

Recovery Coaches: An Emerging Profession

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In our ever-evolving field, there are consistently new things to learn. When I started my career, I worked with adolescents, and early on I remember a seasoned counselor saying, “Adolescent counseling is easy, you just follow the three Cs: corral, confront, and consequence.” I was inexperienced and it seemed to make sense at the time. This was, of course, before the enlightenment period brought about by the research on motivational interviewing. I also recall my initial sense of rejection toward the idea that you could treat a person with a substance use disorder without confronting them “to help them with their egos.” This period of treatment seems like the dark ages now, and may seem really strange to a newer counselor, but that really was how it was. With time, practice, and experience, I evolved and became a natural motivational interviewer and found the wonderful results this technique brought to the field.

I have had some similar initial reactions to a new sector of our field: recovery coaching. Recovery coaching seems to be all the rage these days, especially within the private sector. My reaction to it has been resistance of course, because, well, it’s new. I don’t fully understand it. I have done considerable work understanding peers and I understand what it is they do and value them greatly, but I have had a harder time with recovery coaches. This sentiment led me to ask myself, “Why is this?” These are

people trying to help the same people I am trying to help. They are offering a different service than I am offering as a Master Addiction Counselor (MAC) and a Licensed Marriage and Family Therapist (LMFT). I even have familiar and positive relationships with several recovery coaches. So, what has been my resistance to the movement?

After some soul searching and counsel from trusted colleagues, I have been able to identify my resistance. Now that I have made my self-diagnosis, I feel much more prepared to build a new kind of bridge to our fellow travelers. Ultimately, what I discovered is that there are individuals who I can trust with the people I work so lovingly with, to pick up their care in the ways they said they would. Some are counselors, others are therapists or physicians, and some are recovery coaches. What I also discovered was that unlike professionals who carry the types of standardized credentials we provide at NCC AP, I really had no idea what one coach was next to another coach. There were emails coming to me that offered recovery coach training that offered “certification” without any regulatory authority to do so. From there, it was promoted that the persons who obtained this training would be eligible to start a private practice! I was stunned at the idea that someone with no experience or accredited education could go into private practice, so long as they learned the

proper marketing methods. When the day is done, all it takes to be an “independent recovery coach” is a stack of business cards.

To provide context to the paradigm I approach this from, I need to give insight into what NCC AP does for our credential holders, including our National Peer Recovery Support Specialists (NCPRSS). NCC AP just finished what felt like a marathon, completing a full update and refresh of our three core exams, the National Certified Addiction Counselor Levels I and II and the MAC. Immediately prior to this undertaking, the NCPRSS was only just created. The process of going through these exams included an evidence-based examination of the requisite tasks, theories, and knowledge areas for NCCAP to back the practitioner with a credential. We called this a blueprint. We think of the blueprint like the schematics to a building, except this structure was our entire professional practice of substance use disorder counseling. Once completed, our full panel of subject matter experts wrote and reviewed questions along with a psychometrician. Psychometricians are, in layman’s terms, testing engineers. They held us to an evidence-based process of developing test questions that were effectively written, had clear objectives, and had a clear and balanced connection to our blueprints. They helped us make sure that the exams we had tested what we wanted them to test. Finally, we moved into a beta testing phase to uncover any problematic questions. For example, if we looked at our group of high performing test takers and saw that they were consistently getting a question wrong in beta testing, we removed the question. It is clear when our test takers who are more than minimally qualified are getting a question consistently wrong, that it is a problem with the question. This is only one of the many processes used and factors considered; to explain them all would be an article itself.

With the aforementioned context provided, let’s ask a really important question: why does NCC AP go through such an expensive and labor-intensive process? The answer to this question is quite simple: we want to protect the public from being harmed. Commissioners go through this process because on a macro level, we are stepping in front of the vulnerable client with a shield to protect them from any harmful influence that may be coming their way. Those who have proven themselves are easy to recognize because they carry a shield themselves: their credentials.

As you are reading this, you might be able to tell that serving in this capacity is an honor that comes with a strong sense of duty. Some of you helped save me once upon a time, and many of you have helped members of my own family. I feel that I have a duty to do what I can to make sure that there is a shield protecting anyone who seeks help with an SUD. This brings me back to the emergence of recovery coaching.

I’d like to point out that what is being written is specific to recovery coaches who are operating independently as private practitioners, and that it does not apply to credentialed peers who are called coaches by their employer but function within a scope of practice appropriate to their credentials. I am not referring to the job title of recovery coach, but rather the practice of independent recovery coaching that is taking place all over the country, but especially in larger treatment markets such as Florida, Texas, and California.

With that important caveat in place, I would like to offer a challenge to the independent recovery coaching industry and also to extend an offer of assistance. I know that recovery coaches are here to stay. Coaching is happening in many fields in addition to ours, but in ours it is a life and death matter. My challenge to you is to bring this field to a higher level of professional accountability. A code of ethics is a wonderful place to

start and there are coaching boards that provide them. But this alone is not enough to legitimize a behavioral health profession. The addiction counseling profession is often considered to be the most recent addition to the professional behavioral health discipline, and we have learned a lot about the hoops that you have to jump through to get there. We can help you as well. NCC AP has a wealth of experience in public protection via credentialing, as well as a wealth of experience in gaining the public’s trust in receiving legislative backing for our profession. We also have considerable experience in gaining the trust of payor sources as a measurably effective profession that is worth reimbursing. It is consistent with our value of protecting the public, and in our organizational spirit of collaborating with all those who wish to help persons afflicted with an SUD and to partner and bring about the emergence of new, exciting, and effective ways of saving lives. Let’s find a way to bring independent recovery coaching from a concept to a true profession.



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