

*Dual Diagnosis Anonymous of Oregon, Inc.*

**Meeting Packet for Facilitators<sup>®</sup>**  
**(includes group outlines)**

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Dual Diagnosis Anonymous (DDA) is an inspired and inspiring 12 Step resource key to the recovery of thousands upon thousands of people, present and future, who have experienced two of the most stigmatized disorders in the United States and many other countries--addiction to alcohol and other drugs and, at the same time, mental illnesses ranging from schizophrenia to post traumatic stress disorders, anxieties, and bipolar and unipolar depression. Both addictions and mental health practitioners have been challenged to offer hope for recovery to the often bewildering and complex experiences that result from these so-called "co-occurring disorders."

National attention in the United States has been focused on finding more effective approaches to supporting individuals who are both addicted and afflicted at least back to the mid-1980s when the federal government sponsored 12 Young Adult Dual Diagnosis Demonstration projects around the country. These projects did not find all of the answers to how best to approach, treat and sustain abstinence and recovery--the author can state this with some authority and reserve having led one of the more successful projects in Oregon from 1987 to 1990. Many other research initiatives for program improvements have been implemented since then, led and enlightened by many centers, especially the Dartmouth Psychiatric Research Center directed by Dr. Robert E. Drake. The roles that Dartmouth and Dr. Drake will play in the future include researching as well as publicizing the way in which DDA and other self-help approaches can reach across the country, carrying the message of hope and recovery to thousands more people battling co-occurring disorders. Our intent in working with Dartmouth Psychiatric Research Center is to eventually add DDA to the small but growing list of Evidence-Based Practices.

One of the crucial and most elusive ingredients for recovery has been that of consistent and attractive mutual self-help support groups. Other approaches such as Dual Recovery and Double Trouble groups are similar in some ways to DDA's approach. However, DDA is clearly founded upon the 12 step traditions as foundational to the approach. The work of Corbett Monica, starting in the 1990s in Southern California with the inception of the first recovery groups, was directly modeled on the traditions of Alcoholics Anonymous and Narcotics Anonymous.

This approach has found sustained success in Oregon over the past four years. Starting from no groups at all in 2005, DDA of Oregon has grown to include several thousand participants in well over 100 local chapters in the beginning of 2010. Dual Diagnosis Anonymous has expanded to at least 12 other states including New York, Connecticut, New Jersey. The leadership represented by Mr. Monica has been instrumental in creating this incredible groundswell of recovery for people many professionals had abandoned or simply thrown up hands in despair over nudging toward recovery using traditional methods.

As noted, the most important work accomplished by Mr. Monica and his fellows and sisters in recovery has been a clear dedication to the 12 Steps of AA and NA, the 12 Traditions, but with the flexible adaptation of 5 additional Steps specific to DDA. With these steps, DDA recognizes the unique challenges for people with co-occurring disorders and adds crucial elements of social support so often lacking for people with mental illnesses and is a key to preventing relapse. The DDA website at [www.ddaforeong.com](http://www.ddaforeong.com) and the network of recovering people linked to this organization will continue to provide information and assistance as DDA expands nationally.

The manual you now have available in this publication is a tribute to the power of these steps and traditions but also testament to the need for Twelve Step Facilitation by persons who may not be in recovery themselves from these dual disorders--but who can play an indispensable role in assuring the

continued development and sustainability of DDA. One simple fact that drives home the point of the need for many more facilitators of DDA has come to the author's attention recently. When asked how many miles Mr. Monica has recorded on his subcompact car in the past two years, the answer came-- 80,000 miles! This speaks volumes to both the dedication exhibited every time one speaks with Mr. Monica, but also to the obvious demand for more skilled group facilitators--both in recovery as well as understanding of recovery-oriented 12 step approaches.

As if this explanation of the history and approach of DDA is insufficient to persuade the skeptical of the influence of 12 step approaches, even a nationally recognized defense intellectual like Thomas P.M. Barnett in his latest book, Future Power, uses the 12 steps as inspiration for fundamental recovery of this nation's foreign and military policy approaches. When one fully appreciates the profound influence of the bedrock principles of AA, NA, and now DDA, there should be more than enough motivation for professionals, whether in recovery or not, to take up the practical lessons and guidelines supplied in this manual--and to apply them to the establishment and maintenance of Dual Diagnosis Anonymous meetings. Our hope is that as more adolescents, young adults and adults are exposed to the 12 step traditions through DDA, there will be many more thousands of people contemplating and achieving recovery from both addiction and mental health disorders--and to become involved in both attending and leading DDA meetings.

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# DUAL DIAGNOSIS ANONYMOUS OF OREGON, INC.

