



The View

Newsletter of the Ridgeview Alumni Association

Volume X, No. 2

November, 1998

Smyrna, GA

Giving something back Endowment fund campaign launched

*There comes a time, when we
heed a certain call
When the Alumni must come
together as one.
Fellow addicts and alcoholics
are dying,
And it's time to lend a hand
To sobriety, the greatest gift of
all.*

*Send us one dollar, to show our
fellows you care.
Help make life addiction free.
God has already shown us
By turning despair to hope.*

*When we were down and out,
With little or no hope at all,
We ask God to answer our call.
Well let's realize, a change will
only come
When we band together as one.*

During his 14 years on the staff at Ridgeview Institute,

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Ridgeview sells properties to Woodland

In a move to broaden its scope and holdings in this age of managed care, Ridgeview Institute has sold two of its cottages and some 20 acres of its 75-acre campus to two-year old sister institution Woodland Ridge, a non-profit organization that specializes in the housing of individuals afflicted with

Alzheimer's and others who need assisted living.

For the past two years, Woodland Ridge, whose board is chaired by Ridgeview Founder and President Robert Fink, has leased Cottage E from Ridgeview. In the recent

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It's that time of year . . .

Although the Ridgeview Alumni Association remains active throughout the year with its many sponsored meetings, retreats, and major activities such as Spring Fling, the four-month period of October-January is the busiest time of the year for the group. The annual Halloween Dance, Thanksgiving Gratitude Dinner, Christmas Concert with Mac Frampton, New Year's Eve Dance, and Super Bowl Party fall between October 31 and January 31.

"It's a very hectic time for the Alumni Association with so much planning and work, not to mention the actual events themselves, coming during such a short time pe-

riod," said Alumni Association Advisor Sam Anders.

Anders noted that more participation from the Alumni Association ranks would be welcome to help stage these events that involve weeks of planning and preparation.

"I can guarantee you that we will put you to work if you show up at the Conference Center the evening before and the morning and afternoon of such activities as the Halloween Dance and New Year's Eve parties," he said, "and we have a great time doing it."

For a complete calendar of Holiday Happenings at Ridgeview, see page 3.



. . . Holiday Happenings at Ridgeview

Ridgeview Support Groups

(all meetings in Conference Center unless otherwise noted - see monitor in foyer for meeting rooms)

Adult Children of Alcoholics

Mondays, 6:30 p.m.

AlAnon

Mondays, 8 p.m.

AlaTeen

Mondays, 8 p.m.

Alcoholics Anonymous

Sundays, 11:15 a.m.

Mondays, 8 p.m.

Mons. & Thurs., 6 p.m./Men's AA

First Friday of the Month Speaker

Meeting, 8 p.m.

Saturdays: Conference Center

11 a.m./Women's AA and Men's AA

7:30 p.m./Relationships in Recovery

Cocaine Anonymous

Mondays, 8 p.m.

Tuesdays, 8 p.m.

Wednesdays, 8 p.m./Big Book/Pro Bldg.

North

Fridays, 8 p.m.

Sundays, 8 p.m.

Codependent Anonymous

Thursdays, 6:30 p.m.

Nar-Anon

Thursdays, 8 p.m.

Narcotics Anonymous - Friday Night Freedom

Fridays, 8 p.m.

Narcotics Anonymous - 12 Steps Closer

Sundays, 8 p.m.

Depression/Manic-Depression Assn (DMDA)

Bi-Monthly (2nd & 4th Wed.), 8 p.m.

A.N.A.D. (Anorexia/Eating Disorders)

Saturdays, 10 a.m.

Emotions Anonymous

Thursdays, 7 p.m./Pro Bldg. North

Rx Anonymous (Narcotic Pain Pill Addiction)

Fridays, 6:30 p.m.

Smoking Cessation

Thursdays, 8 p.m.

Overeaters Anonymous for Anorexics & Bulimics

Thursdays, 7:30 p.m./Pro Bldg. North

Gamblers Anonymous

Tuesdays, 7:30 p.m.

