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The Recovery Coach: ROLE CLARITY MATRIX

Alida Schuyler MS, PCC; Jan Brown, BA, MRLC; William White, MA

A wide variety of specialized roles have evolved to assist individuals and families achieve recovery from addiction, including recovery from what have been called process addictions—harmful relationships with gambling, food, sex, money, etc. There is a long history of addiction medicine specialists (addiction-trained physicians, psychiatrists, physician assistants, nurse practitioners, nurses), addiction counselors, addiction-trained therapists, outreach workers, case managers, and interventionists, to name just a few. One of the most recently emerging roles is that of the *recovery coach*. This particular role has a complex etymology, with roots in both the voluntary peer supports found in addiction recovery mutual aid societies and in the field of professional life coaching. As a result of this mixed heritage, the public is now confronted with a variety of people calling themselves recovery coaches or offering recovery coaching as a specialized service who vary considerably in how they perceive and practice this role.

In 2011 and 2012, Alida Schuyler, Jan Brown, and Bill White began an extended dialogue (via phone conferences) on recovery coaching and the need for clearer definitions and standards governing this role. Alida drew from her roots in the professional coaching arena. Jan drew from her roots as a professional coach and her knowledge and experience from her work in the development of peer-based recovery support services within recovery community organizations and addiction treatment programs. Bill drew from his experience as an addictions counselor and his consultations and evaluations of peer-based recovery support services. What we began to explore was the differences between professional life coaches who had begun to specialize in working with individuals in addiction recovery, the professionalized role of addiction counseling, and peer recovery support specialists who were incorporating coaching into their helping processes. A *Role Clarity Matrix* was created to record our evolving meditations on these roles. Based on the increased requests the authors have received requesting information on recovery coaching, we decided to share our in-progress work on the *Matrix*, with full knowledge that these roles vary widely in how they are defined and performed across organizational and cultural contexts and with full knowledge that they continue to dynamically evolve. Our depictions of key differences in the roles of peer recovery coach, addiction counselor, and professional recovery coach are based on our best perception of how these respective roles are most frequently performed.

For the latest version or to offer comments or suggestions on the Matrix, please email Alida Schuyler at coachalida@gmail.com.

	Peer Recovery Support Specialist	Addiction Counselor	Professional Recovery Coach
Other Titles	Peer, Peer Specialist, Recovery Support Specialist, Recovery Coach, Peer Mentor,	AOD Counselor, Chemical Dependency Counselor, Clinical Case Manager	Recovery Coach, Recovery Life Coach, Professional

	Peer Recovery Support Specialist	Addiction Counselor	Professional Recovery Coach
	Recovery Guide		Coach, Life or Business Coach with expertise in addiction recovery
Primary Purpose of Role	Promotion of longterm addiction recovery, with <i>recovery</i> most frequently defined in terms of sobriety (or remission), enhancement of wellness and recovery capital, and healing of person-community relationship (citizenship)	Achievement of personal/family recovery with recovery defined in terms of post-treatment abstinence and social function and enhancement of family health; Healing and resolution of related traumas, issues, blocks	Personal transformation resulting in peace with past and others; present life in good order; imagining and working towards a powerful, positive, and compelling vision of future; manifestation of unique and satisfying life in recovery

Nature of Role	Non-clinical, recovery model, being integrated into behavioral health, emerged out of new grassroots recovery community organizations and expansion of recovery support services	Clinical, (medical & social models) emerged within the professionalization of addiction treatment and being encompassed within present integration of behavioral health	Non-clinical, nondiagnostic, supporting multiple pathways to recovery, rooted in strengths and wellness; successoriented, expansion of the personal coaching and business coaching models, focus is on personal transformation
Relational Model	Natural/Partnership reciprocal (nonhierarchical), noncommercialized, and potentially enduring	Professional, hierarchical, (expert model), highly commoditized and commercialized (as a billable service), transient (ever-briefer)	Partnership of equals co-created in service of the client: client is the expert on

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	<p>Peer model based on lived experience and mutual support</p> <p>Uses his/her own story as a means of offering testimony to the reality and power of recovery, uses his/her own story as guidance on how to live in recovery</p>	<p>Expert model teaching client/patient what he/she should or must do to recover; recent calls for transition from expert model to partnership model</p>	<p>themselves and at choice, coach brings expertise in communication, and as change agent</p> <p>Business relationship and structure; collaborative, strengths-based; emphasis on supporting, challenging, and accountability; as brief or enduring as client & coach choose, typically a 3-month minimum—lasts as long as is useful—months or years</p>
<p>Recovery Philosophy</p>	<p>Natural/Partnership reciprocal (nonhierarchical), noncommercialized, and potentially enduring</p> <p>Peer model based on lived experience and mutual support</p> <p>Uses his/her own story as a means of offering testimony to the reality and power of recovery, uses his/her own story as guidance on how to live in recovery</p> <p>Recovery most often</p>	<p>Tend to view recovery as something that happens inside the client and focuses on breaking the person-drug relationship, modifying the client's perceptions, thoughts, and actions, and assessment of the environmental influences of addiction and recovery</p>	<p>View recovery as something that is naturally attractive and occurs when the client is in touch with the outcomes they want in their life and has ongoing support and accountability in their capacity to be successful</p>

