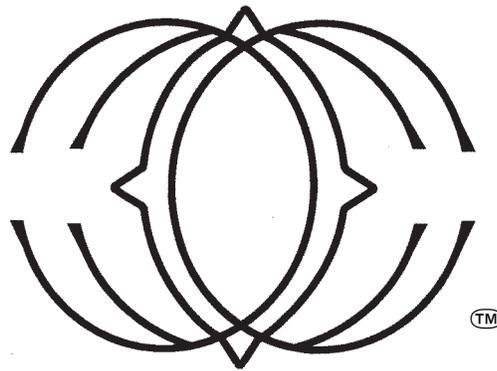


Dual Recovery Anonymous



DRA

For those of us who experience both
chemical dependency and an emotional
or psychiatric illness

Questions & Answers

Internet Version, revised 11/2003

Dual Recovery Anonymous Central Service Office

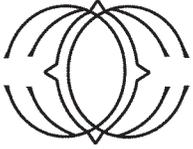
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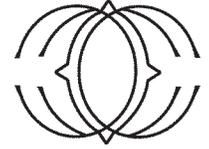
DRA Web site: <http://draonline.org>

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Dual Recovery Anonymous (DRA) Questions and Answers



What is DRA?

DRA is an independent, non-profit, non-professional self-help organization. DRA was established to help men and women who experience a dual disorder. A dual disorder occurs when an individual is affected by both chemical dependency and an emotional or psychiatric illness.

The primary purpose of DRA is to help one another achieve dual recovery, to prevent relapse, and to carry the message of recovery to others who experience a dual disorder. The DRA program is based on the principles of the Twelve Steps and the personal experiences of men and women in dual recovery.

What are the requirements for DRA membership?

- ◆ A desire to stop using alcohol and other intoxicating drugs.
- ◆ A desire to manage our emotional or psychiatric illness in a healthy and constructive environment.

There are no charges, dues, or fees for DRA membership. Newcomers do not need a referral from a professional service provider.

How did DRA evolve?

DRA began to form in Kansas City in 1989. The members were men and women who experienced a dual disorder. Their goals were simple:

- ◆ Apply the principles of the Twelve Steps to both their chemical dependency and their emotional or psychiatric illness.
- ◆ Provide meetings where members could openly discuss recovery issues regarding both of their illnesses with other members who could relate to their experiences and offer one another support.
- ◆ Carry the message of recovery to others who experienced dual disorders and help develop DRA as an organization that could offer assistance to others who wish to establish DRA groups.

How have people learned about DRA?

In 1993 educational materials that describe the DRA began being published and produced. That same year the DRA Central Service Office was established. In 1997 the DRA Newsletter began publishing quarterly issues. That same year DRA also went on the internet.

EDUCATIONAL MATERIALS:

Dual Disorders Recovery Book (1993)

- ◆ Dual Recovery Anonymous: Blueprint, p. 221-231
- ◆ Dual Recovery Anonymous: Meeting Format, p. 232-238

Twelve Steps and Dual Disorders

- ◆ Text (1994)
- ◆ Workbook (1995)
- ◆ Video (1996)

DRA SERVICES:

Dual Recovery Anonymous World Services Central Office (DRAWS CO): The Central Office was established in 1993. It was originally based in Prairie Village, Kansas. The purpose of the Central Office is to respond to requests for information about DRA and offer assistance to men and women who would like to form DRA groups. DRAWS CO is the source of meeting start-up packets and information for members and friends of DRA. DRAWS CO and The DRA Online Resource Center continually update the international DRA Directory of meetings.

Vision, DRA's International Quarterly Newsletter of Believable Hope: In 1997, DRA members in Santa Cruz, California, began publishing the quarterly DRA Newsletter. The Newsletter features articles on various topics related to the DRA Fellowship. For subscriptions and orders, call: Toll Free 1-877-883-2332.

In 1998 - The DRA Online Resource Center <http://draonline.org> has its beginning representing the Fellowship of DRA to the world at large. It is a source of DRA World Service approved literature in various viewable, printable, and downloadable formats plus general recovery information based on the experience of people who are in dual recovery. The DRA Online Resource Center maintains a current listing of registered DRA groups and Intergroups in the United States and Canada, plus all the information needed to start up a new DRA meeting.

What is a dual disorder?

A dual disorder occurs when an individual is affected by both chemical dependency and an emotional or psychiatric illness. Both chemical dependency and emotional or psychiatric illness may affect an individual physically, psychologically, socially, and spiritually.

Are dual disorders common?

According to studies that were funded by the National Institute on Mental Health:

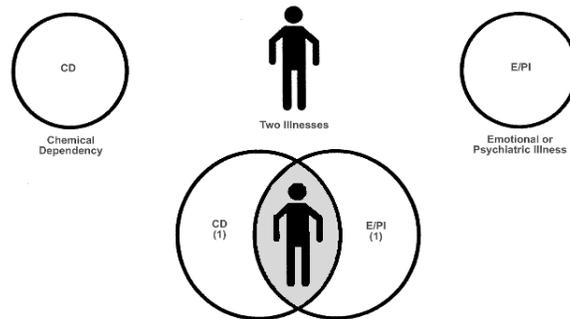
10 million individuals are affected by dual disorders each year.

3 million individuals are affected by three disorders each year.

1 million individuals are affected by four disorders each year.

Between 41 % and 65.5% of individuals with a substance abuse disorder also have at least one psychiatric disorder

51% of individuals who have a psychiatric disorder also have at least one substance abuse disorder.



