

Our Definition of Recovery

- We endorse a broad vision of recovery that involves a process of restoring or developing a positive and meaningful sense of identity apart from one's condition and a meaningful sense of belonging while rebuilding a life despite or within the limitations imposed by that condition



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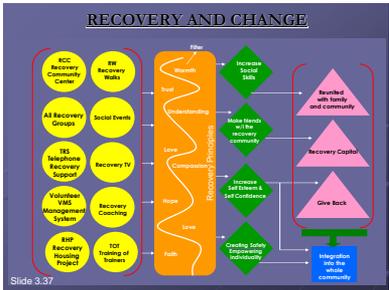
RECOVERY CORE VALUES

"A Process of Change Through Which an Individual Achieves Abstinence, Improved Health, Wellness & Quality of Life"

SAMHSA

"A Process of Change Through Which an Individual, Family Member, or Family Moves From a State of Obsession and Dependency to an Enduring and Holistic Focus on Self Awareness, Understanding of Others, and Improvement in Their Quality of Life"

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Core Values of Recovery

- Self-Directed – What the person in recovery wants, desires and can accomplish; not what the provider imparts to the person
- Strengths-based – Focus on strengths, capacities, talents and skills
- Empowerment – Providing the tools needed to empower the person
- Basic Needs – Recovery is not possible without meaning, purpose, goals, housing, work and personal development

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Core Values of Recovery

- Hope – People do recover and change is possible
- Optimism – You can do it – many do
- Positive Self-Identity Recovery focused not disorders focused (William White)
- Being of Service – Giving back
- Multidimensional Support (SAMHSA) – Emotional, informational, instrumental and affiliation

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Recovery Basic Premises

- Recovery Premise 1: All individuals are unique and have special needs, goals, health attitudes and behaviors and expectations for recovery.
- Recovery Premise 2: Persons in recovery with mental illness, alcohol or drug addiction, or both, share some similarities, however, management of their own lives and mastery of their own futures will require different pathways at times.

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Recovery Basic Premises

- Recovery Premise 3: All persons should be offered equal access to treatment and have the opportunity to participate in their recovery process.
- Recovery Premise 4: The funding agency shall support a recovery-oriented system of care that requires their funded and/or operated treatment programs to treat individuals according to core values.

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Ten Components of Recovery

- Self-direction
- Individualized and person-centered
- Empowerment
- Holistic
- Non-linear
- Strength-based
- Peer supported
- Respect
- Responsibility
- Hope

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Recovery Coach Definition

- A Recovery Coach is anyone interested in promoting recovery by removing barriers and obstacles to recovery and by serving as a personal guide and mentor for people seeking or in recovery

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Recovery Coach Definition (from William White)

- A Recovery Coach is a person who helps remove personal and environmental obstacles to recovery, links the newly recovering person to the recovering community, and serves as a personal guide and mentor in the management of personal and family recovery. Such supports are generated by mobilizing volunteer resources within the recovery community, or provided by the recovery coach where such natural support networks are lacking.

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Recovery Coach Definition (from a Recovery Coach Class)

- A Recovery Coach is someone interested in promoting recovery by assisting recoverees to identify and overcome barriers to recovery, develop recovery capital and serve as a recovery guide and companion for those seeking or sustaining recovery

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Recovery Coach Role: Motivator and Cheerleader (Adapted from William White)

- Believes in capacity for change
- Motivates
- Encourages
- Celebrates

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Recovery Coach Role: Ally and Confidant (Adapted from William White)

- Loyal
- Cares for Recoveree
- Actively Listens
- Trustworthy
- Stable and Consistent

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Recovery Coach Role: Truth-Teller (Adapted from William White)

- Provides honest and helpful information
- Offers suggestions
- Helps to identify patterns of behavior
- Does not sugar coat things

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Recovery Coach Role: Role Model and Mentor (Adapted from William White)

- Offers their own life as an example of healthy living
- Shows how . . . Walks the talk
- Provides stage-appropriate recovery information

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Recovery Coach Role: Problem Solver (Adapted from William White)

