

The GATEWAY

A Quarterly Newsletter from Fellowship Hall

Extended Treatment Program Celebrates First Anniversary

By Jim Fenley, FH Clinical Director

The nature of substance abuse treatment is changing nationwide, and Fellowship Hall is on the vanguard of that change. It is not a revolutionary change but more the evolutionary variety as experts in the field have come to recognize, that for some patients, 28 days of treatment is simply not enough.



In November 2011, Fellowship Hall opened its 90-day Extended Treatment Program for men and women which is located on the grounds of Fellowship Hall. Our primary residential program has a long history of helping alcoholics and addicts establish

a strong recovery program. The Extended Treatment Program provides the opportunity to further the gains that have been made in residential treatment and, at the same time, increase the prospects of long-term recovery. The program is geared towards guests who are motivated, who may have had or not had ongoing relapse issues, and who are invested in the deeper work available at this level of care. It has

long been known that the longer you can stay engaged in the treatment process, the better the prospects for ongoing recovery.

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Fountain Fund Passes Halfway Mark!

By Ogi Overman

Attendees to the 2013 Fellowship Hall Conference will have extra incentive besides the picnic and Gratitude Sharing to head out to the Hall Saturday afternoon. That is the day, August 3, at 1:30 p.m., planned for the official dedication of the new fountain, dubbed the Serenity Fountain, that will adorn the front lawn of the campus.

According to John Tesh, one of the visionaries behind the idea, fundraising efforts are well past the halfway mark toward the \$90,000 construction cost.

“Contributions are steadily coming in, and we’re taking orders for bricks regularly,” he noted. “We had some large contributions over Christmas that brought us over the \$50,000 mark. This is an ongoing fundraising process to help current and future guests in need.”

Last year, the Fellowship Hall Board of Directors approved the fountain, contingent upon its being privately funded.

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Pictured left to right (back row): Billy Wyrick, Sandy Brady, Jim Fenley & John Chisnall. Pictured left to right (front row): Don Comer, Kim Trone, John Tesh & Murphy Sullivan.

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Guests entering the Extended Treatment Program may have little awareness of the underlying issues that have sabotaged their recovery attempts in the past. The program helps individuals recognize the full severity of their disease and develop and maintain skills that lead to long-term sobriety. Guests who have had periods of recovery in 12-Step programs but have had multiple relapses receive special programming to help them identify personal relapse triggers, stuck points, and high-risk situations. However, a relapse history is not required to be admitted to the program. Extended Treatment could be a person's first treatment as long as they are motivated and invested in the deeper work that occurs there.

Since its opening, the Extended Treatment Program has treated and sent back out into the world nearly 50 men and women. According to the program's co-facilitators, Mike Yow and Mahala Motzny, the program is realizing an astounding success rate of around 90 percent. "Not only that," said Mahala, "but those few who have relapsed have returned to recovery in a very short time."

Mike and Mahala were veteran counselors at the Hall before the Extended Treatment Program was started and were selected by Clinical Director Jim Fenley to head it up. They have since moved their offices into Zander's Place and Hazel's House, our Extended Treatment sites, and not only keep in constant contact with the houseguests, but also stay in contact with the program's graduates.

"On a personal and professional level, this is one of the most exciting things I've ever participated in," said Mike. "From a treatment standpoint, this is very different from the 28-day process. It's still underpinned very strongly with the 12 steps and the focus on addiction, but the depth of work we are able to do here, in connecting people to their relapse patterns, is really impressive."

"The sense of community that is fostered among the people in the program caught us all by surprise," he said. "That in itself offers guests a lot of healing and connection. We anticipated this happening, but none of us could really envision just how powerful this program was going to be."



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While it is up to Mike and Mahala to implement the program, it was Fenley who wrote the program format and educational components.

"He spent a year and a half writing the lectures and daily lesson plans," disclosed Mahala. "It's an eight-week structure and each week has a different topic of focus. He wrote over 50 lectures and did a masterful job."

In addition, Mike added, "There is some intense emotional-experiential work derived from the work of Elisabeth Kübler-Ross that is incorporated into the program, as well as a psycho-drama process originating from the work of Moreno. The combination of these two processes works really well."

