Ethical Considerations for Recovery Coaches

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Ethical Considerations...

In what ways does the role of a peer/coach, etc. differ from that of a counselor/clinician?

How would these differences influence situations/circumstances that may arise for peers/coaches?
Recovery Coach Roles

Below are the roles of a Recovery Coach as outlined by William White and taught during the CCAR RCA©.

Motivator and cheerleader:
- Believes in capacity for change
- Motivates
- Encourages
- Celebrates

Ally and Confidant
- Loyal
- Cares for recoveree
- Actively listens
- Trustworthy
- Stable and consistent

Truth-Teller
- Provides honest and helpful information
- Offers suggestions
- Helps to identify patterns of behavior
- Does not sugar coat things

Role Model and Motivator
- Offers one’s own life as an example of healthy living
- Shows how . . . Walks the talk
- Provides stage-appropriate recovery information

Problem Solver
- Identifies potential problem areas
- Assists recoveree with problem solving
- Does not tell the recoveree the right way but helps the recoveree discover options
- Non-judgmental

Resource Broker
- Provides linkages to recovery community, treatment and other supports
- Knows system of care and how to navigate the system
- Has established contacts and recovery partnerships in the community
Advocate

- “A” = Advocate for the recovery community
- “a” = Advocate for the recoveree
- Assists recoveree with protecting his/her rights
- Acts as a representative for the recoveree when requested

Community Organizer

- Helps establish a support network for recoveree
- Serves as a connector

Lifestyle Consultant

- Offers feedback on recovery lifestyle
- “How’s that working for you?”
- Focuses on recovery and wellness
- Discusses healthy choices

Friend and Companion

- An equal
- Peer-to-peer
- Reduced power differential

Thinking about each of these roles, are there roles that a Recovery Coach performs that might be more ethically challenging? Use the space below to write your thoughts.

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<th>Which Role?</th>
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Ethical Assumptions Regarding Recovery Coaching

Because Recovery Coaching is a peer-to-peer service, the boundaries may not always be clear. Keep in mind the following assumptions about Recovery Coaching:

**Assumption 1:** People who have a long and by all appearances, quality sobriety, can be counted on to act ethically as Recovery Coaches.

*Fact:* Recovery, no matter how long and how strong, is not perfection; we are all vulnerable to isolated errors in judgment, particularly when we find ourselves isolated in situations unlike any we have faced before.

**Assumption 2:** People hired as Recovery Coaches will have common sense.

*Fact:* “Common sense” means that people share a body of historically shared experiences that would allow a reasonable prediction of what they would do in a particular situation. The diversity of cultural backgrounds and life experiences of people working as Recovery Coaches provides no such common foundation, and behavior that is common sense in one cultural context might constitute an ethical breach in another.

**Assumption 3:** Breaches in ethical conduct are made by bad people. If we hire good people, we should be okay.

*Fact:* Most breaches in ethical conduct within the health and human services arena are made by good people who often didn’t even know they were in territory that required ethical decision-making. Protecting recipients of recovery support services requires far more than excluding and extruding “bad people.” It requires heightening the ethical sensitivities and ethical decision-making abilities of good people.

**Assumption 4:** Adhering to existing laws and regulations will assure a high level of ethical conduct.

*Fact:* The problem with this assumption is that what is legal and what is ethical do not always coincide. There are many breaches of ethical conduct about which the law is silent, and there could even be extreme situations in which to do what is legally mandated would constitute a breach of ethical conduct resulting in harm or injury to the service recipient. It is important to look at issues of law, but we must avoid reducing the question, “Is it ethical?” to the question “Is it legal?”

**Assumption 5:** Ethical standards governing clinical roles (e.g. psychiatrists, psychologists, social workers, nurses, addiction counselors) can be indiscriminately applied to the role of Recovery Coach.
Fact: There are considerable areas of overlap between ethical guidelines for various helping roles, but ethical standards governing clinical work do not uniformly apply to the Recovery Coach role. This potential incongruence is due primarily to the nature of the Recovery Coach service relationship, (e.g., less hierarchical, more sustained, broader in its focus on non-clinical recovery support services needs) and in its delivery in a broader range of service delivery sites.