## Meeting Packet for Facilitators

### INTRODUCTION

In the spirit of cooperation with mental health/substance abuse service delivery systems, Dual Diagnosis Anonymous (DDA) is pleased to provide these meeting materials for facilitators. This packet is designed to allow health care professionals and/or others who may not identify as “dually diagnosed” the opportunity to support the efforts of DDA, and its fellowship, by providing Twelve Step Facilitation Therapy (TSF) group sessions based upon DDA principles and philosophy. We know that many who identify as “dually diagnosed” may not otherwise have the benefit of participating in DDA were meetings not facilitated by professional staff. The reasons for this are varied, but many times are due to the levels of care and/or security concerns of particular programs.

As indicated in Step Three of DDA’s Five Steps, DDA has always understood and acknowledged the importance of medications, clinical interventions and therapies. Indeed, our founder emphasizes that DDA is not the “end all, of all” for dual diagnosis recovery. The 12 Step model of recovery may not be for everyone, but for those who can align themselves with this model, DDA is a viable and effective program of fellowship and support. Because of the traditional Twelve Step philosophy that refers to a Higher Power; (e.g. “... God, as we understood Him”) participation in DDA TSF groups must be voluntary. The Opening Prayer, which is used in our traditional 12 Step meetings, has been replaced with an Opening Thought for TSF groups. We have found that DDA as a traditional 12 Step fellowship, or as a TSF group, compliments the recovery plan of many who “...still suffer from the effects of dual diagnosis.” (DDA’s 12<sup>th</sup> Step)

It is vital to DDA’s mission and success that we have the support of health care providers, family members, friends, clergy, and concerned citizens. DDA considers these support persons as “our extended family members.” This extended family is symbolized in the arms of DDA’s Five Pointed Star Logo. As stated in our 5<sup>th</sup> Tradition, DDA’s primary purpose is to carry our message of hope and recovery to those who still suffer from the effects of Dual Diagnosis. Thus, DDA believes that Dual Diagnosis is a disease that not only affects the dually diagnosed, but also those that DDA recognizes as our extended family.

Just For Today in DDA emphasizes the roles of prescribers and clinicians in our program as follows;

Just for today I will keep an Open mind and be Willing to listen to the advice of my DDA support group, my prescriber, and my clinician. (3<sup>rd</sup> Stanza)

Just for today I will live life on life's terms. And by doing so I will recognize when I need support for symptoms of my dual diagnosis or when I am in danger of relapse and I will seek help from the fellowship of DDA, my Higher Power, my prescriber, and my clinician. (12<sup>th</sup> Stanza)

DDA's Meeting Packet for Facilitator's provides a "hands on" opportunity for the extended family of DDA to support our recovery. We remain deeply appreciative of all those who support the efforts of our fellowship!

## FACILITATED DUAL DIAGNOSIS ANONYMOUS GROUPS AS AN EVIDENCED BASED PRACTICE

Twelve Step Facilitation Therapy (TSF) group processes are recognized as an evidenced based practice. The following information regarding TSF is reprinted from the Oregon Department of Health Services; Addictions and Mental Health Division web page:

Office of Mental Health and Addiction Services List of OMHAS Approved Evidence-based Practices

ASAM Patient Placement Criteria 2<sup>nd</sup> Edition-Revised

Twelve Step Facilitation Therapy – (Project Match)  
Nowinski, Joseph, PhD, MD

“Twelve Step Facilitation Therapy facilitates patients' active participation in the fellowship of Alcoholics Anonymous. TSF regards such active involvement as the primary factor responsible for sustained sobriety (recovery) and therefore as the desired outcome of participation in this treatment program. This therapy is grounded in the concept of alcoholism as a spiritual and medical disease. TSF consists of a brief, structured, and manual-driven approach to facilitating early recovery from alcohol abuse/alcoholism and other drug abuse/addiction. It is intended to be implemented on an individual basis in 12 to 15 sessions and is based in behavioral, spiritual, and cognitive principles that form the core of 12-step fellowships such as Alcoholics Anonymous (AA) and Narcotics Anonymous (NA). It is suitable for problem drinkers and other drug users and for those who are alcohol or other drug dependent.”



## GUIDELINES FOR FACILITATORS

### Dual Diagnosis Anonymous Twelve Step Facilitation Therapy Meetings

# GUIDELINES FOR FACILITATORS

## Dual Diagnosis Anonymous Twelve Step Facilitation Therapy Meetings

### INTRODUCTION

DDA meetings may be “Open/Check-In” (OCI) or “Topical.” Some TSF facilitators find that they are able to use both “Open” and “Topical” formats during the same group. This is done by allowing group members to briefly check-in before discussing the topic. These groups work well, as long as the facilitator is mindful of the time available so that all group members who wish to share have the opportunity. It is important to let the group members know if facilitators will be taking notes and documenting the group. Keep in mind, as referenced in the article above; TSF groups are “...intended to be implemented on an individual basis in 12 to 15 sessions and are based on behavioral, spiritual, and cognitive principles that form the core of 12-step fellowships.”

