

*An alternative to traditional recovery*

# INVITATIONAL RECOVERY

JOSEPH E GREEN  
DR FAITH G HARPER

Copyright © 2021 Joseph E. Green & Dr. Faith G. Harper  
Permission granted for personal, non-commercial use.  
All rights reserved.  
ISBN: 061589640

Cover photograph by Joseph E. Green.

## **A note on the text.**

This book was developed as an entry-level text for recovery coaches, however it contains information and tools which may be relevant to a variety of individuals who work in mental health care and addictions treatment settings. . The first section of the book centers around peer recovery and an explanation of the terms and components of that process. If the reader is familiar with this process, one can jump right to section two in which the concept of *invitational recovery* is explained.

## **CONTENTS**

1: Peer Recovery	5
2: Invitational Recovery	31
3: Worksheets	40
4: Safety Plan	52
5: Resources	53
6: Appendix	54

**PART ONE:**  
**PEER RECOVERY**

## PEER DEFINITION

Substance Abuse and Mental Health Services Administration (SAMHSA) defines a *peer support worker* as “offering and receiving help, based on shared understanding, respect and mutual empowerment between people in similar situations.” The idea is a simple one. Although clinicians can accurately diagnose a variety of disorders, they do not typically have lived experience in the disorders they treat. In addition, it is quite common for even qualified mental health professionals such as LPC Associates to have little to no training in chemically addictive substances and zero field experience in street environments.

Peer support workers can therefore relate through shared lived experience, instead of presented textbook case studies. Peer support workers have experience in the specific mental states associated with chemical and/or alcohol use and the resultant behavior that can have negative effects on the self, the immediate social circle, and society as a whole.

SAMHSA also indicates that peer recovery coaching encompasses the key principles of “shared responsibility, and mutual agreement of what is helpful.”

That is, the process is always a cooperative one, and driven by the peer. Peer support is just that; it is not intended to absolve responsibility or remove any agency from the peer.

As a result of the process being driven by the individual in need, peer support workers must be flexible and well-versed in a variety of pathways to recovery. The activities can include:

- Advocacy
- Resource facilitation
- Awareness raising
- Community and relationship building
- Goal setting
- Replacement of maladaptive skills with practical skills
- Group facilitation
- Mentoring

- Supervision
- Program administration
- Public or policymaker education

These are only examples and not intended to be exhaustive. Peer support workers may also respond to emergency situations, requiring further training in crisis intervention and management, as well as when to obtain emergency services as needed.

## RECOVERY DEFINITION

SAMHSA has defined *recovery* as “a process of change through which individuals improve their health and wellness, live self-directed lives, and strive to reach their full potential.”

The most important aspect of this definition is that recovery does not have a set end point, but is better recognized as a continuous process. There never comes a point in a person’s life when one is “recovered.” The process of recovery goes on for a person’s entire life and in some sense is life. That is, recovery involves creating ongoing routines that involve choosing specific behaviors daily and not choosing other behaviors. This can involve family, friends, medications, clinical treatment, faith – no matter the setting.

SAMHSA defines the four major dimensions of a life in recovery:

“1. **Health** – Learning to overcome, manage or more successfully live with the symptoms and making healthy choices that support one’s physical and emotional well-being;

2. **Home** - A stable and safe place to live;

3. **Purpose** – Meaningful daily activities, such as a job, school, volunteer work, or creative endeavors; and, increased ability to lead a self-directed life; and meaningful engagement in society; and

4. **Community** – Relationships and social networks that provide support, friendship, love, and hope.”

## RECOVERY PRINCIPLES DEFINED

SAMHSA provides definitions for the recovery principles that serve as core competencies for peer workers. Peer recovery professionals are expected to focus on the following principles:

**“RECOVERY-ORIENTED:** Peer workers hold out hope to those they serve, partnering with them to envision and achieve a meaningful and purposeful life. Peer workers help those they serve identify and build on strengths and empower them to choose for themselves, recognizing that there are multiple pathways to recovery.

**PERSON-CENTERED:** Peer recovery support services are always directed by the person participating in services. Peer recovery support is personalized to align with the specific hopes, goals, and preferences of the individual served and to respond to specific needs the individuals has identified to the peer worker.

**VOLUNTARY:** Peer workers are partners or consultants to those they serve. They do not dictate the types of services provided or the elements of recovery plans that will guide their work with peers. Participation in peer recovery support services is always contingent on peer choice.

**RELATIONSHIP-FOCUSED:** The relationship between the peer worker and the peer is the foundation on which peer recovery support services and support are provided. The relationship between the peer worker and peer is respectful, trusting, empathetic, collaborative, and mutual.

**TRAUMA-INFORMED:** Peer recovery support utilizes a strengths-based framework that emphasizes physical, psychological, and emotional safety and creates opportunities for survivors to rebuild a sense of control.”

## ROLES

The primary role of the recovery coach is to support the peer in developing their recovery process (including the daily behavioral choices) in a way that makes sense to the individual being served.. A coach will typically get to know their peer and learn what their values and goals are. Those initial ideas are then used to create a recovery plan with clearly defined goals. These goals are a moving target; over time, a peer's focus will change and, as goals are met or dropped, the recovery coach must adapt with the changing situation.

The coach is perhaps best understood as a consultant, advising the peer about potential resources, possible development plans, and learning strategies and action plans to assist achievement of recovery goals. This encompasses not just those things directly impacted by substance use, but also barriers to continued progress. In other words, if the peer has no place to live or cannot afford to eat, those are relevant to recovery, because they create the best possible environment for recovery. Ideally, the recovery coach has resource contacts to share and assist the peer throughout the process and variable events, or can provide referrals for case management in the area

The coach also serves as an **advocate** for the peer. Advocacy takes numerous forms and depends on the specific situation. It can includes addressing the misunderstandings of addiction, the stigma that often accompanies substance use, and the often-detrimental role played by the community with respect to peers. This can include strategies for interacting with family members, friends, social connections, and professional outlets such as psychiatrists or medical and/or judicial punishment facilities.

Depending on the individual concerned, this can also involve advocacy for the specific needs of an individual. That is, different peers have different cultural needs and concerns, arising from the unequal and often unreasonable expectations society presses upon people of color, the neurodiverse, or members of the LGBTQ+ population.

## **CULTURAL COMPETENCY**

Peers must be open and supportive about both the varying cultural needs of their peers and the different types of recovery.

All of us come from specific backgrounds that have informed our perspective throughout life. The important thing to remember is that's all it is – a *perspective*. Not everything in our lives is universally applicable to everyone else's experience. Growing up in the Brownsville neighborhood of Brooklyn is completely different from growing up in Brownsville, Texas. The norms we have been exposed to– while not *definitive* or limiting – do affect one's outlook on life.

When assisting peers, it is therefore incumbent upon the recovery professional to maximize empathy in all interactions. Keeping in mind our own limitations can help us understand how others feel and respond. This extends to use – a peer recovery professional might, for example, have an intimate knowledge of what cocaine feels like but only secondary knowledge of heroin. However, beyond substances, the peer must be aware and supportive of all manner of perspectives and emotional responses. I am not saying you need to know every detail of the Abrahamic religions or even the difference between Smokey Robinson and Jackie Robinson, but it is important to continue to learn about how others experience the world.

## **TRAUMA**

As peer recovery coaches, we may from time to time engage with peers who have an intense reaction that may arise from consideration of their recovery pathway. The important thing to remember is that peer professionals are not trauma specialists and triggering such reactions can be enormously painful for the peer. Always be mindful and accept when a peer wishes to terminate a particular topic on account of a possible trauma reaction. And keep in mind that a peer who is wanting to unpack a traumatic event with you, may be causing more harm to their emotional health. Telling such a story may activate them reliving the story,

causing further damage instead of healing. Encouraging them to work with a provider who is equipped to guide them through that process may be instrumental to their healing.