Assumption 6: Formal ethical guidelines are needed for Recovery Coaches in full-time paid roles but are not needed for Recovery Coaches who work as volunteers for only a few hours each week.

Fact: Potential breaches in ethical conduct in the Recovery Coach role span both paid and voluntary roles. The questions recovery support organizations are now wrestling with is whether volunteer and paid Recovery Coaches should be covered by the same or different ethical guidelines.

Assumption 7: If a Recovery Coach gets into vulnerable ethical territory, s/he will let us know. If the supervisor isn’t hearing anything about ethical issues, everything must be okay.

Fact: Silence is not golden within the ethical arena. There are many things that could contribute to such silence, and all of them are a potential problem. The two most frequent are the inability of a Recovery Coach to recognize ethical issues that are arising or his or her failure to bring those issues up for fear it will reflect negatively on their performance. The latter is a particular problem where supervision is minimal or of a punitive nature. The best Recovery Coaches regularly bring ethical issues up for consultation and guidance.
Recovery Coach Fundamentals-
The Three Legged Stool

Through the years, we have come to identify these Recovery Coaching Fundamentals:

- Treating People as Resources
- Listening Actively
- Discovering and Managing Your Own Stuff
- Asking Good Questions

How does this model help us make ethical decisions?
What does it mean to Stay in your Lane?

The CCAR Recovery Coach Academy© states that a Recovery Coach is not a:

**Sponsor**

You are moving beyond your role of a Recovery Coach if you:

- Perform AA/NA or other mutual aid group service work in your role.
- Guide someone through the steps or principles of a particular recovery program.

**Counselor**

You are moving beyond your role of a Recovery Coach if you:

- Diagnose.
- Provide counseling or refer to your support activities as “counseling” or “therapy”.
- Focus on problems/“issues”/trauma as opposed to recovery solutions.

**Nurse/Doctor**

You are moving beyond your role of a Recovery Coach if you:

- Suggest or express disagreement with medical diagnoses (including psychiatric diagnoses).
- Offer medical advice.
- Make statements about prescribed drugs beyond the boundaries of your training and experience.

**Clergy Person**

You are moving beyond your role of a Recovery Coach if you:

- Promote a particular church or religion.
- Interpret religious doctrine.
- Offer absolution or forgiveness (other than forgiveness for harm done specifically to you).
- Provide pastoral counseling.

What areas might prove to be more difficult when staying in your lane as a Recovery Coach?
Core Recovery Values and Ethical Conduct

Gratitude and Service
- Carry hope to individuals, families and communities.

Recovery
- All service hinges on personal recovery.

Use of self
- Know thyself; Be the face of recovery; Tell your story; Know when to use your story.

Capability
- Improve yourself; Give your best.

Honesty
- Tell the truth; Separate fact from opinion; When wrong, admit it.

Authenticity of Voice
- Accurately represent your recovery experience and the role from which you are speaking.

Credibility
- Walk what you talk.

Fidelity
- Keep your promises.

Humility
- Work within the limitations of your experience and role.

Loyalty
- Don’t give up; Offer multiple chances.
Hope

- Offer self and others as living proof; Focus on the positive – strengths, assets, and possibilities rather than problems and pathology.

Dignity and Respect

- Express compassion; Accept imperfection; Honor each other’s potential.

Acceptance

- “The roads to recovery are many” (Wilson, 1944); Learn about diverse pathways and styles of recovery.

Autonomy and Choice

- Recovery is voluntary; It must be chosen; Enhance choices and choice making.

Discretion

- Respect privacy; Don’t gossip.

Protection

- Do no harm; Do not exploit; Protect others; Avoid conflicts of interest.

