
A personal view on the self-help meetings' process efficiency after attending Narcotic Anonymus

Self Help Group Meeting: Attend a self-help group meeting and provide a brief summary of the events. Critique the strengths and weaknesses of the process. How did the actual meeting compare to the theoretical concepts discussed in class? How does this resource fit into the continuum of care? How effective an intervention mechanism is it?

The Narcotics Anonymous meeting I attended was comprised of about twenty-two people. It was a mixed group in terms of gender, race and age. Most of the members were men between the ages of twenty five to forty-five and their birthdays "Clean time" ranged two months to seventeen years.

Initially I had planned on going with one of my class mate just because that was my first meeting and I was afraid of the unknown. The meeting was in Knollwood Baptist Church. The meeting took place in the gym down in the basement. I was half an hour early for the meeting without my colleague. When I got to the door I met a lady who introduced herself to me and asked whether I was a student. We got talking and she asked whether I would like to go down stairs and wait. I immediately said no and told her, I would rather wait for my colleague outside. While I was waiting for Connie, my heart started racing as I saw some of the members walked into the building.

I was nervous and uncomfortable walking into the meeting. The gym was huge and clean. We sat in a big circle with a table in between two chairs where the facilitator sat. As I looked around the room I began to judge the people in the room. In addition to the judgement, I was looking for an escape route in case of any fight or disagreement. Even before I came to this group, I had concluded in my mind that the group members were up to no good, they had wasted years of their lives using drugs and they most me violent group of people. I wanted to leave immediately but I couldn't thinking that my grade is tied to this assignment. I had to stay.

The meeting was one and a half hour long. Group members were actively involved in the conducting of the meeting. Different members performed different tasks. One member opened the meeting with the "serenity prayer". While, the facilitator went on to welcome everyone and went over the basic rules of the group meeting. He placed emphasis on the importance of confidentiality about anything that was shared within the group. In addition, he explained the process of anonymous sharing, meaning every guest should respect the anonymity of all of the members, and that people who attend the meetings not talk about whom the members are or what they share in meetings. The leader announced that we all should turn off or silence cell phones and other electronic devices during meetings. He related his own personal experience to how different method of how he dealt with his addiction in the past.

Another member read the general announcements. Then the members went around the room taking chances reading the twelve steps. Since I was not asked to introduce myself, I became a quiet observer. The meeting was in a form of open discussion where members are allowed to take turns sharing their experience in coping with their recovery. Members were encouraged to share their stories by selecting a topic from a jar. I found that method helpful in because it

prevented one person from monopolizing the meeting. At least every one had time to speak. Having said that, there were others who couldn't use the method because they had a burning concern they wanted to share with the group.

The atmosphere was friendly and supportive. A large amount of the members expressed desperate need for the meeting while some members didn't. For instance, we had two men in the group who expressed feelings of discontent with the group but the majority of the members were pleased. In addition, different stories were shared exemplifying some success stories and some failure stories. I noticed that stories of success were applauded and stories of failure were encouraged. Additionally, some of the stories were uplifting and hopeful, while others made me feel sad, compassionate and teary. I noticed that the common theme in the meeting was related more to guilt. Although majority of the members have stopped using substances they were still battling with guilt of letting their families down, how their addiction has affected their children and many more.

I was deeply touched by the story of one of the member's. This individual shared a story about how he has been in and out of jail for the past 10 years. He lost control of his life and decided to seek help by going into rehab. He went on to reveal that his visit of three days to his parent was a moment of awareness to how "selfish" he has been to his family. In addition to his stress most members of his family except for his mom and Dad did not believe in him and never wanted to associate with him. He shared, "I felt like an outsider in my own home" and he started crying. While he was going through that stress, he contemplated on going back to using drugs. He couldn't because he felt that his determination not to use was much more stronger than the feelings to use. Desperation was so apparent in his tone that it cut right through me. I can only imagine how painful it was for him and I wished I could help him somehow.

Having noticed all these dynamics, I felt like I have judge these people wrongly. These were victims of a circumstance that could befall any one regardless of your family background. lives. My perception has changed and I admired their perseverance. I was left with the feeling that life was unfair. Why did some people have to struggle every day of their lives while others just ed through?

I also noticed that Spirituality was the main focus of this group. However, there were people who were not spiritual. Though I am a spiritual person I do respect the beliefs of others. I believe that recovery process should be objective. The environment where people can find strength and inspiration as a personal issue. However many of the group members believed that they can recover through the grace "God" or a higher power. If this spirituality helps them succeed, that is what counts.

