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Recovery Coaching: A Lost Function of Addiction Counseling?

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New service organizations and roles are often birthed from the failure of existing institutions and professions to respond to critical community needs. The modern profession of addiction counseling emerged in the 1970s out of a cultural consensus that existing service institutions and professions had failed to provide a viable solution to alcohol and other drug-related problems. The subsequent professionalization of the role of the addiction counselor set the stage for the development of new roles bearing such titles as recovery coach/mentor/guide and recovery support specialist. This essay explores what the emergence of these roles reveals about the current and future status of addiction counseling.

Recovery Coaching

Modern research underscores several weaknesses of addiction treatment: low engagement rates of those in need of treatment, high disengagement and extrusion rates following admission to treatment, low rates of participation in post-treatment continuing care activities, and high post-treatment relapse and re-admission rates (White, 2004). These deficiencies are prompting calls to shift addiction treatment from a model of acute intervention to a model of sustained recovery management (McLellan, Lewis, O'Brien, & Kleber, 2000). The latter is distinguished by a continuum of pre-treatment, in-treatment, and post-treatment recovery support services. Recovery management models place particular emphasis on sustained monitoring (including recovery checkups) (Dennis, Scott & Funk, 2003), stage-appropriate recovery education, assertive linkage to indigenous communities of recovery, and early re-intervention (White, Boyle & Loveland, 2002).

The recovery management model is reflected in the variety of new services being provided by or linked to addiction treatment agencies under the rubric of “outreach,” “case management,” “continuing care” and, more recently, “recovery coaching” or “peer-based recovery support services.”

Such support services are also being delivered within non-traditional community service sites (e.g., churches and new recovery advocacy and recovery support organizations). Several states (e.g., CT, AZ) are formally integrating recovery support services within their continua of care, while others (e.g., PA) are debating the potential credentialing of these new recovery support specialists.

In service organizations piloting this role, the recovery coach is being described as a:

- motivator and cheerleader (exhibits faith in capacity for change; encourages and celebrates recovery achievements)
- ally and confidant (genuinely cares and listens; can be trusted with confidences)
- truth-teller (provides feedback on recovery progress)
- role model and mentor (offers his/her life as living proof of the transformative power of recovery; provides stage-appropriate recovery education)
- problem solver (helps resolve personal and environmental obstacles to recovery)
- resource broker (links individuals/families to formal and indigenous sources of sober housing, recovery-conducive employment, health and social services, and recovery support)
- advocate (helps individuals and families navigate service systems)
- community organizer (helps develop and expand available recovery support resources)
- lifestyle consultant (assists individuals/families to develop sobriety-based rituals of daily living)
- friend (provides sober companionship).

Readers of *Counselor* will quickly recognize that these functions overlap those of many existing service roles, including the role of addiction counselor. Recognizing this potential for boundary ambiguity and conflict, agencies experimenting with these new roles insist that the recovery coach is NOT a:

- sponsor (does not perform AA/NA or other mutual aid group service work on “paid time”)
- therapist/counselor (does not diagnose or “treat” substance use disorders, and does not refer to their support activities as “counseling” or “therapy”)

- nurse/physician (does not make medical diagnoses or offer medical advice), or a
- priest/clergy (does not respond to questions of religious doctrine nor proselytize a particular religion/church).

The recovery coach is a non-professional service role. Persons serving as recovery coaches, rather than being legitimized through traditionally acquired education credentials, draw their legitimacy from *experiential knowledge* and *experiential expertise* (Borkman, 1976). Experiential knowledge is information acquired about addiction recovery through the process of one's own recovery or being with others through the recovery process. Experiential expertise requires the ability to transform this knowledge into the skill of helping others to achieve and sustain recovery. Many people have acquired experiential knowledge about recovery, but only those who have the added dimension of experiential expertise are ideal candidates for the role of recovery coach. The dual credentials of experiential knowledge and experiential expertise are bestowed by local communities of recovery to those who have offered sustained living proof of their expertise as a recovery guide (White & Sanders, 2004).

Recovery coaching is at a frontier stage. The role lacks consistent definition and prerequisites across the country. There are potential conflicts with other service roles and voiced concerns about harm that could come to recipients of recovery support services due to incompetence or personal impairment. Orientation, training and supervision protocols are lacking. In short, the role of recovery coach is plagued by the same issues that faced an emerging profession of addiction counseling thirty-five years ago.

Recovery Coaching and Addiction Counseling

Advocacy of a new recovery support role suggests that functions to be performed in this new role are not being adequately provided by addiction counselors or by other service roles. What does the recovery coach provide that is not being provided by the addiction counselor? Here are a few possibilities.

The Wounded Healer Tradition The recovery coach role provides a venue to re-invite significant numbers of recovered and recovering people back into service roles within the addictions field. The role revives the field's wounded healer tradition—a tradition eroded through the escalation of educational requirements to enter and sustain one's work as an addiction counselor. This quality forces the question: Have important dimensions of

the addiction counseling field been lost as a result of the reduced numbers and professional socialization of recovered and recovering people working in the field.

The Psychology of Optimism If there is a psychology of recovery coaching, it is a psychology of hope and strength. This raises the question of whether addiction counseling has become too pathology-focused, and, if so, how the field could recapture the infectious hope out of which it was birthed.

The Ecology of Addiction and Recovery The target of the recovery coach's interventions are the client's environment as well as the client's thoughts, feelings and behaviors. This emphasis on nesting recovery within the client's natural environment raises the question of whether the function of addiction counseling has become too imbedded within institutional environments and too detached from community conditions that either support or undermine recovery.

Knowledge of Cultures of Recovery The recovery coach role is designed to shift the connection between treatment centers and indigenous cultures of recovery from one of passive referral (e.g., encouragement to attend mutual aid groups) to assertive linkage (guided exposure to multiple local communities of recovery). This raises the question: Is today's more educated addiction counselor less knowledgeable about long-term recovery and indigenous communities of recovery than the "paraprofessional" counselor of the early 1970s?

Decreasing Power Discrepancy The recovery coach role offers a relationship that is less hierarchical and less commercialized. This raises the question of whether the therapeutic alliance of addiction counseling has been weakened by the over-professionalization and over-commercialization of the role of addiction counselor. Have we squeezed the natural juices out of the addiction counselor role, leaving it a more technically proficient but less emotionally authentic shadow of its original?

Continuity of Contact in a Primary Service Relationship The recovery coach role offers the person seeking recovery what the addiction counselor cannot: a sustained recovery alliance. As addiction treatment and all levels of care within it have become ever briefer, the question can be raised whether the counselor-client relationship has become so brief that today's counselor has little ability to guide the transition from recovery initiation to recovery maintenance.

Closing Reflections

In some ways we have come full circle. The role of recovery coach contains many essential dimensions of the role of addiction counselor—dimensions that some feel have been lost or diluted. As addiction counseling gets further integrated into (or colonized by) more powerful fields, the recovery coach may become the torch bearer of critical aspects of the specialty knowledge and skill that marked the birth of addiction counseling. What is clear at this moment is that recovery coaches are seeking to meet needs not being addressed within the current rubric of addiction counseling. How these needs are addressed will exert a profound effect on the future of addiction treatment as a system of care and the future of addiction counseling as a profession. If some immeasurable qualities of addiction counseling have been lost, it is time to mourn that loss and either recapture those lost functions or celebrate the entry of these new recovery support roles within the field of addiction treatment.

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