## CULTURAL MISTAKES

We all make mistakes. It may happen that, despite their best efforts, a peer recovery coach will accidentally make an error with respect to cultural background. These often take the form of assuming universals that aren't actually universals (everybody doesn't actually know the show *Friends*) or not understanding that a person of color's experience and feelings about the police, for example, might be different from the experience and feelings of a white person. These mistakes can also arise from not understanding the identity of the given peer. For example, misgendering or deadnaming a trans or nonbinary peer.

If, as a peer, you find that you have made a mistake like this, apologize to the individual without defensiveness or over-explanation, and discuss what happened. If the peer remains comfortable with working together, then make sure to be mindful for all future interactions. If a peer cannot trust a peer recovery coach, the process will be inhibited, and the relationship will not be of benefit to the peer.

Additionally, the most important things to remember are: (1) Maintain your empathy; and (2) **Educate yourself!**

## RECOVERY PATHWAYS

There are numerous pathways to recovery. Here are a few examples. As a person-centered program, we are not so concerned with the pathway, only that the peer finds support and success.

- 12-step based Mutual Aid programs (e.g., Alcoholics Anonymous/Narcotics Anonymous)
- Non 12-step based Mutual Aid groups (e.g., SMART Recovery, Women in Sobriety)
- Cultural recovery (e.g., Wellbriety – Native recovery)
- Faith-based recovery (e.g., Refuge Recovery)
- Outpatient/inpatient treatment
- Bodywork (e.g., Addiction Energy Healing, yoga, traditional Chinese medicine)

This list is not meant to be exhaustive. As noted before, if a peer is interested in a pathway that you lack familiarity with, it's time for self-education.

# RECOVERY PATHWAYS

There are as many recovery pathways as there are people in recovery. However, there have been several established methods which have been successful for some people.

## **ALCOHOLICS ANONYMOUS/ NARCOTICS ANONYMOUS**

12-step mutual aid programs  
Abstinence-based approach

## **MODERATION MANAGEMENT**

The goal is maintenance without total abstinence

## **FAITH-BASED RECOVERY**

Recovery with a strong spiritual element; can involve any faith, such as Refuge Recovery, for example

## **SMART RECOVERY**

4-Point Program  
Secular approach

## **CULTURAL RECOVERY**

Recovery that is culturally centered; for example, Native groups

## THE STAGES OF CHANGE

“I don’t have a drinking problem, except for when I can’t get a drink.”

-Tom Waits

It is commonly accepted that there are five stages of change. These are typically put forward as such:

Precontemplation

Contemplation

Preparation

Action

Maintenance

**Precontemplation** describes a person who either has no or very low awareness that they may have a substance use problem. The individual sees no reason to change their behavior. Some people remain pre-contemplative their entire lives. Having little awareness of one’s own behavior can also be a learned response, which becomes useful because it provides a shield from considering the level of self-destruction or hurt to others that results from the disordered use.

**Contemplation** describes a person who has begun to reflect on their own behavior. The person may be asking themselves questions about their own behavior, or they may be hearing from loved ones or family about the destructive aspects of their actions. This often takes the form of guilt. This is an exceedingly difficult stage to be in because the guilt and the pain of contemplation often leads right back to more substance use. It will always be easier to get loaded than to look squarely at one’s own behavior and reflect with honesty.

In her book *Unf\*ck Your Brain*, Dr. Faith Harper discusses trauma reactions and the effects they have on the brain. When someone becomes affected by a traumatic event, very often they obsess over that particular event. The brain, seeking to protect itself, will then react by labeling certain things “unsafe.” One example she uses is someone having a car accident on First Street. The brain may draw an incorrect conclusion from the event, which is: *accidents happen on First Street*. Which may cause a person to unconsciously avoid being on First Street, or to become highly agitated or even have trauma flashbacks when being on or thinking about First Street.

This is obviously the wrong conclusion. The cause of the accident was not simply being on First Street. There were likely a confluence of events leading to the accident. Maybe the person was not paying attention and crashed into another car, for example. However, rather than focus on that aspect, the brain may decide that the street itself is bad.

There are potentially a pair of similar feedback loops at work in substance use disorder. One is that disordered substance typically doesn’t arise from nothing. That is, somebody generally does not wake up one morning at age 15, healthy and happy, and suddenly decide to shoot heroin. Very often the substance use is driven by some other traumatic event, and the substance is used medicinally to treat the pain. Two, after some years have passed, thinking about the destructive effects of that use becomes another feedback loop. *And at this point the brain has learned that bad thoughts can be dealt with by using substances*. We teach ourselves that substances get rid of the pain. For a while.

As Dr. Harper puts it:

Both ruminating and avoiding work exactly the same way...Rumination is a way of insisting on making sense of an experience, but doing it in a nonsensical way. And avoiding is just refusing to acknowledge it at all, at a conscious level. (55)

The contemplation part of this process is thus a tricky one, and as difficult as anything else the individual is going to have to overcome.

**Preparation** is the part of the process where the peer is beginning to think about what their life might be like in recovery. They've started to work on getting ready to make a change, but are still gripped by ambivalence. Often people will arrive at this stage, make several preparations, and then fall back into contemplation. Some may even create much elaborate preparation before finally slipping back. This is normal and requires support.

**Action** is the stage where stuff is beginning to happen. The individual commits to a meeting and goes to one. Or begins to set boundaries about use, whether quitting "cold turkey" or practicing harm reduction.

**Maintenance** is perhaps the hardest part of the process. The individual overcomes all their internal and external resistances and achieves sobriety on whatever terms that looks like to them. Now the hard part: the rest of your life. The commitment to sober living is the decision to fundamentally limit one's future experiences.

This is important to acknowledge. As Bill Hicks used to discuss in his comic routines, "I had a great time on drugs." There are whole literary traditions that celebrate the use of various chemicals: Hunter S. Thompson, William Burroughs, Charles Bukowski, etc. Deciding to not use substances is deciding to not have experiences that are entertaining in the moment and often celebrated later. Indeed, films like *The Hangover* culturally support these ideas, as does every beer commercial on television. Exempting oneself from this is no small thing, especially the younger a person is. That's what make support so important and particularly peer support, since we have an intimate knowledge of precisely the level of sacrifice involved. There are social and cultural pressures put upon those in recovery and we need to recognize that.

## EMPATHY

One of the basic mysteries of life is that you can instantly assess and judge other humans in a way that is typically exceedingly difficult to do with oneself. We can often find ourselves impossible to pin down; in fact, our ability to project ourselves onto a virtually infinite set of categories is part of the reason horoscopes work. At different times in our lives, we think of ourselves as wonderful, thieving, the best person ever, the worst person ever, an inveterate liar, a thoughtful and kind person, and even a sinner in the hands of an angry god.

Humans also tend to take everything personally as a default.

*“Of course, it rained. I just washed my car. That always happens.” There is no known relationship between you washing a car and the regional weather.*

*“I would say we are going to win, but I don’t want to jinx it.” If the New York Knicks lose a particular basketball game, it is unlikely to be a result of your feelings about them winning in one respect or another.*

*“Jason left. Did I say something wrong?” It is possible that Jason left because of something you said, but you would have to look at this outcome among a web of possibilities. Jason has an enormous number of possible reasons for leaving, and unless you are aware that you insulted him directly a few moments ago, it is unlikely that the two things are connected. It certainly shouldn’t be your first thesis. So why is it your first thought?*

Humans experience the world through their senses: their sight, their touch, and through their bed of past experiences. Since everything that happens, happens to *us*, from our perspective, it is natural to assume or project that upon everything. It isn’t an accident that Medieval theologians spoke of humans as

“God’s special creation” and asserted that the Earth was the center of the universe. That’s the way it seems, to us.

Which is a *bias*. We are biased to perceive the world – for good and for bad – as being a result of our intention. We are also biased to assume that everyone else tends to see the world we do. Since everyone is unique and comes from an infinite number of different backgrounds, this is almost certainly false.

