humility and purpose. An observation I have made in life is that groups can have great influence over individual members, for better or worse.

It is fairly clear that the group that formed out of this summit inspired each other to go out to do even greater things. This is the synergistic energy that can happen when recovering people come together and focus on principled action for a larger cause. Such dynamics can and often are replicated when such groups form and nurture each other.

An accomplished author, trainer and presenter, Phil has gained recognition as a strong leader in the recovery community; in 2006 the Johnson Institute recognized his efforts with an America Honors Recovery award. In 2008, Faces and Voices of Recovery honored CCAR with the first Joel Hernandez Voice of the Recovery Community Award as the outstanding recovery community organization in the country. In 2009, the Hartford Business Journal named him the Non-Profit Executive of the Year. He appears in the documentary “[The Anonymous People](#),” a ground-breaking video that CCAR had the privilege of supporting. In 2015, Phil completed a thru hike of the Appalachian Trail, a journey of 2,189 miles, carrying the message of recovery the entire way (#AT4Recovery).

Other Recovery Community Organizations consistently seek Phil’s experience and expertise on a variety of topics – RCO development, Recovery Community Center development, peer recovery support services, recovery coaching, advocacy and others. Numerous authors have also sought his expertise including Bill White, Christopher Kennedy-Lawford, Dr. John Kelly, Bud Mikhitarian and Melissa Killeen.

1. Who are you and what brought you to St Paul at that time?

My name is Phil Valentine, and I am the Executive Director of the [Connecticut Community for Addiction Recovery \(CCAR\)](#). I have been in recovery since December 28th, 1987. I had not been with CCAR very long before the 2001 Recovery Summit in Saint Paul. I came to CCAR in January 1999, about 2 ½ years prior to the summit. Before CCAR, I held a variety of jobs, including golf pro and insurance sales, but had not found purpose in these pursuits. The work of recovery support was where I found my purpose. I was just getting on my feet when we got an invitation to attend the recovery summit, and I went. We got the invite because we had one of the first [Recovery Community Support Program \(RCSP\)](#) grants awarded through SAMHSA. We were part of the vanguard, as Bill White says. I had not actually met many of the people in attendance. This was the first time we had all been face to face with each other in the same room.

2. Is there a particular moment or memory that stands out to you from that summit?

I have a few memories. As I mentioned, this was the first time we had all been together. I heard someone else describe a powerful experience once by saying, “I do not remember what they said, but I know how they made me feel.” This describes my recollection of getting to the summit and meeting everyone. I felt included. I felt that we were all there for a common purpose. I had a deep awareness of a spiritual presence that is hard to convey in words. I remember talking with Bill White for the first time in person and a sense of being a part of something that had deep meaning. It was powerful. It stuck with me more as a feeling than any specific recollection.

I recall listening to [Senator Wellstone](#) and [Congressman Ramstad](#) for the first time. I had never heard anyone in positions like theirs being so supportive of recovery. They came out for us. Congressman Ramstad was open about his recovery. I had not really heard anyone do anything like that before. It was a wow moment. Up until then, recovery was pretty much in church basements, there was a chasm between those basements and the main congregation. This was my first glimpse that things could be different. I vaguely recall that Dick Van Dyke [gave an interview on the Dick Cavett show in 1974](#), but mostly, such open dialogue about recovery just did not happen. This was a moment that resonated with me. I think many of us realized that something was happening, and we felt what the world might be like when people no longer had to live in the shadows. We experienced dignity, respect and embraced a deep belief that people who recovered from a substance use disorder would contribute in unforeseen, yet powerful, ways to the betterment of society.

3. What did you see as the motivating factors that brought you all together for that historic summit twenty years ago?

I think we all felt in our hearts that there needed to be a coming together. We needed to connect and give voice to the healing power of recovery in our own lives, within the communities we live and build upon these experiences. I mentioned earlier that feeling of not being alone, of being a part of something, it was palpable. We wanted to put a face on recovery. We felt a conviction to work to normalize recovery. I think we recognized that it was vital for us to stand up and be out in the open and to live out loud in recovery. Without that, we would not be able to move out of a world where stigma kept us behind a cloak of shame. We did not want to live that way, recovery is beautiful, not shameful.

We had purpose in our lives and the summit crystalized this for many of us, I know that is what happened for me. There was a growing sense within me that I needed to focus on the development of recovery coaching and bringing the power of lived experience into focus as a way to save and restore lives. I recall one time a person close to me talked about the value in seeing gaps and needs around them and the things that needed to change in order to foster improvements. They told me it is one thing to see those gaps and recognize those needs, but it takes a lot of courage to walk through those doors and into the unknown. We were giving each other permission through our collective strength to open those doors and step through them.

