Questions Asked During the Live Webinar Broadcast on 5/1/14

Q: Can you direct me to existing curricula for peer recovery coach training and existing codes of ethics?
A: There are several out there, I don’t believe there is one specific place where they are all gathered. The CCAR Recovery Coach Academy© is copyrighted and only available by taking the course. CCAR also has a Trainer of Trainers course complete with ongoing trainer support that works on a business model for both our partners and CCAR. Visit http://ccar.us for more information about the CCAR Recovery Coach Academy curriculum.

Q: It sounds like both you and I received all the services and benefits of "recovery coaching" through treatment and 12 Step Fellowship long before the concept of "coaches" ever entered the picture. Is this evidence that the "wheel is being reinvented"?
A: I am blessed to have found recovery through AA. However, I did not receive some of the other services recovery coaches offer through my personal AA experience. One example, for me, is help finding employment. My experience also shows that many people do not find recovery through 12 Steps, that there are indeed multiple pathways of recovery. When AA reached one million members, Bill W wondered what happened to the 600,000 that AA did not work for. Maybe recovery coaches will help some of these.

Q: It sounds like treatment and recovery did not become separated for you, and I know that it didn’t for me or my recovering addiction professional coworkers. What is your statement that they are separated based on?
A: When I present this concept all over the country most people fully agree. It has to do with the breakdown between a treatment episode and the return to the community. Often times, people’s discharge plan says do 90 in 90 (90 meetings in 90 days), but that’s it. People return to the same environment with no follow up support and often relapse occurs. Another indicator, at least here in CT, is that 12 Step meetings are no longer allowed in treatment settings, so that connection is lost as well.

Q: "You’re in recovery when you say you are" - does this apply to other diseases also? If so, then many people with addiction and other chronic diseases are dying in "recovery." There is a difference between remission and recovery. Can’t the entire Recovery-Oriented Systems of Care not just a mechanism for "outsourcing" the treatment of and “mentalhealthifying” of addictive diseases?
A: I don’t fully understand this question…. The saying "you’re in recovery if you say you are” is one way to define recovery. This emphasizes how important it is to treat the person in recovery as a resource particularly on their own recovery. How do you define recovery?

Q: I thought I heard you say that doctors, counselors, and ministers cannot be Recovery Coaches? Please elaborate on your statement for us.
A: They can be recovery coaches. However, a recovery coach is not to perform the role of a doctor, counselor or minister. So if they were in this role, they would have to step out of it and let them know they are now in another role.

Q: Can you please repeat what hope stands for?
Q: The Recovery Coach has a large and important role. How can there be no specific plan to PAY them? Recovery Coaches need to make a healthy living! Help!
A: In my experience, many people who are in this role as volunteers do not want to get paid. They may be on entitlements or disability and if they became employed they would lose these. Also, many retired individuals find this volunteer role to be of great benefit to them personally.

I do believe that there are people who would thrive in this paid position. So it’s a both/and situation. There is room for both paid and unpaid recovery coaches.

Q: What information can you share about reimbursement through Medicaid?
A: Sorry, not my area of expertise. I’d suggest checking with your state.