So the first part of empathy is simply allowing for other ways of looking at the world. And not assuming that everything is directed at, or has as its cause, ourselves. Although easy to say, it is not easy to overcome this bias. It takes practice.

Many people experience high degrees of anxiety. This anxiety can be about many things, but in some cases, it is due to a feeling that others are perceiving them in a judgmental way. As recovery coaches, it is our job to ensure that the individual peers never experience judgment coming from us.

## HARM REDUCTION

Harm reduction is one of the most important principles that a recovery coach needs. It is only a slight exaggeration to say that recovery coaching *is* harm reduction.

Harm reduction is exactly what it sounds like. If someone is engaging in a destructive behavior – in this case, substance use – the goal is to reduce the damage, even by tiny incremental amounts. If an eightball typically takes three days to go through, what would it take to make it last four days? If six beers help you go to sleep, what if we tried five? If you can't do less than 6, can you do them at home instead of a bar? And fall asleep on your side with a trash can nearby just in case?

Help is help, no matter how small.

Additionally, since recovery is person-centered, the level of harm reduction is dictated by the peer. Maybe, for this individual, six beers a night is necessary for sleep and that's what maintenance looks like to them. Fair enough. Although a recovery coach might desire a different outcome for their peer, we have to allow for human freedom and unencumbered decision-making. If we keep them in services, maybe we can get them down to five. Or, as mentioned above, help them implement safety around their usage.

I worked in an ACT team for a couple of years, going into people's spaces and meeting them where they live. When someone is brand new to ACT work, the first step is usually to allow them to tag along with a more experience health care provider. In one case, they sent a new guy along with me. I don't want to use his real name, so let's call him Ivan. It was first day, so I took Ivan to lunch. The following conversation ensued.

*IVAN: So where do we go after lunch?*

*JOE: We're gonna go see [Sherry]. You'll like her.*

*IVAN: Ok.*

*JOE: Just FYI, you may see some needles, a cooker, and other things, so don't react if you do, ok?*

*IVAN: You mean like drug paraphernalia?*

*JOE: Yeah, if you want to call it that.*

*IVAN: She uses heroin?*

*JOE: She occasionally uses substances, yes.*

*IVAN: So wait...what do we do if she's shooting up when we get there?*

*JOE: I called her this morning, so that's not gonna happen.*

*IVAN: But she could be?*

*JOE: I mean yes, theoretically, she could be shooting H right in front of us as soon as we walk in the door and invite us to join in. But she's not gonna wanna do that.*

*IVAN: But if she does?*

*JOE: We deliver her meds and let her know this is probably a bad time for a session.*

*IVAN: We deliver her meds?*

*JOE: They're her meds. What do you want to do, steal them?*

*IVAN: No, it's just...*

*JOE: We're not vice.*

*IVAN: But a heroin addict? We can't just give her medication.*

*JOE: You understand that calling her an addict is dehumanizing, right? If you had cancer, I wouldn't say, "I'm having lunch with a cancer right now."*

*IVAN: Yeah. I don't understand how we can do this.*

*JOE: We're here to help, but this isn't Jesus with the moneychangers. We're not knocking down doors and taking people's drugs.*

*IVAN: But they might offer drugs to us?*

*JOE: All the time.*

Ivan lasted a week.

In their paper “Harm Reduction Therapy: A Practice-Friendly Review of Research,” the authors Diane E. Logan and G. Alan Marlatt had this to say on the subject:

Harm reduction is an umbrella term for interventions aiming to reduce the problematic effects of behaviors (Marlatt, 1998). Most frequently associated with substance use, harm reduction also applies to any decisions that have negative consequences associated with them. For example, at one end of the spectrum, harm reduction may seek to reduce the risk of HIV transmission by supporting needle exchange programs. Harm reduction techniques may also prioritize less risky drinking habits for underage college students to reduce the risk of alcohol poisoning. Other suggestions may include encouraging safe sex, replacing binge eating with healthier alternatives, providing clean razors for those engaging in cutting/self-harm behaviors, or supporting even 5 minutes of exercise per day.

At its core, harm reduction supports any steps in the right direction. Critics may contend that harm reduction somehow enables or excuses poor choices. Although abstinence may be the ultimate goal, and is of course the only way to avoid all negative consequences associated with substance abuse, the harm reduction practitioner seeks to meet with the client where he or she is in regards to motivation and ability to change. The practitioner’s goals are secondary to what the client wants. This does not imply that the practitioner has no opinion; rather, the practitioner respects the client’s decisions both for and against change.

The full paper can be accessed here:

<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3928290/>

Recovery coaches are pragmatists. We embody respect for individual choices and help our peers make those changes successfully. We can get peers in touch with resources and hold their hands while they take the journey.

## RECOVERY CAPITAL

Recovery capital is the sum total of the assets a peer can bring to bear to help with their recovery process. It is often remarked that the opposite of addiction is community, which underlines the social nature of recovery capital.

Examples of recovery capital include:

**Social capital:** social networks including family, friends, and affiliations. This would include groups like an AA meeting for example, but it could be anything social that is helpful to the peer. It could be a volunteer opportunity, a bowling league, or grandma's house. Within this set I would also include **cultural capital**, which may or not be treated as a separate entity. What are the beliefs of the peer? Does religion play any role in their life? What rituals are connected to the family structure? Are there cultural activities that are important to the peer?

**Human or personal capital:** the inherent skills and interests of the peer. What kind of education, what level of personal resources, what interests the peer? Knowing the peer wants to, for example, succeed as a hair stylist, gives a structure to devise plans for goal setting.

**Physical capital:** tangible assets. Does the peer have money, food, a place to live, a car? Do they have a job?

# RECOVERY CAPITAL

RECOVERY CAPITAL is anything used to fuel our journey in a positive way. It includes both internal capital such as hope, goals, and skills, as well as external capital such as stable housing, education, and so on. It is sometimes divided into three parts.

## SOCIAL CAPITAL

- Community
- Family
- Congregation
- 12-Step or other Mutual Aid group

Social capital refers to the supportive web of friends, family, and affiliations that help the peer maintain connection and self-worth.

## PHYSICAL CAPITAL

- Resources
- Living space
- Transportation

## HUMAN CAPITAL

- Skills, hope, and knowledge

Human capital refers to peer relationships with peers, teachers, caseworkers, and other professionals.

## Sample Recovery Capital exercise

When you were first beginning your journey in recovery, think about what your strongest areas of recovery capital might be. Then look at these questions and provide responses.

1. What recovery capital helped enable your entry into a recovery pathway?
2. What areas did you have a deficit in recovery capital?
3. How have you been able to build recovery capital?
4. How do you feel about where you are at right now in terms of recovery capital, compared to when you started your journey?
5. What are some personal strengths and weaknesses?
6. Are there areas where you see yourself needing help with capital in the short term? Do you see an area where you might need long-term maintenance help?

## **PROS AND CONS OF CHANGE**

Changing our attitude about recovery involves weighing the pros and cons. To be most effective, it is best to honestly assess why we are motivated to make changes. We should also be honest in assessing what the benefits are to maintaining a recovery-free life. It may seem strange to think about that, but clearly there are benefits to such a life, since you have been pursuing that life for an extended period at this point. So, let's try to assess three pros and three cons and think about what that means for our recovery.

**What are the pros of staying in my present course and not starting recovery?**

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

**What are the cons of staying in my present course and not starting recovery?**

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

**Any additional factors:**

4. \_\_\_\_\_
5. \_\_\_\_\_

## THE GENETIC COMPONENT

In October of 2019, Discover Magazine published a fascinating article by Bill Sullivan, called “Gene’s Addiction, or Why Ozzy Osbourne is Still Alive.” The story was about gene sequencing, which is still a fairly new technology – as Sullivan points out, the first DNA sequence was finished in 2003 and took about 14 years to complete.