Dual Diagnosis Anonymous  
Twelve Step Facilitation Meeting Guidelines

OPEN/CHECK-IN MEETINGS

# Dual Diagnosis Anonymous Twelve Step Facilitation Meeting Guidelines

## OPEN/CHECK-IN MEETINGS

### INTRODUCTION

The “Open/Check-In” format provides ongoing progress reports of group members. These meetings do not focus on any particular topic allowing group members the opportunity to share how they are doing. It also allows an opportunity for facilitators, as well as, other group members to practice Rule Number Two of DDA’s Five Rules of Respect; “Questions and answers are welcome and positive feedback is given, when asked for.” As indicated on the Facilitators Meeting Format, the TSF facilitator should provide group members guidelines of relevance for the OCI format. (E.g. weekly client update/progress report, symptom review, medication status, and/or brief personal history). It is important for TSF facilitator’s, and group members, to be mindful of DDA’s philosophy and its relationship to the group member’s report.

## Dual Diagnosis Anonymous Twelve Step Facilitation Meeting Guidelines

### OPEN/CHECK-IN MEETING EXAMPLE

The following is a brief example of a FTS OCI group member's check-in:

Hi, my name is "C" and I am dually diagnosed. My drugs of choice were methamphetamine, heroin, and cocaine. My mental health diagnosis is PTSD and OCD. I've been clean for over twenty years. (Facilitator's question: "How have you managed to stay clean for so long, C?") For me, I have found the spiritual support of my Higher Power to be the most important piece of my recovery. It's also important that I follow the principles of DDA, like "One Day at a Time" and utilize the fellowship and support DDA has to offer.) I'm currently taking Zoloft and buspar for mental health symptoms and these meds seem to be working pretty well at this time. Since our last group, I have been working on issues of trust. Trust has always been difficult for me because I experienced so much neglect early in my life. And also, I feel like I've been let down a lot. I'm sure that I have let others down also as a result of my addiction. I know our 12th Tradition reminds us "...that trust is a cornerstone of our fellowship" and I'd like some feedback from the group about how I can improve on this issue. After C acknowledges feedback from group members and TSF facilitator, I want to thank the group for letting me share.

This OCI example relates to a "seasoned" DDAer. For DDA newcomers or DDAer's in early recovery, it may be necessary for the TSF facilitator and/or other more seasoned group members to offer suggestions and examples of effective OCI sharing.

Dual Diagnosis Anonymous  
Twelve Step Facilitation Meeting Guidelines

TOPICAL MEETINGS

# Twelve Step Facilitation Meeting Guidelines

## TOPICAL MEETINGS

### INTRODUCTION

“Topical” DDA TSF groups are groups that focus on a particular recovery concept that is consistent with the principles of DDA. The topic may be selected by the TSF facilitator or by the DDA “Group Consciousness.” The DDA Group Consciousness is a simple majority of group members present. For example, if a group member is experiencing a particular recovery issue, the group may decide that the focus of the group would be to explore, as a group, the issue. It is more common that Topical Groups follow a regularly scheduled list of topics for the 12-18 week process. We have found that the philosophy contained in the regular readings of DDA represent the most effective and successful topics for DDA TSF Topical meetings. The following “DDA 12 Step Recovery Concepts” are derived from our readings and are presented here as possible group outlines.

Dual Diagnosis Anonymous  
Twelve Step Facilitation Meeting Guidelines

TOPICAL MEETINGS

Outline Number One

The Rules of Respect, Preamble, and Opening Thought  
Group Outline

(Twelve Week Group Process)



# The Rules of Respect, Preamble, and Opening Thought Group Outline

## Outline Number One

### INTRODUCTION

All the topics for this twelve week group process are derived from the first three readings of the DDA Facilitator's Packet Meeting Format. It is important for facilitators to recognize that these outlines are meant to be flexible. For example, Group Two may just focus on the concept of "Hope" in recovery. Facilitators are encouraged to exercise this flexibility and creativity when facilitating DDA group sessions. Facilitators and other group members may identify other pertinent topics related to our Rules of Respect; Preamble; and Opening Thought. This outline is meant to allow for spontaneity and relevance as the groups progress.

# The Rules of Respect, Preamble, and Opening Thought Group Outline

## Outline Number One

### Group Process

Group One: (From the Five Rules of Respect) Why are the Five Rules of respect read first? Why is “Who you see here and what is said here” considered most important?

Group Two: (From the Preamble) Why is it important to share our experiences, strengths, weaknesses, feelings, fears, and hopes, with one another? Which of these do you think is the most important to share?