For some, the underpinnings of addiction are well engrained. It may be the damaging effects of shame, trauma, grief, or some other barrier that blocks the individual from long-term, sustainable recovery. In the safe environment of Extended Treatment, guests can explore these critical areas, along with the accompanying emotions, in a caring and supportive place.

For more information about **Extended Treatment**, please contact our Admissions Office at **800-659-3381** or visit our website at www.fellowshiphall.com.

Fellowship Hall Years of Service: Employment Anniversaries First Quarter 2013

Annie Boswell	5 years	Paul Grey	1 year	William Lickel	5 years	Noi Phaphatsalang	4 years
Kelly Bowman	12 years	Billy Harrah	7 years	Judy McCall	2 years	Kelly Scaggs	5 years
Jonathan Bradshaw	1 year	Laura Haynes	1 year	Conner McLean	1 year	David Spillman	5 years
Randy Carter	11 years	Wendy Huffman	5 years	Mahala Motzny	3 years	Murphy Sullivan	2 years
Charles Chapman	2 years	Shelley Kirkman	5 years	Linda Phillips	4 years	Nancy Verdi	9 years
Scott Forrester	8 years						

Medical Director's Career Path Led Him Where He's Supposed To Be

By Ogi Overman

Fellowship Hall's medical director, Dr. J. D. Harrison, never expected to wind up in his present position. In fact, he didn't really plan to go into addiction medicine. Truth be known, he hadn't even planned a career in medicine of any sort, unless, perhaps, as a veterinarian.

Apparently, God had other plans.

"You've got to believe there's some divine intervention going on," he mused. "Too many things had to come together at just the right time to bring me here," adding with a chuckle, "but now that I'm here, I wouldn't trade it for anything."

J.D.'s circuitous path to Fellowship Hall has taken quite a few interesting twists and turns, beginning with his childhood as a farm boy in rural Oklahoma. The work ethic that eventually enabled him to pursue a career in medicine was instilled in him early on.

"I grew up dealing with cattle, bailing hay and working in the oil fields, so I was actually happy when school started," he recalled. "My dad wanted me to be a vet, and I had planned to be a physical therapist. I went to East Central University, where my mom and grandmom both graduated. I started volunteering at a hospital and really enjoyed it, so I think it all kind of evolved from that."

He also did a summer internship with the Centers for Disease Control in Atlanta, which fueled his interest in infectious diseases and led to his applying to med school at Emory University, also in Atlanta. He not only got his degree in medicine there but stayed an extra year to earn a master's in public health and epidemiology.

By then, J.D. had decided to pursue dual specializations in internal medicine and psychiatry. There are only 17 universities in the country that offer that dual track — Duke University being one — so he applied and was accepted at the prestigious Durham university. He also spent a year at UNC Chapel Hill on an oncology fellowship.

"I was planning to go that route," he disclosed. "I know it sounds cliché, but I wanted to do something meaningful. I wanted to be there in a time period that meant something to people's lives. And in oncology you're there from diagnosis through treatment and, sadly, often until death."

It so happened that while J.D. was at Duke, he started at Fellowship Hall in 2008 as part of the residency program. While he immediately fell in love with the Hall and realized that he was fulfilling his goal of doing something meaningful at a critical time in people's lives, he never dreamed that an opportunity would arise.

"I found that addiction medicine made me happy," he noted, "but I was worried that if I went into it I would wind up someplace that I didn't love as much as here. I never thought I'd have the opportunity to come here fulltime."



I'm not in recovery, but as a spiritual person, I see Fellowship Hall representing forgiveness, dependence upon a Higher Power, inclusiveness and tolerance.

Dr. J. D. Harrison

But, lo and behold, the Hall's previous medical director resigned last summer, and he became the interim medical director in July, before being offered the job permanently last October. Obviously, the Hall's board of directors felt he was the right man for the position, and J.D. — humble and unassuming though he is — cannot disagree.

"This really is ideal for me, with my background," he explained. "This is right at the intersection of psychiatry and medicine. It is the perfect blend of inpatient and outpatient medicine, a wonderful blend of the two environments. I never wanted to do hospital medicine, and this is right at the interface."