Detailed in the story was scientists who wished to sequence famed rock and roll rebel Ozzy Osbourne, because they thought they might learn interesting things about the nature of addiction. Stories around Ozzy are legendary with respect to his consumption of alcohol and every imaginable drug; at one point, barely conscious near a hotel swimming pool, he snorted a line of ants. Despite the continuous and incredible levels of self-medication, however, Ozzy remains relatively healthy and alive, where many other rockers have passed on.

How?

Based on his DNA profile, scientists were able to note that Ozzy was much more likely than the average person to develop a cocaine use disorder, as well as to hallucinate from the use of cannabis (perhaps explaining the Black Sabbath song “Fairies Wear Boots.”) He wasn’t alone of course; the 1980s saw several rock stars with incredible tolerance. Billy Idol famously used to put cocaine under his eyelids so as to increase the speed at which it would enter the bloodstream, and Motley Crue bassist Nikki Sixx died multiple times as a result of heroin.

By the latest research it is estimated that about half of any individual’s propensity to develop alcohol use disorder is determined by DNA. This is confirmed by the National Institute of Alcohol Abuse and Alcoholism in their public statement on the matter: “Research shows that genes are responsible for about half of the risk for AUD. Therefore, genes alone do not determine whether someone will develop AUD. Environmental factors, as well as gene and environment interactions account for the remainder of the risk.”

Furthermore, as Sullivan explains:

A 2004 study by geneticist Tatiana Foroud at the Indiana University School of Medicine linked a gene called GABRG3 to alcoholism. This gene makes a subunit of the brain cell receptor that recognizes gamma-aminobutyric acid (GABA), a so-called “inhibitory” neurotransmitter that tells the brain to calm down. Without it, a person is more likely to turn to booze to do the same.

The point is not to relieve us of all responsibility. All of us are responsible for our own actions; propensities do not determine one’s life in every detail.

However, understanding the genetic component allows us to understand that decisions that may be trivial for one person are soul-wrenching for another. Nancy Reagan said, “just say no” in the same decade that Nike urged us to all “just do it.” Neither premise was realistic, and it took DNA sequencing to prove it.

Additional risk factors include lack of parental influence, poor social skills, poverty, the availability of drugs and alcohol and childhood aggressive behavior. Obviously, there is a great deal of crossover with most of these conditions, with the most important one being poverty, as this tends to dominate the other issues. This also exerts influence on the important environmental factors at work – i.e., witnessing or experience violence or sexual abuse. Which is to say, trauma.

## AVOIDANCE

### What is avoidant behavior?

Any action that takes the place of an action you don't want to do.



### Examples of avoidant behavior

- Watching TV or Youtube videos for hours
- Ghosting someone rather than dealing with them
- Not getting out of bed
- Becoming obsessed with easily controlled, no-risk solo activities; choosing to stay in these activities to the detriment of other parts of your life

***All of us want to avoid things at one time or another. It's only when we stay in avoidant behavior and refuse to engage with life that this can become a problem.***

---

## AVOIDANCE GAINS AND LOSSES

*The object of this exercise is to identify our past avoidance strategies and gain awareness about what causes them.*

What does avoidance behavior look like, for you? Cite a few examples.

---

---

What situations activated avoidant behavior in the past?

---

---

Are there any benefits to these avoidance behaviors? List the positive effects on your well-being, your state of mind, or any physical benefits that come from your avoidant behavior.

---

---

Are there any negative consequences to these avoidance behaviors? List the negative effects on your well-being, your state of mind, or any physical consequences that come from your avoidant behavior.

---

---

Do the benefits of your past avoidant behaviors outweigh the cons? Does your avoidant behavior interfere with your long-term recovery goals?

---

---

What are some alternative behaviors that might make sense to replace the avoidant behaviors?

---

---

---

**PART TWO:**  
**INVITATIONAL RECOVERY**

## INVITATIONAL INTERVIEWING

“We want to talk right down to earth in a language that everybody here can easily understand.”

-Malcolm X, “Message to the Grassroots,” 1963

One of the key strategies for doing recovery and therapeutic work has long been the application of motivational interviewing. Motivational interviewing (MI) is designed to be collaborative with the peer and the therapist or change agent (in our case, the recovery coach) to help find out what the internal motivators are for a particular peer and help support those.. While this is typically a clinical process, the techniques can be used for support recovery work as well. Because the relationship is slightly different with a peer recovery coach, however, we are changing to “invitational interviewing” to designate this process for our purposes.

MI provides a framework for asking open questions, deriving useful information from the peer, summarizing that information, and then moving forward based on the information obtained. It is centered around four processes: engaging, focusing, evoking, and planning. These processes are slightly adapted in what follows, because the peer-to-peer relationship is less formal than one between a therapist or other clinician. This has to do with power, which we will address in a moment. For now, let’s look at the processes:

**Engaging:** Engagement is the essence of MI. No work can be achieved until and unless the peer is engaged and rapport is built. This means true information exchange, in which the peer recovery coach establishes their stakes as well as the peer. The commitment works both ways.

**Focusing:** Toward this end, the peer should feel there is a shared purpose with both parties. The recovery professional does not direct the peer to feel this way, however, but rather explores the peer’s own desires and trades information to achieve this goal.

**Evoking:** This is the “why” part of the process. Why does the peer want to change? What are the drivers for that change? Who are the drivers for that change?

**Planning:** This is the “how” part of the process. How should we plan for a lifetime built on recovery? How do we move forward with that structure?

Taken on its own merits, there is nothing wrong with motivational interviewing. It is a technique, however, that assumes a certain amount of clinical distance between the two involved parties. There is a power relationship between a peer and a clinician that is not duplicated (or desired) between a peer and a peer recovery professional. Much like therapeutic manipulation – a kind of Jedi mind trick that is often used on patients – the overarching goal is to drive the individual into a version of wellness established by the clinician, not the client.. Whether or not this is appropriate in other settings is beyond the scope of this book, but it is definitely not appropriate not should it be characteristic of the peer relationship.

As the word implies, peers are equal partners with the peer recovery coach. They are equal in relationship, but more importantly are the singular architects of their own lives. What the recovery coach is trying to do is make the implicit explicit; that is, to help the peer dig within themselves and find the means and motive to change. A top-down authoritarian structure, even if benignly intended, can only be successful temporarily. Real change must be self-directed.

The standard motivational interviewing formula is

**Knowledge x Motivation / Resistance = Change**

## THE THEORETICAL BASIS FOR MOTIVATIONAL INTERVIEWING

1. Motivation is the essential ingredient to the change process.
2. A strong collaborative relationship (Carl Rogers style) is an important start, but not enough to produce change.
3. Motivational Interviewing adds a directive component. Using concepts from cognitive dissonance theory and self-perception theory, the treatment provider has a specific goal of reducing client ambivalence in order to increase motivation to change a target behavior (Lundahl and Burke, 2009).
4. That is, the intervention of the treatment provider hinges on therapeutic manipulation.

### **Why might this be problematic?**

1. Most of the individuals we serve have a significant trauma history.
2. Being caught up in the justice system is disempowering and can serve as a trauma in and of itself (especially if their treatment is legally mandated).
3. All therapeutic relationships should, first and foremost, be cognizant of any interactions that serve to retraumatize the individuals they serve.

**Which we could sum up as: People don't resist change. They resist *being changed*.**

## **INVITATIONAL THEORY**

Invitation: An intentional act designed to offer something beneficial for consideration (Purkey and Novak, 2015).

“Implicit in this definition is that inviting is an ethical process involving continuous interactions between human beings” (Purkey and Novak, 2015).

## **RECOVERY CAPITAL**

*If We Are Going to Shift From Motivational To Invitational, We Will Primarily Be Grounded In The 5 Elements:*

**Care**

**Trust**

**Respect**

**Optimism**

**Intentionality**

## **CARE**

Care is the core inviting stance. Care means being a beneficial presence in someone else's life, because you genuinely care about others and yourself. Warmth, empathy, and positive regard all stem from honestly caring about another person. Anthropologist Ashley Montagu stated that the core human behavioral need is love, and we are incapable of loving others until we have been loved.