Critique the strength and weakness of the process

The following analysis below describes some of the strength I noticed in the group.

The meeting was an open group which accommodated members from different background and social sphere. It was very convenient for most members because it does not segregate amongst new members and those who have recovered over the years. It creates that atmosphere of acceptance which I believe majority of the members liked. Though it is an open meeting trust is still important in maintaining the effectiveness of the procedure. Simple things like introducing a

new person or quest from the community will help allay the concerns of the members.

In addition to convenience and acceptance, Narcotic Anonymous meeting created a greater sense of belonging and community for its members. Since many of the problems that lead people to join Narcotics Anonymous meetings are issues that make them feel isolated and alone, this sense of community can go to great lengths towards helping these individuals find freedom and recovery. This fellowship and peer support of others struggling and succeeding through their addiction process would lend support to the new addicts in recovery. Most importantly, recent research has determined like groups will be very helpful to immigrants as well as minority client population. These groups

Another strength that the group had was the life experience of the leader. In this group the leader revealed his history of recovery process which I believed will help to establish truth and an understanding of the recovery process. This will help him lead from the perspective of life experience with a passion to assist his group members. Although life experience does not make people all greater, it is a valuable contributor that will guide the leader in understanding and respecting the client.

Though the group meets with the goal of recovering from their addiction, they are also helping members to develop some practical skills such as relationship building, communication and problem solving skills. I noticed the group had a secretary who was responsible for opening and closing the meeting as well as keeping the meeting's record. She also brought in an announcement for a community event and selects members to carry the Narcotics Anonymous message of recovering as well as making sure coffee and tea was available. In addition the group had a treasurer who at some point of the meeting announced that money jar is going around the circle and members are encouraged to contribute. She went on to explain that the money will be used for the running of the group. I was highly impressed by the diverse roles each member played within the group. Another important strength I found in this group was their sense of commitment and group purpose. While the meeting was on, a basket was went around and each member donated what they had and was placed into the basket. It was great that majority donated money to help.

Members were also encouraged to share their experiences and feeling from selecting a message from a red container. This method was very effective in stimulating the group discussion as the majority of the members seemed to follow through the process, however there was one guy who refused to select a message from the container. Even though he did, he was respectful of the process and requested that he would like to talk about his judgement. To my surprise the group was very respectful of his request. In his speech, he acknowledged the fact that he has wasted some many years of his life hoping that using drugs was the only solution to his problem

Another great tip for having Narcotic Anonymous meetings is that the Narcotic Anonymous members who have been there for a longer time can share their experience, give advice about strategies that have worked best. This gives strength and hope to members who are still struggling with gaining sobriety.

Despite the growing research and personal testimonials about the value of Narcotic Anonymous there remains critique of its effectiveness (Rick Csiernik & William Rowe). One major area of critique of this group relate to Narcotic Anonymous adhering to the medical model of disease

rather than a strengths perspective of wellness. The members tend to focus more on the narratives of their addiction making the concept of "addiction is a disease" the dominant story of their lives. Though some people feel comfortable thinking of their addiction as a disease, the effects of this negative view are especially tragic and unjust to the individual. It ignores the rest of the person's problems in favor of blaming them all on the addiction. It also attacks people's feelings of personal control of their lives. This disease model was widely accepted among this group. I can understand the compassion and assistance that many members would receive from being referred to as sick. However, accepting addiction as a disease means that addicts would deal with the guilt that often accompanies a lifetime of mistake. In addition, this concept actually renders addicts helpless rather than empowering them to change.

For many, one of the largest stumbling blocks to success within the twelve-step program is the spiritual component of recovery. For efficiency and effectiveness of the twelve-step process, the program and the 12-step principles (3) requires recovering addicts to subscribe to guidance from a higher power, and although this higher power need not be God in the traditional sense, some members still have a problem with that focus of spirituality in the group. It has been determined by research that some people will not benefit from a program that requires a faith that is not genuinely felt or believed. Notwithstanding that, some research has also proven the effectiveness of spirituality in the program. For instance, some members within the NA meeting I attended gave higher credit to this principle #3. These individuals in their sharing placed more value on spirituality as well as the positive role God has played in their recovery.