I love the way Fellowship Hall is set up, with inpatient, IOP, the Gateway House and the Extended Treatment Program all on one campus."

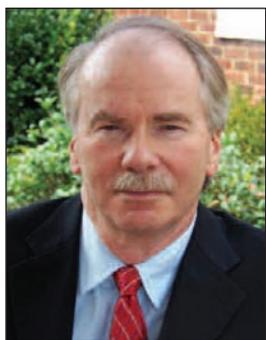
As for doing something meaningful at a crucial time of life, the parallels between oncology and addiction medicine are obvious.

"People come in here who are really hurting, emotionally and physically," said J.D., now 35, "and by the time they leave, they are not the same person they were when they got here. I spend a lot of time talking recovery with them, connecting with them on an emotional level, aside from treating any medical issues they might have. "I'm not in recovery, but as a spiritual person, I see Fellowship Hall representing forgiveness, dependence upon a Higher Power, inclusiveness and tolerance. You've got to work the program and give up control, but you're also allowed the flexibility to find your own path to recovery. Here I get to see motivated people make big changes in their life and go on to do very well. And I feel like I'm making a difference."

That's because he is.

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Spirituality



Jim Fenley

By Jim Fenley, FH Clinical Director

When I walked into the rooms, there were two passages in the literature that meant so much to me. The first was the quote that occurred when Ebby spoke to Bill, “Bill, why don’t you choose your own conception of God.” Bill went on to say, “That statement hit me hard. It melted the icy intellectual mountain in whose shadow I had lived and shivered many years. I

stood in the sunlight at last.” It had

never dawned on me that I could have my own relationship with a Higher Power and not someone else’s. I heard many say over the years that this was their experience too. The second

reading was a description of Step Three in the literature which goes something like this: “spirituality is like a closed door, where all you need is the key of willingness to open it ever so slightly, and even though your self-will will come along and slam it shut, all you need is the key of willingness to open it again.” This told me three things: that practice is important, that it is progress not perfection, and that you are not bad if the door slams shut. You just need to be willing to continue trying and improving that relationship with your Higher Power. These readings were two early miracles for me in recovery. It’s not so much something we understand,

as it is something we experience. My own spirituality ebbs and flows, always there but not always a strong connection. This is because my self-will gets in there and tries to run the show.

Sometimes we have a problem letting go. The idea of turning it over to something or someone outside ourselves is not easy for many of us to do. Some of us are afraid that if we let go, we will lose our individuality and freedom.

Our ego, too, can stand in the way of a healthy relationship with a sponsor, the Fellowship, and our Higher Power. Our ego can keep people from getting close to us. This can be based on the fear that if others knew who we really were, they would find out that we were not smart enough or good enough. We act like we know everything. We seem unteachable.

Difficulty trusting is another common barrier in our relationship with a Higher Power and other people in recovery. We may trust our Higher Power with some limitations. We don’t completely let go. We realize that our Higher Power helped remove the mental obsession to use, but we say, “I’ll take it from here.” Or we are unwilling to wait for direction or the answer because we feel it’s taking too long. When this happens, we may find ourselves conducting a full assault on the problem or person by reasserting our self-will. The outcome is usually not good.

Some people enter recovery with a certain degree of self-hatred and self-loathing. The barrier for them in developing a relationship with a Higher Power is feeling unworthy or the feeling that you have to get good first, before you can

begin to develop a relationship with a Higher Power.

Of course, it’s up to you on how you approach your spiritual development. That is the beauty of it. Remember it’s your conception of God, personal to you, together with willingness that has opened the door. So ask yourself these questions: what have I turned over, what am I willing to turn over, and what am I refusing to turn over because I still want be in control of it?

