



## On Being a Therapist in Recovery

Recovery from Addiction

by George Kolodner

**Editor's Note:** *Many therapists in the addictions field have personal recovery experience, which can enhance their effectiveness as clinicians. Along with this advantage comes a particularly complicated version of the issue faced by all therapists of how to manage the interface between their personal and professional lives. Dr. Anita Gadhia-Smith is a colleague for whose clinical skills I have the highest regard. I thought that she would be particularly able to address this topic well, and I am glad that she has agreed to contribute to our blog.*

### On Being a Therapist in Recovery

By Dr. Anita Gadhia-Smith

After nearly twenty years of working in the field of mental health and also being a person in long-term recovery for twenty-five years, I would like to share some of my experience and observations.

The first and most important point is that recovery always needs to come first. As a new therapist, I remember feeling unclear about what was my recovery and what was my work. The lines can become blurry, especially if you are working in the field of addiction. While “working with others” is indeed part of 12-step work, working in the field of addiction is not 12-step work; it is professional work. Work is work, and recovery is recovery. We still need to maintain a strong recovery program outside of work.

This requires us to manage time and priorities very carefully and to make the time and protect the space in our lives that we need to engage in a vibrant recovery program. As people in recovery, we need to practice rigorous self-care to stay balanced and experience emotional sobriety. My own recovery program includes: regular meetings, exercise, meditation, prayer, sponsorship, spiritual direction, time for friends and family, play and creativity, good nutrition, regular sleep, and relaxation.

Many years ago, I started a support group for therapists in recovery. One of the issues that came up consistently was the therapists' discomfort with seeing patients in meetings and about people knowing that they were in recovery. My own position on this has been that I do not concern myself with seeing patients at meetings. It is good for both of us to be there for our own reasons. Appropriate boundaries need to be maintained, but in recovery, we are all equals.

My first book, *From Addiction to Recovery: A Therapist's Personal Journey* was published in 2007. I made a decision, after much thoughtful and careful consideration, that my own honesty and experience were some of the most powerful resources I had to give to help people. Most of my patients who are in recovery know that I am in recovery, and it is an asset to the therapeutic process. Self-disclosure needs to be handled judiciously, but is helpful if it will help the patient.

With addictions, it is often helpful. I have known of too many recovering people who became therapists, went on an ego trip, put themselves on pedestals, got away from their own recovery programs, and relapsed. I do not want this to happen to me.

As recovering people in the field of mental health, we can appreciate how our own history and challenges have served a purpose in our lives to help us to be able to help others. I have struggled with so many different kinds of issues both before and during recovery; I can see how all of it makes me a more effective psychotherapist. As

recovering people, we have an opportunity as therapists to bring great meaning and purpose to our lives, as well as the lives of others.



*Anita Gadhia-Smith, PsyD, author of four books, is a psychotherapist in Washington, DC, specializing in addiction, recovery and relationship issues. She has served as a consultant to the U.S. Congress in parity legislation for substance abuse treatment and has spoken nationally and internationally on radio, television and other media as an expert. Website: [practicaltherapy.net](http://practicaltherapy.net)*