1 + 1 = 3
Dual Disorders

*Improving Services for Individuals at Risk of, or with, Co-Occurring Substance Related and Mental Health Disorders, a report prepared for the Substance Abuse and Mental Health Services Administration, (1995)

What is the cause of a dual disorder?

The specific causes of psychiatric illness and chemical dependency are not fully understood at this time. Family history, genetics, brain chemistry, and environmental factors all appear to play important roles in the development of both psychiatric illness and chemical dependency.

Chemical dependency increases the risk of an individual developing a psychiatric illness.

Is there a single type of dual disorder?

There is no single type of dual disorder. The reason is, that there are numerous forms of psychiatric illness. There are also many patterns of alcohol or drug abuse. As a result, a variety of different forms of dual or multiple disorders are possible.

What is a dual recovery?

An individual is in dual recovery when they are actively following a program that focuses on their recovery needs for both their chemical dependency and their psychiatric illness.

What is a partial recovery?

An individual is in partial recovery when they try to recover from one illness and ignore or are unaware of the other illness.

Some people may try to recover from their chemical dependency and will ignore their psychiatric illness. Some people may be unaware that they are also affected by a psychiatric illness. Frequently, the symptoms of their psychiatric illness will reoccur and the individual will be at a great risk for relapse. They will try to self medicate their symptoms by using alcohol or street drugs. When that occurs, they are experiencing a symptom related relapse.

Some people may try to recover from their psychiatric illness and will ignore their chemical dependency. They may be following their treatment plan and be using psychiatric medications to manage their symptoms. However, when they combine alcohol or street drugs with their psychiatric medications they may experience unexpected side effects. They may experience an accidental overdose as a result of the combining the medications with the alcohol or street drugs. Some individuals may become heavily involved in alcohol or drug use and gradually ignore their psychiatric illness. As a result, the symptoms of their psychiatric illness may eventually reoccur.

What type of problems are associated with a dual disorder?

A variety of problems are possible as a result of a dual disorder. For example:

- ◆ Psychiatric symptoms may be covered up or masked by alcohol or drug use.
- ◆ Alcohol or drug use or the withdrawal from alcohol or other drugs can mimic or give the appearance of some psychiatric illness.
- ◆ Untreated chemical dependency can contribute to a reoccurrence of psychiatric symptoms.
- ◆ Untreated psychiatric illness can contribute to an alcohol or drug relapse.

Other problems and consequences that are associated with dual disorder include:

- ◆ Family problems or problems in intimate relationships.
- ◆ Employment or school problems.
- ◆ High risk behavior while driving.
- ◆ Multiple admission for chemical dependency services due to relapse.
- ◆ Multiple admissions for psychiatric care.
- ◆ Increased emergency room admissions.
- ◆ Increased need for health care services.
- ◆ Legal problems and possible incarceration.
- ◆ Homelessness.

Does DRA membership depend on what type of chemical dependency or psychiatric history an individual has?

DRA Meeting Format: Accepting Differences: Newcomers and visitors may ask, "Can a DRA program help me even with the type of symptoms that I have?" Such feelings are not uncommon. We need to help newcomers recognize that a variety of symptoms are possible with a dual illness. There is no single type of dual disorder.

DRA welcomes men and women who have experienced a dual disorder regardless of their chemical dependency or psychiatric history or their level of abilities. We recognize that we are men and women whose lives have been affected by different types of "no-fault" illnesses whose symptoms can disrupt our ability to function and relate to others effectively.

Is DRA a treatment or cure for psychiatric illness?

DRA does not offer a cure or treatment for specific emotional or psychiatric illnesses DRA is not a substitute for appropriate professional care.

Can someone attend DRA meetings if they are taking psychiatric medications as part of their plan for dual recovery or can someone attend DRA meetings if they are not taking psychiatric medications as part of their plan for dual recovery?

DRA recognizes that psychiatric medications are used for the purpose of managing psychiatric symptoms and are not taken for the purpose of achieving a "high". Therefore, the use of psychiatric medications is not considered to be the same as relapse.

DRA is a non-professional self help organization. It would be inappropriate for DRA to give advice or recommendations to our members regarding the use of psychiatric medications or other forms of treatment.

DRA respects and supports the right of each member to work with the professionals of their choice to develop healthy recovery plans that will best meet their personal recovery needs.

The following excerpts are found in the DRA Meeting Format:

INTRODUCTION: "Dual Recovery Anonymous is a Twelve Step self help program for individuals who experience both chemical dependency and an emotional or psychiatric illness. Men and women who currently use psychiatric medications under a doctor's care, or who have done so in the past, are welcome to participate."

PREAMBLE: "The DRA fellowship has no opinion on matters of diagnosis, treatment, medications, or other issues related to the healthcare profession".

ACCEPTING DIFFERENCES: "Some of us use prescription medications to control our symptoms, while others have symptoms that need no medications."

SUGGESTIONS FOR DUAL RECOVERY: "Today, I will follow a healthy plan to manage my emotional or psychiatric illness."

How can DRA members relate to one another if they have different chemical dependency and psychiatric histories?

Common Feelings and Experiences: Progression

The early members of DRA asked that same question. Over time, they began to recognize that they had shared many common feelings and experiences. The specific details of each psychiatric illness may be different. The details of their alcohol or drug use may also have been different. However, they began to recognize that there are common patterns and themes.