Group Three: (From the Preamble) What do we mean by resolving our dual diagnosis? Why is it important to learn to live at peace with unresolved problems?

Group Four: (From the Preamble) Please share your thoughts regarding “The only requirement for membership in DDA is a desire to develop healthy drug and alcohol free lifestyles.”

Group Five: (From the Opening Thought) Why do we say that Dual Diagnosis Anonymous is a program of simplicity? How can recovery be simple and difficult at the same time?

Group Six: (From the Opening Thought) Why is it dangerous to “dwell on past regrets? How does “undue concern for the future” create anxiety?

Group Seven: (From the Opening Thought) Why do we “remain focused on today by living one day at a time?”

Group Eight: (From the Opening Thought) How does “accepting life on life’s terms” help us maintain serenity?

Group Nine: (From the Opening Thought) Why is “courage” necessary to persevere in our recovery?

Group Ten: (From the Opening Thought) Please share at least one example of a healthy choice that leads to a more meaningful alcohol and drug free lifestyle.

Group Eleven: (From the Opening Thought) Please describe a “more meaningful alcohol and drug free lifestyle.”

Group Twelve: Group Graduation and Closure. The TSF facilitator summarizes the Twelve Week group process. The TSF facilitator presents Certificates of Completion for each group member. The presentation of Certificates of Completion provides the TSF facilitator the opportunity to provide positive feedback to each group member for their particular contribution to the group and their own personal recovery goals.

Dual Diagnosis Anonymous  
Twelve Step Facilitation Meeting Guidelines

TOPICAL MEETINGS

Outline Number Two

The “Just For Today in DDA” Group Outline

(Thirteen Week Group Process)

## The “Just For Today in DDA” Group Outline

### Outline Number Two

#### INTRODUCTION

There are twelve stanzas in the DDA reading “Just For Today in DDA.” Each stanza, beginning with stanza number one, represents the topic for that week’s group discussion. Each group begins with a group member reading the stanza for the week followed by a group discussion highlighting its meaning. It is helpful for group members to approach their discussion with the phrase; “What this stanza means to me is...” A TSF facilitator may choose to go around the group and have each group member share their thoughts or simply facilitate an interactive group discussion among group members.

# The “Just For Today in DDA” Group Outline

## Outline Number Two

### Group Process

Group One: Just for today I will focus on my DDA recovery program of the 12 Steps plus Five.

Group Two: Just for today I will remain clean and sober and if I am taking medication I will do so as prescribed.

Group Three: Just for today I will keep an Open mind and be Willing to listen to the advice of my DDA support group, my prescriber, and my clinician.

Group Four: Just for today I will allow myself to have faith in someone in the DDA program who has faith in me and my recovery.

Group Five: Just for today I will have a program. I recognize that I may make mistakes along the way, but I will follow the DDA program to the best of my ability.

Group Six: Just for today I will utilize the DDA program of shared experiences, strength, solidarity, and hope in order to gain a better perspective on my life.

Group Seven: Just for today I will not dwell on the past nor place undue concern on the future.

Group Eight: Just for today I will not grant fear or worry space in my thoughts. By choosing to live One Day at A Time and by following the principles of DDA I need not be afraid.

Group Nine: Just for today I will see HOW working an Honest program is helping others and allow the blessings of my Higher Power to flow throughout my life.

Group Ten: Just for today I will allow myself to be me. I will accept myself for whom and where I am. I will allow others the same courtesy, that they may be free to grow, and that I may be freed from the burden of resentment.

Group Eleven: Just for today I will ‘Live and Let Live.’ If I become unable to do this, then I will place trust in my Higher Power and remind myself to just ‘Let Go and Let God.’

Group Twelve: Just for today I will live life on life’s terms. And by doing so I will recognize when I need support for symptoms of my dual diagnosis or when I am in danger of relapse and I will seek help from the fellowship of DDA, my Higher Power, my prescriber, and my clinician.

Group Thirteen: Group Graduation and Closure. The TSF facilitator summarizes the Thirteen Week group process. The TSF facilitator presents Certificates of Completion for each group member. The presentation of Certificates of Completion provides the TSF facilitator the opportunity to provide positive feedback to each group member for their particular contribution to the group and their own personal recovery goals.

