

Michelle Day: [00:00:00] [00:01:00] Good afternoon, everyone, and welcome to The Fletcher Group Rural Center of Excellence's webinar series. Today's session is scheduled to run from 2:00 PM to 3:00 PM Eastern Standard Time. My name is Michelle Day and I'm your moderator for the session along with Janice Fulkerson and Erica Walker. A couple of brief housekeeping items and then we'll begin.

You enter today's session on mute and your video was off and will remain so for the entirety of the webinar. Your chat feature is located at the bottom right of your screen. Use the dropdown feature to communicate with either the panelists only or panelists and attendees. Please direct all questions regarding the webinar content to the Q & A section.

Be advised that this meeting is being recorded and will [00:02:00] be available to you on our website once it has been transcribed. You can access our website at www.FletcherGroup.org. Also, at the conclusion of today's session, there will be a short survey regarding the webinar content. Your participation in that survey is greatly appreciated and will only take a few moments to complete.

Our speakers today are Dr. Beth Collinson, Senior Manager of Research and Evaluation, and Chelsea Dueitt Burge, National Partnerships Manager from The Phoenix, a successful peer-to-peer based recovery program that embraces physically active and supportive community. Prior to joining The Phoenix, Dr. Collinson worked in the National Evaluation Team for the Fulfilling Lives program. The fulfilling lives program aimed to make progress on complex social issues across England, United Kingdom. Beth received her PhD from the University of Derby, which explored the role of community engagement to promote recovery from substance use [00:03:00] disorder.

As part of this, Beth developed the asset-based community engagement framework. This novel and systematic approach to mapping resources within a community and assertively linking those in need of support into those resources has gained global interest. Beth is also the coordinator of an addiction recovery public and patient involvement panel whose aim is to empower those with relevant firsthand experience to shape how SUD recovery and associated research is undertaken.

In her role as National Partnerships Manager, Chelsea focuses on building and stewarding national partnerships as a person in recovery. Chelsea understands the need of the recovery community and works to assist partnering organizations in finding the solutions that they need to better serve their communities. Prior to her role at The Phoenix, Chelsea worked in the treatment industry as a counselor, case manager, alumni coordinator, and marketing representative. Chelsea holds a Bachelor of Science in Addiction Counseling.

[00:04:00] Beth, Chelsea, the floor is yours.

Dr. Beth Collinson: Thank you for the flawless introductions for Chelsea and I. We are honored to be here. Um, it's a real pleasure to just yeah, come and share this learning with you all and kind of fail to blend some of the evidence and learning associated with what we're going to be discussing today, um, as well as really applying that to a practical sense.

Um, and I want to just, yeah. Start with one quote, which is on the slide. And I think this just like perfectly encompasses what we talk about today. And this was lifted from, um, one of the interviews I did during my PhD and as someone was kind of describing what this whole thing meant to them, they said it's the journey of being, [00:05:00] belonging, and becoming.

And I think that's just. It's stayed with me forever. And then a lot of the recovery work I do or writing, I think I just, I like starting with that cause it encapsulates what we're going to discuss. Um, so Chelsea and I have had wonderful introductions already. Um, I am Beth Collinson and as you can see since the, the, the video that they put together, I thought I can't carry on using this photo.

So, I've upgraded and it's making me laugh cuz I'm actually sat here in this exact top today and I think Chelsea's in hers. Um, so yeah, as the intro said, my kind of PhD was on this topic, so I studied here in the UK. My PhD supervisor was David Best, who some people may or may not be familiar with. Um, but yeah, really wanted to focus on

the role of communities. And actually, the role that meaningful activities and things [00:06:00] can play. And I was kind of very fortunate because upon finishing studies and doing associate research, came across The Phoenix who I did not know about at the time, and someone was like, Hmm, what you've written about, I'm pretty sure it is what The Phoenix are doing.

So, I've had the honor, I've been with the Phoenix now for just over a year. Um, and kind of, yeah, being able to apply this in a practical sense, which is really important to me. Chelsea, do you want to do a little intro or before I go and

Chelsea Dueitt Burge: Yeah, sure. Yeah. I love the introductions. I did not watch the video, uh, that was sent to us before, so I was happy that was, that was really nice.

So flawless. But yeah, I'm Chelsea Dueitt, uh, Chelsea Dueitt Burge. I just recently got married and I'm the National Partnerships Manager for The Phoenix. Also, a person in recovery so I have a huge passion for helping folks and, and giving back to what was given to me and, and helping to build that awareness around, um, sober active support networks and challenging me, [00:07:00] mental models on how we think about addiction and recovery.

So, I'm, I'm super thrilled to be here. Thank y'all for this opportunity. And, um, yeah, I've been with The Phoenix about a year and a half. I'm located in, um, Alabama, spent some time up in the northeast region too, right outside of DC and Maryland. So, I, I'm kind of all over the place, but yeah, I'm joining you today from Alabama, so thank y'all. And we can move on.

Dr. Beth Collinson: Thanks Chelsea. Um, and one final thing to say before I start, so I kind of draw on some of the, the evidence and learning about what we know about this thing at the moment, but I have wanted to balance that with like, not bombarding you all, but if people are interested in more of this, please do reach out.

Um, I'm happy to share additional resources or reading or whatever could be helpful around this topic. Um, and I think that's everything we'll get going. So to start with, I just want to talk about kind of, defining recovery, which I know is a difficult thing to do. [00:08:00] We kind of across the board have failed to achieve consensus on this thing, and that's fine.

It's kind of, it's a complex process. It's very individual to the people experiencing that. And it's a journey. There's no kind of fixed state or destination. And I think that kind of yeah, just kind of captures some of the complexity there. I do, however, think from a kind of development or policy practice research point, it's important for us to have some shared understanding so we kind of know what we're working towards, particularly in practice.