- ◆ Symptoms Begin
- ◆ Symptoms Interfere
- ◆ Problems and Consequences Occur
- ◆ Self Defeating Behaviors Begin
- ◆ Self Esteem is Affected
- ◆ Crisis:
 - * Continue
 - * Change and recover

- ◆ Symptoms Begin: At some point in the member's lives they began to be affected by the onset of the symptoms of their illnesses. For some, the onset was sudden and dramatic. For others, it was gradual and took time for them to recognize. In some cases the chemical dependency developed first. In other cases, the psychiatric illness developed first. Whatever the case happened to be, they began to experience symptoms that would have an impact on their lives.

- ◆ Symptoms Interfere: The symptoms of our illnesses may interfere with our ability to function and relate to ourselves and others effectively. Whether we are under the influence of alcohol or other intoxicating drugs or experiencing psychiatric symptoms, we may be limited or impaired in our ability to function at our fullest capacity.

- ◆ Problems and Consequences Occur: When our ability to function and relate to others is limited or impaired we may begin to experience difficulties in a variety of areas in our lives. For example; marriage and intimate relationships, employment or school, legal difficulties, or health care problems from accidents, overdose, or aggressive or assaulting behavior.

- ◆ Self-Defeating Behaviors Begin: Very often it is difficult to recognize and accept the nature of the two illnesses. Some people feel that they are not trying hard enough to "get it together" or to be productive. They put in more effort but they continue to have difficulties. Some people become secretive and withdrawn. Other people try to develop their own explanations to account for their problems. They may begin to blame others for the situations they find themselves in. Other people develop an attitude of "so what", "who cares", or "it doesn't matter, things will always be this way". Too often the self-defeating behavior is a way of becoming a part of the problem and not a way of being in the solution.
 - Treating Only Chemical Dependency. Relapse is a common problem for people who experience a dual disorder. Some people will accept that they are chemically dependent and want to be clean and sober. They want to stop experiencing problems and consequences. They may seek counseling and attend self help groups. However, they may be unaware that they are affected by a psychiatric illness. In other cases though, professional service providers and other concerned people have tried to point out the evidence of a psychiatric illness. Unfortunately, the individual who is affected by the dual disorder rejects the information and the assistance that is offered to them. In either case, when the symptoms of the psychiatric illness begin to reoccur or worsen they are at risk. They may attempt to self medicate their psychiatric symptoms and return to alcohol and drug use. In doing so, they experience a symptom related relapse.
 - Treating Only Psychiatric Illness: Some people will accept that they are affected by a psychiatric illness. They will follow their treatment plan to manage that illness. However, they are unable or unwilling to accept that they are also

affected by chemical dependency. They too are at risk for serious problems, in addition to those that are associated with chemical dependency. They may become heavily involved in their use of alcohol or other intoxicating drugs and neglect their psychiatric illness. Their use of alcohol or other drugs may have serious interactions with their psychiatric medications. As a result of their alcohol or drug use their psychiatric symptoms may reoccur and worsen. As a result, they may become harmful to themselves or other people.

- ◆ Self-Esteem is Affected: Eventually, living with chronic or reoccurring symptoms and with the problems and consequences that can accompany them can begin to seriously affect an individual's self image and self esteem. They may think, "I have failed in many situations, therefore, I am a failure", "I haven't been able to get it together yet and I probably never will, therefore I am hopeless". Many people with dual disorders experience feelings of guilt, shame, fear, frustration, and hopelessness.
- ◆ Crisis: *Continue or Change and Recovery*: At some point a crisis may occur. That crisis may be different for different people. For example, a crisis for one person may be that their marriage or a significant relationship is in jeopardy. Another person may see the threat to their employment, progress in their career, or ability to stay in school as a crisis. For some people, a crisis may have to do with involvement in the criminal justice system. Some people may consider their crisis to be the point when they feel that they can no longer tolerate the ongoing experience of living with their symptoms and their problems or consequences.
 - Continue: Once the intensity of the crisis situation has passed, some people find that they are unable or unwilling to accept that they are affected by a dual disorder. In some cases, their reluctance to accept that they have a dual disorder has to do with the stigma, the public misunderstanding and prejudice that are associated with both chemical dependency and psychiatric illness. They are not willing to begin a program of recovery that will focus on both their chemical dependency and emotional illness. Unfortunately, by doing so they are continuing to be at risk for ongoing symptoms, experiencing problems and consequences.
 - Change and Recovery: Dual recovery may be seen as a program of positive change. There is a saying in recovery: "If I want things to change, I change". Dual recovery is a process. It begins when an individual becomes willing to accept that they are affected by two illnesses. With the acceptance of both illnesses also comes a willingness to accept the responsibility for personal recovery. That responsibility includes taking an active role in the process of recovery. Frequently, people who move into successful dual recovery have gone beyond the point of feeling that they have to do something to stop the problems, consequences, distressing symptoms, and emotional pain. They have moved to a point where they have begun to develop "Believable Hope". They are involved in their personal recovery to improve the quality of their lives.

Common Feelings and Experiences – Acceptance

Men and Women who are affected by dual disorders seem to encounter a common set of feelings and experiences as they begin to accept their dual disorders and their need for dual recovery. They may encounter some or all of the same feelings. They may resolve one set of feelings related to one of their illnesses but struggle with the same feelings regarding their other illness. Some people may re-experience these feelings later, if they plan to drink or use drugs again, or if they have already relapsed. Some people may encounter the feelings again if their psychiatric symptoms return.