Dual Diagnosis Anonymous  
Twelve Step Facilitation Meeting Guidelines

TOPICAL MEETINGS

Outline Number Three

The Twelve Steps Plus Five Group Outline

(Eighteen Week Group Process)\*

## The Twelve Steps Plus Five Group Outline

### INTRODUCTION

The Twelve steps Plus Five Group Outline allows group participants to become acquainted with, or for more seasoned DDAer's, more familiar with our 12 Steps Plus Five program. It is extremely important to recognize that the following Twelve Steps Plus Five Group Outline is not the same as "working the steps."\* Because of its brevity, this group outline is informational in nature designed to facilitate a deeper understanding of our steps. As with the Just For Today in DDA Group Outline, beginning with Step One of the 12 Steps, (as outline d below) each step represents the topic for that week's group. Each group begins with a group member reading the step for the week followed by a group discussion highlighting its meaning. It is helpful for group members to approach their discussion with the phrase; "What this step means to me is..."

There are at least four variations to The Twelve Steps Plus Five Group Outline.

Variation Number One is a beginners group. Since DDA is a relatively new 12 Step Program with our unique five steps, many DDAers are as yet unfamiliar with the twelve steps plus five. This variation of The Twelve Steps Plus Five Group outline provides group members an opportunity to become more familiar with DDA. This variation may be implemented for consumers in the early stages of recovery (Six months or less clean and sober).

Variation Number Two is an intermediate Group. This variation of the Twelve Steps Plus Five Group Outline is designed for group members who have some familiarity of DDA and/or other 12 step fellowships. Group members in this group usually have from six months to two years of clean/sober. In the intermediate group, the twelve steps plus five discussions tend to be more insightful with a greater experiential component.

Variation Number Three is an advanced group. This variation of the twelve steps plus five group outline is designed for group members who re "seasoned" in DDA and/or other 12 step fellowships. Group members in this group usually have at least two years clean and sober. The DDA concept that "good meetings run themselves" is more likely to be evidenced in the advanced variation.

Variation Number Four is open to group members in all phases of recovery. We have found that it can be very beneficial to include group members in various stages of recovery. Since the newcomer is considered the most important person in 12 step fellowships, it is vital that seasoned DDAer's have the opportunity to "give what they've received." Likewise, for the newcomer to be "attracted" to the recovery program that is DDA they must be able to experience the strength and hope of others in recovery. Our founder is fond of saying that "No amount of drugs can make me feel better than I do at this moment, and it is my fervent desire that every person with dual diagnosis will one day be able to know this as a reality in their life."

While it is vital that the DDA TSF facilitators support the philosophy of 12 step recovery programs, it is not necessary for DDA TSF facilitators to have an experiential knowledge of 12 step fellowships. DDA TSF groups provide an opportunity and atmosphere of learning for all participants. The collaboration between the DDAers and the TSF facilitator results in increased growth and awareness for all.

# Outline Number Three

## The Twelve Steps Plus Five Group Outline

Group One: We admitted we were powerless over our dual diagnosis, and that our lives had become unmanageable.

Group Two: Came to believe that a Power greater than ourselves could restore us to sanity.

Group Three: Made a decision to turn our will and our lives over to the care of God, as we understood Him.

Group Four: Made a searching and fearless moral inventory of ourselves.

Group Five: Admitted to God, to ourselves, and to another human being the exact nature of our wrongs.

Group Six: Were entirely ready to have God remove all these defects of character.

Group Seven: Humbly asked Him to remove our shortcomings.

Group Eight: Made a list of all persons we had harmed, and became willing to make amends to them all.

Group Nine: Made direct amends to such people wherever possible, except when to do so would injure them or others.

Group Ten: Continued to take personal inventory and when we were wrong promptly admitted it.

Group Eleven: Sought through prayer and meditation to improve our conscious contact with God as we understood Him, praying only for knowledge of His will for us and the power to carry that out.

Group Twelve: Having had a spiritual awakening as the result of these steps, we tried to carry this message to others who still suffer from the effects of dual diagnosis, and to practice these principles in all our affairs.

Note: The Twelve Steps are reprinted with permission of Alcoholics Anonymous World Services, Inc. Permission to reprint and adapt the Twelve Steps does not mean that A.A. is in any way affiliated with this program. A.A. is a program of recovery from alcoholism only -- use of the Twelve Steps in connection with programs and activities which are patterned after A.A., but which address other problems, on in any other non A.A. context, does not imply otherwise.



Group Thirteen: We admitted that we had a mental illness, in addition to our substance abuse, and we accepted our dual diagnosis.

Group Fourteen: We became willing to accept help for both of these diseases.