- Identifies potential problem areas
- Assist recoveree to problem solve
- Does not tell the person the right way but helps person with options
- Non-judgmental

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Recovery Coach Role: Resource Broker (Adapted from William White)

- Provides linkages to recovery community, treatment and other supports
- Knows system of care and how to navigate the system
- Has established contacts and recovery partnerships in the community

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Recovery Coach Role: Advocate (Adapted from William White)

- "A" = Advocate for the recovery community
- "a" = Advocate for the recoveree
- Assists recoveree to protect their rights
- Acts as a representative for the recoveree when requested

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Recovery Coach Role:

(Adapted from William White)

- Community organizer
- Lifestyle consultant
- Friend and companion
- An equal

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Four Goals of a Recovery Coach

- Promote recovery
- Remove barriers
- Connect recoverees with recovery support services
- Encourages hope, optimism and healthy living

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Role of Community in Recovery

Counselor: Intrapersonal & interpersonal focus; minimal focus on ecology of recovery; minimal advocacy

Recovery Coach: Focus on linking to community resources and building community recovery capital; significant advocacy work

Sponsor: Intrapersonal & interpersonal focus; minimal focus on ecology of recovery; minimal advocacy

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Active Listening

- Focus your attention on the subject
- Avoid distractions
- Seat yourself appropriately close to the speaker
- Acknowledge any emotional state
- Set aside your prejudices, your opinions
- Be other-directed; focus on the person communicating
- Follow and understand the speaker as if you were walking in their shoes
- Be aware: listen with your ears but also with your eyes and other senses
- Let the argument or presentation run its course, don't interrupt
- Be involved: actively respond to questions and directions, use your body position (e.g. lean forward) and attention to encourage the speaker and signal your interest

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Possible Responses to an Immediate Crisis

- call 911
- call for immediate help from a coworker, supervisor
- emergency medical treatment
- do not let the person be alone
- do not let the person drive
- get the recoveree to call for help from a professional they have been seeing

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Emergency Response to a Crisis

- Seek immediate help in an emergency crisis.
- Report someone who is dangerous, threatening, violent, self-harming, destructive or suicidal.
- Support safety first
- Involve others, particularly 911
- Report the incident and response to a supervisor

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What We Call A Problem

- What we call a problem is often part of the problem
- There is much power in the language we use to describe a person. The words we use, even with good intention, have the ability to cause the opposite effect

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The Power of Labels

William White argues that Language can:

- Empower and dis-empower
- Humanize or objectify
- Engender compassion or fear and hatred
- Motivate or deflate
- Comfort or wound
- Unite or create enmity (deep rooted mutual hatred)

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Labels: Blocks to Recovery

“Reducing a person to nothing more than their difficulties is one of the most damaging and dehumanizing forms of language. It denies the existence of any facet of the person, any relevant roles or characteristics, other than their diagnosis”

Perkins & Repper (2001)

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Stigma

- Webster defines stigma as "a mark of shame or discredit"

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Labels: Blocks to Recovery Stigma

- Modern culture has used labels to denote devalued social categories
- The labels influence public perceptions and behaviors and serve to:
 - Devalue and diminish
 - Denigrate
 - Discriminate

Wahl (1999)

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Labels: Blocks to Recovery Stigma

- "stigma robs people of rightful life opportunities
- stigma interacts with illness and exposes people to distorted experiences with criminal/mental health/medical treatment
- stigma leads health care systems to withhold appropriate services"

Corrigan and Kleinlein

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Labels: Blocks to Recovery Words We Need to Abandon

Abuse
Self-help
Untreated Alcoholic/Addict
Consumer
The Language of Self-Pity

White

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Labels: Blocks to Recovery Words we need to Celebrate

Recovery
Recovery Community
Advocacy
Sustainability
Recovery Support Services / Recovery Coach
Recovery Pathway/Style

White

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Positive Use of Telling Our Story

- Your sessions with a recoveree are about them and not you.
- Keep your own story brief and with a purpose.
- Use your story to show empathy, illustrate an example, or describe a choice and its consequences.
- Remember that parts of our story may raise uncomfortable feelings for someone who has not yet dealt with past difficulties.