Step-by-Step (Christ Centered 12-Step Group)

Fridays, 8 p.m.

Ridgeview Calendar

Family Learning Series - Meetings - Socials

All activities are in the Ridgeview Conference Center unless otherwise noted. Check monitor in foyer for room locations.

NOVEMBER

Thursday, 5th- Family Lecture Series:

Extramarital Affairs and Intimacy, Sandra Maddock, LCS.W, 7:30 p.m.

Friday, 6th- First Friday Speaker Meeting, 8 p.m.

Sunday, 8th- Sunday Night Speaker Meeting, 8 p.m.

Monday-Thursday, 9th-12th- Family Workshop, 9 a.m. - 4 p.m.

Thursday, 12th- Family Lecture Series:

Holiday Planning for Step-Families, Judi Ingram Adkins, LPC, 7:30 p.m.

Sunday, 15th- Sunday Night Speaker Meeting, 8 p.m.

Thursday, 19th- Family Lecture Series:

Couples in Recovery: Rediscovering Intimacy, Brian L. Moore, Ph.d., 7:30 p.m.

Sunday 22nd- Annual Thanksgiving Gratitude Dinner & Meeting, 5:30 p.m.; Sunday Night Speaker Meeting, 8 p.m.

Thursday 26th- no meetings - Thanksgiving

Sunday, 29th- Sunday Night Speaker Meeting, 8 p.m.

DECEMBER

Thursday, 3rd- Family Lecture Series: no lecture

Friday, 4th- First Friday Speaker Meeting, 8 p.m.

Sunday, 6th- Sunday Night Speaker Meeting, 8 p.m.

Thursday, 10th- Family Lecture Series: *Spirituality and Taking Care of the Self*, Meriam Willaforde, M.E.d.

Sunday, 13th- Mac Frampton Concert, 8 p.m.

Monday-Thursday, 14th-17th- Family Workshop, 9 a.m. - 4 p.m.

Thursday, 17th- Family Lecture Series:

Tobacco Dependents and Recovery, Robert Mackinnon

Sunday, 20th- Sunday Night Speaker Meeting, 8 p.m.

Thursday, 24th- no meetings - Christmas Eve

Sunday, 27th- Sunday Night Speaker Meeting, 8 p.m.

Wednesday, 30th- New Year's Eve Dance Decorating, 12 noon

Thursday, 31st- complete decorating; New Year's Eve Dance, 8 p.m. - 1 a.m., \$5

JANUARY

Sunday, 3rd- Sunday Night Speaker Meeting, 8 p.m.

Thursday, 7th- Family Lecture Series: *The Disease of Addiction*, Paul H. Earley, M.D.

Sunday, 10th- Sunday Night Speaker Meeting, 8 p.m.

Monday-Thursday, 11th-14th- Family Workshop, 9 a.m. - 4 p.m.

Thursday, 14th- Family Lecture Series: *Paying Attention in School: ADHD, Learning and Self-Esteem*, Dirk E. Huttenbach, M.D.

Sunday, 17th- Sunday Night Speaker Meeting, 8 p.m.

Thursday, 21st- Family Lecture Series: *Healthy Families: Setting Good Boundaries*, Dianne "D.D." Petters, M.S.

Sunday, 24th- Sunday Night Speaker Meeting, 8 p.m.

Thursday 28th- Family Lecture Series: *Medicare is Changing: Know the Options*, Sonya Smith, R.N.

Sunday, 31st- Annual Super Bowl Party, 3 p.m.

Holiday Happenings

HALLOWEEN DANCE

Saturday, October 31 – 8 p.m. to midnight – Conference Center



Gobs of food, great fellowship, ghastly costumes, groovin' music, and, of course, ghosts and goblins, highlight the Sixth Annual Ridgeview Alumni Association Halloween Party & Dance. Costumes are encouraged, but not required. Prizes will be awarded for the best costume in adult and child categories. Yes, children are invited. A DJ will spin the best dance songs of the '60's, '70's, '80's, and '90's. Admission is \$5.00.