Our recovery journey suggests that we improve our relationship with our Higher

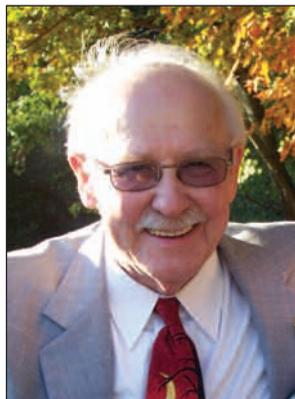
Power through prayer and meditation and that we be open to the fact that God speaks to us through other people. We don’t always know what is best for us. We need to give up the illusion that our personal efforts and willpower alone will save the day. When we can do this, we become more open and willing to follow the plan that our Higher Power has for us. When we practice the 12 Steps, we will be led gently into this spiritual relationship. We can stop trying to play God and free ourselves from manipulating others and trying to control outcomes. There is a Power greater than ourselves that we can carry with us throughout each day.

What a miracle!



This told me three things: that practice is important, that it is progress not perfection, and that you are not bad if the door slams shut.

The Legacy of Addiction



Ogi Overman

By Ogi Overman

“It didn’t have to be this way.” The phrase just keeps running through my mind. For over two months now, I can’t shake the thought: It should have ended differently. It shouldn’t have ended at all, but it did and now it’s too late. Things could have — should have — worked out so much better.

Oh, I don’t have any recriminations or guilt or remorse that I let my friend down, or that I could have done something to prevent, or at least forestall, his death. No, it’s not that; I worked through that several suicides ago. Rather, it’s the numbness that comes from seeing so many people around you who’ve turned their lives around, and then seeing that one who refuses or is unable to shake his demons. The other phrase that comes to mind is “constitutionally incapable of being honest with themselves.”

My friend didn’t commit suicide, didn’t OD, didn’t die unexpectedly. He died a slow, ugly, lingering death from pulmonary fibrosis, caused by a lifetime of nicotine use. How bitterly ironic that it was the perfectly legal, state-sanctioned drug available on every street corner in America — rather than the prescription drugs that he was also hopelessly addicted to — that killed him.

But that’s not the true tragedy of my friend’s demise, either. People die every minute of every day from lung cancer or emphysema or any number of smoking-related causes, who are surrounded by loved ones at the moment of passing. They are mourned, eulogized, remembered fondly and sent on their journey into the afterlife with grace, respect and dignity.

Not my friend. He was found a few days after his death, alone in his hovel, nary a friend or family member in sight. He’d run them all off, myself included. That’s the legacy of drug abuse.

Shortly after his terminal diagnosis, I had promised myself that I would be the one who walked the final mile with him. Even as I watched him, one by one, alienate all those who’d tried to help him, I stuck with him. I’d long since given up trying to convince him to quit smoking, quit drinking and quit abusing prescription and street drugs. I’d quit taking him to

Ogi & The Old-Timers

meetings, quit returning most of his irrational phone messages, quit worrying myself sick over his erratic, borderline psychotic behavior. Yet even as I detached myself from him, I kept telling myself that I would go see him one last time before he died. But I never did.

The night after he died, I happened to be chairing a meeting and announced it from the podium. Barely a whimper of condolence was heard — this from a meeting where he was once a regular, the largest speaker meeting in town. Just a few heads shaking, no surprise, no sadness, no nothing.

There was a time when his death would’ve brought waves of tears, a massive turnout at his funeral, a lengthy and eloquent obit, and tribute after heartfelt tribute. Instead, what has happened is nothing. No obit in the paper, no service of remembrance or celebration of life. He died in early December and, as of this writing, no one has stepped

The only moral to this story is the obvious one: It didn’t have to be this way.

forward to put up the money to have him cremated or hold a funeral of any sort. His body is still lying in the morgue, waiting to be claimed.

Compounding the tragedy, at least for me, is the fact that I knew him at his best. I actually performed his wedding ceremony in 2000 and sponsored him for a few years. Once when I had a particularly recalcitrant sponsee, a crackhead, I called him in on the case to strike the fear of God into him. That man is clean and sober today. When it came to working with newcomers, there was none better.

But, shortly after his marriage, he was injured — or maybe he faked it, I’ll never know — and in no time at all was addicted to prescription painkillers. This time, though, he never truly pulled out of the death spiral, like he had so many times before. Inexorably, the cycle of lies, deceit and deception ruined his marriage and every meaningful relationship he’d ever had. His addiction robbed him of literally every worthwhile thing in life.