A lot of our focus was on recovery support services and the need to develop services that would occur before, during, after and, at times, in lieu of formal treatment. I want to emphasize that we knew in 2001 that recovery support needed to be its own area of focus and not an appendage of treatment. The analogy I would make is this: A family member of mine suffered a knee injury while playing [soccer](#) and he needed care. It started with surgery – someone needed to go in and repair the damage inside his knee. He was not all healed up and ready to walk at that point, he also required physical therapy. He needed to exercise and develop the strength and practice movements in a way that would allow him to regain a full range of function. Addiction treatment is like surgery, and recovery support is like physical therapy. The recovery coach walks with you and helps you regain your feet and get on your path. The recovery coach is the physical therapist, not the surgeon. They are different specialties.

Recovery coaching is an area of specialty and one that came from us and must remain ours and not be appropriated or colonized by clinical care entities. What was true then is no less true today; that recovery support cannot become clinically based. The heart and soul of recovery support is lived recovery experience and the support provided to help others regain their lives through the establishment of hope, purpose, and connection. This has been my life's work, as it has been the life work of others who have found similar purpose.

4. How have we done in accomplishing those early goals?

This is a big question! It is hard for me to see back through the barrier of time. We had a notion of building a national grassroots organization. We knew we needed a place for us to get together and for the magic to happen. There is something special that can occur when recovering people get together and really celebrate the deep connections we share. The summit brought us all together in some profoundly powerful ways. This was in itself an accomplishment. We all felt it. There was a spiritual ripple that emanated out of that gathering. Small waves at first, growing in concentric circles and gaining momentum, which then moved outward from that summit in the middle of the country, and out across the nation. There was excitement, enthusiasm and energy we gained from each other. Recovery community, in itself, is a power greater than ourselves when we come together in ways that affirm our values and allow us to see, hear and understand each other. This is powerful stuff, and I suspect many readers in recovery will recognize similar moments

in their own lives when one encounters a group of people in recovery who accepts you, has similar experiences and who sees, respects and values individual difference.

5. What do you see our greatest successes to date are?

I think our greatest success was the recognition of multiple pathways of recovery. I'm reminded of Bill White's words "There are multiple pathways of recovery and all are cause for celebration". We began to understand that then and I think history served to validate that concept. In that era, many people who followed 12-Step recovery had never met anyone who had on a different journey of recovery. The summit changed all of that. Intentionally, we built recovery connections and changed perceptions. As an example, I remember we talked about medication assisted recovery. We wanted people to no longer be ridiculed or feel that somehow, they were less than. That was so important.

12-Step pathways are still the most prevalent, but we now have a community that is much more diverse in recovery experience as a result of the effort put forth to validate other pathways. I've often heard in 12-Step meetings, "No one has ever come back and told us it's better out there." The inference is that people leave 12-Step meeting, return to use, then come back to meetings with their tail between their legs. I've always wondered about that; I've questioned authority for a long time. I reasoned if someone no longer attended meetings and their life remained good and/or improved, why would they come back to a meeting and tell us?

Through my work at CCAR, I entertained a growing recognition that my specific pathway was not the only way. And I found people who found recovery in different ways than mine. And as I have matured in my recovery, I have found that I no longer have to defend my pathway as the correct one. The coming together of the recovery community that started at the summit helped to create a space to intentionally listen for, recognize and value other pathways. That is a success we need to own and build upon moving forward.

6. What did we miss if anything looking back at those goals?

I think we missed the opportunity to bring people together more fully and more regularly. We could have brought people together in ways that created a stronger foundation and common purpose on an even deeper level than what we accomplished. If somebody put me in charge for a day this would be something I would focus on – bringing people together more frequently and with intention to understand differences, seek common ground and build a solid organizational foundation on that ground, together. It's not too late to start that now.

Concurrently, I believe deep benefits would result from creating a space for sharing what is working, comparing challenges and shifting perspectives. Innovative collaboration would mold our collective experiences and insights into something more than the individual pieces. We could move from conceptual framework into an operationalized, comprehensive model of recovery care and support. We have made progress in these areas, but we would have benefited then as we would now in creating such a space. I do not mean something like a standard conference. I am talking about more of an organic listening and mutual learning space where there are no agendas other than building out a model of recovery management for us, and by us, set up in ways that do not lead to the co-optation of our work and our practice space by outside interest groups.