## **TRUST**

Humans are healthiest when we are interdependent. Our existence is dependent upon cooperative activity...and the process of our interactions demonstrates as much as the end product. Individuals become relationally grounded when they know that others are doing the best they can, are not setting out to intentionally hurt others, and truly value their relationship.

## **RESPECT**

If everyone has value, that means they are inherently worthy of respect, and they are able to make decisions for their own lives. Respect ties into the relational theory idea of mutuality. Power is shared, not wielded.

## **OPTIMISM**

Optimism means the seeding of hope. When working with peers (or clients), one aspect that comes up over and over is the lack of hope and some sense of what the future will be like. Often people who are lost in substance use become accustomed to living day- to-day (and minute -by-minute) and need practice in both developing goals for themselves and trusting in their ability to achieve a successful outcome.

## **INTENTIONALITY**

Intentionality means we represent, or stand for, something of value and are conveying this message to others (intentionality is a late 19th century term coined by philosopher Franz Brentano). Intentionality allows us to create, maintain, and enhance environments that demonstrate care, optimism, trust, and respect

Remember, invitations are intentional acts of offering something for consideration.

## MOTIVATIONAL INTERVIEWING EXAMPLE

Ct: You know, I don't want to give up drinking. I like being able to party with my friends and my cousins, and everyone drinks.

MI Response: You don't want to give up drinking and partying with people you care about, and, at the same time, you want to get off paper and the judge said you have to get sober.

Ct: ....yeah.

MI Response: I'm wondering, on a scale of one to ten, with one being not at all ready to even consider not drinking and ten being walking out this door and never drinking again, where are you right now?

Ct: Ok, this is what we are doing? I dunno, a three?

MI Response: Hey, cool. Partway there! What would it take to get you to a four?

## INVITATIONAL INTERVIEWING EXAMPLE

Ct: You know, I don't want to give up drinking. I like being able to party with my friends and my cousins, and everyone drinks.

IR Response: You're right, that sucks. All these other people are out there partying without repercussions and here you are, being forced into a decision you don't want to have to make.

Ct: Right?

IR Response: I'd love to hear more about your friends and cousins if you feel like sharing.

Ct: My cousin Jerry? He's always had my back. I was getting bullied in 5th grade because we were poor. And he beat the shit out of anyone that tried to bully me.

IR Response: So he is 100% your person for life. Giving up hanging out with him is not doable. How do you feel about looking at options that don't involve giving up the people that are important to you?

## **IR STANCES**

The provider is not the decider.

We are there to support the process, not guide it.

We can provide the benefit of additional resources and viewpoints.

We can demonstrate that we value someone who has felt value-less within the system.

We can engage in Socratic dialogue that allows them to explore options and alternatives.

We can model relational mutuality.

## **IR APPROACHES**

Tell me about...

Help me understand...

I wonder if...

Does it make sense if...

Would it be helpful if...

Other possibilities may include....

What do we need to work on today?

What makes sense for you?

I'm not the decider.

I'm here to support you making the decisions you need to make for your own life, you're the one living it.

**PART THREE:**  
**WORKSHEETS**

## RATE YOUR CONCERNS

This is a scaled exercise from 1 to 5. 1 indicates that this is something that occasionally bothers you. 5 means this is a frequent concern, something that weighs upon you daily.

IMPROVEMENT AREA

RATING

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

What were your highest priority concerns? Do you think you know why they are your highest priority? (Our understanding may evolve over time, which is not just fine, its an expectect part of growth and change.)

CONCERN

WHAT MAKES THIS A PRESSING CONCERN?

\_\_\_\_\_

\_\_\_\_\_

CONCERN

WHAT MAKES THIS A PRESSING CONCERN?

\_\_\_\_\_

\_\_\_\_\_

## WHAT IS SOMETHING I CHOOSE TO WORK ON RIGHT NOW?

This is in the context of recovery. Are there other areas connected to recovery that you would like to work on? (For example, perhaps you want to work on general overall physical health, which will also be positively affected by reducing your use of substances. Or it could be something like an improvement in housing, or separation from an individual that is detrimental to your recovery.)

### My life would be better if I:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

### What needs to change to help achieve these goals?

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

## ASSESSING SOCIAL CAPITAL

In recovery, we refer to “social capital” as our network of folks who we can rely upon to help support. Sometimes certain people are 100% committed to your recovery, but others may be mixed. Maybe your best friend has been in your life for years, and wants what’s best for you, but isn’t about to stop using. Maybe your partner has no interest in recovery and wants to keep going out to the bar every night. In this exercise, try and think about your circle (family, friends, recovery partners, etc.) and try to rate how supportive you think they are for your recovery, with one being not particularly supportive, and five being completely in your corner.

Remember, this isn’t a negative exercise – this isn’t a judgment on anyone, but just your attempt to honestly rate how well you think a person is going to be supportive of recovery going forward. Almost all of us have friends we know aren’t great for us, but we love them anyway. And some of those friends are non-negotiable; we’ve got to have them in our lives. That’s OK. We just want to think about how that is going to work in the future.

**List people or groups in your social network. Rate them 1 to 5 in terms of overall supportiveness, with 1 being little to none and 5 being super supportive.**

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____



## **ASSESSING PRIORITIES**

Think about your daily routine. What is your typical day look like? Try to figure out how many hours are consumed with each activity. This is a tool for yourself, so don't be afraid to write down "watch 8 hours of TV" if that's what is helping you get through right now.

---

---

---

Now let's rate those tasks. Organize them below:

### **URGENT TASKS**

---

### **IMPORTANT, BUT NOT URGENT, TASKS**

---

### **NOT IMPORTANT, BUT URGENT, TASKS**

---

### **NEITHER IMPORTANT NOR URGENT TASKS**

---

# THE STRENGTHS MAP

First of all....

What's a positive experience?

- An event that went well because you may positive things happen.
- Something that you are proud of.
- Something you really enjoyed or gave you satisfaction.

Describe an experience that was positive because of the things that you did to make it so:

---

---

---

---

---

---

---

What did you put into this event that made it successful for you?

I did \_\_\_\_\_

**Using the following list of strengths (or choosing any of your own, complete the following strengths map.**

- In the center, create a label for your positive experience.
- In the outer circles, add all the strengths that you used to make that experience a positive one.

*Now describe this positive experience to someone else, focusing on all the things you did and the strengths you utilized to accomplish these tasks!*

### **Strengths Vocabulary**

Accurate	Action oriented	Adventurous	Ambitious
Analytical	Appreciative	Artistic	Athletic
Authentic	Bravery	Caring	Clever
Compassionate	Charming	Communicative	Confident
Considerate	Courageous	Creativity	Critical Thinker
Curious	Dedicated	Determined	Disciplined
Educated	Empathetic	Energetic	Entertaining
Enthusiastic	Fair	Fast	Flexible
Focused	Forgiving	Friendly	Generous
Good-Looking	Grateful	Helpful	Honest
Hopeful	Humble	Idealistic	Independent
Ingenuity	Industrious	Intelligent	Kind

Knowledgeable	Leader	Lively	Logical
Loving	Motivated	Observant	Optimistic
Open	Orderly	Original	Organized
Outgoing	Patient	Perseverant	Persuasive
Persistent	Practical	Precise	Respectful
Responsible	Self-Assured	Serious	Self-Controlled
Spirituality	Spontaneous	Social	Straightforward
Tactful	Team oriented	Thoughtful	Thrifty
Tolerant	Trustworthy	Versatile	Wise

What Else???

---

---

---

---

---

## RISK ASSESSMENT

Life means living with all sorts of risks every day. Some risks are higher than others, and on any given day, most risks are fairly low. Let's look at some situations and rate them 1 to 5 with 1 being a very small risk and 5 being an extremely probable risk.

\_\_\_\_\_ If I don't clean every speck of dust out of the living room, a delivery person might see the dust and judge me.

