

NAADAC
PEER RECOVERY SUPPORT SERIES
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[Captioner standing by]

>> The broadcast is now starting. All attendees are in listen-only mode.

>> Hello, everyone. Welcome to today's webinar on a Deeper Dive Into Coaching Recovery Presented by Phillip Valentine. It is great you can join us today. I'm Samson Teklemarian. I'm the director of training and professional development for NAADAC, the association for addiction professionals.

I will be the organizer for this training experience. And the permanent home page for NAADAC webinars is www.NAADAC.org/webinars. Make sure you to bookmark this web page so you can stay up-to-date on the latest on addiction education.

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In an effort for clinical, professional, and business development for the addiction professional, NAADAC is fortunate to welcome webinar sponsors. As our field continues to grow and responsibilities evolve, it is important to remain informed of best

practices, resources supporting addiction and recovery. Especially in times like these, where we're all quickly realizing the importance of how technology connects us, supports, and even enhances recovery.

This webinar is sponsored by Sober Peer, a mobile health science platform that delivers continuous realtime behavioral data from those with substance use disorders via their smartphone. Artificial Intelligence helps treatment providers measure, predict, and prescribe evidence-based patient solutions that leads to deeper insights for lasting recovery. Stay tuned for instructions on how to access the CE quiz towards the end of the webinar immediately after a brief demo from our sponsor.

As you can see, we're using GoToWebinar for today's live event. You will notice the GoToWebinar control panel that looks like the one you see here on my slide. Here are important instructions to consider.

You have entered into what is called listen-only mode. Your mic is automatically muted to prevent disruptive background noise. If you have trouble hearing the presenter for any reason, consider switching to a telephone line and using the audio option next to the orange arrow in the GoToWebinar control panel. Use the orange arrow at any time to minimize or maximize the control panel.

If you have any questions for the presenter, just type them into the questions box. We are going to gather all the questions you have. I will pose them to the presenter, during designated live Q&A spots. Any questions we don't get to, we'll collect from the presenter and post those questions and answers on our website.

Also in the GoToWebinar control panel, you will see a handouts tab under the questions box. You will see four handouts. One is a copy of the slides for the presentation. The other handouts are additional resources from our sponsor. We'll tell you more about those later.

For now, let me introduce you to today's presenter. Phillip Valentine is the executive director for The Connecticut Community For Addiction and Recovery. CCAR. An accomplished author, trainer, and presenter, Phil has gained recognition in the recovery community.

In 2006, the Johnson Institute recognized his efforts with the America Honors

Recovery award. In 2008, Faces and Voices of Recovery honored CCAR with the first Joel Hernandez Voice of the Recovery Community Award as the outstanding recovery community organization in the country.

In 2009, Hartford Business Journal named Phil the nonprofit executive of the year. Phillip Valentine also appears in the documentary The Anonymous People, a groundbreaking video that CCAR had the privilege of supporting.

In 2015, Phil completed a thorough hike of the Appalachian Trail, a journey 2,189 miles, carrying the message of recovery the entire way. NAADAC is super excited and honored to provide this webinar to you, presented by this esteemed and experienced trainer.

Phil, when you are ready, I will turn this webinar over to you.

>> Phillip Valentine: Thank you, Samson. You're good at that, Samson. Thank you so much.

I think I will start with a story. So, well, well, well ... it's the smartass golf professional. What are you doing here? You see, just a few weeks before, I stood in the birthing room of Rockville General Hospital mesmerized by the in and out motion of a newborn baby girl's tongue. It was in that moment that I heard a whisper in my right ear, you're not alone.

Because, you see, when I held that baby girl for the very first time, I was wildly strung out on cocaine. I had to have my dealer put an eight ball of cocaine in the glove compartment of my car, and I was doing lines in the bathroom while my wife was in labor.

I'm not proud of that fact. I will never be proud. But after 32 years of working a program of recovery, I'm no longer ashamed. But you see, I'd like to think that my recovery started right then and there, but it did not. I found myself on Christmas Eve at my in-laws' newborn baby girl in tow, sitting on the steps, watching everybody else sing Christmas carols. I had this live and inanimate object in my front left pocket. It was a vial of cocaine. It was calling me to empty it. I must have made 25 trips to the bathroom.

That night, filled with shame, guilt, remorse, just agonizing, I slept -- or I didn't sleep.

I just lay on the bed next to my wife. And when it was finally time to get up, I rolled on to my knees and I uttered the most powerful prayer I've ever said. Just two words. Help me.

I had no idea what form that help would come. But a few days later, I sat on the couch, clicking through channels. My wife walked in. I said I needed to talk to her. I told her about my addiction. And she had no idea what the matter was, but she did know something was wrong. At first, she didn't believe me. Then she got very angry. And at that point, our marriage broke. Now, I didn't know what to do. So her mom worked at the hospital where our daughter was born. She knew of a guy called smoky the cabdriver, and it was suggested that I go see smoky. So I went over to the hospital, went to the wrong place, had to go across the street there was a big stairway. I had to climb the stairs. Sometimes I think the biggest thing I did in my addiction was climb the stairs. When I got to the top of the stairs, I saw this old man with beautiful, wavy, silver hair. Bright, blue eyes. Fantastic perfectly groomed beard. If he was like a model, he would have been the Gorton Fisherman in the yellow rain slicker. When he looked at me, the glimmer in his eye. He said well, well, well, it is the smartass golf professional. What are you doing here? He smiled. I knew in that moment I was going to be okay.

I tell you that story only for a reason ... that that was where my recovery started. I wouldn't be doing any of this, this webinar if it wasn't for recovery and all the people that helped me along the way.

So we have a lot of learning objectives here. Let me go through them. We are doing a deeper dive into coaching recovery. The first thing we're going to talk about is the foundational principles of recovery coaching. How the spectrum of attitudes influences the role.

Briefly explore the 10 specific recovery coach roles. There is an 11th now that we have added. Appreciate the most important characteristic of an effective recovery coach.

We will realize how CCAR develop its position on the implementation of recovery coaching. Where is it best deployed. Examine outcomes of recovery coaching. We will use the CCAR program to illustrate those. Discover the basics of Coachervision. That

is the fusion of coaching with supervision and learn about the recovery coach professional that CCAR has established.

Are you ready to dive in? You might not be aware of this. Samson, the guy with the golden voice that introduced me, I can see all of you, I know if you are paying attention or not. Please pay attention. I'm just kidding. I can't really see you. I wish I could.

Today's agenda, we have a brief history. Tell a couple stories along the way. The underpinning concept -- we will use my son Joshua's knee to illustrate that. We will talk about the evolution of recovery coaching. A vision I experienced that helped formulate the path CCAR has taken. Talk again about the spectrum of attitudes, recovery coaching stool, which is the basics and basics of training. We're going to talk about recovery coach roles, as I mentioned. Some of the essence. What is the heart of recovery coaching? And then how do we implement that? And now I'll go through the other aspects.

Wrap it up with a few future thoughts and we'll go from there. So let's dive in. So the brief history is really how did recovery coaching come about? Well, before we get into that, I want to tell you another story.

So it was in 2010, I am emaciated, shaken, trembling, just coming out of stage four cancer treatment, cancer is gone, praise God, fully healthy. I received a call from the high school. My son had been in an accident on the soccer field. Could I please come to the parking lot. I jumped in my car. I drove really fast [chuckling] to the parking lot. My son was laid out in the back of the coach's SUV. And he was near shock. Because his left knee had torn an ACL. That ACL needed surgery. So this is a picture the day of the surgery. They take a strip out of his hamstring, drill a couple of holes through his bones, tie knots, pull it all together. And that ligament, that muscle turned into a ligament, makes the knee stronger than it ever was.

He eventually returned to the field, and played soccer on his injured knee. His last goal of his high school career was with his left foot, which was his left knee. A 3-2 win. And then because of his experience going through everything with his knee, he's now studying to be a physical therapist. Here he is at North Carolina attending to an injured field hockey player.

You say, that's nice, Phil. What's that story got to do with recovery coaching? It has to do with this. Recovery support services in general are the physical therapy for addiction treatment. I liken the surgery for his knee like going for addiction treatment. It is intense. It's focused. However, my son would have never returned to the soccer field if he did not engage in prolonged physical therapy.