Like how should practice be framed to support these individuals. And it's not to say the definition on the, on the screen right now is perfect, um, but it's one that I've kind of liked and have used or referred to recently just because of how holistic it is. Um, so its recovery is an intentional endeavor.

Reclaiming a self-journey [00:09:00] through which a person in recovery with the use of recovery capitals manages the residual drug use effects for sustained control over the substance use, maximizing their health and wellbeing, having a meaningful life and citizenship, and pursuing other life goals. So, a little bit wordy, um, but particularly the focus on um, it's improvements across other life domains. And I think that's going to kind of be a core theme about some of the stuff we discuss today that goes beyond simply gaining abstinence or sobriety. But actually, how can we help people just live well again and live fulfilling lives? So what do we know supports recovery?

Well, within my previous work as well as at Phoenix, we use an acronym called CHIME. So CHIME originated from mental health recovery. So, a lady called Mary Leamy kind of did a, a systematic review. [00:10:00] She looked at all the, what we know about what's supporting, um, recovery for mental health. And she drew out five core themes from that work.

And I will discuss each of them in turn in just a moment. But what we've seen in recent years is actually what we know about recovery from substance use. We're like, ah, those themes are very similar to what we talk about too. So, it's kind of shifted a, across the board. Um, and this is, I love this visualization that someone in our team has just created. So, this is the first time we're using it anywhere. Um, and it may be tweaked still. So, this is, you are the first, the first people to see it. Um, so the C is for Connection. So, thinking about substance use, and particularly we know that there's kind of often themes of isolation associated with substance use that may amplify someone's use.

And so, if we think about the flip side of that, actually connection needs to be an integral part of recovery [00:11:00] practice and recovery support. The H stands for Hope. So, actually, if we can do that connection piece well, the benefit of bringing people together and people who are supportive of each other's recovery is that actually, that kind of promotes the belief that recovery is possible. So, hope becomes visible between people. Um, so on the flip side, whilst hope can be kind of a barrier to recovery, the, the other side of that is actually, it's a

really strong motivator for people to, to remain sober if they can see that. The I is for Identity. So there's lots of literature around the role of both self-identity and social identity.

So, we know to support that shift from recovery, uh, from substance use, sorry, to recovery, people have to maybe disassociate from the groups or their peers, which they'd drunk with or used in the context with and form new [00:12:00] identities. Now, I think this is kind of a real key player because I strongly believe that those identities, as well as research and evidence backs up, is they have to be holistic as well. So, someone may start to identify as being in recovery, but we all, or everyone in the audience, I'm sure has multiple identities. So, I may, in my recovery journey, I may want to become a Cross Fitter. I may want to just be a mother or a, a sister or all these different things, okay, that help us build up how we think about ourselves are really, really important and sup, um, and supporting that journey.

And then the knock-on effect of these things is actually, if we can connect people well and they have things to do, they have meaningful activities to do, they have Meaning in their life, which is the M, but equally, they become kind of Empowered as well. And it's important that they can shape their own journeys.

So, I may love CrossFit. And [00:13:00] actually Chelsea does as well, but Chelsea may not be a Cross Fitter. She may want to frame her recovery around yoga or a knitting class or whatever that thing is we've each got our own skills and interests, and I think that's really important through retain here. Um, then the final thing I wanted to say here was we need to think about how this is a continuum.

So, recovery orientated practices of supports should be framed around CHIME, but that must be all kind of different levels, whether that's through treatment or within community supports or all different stages of like prevention, treatment, intervention, aftercare, whatever that that thing is or that journey for that individual.

Um, so then if we know that CHIME supports recovery, how can we document recovery progress? And that's where I want to draw on some of the, the recovery capital literature. So, Recovery Capital emerged from [00:14:00] um, two academics called Cloud and Granfield several years ago. And it was the idea that actually this kind of internal and external resources that people can draw upon to help initiate and sustain their recovery.

And there's loads of different categorizations of recovery capital. So, if this looks slightly different to what you've seen previously or in different work, that's okay. There is, um, an article by a lady called Emily Hennessy and she kind of, it's a systematic review. So, if you're interested in looking at how this has evolved over time, um, I'd highly recommend that it just kind of summarizes it all in one. But this categorization is particularly what I like. We have, um, and I'm actually going to start the other side. So, I'm going to start at community capital because that in my plant pop little diagram is like the soil, I think, in which the other things can grow from. So, community capital involves kind of resources, and that's what we're going to get a little bit more [00:15:00] into.

But like what can people access, what can they go to, what can they be part of? Um, but also thinking about some of actually the practicalities or limitations of that, particularly for rural communities, that might not be that easy. So, what are the transport links to these things? How can people actually get to stuff? That could be a huge barrier. And something I think we really need to be mindful of. Um, thinking about the recovery community, but also much wider than that. So, what other things can people engage with and who can they engage with, as well as, um, the attitudes and beliefs of, of the wider community. So, are there stigmatizing attitudes?

What is the culture and how do people feel they, they can integrate? Then the middle bit is social capital. So, friends, family, relationships, peers, who do these people have around them to support them? And then the [00:16:00] final, if we can get those two pieces right, and there's still some testing to be done. So, we're hypothesizing that kind of the community is key and the rest grows out of that. Um, but that's something I know David Best is, is working on at the moment or something we want to kind of understand more. And then the final stage of that personal capital, how do people feel about themselves? What is their health and wellbeing? Do they have skills, positive health, aspirations for the future and so forth.