The feelings and experiences are listed below:

- ◆ Denial (Protection)
- ◆ Bargaining (Control)
- ◆ Anger (Not Fair)
- ◆ Depression (Loss)
- ◆ Fear and Trauma (Threat)
- ◆ Acceptance (of dual disorder, of dual recovery)

- ◆ Denial (Protection) A person may be unable or unwilling to acknowledge that they are affected by both chemical dependency and an emotional or psychiatric illness. They may want to protect their ability to continue drinking or using street drugs. They may not want to acknowledge their psychiatric illness because of the stigma attached to psychiatric illness. They may be afraid of what their families or friends will think.
- ◆ Anger (Not Fair) An individual may feel that life has treated them unfairly. They may wonder, "Why should I have to stop drinking or using street drugs?" "I have family members and friends who use more than I do." "Why can't I drink or use without problems?" They may feel angry about having a psychiatric illness. They may feel "I'm too young", "I have too much responsibility", "I'm just starting my career", or "How will this affect my relationships?" They may feel angry, believing that a dual recovery program will require them to make too many adjustments in their lives.
- ◆ Bargaining (Control) Individuals do not want to admit that they do not have control over a particular area of their lives. They try to find ways to control their dual illness, even if their efforts are self-defeating or self-destructive. Bargaining may reflect ambivalence and be a way for them to avoid making a commitment to their dual recovery. Some individuals may want to bargain regarding their chemical dependency. They may try to stop drinking or using for a limited period of time. They may try to limit the amount they use or they may decide to drink or use drugs that they believe are not harmful or addictive. Individuals may try to bargain regarding their psychiatric illness. They may decide to follow a treatment program, but only for a limited period of time. They may begin taking

psychiatric medications to manage their symptoms and then disregard the doctor's directions and stop taking some or all of their medications.

- ◆ Depression (Loss) As people begin to take an honest look at their dual disorders, they may begin to recognize the losses they have experienced. Their drinking or drug use or their psychiatric illness may have contributed to the loss of significant relationships. They may have lost important jobs or jeopardized career opportunities. They may not have been able to complete their education or training for career positions. Some people have experienced a decrease in their levels of skills and abilities. They may have experienced a decrease in their level of income and standard of living. Some people have lost the ability to function effectively and live independently in the community. Some people have experienced legal difficulties and have lost their freedom. Many people will look back over their lives and recognize that they have lost years of precious time as a result of their dual disorders.
- ◆ Fear and Trauma (Threat) Individuals who are affected by dual disorders will most likely have vivid memories and feelings that are associated with their past experiences. They may have memories of their behaviors that are associated with their chemical dependency. Some of the memories may be associated with the way they have treated other people. Other memories may be associated with having been victimized while drinking or using drugs. Many people also have vivid memories and feelings that are associated with their psychiatric symptoms. They may recall experiencing their thinking, emotions, and behavior, going out of control. They may recall having experienced hallucinations in the form of seeing visions or hearing voices. They may recall experiences of psychiatric hospitalizations. In addition to recalling these symptoms, they may also recall feelings of guilt and shame associated with the problems that followed their alcohol or drug use or episodes of their psychiatric symptoms.

It does not seem uncommon for people in dual recovery to experience feelings of fear and trauma later in recovery. This may be especially true when they feel like drinking or using drugs again or if they have relapsed. They may also experience fear and trauma if they begin to experience a reoccurrence of their psychiatric symptoms. They may begin to recall previous episodes and fear that their symptoms will grow worse. They may fear that there will be no treatment or help available for them that will be effective. They may fear that they will never be normal again and unable to function in the future.

- ◆ Acceptance (of dual illness and of dual recovery) Acceptance is a process rather than an event. It does take time for an individual to recognize and to accept that they have developed a dual disorder. It also takes time for them to identify and actively begin to follow a program for dual recovery.

Many people begin the process of recovery following a crisis. They may have experienced an episode of severe psychiatric symptoms. They may have experienced problems and consequences as a result of their alcohol or drug use. At that point, they may want relief from their symptoms, problems, and consequences.

Gradually, they begin to recognize the symptoms of their two illnesses. They begin to understand how the two illnesses have affected their lives. With that understanding, they begin to look at themselves in a new way. They begin to see that they are good people who have been affected by two serious "no-fault" illnesses.

As people gain an acceptance of their dual illness, they begin to view dual recovery in a different way. They are able to let go of the attitude that dual recovery is something that is being forced on them. They begin to want more from dual recovery than relief from symptoms, problems, and consequences.

As people begin to work a program of dual recovery they soon recognize that it offers a practical way of life. Three words that characterize dual recovery are:

- ◆ Hope
- ◆ Cope
- ◆ Heal
- ◆ Hope: Believable hope gradually begins to develop. As they work their program of recovery and attend meetings they meet other people who have shared similar experiences. They begin to recognize that recovery from a dual disorder is possible and that they can improve their quality of life.
- ◆ Cope: New coping skills begin to develop in dual recovery. They begin to recognize that they may not find a cure for their dual disorder. However, they can learn how to use new coping skills to maintain their recovery and to minimize the risk of relapse. They can learn new ways of coping with their psychiatric illness in a healthy and constructive way as they practice their steps and use the support they find in meetings.
- ◆ Heal: People in dual recovery can begin to experience the process of personal healing. A dual disorder can gradually take a toll on an individual's self image and self esteem. Repeated experiences of psychiatric symptoms, and ongoing problems and consequences can leave a person with the feeling that they will never be normal again. Dual recovery offers an opportunity to heal and rebuild the self-image that may have become blurred or distorted. It also offers an opportunity to heal and mend the relationships that may have become harmed.