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	viewed as something that happens in one's relationship with oneself, God, family, and community; strong advocacy role to shape pro-recovery policies and practices in the community		
Support across the Stages of Recovery	May include collaboration with addiction professionals on recovery initiation and extends beyond to include pre-recovery, transition between recovery initiation and recovery maintenance, transition from recovery maintenance to enhanced quality of life in long-term recovery	Primary focus in on recovery initiation/biopsychosocial stabilization of persons committed to sustained abstinence; recent calls to integrate harm reduction perspectives within the role; recent calls for sustained post-treatment recovery checkups	May work individually or as part of team, supporting multiple pathways to recovery across all stages from pre-recovery through longterm. Supports client's choice of where to begin, what to work on, and vision of desired outcomes
Recovery Goals	Focus on removing obstacles to recovery and building personal, family, and community recovery capital to support long-term recovery	Primary role is in facilitating the process of recovery initiation for those who have reached a point of readiness to change	Focus on facilitating selfunderstanding and a higher level of functioning & performance; helping client achieve their life, business, and recovery goals more easily and quickly than they would on their own; increasing internal and external skills and assets
Recovery	Facilitates the	Utilizes problems generated	Facilitates the

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Planning Framework	development of a person-driven recovery plan, much broader in scope and more community- and recovery-focused than traditional treatment plans	from the assessment data to generate a professionally directed treatment plan; makes diagnosis; probes undisclosed “issues”	development of client-driven goals & plans based on their stated outcomes, and facilitates the skills needed to achieve them; broader than abstinence to include lifestyle and vision of success.
Words Used to Describe the Activities of the Role	Identify, engage, encourage, motivate, share, express, enhance, orient, help, link, consult, monitor, transport, praise, enlist, support, organize, advocate, empower, model	Diagnose, treat, assess, screen, refer, document, counsel, pathology, educate, advise	Coach, facilitate, converse, cocreate, partner, inspire, brainstorm, clarify, questioning consult, reframe, motivate, listen, reflect, challenge, accountability
Education and Training	Credibility springs from experiential knowledge (direct experience) and experiential expertise (demonstrated ability to use experiential knowledge to affect change in oneself and others), certification status for peer recovery support specialists varies widely by state	Credentialed by experience of formal education and institutionally credential led via certification or licensure, NAADAC, ICRC, state certification bodies	Coach training program, credentialing may occur through professional coaching organizations such as Recovery Coaches International (RCI), International Coaching Federation (ICF), International Association of Coaching (IAC), European Mentoring and

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			Coaching Council (EMCC), etc.
Core Competence	Knowledge of and modeling of core recovery competencies or values; pathways, styles and stages of personal & family recovery; knowledge of diverse cultures of recovery; ability to navigate service structures of local recovery mutual aid groups and recovery community organizations; skills in recovery planning; assertive linkage to indigenous recovery supports; capacity to navigate linkage to formal service systems	Includes knowledge of addiction and skills to perform clinically-oriented functions; pharmacology, epidemiology, theories of addiction; screening and assessment skills; theories of counseling; treatment planning cultural competence; counseling techniques, ethical decisionmaking; documentation protocol; working within multidisciplinary team	Includes knowledge and use of professional coaching skills, understanding or knowledge of recovery and addiction, and additional topics as needed with a given client; screening clients for ability to benefit from coaching; establishing client-driven goals for coaching; asking for permission before offering advice or resources; adapting to client's learning style and changing capacity; coaching to increase client's motivation and confidence; excellent skills in listening, questioning, and reflecting; ability to generate possibility and elicit positive change talk; supporting and

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			challenging; skill in setting goals, organizing and creating effective plans (including recovery plans), addressing health care issues including impact of addictions and behaviors on self, family, community
Financial Payment	May be volunteer or paid position	Paid position	Paid position with or without pro bono work
Duration of Contact	Highly variable, with some expected to sustain contact for months and years, longer service relationship, focus on maintaining continuity of contact over time	Relationship is characterized by a clear beginning, middle, and end; relatively brief and becoming ever briefer, posttreatment contact historically viewed as ethically suspect	Coaching relationship is maintained until goals are achieved or as long as the client wants or needs coaching (assuming that coaching is effective for them). This may last for months or years
Service Delivery Area	In the person's natural environment; linking people from treatment institutions to indigenous communities of recovery; support delivered as close as possible to the person's natural environment; telephone based and other e-based recovery supports	Treatment center or institution; office based; some extension to "etherapy"	Meets with client in person or by telephone; typically for international clients, meeting via Skype, phone, or email

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Linkage to Local Communities of Recovery	<p>Direct communication with indigenous recovery support organizations</p> <p>Emphasis on orienting and assertively guiding individuals into engagement with communities of recovery</p>	<p>Variable levels of communication with indigenous recovery community organizations</p> <p>Passive referral (verbal encouragement with possible provision of meeting list) is dominant pattern; growing calls for more assertive linkage procedures</p>	<p>Minimal or indirect communication with indigenous recovery community organizations</p> <p>Client is coached to find and connect with a broad spectrum of resources, including local or online communities of recovery</p> <p>Useful for those areas with few services or for additional recovery pathway options</p>

About the Authors: Alida Schuyler MS, PCC, is a Professional Certified Coach, a Master Recovery

Life Coach, and an international expert on Recovery Life Coaching. She is the co-founder of Recovery Coaches International, and Director of Crossroads Recovery Coaching Inc., a training school for recovery life coaching. Jan Brown, BA, MRLC, a certified Professional Recovery Coach, is the founding and executive director for SpiritWorks Foundation Center for Recovery of the Soul, the Center for Addiction Recovery & Wellness. She served as a subject matter expert on the development of the International Credentialing and Reciprocity Consortium’s (IC&RC) peer recovery credential. William White, MA, is Emeritus Senior Research Consultant at Chestnut Health Systems. He has served as a volunteer consultant to Faces and Voices of Recovery and is author of *Peer-based Addiction Recovery Support Services: History, Theory, Practice and Scientific Evaluation* and *The History of Addiction Counseling in the United States*.