\_\_\_\_\_ If I speak up in a social situation, I might say something wrong.

\_\_\_\_\_ If I walk to the corner store, I might get hit by a car.

\_\_\_\_\_ If I stay in bed with the blanket covering my face, no one will hold me accountable for anything.

\_\_\_\_\_ If I stay in bed with the blanket covering my face, I won't accomplish any of my life goals.

\_\_\_\_\_ If I go to my mom's house, she might end up saying something critical about me.

How do you feel about some of these risks? Are some more meaningful than others? Is there a difference that comes with **action** rather than **inaction**?

---

---

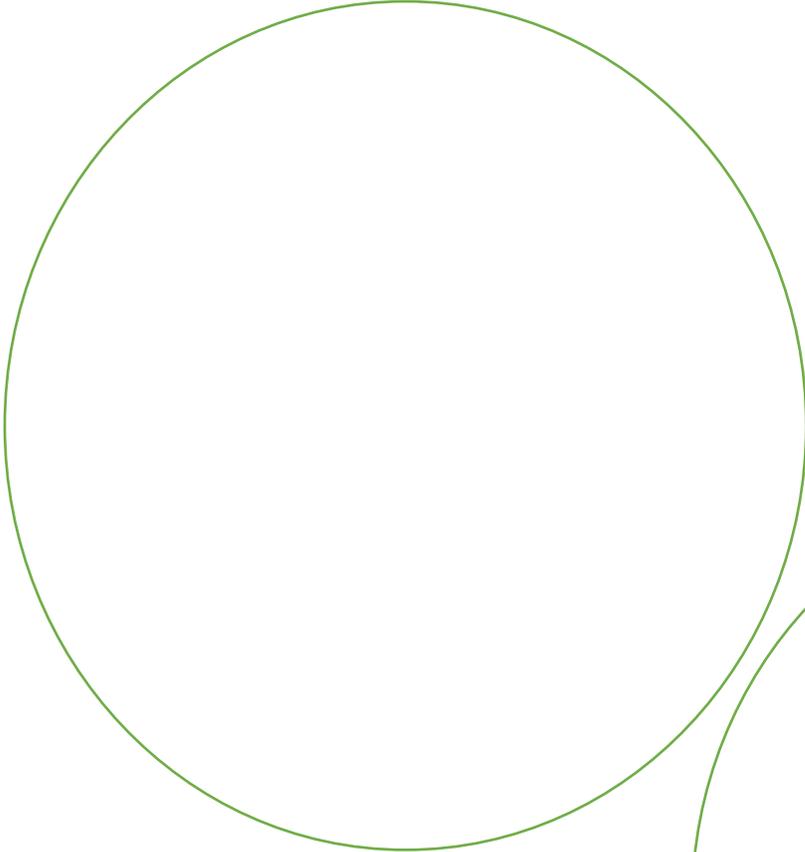
---

---

---

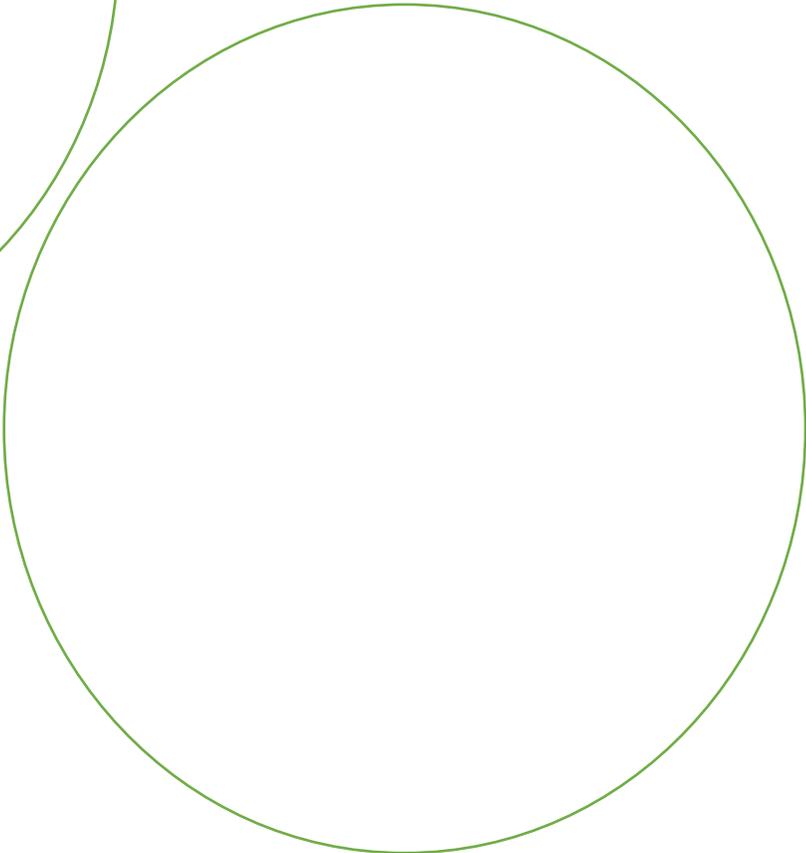
**CONTROL ASSESSMENT**

Think about things you can control and things you cannot control. Fill in the circles below as shown.



THINGS I CANNOT CONTROL

THINGS I CAN CONTROL





## **GROUP GUIDELINES**

Suggested guidelines:

Everything said in a group session stays in the session. This is a safe place. Every person's confidentiality is protected and honored.

Respect is mandatory. Don't talk over one another. Don't say anything judgmental or hostile to anyone for any reason. Support each other.

Listen to understand, not to respond.

Share your experiences and your thoughts. Participate in the conversation while maintaining decorum and respect.

We all have things we feel our most important to recovery and methods for maintenance. This is what makes group so important. However, others may disagree about what works for them in their individual situation. That's OK and is neither a cause for an argument nor a negative reflection on your input.

### **FURTHER GUIDELINES**

Any individual group should be able to brainstorm about further guidelines. This is often a good way to begin getting people to talk. Keep track of the guidelines and vote on them.

### My Personal Crisis Response Safety Plan

Should I experience a mental health crisis, I will do the following:

1. I will try to identify specifically what is upsetting me.
2. I will write down other responses I can have to this situation that do not involve harming myself.
3. I will review the thoughts and conclusions that I've come to about this situation and try to figure out if they are either accurate or helpful.
4. I will do something I enjoy that helps me feel better for at least 30 minutes. Some of these activities may include:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
5. I will talk with someone whom I trust to be supportive about how I'm feeling. These people may include (list names and numbers):  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
6. I repeat all of the above *at least one more time*.
7. If the thoughts continue, and I find myself preparing to do something to myself, I will call my preferred local crisis line or suicide hotline (example: 1-800-273-TALK). Please list options below:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
8. If I still feel in danger of harming or killing myself and don't feel I can control my behavior I will call 911 or go to the ER. My preferred ER is:  
\_\_\_\_\_

#### Name and Phone Numbers of Other Important Contacts for Me

Case Manager: \_\_\_\_\_  
Therapist: \_\_\_\_\_  
Psychiatrist: \_\_\_\_\_  
Clinic Where I Get Services: \_\_\_\_\_  
PCP: \_\_\_\_\_  
Emergency Contact: \_\_\_\_\_

\_\_\_\_\_  
Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

## RECOVERY RESOURCES

SAMHSA hotline: 1-800-662-HELP (4357)

A general online list of resources: <https://www.addictionguide.com/resources/>

SAMHSA's list of virtual resources:

<https://www.samhsa.gov/sites/default/files/virtual-recovery-resources.pdf>

Faith's website: <https://www.faithgharper.com/worksheets-and-printables/>

## APPENDIX

It is impossible to work in recovery without becoming aware of the role of institutions in what we do. Race and poverty are factors that affect early childhood trauma, which are then exacerbated by the fundamental indifference to human suffering built into the American capitalist system. This includes, of course, the police (defined by Mos Def as a “coercion apparatus approved by the state”) and incarceration. Working in this field means getting to know something about the processes of incarceration in this country and the effects it has on people for the rest of their lives.