And the idea here that as if we can embed people in environments that are framed around CHIME, we know that recovery capital is going to flourish, but actually we know that as well, recovery capital is a strong predictor of recovery success. So, as well as it being kind of an, an outcomes metric or a way for us to document progress, we can also think about in environments where it can be used as kind of an intervention or a recovery planning tool.

How can we do that? Because [00:17:00] if we know that people with lower levels of community capital are more at risk of disengagement from services or recovery residences or treatment as well as um, at higher risk of relapse, then actually there's some learning for us to take there, around how can these individuals that present with level levels of recovery capital be the ones that we really connect. They need to be prioritized in terms of getting them into meaningful activities and the things that we know are going to be, be good for them. Um, and the final thing out here is spending recovery capital is a really good thing. So, if you think about money, the more money you spend, the poorer you are, the less you've got recovery capital is the reverse of that.

So, the more of this you spend, the more you get back. So the more engaged you are in your communities and meaningful activities, the greater your stocks of social capital. So it's quite a kind of dynamic and generative [00:18:00] process. Um, so kind of taking this forward, um, and getting onto the main purpose of why you're all here and making this really specific to meaningful activities, um, we know that, or kind of there's a bunch of work and this, uh, came from William White who claim that actually the invitation for social inclusion often lies within the communities.

And I think previously this has kind of been a forgotten part of recovery practice or our focus kind of just in the industry. Because actually, if we know that and recovery is, are so integral to this, why aren't we including them like just in this process? Or why hasn't that been done previously? Um, but also we need to kind of just understand and acknowledge what the role

of communities are and what stuff do we have? What can we tap into within our own communities that can help us. Um, so really seeing [00:19:00] this in kind of a strengths based way. And, um, my final point has slipped my mind. Oh, that's it. So, the, the role, and I'm going to talk about how the specifics of how we do this, but if we can tap into resources, and this becomes a process where individuals themselves are involved in that, actually it's not only their own stocks of recovery capital and their own recovery, which is probably going to benefit, but communities become strengthened.

The cohesion within communities become strengthened because, partners or those working in the space start to know each other. They can support each other. If I suddenly need help with housing through those connections or the bridges that we've built, that becomes much easier for me. The more kind of tight knitted my community is. Um, sorry, I've shifted my screen around and now I can't find the arrow to go to the next slide. So, how [00:20:00] do we do this? If we know that engagement in meaningful activities and community engagement is helpful, how do we go about physically doing this? Well, there's a growing body of work, um, by two people called Kretzman and McKnight called Asset-Based Community Development.

So they gave it the acronym A B C D, and I came forward and said, I kind of like this. It's gaining traction, and I get it. It makes total sense, like how do we use what we already have in the community? And build on that and how do we involve people to be part of the solution? That kind of face value, great, but actually it's really hard for individuals who have been marginalized or stigmatized previously to be part of that process. Like someone coming along and saying, Hey, be part of the solution. Well, if I've never felt part of my community, actually I'm probably not up for that. Um, so I think it's really important for us to recognize that. And it's [00:21:00] not an easy process, but if we can involve all kind of stakeholders and community members in this process, that becomes a little bit easier.

Um, the other kind of, um, gap that I'd identified was there was no systematic way to do this. So, we were saying, Hey, yeah, let's tap into community resources. How do you go about doing that? So as part of my PhD, put together a workbook, which I called A B C E. Um, and this was the idea that we were going to map resources. So, I worked with a specific city in the UK and I was really interested in what are people actually engaged with, what helps them, because often we see a, a fragmentation between staff or practitioners and services being very knowledgeable about their, their local area, and having a wonderful list of lots of things potentially that they could link people in with.

But in reality, [00:22:00] people on the ground aren't accessing all of those. So, I think the key here is, let's start with the people who are actually going to these things. What are they going to and what is of value to them? Because if the stuff they're not engaged with, there's probably a reason why they're not engaged. Whether that's access, affordability, they don't feel connected to these things. There's probably a reason. And that's not to say those assets or resources then become disregarded. It's just we're going to need a little bit more work to tap into them and kind of strengthen those, those bridges. So David and I kind of went back and forth and we did some testing and piloting in different communities around this.

It's still, that's not to say it's perfect, it's an evolving body of work, but we identified four domains in which kind of engagement or activities were really important to be part, to be a fall under. [00:23:00] So the first one was Professional Services. The second domain was Recreation, Sports, and Arts. The third was Peers and Mutual Aid, and the fourth was Education, Employment, and Training.

And I'm going to come onto some of the like, evidence associated with that afterwards. Um, but as well as identifying those things. So, what exists in your community under those four things? It's also really key to identify the champions of those things because I could be a recovery worker and I could learn, know loads about my local AA group and my CrossFit class and a college that I went to. Um, but I might not know everything and that's fine. But actually if I then connect with Chelsea, I find she's an expert in professional services, which I knew nothing about. So, by identifying new champions in your community or [00:24:00] nationally, wherever in those things, it's really important. Um, the other kind of evidence of things that, the point of view that framed this was there was some learning that 40% of people leaving treatment didn't engage with anything afterwards.

And actually it was those individuals that often relapsed or had to go back to treatment. The other piece of work, and I have no idea off the top of my head who it's about now, um, did a small study of people in the US leaving treatment if they were just given a leaflet, um, to say, Hey, you should go to your, your local Phoenix. If they were just simply given a leaflet, the chances of them going was quite small. When that was then paired with a different group who were actually met by someone, the champion of that, that resource, Phoenix, in this case, they were significantly more likely not only to go for the first time, but to [00:25:00] continue going back cause they saw a friendly face and they were just familiar with it.

So, I think that in itself there's some learning for us all around how do we help that process? Cause actually engaging with something, anything, any meaningful activity for the first time, it can be a really daunting thing. So just those simple little tweaks that we can kind of embed to, um, help that process is really, really important.