THANKSGIVING GRATITUDE EATIN' MEETIN'

Sunday, November 22 – 5:30 p.m., - Conference Center

It has become a Ridgeview tradition- the annual Thanksgiving Gratitude Eatin' Meetin'. Since 1989, Ridgeview alums and their families have gathered to break bread and share their gratitude during this special time of the year. The Ridgeview Cafeteria provides the turkey, ham, stuffing, and beverages, and alums are asked to bring their favorite side dishes and desserts. The sumptuous feast is followed by the annual 12-Step Gratitude Meeting at 7 p.m. It's one of the most special events of the year at Ridgeview. No admission charge.



CHRISTMAS CONCERT WITH MAC FRAMPTON

Sunday, December 13 – 8 p.m. – Conference Center

If you are not in the holiday spirit before you enter the Conference Center for this annual Ridgeview tradition, you will certainly be humming holi-Christmas music spiced with an array of by acclaimed concert pianist Mac Frampton. ivories at Ridgeview since 1989 when he 1991, he moved to the Conference Center for Admission is free, but is open only to Ridgeview



day melodies after you leave this hour of your all-time favorite musical selections Mac has been doing his magic on the performed for patients on Cottage B. In what has become a Christmas tradition. alumni, patients, and staff and their families.

NEW YEAR'S EVE PARTY & DANCE



Thursday, December 31 – 8 p.m. to 1 a.m. – Conference Center

Fabulous decorations, tasty hors d'oeuvres and beverages, and great music have made Ridgeview the place to be for thousands of members of the Atlanta Area Recovery Community during the past 10 years of this mega New Year's Eve celebration. Started as a catered party given for alumni by Ridgeview Institute, the alums got involved in the production several years ago, and the rest is history— a fitting climax to a year full of fellowship, service, and shared love and a gift to the Ridgeview alums themselves and all those in recovery. Admission is \$5.00

SUPER BOWL PARTY

Sunday, January 31 – 3 p.m. – Conference Center

The Falcons may not be here, but you should be as we celebrate an American tradition – The Super Bowl. While giant projection screens beam the gridiron spectacle to you, Ridgeview Alumni "chefs" will cook up hot dogs, chili, and all the fixin's. Come join the fellowship and cheer for your favorite. Charge for food only.



Fall Focus: Relapse Prevention – the business of staying clean and sober

You have heard it before and you will hear it again if you continue to frequent 12-Step Meetings and continuing care groups:

- *Don't drink or use*
- *Go to Meetings*
- *Work The Steps*
- *Get and talk to a sponsor*

Seems simple, doesn't it. Just do these four little things and you will continue to enjoy your hard-earned recovery for many years to come. But yet, statistics show that relapse is much more common than continued, unbroken sobriety. Why?

Verbalizing those four "simple, little things" is easy. But following through and living them day after day and year after year, that's another story entirely.

Pages 4-8 of this issue of *The View* are the personal stories of several Ridgeview alumni and staff who have "been there." Some have relapsed, pulled themselves up, and begun anew. Others have yet to stumble and may never fall. We can learn much from them as they share their stories of Relapse Prevention: The Business of Staying Clean and Sober.

Down the toilet in The Big Easy

Almost six years to the week into recovery from addiction to narcotic pain medication, I stood in the bathroom of a Marriott Hotel in New Orleans. In my hand was a vitamin B12 bottle that held 12 light blue tablets – not vitamins but Talacen, a prescription pain killer.

A week previous, these pills had been in a bottle on my ailing father's nightstand. Recuperating from back surgery that provided little or no relief from the severe pain that he had been suffering for months, the 76-year old man had received a "blank check" from his doctor for large amounts of pain medication. The stuff was laying all over the place, as it had been for many of my previous visits in recent months.

