What is Your Recovery Quotient?
Toward Recovery-focused Education of Addiction Professionals
And Recovery Support Specialists

William L. White
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The certification exams used to judge the competency of addiction professionals (from addiction counselors to physicians specializing in addiction medicine) rely almost exclusively on questions that test one’s knowledge of the psychopharmacology of drugs, addiction and its related pathologies and the theories and methods of addiction counseling and treatment. Striking by their absence are questions about the stages, styles, pathways and processes of long-term recovery and the history and philosophies of American communities of recovery.

The following questions were developed in an afternoon of musing about the recovery quotient of addiction professionals and what an exam would look like that tested knowledge related to the history, theory, science and practice of non-clinical recovery support. There is nothing magical about these particular questions; I suspect on another afternoon I might come up with a quite different list of questions. But the questions included will sensitize the reader to the central point of this exercise: there is a body of knowledge about recovery that is quite distinct from the bodies of knowledge about addiction and addiction treatment.

The intent of this little quiz is to stimulate interest in the lived solutions to the problems many of us have devoted our lives to addressing. So take a few moments and evaluate your recovery quotient. Most of the topics imbedded in these questions are discussed in the papers posted at www.williamwhitepapers.com, in my book Slaying the Dragon: The History of Addiction Treatment and Recovery in America, and in my recent monograph Peer-based Recovery Support: History, Theory, Science and Practice.

I. True or False (6 points)

Place a T or F before each statement based on whether the statement is true or false.

___ 1. Smart Recovery grew out of a schism within Secular Organization for Sobriety.
___ 2. Methadone Anonymous is a recovery mutual aid society dedicated to helping people recover from methadone addiction.
___ 3. Between 1970 and 2010, the percentage of people working in addiction treatment who are in recovery has dropped precipitously--from nearly 70% to about 30% of the treatment workforce.
4. The creation of Faces and Voices of Recovery grew out of the 2001 National Recovery Summit held in St Paul, MN.

5. Faces and Voices of Recovery includes all recovery constituency groups except individuals and groups representing people in recovery from opioid addiction who are being treated with methadone.

6. Nearly a third of MM members later choose abstinence-based recovery.

II. Multiple Choice Questions (25 points)

Answer each of the questions below by selecting the correct answer from the four choices presented.

1. The earliest peer-led alcoholism recovery support effort in the United States from the list below is:
   a. The Washingtonians
   b. Alcoholics Anonymous
   c. The Handsome Lake Movement
   d. The Drunkards Club

2. The first recovery mutual aid society birthed within an addiction treatment program was:
   a. The Hazelden Alumni Association
   b. The Ribbon Reform Clubs
   c. The Keeley Leagues
   d. The Ollapod Club

3. Which of the following recovery mutual aid groups uses admission of “addiction” as a catalytic step in the recovery process? a. Alcoholics Anonymous
   b. Narcotics Anonymous
   c. Cocaine Anonymous
   d. Women for Sobriety

4. The first President of the United States whose National Drug Control Strategy explicitly highlighted recovery and acknowledged “multiple pathways of recovery” was:
   a. President Gerald Ford
   b. President Jimmy Carter
   c. President George W. Bush
   d. President Barack Obama

5. The fastest growing faith-based recovery mutual aid society in the United States is
   a. Celebrate Recovery
   b. Millati Islami
c. JACS

d. Mountain Movers

6. A national consensus conference convened by the Betty Ford Institute defined recovery as:
a. Continuous and uninterrupted sobriety
b. Remission (no longer meeting criteria for a substance use disorder)
c. Sobriety, progress towards global health and citizenship
d. Sobriety, spiritual awakening and progress toward global health

7. This research team first pioneered the concept of “recovery capital.”
a. McLellan & Humphreys
b. Granfield & Cloud
c. Scott & Dennis
d. Miller and Kurtz

8. This research team affirmed the value of post-treatment “recovery checkups”
a. McLellan & Humphreys
b. Granfield & Cloud
c. Scott & Dennis
d. Brown & Lewis

9. This research team coined the term “trauma of recovery” to describe the destabilizing effects of early recovery on the family system.
a. McLellan & Humphreys
b. Granfield & Cloud
c. Scott & Dennis
d. Brown & Lewis

10. Which of the following could be referred to as an “Eleventh Step” group? a. Calix Society
b. Atheists and Agnostics in Alcoholics Anonymous
c. International Doctors in Alcoholics Anonymous
d. The Jacoby Club