This meeting also required members to force themselves for the constant repetition of "I am an addict," very degrading. Especially when members have spent two to five years of their lives in recovery. I do understand when new members say they refer to themselves as addicts. I believe that must first admit that you have a problem with drugs before any progress can be made toward recovery that

Another important area of critique was having the members refer to themselves as "I am an addict." Accepting this label as an addict has a great implication on both new members and those who have been in recovery for over a longer period of time. It is a language that will benefit new members in recovery because admitting that you have a problem is a start of the helping process. There is nothing shameful about that. If members can identify with or accept that you have a problem, there is a possibility that they will also identify with the solution. So identifying with the drug use means your life was or is controlled by drugs. With this knowledge in mind, why then should members who have been in recovery for over five years continue to use this label. For me, I see it as degrading and disempowering.

Also, the aspect of not discussing members' concerns after sharing was a big concern for me. The meeting was very tense and full of emotions. Members shared deep things about their life and the temptation to go back to using. With all these revelations, the leader did not initiate any discussion about how members were going to handle those stressors after the meeting.

Finally, there was a great difference in the language of those who have been in the group for over a year and the newcomers. I could notice the use of profane languages from those who were new as they talk about their experience.

How did the actual meeting compare to the theoretical concepts discussed

in class?

There is not much of a difference between the theoretical concept we discussed in class and the actual meeting. The Narcotic Anonymous meeting that I attended had a component of five core principles for self help group except for advocacy. In this group the principle of social support was demonstrated when members had to celebrate their "birthday in the group. In addition the hug and often verbalize assurance will make a difference.

From reading different handouts, sharing of success and relapse stories members are able to gain more knowledge about the group. Before I left the meeting, the secretary offered me different types of handout ranging from "Am I an addict" to "For Those in Treatment". Sharing of personal stories, challenges as well as such the successes relate the aspect of information sharing and an effective method of education within the group

In addition to information sharing and education, members get to form those identifies like referring to themselves as addicts even when they have been sober for fifteen years. Although the language itself is oppressive we should consider the meaning that is being attached to the word "I am an Addict". For some that sense of safety that they belong to a group.

How does this resource fit into the continuum of care?

From my analysis of the group meeting and class discussion I agree that Narcotic Anonymous group alone is not enough to help people through their addiction. Members in recovery need a combination of professional social work counselling and self help groups for a desired effectiveness of the desired goal. I strongly believe that the continuum of care is needed in this journey of a recovery process. This result has been determined by many researchers that those who combine Narcotic or other self help group with other forms of treatment seemed to do much better than those who only attend a single meeting. Having that extra support in the recovery process will provide greater likelihood of not returning back to their addiction.

The reality is that for most people, Narcotic treatment alone is not enough for long term sobriety. Despite the fact that some people just go to AA or NA meeting and never use drugs again, or even just wake up one day and stop drinking or using does not mean that it is 100% effective for every. I believe that professional should refer client to appropriate services that will meet the needs of a specific individual. It is very important for addiction treatment professional to convince the addict in their early recovery to continue their care after primary treatment is completed. I do understand that most of the members leaving primary treatment want to get back to living a normal life as soon as possible; however a better alternative is to develop a continued care plan.

Individuals or clients should have a full variety of suitable services from which to choose at any point in the recovery process. Addiction workers should see to it that the continuum of care should adapt a treatment regimen that is geared toward addressing all aspects of the client's life, including medical and mental health services, and followup options (Rick Csienik & William Rowe 2010). Moreover it is not every one that will benefit from participation in an Narcotic Anonymous group.

Having said all these, I will encourage the integration of multi-disciplinary team that will consist

of psychologists, social workers, occupational therapists in the gradual transition of the physiological, psychological, and spiritual conditions of the addict in recovery .

Secondly, It is important to incorporate the traditional focus of the twelve step principle with an understanding of the addictive process and sharing personal consequences of using. However, addiction workers should also teach clients specific techniques for managing difficult feeling and situations that bring forth the desire. They should help addicts to develop these coping skills, along with enhancing the motivation to use them. I believe that both internal relapse prevention skills and the ability to use the external support structures of 12-step fellowship groups will lead to a successful recovery.

Thirdly ,I will recommend that before a client is referred to any service Social workers or addiction worker(s) should conduct a thorough assessment process ensuring clients are allocated the best treatment option based on their needs and motivation .

In conclusion ,Recovery from addiction can be one of the most rewarding and empowering experiences in an individual's life. Integrating a continuum of care approach will prevent the unwanted from happening

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