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Questions of Self-Disclosure

- Ask yourself who is being served by the self-disclosure. It should be the recoveree who is being served.
- Don't self-disclose as a means to short-cut a discovery process.
- Be careful of disclosing traumatic incidences in your life if you have no knowledge of how the your self-disclosure will be received.

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Making a Successful Referral

It is important to know of many referral possibilities in the community so that the person you are making a referral to has some choice.

Research your referral sources as best you can. Try to find out:

- Where they are located.
- What that neighborhood is like.
- Is it on public transportation?
- Is it lighted at night?
- Exactly what services are offered there.
- What are the protocols?
- Will there be a cost?
- Will the person have a choice as to who they will see?
- Is this resource recovery friendly?

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Making A Successful Referral

at all possible, visit the site ahead of time and meet the people your recoveree will be meeting. Share as much information as you can about your referral source. Doing so will lessen the recoverees anxiety about taking the referral appropriate, go with your recoveree for the first time. Stay open to possibilities. The outcome is up to the recoveree, not you!

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Integration

- relationships based on love rather than need
- avoiding stuckness
- the automatic use of tools of recovery
- an ability to act on knowledge and insight and follow through
- self-forgiveness
- having fun and joy in life

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Types of Recovery

- Abstinence-based (complete and sustained cessation of one's primary drug(s) and the non-medical use of other psychoactive drugs (with nicotine and caffeine historically excepted))
- Moderation-based recovery (the sustained deceleration of alcohol and other drug use to a sub-clinical level, that is, a level that no longer meets diagnostic criteria)
- Medicated-assisted recovery (the use of medically monitored pharmacological drugs to support recovery from addiction)

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Context of Recovery Initiation

- Solo (natural) recovery – involves the use of one's own intrapersonal and interpersonal resources (family, kinship and social network) to resolve alcohol and other drug problems without the benefit of professional treatment or involvement in a recovery support group
- Treatment-assisted recovery – involves the use of professional help in the initiation and stabilization of recovery
- Peer-assisted recovery – involves the use of structured recovery mutual aid groups to initiate and/or maintain recovery

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Frameworks of Recovery Initiation

- Religious – a framework in which severe alcohol and other drug problems are resolved within the rubric of religious experience, religious beliefs, prescriptions for daily living, rituals of worship and support of a community of shared faith.
- Spiritual – frameworks of recovery that flow out of the human condition of wounded imperfection, involve experiences of connection with resources within and beyond self and involves a core set of values (e.g., humility, gratitude and forgiveness). Religious and spiritual frameworks of recovery can closely co-exist and overlap.
- Secular – a style of recovery that does not involve reliance on any religious or spiritual ideas (God or Higher Power), experiences (conversion), or rituals (prayer).

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Recovery Identity

- Neutral – persons who have resolved severe alcohol and other drug problems but do not identify themselves as alcoholics, addicts or persons in recovery

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Recovery Identity can't

- Recovery-positive – those whose addiction/recovery status has become an important part of their personal identity

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Recovery Identity can't

- Recovery-positive – those whose addiction/recovery status has become an important part of their personal identity

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Recovery Identity can't

- Recovery-negative – those whose addiction/recovery status is self-acknowledged but not shared with others due to a personal shame derived from this status

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Recovery Terminology

- In Recovery – person in sustained recovery for less than five years
- Recovered – a person in sustained recovery for more than five years
- Recovering – a term used to imply that recovery takes constant vigilance throughout one's life.

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The Stages of Change Model

- One of the most influential models in Substance Use Disorders treatment in the last 20 years
- Model developed by Prochaska and DiClemente (1982)
- Developed for and with people with substance use disorders
- Has been used widely to understand change including in prevention and systems change

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The Five Stages of Change

- Precontemplation
- Contemplation
- Preparation
- Action
- Maintenance

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Stage of Change: Precontemplation

- Person shows no intent to change a problem behavior
- Person may be unaware behavior is a problem, or unwilling to do anything about it
- Person may lack confidence to change behavior due to previous failed attempts
- Person tends to view target behavior as having more positive than negative (Decisional Balance)
- Person believes behavior to be under control or at least manageable