Since getting into recovery in October, 1992, there had been only one occasion when I was tempted to relapse. Some two years sober, I was visiting in a friend's home and went to the bathroom where I noticed a bottle of pills on the shelf in front of his toilet. The words "...for pain" shone like a beacon from the pharmacy label.

For a veteran addict and self-educated "pharmacist" these were once words of ecstasy when I intentionally frequented friends' and neighbors' bathroom cabinets in search of a fix. This time, however, I was struck with feelings of fear. I

quickly exited the bathroom and felt beads of sweat spring forth on my forehead. Close call.

I had one other opportunity to indulge myself in narcotics, and this one would have been perfectly legal. After breaking my wrist in a Ridgeview alumni softball game, I was taken to a nearby hospital to be treated. The ER doctor said the x-ray indicated a break and started to set and cast it. But being from out-of-town, I told him to just splint it. I would drive home to my local hospital to have it treated.

The doctor tried to talk me out of it, especially the driving part. But when he realized that he wasn't getting anywhere, he started writing a prescription for pain pills and told the nurse to get me some samples. I put my hand on his pad and told him that I didn't need pain pills. The doctor insisted. I persisted and drove home without the script or the pills.

Four years prior, I would have been happy that I had broken my wrist so I could legally get the dope for the next month or so.

So why was I now standing in a hotel bathroom in New Orleans holding 12 little blue pills that would immediately bring back that old rush, that feeling of euphoria?

I thought back to the previous weekend before in my parents' home when I found an unopened bottle of 100 Talacen that my parents had mis-



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placed and presumed lost. Without hesitation, I gave them the pills, didn't even think twice about keeping them, despite the fact that they would have never known.

But yet 24 hours later, I walked by the bedside table, reached down and picked up the small, half-empty bottle of pills and put it in my pocket. Why then, and why not the day before?

But I never took the top off the bottle. I did, however, take it with me to New Orleans.

The business trip brought back memories of days past when I would get hotel concierges to make appointments for me at a local doctor who I would con into writing a script for me, "since I had inadvertently left my pills behind."

But yet, the top stayed on the bottle.

I awakened the first morning in town and knew what I had to do. I looked in the phone book and called the New Orleans central office of AA. Less than an hour later, I was in the back room of the True Brew Coffee Shop, which just happened to be across the street from the convention center where I would be manning my company's trade show exhibit.

Eight hours later, I was back in my hotel bathroom. The bottle was in my hand, and the top was off. I stood over the toilet, tilted the bottle, and the 12 little blue pills tumbled into the white bowl of water. I watched them float and begin to dissolve. I flushed the toilet, and they were gone. Why did I do it? Or better stated, why did I refuse to relapse?

But first, the answer to the earlier questions? Why did I one day, without hesitation, turn over the unopened bottle of 100 pills with no chance of ever being discovered and then steal a lousy half-empty bottle the next? Because it's the nature of our disease. It is truly cunning, baffling, and powerful.

And it can strike at any time, whether you have six months, six years, or 16 years of sobriety.

So why did I pick up the phone book and end up in the back room of the coffee shop, and why did I flush the pills?

Because I have a good memory. It's what keeps me clean and sober. I remembered what my life was like during that 12 years of increasing deceit, dishonesty, utter chaos, and internal turmoil that ultimately cost me a year in prison, the loss of a job that I truly loved, the destruction of a reputation that took me 25 years to build, the end of scores of relationships, and the shame and embarrassment that fell upon my loved ones.

I remembered the remarkable power and influence of this addiction that destroys lives and people with its insidious, relentless tentacles that reach into our

very souls.

Simply stated, I didn't want to go there again. I was honest about myself and about this disease. I knew that if I gave in I would probably die. It's about honesty.

It's about going to meetings, something that I had been doing very little of in recent months. There are no coincidences.

It's also about God. I prayed before that phone call. I admitted that I was powerless and that only God could save me from a return to that hell that would surely evolve after I put that first pill in my mouth.