And that's the same for an addiction. So we go away for treatment. Oftentimes, people are discharged back to the communities they come from with no ongoing recovery support. So I'm not saying that recovery support services and treatment are like peanut butter and jelly. It is a both-and scenario. Not either-or. We're not in competition with each other. It is a both-and type of arrangement. That is kind of the underlying premise I want us all to grasp.

So far, you know, we have a pause for a few questions. I'm going to let Samson kind of jump in and ask me a question or two here that were sent in. I have no idea what he will ask me. We'll see how this goes.

>> That's right. Thanks, everyone. Thanks, Phil. You all sent some awesome questions in the registration, when you registered for the webinar. We will ask some to Phil throughout the webinar. Also, for those of you who have already connected with us in the live audience, you can use the questions box in the GoToWebinar control panel to send any questions you have for the presenter.

Phil, the first question from Olga from Washington. She asks, I worked in the SUD field for over a decade, how do I stay supportive of someone without pushing or crossing the line of promoting SUD recovery?

>> Phillip Valentine: So ... pushing SUD recovery? One of the things I'm hearing there is I think one of our roles as a recovery coach is to always promote recovery and not push it. We will talk about the benefits of recovery. I'm not sure what Olga means about pushing recovery. That sounds like proselytizing, preaching, coming across as holier than thou or you should do it one way over another.

Let's talk about the benefits of recovery and not the problems with addiction. A lot of times we want to paint the picture, if you keep doing this, this will happen. Frankly, you know, during my addiction, you couldn't really scare me. I already was scaring myself

enough. So you couldn't do it. But if you offered me something of a light that my life could get better. Then I was drawn to that. Indeed, when I first went to my first 12-step meetings, I saw people with light in their eyes, smiling, communicating with one another. I saw love. And I was attracted to that.

>> Thanks so much, Phil. Yes, great question Olga, I think she was talking about the precontemplation stage of change, like the people who are almost in recovery but not, you know? Those who are dancing with the notion of stopping what they're doing or at least pursuing recovery. We got a lot of questions about that, about that phase of people that you're trying to support and be supportive, be a coach, but you also know they need more help.

>> Phillip Valentine: I can answer that another way, too. Recovery coaches, right, are working primarily in the physical therapy aspect of it. So they're already working with people who have initiated recovery. So their primary role as a recovery coach in a recovery support service setting is to maintain and sustain recovery. So they might have some precontemplated factors like in other health situations. Like weight or smoking or something like that. But as far as the addiction is concerned, they're usually working in maintenance and sustainability. I hope that helps, too.

>> The next question comes from Nazareth from Michigan. He asks, what is the most important thing that a recovery coach does?

>> Phillip Valentine: Ha! Without giving -- I will probably give some of it away. It is okay. We can repeat some of it. Okay. So -- this is reasonable a deep answer. The number one thing a recovery coach can do is be present. Period. In a sea of isolation and loneliness the comfort and kindness of the presence of another caring individual can make all the difference in the world. Just be present. I know most coaches can do that. Just got to get out of your own way.

Sometimes it is just sitting with a person or being on the phone with someone. Maybe not having answers, but just being present.

>> Awesome. We'll squeeze in one more Phil, if that is okay, and then I'll let you continue with your presentation. This next question comes from Stephanie from Massachusetts. Stephanie asks, how can I encourage more engagement with virtual

peer support meetings?

>> Phillip Valentine: So obviously, a COVID-type question, right? We're all dealing with this right now. I think the first thing to do, make sure you, if you're the facilitator or presenter being online has a strong virtual presence.

There are a lot of tips out there on how to center a strong virtual presence. Things from your lighting to your headset and microphone to your backgrounds. And then how you engage online. Simple things like being on the camera and screen, and not wearing glasses because it reflects light. Another way is to encourage have people invite one another and make it easy to connect. The other factor we always have to take into consideration is not everyone has the resources to access meetings through technology.

Really, the only thing you can control is your presence and how you promote the meeting.

So I think that question, we have another pause break coming up in a few more slides here. Hopefully there will be more questions.

Let's talk about -- I told you about the essence of recovery support. Let's hone in about where recovery coaching, that one recovery support service, where it was birthed, at least at CCAR. The first idea is this recovery community center. I'm sure many of you -- how many of you have heard of a recovery community center? Raise your hand. Oh, wow, I can see quite a few of you. Thank you for that. They're called recovery oriented sanctuaries anchored in the hearts of the communities. How many people know the tag line "build it, and they will come." What movie is that from? I could hear you in Connecticut. Field of dreams. That's right. The idea behind that is you open the doors of a building, call it a recovery community center, next thing you know, people are showing up. We found that to be true.

So we operate five recovery community centers in Connecticut now. When we opened the one in willow in particular in 2004, our CCAR volunteers wanted more. They wanted more training on how to talk to the people that were coming in for the first time. How do we engage with these people?

So out of that, that is where the recovery coaching blossomed. We started to

provide volunteers and people in the center with more skills to engage with others. We established the CCAR Recovery Coach Academy in 2008. Since then have trained it many, many times.

What was fascinating for me is I was able to take a walk around Bill White's compound many years ago. We were watching the fishermen in the canal in Florida and the manatees bopping up and down. Our conversation got to recovery coaching, and he said the early counselor instructions in the 1970s are incredibly similar to the recovery coach job descriptions in 2020. I thought that was fascinating. So this recovery coach thing is about people caring for people. We have to guard against overcredentializing it, making too much bureaucracy, all of that.

We have already kind of seen this movement back 40, 50 years ago. Let's learn from it. That's my message there.

Even back in 2008 or so. I have had a few visions in my life. I know some of you roll your eyes at that idea. Or some people kind of take their eyes and tasks from the email they were reading and are paying more attention. But there was this idea of a vision. I was standing on a beach. I could tell off in the horizon, I could feel more than see that there was a huge wave coming. The water receded from the shore line. I could see the wave rise up. Something struck me in my soul, I knew it was recovery coaching. I told people about the vision.

I'm not shy that way. I told staff, people in recovery, and the Board of Directors and I'm still working at CCAR which in itself is remarkable about the wave.

We made a conscious decision, at the time, to prepare and train recovery coaches. And that is how the Recovery Coach Academy was born in 2008. To is five days long. Full 30 hours of training. I have trained it 50-plus times. I have spent almost a year of my life training recovery coaches all across the country. I have had the opportunity to go to Canada, to Vietnam. We have seen it trained in Africa and Europe. Other places are opening up. I never thought when we talk about the humble beginnings of a community recovery center in Connecticut that we would have new trained more than 50,000 people in the Recovery Coach Academy. It is -- it is miraculous.

What is that training? We will take time, before we explore that, to answer a few

more questions.

>> Excellent, thank you, Phil. Thank you all for the questions you are sending in the questions box. For those that sent in questions in the questions registration. When you registered for the webinar. The next question comes from the group who registered for the webinar and asked questions. Denise from Virginia asked: How do you evaluate your recovery coaching skills or your coaches' skills? Sorry.

>> Phillip Valentine: Um ... self-assessment. We'll get into the recovery coach roles. So we think each of our coaches are free enough within the recovery community organization to practice all of the variety of roles. You will see coming up soon, this is also in the recovery coach professional designation, where we assess people. I promise I will answer that question later on in the webinar.

>> Awesome. Our next question comes from Dave in Georgia. Dave asks: How do you assess a client's recovery needs?

>> Phillip Valentine: I love that question. Ha-ha. I don't mean to be flip when I say this, but we ask the client. And they tell us what they need. And that's the first thing we'll act upon. Again, we'll dive into that more after -- just in a few short slides. Good question. We don't really leave it up to the coach to assess. We are really there just to coach and let the recovery, as we would say, assess themselves.

>> Joan from Kansas ask: What is the difference between a recovery coach and peer support?

>> Phillip Valentine: Um ... so there is a lot of ways I can answer that question. So we chose the term "recovery coach" very specifically. Because we feel that's what our people do best, and the most accurate description of the role is that these people are there to coach recovery.

When I here peer support, I'm not quite sure what the role is, right? So to me, that is a little more ambiguous. There is also -- depends on if you are on the mental health side or addiction recovery side. That has different meaning, different connotations, and different histories. I wrote a piece on the CCAR website a blog called oil and water that explores that a little more.

I'm not a fan personally of the term "peer" because the general public understands

the word "peer" it might be someone that had a similar experience or similar job. But most people, the vast majority of people consider peer someone of similar age. So again, I think we have labeled something that doesn't quite fit the role.