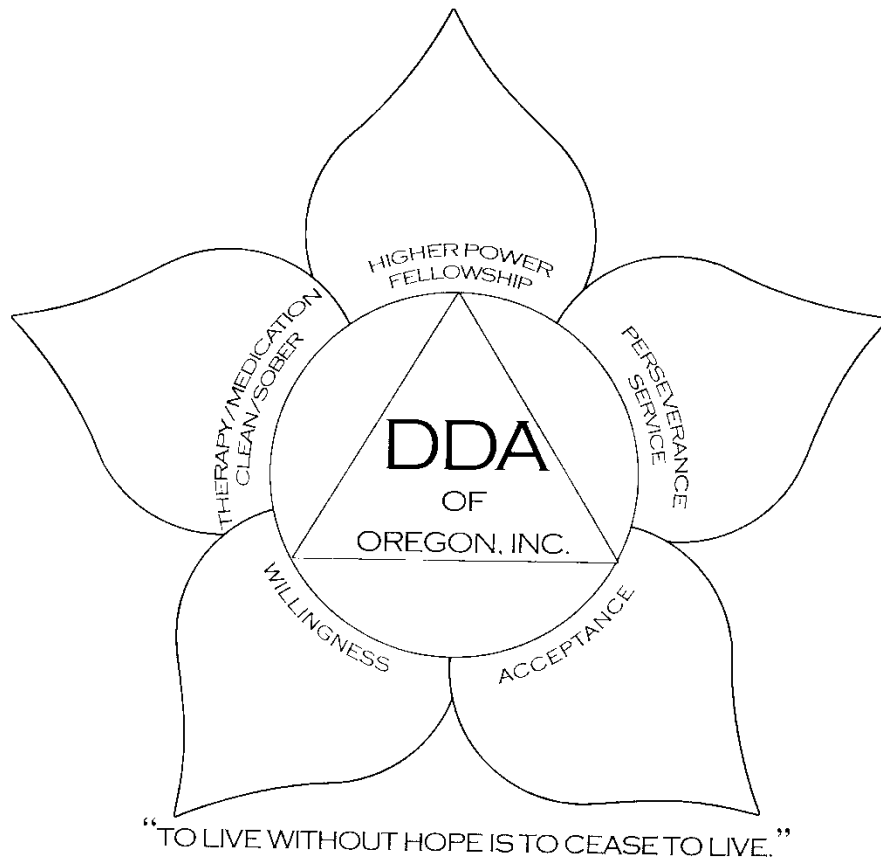
Group Fifteen: We have understood the importance of medication, clinical interventions and therapies, and we have accepted the need for sobriety from alcohol and abstinence from all non-prescribed drugs in our program.

Group Sixteen: We came to believe that when our own efforts were combined with the help of others in the fellowship of DDA, and God, as we understood Him, we would develop healthy drug and alcohol free life styles.

Group Seventeen: We continued to follow the DDA Recovery Program of the Twelve Steps plus Five and we maintained healthy drug and alcohol free lifestyles, and helped others.

Group Eighteen: Group Graduation and Closure. The TSF facilitator summarizes the Eighteen Week group process. The TSF facilitator presents Certificates of Completion for each group member. The presentation of Certificates of Completion provides the TSF facilitator the opportunity to provide positive feedback to each group member for their particular contribution to the group and their own personal recovery goals.

\*This outline may be modified for those DDAer's and Friends of DDA who desire to “work the steps” as a group. Working the steps would require a commitment of at least nine months for this purpose. Please contact DDA of Oregon, Inc. for more information if you are interested in utilizing this outline to work the steps as a group.



*Dual Diagnosis Anonymous of Oregon, Inc.*

## **Meeting Format & Readings for Facilitators<sup>©</sup>**

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# **DUAL DIAGNOSIS ANONYMOUS**

## **MEETING FORMAT FOR FACILITATORS**

*Welcome to Dual Diagnosis Anonymous. My name is \_\_\_\_\_  
I am a \_\_\_\_\_ (title), and I will be facilitating this meeting.*

*I have asked a group member to read the Five Rules of Respect of Dual Diagnosis Anonymous.*

*Would any visitors or anyone here for the first time please introduce yourselves?  
Welcome!*

*I have asked a group member to read the Preamble of Dual Diagnosis Anonymous.*

*I have asked a group member to read the Opening Thought for this meeting.*

*I have asked a group member to read the Twelve Steps of Dual Diagnosis Anonymous.*

*I have asked a group member to read the Five Steps of Dual Diagnosis Anonymous.*

*Facilitator chooses a topic, or decides on an open “check-in” meeting. The facilitator shares their thoughts on the topic or offers guidelines for open “check-in” meetings (e.g. weekly client update/progress report, symptom review, medication status, or brief personal history).*

*Facilitator: (After sharing) Our meeting is now open for participation. Please limit your sharing to five to ten minutes, so others have an opportunity to share. Facilitator then chooses a group member to begin DDA’s usual round robin format.*

*Facilitator: (With 5-10 minutes remaining) I’m sorry, our time is almost up. Are there any burning desires for further discussion?*

*Facilitator: (After any burning desires) Offers group summary and closure for participants.*