He saved me once, and He saved me again.

DM

Some conclusions

Since my relapse I have come to some conclusions which I needed to incorporate into my program of recovery:

1. **Loneliness**- Loneliness is the most important

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I remembered the remarkable power and influence of this addiction that destroys lives and people with its insidious, relentless tentacles that reach into our very souls.

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factor that will get me back into a bar. So now I don't allow my self to become lonely by whatever means are available. A meeting not only means a couple of hours of being sober, but of not being lonely.

Step 1- I had to do a thorough Step 1, which I discovered I had not done due to the way it was phrased. It didn't fit into my "fixed thinking." Step 1, to me, now reads as:

Once I consume alcohol, I become powerless." Now the other parts of the program are coming into focus.

Quit Thinking- I had to stop analyzing every statement in the *Big Book* and other books and just accept the program and see what happens.

Spirituality- I had to find spirituality before I got to Step 12. One thing that helped me a lot is the Life Recovery Bible, which I read as often as possible.

Inventory- I had to rework the phrase, "taking one's inventory." To me, inventory also means to keep a log in order to keep track of my progress or regression.

John W.

Sobriety is earned a day at a time

Almost 23 years ago, I attended my first AA meeting. After a couple of meetings I was able to hear things people were saying and slowly but surely began to apply them in my life. As most of us are when we come in, I was sick, my thinking was at best blurred, and I needed a lot of love, guidance, and an occasional kick in the butt. I was told to sit down, shut up, and listen. I did.

When I started working The Steps my life began to change. As a result of going to meetings and listening I was able to live successfully, which means I did not drink and eventually grew to a point where I didn't want to drink.

One of the groups I regularly attended in Houston stands out among the groups and meetings I have been to over the years. It was a Big Book Step Study group, and there was an iron-clad rule. If you haven't worked the step, pass. It

was not about what you thought about the step, it was about your experience with the step. The sobriety in that group is probably the most solid I have experienced in the years that I have been in the program.

Fortunately, the same rule I experienced in that meeting does not apply as I write this story since I have not relapsed. On a daily basis for almost 23 years I have made a decision to live my life free of alcohol and other mind-altering chemicals. So I write as one who has avoided a relapse, as opposed to one who has chosen to drink again.

I use the phrase, "chosen to drink," because I

A good friend died drunk 20 years ago. Just before he died he told me that he had gotten drunk by accident. I didn't buy it then . . . and I don't buy it now.

believe we are at times overly soft on the idea of "slips." We sometimes use the words, so it seems, as if one drinks by accident. I do not believe that is the case. I have avoided the word "slip," and have chosen to use the phrase "twist off." If I drink, it will not be an accident; it will be because I have twisted the top off a vodka bottle, a whiskey bottle, or a cold beer. Even the idea of suffering a relapse makes it seem as if it was something imposed from the outside. Relapse is an act of volition- we make a choice to drink. The suffering comes after we make that choice, and from what I have seen, it truly creates a living hell.

A good friend died drunk 20 years ago. Just before he died he told me that he had gotten drunk by accident. He had mixed grape juice and vodka and at the last minute chose not to drink. The next morning he saw the glass, forgot it had vodka in it, drank it, and that led to his getting

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drunk and eventually to his death. I didn't buy it then, and I don't buy it now.

Sobriety is earned one day at a time. Going to meetings, working the steps, being with people who are sober, and making your sobriety the most important part of your life is an insurance policy which will get us through the times we find ourselves on the verge of making decisions that are harmful.

Situations have occurred in life where I made the decision that a nice glass of wine wouldn't hurt me. But because I had paid the premiums on my insurance by going to meetings and working The Steps, God was always there in a miraculous way to do for me that which I could not do for myself.

Don't drink, go to meetings, listen, work The Steps, and grow into an understanding of God for yourself.

Albert W.