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Connors, Donovan and DiClemente, 2001
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Stage of Change: Contemplation

- Person is considering change, but has not yet initiated any change behavior
- Person is considering implications and consequences of target behavior
- Person is visibly distressed by target behavior
- Person has started to weigh the positive and negatives of the target behavior
- Person will typically seek out relevant information about the target behavior

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Stage of Change: Preparation

- Person is getting ready to change the target behavior, both in attitude and behavior
- Person intends to change soon
- Person may have already started to increase self-regulation around target behavior
- Person may be prepared to make or may already be making small changes to the target behavior

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Stage of Change: Action

- Person is actively making change to target behavior
- Person is modifying their attitudes and responses to target behavior
- Person is learning skills to prevent relapse or reversal of target behavior
- Action stage typically lasts an average of 6 months in people working to change substance use.

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Stage of Change: Maintenance

- Person sustains and strengthens changes made to the target behavior
- Person is practicing skills to prevent relapse or reversal of target behavior
- Establishes basic "habits" and "rituals" around modified behavior

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Common Characteristics of People in the Precontemplation Stage

- Defensive
- Resistant to suggestions of problems associated with their drug use
- Uncommitted or passive in treatment
- Avoid steps to change drug use
- Lack awareness of the problem
- Often pressured or mandated to seek treatment

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Common Characteristics of People in the Contemplation Stage

- Seeking to evaluate and understand their behavior
- Distressed about behavior
- Desire to exert control over behavior
- Thinking about making change
- Have not started to make change and are not yet prepared to do so
- Have made frequent attempts to change behavior in the past
- Actively evaluating pros and cons of making change

Connors, Donovan and DiClemente, 2001

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Common Characteristics of People in the Preparation Stage

- Intending to change their behavior
- Ready and committed to change behavior both in attitude and behavior
- On the verge of taking action
- Engaged in the change process and TX
- Prepared to make firm commitments
- Making or prepared to make decision to change

Connors, Donovan and DiClemente, 2001

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Common Characteristics of People in the Action Stage

- Recoveree has decided to make change
- Recoveree has made a firm commitment to change and is involved in process
- Efforts to modify behavior and environment have begun
- Recoveree presents motivation and effort to achieve behavioral change
- Recoveree is willing to follow suggested strategies and activities to change behavior

Connors, Donovan and DiClemente, 2001

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Common Characteristics of People in the Maintenance Stage

- Person has made change and is working to sustain change behavior
- Considerable attention is focused on avoiding relapses
- Person may feel anxiety and fear around relapse and high risk situations
- Less frequent urges to use

Connors, Donovan and DiClemente, 2001

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Recoveree Tasks: Precontemplation to Contemplation

- Person must acknowledge the problem
- Person must recognize the harm caused by the target behavior
- Person must increase awareness of negatives of target behavior
- Person should begin building confidence and self-efficacy around change in that domain

Connors, Donovan and DiClemente, 2001

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Coach's Role: Precontemplation to Contemplation

- To raise doubts and increase concern and awareness around the target behaviors; develop hope and optimism

DiClemente, 2003

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Recoveree Task: Contemplation to Preparation

- Person must make a decision to act and commitment to change target behavior
- Person must begin to take preliminary steps towards making change
- Ambivalence around decisional balance should be resolved

Connors, Donovan and DiClemente, 2001

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Coach's Role: Contemplation to Preparation

- To examine the impact of the target behavior and to consider the pros and cons in order to tip the decisional balance in favor of a commitment to change the target behavior.

DiClemente, 2003

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Recoveree Task: Preparation to Action

- Person must begin to set goals and priorities to achieve change
- Person must begin to develop a change plan
- Person may not have stopped using alcohol and/or other drugs at this point. Change in using behavior may not occur until person reaches action stage

Connors, Donovan and DiClemente, 2001

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Coach's Role: Preparation to Action

- To strengthen the commitment to change and to develop an action plan and strategies that facilitate the desired change to the target behavior.