Um, the other things to note were, I, I also wanted to be mindful of barriers to community engagement. Cause whilst the evidence can say, Hey, the more of this stuff people do, the better their wellbeing, the better their recovery outcomes. It might not be that easy for everyone. And I think that's the first stage of like, what barriers are you facing and how can we work with you on a one-to-one or individualized manner to help support or overcome some of those things. And barriers kind of presented at a, a micro, [00:26:00] mezzo, and macro level. So, there was all sorts. And it's not to say this is a really quick fix. We're going to be able to get rid of these all really quickly and great, you are going to be integrated in your community. It was never that easy. But actually if we can start to unplug some of those things, that made a real huge difference for those individuals.

Um, and then the other thing to note was not everyone wanted to do it and that was fine. Not everyone was interested in joining lots of new meaningful activities and doing this thing cause loads of people had super busy lives. They were maybe single parents, or working full-time, or just balancing life. So, I think it was also really important to work with those

individuals and say, that's fine. Like what could other things that could support you and how does that align with your own kind of skills and passions? Um. And I just want to give one example of kind of where we applied this in practice and that this was outside of some of my PhD work, but [00:27:00] we worked with a local prison in the North England.

Um, and we wanted to involve people's families and friends and others in this process. So, in kind of, uh, six months prior to release, we did workshops with not only the individual in prison, but with a designated loved one as well. So they'd come in on a weekly basis, and it started with just, let's get pens and papers, and I want you to draw what is in your community, what could you tap into if you wanted to, but equally working with your loved one.

What do they want to do? What could you do? What could you do together? Do you know the champion associated with that thing? And how can we tap into that resource now? So, on the day of your loved one leaving prison, that they're not going to drop off cause we've already built that bridge. So then to walk along the bridge is much, much easier than building the bridge and then having to get them to walk across it. [00:28:00]

Um, so what did the evidence show, just in a quick time check? Um, well the, so across those four domains, interestingly, um, quality was way more important than quantity. So, we had lots of people, really new in recovery, who were doing loads and we kind of see that quite often. People have lots of time to kill, they're really motivated and they want to get involved in everything.

Absolutely fine, but over time that drops off cause people realize what they like, what's helping them. So, you see a drop off. But actually that's really important cause if we think back to, to CHIME and how like actual close connection and hope and identity are really important if people are attending their local, sorry, I keep using the CrossFit thing because I'm a Cross Fitter and it's just such an easy go to, if I'm actually going to my local CrossFit [00:29:00] class a couple of times a week, the, the relationships and connections I'm forming are likely strengthened over time.

And my identity with that group is strengthened as well rather than if I'm going to CrossFit just one, once a month. But 101 other things as well. Um, and actually the people who did, and this isn't to say this is generalizable, it was a smallish sample in one city, in, in the UK, but some of the preliminary findings and we're replicating this in other places, showed that actually the people who were engaged in something under each of those four domains did significantly better at follow up at six months than those who were just involved in one or two domains. One of the important shifts to realize there though, was when professional services were no longer necessary, and that was also very individualized, that played less of a role. So, actually supporting the idea [00:30:00] that engagement and really recovery specific stuff maybe becomes less app, um, not appropriate, less important for that individual at that time, but the other stuff is increasingly important in the wider community. Um, and then a few final slides.

I've got three left from me, and then I'm going to hand it over to Chelsea, who's going to apply this into a practical sense of Phoenix. Um, these were just some quotations lifted from,

from people as I've done this, this work that kind of, I think just tries to, oh, well, I'm hoping anyway, they apply what I've just kind of been saying into a real, um, yeah, they just add narrative to it in a really lovely way. So, this individual was referring to a professional service and they said they've always been there. They've always had a massive impact, but the changes I've seen in the last 12 months have been down to the church. I think they've got me 90% of the way, but they've never got me that final 10%. So, for this individual, that [00:31:00] kind of connection piece into their local community was integral.

Then at social level. Um, this first person said, every time my recovery worker sees something that he thinks might be worthwhile, he mentions it to me. So again, that process of linkage is really important because I might not have knowledge of everything happening in my community. But if I look at my support network, hopefully the rest of them do and they know what I'm interested in. Um, and then this other person talks about, um, yeah, just engagement with their, their climbing friends. So, I just hang around with my climbing friends nowadays, most of them drink very little, so being in that environment again, where I'm with non-drinkers is really helpful. My social life's changed completely.

I used to hang around with drinkers and I drank, and now I don't hang about with pe, um, uh, with drinkers. I hang around with people who do activities like climbing and stuff. Sorry, my like, were right in the middle of that [00:32:00] quote, the room me off midway. And then last but not least, and I love this first bit. So, this was, the first quote was from a guy who was stereotypically not who I'd say was a knitter, but he came to this knitting group every week religiously. And he said, I could sit there knitting. It's not about that. Knitting is not something I'd actively go and look to do, but it's about pe, the people that are there and being part of something.

And the final quote, um, was a climber. And this was actually in like a, we had something called the recovery games. So, it was like a big activity day. Um, and he just said he was in a climbing event, and he was like, there's no way I could have done this a few months ago. Um, so yeah, I just love, love how they apply all of this into context. So, summarize what I've said. I think I said I have three slides and I lied to all. I have four. Um, I [00:33:00] think practitioners and those working in the field, we have an active role to play in helping individuals in that connection piece. Seeing what meaningful activities are around and what we can link people with.