So I don't know that there is a difference in the actual services. It depends on how the service is provided, where the service is provided, the context in which it is provided, and really, we're talking more about what we call something than the actual service.

>> Hmm. Lot to chew on, on that one, Phil.

[Chuckling]

I'm trying to not -- in a way I was like ooh, I'm taking notes, I wanted to go back and forth with you on it.

>> Phillip Valentine: You are the facilitator, you can do whatever you like.

>> A little bit. This is a great question. I will let you go back into your training after this question, and you can continue with the basics of training on coaching recovery. But first, Valerie -- I sort of want to know this. Valerie asks a great question from West Virginia. Valerie asks: How did hiking the Appalachian Trail change your life and how did it impact your coaching in recovery.

>> Phillip Valentine: I wrote a blob on that as well. We're on the same wavelength. The purpose in life became refined. Before the Appalachian Trail I thought I was to carry the message of recovery. While I was out in the woods for six months, close with my creator, physically fit, just thriving that I realized that my purpose in life became more refined. I believe now my purpose is to coach recovery. I try -- everything I do is through that filter of coaching. Two things I love the most, coaching and recovery. I love my family the most, my job. But the things I was wired to do that just make me hum, make me thrive is coaching and recovery. That is one thing.

The other thing is it's made me more patient. It's made me a better leader, because I am more patient. It helped me see what is really important, when you step outside of your life, like a life that you had built, for many, many years and step outside of it, you can look into it. Kind of from afar, a distance and see what is important. I think it helped me reprioritize things and help me focus more on what I would like my legacy to be. I think it also made me see the wonder in simple things. So when I sit across from a

recoveree or we're having a conversation, I'm incredibly curious about that person's experience.

I'm almost out of myself, present with that person and very curious about what that person's experience has been like. And I'm patient with that. It can take a long time to reveal. Or it can take quickly. It could happen quickly. Sometimes slowly. Right? Sound familiar? That's a cool question. I could probably spend a lot of time answering that one. But those are a few ideas.

So let me get back to what we're here to do. Samson may jump in with another question at any time. Who knows. I don't know. Let's talk about how do we train coaches. What are the basics of training? This will answer some of the questions. How many of you have heard of the spectrum of attitudes? Oh, I see some of you are raising your hands. Some of you have not. So the spectrum of attitudes was written by William L. Who has done a lot in prevention. He postulates and I happen to agree, that you can treat people within this basic spectrum of attitudes. You can treat people like an object. You know? And treating people like an object means you are going to objectify. Right?

So you are going to tell someone what to do and you expect them to do it. There are many systems in our society that treat people like that. Some that come to mind are the judicial system. [Chuckling] Right? Prisons are treated like objects. Sometimes in our educational system, students are treated like objects.

I am going to tell you what you need to know. And then you are going to recite it back to me. And how well you recite it back to me will be your grade. The healthcare system, you know, we have somebody that is heroin -- severe heroin addiction. They go to the emergency department and their discharge papers say "stop using heroin." That makes sense. But how, give me tools to do that or something like that. That is objectifying.

It is not always bad. You know, oftentimes, when you have young children, parents treat their young children like objects. I'm a father of five. So if someone is about to ride their bike out to the middle of the street, into oncoming traffic, I am going to treat them like an object. I'm going to stop them. I'm going to do that quickly. The next level

is a recipient. This is where we treat people like we still know what's best for them, but we're going to let them have a say in that.

One of the classic examples. I was in a church meeting and we were on this committee to develop small groups. And the pastor had this entire plan mapped out, complete with diagrams and steps. He kept trying to insist that this is the committee's plan. And I said it's okay this is your plan, tell us what you want us to do. He got offended because he thought he was being inclusive. When people think they're being inclusive and not, it is difficult here and there.

Finally, you can treat people like a resource. This is treating them not like a resource so you can benefit. What do they have? Can I get it from them? It is a resource that they're the best person or the best resource on their own lives. That's believing in the person. That they know what they want to do. Treat people like a resource. That is where you coach, right? If you are a youth coach, you can't play the game for the kids on the field. You can train them on how to do it. They're the best resource on the soccer-playing ability. As an example.

Another way to frame this. It is used in youth planning. Say we have a senior prom night, senior night parties. And the parents and the adults are there they have the whole plan laid out. They will have a few students, kind of there as tokens and let them treat them like objects. This is the plan. Go along with it, be grateful that we're doing this for you. The recipient is you are thinking that these students have some potential, but they're going to need a lot of guidance to get this graduation party done correctly. And as a resource, you are treating the students like an equal partner. That we're going to go back and forth. This is your party, how can we help you design your party? Make sense?

This is key fundamental to all recovery coaching. And we'll dive into it. Treat the people like a resource. Think about what it felt like when you were treated like an object. Think about what it felt like when you were treated like a recipient. And then compare that to what it felt like when somebody treated you as a resource. They believed in you, trusted that you were the best resource on your own experience. That is what we want to do for recoverees.

This gets into this stool over here on the left-hand side. Right? This is what we call the basics. The three-legged stool of recovery coaching. This seat -- I'm going to reveal it early -- is treating people like a resource. How do we treat people like a resource? We actively listen. Oh, my gosh. That is so important. Just to feel like you're listened to. And to be able to give that gift. Now, this isn't anything that's like innate or above anyone's reach. We can also learn to become better listeners. Right? There is all kinds of trainings on how to do that. Remember that listen and silent have the same letters. Listen and silent from the same letters. Question to ask yourself is: How comfortable are you with silence? I'm very comfortable with silence. However, it probably wouldn't be a good approach to take on a webinar like this, right?

The next leg is asking good questions. Now, we all know that there are all kinds of trainings for asking good questions. The most common one is motivational interviewing. You can go online, Google motivational interviewing, prepare for the avalanche of resources. Some of this is also innate. I think a lot of the motivational interviewing was listening to people who could engage and connect with people really well. So they categorized some of the questions they asked frequently. And I love it. And you can learn to become better questioners. One of my favorite ones is to develop discrepancy, right. You say, hey, you want to do this, but your actions show me this.

Can you tell me how we can bridge that gap? Those kind of things. But we don't have time to get into the asking good questions. The idea is instead of telling somebody what to do, it is to ask them a question.

The next leg of the stool -- this all comes into how well we can listen and how well we can ask good questions is how well we know ourselves. Have we discovered and managed our own stuff? And you know, I know that is really clinical and really a technical, but I like it. Discover and manage your own stuff. Once we do that, we're comfortable with our own skin that the person we're coaching, their outcome is not going to affect me personally. That's key. Be open to the outcome. But not attached to it. Those are the three legs of the stool. There are a couple other factors, that we treat people like resources and in order to do all of this, to get out of yourself, the number one thing you can do -- this goes back to one of the questions that was asked earlier is to be

curious. I talked about that coming off the trail of being curious about people. More so than I ever have been. Finally after 32 years of working a program of recovery, I'm pretty comfortable in my own skin. You know, what you see at work is what you see at home is what you will see on this webinar. I'm Phil. Or you know, right click, which is my trail name. Everybody gets a name on the trail. I got right click, because my right knee clicked going uphill. How is that?

This is a good kind of the whole overview. We give this on the first day of the Recovery Coach Academy. And people start to understand, especially with teenagers at home. How many have teenagers at home? Oftentimes, we want to treat them like objects, right? Do this, don't do this, why are you doing that? Stop doing that. And I can't tell you how many people have come back on the second day and said, they had a completely different discussion with their child or their teenager or their spouse because they simply listened and they asked a few good questions. It is not that difficult, but it shifts the perspective.

Recovery coach roles, we go into these in depth. I want to run through them quickly to give you an idea of what we're talking about as far as what a recovery coach may or -- what they do. So the first one is a motivator or cheerleader, that they believe in the recovery. I have to say, in growing up, you know, I was in a home, middle class home.

The one thing I wished I had gotten for my parents is for one of them to say "I believe in you." I only realized that in the last few years that nobody ever really said to me "I believe in you." Do you know how rare that is now? Because I have been asking a lot of people about it. Just people in early recovery, people in the academy, staff, in our recovery community centers. Just the fact that you might say "I believe in you" can make all the difference in a person's life. Something that simple. And especially if you really mean it.

We are allies and confidants. People talk to us. Being trustworthy is very important. Caring for the recoveree is very important. We tell the truth without blame or judgment. You know, that is an art in and of itself. Telling your truth without blame or judgment. We act as a role model. So people are not only listening, and engaging with us, they're watching us. They see what we do. We have to be aware of that. We're an example.

