



Mass General Brigham

Integrating Recovery Coaches into General Medical Settings

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Objectives

1. Review the goals, skills and tools of a Recovery Coach in a medical setting
2. Describe how to make a referral and ways to make the referral meaningful
3. Detail the differences of a Recovery Coach, Addiction Counselor and a Sponsor
4. Summarize the management and supervision of Recovery Coaches



Goals of a Recovery Coach

“A Recovery Coach’s (RC) goal is to serve as a personal guide and mentor for people seeking recovery from addictions and help to remove obstacles and barriers to recovery. Recovery Coaching is not a clinical service. Rather, it is a new and exciting role in the field of substance use disorders.” (Recovery Coach Academy)

We remain person centered
We maintain fidelity to the Recovery Coach model
We use various tools to engage participants



Skills and Requirements of a Recovery Coach

❖ Skills:

- At hire demonstrates the skills needed to maintain a minimum of two years in recovery from substances
- Are mobile in their role; able to meet patients in the community
- Maintain fidelity to the Recovery Coach model while upholding the policies and procedures of the site they are serving

❖ Requirements:

- Completion of an endorsed and approved “Recovery Coach Academy”
- Becomes a Certified Addiction Recovery Coach (CARC) within 12-15 months of hire



Tools of a Recovery Coach

Motivational
Interviewing

Harm reduction
techniques

Wellness
planning

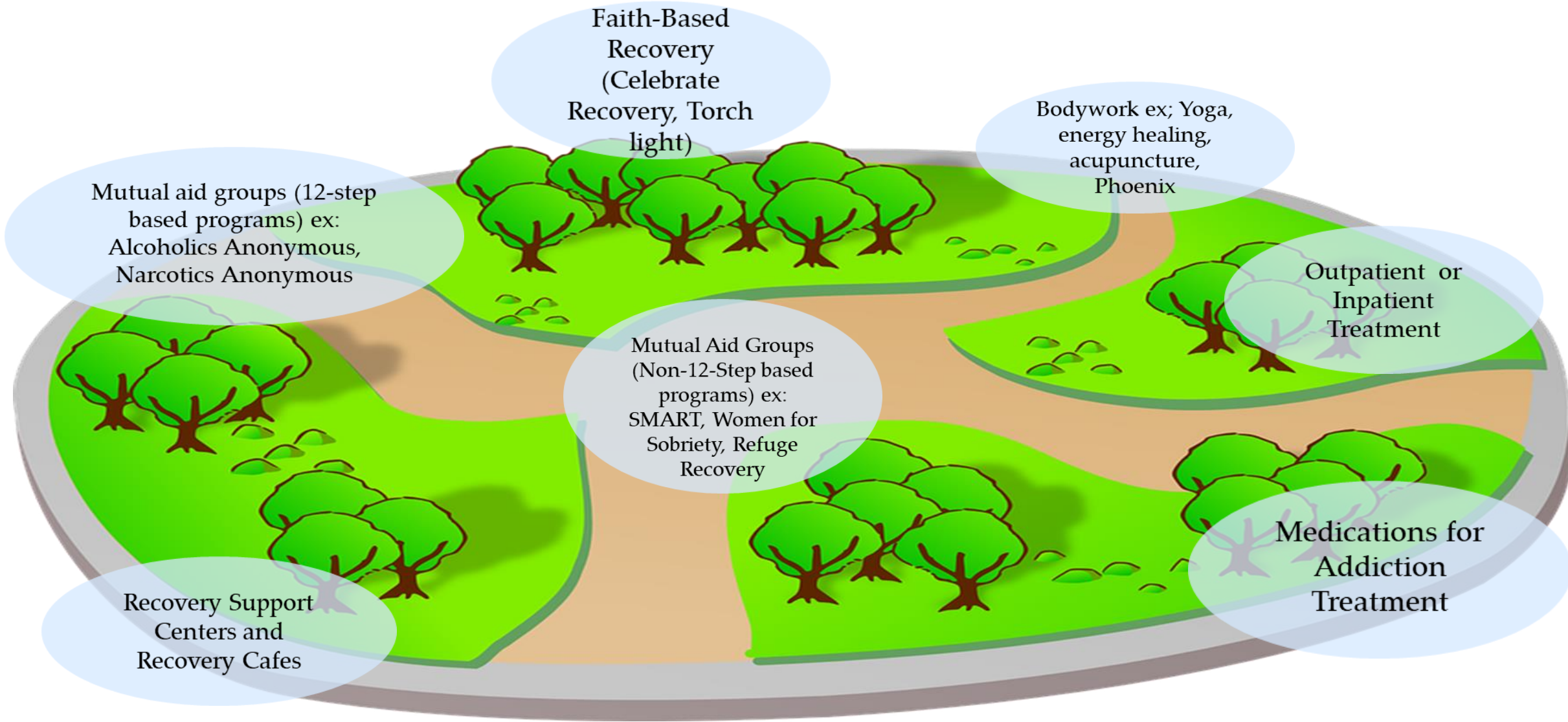
Mobility and
flexibility to meet
patients in the
community

Understanding
of social services
and recovery
supports
available

The coach's own
story of
recovery

DEI and Racial
justice





How and when to make a referral

- ❖ Warm handoff (in person, conference call, telehealth)
- ❖ Invited to meet with a coach
- ❖ Supported by the care team
- ❖ Supported by the provider
- ❖ Referring to the coach as a “peer support” instead of “recovery coach”

- ❖ Diagnosis of a SUD
- ❖ Problematic substance use
- ❖ Positive screens
- ❖ Recent setbacks
- ❖ Refusal of formal treatment for SUD
- ❖ Health issues related to substance use
- ❖ Presents to an appointment under the influence
- ❖ Request for help with substance use



Comparison of Models

Differences between a Coach, Sponsor, and Addiction Counselor

	Formally credentialed	Peer in recovery	Self-disclosure as a tool	Clinical competency/ Diagnoses SUD	Supports multiple pathways	Use of safeguards (supervision, consent, HIPAA/42CFR)	May develop into a friendship	Delivers service in the community
Recovery Coach	X	X	X		X	X		X
Sponsor		X	X				X	X
Addiction Counselor	X			X	X	X		

<http://www.williamwhitepapers.com/pr/2006SponsorRecoveryCoachAddictionCounselor.pdf>





Patients do not need to be:

- ❖ “Ready” for recovery
- ❖ Committed to a certain pathway
- ❖ Desiring abstinence
- ❖ Engaged in SUD or BH treatment
- ❖ Anything other than willing to speak with a coach!

Management and Supervision of Recovery Coaches

❖ Management

- Has access to a DPH/BSAS approved supervisor
- On 3/31/2018 Recovery Coaches began to document in RC specific EPIC at all supported sites
- Does not discharge patients, but they carry a patient panel (numbers may vary)

❖ Supervision: Coaching Coaches

- Meets with onsite Supervisor frequently
- Meets with Program Manager regularly (varies from coach to coach)
- Attends group supervision and cohort meetings
- Ensure Coaches have a support system!



In Conclusion



Recovery Coaches are person centered and our motto is “You’re in recovery when you say you are!”

Recovery Coaches are integral part of any care team! Ensure they are welcomed, supported and utilized properly

Recovery Coaches are amazing, strong people but they also are vulnerable. Self care, strong supervision and continuing education are keys to successful integration



Thank you!



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