Questions Asked During the Live Webinar Broadcast on 3/6/14

Q: How can a person get direction/guidance in opening up a Recovery Community Organization?

A: I would recommend three strategies for persons interested in starting an RCO. The first is to gather other like-minded individuals and visit RCOs in neighboring communities and states. You can find a directory of RCOs on the Faces and Voices of Recovery website. That will allow you to see RCOs in operation and get an idea of the range of recovery support services and public/professional educational and advocacy activities that could be delivered through an RCO and which of those might be best for your local community, as well as seek guidance on lessons learned in the RCO start-up process. Secondly, I would contact Faces and Voices of Recovery to arrange participation in an ARCO (Association of Recovery Community Organizations) meeting in the near future. This will give you an opportunity to meet and seek the guidance of RCO leaders from all over the country. Third, there are a number of RCO-focused papers and interviews with RCO and recovery community center leaders on my website that you might find helpful (see RM & ROSC Resource Library section and the sections on Leadership Interviews/Recovery Management and Recovery Support Interviews and Recovery Advocacy Interviews). If you have further questions, feel free to contact me at bwhite@chestnut.org

Q: The movement in the professional world is to have recovery coaches and have them as paid positions and those who went to school for addiction counseling are pushing back along with those in the 12 step recovery movement. What is your experience?

A: This is to be expected and precisely what happened in the early history of addiction counseling as people (mostly in recovery) were brought in to fill what were then called “paraprofessional” counseling roles. Traditionally trained psychiatrists, psychologists, social workers and mental health counselors objected to the emergence of this new role in the 1960s and 1970s in the same way that some addiction counselors are today objecting to the role of the paid recovery coach. My experience is that two things dictate the long-term fate of efforts to create new recovery support roles. First, people seeking and in recovery will vote with their feet and their voices on such roles. If they find these roles helpful, they will utilize them and yet that role or particular person performing this role through the recovery community grapevine. This involves a personal and collective vetting based on experiential knowledge. Secondly, the long-term fate will also rest on whether these roles actually elevate long-term addiction recovery outcomes. That will require scientific studies and program evaluations related to these roles across diverse cultural contexts and clinical populations. This vetting is based on professional/scientific knowledge. These twin processes related to the role of recovery coaching and broader recovery support services are underway at present with the eventual fate yet to be determined.