So now, we are down to the only legacy he will leave behind. There was a time when his life had value, had meaning, had purpose. Along the way, he helped people. Perhaps in death he can serve as the object lesson of what happens when one chooses addiction over recovery, when one refuses to surrender, when one refuses to get honest and become teachable.

The only moral to this story is the obvious one: It didn’t have to be this way.

The World Health Organization says 12-step programming is the MOST effective in treating alcoholism and drug addiction.

Partners In Life And Recovery

By Ogi Overman

Just as this issue of the Gateway was going to press, we found out Ike passed away on Monday, March 11, 2013. She had previously read this article. Ike will be missed and remembered for her wonderful sense of humor, tenacity for her sobriety, love for life, and unwavering dedication, volunteer time and genuine gratitude for Fellowship Hall.

You can't mention one without the other. Ike and Earl, Earl and Ike. Come August 23rd, they will have been inseparable for 60 years. Sixty years! And for the last 32 of those, they have also been partners in recovery, Ike (OK, Marjorie if you want to get technical) in AA and Earl in Alanon. Each week they set aside at least two meetings to attend together and Ike, in fact, is a member in good standing of both programs.

"Early on, my granddaughter was 'acting up,' and my AA sponsor (Jo R.) told me I'd better get my butt in Alanon or find myself another sponsor," smiled Ike. "The next night I was in an Alanon meeting and have been going ever since."

Earl, of course, has been a faithful Alanon as long as Ike has been a loyal AA.

"She got out of Fellowship Hall on a Sunday, and I went to my first Alanon meeting that Monday," Earl recalled. "I remember it because she got out on our wedding anniversary. Then I started going to open AA meetings with her — mainly because she hated to drive — but I thoroughly enjoyed it and felt right at home and just kept going."

Truth be known, Earl probably needed his program as much as Ike needed hers.

"He was my biggest enabler," she said, adding with a wink and a grin, "of course, Alanon cured him of that real quick."

"Half the time, I didn't even need to ask for it; he had it in the car. He was an officer in the National Guard and on his way home from duty he would always stop by the PX and bring me a gift, usually some piece of clothing. One time he brought me home a 'Texas fifth' (half gallon) of bourbon, and I said,

'Don't bring me anymore clothing,' and he never did."

Earl admits that he was as sick as his beloved wife. "I would go around to different ABC stores getting her stuff, just like an alcoholic. Finally, I just gave up and started going to the same one nearby. They got to know me so well, they'd have the bottle setting on the counter the moment I walked in the door."

Ike had her moment of clarity in July 1981.

"One day I leaned over to kiss my oldest granddaughter," she explained, "and she said, 'You smell bad and I'm never going to kiss you again.' That got my attention."

Shortly thereafter, Ike decided that Fellowship Hall was her best option for not "smelling bad." As late as the trip across town to the facility, Earl, the good enabler, told her he didn't think she was an alcoholic.

"He told me he didn't think I needed this, but if that's what I wanted then that's what I was going to have," she said. "And I thought, 'This sucker is going to let me die drinking.'"

The pair immediately began giving back to the program by volunteering at the Hall, Earl driving and Ike taking 5th steps. Not only are they pillars of the local recovery community, they are well known among attendees to the Annual Conference, having hosted the Gratitude Sharing at the picnic numerous times. As a token of respect, two seats are reserved for them on the first

row at the conference each year.

"I feel like Fellowship Hall saved my life, saved Earl's sanity, and definitely saved our marriage," reflected Ike.

Last Thanksgiving weekend, Ike fell ill and had to be admitted to the hospital. She had pancreatitis, kidney failure and a very low white blood cell count. So attuned to each other is the couple, that the following Tuesday, Earl had a pacemaker implanted. The five days they were apart was the longest stretch of their lives.

These days, Ike is bedridden at a rehabilitation center in Greensboro. For six or seven hours each day, Earl can be found by her side, just as he has been for the past 60 years.



Ike and Earl

One in four families
are affected by
the disease of addiction
to alcohol or other drugs

