



BEYOND THE TWELVE

Recommended Questions/Answers for Vetting Professionals

Topic:	Question:	Green Light-Safe to Move Forward:	Red Light-Unsafe to Move Forward:
Definition of Addiction	How do you define addiction?	Describes as a complex biopsychosocial condition, emphasizing learned behavior, coping mechanisms, or neuroadaptation, not moral failure.	Uses moral or purely disease-based language (“once an addict, always an addict,” “a spiritual disease,” “powerless”).
Pathways to Recovery	What do you believe are the main pathways to recovery?	Acknowledges multiple pathways, including therapy, harm reduction, medication, and peer-based approaches. Focuses on your choice.	Claims twelve-step programs are the only way or discourages alternative pathways and supports.
Role of Abstinence	Is abstinence the only way to recover?	Recognizes that goals vary—for some, abstinence; for others, reduction or moderation may be steps toward wellness.	States abstinence is required for everyone or equates non-abstinence with failure.
Use of Medication	What’s your view on medication for addiction?	Supports evidence-based medication (MAT/MOUD), sees it as compatible with recovery, and avoids stigma toward prescribed use.	Calls medication “substituting one drug for another” or discourages it.
View of Relapse	How do you understand relapse?	Describes as a learning opportunity, part of the change process, not as failure or moral weakness.	Views relapse as failure and uses “Recovery Math” and emphasizes “starting over.”
Language and Identity	How do you describe people in recovery?	Uses person-first language (“person with a substance use disorder,” “person in recovery”), avoids labels like “addict” or “alcoholic.”	Uses stigmatizing or identity-based labels as default. May describe this as the “first step” to recovery.
Individual Autonomy	How do you help people decide their goals?	Centers on your autonomy and collaborative decision-making. Believes you define your own success.	Imposes treatment goals (“You must be abstinent,” “You need to go to meetings”).
View on Harm Reduction	What’s your perspective on harm reduction approaches?	Recognizes harm reduction as essential and compassionate, includes reduced use and safer use as possible goals.	Rejects harm reduction as “enabling.”
Evidence-Based Practice	What evidence-based approaches do you use?	Mentions Motivational Interviewing, CBT, DBT, ACT, and/or trauma-informed care; explains how evidence guides their work.	Avoids the question or only references twelve-step facilitation.
Spirituality and Religion	How do you address spirituality in treatment?	Respects all belief systems; offers spirituality as optional and personal, not required.	Says spirituality or belief in God is necessary for recovery.
Cultural Competence	How do you consider culture and identity in treatment?	Demonstrates awareness of cultural context, systemic factors, and intersectionality in addiction.	Dismisses or ignores identity and cultural relevance.
Recovery Definition	What does the word ‘recovery’ mean to you?	Describes recovery as improved quality of life, self-defined growth, and freedom from harm, not just abstinence.	Equates recovery only with abstinence or program participation.