We have to walk the talk we're making. We're also a problem solver, but in the sense that we help identify the problem. Oftentimes, the recoverees I work with don't really understand or know the problem, but once they understand the problem we can assist the recoveree in coming up with options.

So these are the first five. There is five more to come along. A resource broker. So what this means is that we really provide connection for people. Especially now virtually, too, we're finding that the online digital resources are kind of moving targets and varied and can change quickly. So we have to be pretty good at brokering those resources. We're an advocate. Capital A is for recovery in general. Lower case A is for the individual when requested. We protect rights and represent the individual.

Community organizer. I can't tell you how many times people have come into the Recovery Coach Academy and said, we have nothing in my area. We got nothing to connect people to. We don't have any resources. And I say, well, you see that "other" role there, called a community organizer? They have you. You are a resource. What we can do as a community organizer is start to build recovery capital in the community. Recovery resources, Phil, what's an example of that? I'm glad you asked.

Say for an example of that, somebody has tried 12-step programs over and over again, but it doesn't work. They heard about smartphone -- smart recovery. You do your research and find there isn't one miles and miles from where you are working. You start a meeting. You can have a recoveree hold the meeting. That is one example. To have the community engagement become community organizer, we will have more and more recovery capital individually and community resilience. Become a lifestyle consultant. Offer feedback, recovery wellness focus. Discuss healthy choices at all times.

A friend and companion. One of the most controversial ones. I wrote a piece on the CCAR website, CCAR.US/blog about friendship and recovery coaching.

I asked the question, and you can type in the chat box -- oh, there is not a chat box. Just messing with you. I bet some of you looked there. Friend an companion, what's the higher calling? Being a friend or being a recovery coach, for you personally? And most people when I ask that say I'm the recovery coach is the higher. I say it is not.

That friendship is always the higher calling. I know in the addiction recovery field, I know friendships are frowned upon. I wondered why. I wondered why if a counselor works in a local community the counselor is in recovery, go to a local 12-step meeting and see a client, they're often instructed to leave or at the very least not share. That doesn't really help that person's recovery, the counselor's recovery. Now, recovery coach goes in the same meeting, they sit down next to the recoveree, they say hi, how's it going. They share openly. And again, when friendship develops, it is always on the coach to determine what that is. The other piece to that is when a counselor is told to move away from an AA meeting or to not speak, the system or the place you're working for is telling you that they don't trust you. They don't trust that counselor to make the best decision for everyone involved. Have places been burned by that over the years? I'm sure. But the vast majority of people, they handle that well. We trust our recovery coaches to handle that well. If they don't, we'll deal with it. I'm not going to create a policy that prevents them from doing the right thing. So if a friendship evolves, the friendship evolves. The recovery coach relationship is dissipated or ended. I'm not saying coaches are going out to make friends. But we let the coach determine that.

Finally, the last role -- I did that a little bit -- a couple times already today is the role of a storyteller. We use our stories to tell -- to highlight points when it benefits the recoveree, not the coach. We have to be able to tell stories in a captivating, engaging manner, and we can't really dwell a long time on it. Can't be a long drunk-o-log. It has to be a story with a purpose and a meaning.

That's a lot. This goes along with a question we heard earlier that Samson read to me. And I wrote the two most powerful questions. I think if you embrace these, along with treating people as a resource, this helps you treat people as a resource.

So the first question is ... how can I help you with your recovery today? So the piece being that I am here to help you, not tell you, not prescribe to you, not preach to you with your recovery today. So that's determining also saying to the person, you get a say in how to develop or what recovery looks like for you, which is exactly the second question. What does recovery look like for you? So how can I help you with your recovery today? What does recovery look like for you? Start acting -- asking people

those two questions, you will be amazed the doors that open.

So there. Two most powerful questions. Implementation. I don't know, Samson, I need a little break. I know we didn't schedule one here, but maybe one or two questions so I can take a sip of tea and all of that stuff before I get into implementation into the poll.

>> I can give you one or two. I can give you a hundred.

>> Phillip Valentine: One or two or three sounds good.

>> Alva from California asks: What are some of the foundational trainings required for the recovery coaches that are tasked with case and care management will?

>> Phillip Valentine: So the basic requirements vary greatly from state to state, from certification board to certification board. I don't know what's required in every state. I will talk about what CCAR requires for the recovery coach professional designation. But I would say, go to your local certification board, see what they have to offer, and start from there. I'm sorry I couldn't be more help with that question.

>> No, that's okay. And there is also a lot of questions coming in about this management of the relationship between the client or person in recovery and the recovery coach. You know, we have questions about other techniques on how to manage boundaries, Annie from Ohio actually just asked -- it just popped up in there: Do we accept friend requests on Facebook or engage with recoverees on social media? What are your thoughts on that topic of accepting friend requests on Facebook and engaging with recoverees on social media and other strategies about boundary management?

>> Phillip Valentine: So we have this conversation a lot with CCAR staff. We're up to 47 staff people. Also 17 are emergency department recovery coaches. We have 400 volunteers. So we can imagine this issue comes up. We have a few thousand -- well, several thousand individuals coming into our recovery community centers. What we talk about social media is -- especially for coaches, is be clear on the purpose of your social media.

Let me say that again. You almost have to have a personal mission statement for your social media accounts. If it is to talk about recovery and recovery coaching, would

you accept friend requests from a recoveree? Yeah. If it's personal for family and close friends and relatives and whoever else that you feel -- and you want to keep it that way. Probably not. Again, I would not make a policy that would prevent me or a coach from doing the right thing. Again, we trust the coaches to make that decision. Be clear on the purpose. Now, if you are out there representing recovery, especially in this given climate which you can go on my social media page and friend me there. Wherever, I have Instagram account, Twitter account and Facebook. You won't see any political postings. I might have opinions politically, but I don't think that is supportive of the message of recovery. A lot of people get that wrong. People get it wrong about posting offensive material as well or very controversial material. So be clear on the purpose of your social media. I think the next answers of whether you accept friend requests or not, that's up to you.

>> Great. Kim from Virginia asks: How do you keep the fundamental principles of recovery coaching the seeds, as the recover support field is professionalized and dependent upon outcomes?

>> Phillip Valentine: Well, that is like a tiny little question, isn't it? Ha-ha-ha. What we need to do is keep our main thing the main thing. We also have to look for alternative ways of funding. So when I hear that question, I think of the system, right? The system requires data and outcome measures and all of that. But there is many other systems outside of the publicly funded system that don't need as much data. There are other ways to structure funding. Bundling of services, private donations, we always look to the public funding first or the billing for the service. I have written pieces and talked about that I think we will ruin the recovery coaching service by billing for it in terms of like 15-minute increments or hourly increments. And I think it is much better billed -- that is third-party billing. You can bill directly. You can get grant funding to do it. You could have private donations. Number one funding source for all nonprofits is still individual donations. I think as a field, the recovery community field recovery movement neglects that individual giving. How do we do that?

We have people like you that are consistently looking out for what is the primary purpose? How do we keep that relationship intact? The lesson we learn from the

alcohol counselors in the 70s is now counselors at least in Connecticut tell me that 90 to 95% of their time is spent doing what? You got it. I heard you all say it out loud... paperwork. Five to 10% of the time is spent with the actual client. There is something dramatically wrong with that. When paperwork becomes more important than the relationship. The clinical treatment field will say the number one factor in the effectiveness of a therapist is therapeutic alliance, which is what we're saying we want the coaches to do is build that relationship they have a fancier term called a therapeutic alliance. People in recovery say how am I connecting?

So, keep that the focus. Allow your people to do that. Reduce, eliminate, question a paperwork requirement wherever you can.

>> I'm going to squeeze one more in, Phil, before you go back into the presentation.

This is a really great question. Mike from Salem, Oregon asks: What is an emergency department recovery coach? Can you speak more to that job position and title?

>> Phillip Valentine: I certainly can. We get to that later in the presentation. Samson, you knew that was coming up, didn't ya'? We will discuss that in more detail.