From a clinical perspective

For chemically dependent people in recovery, the term "relapse prevention" refers to utilizing a combination of several different recovery principles and recovery skills in order to increase the odds of success in maintaining abstinence from alcohol and/or other drugs. These recovery principles and skills are focused upon daily maintenance of a recovery program, being prepared for obstacles in recovery, and having realistic plans for how to deal with these obstacles when they occur.

One important aspect of relapse prevention is actively working a 12-Step recovery program. Another important aspect, particularly for those who have attempted to stay clean and have gone back into active addiction, is the identification of relapse warning signs and high risk situations for relapse. This identification process involves closely examining the past attempts at staying sober, and how the thoughts, feelings, and actions which were present during those times were managed. Assistance is needed to bring this information into conscious awareness.

Once relapse warning signs and high risk situations are identified, strategies for how to safely manage them need to be developed with the help of others who are knowledgeable about recovery. Warning sign identification and management planning need to be repeated and updated on an ongoing basis.

The desire to stop using and keeping recovery as the top priority are two of the most important factors for success in maintaining abstinence. Successful recovery requires ongoing self-management. If this effort isn't made on a regular basis, the desire to use again will eventually overtake the desire to stop using. A recovering

"Successful recovery requires ongoing self-management. If this effort isn't made on a regular basis, the desire to use again will eventually overtake the desire to stop using."

person can tremendously enhance his or her odds of success by following what is recommended in treatment at meetings – "The Basics of Recovery: Don't Use. Go to Meetings. Work The Steps. Call Your Sponsor." Experience shows that regularly attending 12-Step meetings and aftercare groups following primary treatment offers the best chance for success.

Throughout the recovery process, there will be times that recovering people encounter problems (stuck points) that they do not know how to handle, and this is normal. Whether the person moves ahead in recovery or digresses into the relapse process is dependent upon how he or she handles these stuck points.

The recovering person who will stay clean and move ahead in recovery will: 1) practice "The Basics of Recovery," 2) identify the stuck point through personal introspection, talking

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with others, and getting feedback, 3) not blame self for problems, but understand that it is normal to have problems, 4) practice known recovery skills and ask for help as needed, and 5) work through the stuck point by taking positive action.

Sometimes this process takes a long time, and sometimes good solutions are found more quickly. Most of the time, other 12-Step Program members, family, and friends are the only help needed to work through a stuck point. However, there may be times that professional help is needed as well.

Chip Abernathy

(Chip Abernathy, MA, NCAC works as a case manager at Ridgeview Institute and does consultation and training in relapse prevention therapy. He is a CENAPS Certified Relapse Prevention Specialist.)

Some reflections on recovery

Simply stated, the best preventive to relapse that I know is the practice of progressive recovery. This means that I practice by performing a process of slowly and imperfectly changing in ways over time that work and feel better while I'm not acting on my addiction.

Now, how do I not act on my addiction? The basics: don't drink/use/act out, go to meetings, have honest interaction with a sponsor, and personalize the Steps practice. And the more I move into these practices, especially all that is involved with interactive step work, the more I also begin the change process in emotional, relational, and spiritual ways that "work and feel better." That's the progressive part; it's built into the process.

And "working the steps" is never a past tense process, as if I have *worked* The Steps...I admit, believe, decide, inventory...in and with my ongoing experience.

I've heard it said, "I was abstinent, but not sober," of course in reference to not feeling "serene" or "not being spiritual enough," as if being a "dry drunk" is a failure. And the implicit

expectation is that if I do recovery "right" then serenity and spirituality are in some way constant and assumed. This belief and expectation themselves are two of the biggest "triggers" that I see in my work. And it is wrong. I have to recover from drinking/using/acting out. Then I

"... I also begin the change process in emotional, relational, and spiritual ways that "work and feel better. . ."

And "working the steps" is never a past tense process. . ."

have to recover from not drinking/using/acting out. And then, what I'm learning by my further practice of this process (for me) is I have to recover from recovery.

Stated differently, I need, after attaining behavioral, emotional, and relational responsibility, accountability and balancing, to spiritually see through the delusion of the need for self-improvement.