D'Climente, 2003

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Recoveree Task: Action to Maintenance

- Person must apply behavior change methods and techniques for at least 6 months
- Person continues to develop self-efficacy around behavior change and continually refines change behavior
- Person must be actively meeting their recovery goal (i.e., abstinence; no substance use) to be considered in action stage.

Connors, Donovan and D'Climente, 2001

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Coach's Role: Action to Maintenance

- To support the implementation of the change plan, modifications of the plan as needed and development of new behaviors and attitudes conducive to change.

D'Climente, 2003

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Cycling Between the Stages of Change

- Model is considered cyclical not linear
- People typically cycle back from advance stages to previous ones, however rarely back to precontemplation.

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Motivational Interviewing Key Principles

- Express Empathy
- Develop Discrepancy
- Avoid Argument
- Support Self-Efficacy
- Roll with Resistance

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Motivational Interviewing Key Principles

- Express Empathy
 - Communicates respect and acceptance
 - Encourages nonjudgmental, collaborative spirit
 - Coaches can be supportive and knowledgeable
 - Sincerely compliments rather than tells
 - Gently persuades and provides support

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Motivational Interviewing Key Principles

- Develop Discrepancy
 - Recoveree's awareness of consequences helps to examine behavior
 - Identifying discrepancy motivates change
 - The recoveree should state the argument for change on a number of levels – Change Talk

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Motivational Interviewing Key Principles

- Avoid Argument
 - Common mistakes in coaching – arguing, blaming, coaxing, persuading, prove a point and power struggles
 - Change is always up to the recoveree
 - When the recoveree voices the argument for change, progress can be made
 - The goal is to walk with recoverees, not drag them...

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Motivational Interviewing Key Principles

- Support Self-Efficacy
 - Belief in one's ability to change
 - Belief that change is possible
 - Let recoverees brag a bit
 - Manageable change steps and plans
 - Generalize success

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Motivational Interviewing

Key Principles

- Roll with Resistance
 - Typically viewed as a personality trait in recoverees
 - Almost always a sign that the coach needs to change direction with or listen more closely to the client
 - People come for a reason and are looking for something
 - All goals can be accomplished by *meeting people where they are at*

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Four Keys to Motivational Interviewing

- Open ended questions
- Affirmation
- Reflective listening
- Summary

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Definition of Culture

- Culture generally refers to "shared values, norms, traditions, customs, art history, folklore and institutions of a group of people." (Orlandi, Weston, & Epstein, 1992)

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Definition of Cultural Competence

- A set of behaviors, attitudes and policies that come together in a system, agency, or program or among individuals, enabling them to function effectively in diverse cultural interactions and similarities within, among, and between groups."

Sources: U.S. Department of Health and Human Services

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Definition of Cultural Competence

- Cultural Competence is a point on a continuum that represents the *POLICIES and PRACTICES* of an organization, or the *VALUES and BEHAVIOR* of an individual which enable that organization or person to interact effectively in a culturally diverse environment.

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Continuum of Cultural Competency

Adapted with permission from: Gross T.L. BJ, Burton, K.W Dennis and M.R. Issues. Towards a Cross Cultural System of Care. Technical Assistance, Center for Health and Mental Health Policy, Georgetown University 1983

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Cultural Continuum

- **Cultural Destructiveness:** This represents the most negative end of the continuum. Example: Culturally destructive people and/or agencies are those that support attitudes, policies and practice that are destructive to a particular culture.

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Cultural Continuum

- **Cultural Incapacity:** In this instance, the agency or individual does not intend to be destructive to a culture; rather, it simply lacks the ability to be responsive. In this instance, there is a basic assumption of superiority of the dominant culture.

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Cultural Continuum

- **Cultural Blindness:** An agency or individual that falls at this point along the continuum is one that purports to be totally unbiased. Its philosophy is the well-intended view that all people are the same. "We are all equal." This view does not allow for modification strategies to meet the needs of clients, but rather feels that those strategies that apply to most should apply to all.

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Cultural Continuum

- **Cultural Pre-Competence:** The pre-competent individual or agency recognizes its inability to provide appropriate services to clients of a different culture as it is currently structured and attempts to improve some aspects of its service delivery in order to do so.