*Facilitator: I have asked a group member to read “Just For Today In DDA”.*

*Facilitator: Thank you for being part of our group!*

*End of Meeting.*

*Rev3/2008cm*

# ***DUAL DIAGNOSIS ANONYMOUS***

## ***THE FIVE RULES OF RESPECT***

- 1. First, and most importantly, who you see here and what is said here, let it stay here! (Here! Here!) Confidentiality and anonymity are the spiritual foundations that keep our recovery possible.***
- 2. Questions and answers are welcome and positive feedback is given, when asked for.***
- 3. Keep it real.***
- 4. Try not to disrupt the group.***
- 5. It is OK to pass, if you do not wish to share.***

# ***DUAL DIAGNOSIS ANONYMOUS***

## ***PREAMBLE***

***Dual Diagnosis Anonymous is a fellowship of persons who share their experiences, strengths, weaknesses, feelings, fears, and hopes with one another to resolve our dual diagnosis, and/or learn to live at peace with unresolved problems. The only requirement for membership in DDA is a desire to develop healthy drug and alcohol free lifestyles.***

*Adapted from STEMSS, 1988, Bricker, M.  
Rev8/2007cm*

# ***DUAL DIAGNOSIS ANONYMOUS***

## ***OPENING THOUGHT***

***Dual Diagnosis Anonymous is a program of simplicity. This simplicity is based on our version of the 12 Steps of AA plus the additional Five Steps of DDA. Regular attendance at these meetings, as well as the application of these simple Steps, provides us with the spiritual support needed for our dual diagnosis.***

***Recognizing the danger of dwelling on past regrets, and the anxiety associated with undue concern for the future, we remain focused on today by living one day at a time.***

***We make every effort to maintain the serenity of accepting life on life's terms;***

***The courage to persevere in our recovery;***

***And the wisdom to make healthy choices that contribute to a more meaningful alcohol and drug free lifestyle.***

# ***DUAL DIAGNOSIS ANONYMOUS***

## ***THE TWELVE STEPS***

- 1. We admitted we were powerless over our dual diagnosis, and that our lives had become unmanageable.***
- 2. Came to believe that a Power greater than ourselves could restore us to sanity.***
- 3. Made a decision to turn our will and our lives over to the care of God, as we understood Him.***
- 4. Made a searching and fearless moral inventory of ourselves.***
- 5. Admitted to God, to ourselves, and to another human being the exact nature of our wrongs.***
- 6. Were entirely ready to have God remove all these defects of character.***
- 7. Humbly asked Him to remove our shortcomings.***
- 8. Made a list of all persons we had harmed, and became willing to make amends to them all.***
- 9. Made direct amends to such people wherever possible, except when to do so would injure them or others.***
- 10. Continued to take personal inventory and when we were wrong promptly admitted it.***
- 11. Sought through prayer and meditation to improve our conscious contact with God as we understood Him, praying only for knowledge of His will for us and the power to carry that out.***
- 12. Having had a spiritual awakening as the result of these steps, we tried to carry this message to others who still suffer from the effects of dual diagnosis, and to practice these principles in all our affairs.***

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# ***DUAL DIAGNOSIS ANONYMOUS***

## ***THE FIVE STEPS***

- 1. We admitted that we had a mental illness, in addition to our substance abuse, and we accepted our dual diagnosis.***
- 2. We became willing to accept help for both of these diseases.***
- 3. We have understood the importance of medication, clinical interventions and therapies, and we have accepted the need for sobriety from alcohol and abstinence from all non-prescribed drugs in our program.***
- 4. We came to believe that when our own efforts were combined with the help of others in the fellowship of DDA, and God, as we understood Him, we would develop healthy drug and alcohol free life styles.***
- 5. We continued to follow the DDA Recovery Program of the Twelve Steps plus Five and we maintained healthy drug and alcohol free lifestyles, and helped others.***



# ***JUST FOR TODAY IN DDA***

*Just for today I will focus on my DDA recovery program of the 12 Steps plus Five.*

*Just for today I will remain clean and sober and if I am taking medication I will do so as prescribed.*

*Just for today I will keep an Open mind and be Willing to listen to the advice of my DDA support group, my prescriber, and my clinician.*

*Just for today I will allow myself to have faith in someone in the DDA program who has faith in me and my recovery.*

*Just for today I will have a program. I recognize that I may make mistakes along the way, but I will follow the DDA program to the best of my ability.*

*Just for today I will utilize the DDA program of shared experiences, strength, solidarity, and hope in order to gain a better perspective on my life.*

*Just for today I will not dwell on the past nor place undue concern on the future.*

*Just for today I will not grant fear or worry space in my thoughts. By choosing to live One Day at A Time and by following the principles of DDA I need not be afraid.*