Um, but we've got to give the, the power of that to the individual themselves cause they know, let them shape their recovery journeys. That's really important. Um, if services supports are using recovery capital, it is a really helpful tool for us to understand who we need to prioritize in that process. Um, so we can do that in a, in a quite clever and strategic way. And there's got to be a shift. So, I see this as like a continuum of recovery services are here, wider communities here, and people will fluctuate. But actually we've got to open up all those op, opportunities and options to people so they, they can be part of this. Um, I am going to shut up cause I've chatted at you for [00:34:00] significant amount of time and I want to now apply this in practice.

So it is with my greatest pleasure that I can hand over to Chelsea.

Chelsea Dueitt Burge: Thanks Beth. Uh, that's, I read in the chat, someone said exciting times. Uh, and I, I can't, um, agree with that more like I feel like what I'm going to talk about on, on my slides is just putting all of these concepts into practice through The Phoenix. And I'm not sure if anyone on the call is familiar with The Phoenix, but we'd like to welcome you to, to share in the chat if you, if you've heard about us, please share where you've heard about us. A lot of folks, um, say, oh yeah, Phoenix House, they think we're a treatment center, or they think we're just a, a recovery gym, and we're really so much more than that.

So I'm, I'm excited to share, to share the resources with you all today. So, if you've heard about us, please share in the chat. I'd love to see that and then if you want to go ahead, I'm going to share with Beth to click slides for me. Um, so The Phoenix has been around since 2006. Uh, we are a national nonprofit, [00:35:00] um, and our mission is to build a sober, active community that fuels resilience and harnesses the transformational power of connection so together we can rise, recover, and live. So, our focus is yes, we, we do aid in, in creating and facilitating events around the country and, um, helping to stand up sober in supportive spaces, but it's all about the community for us and not so much about the activity. Um, you know, like I said in the previous slide, a lot of people, um, identify us as a gym, and we're really so much more, and we offer so much more than that.

So that's the message we're trying to get out. Our vision is that we have catalyzed connections in communities between people that fuel and ignite the sober active movement. So more so than just servicing individuals, we're wanting to bring whole communities together. Um, our ally supporters, friends, um, family members. It's, it's, um, it's important for us to all play a role here and, and that's our vision for, for the future.[00:36:00]

Like I said before, we're a national nonprofit offering peer led sober activities to create that, that active community. And, um, when I say, uh, peer led sober activities, it's not just that higher intensity, higher impact type sport, although we did start with adventure-based sports back in 2006, more so on the hiking and rock climbing and CrossFit. Today we offer, um, a wide array of different types of events including poetry, writing, songwriting clubs, um, book clubs. We, we've really stepped into music big over the past year. And when I say step into music, I mean we have a music program where we train people to use instruments. We help them with writing songs, and we help upcoming artists that are in recovery.

We're also standing up sober spaces at music festivals and music events. So really trying to create that community in places that traditionally wouldn't be safe and supportive for folks in early recovery. Uh, we offer 450 classes per week. Those are in [00:37:00] person and virtual. So, we have a whole virtual, uh, schedule of events where people can join from anywhere, anytime it's scheduled. And we also offer on demand content. So, if folks are unable to join during one of those scheduled events, they can access our on-demand content at, uh, the click of a button from their phone. Um, so, you know, we're really trying to increase access by providing all those virtual, those virtual, um, offerings.

And then, um, something we really pride ourselves on is, is being a free resource. Um, the only requirement for attending any of our, any of our events is 48 hours of sobriety. And, um, that goes for our friends and allies and family members that decide to come as well. So, that's

all we ask for folks. And like Beth was sharing about in her slides, we really want to break those, um, barriers and we don't want there to be any barriers for folks to attend, to attend our events. So, we're happy to, to have it as a free re, resource and we hope to always keep it that way. So that's the plan. [00:38:00]

I thought it would be good to, to show on the map where we're located and where our in-person events are taking place. And, and this map changes I feel like weekly. So right now, you'll see we're almost in all 50 states. I believe we do have Phoenix members in all 50 states. Um, but this is currently where we have in-person events for folks. Uh, we've served almost two thou, 200,000 members, um, since 2006. And just last year, I believe we served a little over a hundred thousand. So, we're, um, we're growing at a very fast rate. Our goal is to reach a million people by 2025, and we have a whole team of, of people across the country and international, Beth, that's, that's aiding in, in that process.

So, we, um, we follow a volunteer structure, so to speak. So, although we have about 250 staff, we have fif, over 1500 volunteers. So, um, we we're very proud of our volunteers and, and we aid and incentivize them and [00:39:00] empower them to run their own Phoenix events and Phoenix communities around the world, around the country and world. Um, although this map just shows the, the, the states, we actually run programming in Canada, the UK and we're getting ready to launch in Australia as well. So, like I said, we're growing very fast. Um, and then I also wanted to mention that we're in 150 prisons. So, with our partnership with Edovo, we, um, Edovo is like a tech company that provides tablets to folks behind bars. All of our on-demand content is on those tablets in those 150 prisons, so that folks that are currently incarcerated can access Phoenix programming, be introduced to the community, and they'll have a resource, um, to, to go to once they, once they get out, um, of prison.

The Phoenix ethos is, uh, something we refer to as our community standard, so to speak. And it's kind of like a, a list of expectations, if you will, of what we ask of our members whenever they [00:40:00] come into our community. And the first thing is Sobriety. Uh, we, we, we ask that folks who are coming, uh, have 48 hours of sobriety, and that includes friends, families, and allies. Uh, we felt like the 48 hour rule really helps everyone feel safe, and it also breaks down that barrier, barrier of, oh, I don't have, you know, a month clean. I don't have a year clean. I don't know if I can participate. Like, we really want people to feel welcome early on, and we want to be able to support folks in that part of their journey.