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Cultural Continuum

- **Cultural Proficiency:** All of the concepts of cultural competence are incorporated into an agency's policy, practice and attitude. This agency or individual has the ability to add to the body of knowledge and to teach those concepts to others.

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Religious and Spiritual Themes Common in Several Recovery Programs.

- Surrender
- Power greater than self
- Moral inventory
- Confession
- Making amends
- Forgiveness
- Prayer and meditation
- Service to others

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Recovery Support Services Treatment

- Medical detoxification
- Inpatient substance abuse treatment
- Outpatient treatment (including intensive outpatient treatment)
- Medication-assisted recovery
- Individual counseling
- Group counseling

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Recovery Support Services

- Child care
- Life skills training (budgeting, communications, conflict resolution)
- Family and marital counseling and/or education
- Housing
- Education and employment training
- Transportation
- Peer and non-peer mentoring and coaching
- Faith-based counseling and support

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Major Resource Areas

- Connecting to the Recovery Community
- Recovery Training
- Recovery Oriented Employment Services
- Recovery Housing

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Recovery Community Centers

- Are recovery oriented sanctuaries anchored in the hearts of communities
- Are physical locations where local communities of recovery can be organized
- Are places where Recovery Support Services are delivered and are designed, tailored and delivered by local recovery communities
- Are fueled by a comprehensive Volunteer Management System – including people in long-term, sustained recovery.

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Telephone Recovery Support

- A new recoveree would receive a phone call from a trained volunteer (usually another person in recovery) once a week for 12 weeks
- Volunteer follows script
- CCAR – gives new recoveree a better shot at maintaining their recovery AND helps the Volunteer making the call
- Provider – helps their clientele
- Prior to discharge, provider offers recoveree the telephone support program. - Results, outcomes, evaluations all outstanding

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Recovery Housing Project

- Inventory existing recovery housing (independently owned, privately operated "sober houses")
- One of a kind database
- Establish the Recovery Housing Coalition of Connecticut
 - Standards
 - Advocacy
 - Monthly meetings
- Deliver "So, You Want to Open a Recovery House?" trainings

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Recovery Training Series

- A series of trainings (from 90 minutes to several hours)
- Series topics were generated by focus groups of people in recovery
- Can be held at the Recovery Centers or elsewhere in the community
- Training of Trainers held to develop volunteer training pool

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Recovery Oriented Employment Services

- Designed to combine treatment and case management with job readiness and recovery strategies.
- ADRC (Alcohol and Drug Recovery Centers, Inc.) and CCAR have collaborated to offer individuals in recovery case Management, training, and support at CCAR's Hartford, New London and Willimantic locations.

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Welcome to Day 5

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Day 5 Agenda

- Morning
 - Reacquaintance and Review
 - Self-Care
 - Boundary Issues
 - Respectful Model
 - Recovery Wellness Plan
 - Role Plays
- Afternoon
 - Role Plays
 - Continued Professional Development and Next Steps
 - Closing Exercise
 - Evaluations and Certificates

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Boundary Issues

Boundaries protect you & the recoveree from harm

- - Clarify your role: volunteer, paid staff, etc
- - You can't personally provide housing, transportation, financial assistance, employment, sponsorship, or socialization for a recoveree
- - When in doubt check it out with a supervisor and/or other recoveree coaches.

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Recovery Wellness Plan

- - the plan is the recoveree's plan, not the coach's plan
- - the recoveree should write, maintain and keep the plan
- - the recoveree and the coach may find it helpful for the recoveree to bring his/her plan with her/him to meetings with the coach.

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Recovery Wellness Plan Headings

- Connectedness to the Recovery Community
- Physical Health
- Emotional Health
- Spiritual Health
- Living Accommodations
- School/Job/Education
- Personal Daily Living Management
- Any Other

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Recovery Oriented Systems of Care (ROSC)

Recovery oriented systems of care are health and human service organizations that affirm hope for recovery, exemplify a strength-based (as opposed to pathology-focused) orientation, and offer a wide spectrum of services aimed at the support of long-term recovery



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Recovery Community Organization

Is an independent, non-profit organization led and governed by local communities of recovery. The broadly defined recovery community – people in long-term recovery, their families, friends and allies, including recovery-focused addiction and recovery professionals – includes organizations whose members reflect many pathways to recovery.