I will continue with the implementation piece to this. So where do we deploy recovery coaches? That is what I mean by implementation, where do we deploy them? I want you to hear this concept that no coach is an island. A lot of times coaches need coaches. They're much more effective when they're coaching within a team. They're often they often end up isolated. And what I mean by that is they end up in a place where they're the only coach or they're the only peer. And they're working and trying to implement their roles. I said the 11 roles. One worked for a treatment provider as a recovery coach and only get to do two roles. The worst cases, they're reduces to gophers and chauffeurs. As my friend Ruth says in New York. They have to go and do UA, European -- urine analysis, and give people rides. That is a different role.

We have a poll coming up. Samson will help me with this. What are difficulties associated with serving as an isolated recovery coach? I think we will have a way to respond to that poll.

>> Yeah, that's right. Thank you very much Phil. I will launch this poll on your screen everyone. You will see it pop up. The question is: What are some of the difficulties

associated with serving as an isolated recovery coach? You'll see five answer options. Answer that. 10% of you have responded. As a reminder, you can send in questions in the questions box of the GoToWebinar control panel. We will have a live Q&A towards the end of the webinar. Ask your questions in the order received.

If you are curious about continuing education hours, your CE certificate for attending, stay tuned at the end of the webinar after a brief demo from our sponsor, Sober Peer.

All right. It looks like we have got a little over half of you voting. Let me go ahead and make sure this poll is showing up. If you are not seeing this poll on the screen, a few of you said it wasn't showing up. Switch your view. Go to the GoToWebinar control panel, switch from full screen mode to a different mode and you should see the poll pop up. I will give about five more seconds to answer the poll and then we'll turn this back over to our presenter.

Awesome, I will close the poll, share results and turn this back over to Phil.

>> Phillip Valentine: Look how cool that is. The whole idea of access to the coach, what is meant by that. When you are on an island think of the coach on the island. How does the community or people get to the coach? This restricted knowledge piece.

A coach can be very knowledgeable. No mark on the coach or anything like that. I like the saying none of us is as smart as all of us. So when you have a whole team of coaches, you have that whole body of knowledge. An isolated coach only has that coach's connection to the recovery community. So maybe they're very active in 12 step. When you have popular than one coach, you can have people that are involved in other pathways to recovery. We'll talk about that a little later about multiple pathways of recovery, too.

The resource options are diminished because of that, because there is only one connection. The coach always -- it is good -- it is good to always -- at least our coaches, they have this ongoing thread of coaches that are on shift, on call, and they're consistently and constantly sharing resources from one another and they're supporting one another. If they have -- you know, they know one of the coaches is an insurance

expert. That person will be pinged a lot to answer the insurance question. Whatever it may be. So serving as an isolated recovery coach is a lot different than maybe serving in another manner.

These are the thoughts about coaching recovery in a fortress. And oftentimes, and I have seen hospital systems, I have seen treatment providers, I have seen a lot of places operate with this fortress mentality that people go to the fortress, a lot of healing can occur within the fortress. But once you walk out of the castle doors, you're left on your own to navigate. And so, you know, is there a better approach? I mean, I look at that island out there, I can go there, I will find recovery for my addiction issues. I'm on that island. I'm safe, I feel good. I got to come off of that island, and now what? I could have a recovery coach on that island. Does the recovery coach get to come with me? Who's on shore? What is it I get to do? Who do I have to see? A lot of times, we have that infamous, I would say, discharge plan from providers that says, go to 90 meetings in 90 days. And those 90 meetings are what program usually. Right? It is a 12-step program. They don't really answer other ways, because that is all we knew for so long. The encouraging piece is there is so many more pathways out there now, and the coach can help navigate the pathways. That's also a significant difference between a sponsor and a recovery coach.

A sponsor works primarily or solely within a 12-step fellowship, whereas a recovery coach works over or under the umbrella of multiple, multiple pathways and many options. So I believe the best way is through a recovery community organization. Yeah, I know you are saying I'm biased, because I have been in a recovery community organization for 21 years. Yeah, so point taken. I get it.

But I think every state needs a vibrant recovery community organization. Then recoverees can come to the recovery community organization, have access to all of those fortresses, all of the beautiful castles on the hillsides or out in the water, whatever. And recovery -- the RCO, the Recovery Community Organization develops a team, highly skilled, competent, well-paid professional recovery coaches. And you know, those people are out there. I believe if there is a recovery community organization doesn't pay recovery coaches well, then who will? I am so tired of coaches getting

below minimum wage to do a job that is incredibly valuable. Physical therapists start out of college making national average -- I only know this because my son is doing it, in the 70s. Not that we can pay our coaches that, but we pay our coaches 20 to \$25 an hour to start, based on experience. It's not one of these pay as you go or per diem roles. I think that is a shame of what we have done to the profession is treat them like less-than employees.

The recovery coach community organization, the RCO dispatches recovery coaches to the need. So right now, we're dispatching -- I have seen across the country, coaches get dispatched to emergency departments when called, police stations, fire stations, prisons, treatment centers, managed care organizations, one of the things we're working on with Yale is we're going to have a recovery coach go with an EMT who provided a Narcan or naloxone reversal of an opioid overdose and visit the person the next day. The EMT and a recovery coach. We're going to see what those results would look like.

The RCO practices a key coaching principle. It treats each coach as a resource. You heard me mention that already. Giving them the freedom to innovate, adapt, and serve. This goes to the whole point of trusting the recovery coaches.

The whole question about what did I learn on the Appalachian Trail? I love that question. One thing is I had not been operating from a position, but it crystallized while I was on the trail. I believe in faith-based leadership.

Faith is in part of a power greater than myself, part spiritual in nature, but part in the people I lead as looking to me as their leader. The other approach is fear-based management, where it is very controlling, restrictive, objectifying to use that term again, micromanaging. A lot of people have worked under there. It is a very toxic environment. Do as I say, as I say it, you can't do this, you can't do that. Whatever you do, you can't transport that person. You can't, you know, talk to them in an AA meeting. I don't believe that's where recovery thrives in those types of environments. I believe we need to be open, trusting, faith-based. And believing in the person. I believe in you. Not just the recoveree, but the recovery coach. The counselor. Why did you hire that person if you're not going to believe in them? Sorry! I don't see anybody so I'm going

into my own little rant here in my little office, my little webinar office. But I really feel strongly that, you know, the number one goal of a leader and as executive director of the community recovery organization, my number one purpose as a leader is to develop other leaders. I can't tell you how many leaders out there are to get people to follow them. That's not what leadership is about. Leadership is about developing other leaders.

Recovery coaches are leaders. They're not -- they're developing other leaders. They're helping people lead their own lives. So ask yourself this question: Would you rather live your life or lead your life? I think I need a sip of tea. Getting myself worked up, Samson. That's okay, right?

>> Tea is always okay, but only during webinars.

>> Phillip Valentine: Okay. Got it. Point five, the RCO allows the recovery teach team to grow dynamically and strengthen one another.

That's again, giving them freedom to learn and to grow. If you trust your people to develop this process and to improve it, continually, they will. And they do. They learn from one another. The body of knowledge keeps getting bigger and bigger. It is powerful. It is living. It is nurtured by the team. It is not stagnant. People are always shifting. They're always learning, they're always growing. And then the recovery community organization has linkages with all kinds of community supports, could be things like we're talking different multiple pathways, right? There's well-briety. That is from whitebison.org. That is Native American based. Smart recovery, life ring. Celebrate recovery, Christian paged. Refuge recovery is Buddhist -- I mean, yeah, Buddhist based. A lot of young people today doing recovery with adventure and yoga and outdoors, fitness. My shoutout to Phoenix and adventure recovery. Friends like that. There is so many opportunities out there now for people, which is really encouraging to build multiple pathways. The RCO develops linkages with all the different community supports. And it doesn't just have to be recovery related. Sometimes people need help with housing, transportation, finding employment, all of those kinds of things. And we're looking to develop recovery friendly businesses. Recovery friendly communities. Where are the recovery friendly places? And that's

what the RCO can help establish.

That's where I think recovery coaches need to be deployed.

So let's get into another story. I got two stories with Michael serrano. You can look at the recovery coach career ladder that we didn't set out to plan this when I talk about teams growing dynamically,ing that is what happened. And these five steps are really what had happen at CCAR, but we didn't set out to plan it that way. We didn't put the program in place. It grew organically. Michael serrano is the handsome young man with the glasses.

I have two stories with him. One of his first days as an emergency department recovery coach, he was dispatched to the emergency department. They have seen hundreds of people now.

