A Place for Recovery: An Interview with Kenneth Dudek

The Substance Abuse and Mental Health Services Administration (SAMHSA) has defined community as one of the four dimensions necessary for a life in recovery. But what is community? To find out, RECOVERe-works editor Elizabeth Saenger, PhD, interviewed Kenneth J. Dudek, President of Fountain House, the gold standard in psychosocial clubhouses, and co-author of Fountain House: Creating Community in Mental Health Practice, released this month.

Question: What is community?

Mr. Dudek: To us, community is a form of therapy. The idea of a place like Fountain House is what is needed, and missing, in the current community mental health system, but the idea of having a place for recovery has lost a little bit of its luster. More and more, there is a push towards very individualized programming.

Question: How does (intentional) community work as therapy?

A: The first piece, the beginning of the recovery process, is the relationship, whether it is peer-to-peer or professional-to-peer. The second piece is that people need to believe that they have choice, and opportunities have to be present for them to have a real choice. And the third piece is something we refer to as “the need to be needed.” We believe strongly that people do not recover when someone else is doing something for them. People recover when they themselves start to take action. And so we refer to that as “the need to be needed,” the need to feel as though they have a value, and that they are a benefit to other people in the larger world.

Question: Do you think that the increased use of peer providers will enable many peers to feel needed?

A: Yes, I think so, but I don’t think there should be set-aside jobs that are called “peer jobs.” There could be a group of jobs that are set-aside, but they should be regular jobs. If you are a peer at Fountain House and you work here, you are a worker in one of our units, or you work in our housing program. We do not necessarily have a “peer job.” I believe having a “peer job” is limiting, since peers can do anything that anybody else can do, if they have the right training, and they have the right background. That is the direction I think we should be heading in.

Question: How about the idea that peer counselors might differ from non-peer counselors in that peer counselors would self-disclose their experiences, serve as role models, and so on?

A: I think the highest quality service comes from a peer with professional training. Simply having had the experience of being in the mental health system is not enough to be a counselor. I think people have already come to that conclusion, because now they are making peer training programs. I believe the more training people can get, the better it is going to be for everybody.

Question: Do you think people have any misconceptions about the role of community in recovery?

A: Yes, I do. I think that some people believe that the only reasonable stance is that peers would be independent in the community, with natural supports. They feel there is something stigmatizing about bringing together a group of peers in the same place. I believe that the ultimate goal, when you are trying to help people recover, is to help connect them with the natural community, and to link them with jobs in the community, and school in that community.
However, I also believe in creating an environment in the mental health world, such as Fountain House, where people with, and without, mental illness can be together in a good way.

**Question:** That would reduce stigma, as well as modeling the reduction of stigma.

A: Absolutely! That's what I was trying to get at with peer jobs. I think that we have to have higher expectations for peers, because they can do better. A lot of the members of Fountain House, for example, do not really have an interest in going into peer jobs. They have an interest in being electricians, or plumbers, or business people, or all kinds of other things. So I think we have to have ways to help people achieve all those different goals, of which peer jobs is one.

**Question:** What did you find most absorbing about researching these issues for *Fountain House: Creating Community in Mental Health Practice*?

A: The biggest surprise was that we started off thinking that the core of Fountain House was going to be something like employment, or education, or housing, but we came to understand that the core of Fountain House is about having community, a working community, as the base for all these other things. What makes everything work better is that people always have a place to come to, a place to return to.

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**Readings on Community: Annotated Recommendations from Fountain House**


Intentional recovery communities, such as clubhouse programs, aim to foster social connections among individuals living with a serious mental illness and encourage them to engage and become active participants in the community. The objective of the study was to gather information on the nature of clubhouse support as it pertains to social network support and social relationships. It appears that the clubhouse provides an intentional environment that creates a sense of community and a place to belong.


*Fountain House: Creating community in mental health practice* explicates the inner dynamics and evolution of the Fountain House community as a unique social innovation in mental health practice. Its inspiration and cross cultural effectiveness come from the expert application of several core principles – personal choice, professional and patient collaboration, and the need to be needed – that are fundamental to all human social activity and personal development.


Gusfield identifies two dimensions of community: territorial and relational. The relational dimension of community has to do with the nature and quality of relationships in that community. Other communities may seem to be defined primarily according to territory, as in the case of neighborhoods, but even in such cases, proximity or shared territory cannot by itself constitute a community; the relational dimension is also essential.


*Person-environment practice: The social ecology of interpersonal helping* addresses a core dimension in social work practice: accurate environmental assessment and strategic environmental intervention. The authors argue that the ability to understand "environment" from the client's perspective and to function effectively in the environmental domain is central to many emergent areas of practice such as practice with extended families and personal networks, practice from a "strengths" perspective, and culturally competent practice.


A structured interview was used to gather information pertaining to social network support and the recovery process among individuals participating in psychosocial clubhouses. A follow-up interview with 80% of the participants was
conducted approximately 14 months later. A social process model predicting recovery revealed that social network support as well as reciprocity with network members significantly contributes to understanding the recovery process over time.


Sarason argues that the key to overcoming many social problems is the creation and maintenance of a sense of belonging, responsibility, and purpose in the day-to-day lives of people at the community level.