What are the Twelve Steps for dual recovery?

The Twelve Steps offer a simple plan for dual recovery. The plan is divided into twelve parts or steps. They are adapted from the principles of the traditional Twelve Steps, the personal experiences of men and women in dual recovery, and on the principles of personal freedom and choice.

The Twelve Steps of DRA are specifically designed to help members stop using alcohol and other intoxicating drugs, maintain their recovery, and prevent relapse.

The Twelve Steps of DRA encourage members to develop and follow a healthy and constructive plan to manage their emotional or psychiatric illnesses.

By practicing the Twelve Steps for dual recovery, members find that they are better able to improve the quality of their lives.

DRA Meeting Format: "Getting Started in Dual Recovery."

"The DRA approach to dual recovery is based upon a simple set of ideas and steps. They are suggestions for recovery rather than a set of rules. They encourage us to find our own personal recovery, the one that is most meaningful. They are meant to support those of us who wish to bring a spiritual dimension to our dual recovery."

DRA members are free to develop their own beliefs and lifestyles to support their dual recovery. Each Step is open to personal interpretation. DRA members are encouraged to personalize the Twelve Step program in a way that will meet their needs for dual recovery. DRA members are also encouraged to work the Steps at their own pace.

The Twelve Steps of DRA are designed to help members in several ways:

Acceptance: Learn to accept the dual disorder of chemical dependency and emotional or psychiatric illness, and to accept the need to develop and practice a personal program for dual recovery that focuses on recovery from both illnesses.

Help: Choose a source of help and decide to use that source of help for dual recovery. That source of help may be referred to as a Higher Power or any other name that feels comfortable.

Identity Assets and Liabilities: Identify the personal assets (attitudes, actions, and experiences) that can strengthen dual recovery. Identify the personal liabilities (attitudes, actions, and experiences) that pose a risk for dual recovery.

Change: Work with a personal source of help (Higher Power) to strengthen the personal assets for dual recovery and remove the personal liabilities that pose a risk for dual recovery.

Mend Relationships: Identify people who have been negatively affected by a DRA member's dual disorder and through dual recovery, work to mend those relationships.

Maintain Dual Recovery and Prevent Relapse: Continue to strengthen personal assets for dual recovery and remove personal liabilities that pose a risk for relapse by continuing to work with a personal source of help (Higher Power).

Help Others: Share with others who experience dual disorders how dual recovery is possible.

Do DRA members have to accept religious or spiritual beliefs?

DRA members are free to interpret and personalize the Twelve Steps in a way that will meet their own needs for dual recovery. Members are free to develop their own beliefs and lifestyles to support their dual recovery.

Spiritual Beliefs: Some members of DRA do incorporate spiritual or religious beliefs into their Twelve Steps. They may find that their concept of a Higher Power is one that is based on spiritual principles. They are comfortable with a more traditional approach to dual recovery that includes prayer and meditation.

Alternative Beliefs: Some members decide that alternative approaches are more appropriate for their dual recovery. They may be uncomfortable with spiritual principles or the practice of prayer and meditation.

There may be several reasons a DRA member chooses an alternative approach:

- ◆ A DRA member may be agnostic or atheist. The concept of spiritual principles may not be compatible with their beliefs or world view.
- ◆ A DRA member may have had negative religious experiences at some point in their lives.
- ◆ A DRA member may have engaged in cult practices or engaged in extensive use of psychedelic drugs.
- ◆ A DRA member may be affected by a psychiatric illness with symptoms that include auditory or visual hallucinations and thought disorders that are associated with religious or spiritual images and themes.

DRA members are free to develop and follow alternative approaches to the Twelve Step program. Their concept of a Higher Power may include any or all of the following:

- ◆ The Twelve Steps
- ◆ DRA meetings and the fellowship
- ◆ Following a lifestyle of G.O.D. Good Orderly Direction
- ◆ Plan for health (appropriate sleep, diet, exercise, use of psychiatric medications to manage symptoms)
- ◆ Counseling and support

DRA members are free to choose and work with more than one Higher Power. DRA members are also free to change their concept of a Higher Power as time goes by.

Do DRA members also attend other Twelve Step or self help groups?

- ◆ DRA members are encouraged to develop a strong personal support system that meets their personal needs in dual recovery.
- ◆ Some members are also active members of other Twelve Step fellowships.
- ◆ Some members are also active in religious or spiritual organizations.
- ◆ Some members attend support groups or receive individual care from chemical dependency or mental health professionals.

DRA PREAMBLE: "The DRA fellowship is not affiliated with any other self-help organization or Twelve Step Program. DRA has no opinion on the way other groups address the problems of dual disorders or dual recovery. We do not criticize the efforts of others."

Are the Twelve Steps a set of rules for DRA members to follow?

The Twelve Steps are not a set of rules. They are a set of suggestions for dual recovery. They encourage members to develop and follow a plan for recovery that is meaningful to them. A plan that meets their personal needs in dual recovery.

The Twelve Steps offer a plan for recovery. A plan that is divided into twelve parts or Steps. Each Step is designed to help an individual learn how to develop positive attitudes and actions that will help them achieve and maintain dual recovery.