In 2007, Pat Taylor, Bill White and I wrote "[The Recovery Community Organization: Toward A Working Definition and Description](#)." People have used those concepts to frame out recovery community organizations, but even back then, there was movement to take this concept and dilute them into the treatment space as ancillary structures centered on treatment. I've also written about recovery community centers and I have found the effective recovery support is centered on community. Funding and focus will move away from our common purpose unless we define and build out services centered on the recovery community. We can only accomplish this by bringing us all together. Deeper connection builds this common identity, the development of recovery-oriented care and organizational structures centered around our common needs. When we do not collectively strive for this, we end up in a trap where we compete against each other and get redefined by outside interests. It harms us all.

7. What are you most concerned about in respect to the future?

Frankly, I don't worry. My sense is that the best is yet to come! My recovery is rooted in faith. Recovery is a whole lot like water in that it flows around obstacles. I think of a quote by Jeff Goldblum in Jurassic Park, he said "life always finds a way." Recovery is like that. Recovery will always find a way despite any obstacle. It is not going away; it simply flows

around the obstacle. Even though, I believe the spiritual nature of recovery is unstoppable, I do believe human beings have things to pay attention to. There is an ever-present temptation to make recovery support a clinical experience. I feel this is a mistake, and it will severely limit the potential of recovery support services if we allow things to continue to move in that direction.

Even if that happens, history shows us recovery will rise again. With that being said, my concern is that if we allow our work to be co-opted, a lot of lives will be destroyed. Many, many more lives will be redeemed if we stay on the path of building recovery support services [nestled in community](#). There are always efforts to put limits on things, to create barriers, to professionalize peer services and to divide us up. For example, we now have family peer services. What is next? How many derivatives and variations of lived experience will we end up creating? They end up separating our focus. Good recovery coaching is good recovery coaching, and we need to just stop all the fragmentation and building bureaucracy.... I wish we could just stop it, but money always comes with restrictions, and temptation.

8. What would you say to future generations of recovery advocates about what we did and what to be cautious of / your wishes for them moving forward?

I was just talking about this at a staff meeting. I am going to start to sound like [Don Coyhis](#) here, as I am about to make a tree analogy. I see a healthy recovery community organizational structure in the imagery of a healthy tree. A tree needs deep roots and that is the administration of an RCO; the administration is the foundation on which an RCO is built. This creates the stability needed and supplies vital nutrients to the rest of the tree. The soils (and Don talks a lot about the soil) is the organizational culture. A positive, nurturing, supportive, encouraging culture makes the best soil. The trunk of the tree is the leadership, and it is dependent on the support of the roots (administration) grounded in the soil (culture).. A strong trunk, tied to a deep root system supports the branches. In other words, bears the weight of the rest of the tree/organization. The branches are often recovery coaching and recovery support that help people obtain and sustain recovery. This is the fruit that grows on these branches. All parts of the tree have specific roles, none more important than another.

When we think about ambition, we often think about climbing a career ladder into management and administration. I know I have at times in my life. One can lose touch with one's own roots when in pursuit of personal gain. There is a paradox here. I reached a point in my own recovery and in my own life when I realized all the material stuff, the car, the house the toys did not resonate with me in ways that kept me fulfilled. Very early in my recovery, a quote from Bill Wilson, founder of AA, changed my life; "True ambition is not what we thought it was. True ambition is the deep desire to live usefully and walk humbly under the grace of God." When I pursued "living usefully"; I discovered meaning and purpose. I found I was to simply carry the message of recovery. Shortly after this discovery, CCAR found me. When [I through hiked the Appalachian trail](#) in 2015 and invested time in my own self-growth, my purpose became more refined. I now believe I am at my best when I "coach recovery".

I would tell future leaders to walk humbly and to focus on recovery first. The services and roles we have are distant priorities to promoting recovery first. We must be cautious of self-promotion and pursuit of worldly stuff that ultimately carries less meaning and can be erosive and destructive. Focus on promoting recovery, growing in recovery and helping others.

This is critical; if we stay focused on recovery first, there are no limits to what we can and will do. I am looking forward to seeing what future advocates build. I am an optimist because recovery always leads us back to health and healing at all levels, individual, family, and community. We are part of a larger process, linked intergenerationally through history. When we center on recovery, everything else gets better too.

Finally, I would tell them to follow the light within themselves, it will illuminate the world.

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