To experience, as the Big Book describes, "the great reality deep down within that is like the feeling I have for a friend...I don't have to be different from me. Buddhists might call this wisdom and compassion. Christians might call this I AM is love. We call it "...having had a spiritual awakening as the result of these steps."

Richard Morgan

(Richard Morgan, MA, NCACII works as a case manager at Ridgeview Institute.)

ENDOWMENT FUND

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Sam Anders has helped hundreds of addicts and alcoholics get clean and sober and stay in recovery. He is continually dreaming of ways to utilize the resources of the Ridgeview Alumni Association to broaden the scope of the organization's service work and other recovery activities.

SAM'S DREAM

One of Sam's favorite songs was recorded in the '80's by stars who joined together to raise funds to fight starvation in Africa. The song, "We Are the World," was a tremendous hit, and according to Sam, "that's what we in recovery are all about." Portions of the song were rewritten in the lyrics that accompany this story to place emphasis on the upcoming Alumni campaign, which answers Sam's dream of building an Alumni Association Endowment Fund.

"The Alumni Association has been around for about 10 years now," Anders said, "We've been thinking about this for some time, but never put our thoughts into action. Our dream is to become truly self-supporting through our own activities and contributions. The effort being undertaken by our Special Projects Committee is a start."

The Endowment Fund Campaign is based on each Ridgeview Institute alumnus contributing a minimum of one dollar for each year of personal recovery. Contributions from the families of former patients, the community-

at-large, wills, trust funds, and business and industry will also be welcomed.

The annual campaign will run from October 1 to December 31 each year. All contributions will be tax deductible.

"There are a lot of things we could do," Anders said, "but our main focus is to become self-supporting and broaden our scope of service work and recovery activities."

He explained that there has been past discussion by the Alumni Association in establishing a recovery bookstore, purchasing better recording equipment to record and sell speaker meeting tapes, and buying sound equipment for the organizations dances.

DEFRAY THE EXPENSES

Another possibility for utilizing endowment funds in this day of managed care in the health insurance industry would be to help defray treatment expenses for patients who need a few additional days or a week in the halfway house or treatment program but who cannot afford them.

"We may not be able to entirely fund such requests, but at least we could help to such a degree that the additional time could be funded," Anders noted.

Anders emphasized that contributions to the Endowment Fund will not go into the Alumni Association's general operations fund or to Ridgeview Institute. The Association's Special Projects Committee is establishing a subcommittee to open and manage an indepen-

dent investment account for the fund.

"This group, along with the Alumni Association's Entertainment Committee, will sponsor numerous functions throughout the year to finance the organization's other activities

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New standing committee formed

The Ridgeview Alumni Association Steering Committee recently created a fourth standing subcommittee, Special Projects, to complement its existing Newsletter, Entertainment, and Meetings and Patient Relations groups. The new subcommittee's responsibilities will focus on planning and coordinating service work and projects for the Alumni Association outside the scope of the other standing subcommittees, including fundraisers.

In addition to the Endowment Fund Campaign, which is the primary responsibility of this new subcommittee, other projects include an arts and crafts festival that was held on the Ridgeview campus in mid-October and the annual "Feeding the Homeless" project that will run from November through February.

Ideas and suggestions for future projects are welcomed and should be directed to Alumni Association Advisor Sam Anders.



Ridgeview Notebook

Alumni Steering Committee meets Thursdays

The Ridgeview Alumni Association Steering Committee meets weekly on Thursdays at 5:45 p.m. in rooms 1 & 2 of the Conference Center. All alumni of Ridgeview Institute are invited to attend and take part in the planning of the various service and social activities sponsored by the group. Adjournment is usually by 6:15 p.m.

Group for narcotic pain pill addiction formed

A new 12-Step group for individuals addicted to narcotic pain medication has been formed. It meets on Friday evenings at 6:30 p.m. in the Ridgeview Conference Center.