So this was in his first, you know, 20 or 30 cases. There was a middle-aged white woman, not this woman, Deb. He heard this woman getting berated by the doctor. You have been here so many times before, what makes you think this time would be different. I told you to stop using, why don't you stop? Are you just going to keep coming in here? Some time you're going to die. You know, there was an assistant with the doctor. Michael kind of got near, kind of said excuse me. I'm a recovery coach, do you mind if I talk with her. And the physician is like, AAHH! Go ahead, I don't know what good it will do. The two of them stomped off. Michael, using his art of recovery coaching, nothing that we trained him. These are the kinds of people that are out there, he sits down next to the bed, the woman is kind of defiant. He asks her one question: Do you want to continue to be treated this way? And with one question, the woman broke. She started to sob. She said no. And Michael said, how can you help you with your recovery today? She said, well, I know this detox. I have been to that detox. I really like this place. If that one is open, I would go there. Within 10 minutes, he had secured a bed and they were walking out of the emergency department together. The physician gave them a look and was like oh, my gosh, how did that happen?

Treated the person like a resource. The second part to that is Michael, again, saw this woman, Deb, in the emergency department. Now, at first she didn't want anything to do with treatment. But Michael, following our enhanced telephone recovery support,

calling people once a day for a minimum of six times over the next 10 days, but I know my coaches they call every day for 10 days and will continue calling as long as it is person wants. Deb finally admitted she was ready for help. She got help.

So step one, she came in to receive services as a recoveree. She volunteered at one of our recovery community centers. Became eligible to attend some of our trainings, like the Recovery Coach Academy and the ethical considerations. She earned her recovery coach professional designation. She applied for a job. All blind -- we do -- we don't know who is applying. We cross out the names, review resumes and cover letters that way. Today, Deb is hired as an emergency department recovery coach.

To me, that is emotional, it is extraordinary. It wasn't in Phil's grand scheme. But to have somebody come in to receive services, to becoming employed is one of the most remarkable achievements of my tenure at CCAR. I wouldn't even claim just for CCAR in general. You know, and Deb is one of two people that we have now hired that have been seen in the emergency department and are now providing the service. An emergency department recovery coach is dispatched to the need.

Over three years we have answered 9,000 calls. I will go into those numbers that we have data-wise. We're in 21 hospitals. This is back from March of '17 to October 31 of last year. This is just to give you an idea that we have had nearly -- at this time, we're up over 9,000 now. Nearly 8,000 calls to nearly 5,585 individuals. Hah! Think about that. In over 21 hospitals now, we have seen 5,585 individuals.

Now, most of the time, we got in there because of the opioid epidemic. The funding came from the state opioid response money. Our state new our track record, invested in this idea. And because I served in the emergency department back with smoky the cabdriver. The first volunteer gig I ever had was he handed me a beeper and told me when it goes off, dial the number on the beeper. The first time it went off, it was 2:00 a.m., it was Rockville General Hospital. Said I'm in the emergency department, you're on call, we have a live one, can you come down.

I was asked to de-escalate the situation. Which I did. But we didn't have a lot of tools. We had 12-step programs and 28-day treatment programs. I don't really even

remember the outcome of my first visit. But I told that story for 15 years before the state decided to fund it. And because they took a risk and a chance with us, over 6,000 individuals now, total, have been seen. Think about the ripple effect of that. So some of the data is 93% of the time, we -- they engage with a recovery coach. And then over all, 74% of all the calls we connected to ongoing care. Which before recovery coach in the emergency department, most people think it was 0 to 5% would even go anywhere else for their addiction to receive treatment from the emergency department.

This is a very powerful, effective intervention. Most people think that -- the question about stages of change. That when people go to the emergency department, they're in precontemplation or contemplation, maybe. However, this statistic, 74% says if they are, they're ultimately in action. Because many of them take action right from the emergency department. Coaches have incredible leverage there. Because they ask you how can I help you with your recovery today. They say, well, you can't help me with my recovery, screw that. I don't have a problem. Can you take a look at where you are sitting right now? Do you think this might be a problem?

You know, there are ways to kind of influence situations. Our coaches are extremely talented. We have coaches now -- several of our coaches can say "I have been sitting right where you are." That has a profound impact on people as well.

Samson will cue up a short video on Coachervision. How to supper -- supervise.

>> This will show up on the screen in a moment.

[Video]

>> Coachervision was born out of the needs of the program. When the program started we recognized we had coaches working on front lines and they needed some support. The benefits of Coachervision from my perspective is the supervisor are that I get FaceTime with my team members weekly. I have my finger on the pulse of how they're doing. One of my responsibilities on my job description is boundary management and what does that mean. It means that I am coaching for the presigns of compassion fatigue.

Those are well known. The signs of compassion fatigue. And we want to support our team in stays healthy. Asking them weekly, do you have everything you need? I'm

setting them up for success. And obviously, the success of that coach in the role of emergency department recovery coach means that CCAR will be successful, but ultimately it means that a whole bunch of people seeking recovery are going to be successful. That's what really matters for us.

>> The benefits of Coachervision to me, would be feedback and support. Support as in if I need anything as far as like in the status of my department, so at the time when I was an ADRC, there are things that I really couldn't handle. It was out of my lane. So bringing it back to my supervisor and asking for help. And my supervisor then asking me what she can help me with or how can she support me with it. It was real beneficial.

>> Sometimes a coach needs a coach. CCAR starts off with telling you how much gratitude they have for you for doing the job. They make sure -- they make sure that the focus is on you in Coachervision. It talks about you. That's what you call a check-in, to make sure that everything is going all right. They want to make sure that you have the tools and the necessities for you to do the job. Um, and basically, how you are feeling yourself. Are you able to do the job? What's your feelings on the job? Has anything bothered you on the job? Basically just a check in, to make sure that you are doing okay.

>> So CCAR hired all of these emergency department recovery coaches. The next phase was how do we supervise them? Our manager, Jennifer T. Started to provide performance support to the coaches. All of a sudden, she said she was Coachervising them. I said what is Coachervising. She said it is Coachervision. It is a combination of coaching and supervision. I like the term and the process.

>> One of the things that is about Coachervision, we're coaches first and personally, not just professionally. And our leadership supports the coaching model. So what the coaching model couldn't be any more appropriate for somebody that is doing coaching professionally for their job why wouldn't we support them with a coaching model? Because we're going to put our money where our mouth is. We believe in it coaching at CCAR. And we have found that the coaching model for a supervision model works best.

>> At CCAR, when we develop a training, we often come up with a concept and put it

into immediate action. Coachervision is different. We have years of experience of providing the service. And we want to share that experience with you.

[video ended]

>> All right, Phil. The floor is yours.

>> Phillip Valentine: Okay. I'm just waiting for the next slide. I don't see the next slide.

>> It should be on the screen there. Do you see it?

>> I don't. I don't --

>> Okay.

>> Phillip Valentine: Got it. Okay. Thank you. Operator error. Me being the operator.

So ... few more -- couple of slides and we'll wrap this up. I hope you enjoyed the Coachervision video. I really appreciate people -- we developed that Coachervision model, again, by doing it. It is coaching and supervision. We're doing a training in a couple of weeks online to dive more into that.

But really, what -- when we talk about Coachervision, we focus on the science. We discovered we could focus on the science, which is the art of asking questions, how well does someone actively listen, are they discovering and managing their own stuff, do they treat people like resources. And how you implement, how you ask these questions is your art of doing it. Right? So anything we talk about -- we talk about the art and science. Many places are just focused on the science of doing something. The actual technical aspects of doing it.

We like to think about the art that what you bring is uniquely you. You are not going to coach somebody like me. I don't want you to do. I want you to coach people like you would coach them. That is really freeing. That we, again, trust our coaches to use their innate ability. So much of the credentialing, the data management, the outcome measures are based on science. Where do we capture the art? In a lot of ways, that ability to establish connection. The ability to care for another individual is art. In many

ways, that is more important, I believe, anyway, than the science.

Think about those concepts. The art and the science. So let's talk a little bit, as I wrap this up, about the future thoughts. I think that, you know, more and more we're talking about credentialing. I see the need for credentialing because how do we vet a recovery coach's ability? Competence is extremely important. I will say this: When it comes to coaching, a written multiple choice test is perhaps the worst way we could vet a recovery coach's ability. I can't think of like -- if my son goes on to play high-level college soccer, let's say, that -- do I really care if the coach has passed examinations, multiple-choice examinations from a book? Do I -- is that important? Maybe a little bit. But can he see a game? Does he know my son? Does he know how to motivate my son? Does he know how to ask the right questions? Is he listening to my son? Is he treating my son like a resource on my son's soccer career? All of that. We developed the Recovery Coach Professional, it is on our website. We require some training.