The separation that arises from the segregated nature of most American lives often leads to an inability to communicate. For example, take this quote from Amir Baraka’s poem “Somebody Blew Up America”:

*Who own the suburbs*

*Who suck the cities*

*Who make the laws*

*Who made Bush president*

*Who believe the confederate flag need to be flying*

To a certain person of a certain sensibility, this is outrageously offensive. To another, this is an easily discernible truth. One way to try and bridge this gap and build empathy is to get some information about this situation.

Several years ago, one-half of the writing team behind this book (Joe) ran across a gentleman named Eugene Puryear in an interview with RT News in 2013 and felt compelled to get into contact with him. Mr. Puryear is the author of the book *Shackled and Chained: Mass Incarceration in Capitalist America*. The book is a concise and often stunning description of both the institutional racism inherent in the American prison system, the inherent corruption in privatizing punishment, and the atrocious conditions of the prisons themselves. As a society we must ask ourselves: Does it make sense to create prison conditions that force criminals to adopt psychopathy as a survival mechanism? Are we trying to find solutions to the root causes of crime, or are we trying to send people into a living Hell? How demented is a society that incentivizes mass incarceration? Mr. Puryear kindly agreed to an interview to discuss these issues in detail.

[In 2016, Mr. Puryear ran as the Vice Presidential candidate for the Socialist party. He has continued to work in politics and protest.]

## **INTERVIEW**

**GREEN: Mr. Puryear, if you would, let's begin with what drove the writing of your book, *Shackled and Chained*.**

EUGENE PURYEAR: Primarily I wanted to situate the whole phenomenon of mass incarceration in the broader social context of capitalism in America. What was going on the late 1970s and early 80s when mass incarceration really took off, first ideologically, then progressing into the 1980s materially, through policy. So the question becomes, how do we explain that in the context of that broader social system? Because things do not happen in a vacuum. They happen in relationship not only to things going on in our society, but because we live in a class-based society, they connect to the broader dynamics of the class system. I really wanted to illuminate that.

**Related to that, is there an immediate problem with private prisons making the**

## **enforcement of law into a commercial enterprise?**

I definitely think [that there is]. What it does is turn what should be an issue of law into an avenue for profit-making. And so obviously CCA and Geo Group and these other companies, they are not going to have in their minds questions like, “What is the best way to rebuild communities devastated by mass incarceration?” What is the best way to deal with crimes like possession of drugs – things of that nature. Their only concerns are things like, what is the maximum number of people we can get into a jail?

They will also consistently argue and lobby for anything that will allow them to throw more people in [jail] and to get more contracts. See, right now there is a growing amount of attention being paid to mass incarceration policies. It’s interesting, from the point of view of reform, or abolition, or the different perspectives people bring to this issue – there is this element that was not present at the beginning of mass incarceration policies, which is [the existence of] these private prisons. It skews things. They have shifted the arguments from the whole question of imprisoning millions of people and dealing with the underlying social problems that give rise to crime – they know they can’t win those arguments – so they’ve shifted to talking about costs, to being a question of the ability to run a prison more cheaply. It really does skew things away from a focus on people, on humanity and community, to purely focusing on profit.

**Now...do you think this is an inevitable outgrowth of monopoly capitalism or is it something more specific? Is it really an extension of imperialism?**

I do think it’s connected to monopoly capitalism and imperialism, and speaks to the problems that imperialism has always had. Going into the economic crisis of the 1970s, which was a shock because in the post-World War II period, you had these rising standards of living and the expectation – especially after the Civil Rights movements of the 60s – an expectation among black Americans that their lives would improve, but the 1970s really upset the apple cart. The idea of jobs programs, more extensive social problems, all of that went to the chopping block

for a variety of reasons, but you also had this other problem – particularly in the black communities, which became the primary targets of mass incarceration – in that they were left outside the social contract, with no prospects for employment or rebuilding the communities that were being devastated. Government policy makers had no desire to help anything other than big business interests and had no desire to deal with these people in a constructive fashion so of course, the issue becomes what do we do with all these people? So that really the mass incarceration “solution” arose out of a surplus population problem. You have a group of people who have been consistently ground down, oppressed, and exploited, and at the same time you need to find a way to deal with them. Just like other forms of what is now called “neoliberalism,” mass incarceration came about as a response to a structural crisis within the capitalist system.

**Interesting. Now what role does the “drug war” play in our present system?**

It plays a huge role. Reagan [becomes President] in 1981. One of the first things he did is set up this Attorney General’s task force on crime that was chaired by a number of academics and people high up in the government. That report, in the introduction, says that the biggest issue in crime today is the lack of available prison space. They are already saying this although there is not quite the War on Drugs yet. So the War on Drugs comes along at a fortuitous time when a number of people are pushing for these policies. The Democrats in particular – Joe Biden, Ted Kennedy – had been pushing mandatory minimums since the 70s but they hadn’t gotten to really establishing mass incarceration as a policy. The drug war gave them that excuse...quote-end quote “drug crimes” and drug use.

**And obviously...you know the numbers, I’m sure, much better than I do...but obviously this is disproportionately affecting young, black males.**

Yeah, it’s interesting. The federal and state prison population is made up of about 39% black and 23% Latino so I believe about 62% of people in prison are black or brown people. This is so far away from the proportional representation of those populations...and we know from different studies, for example, that blacks don’t

use drugs as much as whites, but if a white person and a black person are convicted of the same drug crime, the black person is more likely to be sent to prison for that crime. The disparities shine through.

**That isn't the only thing...now facing prison is a horrifying prospect in itself. But what kind of prospects does a person have once they get out of jail?**

It's really terrifying. It's almost like you are in prison for the rest of your life. Here in Washington, D.C., where I'm from, there are about 50% of the people with a criminal record who are unemployed. And even the 50% who are employed are consigned to roughly six low income job categories. So in essence when you come out of prison your job prospects are slim to none and if you do get one, it's most likely to be in the worst-paying, worst-benefits, and in the most precarious section of the economy. It's a stigma on people that makes employers – wrongly – not want to hire these people once they're out of prison. And it results in even more devastation for communities for people who want to come out and just live their life and provide for their families. They're unable to do so because of the opportunities being taken away from them by being incarcerated.

**And a lot of these "crimes" are essentially victimless – possession of marijuana and so forth.**

It's a huge issue when we talk about crime. The one thing that rarely gets touched on is what we really define as crime. We see, to a large degree, Wall Street bankers have gotten off scot-free when they wrecked the entire world economy. Obviously there's a lot to be said there. There is ample evidence that actual criminal activity has taken place and hasn't been prosecuted – but also, all these terrible terrible things that have been perpetrated – student loans and things that people find so odious coming from Wall Street and other big businesses are absolutely legal.

But we look at something like marijuana possession which is defined to be illegal. And we have to ask ourselves, what do we define as crime? Why do we define it

as crime? Why is drug use – even hard drug use – considered a criminal issue rather than a public health issue? So a huge issue in dealing with mass incarceration is to ask the question, what in fact is a crime? Because if we don't really look at that, we're dancing around the issue to a large degree. There are a lot of people locked up for – like you said, marijuana possession and things of that nature – there's really no point. I mean, it's just not criminal behavior. It's no worse than things that are considered broadly legal – alcohol use and so on, which have caused a lot of social problems. I'm not saying people shouldn't drink, I'm not a teetotaler or anything like that. But the point is that these are not crimes in the same category as murder or rape, even the use of hard drugs like crack and heroin. Why are we not talking about these things as public health concerns rather than crimes? I think that's a key issue – how we define crime and how we deal with “classical” criminals.

**And – just to broaden that point – if I rob a liquor store and shoot somebody, kill somebody – I might get the death penalty for that. But if I run a company that – let's say – deliberately installs defective artificial hearts in a large number of people and kill them that way – that will never be a consideration. I may never even be criminally prosecuted.**

Sure.