The DRA program is based on the principles of freedom and choice. Those principles apply to the Twelve Steps. Each Step is open to personal interpretation by DRA members. Each member is able to practice their Steps in their own way and at their own pace.

There is no single form of dual disorder. Each member is a unique and special person. Each member has their own history of chemical dependency and emotional or psychiatric illness. Therefore, every DRA member is encouraged to personalize the Twelve Steps in a way that will meet their own needs for dual recovery.

Who can start a DRA group and begin holding meetings?

Traditionally, it only takes two people who are affected by a dual disorder who come together for the purpose of dual recovery and want to follow the Twelve Steps of DRA.

INDIVIDUALS: Some groups have been started by a single individual. That person may have found a copy of the Meeting Format in a book, received a copy from someone else or contacted the DRA Central Office and requested a starter packet. That person then makes arrangements for a location to hold DRA meeting and go on to inform the community about the new beginning. Frequently, that person will also be the person who chairs the initial meetings.

ACQUAINTANCES: Some DRA groups have been started by a group of people who are acquainted with one another. They may be acquainted through participation in another recovery program. Gradually, they have become aware that they have something else in common: they are also affected by an emotional or psychiatric illness. They do not want to stop attending their other recovery group, but they do want something else. They also want to participate in a program where they can openly work on their recovery from their dual disorder with the understanding and support of others.

RECOVERY GROUPS: Other DRA groups have been started by men and women who were members of a professionally facilitated dual recovery support group. The members of the groups made a decision. In addition to their dual recovery support group, they also wanted to have a DRA meeting. They requested that the professional help them with the process of starting their DRA meeting. That person then acted as an assistant to the DRA group and helped them make arrangements to start a DRA meeting of their own.

How can a new DRA grow, begin to be organized?

ELECTING OFFICERS: A new DRA group can benefit from electing officers as they start the organizational process. The purpose of electing officers is twofold:

First, having officers may help the group avoid the problem of having a single person assume the responsibility of doing all of the "leg work" for the entire group. That single individual may eventually begin to feel over stressed or burned out. When that occurs it is not healthy for either that person or the group as a whole. In addition, that individual may begin to feel that no one else is helping (even if they never asked for help). At the same time the other members may begin to feel that the other person is taking control of the group.

Second, having officers may help the group develop a strong core of support. They will feel more committed to attend meetings as the group is beginning to become more established. In addition, group officers will be more likely to share in the tasks that are required to help establish a new meeting.

IDENTIFYING OFFICERS: Every DRA group is free to give their officers any titles with which the group is comfortable. They may be identified as: chairperson, vice chairperson, secretary, and treasurer.

DUTIES: Every DRA group is free to designate the duties of their officers. Traditionally, the officers schedule and conduct regular business meetings. The business meetings are also open for members of the group to attend.

The group's officers are usually the members who are responsible for registering the group meetings with the DRAWS CO. The purpose of registering a group and listing their meetings is to have them be a part of the DRA National Directory. That is important not only for the group, but as a way to help carry the message to others.

DRAWS CO frequently receives calls from people who request information about meetings in a specific location. The caller may be a DRA member who is planning to visit or relocate to a particular location. The caller may be an individual who has recently learned about DRA while in a chemical dependency or mental health program or in a corrections facility, and wishes to locate a meeting. In addition, the caller may be someone who is looking for help for a loved one or friend.

NOTE: Existing groups may want to contact the DRA World Service Office to verify that their meeting listing in the directory is accurate and up to date. Please check the online meeting directory and the online meeting submission form to register your meetings.

How does a new DRA group start a new meeting?

The members of a new group may want to consider the following suggestions:

DATE AND TIME: Consider a time and date that will not conflict with another DRA meeting or activity in that area. Consider having DRA meetings spread out over the week on different days or at different times.

LOCATION: Consider a location that is well known to the recovery community if possible. Try to identify a location that is near major streets, freeways, and bus routes. Take into consideration if there is ample parking space and if the parking area and the entrance to the building have safe lighting during evening hours. In addition, consider if the meeting room that the meeting is to be held in is near the main entrance to the building.

In most communities there will be various organizations that will be willing to provide space for a new meeting. They may include the following: chemical dependency or mental health programs, consumer run programs, advocacy organizations, community centers, the local YMCA or YWCA, and churches or synagogues.

How can a new DRA group inform the community about their meeting?

There are several ways that a group can begin to inform the community:

DRA FELLOWSHIP: There may already be DRA meetings being held in their community. There may also be a DRA Area Intergroup that conducts monthly meetings. In some communities, DRA members produce schedules of meetings, have answering services, or print DRA newsletters to inform the community of a new meeting. They are all ways of working with the DRA fellowship to announce a new meeting.

NETWORKING WITH THE COMMUNITY SERVICES: Providing information in order to carry the message of recovery is different than the concept of "promotion". A DRA group may want to design and reproduce brochures or flyers that provide information about DRA and offer a list of area meetings. Flyers and brochures may be mailed or faxed to other recovery self help groups, professional service providers, religious or spiritual organizations, recovery magazines or bookstores, and consumer or advocacy organizations. There may be community service providers and organizations that produce newsletters. Frequently, they identify new resources in their community and may offer to feature information on DRA and new meetings.

MEDIA: There are city and community newspapers that feature articles on health related issues. In addition, they may also provide public service information and list self help groups that meet in their community. Information about the DRA program and a list of DRA meetings may be provided to news agencies.