Physical and emotional safety. So, this includes everyone from the coach having the right credentials and having the right certifications to, to be able to act, um, appropriately coach a class or lead a class, but also having the knowledge of, um, that, um, trauma informed approach of how to, to, to, um, run a Phoenix, Phoenix class. So we don't want to encourage, or we actually, it's, we, we don't allow any hate speech, any rudeness, anyone being [00:41:00] disrespectful. We really want to, to meet people where they're at and have a physical and emotional, safety, safe area for folks whenever they attend a Phoenix event. We ask folks who are coming, um, to our events to contribute to the community in whatever way makes sense for them.

For some it may be, um, just simply attending and showing up that's, that's contributing to the community. Uh, for some it could be volunteering. A lot of folks come to their first Phoenix event, and they automatically want to start volunteering and they want to raise their hand, or they have a passion for, um, you know, Scrabble or chess. We have a chess club in Chicago, like the, and then they, they raise their hand and they say, I want to start a dog walking club. Or, you know, whatever their passions are. So that could be contributing to the community. Um, and then just being a voice for us, that's another way, like just sharing this resource with others, being a voice for The Phoenix so that people know about this free resource that can be, um, accessed from anywhere.

That's, that's how, what we ask of, of our members. With [00:42:00] friends, families, and allies we just want people to feel welcome. This is a group effort and, um, you know, what we know from studying movements in the past, it's not just about the folks that are, that are advocating for change or trying to shift mental models. It takes a whole community. It takes friends, families, and allies to be a part of those movements in order for them to be successful. So, we welcome friends, families, and allies, um, as long as they can adhere to the 48-hour rule when, when they're attending our events. Members are the face of the Phoenix.

So, we encourage folks to, it's never like a requirement, but we encourage folks to adhere by these community, adhere to these community standards outside of Phoenix events and really be the face of The Phoenix. So, we want people to create these emotionally, um, and physically safe areas for folks when they're not even attending a Phoenix event. Be kind, be respectful, be helpful, you know, and, and that's what we're, what we're saying. Uh, with the Apparel one, it kind of has some controversy. Like Beth was saying, I am a [00:43:00] Cross Fitter and like a lot of folks when I'm going to the gym choose not to wear t-shirts or whatever. But, um, we do ask folks that are coming to our Phoenix events, wear apparel, um, in an effort to, to make it more safe and non-triggering.

We ask people to keep their clothes on for Phoenix events, and the same goes for cigarettes and tobacco. So there, there are people that come to our events that are in recovery from tobacco use. I mean, people, it, we're not just for folks in recovery from substance use. We have folks from all different walks of life that are just trying to improve their lives in somewhere that they may be in recovery from a toxic relationship or an eating disorder or what, whatever.

And, um, we want to make it safe for everyone in a, in a non-triggering space. So, we ask for no cigarettes and tobacco be used during Phoenix events as well. And then, uh, the recovery is um, the Recovery Community Standard is just for folks that are continuing to come. We ask them to make a Pledge to Recovery. We want them to make a commitment, um, when the time is right for them, if they haven't yet committed [00:44:00] since they've started coming. So we want to encourage that and empower them to feel like they can. I'm checking my time here too, and it looks like we have about 15 minutes. So The Phoenix app, we're, this is something we're very, very proud of.

Uh, we wanted to, um, we wanted to make our community accessible to anyone, including rural communities and communities that maybe don't have the same resources as larger,

larger cities. So we developed a Phoenix, The Phoenix app about a year and a half ago, and it's like your one stop shop for all things recovery. You can find all of our in-person events and, uh, all of our virtual events straight from the app and register right there. All of our on-demand content is on the app. Um, we have this, uh, new feature called Affinity Groups, which I'm super proud of because I, I, I tend to work more on the Affinity group side, where we host groups and relate, as it relates to what folks are most interested in.

So we have CrossFit groups, a CrossFit group, a running group, a music group, and [00:45:00] then we have location-based group. So, um, if someone's from New Orleans and they want to join the New Orleans Affinity Group, they're welcome to do that. Um, I've also been working on developing, uh, partnering organizations affinity groups. So, for example, we've, we've just developed a partnership with Oxford House. Um, they, they have about 3000 recovery houses nationally, and they now have a Phoenix Affinity Oxford House Group where all, um, alumni, current, uh, staff, and current residents can join together to build that community in a safe and supportive environment.

On our app, uh, the app has a Connect feature, so, um, you can choose to opt out of that or opt in. This works really well whenever folks are at sporting events or music festivals, they can see where other people in recovery are at those specific music festivals or sporting events. So, if they need some support while there, they know, uh, they can make that connection and see where other folks are. The Rise, Recover, Live podcast has been live for about a year now. Um, we [00:46:00] have about 10,000 downloads and we're super proud of that cause we have some great, uh, speakers that come on and, and share their stories and how their impact is, is kind of helping shift those mental models in the world today. And, um, we, we bring on a lot of great speakers, so we wanted to highlight that.

And then, um, from our app, folks can choose to volunteer right on the app too. Like we wanted to, uh, decrease the barriers on how hard it was for folks to begin volunteering. So, we made it super easy and I think the, the training now is about an hour and they can do it straight from, from the app. So, uh, we wanted to put the QR code up in case anyone wanted to scan to download the app. We encourage you to thumb around in there, share it with folks that you serve, and hopefully they'll find some, some meaning in, in our app as well.

Dr. Beth Collinson: I think I'm coming in here, but I'm going to do this really quick because stuff is what people are [00:47:00] excited about and want to leave some time for Q&A as well. So, um, this is our logic model. So, we do, this is in our white paper. Now this looks maybe slightly different, and this is a revised version, which we're about to publish on.