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CCAR, A Recovery Community Organization...



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Defining Peer Recovery Support

Peer-based recovery support is the process of giving and receiving non-professional, non-clinical assistance to achieve long-term recovery from severe alcohol and/or other drug-related problems. This support is provided by people who are experientially credentialed to assist others in initiating recovery, maintaining recovery, and enhancing the quality of personal and family life in long-term recovery.

From Peer-based Addiction Recovery Support: History, Theory, Practice and Scientific Evaluation by William L. White



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Recovery Coaching is a Recovery Support Service What is a CCAR recovery coach?

• A CCAR volunteer... plus

• Anyone interested in promoting recovery by removing barriers and obstacles to recovery and serving as a personal guide and mentor for people seeking or already in recovery



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Recovery Coach Roles

(Adapted from William White)

- Motivator and Cheerleader
- Ally and Confidant
- Truth Teller
- Role Model and Mentor
- Problem Solver
- Resource Broker
- Advocate
- Community Organizer



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A Recovery Coach Is Not A . . .

(Adapted from William White)

- Sponsor
- Counselor
- Nurse/Doctor
- Clergy Person



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The CCAR Recovery Coach Academy©

The CCAR Recovery Coach Academy™ was conceived in 2008 in response to the needs of volunteers in the CCAR recovery community centers. They asked for more training to better handle the variety of scenarios and situations generated from recoverees who frequented the centers. This included engagement and communication skills. When graduates returned from the academy, they started calling themselves "recovery coaches".



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The CCAR Recovery Coach Academy© Learning Objectives

Participants will be able to:

- Describe the roles and functions of a recovery coach
- List the components, core values & guiding principles of recovery
- Build skills to enhance relationships
- Explore many dimensions of recovery & recovery coaching
- Discover attitudes about self-disclosure & sharing your story
- Understand the stages of recovery
- Describe stages of change and their applications
- Increase awareness of culture, power & privilege
- Address ethical & boundary issues
- Experience recovery wellness planning
- Practice newly acquired skills



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The CCAR Recovery Coach Academy© Agenda

Each day of the Recovery Coach Academy® is set up so that participants gain the necessary skills and knowledge to be a Recovery Coach by using the principles behind adult learning theory which states:

- Adults are internally motivated and self-directed
- Adults bring life experiences and knowledge to learning experiences
- Adults are goal oriented
- Adults are relevancy oriented
- Adults are practical
- Adult learners like to be respected

By designing the academy as more of a retreat or learning community, each participant comes away with not only the necessary skills, but are fully empowered and motivated.



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The CCAR Recovery Coach Academy® Training of Trainer Program

CCAR has partnered with hundreds of individuals and agencies across the country who are making a difference in the field of recovery while increasing their revenue stream by training the nationally recognized CCAR Recovery Coach Academy®. Anyone with a training background, who also has a passion for this work, can be very successful as a Trainer of the CCAR Recovery Coach Academy®.

Those interested in becoming trainers of the Recovery Coach Academy® can attend a concurrent Training-of-Trainers which will be offered in an additional two hours following each training day and all day Saturday following the Academy. The TOT is designed to familiarize participants with the full curriculum and to learn optimal methods of delivering the RCA. The TOT is not a training primer, therefore those selecting to attend the TOT need to be seasoned trainers.



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The CCAR Recovery Coach Academy® Training of Trainer Program

- All participants in the CCAR RCA Training of Trainers receive a manual with the curriculum, scripts, exercises, handouts, DVDs and PowerPoint slides so they can train the CCAR RCA back in their home town.
- Trainers of the RCA have access to personalized customer service, online ordering for manuals and technical assistance.
- CCAR maintains regular communication with all trainers regarding the RCA and provides updated training materials whenever the curriculum is revised to reflect the latest in Recovery Coaching best practices.
- Your training evaluations will be compiled and summarized for your review after each Academy.
- Most importantly, you will be a part of one of the most recognized and respected training programs for Recovery Coaches across the country.