PERSONAL CONTACT: Members of the DRA group may want to personally visit the agencies and organizations that they intend to send brochures and flyers to. The purpose of the visit is to provide information about the DRA program and local meetings. It will also be helpful to provide printed materials for the people they are meeting with. In that way, they will be able to share the information with their co-workers who in turn, can pass the information on to the men and women they provide services to.

Can an institution start its own DRA meeting?

PROFESSIONAL INQUIRES: The DRA World Services Central Office frequently receives inquiries from service providers. Very often they are interested in seeing people they are offering services to, learn about DRA, attend or start DRA meetings.

DRA EDUCATION SESSIONS & IN-HOUSE SUPPORT SESSIONS: An Institution or Service Provider may decide to have members of their staff conduct dual recovery support sessions based on DRA concepts. The staff may use the DRA Meeting Format and facilitate discussions about the Steps. Those particular activities would be referred to as "DRA Educational Sessions" or In-House Dual Recovery Support Sessions. Sessions of this nature are a part of the institution's treatment program and are clearly not the same as DRA 12-Step Meetings run by members of the Fellowship of Dual Recovery Anonymous.

COOPERATION: The relationship between institutions and DRA is one of cooperation rather than direct affiliation, in terms of endorsement or influence. The term "institution" refers to hospitals, treatment centers, correctional facilities, organizations, agencies, and programs or service providers. An institution may provide space for a DRA Twelve Step Fellowship Group to hold their meeting. Some institutions have also assisted Groups by helping them inform the community about the new meeting. However, institutions do not influence the DRA Fellowship, the 12-Step Group itself or the way DRA meetings are conducted. DRA 12-Step meetings that are held in institutions are open to DRA members from the community. In that way, the individuals who are currently receiving services can participate with and learn from the DRA members in the community. They will have role models, learn how DRA 12-Step meetings are conducted, and learn where other DRA 12-Step Fellowship meetings are being held in the community.

Dual Recovery Anonymous strives to work with organizations such as mental health and substance abuse service providers in the spirit of cooperation, not affiliation or endorsement. DRA must always maintain its autonomy and independence from the professional community, advocacy organizations, and the various service providers that are designed to meet the needs of individuals with co-occurring disorders. There must always be a clear boundary separating the work of DRA from the work of chemical dependency and mental health professionals.

Institutions & Service Providers should be aware that the DRA name, logos, crest, and documents, are the copyrighted, and/or trademarked property of Dual Recovery Anonymous World Services Inc. They may NOT be used in any way that may suggest an endorsement by or affiliation with Dual Recovery Anonymous. DRA copyrighted materials and/or trademarked names, phrases, and logos may not be used in conjunction with any outside enterprise, commercial organization, or affiliated in any way with non-DRA use.

Can someone who is not in dual recovery help a group and participate in meetings with them?

GROUP REQUESTS: Every DRA group is autonomous, they are free to decide how they want their group to be organized. And how they want to conduct their meetings. They are free to request assistance from someone who is not personally in dual recovery. There may be a group of men and women who want to start a DRA meeting, however, they feel that they lack the organization or communication skills that might be required to carry out the tasks necessary to start a group and conduct meetings.

- ◆ The key to that approach is that the decision making rests with the group itself. It is the group who made the decision to: start the DRA meeting, to ask for assistance, who to select, and to terminate the process if they feel that they do not have a good working relationship with that individual. Another key aspect of that approach is that they have asked for an assistant who will help them learn how to help themselves in terms of learning how to organize their group and conduct meetings.

SELECTING AN ASSISTANT: The person that a group chooses to ask may be considered a 'special help' or a group assistant. That person may be a professional or someone in another Twelve Step program. There are no set rules regarding who that person may or may not be.

- ◆ DRA groups that request an assistant have asked: someone that they know, respect, and trust, and someone who they feel they can work with. They have asked someone who understands dual disorders, the recovery process and the principles of the Twelve Steps.
- ◆ The group members also look for someone who has the groups best interest in mind. In that way they can avoid many problems. For example; someone else trying to turn their DRA meeting into a group therapy session or someone who would carry out all of the tasks and does not allow the groups members to participate in the process and learn for themselves.

ROLE OF AN ASSISTANT: Someone who has been asked to assist a group may participate in a variety of ways. For example; they may participate in organizational, planning, or business meetings, and offer suggestions and help solve problems. They may help identify community resources that may provide space for the group to hold their meetings, and help them provide information to the community about their meeting. During the DRA meetings, that person may participate by sharing in the readings as the meeting is opened and as it closes.

BENEFITS OF AN ASSISTANT: Ideally, the members of the group will begin to gradually develop their organizational and communication skills. As the members of the group gain experience they may begin to feel more comfortable taking on a more active role. Over time, they may begin to rely less on their assistant and begin to turn to them only for help with specific problems and situations.

How are DRA meetings structured?

GROUP AUTONOMY: Every DRA group may decide for itself how they want to structure their meetings. They are free to decide what approach will best meet the recovery needs of their members.

CLOSED OR OPEN MEETINGS: The first decision that most groups make is to decide whether their meeting will be closed or open.