But this was kind of, we took all the evidence, everything I presented at the beginning, and we said, how does this work? How do we put this together to see that change and impact for people? Um, so if we bring people together through kind of this sober social network, they have meaningful activities to engage in and the, the environment for them to do that is safe, the rest happens.

Um, and I think that the key bit there is around physical, um, and emotional safety, cause that's something we test in our outcomes. And actually that's, that's integral to, um, success or

better outcomes, should I say it, three and six months. So the more physically, uh, emotionally safe people feel, the better that they do. Um, so I think that's [00:48:00] enough for me on that one. I'm going to come back to, um, oh, this is me. So yeah, we hypothesized that actually we brought people together in that way and that they f, uh, felt safe and supported and the space was inclusive and accessible, which I think is a key one because the, the launch of our app has really made us, made that possible.

We can now shift into spaces where we couldn't previously. Um, we really want to make this thing accessible to anyone, anywhere, at any time. Um, and that's what we're seeing, which is amazing. So, Chelsea, I'm going to hand over to you for this slide.

Chelsea Dueitt Burge: Yeah. I'm going to move through this pretty quick too cause we do have a video we'd like to share before we get into Q&A. But, um, this is just some, some of the research that Beth and her team has done is some of our findings and outcomes as it relates to CHIME. So, um, 83% of Phoenix members report remaining sober after three months of initial engagement. So, we see there that as folks continue to come to Phoenix and stay engaged, more than [00:49:00] not are staying sober. So, we're, we're very proud of that. Uh, Phoenix members report significant gains in physical health, mental health, and social support. And then with CHIME, 78% felt increased connectedness, 87% felt more hopeful. 83% felt a stronger sense of self identity. 83 felt increased meaning of life, and 82%, uh, reported feeling more empowered.

And I had something sweet and special I was going to say about each of those, but I know we're like pushing it for time. So I just kind of really read through that slide fast. But this is the, this is the meat and potatoes. This is what we're super proud of. I mean, we, this is, this is showing our impact and, and, and leading us, uh, you know, on the trail that we're on. So, and here's our video.

Scott Strode: Look at the increase in drug and alcohol use over the last 15 months. We see an increase in overdose fatalities by almost 30%. And the same for [00:50:00] suicides and deaths of despair. We're losing way too many of our loved ones for us to do nothing right now. Not only does Phoenix need to step up, but communities need to step up. We have to do this together.

Jacki Hillios: The Phoenix is a healing community for people who have been impacted by substance use disorder. So, we all need healing and when we come together we can, we can help each other. As a clinician, I've just seen so many things get in the way of people trying to, to rebuild their lives, and I just think Phoenix is something innovative, new, and transformational. What matters is the action of coming together, the act of coping, the, the, the engaging with other people.

Scott Strode: I always like to say that people show up for the workout, but they're really staying for the friendships, and it's in those [00:51:00] friendships that they find the support they, they need to, to stay sober.

Jacki Hillios: Early on in The Phoenix, we really focused on physical activity, adventure sports.

Scott Strode: It wasn't so much about the weightlifting or the bike. It was the fact that we were sharing that experience together.

How y'all feeling? (Crowd cheers)

(Inspirational music plays) *Dreams, delusion, and reality. I'm somewhere in between.*

Jacki Hillios: The Phoenix is yoga, it's art, it's hiking, it's music. It's really anything that brings people together in a meaningful way.

(Inspirational music continues) *maybe this is what flying feels like!*

Scott Strode: What's kind of unique about Phoenix is that often folks struggling with substance use disorder are really seen as the problem, but we see them as the solution. And [00:52:00] that self-esteem ember that's kind of smoking if, if we can just give it a little more oxygen and help it catch fire, then they're going to be their own solution and ultimately pull other people with them.

Chelsea Dueitt Burge: I get chills every time I watch that video. I, I don't know if there was a lag for y'all. There was a little lag on my end. Um, but yeah, just some closing remarks before we get into the Q&A. We want to prioritize positive social networks in our lives and seek opportunities for new connections. Uh, we want to come together around, uh, shared passions and meaningful activities.

We see from the numbers as it relates to CHIME that we are making an impact. We believe this work is, is important and, and it's really making a difference in the lives that we serve. Uh, be, de, we want to be deliberate about the environment we're creating and we want to make it safe, supportive, and nurturing, like I mentioned before, where we pride ourselves on being very trauma informed and making the safe space for all.

And finally, we want people to show up just as they are, and, and [00:53:00] know that they belong. Um, and that's a part of. Making a safe space and being supportive. So, and I think we made it to eight minutes, so we should have time for some Q&A. Mine and best contact information is here and I believe y'all will get the slides. If you'd like to connect with us, learn more about how to get started, uh, in your areas, I'd be happy to have those conversations with y'all. But, um, I guess we can look in the Q&A or.

Janice Fulkerson: Yeah, Chelsea and Beth, we definitely have some questions for you. So, one of the first questions that came in early on with your presentation was when you were listing the areas of focus, you had professional services and someone's curious as to how you define the professional services when you're mapping a community. And then we'll go into

the other questions. There's lots of interest on how to start a chapter, how to find you. Can you help me afterwards? So, yeah.

Dr. Beth Collinson: Good question. Um, We actually didn't define it. And we did that [00:54:00] purposely because we wanted to, in previous work when I've trialed this, we tried to define it and it threw people off cause people were saying, Hey, I don't engage in anything and nothing fits what's, what these examples are and what this definition is. And so we took it away, we just gave the domains and said, what are you engaged with that you would fall under? Like, which would fall under these things. Now it was done in a UK context, so often it was, um, drug and alcohol treatment services or community support services, uh, mental health services, doctors. We call them GPs, like general practitioners. Um, I'm not sure what your, what the term is for you guys. Um, yeah, anything and everything that kind of dealt with immediate needs for an individual fell under that. But purposely we didn't define it and that it becomes a little [00:55:00] bit messy because some overlap and when I think about Phoenix a, across those domains, I'm like, oh, interesting.