11. The first secular alternative to Alcoholics Anonymous was. a. Secular Organization for Sobriety
b. Women for Sobriety
c. Rational Recovery
d. LifeRing Secular Recovery

12. This research team christened the term “quantum change” to describe a climactic process of recovery initiation that is unexpected, unplanned, positive and permanent. a. McLellan & Humphreys
b. Granfield & Cloud  
c. Miller & C’d de Baca  
d. Scott & Dennis  

___ 13. This researcher described acultural, bicultural and culturally enmeshed styles of recovery based on the degree to which an individual in recovery was involved in relationships with others in recovery.  
a. Valliant  
b. White  
c. Best  
d. Clark  

___ 14. The stability point of recovery from alcohol dependence (the point at which the risk of future lifetime re-addiction drops below 15%) is ___ of continuous recovery.  
a. 1 year  
b. 2 years  
c. 3 years  
d. 4-5 years  

___ 15. What two prominent Africans Americans from the list below were/are in recovery?  
b. Frederick Douglass and Malcolm X  
c. Jesse Jackson and Andrew Young  
d. James Baldwin and Richard Wright  

___ 16. Which prominent African America minister launched a faith- and abstinence-based cultural revitalization movement in response to the crack cocaine epidemic in the Tenderloin District of San Francisco?  
a. Reverend Cecil Williams  
b. Father George Clements  
c. Father Joseph Martin  
d. Pastor Rick Warren  

___ 17. In a now classic 1976 paper, she contrasted “scientific knowledge” and “experiential knowledge”, noting the latter was the primary source of knowledge within recovery mutual aid societies.  
a. Lee Ann Kaskutas  
b. Constance Weisner  
c. Lois Wilson  
d. Thomasina Borkman  

a. Robin Room, PhD  
b. Ron Roizen, PhD  
c. Ernest Kurtz, PhD  
d. Ollie Morgan, PhD
19. Their 2001 article in the *Journal of the American Medical Association* helped spark the shift in addiction treatment from a model of acute biopsychosocial stabilization to a model of sustained recovery management. a. McLellan, Lewis, Obrien & Kleber  
b. Humphreys, Tonigan & Moos  
c. DuPont & Kleber  
d. Rawson & Gold

20. The idea of “community recovery” is best illustrated in the history of which of the following communities. a. San Francisco, CA  
b. Akron, OH  
c. Alkali Lake, Canada  
d. Mexico City, Mexico

21. This recovery advocate and author used the metaphor of “healing forest” to convey the healing power of community and cultural renewal. a. Don Coyhis  
b. Stanton Peele  
c. Mark Ames  
d. Mark Sanders

22. This sociologist formulated the “helper therapy principle” suggesting the therapeutic effects of helping others. a. Carl Rogers  
b. Frank Riessman  
c. Jane Adams  
d. Karen Horney

23. This researcher confirmed the role of the helper principle as an active ingredient of participation in Alcoholics Anonymous a. Sarah Zemore  
b. Constance Weisner  
c. Sharon Wegscheider Cruse  
d. Claudia Black

24. The first (1954) state to create a state civil service position for the role of alcoholism counselor was_____. a. New York  
b. Maine  
c. Illinois  
d. Minnesota

25. He was the first recovering alcoholic to work as a “lay alcoholism therapist.” a. Courtenay Baylor
b. Francis Chambers

c. Richard Peabody

d. Pat C.

III. The Geography of Recovery Movements (9 points)

Match the Organizations to an Associated Geographical Location (9 points)

____ Women for Sobriety  1. Lexington, KY
____ Addicts Anonymous  2. New York City, NY
____ Jacoby Club  3. Boston, MA
____ Drunkards Club  4. Quakertown, PA
____ Dashaways  5. Akron, OH
____ Narcotics Anonymous  6. San Francisco, CA
____ Alcoholics Anonymous  7. Silver Springs, MD
____ Oxford House  8. Van Nuys, CA
____ Keeley League  9. Dwight, IL