60 hours of training. Resume and history of why you want to be a recovery coach. And then we do an interview. Because at the interview, we can assess, as we go through scenario after scenario, are you listening? Are you asking good questions? If you're telling me that AA is the answer for every situation we pose, being then you're not discovering and managing your own stuff.

And are you treating the people like a resource? Are you really finding out what makes that person click? That is the essence of why we think the recovery coach professional will become hopefully a way to better vet a recovery coach's ability. Again, look to multiple pathways of recovery. If coaches are just prescribing to one pathway, then I don't feel you're doing -- they're doing their job the best way. There is many more other than 12 step. I listed a bunch of them before. Look up multiple pathways of recovery. Google it. If somebody is against a pathway that they have been trying, is there an alternative? You know, can there be another way that they can do that?

Again, discovering what you believe about recovery. We say you're in recovery when you say you are. Which is kind of like goes against the grain for a lot of people. Well, what if they're like -- they're in recovery from heroin and they're doing marijuana maintenance program. Or they're smoking marijuana. Do you think smoking marijuana

is going to become more and more of an issue within recovery circles and recovery coaching? What are your personal thoughts on abstinence? How would you handle that?

For me, I ask the questions. How is your recovery working? How's that working for you? Tell me, what are the benefits? Do you think there are any downside to doing this? Just be curious. Be open, be nonjudgmental. You can influence and sway and you can ask questions. You can do all of that. But as marijuana becomes legal in more and more places, we're really going to have to think about what are best practices for this idea of recovery? You know, there was a time in our history where if you went away to a therapeutic community, for your heroin addiction and you had stopped using heroin, you did well in the therapeutic community, you were granted drinking rights on the weekend. That was best practice at the time.

Best practices are always evolving, changing, moving. And I think even more than best practices, you have to consider what's best for the situation and the individual you are with right now. Finally, I think that we can expect expanded growth. That's that recovery coach way, right? The recovery support services. People are starting to see the value of the physical therapy of addiction treatment that recovery support. It helps people maintain and sustain recovery, restores lives, restores citizenships. So there is going to be a need for ongoing recovery support. Especially now with DRS. I said DRS, digital recovery support. That is primarily what a lot of organizations are using. It won't go away when we go back to whatever we're going to go back to. I think it will be a both-and, face-to-face digital. But there is going to be a huge need for ongoing recovery support, wouldn't you agree? I think COVID and all of this is not as many people are seeking treatment. Doesn't mean that there are less people that need treatment. But there is a fear factor involved.

I think once people become more comfortable with seeking help, a lot of beds are going to fill up quickly and we're going to have the recovery community will have to be there. And we'll have to provide those people new and recovery family members, friends, allies connection to the recovery community. Bill White and Don Coya said last year's multiple pathways of recovery conference, both talked about the idea of a lot of

the values we have as a recovery community, caring for one another how we deal with one another could serve as a catalyst for healing the entire world. Their words, not mine.

When you think of that huge thought, you think about the role of recovery coaches within our communities, and within the lives of individuals, I can't think of a more noble profession. And that's why I'm so pleased that NAADAC asked me to share my thoughts and my experience, strength and hope with you.

I hope you enjoyed this presentation, and I think that's about it for me for right now, anyway. Thank you very much. God bless you.

>> Thank you very much, Phil. We'll come back to you in a moment for a live Q&A.

Everyone in an effort to continue the clinical and professional business develop the for the recovery professional, NAADAC is proud to welcome webinar sponsors. This webinar is sponsored by Sober Peer. A mobile health science platform that delivers continuous real-time behavioral data from those with substance use disorders.

Via their smartphone. Artificial intelligence helps treatment providers measure, predict and prescribe evidence-based patient solutions that leads to deeper insights, lasting patient recovery. Stay tuned for -- stay tuned for our live Q&A. And with Phillip Valentine at the end of the demo. I'm going to go ahead and turn this over Mark Cole, Chief Operating Officer for Sober Peer.

>> Thank you Samson and thank you, Phil, for the inspiring work that you do. That is really amazing work. And recovery coaches are becoming an essential resource across the globe. We see that more and more as well. That makes us proud to support this important work. Today, we're really excited to introduce you as the audience to Sober Peer. We know that the current pandemic is having a devastating affect on persons with substance use disorder, social distancing, anxiety and too much free time are causing relapses. We know traditional approaches are not enough to meet this growing need right now. Sober Peer is a technology built for this time and for our future as well.

It's a mobile health science platform that delivers continuous real-time behavioral data and care to clients via their smartphone and using artificial intelligence to help treatment providers measure, predict and prescribe evidence-based solutions that lead

to deeper insights and lasting recoveries. That is a mouthful. I will say it this way, it is a powerful, practical tools that gives you the science you need to work with people and also allows you the time to practice your art better.

It gives you the ability to provide help virtually through text chat and video services as well to both individuals and groups. So when we say -- when we describe what Sober Peer is we talk about it as behavioral science made mobile. Here's what that means. You know, until recently, the way that we assess behavior, mood and cognition has been pretty subjective. Normally, the input we get from clients happens during brief episodic visits, too often this approach isn't the best for a client to get comfortable or get to the core issues related to their addiction. Consequently as we care for clients, too many times we're responding to a crisis instead of preventing one.

Sober Peer allows you to flip the process and make your engagement continuous. Improving outcomes and reaching the 90% of people who otherwise wouldn't seek treatment until it is a crisis. By changing how and when we collect information, we make what we collect more objective, resulting in better treatment insights and better outcomes. That's what Sober Peer is about.

So today, we invite you to explore how this approach might make you a better practitioner, using the skills and abilities that you already have, but with a new set of tools. So how does Sober Peer work? So Sober Peer is a lot like uber, which is a platform that connections riders and drivers together. In our case, a digital health platform that connections persons seeking substance use help with treatment professionals to assistant in their recovery. Technology has given us two tools to change everything. Artificial intelligence and the smartphone.

Individually, they're very powerful, but collectively they have revolutionized the way we collect data and how -- what we -- how -- what we collect that data and how we turn it into better insight. The app makes it easy to communicate with clients we utilize their smartphone and our app to collective to 500 behavioral signals per day per client. These are signalled through easy interactions through the app, reporting their mood taking a short poll or survey, making a post or comment on somebody's feed. Chatting with their friends or their coach. Completing a video telehealth session on an individual

basis or as a group. Managing trigger locations and other things like that. These are what we call sober signals. They're sent 24/7 to a database supported by our artificial intelligence program. That program identifies patterns of behaviors and sorts them into meaningful observations.

So you will see these presented in a personalized dashboard for each client that you can use to partner with your client to find the best next steps for recovery.

So today, we're inviting you to join the Sober Peer revolution. We need recovery coaches. We have persons that are utilizing our platform that have substance abuse disorder or the friends and loved ones in their life that are seeking advice. And they're looking for coaches to help them in the recovery process. So look for a link in the chat here today or a follow-up email that gives you more information on how to get started. Because by using our science, we'll help you reach more people and earn more in your practice. All while giving you tools that provide deeper insights into your clients, the ability to help many more clients easily because of the technology, the chance to get paid and grow your practice by connecting you to persons in your area that are seeking help, and giving you a platform that allows you to be present and provide continuous responsive care, plus the ability to ensure accountability for persons in long-term recovery.

So in closing, let me just say thank you for all the great work you're doing to change lives. We're proud to be able to sponsor your work and the work that you're doing. We look forward to helping your practice flourish by using behavioral science made mobile. Back to you Samson.

>> Mark, thank you so much and Sober Peer thank you for the sponsorship of the webinar and support of the recovery coach and peer support field.

We have a lot of questions for Phil and some questions for you also, Mark for Sober Peer. I will try to take them in the order that we received them. Phil, the first question is for you, from Shawn from India asks, I would like to know more about what you did to battle guilt and self-hatred during your journey.

>> Phillip Valentine: Wow! Wow! Battle guilt and self-hatred. Um ... so I think I was too much of an ego maniac to ever hate myself, if I am going to be completely honest.