Cause it could fall under sport, recreation and arts. It could fall under, uh, peers and mutual aid. And it could also fall under the training bit because we, yeah, we welcome volunteers and there's a training component. So it gets a little bit messy and scrappy and that's just part of it. I can't give you a definite answer.

Janice Fulkerson: Well, you know, I think what I appreciate about that, um, Beth, is that, um, then in rural communities, which is a big area of focus for Fletcher Group, then it can be defined by that community as well, because resources will look different in rural communities versus urban communities and very populated, uh, areas. So thank you for that.

Dr. Beth Collinson: Absolutely. And I'm just going to add one thing there, sorry, is that's really important. It's like this is a guide, this is our first way of saying like, how [00:56:00] can we do this in a systematic way? But that is for communities to shape. So, David and I are doing a piece of work at the moment in New Zealand and we gave that to community members and they said, actually, maybe this looks different for us because faith and spirituality for us is particularly important.

Can that in itself become its own domain? Like absolutely. Let people, yeah, take ownership of this. Um, so we'd love if anyone is on and wants to connect about how this could change or evolve to support rural communities, I would love to have that conversation with you.

Janice Fulkerson: Okay. That's terrific. I think we've got a lot of people volunteering. Um, the next question is how do we get the slides? So I'll just let everyone know that, um, all of our webinars and the slides that go with them are available on The Fletcher, Group website. Usually within two weeks of the webinar. We try to get them out a little bit earlier, but it's generally about two weeks out. I'll put a link in the chat. Um, Chelsea, there's some [00:57:00] questions, um, about how do we get a Phoenix active in my community? What do I need to do?

Chelsea Dueitt Burge: Yes. Um, so really it just involves someone that wants to raise their hand to be a volunteer, uh, or maybe identifying someone that kind of, you, you think would be a great volunteer for Phoenix and introducing 'em to The Phoenix by having them attend a Phoenix event. They can attend a Phoenix event right from the app on, um, through our virtual platform. And that's really the first step. From there, uh, they can sign up as a volunteer and they'll get their training and everything right on, on the app. Um, we have a whole team, our volunteer team, um, that manages all of our volunteers that supports folks along their volunteer journey and can help them in, um, establishing what types of events they want to run, where, where the best location is to run those events.

We have chapters, like I said, across the country. And we own seven brick and mortar facilities, but the vast majority of our programs are ran through partner, partnering organizations like bowling alleys that want to donate [00:58:00] an hour of time to folks so they can go bowling or a rock climbing gym that lets us use their rock climbing wall for an hour a week or two hours a week or whatever. And even CrossFit gyms that, that want to, um, donate their space to us to run Phoenix events. So that's how a new chapter and a new, um, program has started. And, um, I, I'm happy to have further conversation on that too, if you want to e uh, email me. Um, I actually helped kind of start a program in Alabama, so I've gone through the whole, the whole process myself, so.

Janice Fulkerson: That's fabulous. Yeah, yeah. Um, just a personal note, um, I belong to a women's charitable organization in my community and we, uh, granted, uh, a local Phoenix group. Money for kayaks because whitewater kayaking was a big thing here, so, yes. Yeah. Yeah. So another que another question, um, because you talked about some of the, um, you know, the baseline, uh, definitions. [00:59:00] Uh, we have someone who wants to know if your definition of sober includes people using medication assisted recovery or treatment.

Chelsea Dueitt Burge: Yes. Yes. I meant to touch on that. We, we don't define, uh, what pathway folks can't, folks choose to be on as a part of their, their recovery. And there's actually been talks like in higher leadership if continuing to use the word sober or not use the words sober because of that. Definitely want to be inclusive with folks that are on medica, medication assisted treatment and we welcome them.

Janice Fulkerson: Very, very good. Um, it does look like there's a contingency out of Kentucky, um, from various areas of Kentucky that are ready to start their own chapter. So.

Chelsea Dueitt Burge: We need it there. Yes, and I'm, I'm all about, um, new helping to assist new communities popping up on the map and especially rural communities. I'm from such a small area and just to, to give those resources to folks who really need it. I just, yeah, let's go.

Janice Fulkerson: Good. And it looks like Colorado is also, uh, very interested as well. Well, we have about one minute before we close out, [01:00:00] um, Chelsea, Beth, any final words for our attendees before we close out?

Dr. Beth Collinson: Uh, I'm nothing from me, I don't think, but yeah, appreciate you hosting us and please activate Phoenix, wherever you are or just come along. I think what I love about this is, yeah, it's not something abstract. We can all benefit from this. We all need connection, support networks in our lives. Um, and that's what we're here to do. So, thanks from me.

Chelsea Dueitt Burge: Yeah, thanks for me as well. I would just say, you know, keep up with us on social media if you have LinkedIn, Instagram, uh, Facebook. We're, we're there. And we update our, uh, Instagram like almost daily, pretty much daily. So please stay engaged there and, and keep up with us. And yeah, we'd be happy for y'all to share the word and, uh, always know that you can email Beth, Beth or I, and if you have any additional thoughts or questions or if you need assistance.

Janice Fulkerson: Okay. Thank you very much. [01:01:00] And for everybody, if you're looking for any kind of assistance you can always go to FletcherGroup.org and ask for technical assistance and look for the slides here in the future. We appreciate that you're here today and look forward to being with you next month at our webinar in um, May. So, thank you everybody.

Dr. Beth Collinson: Thanks everyone.

Chelsea Dueitt Burge: Thank you.