IV. Leaders within the History of Addiction Recovery Support (14 points)

Match these Leaders to their Respective Organizations

____ John Gough  1. Celebrate Recovery
____ Joe Gerstein  2. Alcoholics Anonymous
____ Clarence Snyder  3. Drunkard’s Club
____ Jimmy Kinnon  4. Moderation Management
____ Jean Kirkpatrick  5. 16 Step Empowerment Groups
____ Orville Gardner  6. Women for Sobriety
____ Audrey Kishline  7. Blue Ribbon Reform Club
____ Francis Murphy  8. Royal Ribbon Reform Club
____ James Christopher  9. Narcotics Anonymous
____ Charlotte Kasl  10. Washingtonians
____ John Baker & Rick Warren  11. SMART Recovery
____ Henry Reynolds  12. Secular Organization for Sobriety
____ Paul Molloy  13. Oxford House
____ Jerry McAuley  14. Water Street Mission
V. The history of Recovery Mutual Aid Societies (12 points)

Rank the following from earliest to most recent with 1 being the earliest and 12 being the most recent.

___ Celebrate Recovery
___ Alcoholics Anonymous
___ Drunkard’s Club
___ 16 Step Empowerment Groups
___ Women for Sobriety
___ Royal Ribbon Reform Club
___ Narcotics Anonymous
___ Washingtonians
___ SMART Recovery
___ Secular Organization for Sobriety
___ Methadone Anonymous
___ LifeRing Secular Recovery

VI. The Twelve Step Recovery Program (6 points)

Match the following for AA, NA and other Twelve Step Programs

___ Step One                      1. Self-inventory
___ Step Four                     2. Meditation and prayer
___ Step Five                     3. Service
___ Step Nine                     4. Acceptance
___ Step Eleven                   5. Amends
___ Step Twelve                   6. Confession

VII. Organizational Traditions of Twelve Step Programs (4 points)

Match the following for AA, NA and other Twelve Step Programs

___ Tradition Three                1. Financial Self-Support
___ Tradition Seven                2. Membership Requirement
___ Tradition Ten                  3. No opinion on outside issues
___ Tradition Eleven               4. Anonymity at level of press
VIII. Recovery Concepts and Tools (8 points)

Match each of the following concept/tool to the organization with which it is most associated

___ Rational Recovery 1. “powerless over illicit drugs, including alcohol”
___ Women for Sobriety 2. 13 statements of “New Life” acceptance program
___ SMART Recovery 3. ABSTAR & nine step program
___ MM 4. 4 point program & ABCs of REBT
___ MA 5. AVRT
___ LifeRing Secular Recovery
___ Secular Organization For Sobriety 6. “3-S Philosophy”
___ Celebrate Recovery 7. Sobriety Priority

IX. The New Recovery Advocacy and Peer Recovery Support Movements (14 points)

Connect the leaders below to the organizations with whom they have been affiliated

___ Bob Savage & Phil Valentine 1. PRO-ACT-Philadelphia
___ Tom Hill 2. White Bison—Colorado Springs
___ Bev Haberle 3. MARS—New York City
___ Joe Powell 4. Recovery Consultants of Atlanta
___ Don Coyhis 5. PRO-ACT-Philadelphia
___ Walter Ginter 6. Faces & Voices of Recovery
___ Pat Taylor 7. Speak-Out & Faces & Voices of Recovery
___ David Whiter 8. CSAT RCSP
___ Andre Johnson 9. Detroit Recovery Project
___ John Shinholser 10. RAP-Portland
___ Cathy Nugent 11. CCAR-CT
___ David Whiter 12 APAA-Dallas
___ Ron Williams 13. NCADD
___ Robert Lindsey 14. McShinn Foundation
Scoring

Score your test based on the following answers and then add your number of correct responses:

I. 1-F; 2-F; 3-T; 4-T; 5-F; 6-T
II. 1-C; 2-D; 3-B; 4-D; 5-A; 6-C; 7-B; 8-C; 9-D; 10-A; 11-B; 12-C; 13-B; 14-D; 15-B; 16-A; 17-D; 18-C; 19-A; 20-C; 21-A; 22-B; 23-A; 24-D; 25-A.
III. 4, 1, 3, 2, 6, 8, 5, 7, 9
IV. 10, 11, 2, 9, 6, 3, 4, 7, 12, 5, 1, 8, 13, 14. V. 8, 4, 3, 9, 6, 2, 5, 1, 11, 7, 10, 12.
VI. 4, 1, 6, 5, 2, 12
VII. 2, 1, 3, 4
VIII. 5, 2, 4, 3, 1, 6, 7, 8
IX. 11, 7, 5, 12, 2, 3, 6, 4, 9, 14, 8, 4, 10, 13.

Best Possible Recovery Quotient Score: 100

My Recovery Quotient: ___