But I had a lot of guilt. And I think it was just a process for me of letting go. And it was also a process of surrendering to a higher power. And when I surrendered to a higher power, you know, I am always kind of reminded of God didn't make any junk. And I sort of came to that conclusion that, you know -- we talk about this in Recovery Coach Academy, it is this -- we have all heard of being an egomaniac with an inferiority complex, right?

And when you kind of mature a little bit or become seasoned in recovery, I think you become precious and insignificant at the same time. I learned that from my 12-step sponsor. That you are precious to certain people in your circle. But for me, precious in the eyes of the creator. And when you consider that you are just one of billions and billions of lives that have lived on this earth, then you are probably insignificant as well. It is this balance of being precious and significant. It is really any ritual that you can find to forgive yourself. I think that alleviates hatred and guilt. Self-hatred and guilt. Just what is the process? What do you need to do to forgive yourself? And figure that out.

>> Thank you very much Phil. We didn't throw a softball in the beginning. Ha-ha.

The next question is for you Mark from Sober Peer and Ed is also here. The question is from Steven for Sober Peer. Steven asks: Can an organization lease or resell Sober Peer? To put it in context, this person says I'm very interested in this as an her, electronic health integrator. How do we get access to the app? Is it connected to any specific electronic health record for medical billing?

>> That is a terrific question. We would love to talk with you about that. We can do that offline as well. Yes, we have the ability to -- through either web hooks or APIs to share our application through the web system. Email me. We'll be happy to have that conversation with you.

>> Thank you very much Mark. As a reminder, we sent a message in the chat box to Sober Peer. At the end of the webinar, about an hour after, you will get an automated thank you email from Sober Peer. It will have contact information in there as well. We will book some time with mark. Phil the next question is for you. Dena from South Carolina asks: What is the best way to raise awareness for the value of the beer support and recovery coaching in my professional community?

>> Phillip Valentine: Well, without knowing details about the community or what the profession is, I would say go back to that recovery coach role of advocate. The big A advocate. It is simply telling your story and how you have found recovery support, peer recovery support or, coaching recovery effective. Talk to people you think might have influence or not.

It's literally just telling your story to people who will listen. Let it go from there. I think we like to believe there is some silver bullet or some kind of media to make it easy. But it is not. I mean, it really is about changing perception. The one thing I would encourage people not to do is to combat stigma by using antistigma or end stigma or smash stigma campaigns. Anytime you use the word "stigma" you draw attention to it. We want to promote benefits of recovery. Mother Teresa said don't invite me to your antiwar rally. But I would gladly attend your pro peace March. It is how we phrase things. Talk about recovery. If you are in recovery, consider offering yourself as living proof that recovery is real. Tell people what recovery has done for you.

The more we normalize it, the more acceptance there is of the process. And the more support we can find for all the services that help people get into recovery, and maintain and sustain it.

>> Awesome, I will never forget that quote. That was great, thank you, Phil.

This next question is for Sober Peer, I will challenge, it is a double question. A lot of information. Ann from Ohio and Sara from Texas asked similar questions. I will combine it. They ask, are recovery coaches for Sober Peer employees or independent contractors? And if employees, are they full-time, part-time? Is there a schedule of being on call?

Now in connection with that question, Mark, Sara from Texas also asked, is Sober Peer for practitioners only? This is coming from someone who is a sober house peer manager. And is interested in implementing a resource like this for some of our residents.

>> Wow. Great questions, thank you Sara and Ann for those. We allow people to use Sober Peer in a variety of different ways. First of all, independent contractors are the primary way other people do that, because we want you to figure out how much

you want to be engaged with Sober Peer. You may want to be engaged in Sober Peer and that be the main thing that you do for the entire way that you provide support and recovery. Or it may be that you are doing it as a part-time deal as well.

So we think when you look at the problem out there right now, there are not enough coaches or counselors to go around for people who are seeking help. So we want -- we are trying to leverage the existing capacity that is out there in whatever form that you as a provider feel like is best for you. So we let you set your own hours. We let you set your own time, you have the freedom to work remotely. Because of the digital capabilities of our platform. We think it provides the best flexibility to help you decide what level of engagement you want, how best you want to utilize that.

As far as the second part of the question, about is it just for practitioners? Um ... you know, we -- we want both sides to be engaged in this. So whether it is a person in recovery or whether it is a loved one in the family, concerned person as well, you have this opportunity to utilize the platform and to be able to interact with the community of people. So, if you will -- if you will respond, we'll be happy to show you a demo of the system as well as show you what the mobile app looks like, and how people engage with the system. The idea is that you are part of a community when you are there. That community can be the entire group of people that are struggling with substance use issues or it could be that it could be a community of concerned persons who are helping support each other through that process as well.

So we have designed it to let different people utilize it different ways like that, but to stay engaged with the community overall.

>> Thank you very much Mark. You will hear from them in an email. There are links in there and ways to stay in touch and ask further questions. The last question for Phil. This is another loaded question. I figure why not. [Chuckling] I'm squeezing this in here. John from Texas asks: You mention the art and science of recovery. But there is an art and science to each technique, too, right? Like self-disclosure. What is the science of the use of self in counselling on? Or the use of self as a peer support specialist or recovery coach? Are there specific steps to consider when we think of the science of self-disclosure?

>> Phillip Valentine: Okay. We talk about this in the Recovery Coach Academy. So the science of self-disclosure, we have a few tips, but the key one is really if the coach feels it would benefit the recoveree. If you disclose for a variety of reasons, but that is the art of it. Why you disclose, what you disclose and how you disclose is the art of it. We say keep it brief. That would be science. Make sure it benefits the recoveree relationship and you're not doing it for your own ego or to play the "I can top this" game, that kind of thing.

And I would say make sure it's relevant to the situation, too. Just so -- a lot of self-disclosure is art. I guess the last thing, to kind of we use as an indicator is this acronym wait. W-a-i-t. Why am I talking? Ha-ha. If you can't answer that question, thank you may be in trouble. That may be a flag you are saying too much. The whole point about why am I talking? Is it for the recoveree? Or is it for me? Keep it brief. The less I say, the better.

And I determined this to be true not only for recovery coaching, the [audio skipping] running meetings, for facilitating trainings for many, many things. The less you say, the better.

>> Phil, thank you very much. Thank you for the acronym, I will use that this afternoon when I speak with my wife with some things.

>> Phillip Valentine: Okay. Let me know how that works for ya'.

>> Wait. Why am I talking? Everyone, thank you so much for being a part of this webinar. Hey, if you are wondering about your CE quiz for this webinar or how to access the recording after the live event, remember every NAADAC webinar has its own web page that houses everything you need to know about that particular webinar. So immediately following this live event, you will find the online CE quiz on the exact same website you used to register for this webinar. Everything you need to know will be permanently hosted at www.NAADAC.org/coaching-recovery-webinar.

Here is the schedule for the upcoming webinars. Please tune in, if you can, as there are interesting topics with great presenters. Next week, NAADAC offers two brand-new free national response webinars. Dr. Frederick returns next week, Wednesday, May 20, to share clinical techniques that are transferrable in telehealth, providing CBD and DBT

strategies for treating co-occurring anxieties and substance use disorder via telecounseling. Next week, Friday May 22, connect to meet Priscilla and Tracy on virtual workplace wellness.

This also concludes our peer recovery support series. I can't believe it, the six-part series you see on the screen. If you missed one of these previous sessions, you can go to www.NAADAC.org/peer-recovery-support-webinars to catch up. If you have taken all six, congrats! This is the sixth and final part. You will hear a lot more from NAADAC and CCAR and the Great Lakes ATTC on the peer recovery support. We're all very focused on this topic this year. Currently NAADAC offers two specialty online training series. You see the website at the bottom of the page. Of course it is about the clinical supervision in the addiction profession online training series. And we have the series on military and veteran culture. You can find more by visiting the website. As a NAADAC member, over 145CEs, free educational webinars are free and available for all NAADAC members.

If you are a nonmember, there is a small processing fee when you take the online CE quiz, enter your member number to get your benefits. Also, please note, there is a short survey that will pop up at the end. Please take some time to share your feedback with us. Share any notes for the presenter and for us NAADAC. Tell us how we can improve. Your feedback is very important to us as we work to sharpen and improve your learning experience. Thanks again, everyone for participating in this webinar. Phil, thank you for your valuable expertise and for this course and presentation. Sober Peer, thank you for continuing to push the boundaries on how the innovative technology can enhance treatment and recovery. I encourage you to browse our website and see how NAADAC helps others. Be well.

[Concluded]