**So there's an inherent imbalance there. Is white collar crime somehow more acceptable?**

I think it is systemic, and I believe it is considered more “acceptable.” Crime in the pursuit of profit-making. There is nothing more lionized in America today than profit making – the cult of the entrepreneur. It's almost considered a little more natural that these things will happen in this pursuit and it isn't necessarily bad in the same way that, say, drug dealing is considered to be. Ultimately it shows a bias in the system toward – well, not that drug-dealing isn't a capitalist occupation –

**Yeah (laughs).**

It certainly shows a bias toward the largest sections of big business that are legalized in capitalism, not only because they get to define in large part what is legal and illegal in the system, but because they get to shape perception in their favor. For example, on a consistent basis rap stars [are criticized for] always promoting reckless materialism and it's ruining their communities, and so on – and okay, fine, that's legitimate and we can definitely have a conversation about the content of a lot of rap music – but people aren't talking about Wall Street bankers who have the most extravagant lifestyles, prey upon society, and are lionized for it. The upper crust. Instead it's look at this Vanity Fair spread about their lives in the Hamptons, which often shows the worst sides of this type of behavior, and yet it's never put into the same conversation. I think it's a perfect example of defining perception. It's a double standard that exists.

**I read something that you wrote that struck me: “Bourgeois elections have always played a critical role in channeling dissent into acceptable avenues.” Could you expand on that a bit?**

Sure. Whenever there is a large upset in society, we always see politicians on either side attempt to speak to that. They try to channel that energy. For example, during the Vietnam War time, during the campaign in 1968 and later with McGovern in 1972, we see this in a number of political movements – the two political parties aren't total inertial dinosaurs. They can see the political waves shifting – and the anti-war movement is a great example in 2006 and 2008 – the Democratic dissent about the Bush war regime was a major issue in the elections, but then we see what happened when [the Democrats] took power. They went forward with what's been happening with the NSA and the drone war and continuing to broaden the “national security,” War on Terror imperialist drive around the world. So even though the election was able to suck in large amounts of people interested in opposing these terrible policies, [the elections] ultimately played the role of demobilizing the independent movements.

That's what these electoral campaigns do – they take people out of opposition based on principle and funnel them into opposition based on party and it plays a very key role in making sure there is always an outlet. Because if there's no outlet...I mean, imagine if George Bush had just declared himself Emperor in 2006. People who were already radicalized would have continued their opposition. So if there were no Barack Obama, how would American capitalism have continued to move forward? That's what this system does.

**Right on. Related to that, how do you feel when people call Obama a socialist?**

(Laughs). I can only chuckle a little bit. It's so outlandish. But it speaks to the mentality of the far right that the only way they feel they can mobilize is to set up Barack Obama this way. In fact, similar to how the liberals set up Bush – it was all about Bush, not about the system. So now it's all about Obama trying to destroy Americanism with this new brand of creeping socialism. Not only does it set up Obama as a boogeyman but it also reinforces this notion that somehow socialism is worse than capitalism. In a way it makes me chuckle because it's so absurd, but it is an important device the far right is using to delegitimize, for a large section of the population, the danger of looking to socialism. It also [has worked] to resurrect the idea of a full free-market fundamentalist capitalism.

**And doesn't it serve perhaps to define boundaries – to say that Obama is the furthest one could imagine on the left, when in fact he isn't on the left at all?**

Totally. And it also associates socialism with Obama rather than an independent opposition. It justifies them. People who might otherwise be interested in what you have to say in terms of socialist politics, attaching it to Obama serves to delegitimize in advance and set up those redlines for people not to accept socialist or more progressive ideas. The messenger compromises the message, as it were.

**Yeah. Now just from my perspective, I feel like over the last fifty years, the word "liberal" has ceased to mean anything anymore in terms of actual content. It's**

**been so debased.**

I think that's probably true. You see a lot of liberals casting about. People who previously called themselves liberals now want to be called progressive, because of the pejorative connotation...but I think it just speaks to the broader reality of the American social system where the basis for the liberal system in the past was, as I mentioned, following World War II, a dedication to rising living standards and a strong labor movement. The idea of a reformed capitalism has sort of gone by the wayside. It's really cut out the social base of liberalism. These were traditionally based in the rights of unions, the rights of African Americans, so on and so forth, which has been eviscerated in this right wing assault of the last 30 or so years. Liberals have been adrift and trying to re-orient themselves.

**Now there is also – and we touched upon this a bit before – but there is a moral dimension to this as well in which, in this country, poverty is automatically equated with low morality while wealth is equated with respect.**

I totally agree. People in poverty are consistently derided as being lazy, or having some sort of personal or cultural defect that prevents them from succeeding, whereas wealthy people are highly motivated, genius individuals whose entire existence is what others should copy. This ignores the fact that no one in this country ever makes it on their own. A lot of these people were born into wealthy families but even if they weren't, they benefited from broader social programs such as public universities, all these sorts of things. There is a high morality placed on those achievements that help the system, whereas if you are in a class of people whose existence shows how it doesn't work, the only way to deal with those people is to demonize them as welfare cheats or something similar.

**So what we're really talking about is a propaganda state.**

There's no doubt that capitalism couldn't exist if every day, the fallout of capitalism were shown. It could not withstand that kind of sustained critique on its own. These are ingrained biases – they don't even have to be conscious most

of the time. If you are just the average person writing for the media who goes through school, does an internship, you don't need a censor to show up in your office or cubicle. You will, by and large, (which is not to indict all journalists), but by and large you will reflect the biases of these institutions which only exist to serve privilege and capitalism in the broadest sense. There is – broadly – a selection bias that exists in the media and politics and so on. They only accept a parameter of ideas that are palatable to the larger social system.

**Now I mentioned my affiliation with the Coalition on Political Assassinations, so I've got one last question for you. What do you think about assassination as a tool of politics? Is it an accident that Dr. King, the Kennedys, Brother Malcolm, Little Bobby Hutton, Fred Hampton, these are people trying actively to make a change and are assassinated, whereas other people are not?**

I think it is a tool of power, and nothing teaches that more clearly than the drone war. They are attempting to legalize the ability to essentially kill anyone they please. I think ultimately you are correct, and the attempts over the years to kill people in this country have been tools, in addition to all other forms of attack and attempts to delegitimize or stop these movements. They feel that without those leaders, they can either scare others away or hurt the internal infrastructure of these movements.

I don't think it's a coincidence that anytime there is a vast uprising against capitalism or imperialism that political assassinations start to increase and take place among those in the camp of opposition. Now certainly, there is no political equation between the heroes of the 1960s and Al-Qaeda, which is an odious force and I don't want to suggest that at all –

**Oh, of course not –**

But definitely political assassinations can be a tool of power.

**So given this is the situation we are in, what are the best avenues for pursuing**

**real change?**

I think that lies in independent mass movements. What we need to do is replace the capitalist system with a whole different system, but how do we get from point A to point B? It's been about organizing around basic principles, whether it's free health care, or working against racism, or mass incarceration, but ultimately movements that push these ideas independently of the major political parties. If reforms come, then reforms come; I don't think we should be opposed to reform and demand revolution right away. The most important thing is for people to get active in movements that speak to progressive principles and not compromise those principles vis-à-vis politicians who want to water them down to make them more palatable to their big time donors. And we've seen with these kinds of movements – civil rights, the labor movement – that independent militant action can truly change society. I think that's the route we have to go.

**Great. Now if someone wants specifically to help you out, or the organization you belong to, what should they do?**

Sure. My book's website is [www.shackledandchained.com](http://www.shackledandchained.com). You can also go to [www.liberationnews.org](http://www.liberationnews.org). It lists some of the things we do, the struggles we're involved in, and it enables people to connect with us.

**Right on. Fantastic. Thanks so much for the interview.**

Thank you so much, I appreciate it.