Several Speaker Meetings held at Ridgeview each month

Several speaker meetings sponsored by the Alumni Association are held on the Ridgeview Institute campus each month.

Each Sunday night in the Conference Center at 8 p.m., members of the Alumni Association, as well as an occasional guest speaker, tell their stories for the benefit of Ridgeview inpatients and residents of the halfway house. Ridgeview alumni are also invited to attend.

The First Friday Speaker Meeting, held the first Friday night of each month at 8 p.m., features guest speakers from the Atlanta area recovery community and elsewhere. These meetings are open to the public.

Family Workshop open to Alums

The Family Workshop, held the second week of each month, is open free of charge to any Ridgeview alumnus and family members. For additional information, call the Family Services Coordinator at 770-434-4567. See the Ridgeview Calendar for dates.

Interfaith Service held each Sunday

An interfaith spiritual service is held each Sunday morning at 10 a.m. in the Ridgeview Conference Center. The service is open to the public.

Ridgeview Alumni Association ENDOWMENT FUND CAMPAIGN

YES, I would like to "GIVE SOMETHING BACK."

I have been in recovery for _____ years and would like to contribute \$ _____
to the Ridgeview Alumni Association's Endowment Fund Campaign.

Name _____

Address _____

City _____ State _____ Zip _____

Phone (_____) _____

NOTE: Make your contribution payable to the: Ridgeview Alumni Association, 3995 South Cobb Drive' Smyrna, GA 30080-6397. Earmark it for: *Endowment Fund*

RIDGEVIEW SELLS PROPERTIES

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tion that was funded by tax-free bonds, Woodland Ridge purchased Cottage E and D, in addition to 20 acres of adjoining land.

Cottage E serves as the Alzheimer's center for Woodland Ridge, and Cottage D, which is currently undergoing renovations, will be the site of a new independent living facility.

OTHER RIDGEVIEW SERVICES

While officials at Woodland Ridge hope to offer a full continuum of senior living services, Ridgeview Institute will continue to offer and enhance its adult and adolescent psychiatric and addiction treatment and services, according to Ridgeview COO Jack Gronewald.

"Managed care has been the impetus for a great deal of change in the fields of psychiatric and addiction treatment and care during the past decade," said Gronewald, "and Ridgeview has tried to adapt to these changes."

"I really don't see any more dramatic changes at Ridgeview in the near future," he added, "but we will continue to enhance our existing services in adult, adolescent, and women's psychiatric and chemical dependency."

Ridgeview Institute facilities now include Cottages A, B, and C, which house the adult psychiatric, chemical dependency, and adolescent children programs and halfway house, the Administration Building, and Professional Building North, which houses day hospital programs and staff offices

The Ridgeview Foundation owns Professional Building South, which houses doctors' offices, and various staff offices, and the Conference Center.

STABLE CENSUS

According to Gronewald, Ridgeview's census was "fairly stable" during the 1997-98 fiscal year that ended in September. The average daily inpatient total was 36 and the partial program 54.

"We saw growth in both our psychiatric and chemical dependency programs this past year," Gronewald noted, "and we had a noticeable

increase in our professional program from out-of-state participants, something that we attribute to the Moyers special on PBS earlier this year. That really helped put us on the map nationally."

One of Ridgeview's newest programs, a day program for children under the age of 10 with psychiatric problems, also continues to grow.

ENDOWMENT FUND

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and will continue to look to Ridgeview Institute for its long-standing financial support until our goal of becoming self-supporting is realized," Anders explained.

"What we are trying to do is not unique," Anders added, "because such endowment funds can be found at other treatment organizations."

Anders cited the Hazelden organization in Minnesota which has an endowment fund of nearly \$50 million.

"They have been around a lot longer than we have," noted Anders, "and we may never get to where they are, but just getting started is a step in the right direction. I truly feel that there are a lot of people out there who love Ridgeview Institute, appreciate what was done for them here, and want to give back a little something."

The View

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