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Deciding between Coming to CCAR or Having CCAR Come To You

- The average cost of sending a single student to CCAR for the Recovery Coach Academy® and Training of Trainers is \$3,000. If you sent seven people that would be \$21,000 and you would have seven coaches and seven trainers.
- The cost bringing the Recovery Coach Academy® and Training of Trainers to you is \$21,000 and you have 50 coaches and 12 trainers.
- Either way the Academy is trained by nationally known and respected expert trainers.



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Why the CCAR Recovery Coach Academy®?

Recognized nationally as the original and leading recovery offering of its kind, CCAR's Recovery Coach Academy® is an innovative new approach to helping people's lives that is unlike any other training. It offers participants the once-in-a-lifetime experience to gain new knowledge, be challenged, and reap valuable rewards, providing the essential learning, tools, and resources needed to become an effective recovery coach.

The CCAR mission and vision can be seen in everything we do, and our guiding principles are woven throughout the Recovery Coach Academy®, making it one of the most sought out recovery oriented training programs.

- A person is in recovery when they say they are.
- There are many pathways to recovery.
- Focus is on the recovery potential, not the pathology.
- Err on the side of the recoverer.
- Err on the side of being generous.

It's about building people so they can build others.



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Why the CCAR Recovery Coach Academy®?

The Connecticut Community for Addiction Recovery (CCAR) is widely seen as the leader in the training of recovery coaches. The CCAR Recovery Coach Academy® is the curriculum for dozens of organizations across the country. Since its inception, The CCAR Recovery Coach Academy® has trained more than 5,000 recovery coaches. Over 500 people representing 37 states have participated in the Training of Trainers Program. To our knowledge, no other recovery coach curriculum claims a similar level of success. CCAR also provides support and technical assistance to those that join us as partners, including access to new training programs (e.g. Spirituality for Recovery Coaches, 2014, and an Updated Ethical Considerations for Recovery Coaches, 2014), updated manuals, trainer and coaching support, live models for offering performance support/supervision (in development and will be available this Summer 2014), as well as personalized customer service from an extremely knowledgeable staff.



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Why the CCAR Recovery Coach Academy®?

CCAR is also in development of a variety of webinars to continue the professional development of coaches and trainers in the coming months. Topics range from helping new coaches get started to assisting our trainers in specific pieces of the CCAR Recovery Coach Academy® curriculum. People who are providing recovery coaching or those who are training "soon to be" recovery coaches can count on CCAR to provide them with up to date trainings on topics that are most important to their work in this field.

CCAR also hosts regularly scheduled performance enhancement sessions at each of the centers for people who are actively providing recovery coaching services. Not only are these coaches able to receive additional training from a Master Recovery Coach, but they are able to enhance their own personal journey by spending time and processing their experiences with each other as peers.



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CCAR Recovery Coach Academy®

- In 2013, the CCAR Recovery Coach Academy® ran 121 times and trained 1,741 people

In a retreat-like environment over 5 days people are trained to:

- actively listen
- ask really good questions
- discover and manage their own stuff



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Vermont Recovery Network Report

Service	% Utilizing Before Coaching	% Utilizing After Coaching
Hospital Visit	36%	4%
Emergency Room Visit	38%	8%
Detox	38%	2%
Court Involvement	58%	24%

For full report go to: http://vvrn.org/PDF/VRN_RC_eval_report.pdf



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Testimonials

Coming in I didn't know what to expect. Learning I am a changed person. I have been given more tools and knowledge to share and build Chicago with. The staff made it easy to understand and made coaching fun. I look forward to sharing my experiences with others.
- Jose (Illinois)

This Academy is a must for anyone involved with or interested in developing a Recovery Community Center. It is an incredible and powerful blend of knowledge, skills and experiences. What I take back to New York State will enhance The Turning Point, a rural recovery community center, and other organizations in New York state who seek this training.
- Eddy (New York)

"Not only did the training exceed my expectations, the wide experience and backgrounds of the other attendees was invaluable."
- Frank (Virginia)



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