- ◆ Closed: A closed meeting is held for DRA members and individuals who are concerned about their own personal recovery. There may be members who only feel comfortable talking about their dual recovery in a group setting that is attended by other DRA members. There may also be individuals who are concerned about their confidentiality. Those individuals want their dual recovery and participation to remain a private matter. Anonymity is the right of every DRA member and must be respected at all times.
- ◆ Open: An open meeting is held for DRA members, and individuals who are concerned about their personal recovery. In addition, it is also open for non DRA members to attend. For example, an open meeting may be attended by a family member or friend of someone in DRA. An open meeting might also be attended by someone who is looking for help for a loved one or friend who is affected by a dual disorder. An open meeting also provides a good opportunity for the fellowship to carry the message to others who may not have another means of learning about DRA.

MEETING FORMAT: Perhaps the majority of DRA meeting will follow the DRA Meeting Format as they open and close their meetings. The Meeting Format is presented in The Dual Disorders Recovery Book which describes the DRA program. It is also provided to individuals who contact the DRA World Services Central Office requesting information about the DRA program.

The Meeting Format provides an outline of how to open and close a DRA meeting. It presents the philosophy and purpose of DRA, in addition to presenting the Twelve Steps. The Meeting Format is divided into eight parts that include: Opening, Preamble, Announcements, Introductions, Accepting Differences, Getting Started In Dual Recovery, Roundtable Discussion, and Closing.

A few excerpts from the Meeting Format include:

Welcome and Openings:

- ◆ Men and women who currently use psychiatric medications under a doctor's care or who have done so in the past are welcome to participate.
- ◆ This meeting is open to DRA members and other individuals who are concerned about their personal recovery.

Preamble:

- ◆ DRA is an independent, non-profit, self-help organization.
- ◆ The primary purpose of DRA is to help one another achieve dual recovery, to prevent relapse, and to carry the message of recovery to others who experience dual disorders.
- ◆ DRA has two requirements for membership; a desire to stop using alcohol and other intoxicating drugs, and a desire to manage our emotional or psychiatric illness in a healthy and constructive way.
- ◆ The DRA fellowship has no opinion on matters of diagnosis, treatment, medication, or other issues related to the healthcare professions.

Accepting Differences

- ◆ We need to help newcomers recognize that a variety of symptoms are possible with a dual illness. There is no single type of dual disorders.
- ◆ Many of us gradually went into a closet of denial. If there are any among us who have felt as though they were living in that closet we welcome you. We want you to know that the fear, isolation, and secrecy no longer need be a part of your life.

Getting Started in Dual Recovery:

The DRA program is worked on a day-by-day basis. Here are the suggestions for dual recovery:

- ◆ Today, I will be free of alcohol and other intoxicating drugs.
- ◆ Today, I will follow a healthy plan to manage my emotional or psychiatric illness.
- ◆ Today, I will practice the Twelve Steps.

Announcements & 7th Tradition Break

Closing:

Tradition Twelve reminds us of our need for anonymity. We ask that you do not repeat the names of anyone who has attended this meeting or talk about what has been shared. Only by exercising this Tradition can DRA provide a setting where we can feel safe to share in a way that will help our dual recovery.

How should a DRA group respond when someone asks for information regarding professional services during a meeting?

Newcomers and members may be in need of professional services and ask for information during a meeting. Some DRA groups keep a directory or list of services with their meeting materials. The directory may include a list of resources for the following needs; emergency medical care, domestic violence, crisis hotlines, mobile crisis, psychiatric emergencies, detoxification, chemical dependency

counseling, homeless shelters, child and protective services, and other services.

During a meeting the person who is chairing the meeting, or another member, will share with the person that a directory of services is available and that following the meeting they will help them identify the resource they need.

Can a friend or family member attend a meeting that is traditionally a closed discussion meeting?

Situations of this nature may happen from time to time. When it does, a member will ask if the meeting can be declared open and a vote will be taken. However, if one member votes no, then the meeting will remain closed based on the vote of the group conscience.

Should a DRA meeting be structured or informal?

Each group is free to decide if their meetings will be structured or informal. The group will decide on the approach that will best meet the needs of their members.

Most groups will open and close their meetings by following the DRA Meeting Format. The person who is chairing the meeting or another member will choose a topic for discussion. The topic may be on of the Twelve Steps or a recovery theme. At that point, groups may differ on the way they conduct their discussions.

ROUNDTABLE DISCUSSIONS: Some groups will follow a structured approach in the way they have their discussions. Each person sitting around a table or in a circle will have an opportunity to share when it is their turn. If they want to listen and would rather not speak at that time, they simply say, "I pass".

OPEN GROUP APPROACH: Some groups will begin a meeting by following the Meeting Format, choosing a topic and open the meeting for discussion. Members take turns sharing, each waiting until another member has finished. However, they do not formally go in turn around a table or circle.

CROSS TALK DISCUSSION: Some groups will begin a meeting by following the Meeting Format to open the meeting and choose a topic. The members of the group will interact directly with each other in a manner that is referred to as "cross talk". Some groups do prefer that approach for their discussions and feel that it is more direct and informal. Some Groups prefer no cross talk, some groups designate a period of time for cross talk. These decisions can be made by Group Conscience or the group can delegate the decision to the chairperson, each group does this as they choose.

What is a speakers meeting?

A speaker meeting may be one that is either closed and attended only by DRA members or open and may be attended by DRA members in addition to family members, friends, and other individuals who are interested in learning about the DRA program.

A speakers meeting offers an audience the opportunity to hear one or more DRA members tell their personal story. The speaker will tell what it was like to experience a dual disorder and what it is like today to be in a program of dual recovery. Some DRA groups may set aside time for a general discussion after the speakers have finished sharing their personal stories.