*Just for today I will see HOW working an Honest program is helping others and allow the blessings of my Higher Power to flow throughout my life.*

*Just for today I will allow myself to be me. I will accept myself for whom and where I am. I will allow others the same courtesy, that they may be free to grow, and that I may be freed from the burden of resentment.*

*Just for today I will 'Live and Let Live.' If I become unable to do this, then I will place trust in my Higher Power and remind myself to just 'Let Go and Let God.'*

*Just for today I will live life on life's terms. And by doing so I will recognize when I need support for symptoms of my dual diagnosis or when I am in danger of relapse and I will seek help from the fellowship of DDA, my Higher Power, my prescriber, and my clinician.*

## ***JUST FOR TODAY***

**DUAL DIAGNOSIS ANONYMOUS OF OREGON, INC.  
P.O.Box 2883  
Portland, OR 97208**

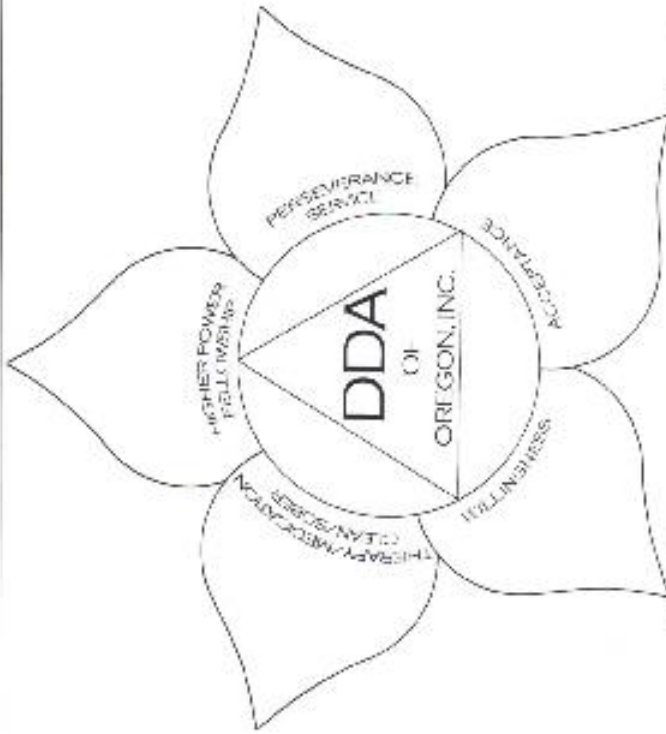
rev.3/2008

# **DUAL DIAGNOSIS ANONYMOUS**

## **THE TWELVE TRADITIONS**

- 1. Our common welfare should come first; personal recovery depends upon DDA Unity.**
- 2. For our group purpose, there is but one ultimate authority - a loving God, of our understanding, as He may express Himself in our group conscience. Our leaders are but trusted servants; they do not govern.**
- 3. The only requirement for DDA Membership is a desire to develop healthy drug and alcohol free lifestyles.**
- 4. Each DDA group should be autonomous except in matters affecting other groups or DDA as a whole.**
- 5. Each DDA group has one primary purpose - to carry its message of hope and recovery to those who still suffer from the effects of Dual Diagnosis.**
- 6. A DDA group ought never endorse, finance, or lend the DDA name to any related facility or outside enterprise, lest problems of money, property, and prestige divert us from our primary purpose.**
- 7. DDA, as such, ought to exercise extreme caution and diligence in accepting outside contributions or other sources of funding, lest we be distracted from our primary purpose. Every local chapter of DDA should strive to be self supporting.**
- 8. Dual Diagnosis Anonymous should remain forever non-professional, but our service centers may employ special workers.**
- 9. DDA, as such, ought never be organized; that we may create advisory boards, service boards and committees directly responsible to DDA and those DDA serves.**
- 10. Dual Diagnosis Anonymous has no opinion on outside issues; hence the DDA name ought never be drawn into public controversy.**
- 11. Our public relations policy is based on attraction, rather than promotion. Our group consciousness reveals that this policy is founded upon the principle that DDA'ers do recover and that this recovery is evidenced among us in the quality and life satisfaction of those of us who follow the DDA way.**
- 12. Confidentiality and Anonymity are the spiritual foundations of all our traditions ever reminding us that trust is a cornerstone of our fellowship and to place principles before personalities.**

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"TO LIVE WITHOUT HOPE IS TO CEASE TO LIVE"

THIS CERTIFICATE IS PRESENTED TO:

\_\_\_\_\_ IN RECOGNITION OF \_\_\_\_\_

**CLEAN & SOBER**

CORBETT MONCA, FOUNDER, DDA OF OREGON, INC.

\_\_\_\_\_  
CHIEF SECRETARY OR CHAIRPERSON

DATE