Advocacy

- Challenge injustice; Be a voice for the voiceless; Empower others to speak.

Stewardship

- Use resources wisely.
Making Ethical Decisions

In ethical decision making there may not always be a clear or correct choice.

Decisions that affect groups of people are most ethical when they produce:

- The greatest good for the most people (good motives and good results).
- Justice (fair and impartially administered).
- Utilitarianism and universal application (practical enough that it can work for all in foreseeable circumstances).

Individual behaviors can be considered ethical or good if it:

- Increases trust among people.
- Promotes integrity and decreases deceit in relationships.
- Does not exploit others.
- Increases cooperative attitudes.
- Enhances self-respect.
- Eliminates confusion about standards of behavior.
- Dissolves barriers between people.
When faced with an ethical decision, consider the following questions:

- What benefits and what harms will each course of action produce, and which alternative will lead to the best overall consequences?

- What moral rights do the affected parties have, and which course of action best respects those rights?

- Which course of action treats everyone the same, except where there is a morally justifiable reason not to, and does not show favoritism or discrimination?

- Which course of action advances the common good?

- Which course of action develops moral virtues?

What do you think is different about how you make a decision and how you might make an ethical decision? Are there different factors to consider?

Most decisions can be made by gaining facts, figures and weighing options. These are tangible.

Ethical decisions are mostly weighed by feelings, instincts and what you believe to be right and wrong. These are intangible.

How important is it for you to have an understanding of the difference between these two types of decisions?
Worst Case Scenarios
Code of Ethics

A code of ethics is a guide of principles designed to help professionals conduct business honestly and with integrity.

A code of ethics document may outline the mission and values of an organization. It may demonstrate how professionals are supposed to approach problems. It will show the ethical principles based on the organization's core values and culture and the standards to which the professional will be held.

CCAR’s Code of Ethics:

CONDUCT

Do not exploit personal relationships within CCAR for personal gain.

Do not under any circumstances sexually exploit or harass other individuals.

Do not act in any way that violates the civil, legal or ethical rights of others.

Work to resist gossip, hearsay and rumors.

Remember that in the eyes of the general public, we represent people in recovery at all times and that your actions influence how the community sees the recovery movement.

RESPONSIBILITY TO PEOPLE IN RECOVERY

The responsibility for personal recovery resides with the individual; understand that personal recovery comes before any CCAR activity.

Strive to ensure that people in recovery from alcohol and other drug addiction will be treated with dignity and respect in their personal recovery process.

Make an effort to see that CCAR empowers recovering people in their physical, emotional and spiritual growth and that CCAR provides opportunities for them to make significant contributions to themselves, their families and friends, their communities and our society.

Work to represent all people in recovery, especially those who feel they have no voice.
RESPONSIBILITY TO THE ORGANIZATION

Work under the overarching principles outlined in the vision and mission.

Always build CCAR’s reputation and maintain CCAR’s integrity.

Involve recovering people, their families, significant others and friends in educating policy makers, service providers, legislators and the general public about the recovery process.

See that CCAR takes on a limited number of carefully chosen projects in order to maintain high-quality successful outcomes. Participate in, support and improve these projects.

Respect the cultural diversity of the organization and encourage the expression of diverse points of view.

Participate in planning and programmatic decision-making processes.

Hold existing leadership accountable so that future leadership is developed from within the organization.

Reach out to new members of the CCAR organization.

Contribute to the overall health of the recovery community and the community at large.

Express your opinion at every opportunity.

Promote recovery at every opportunity for you, your family and friends, for the community, for society.

Always strive to put a positive face and voice on recovery from alcohol and other drug addiction.

Maintain high standards of conduct.

Treat each other with dignity and respect.

Report and remove yourself from any real or perceived conflict of interest.
Personal Code of Ethics

Given all we have learned in a short amount of time, what would you include in your own personal code of ethics.
Resources to consider:

Much of the material in this presentation comes from:

*Ethical Guidelines for the Delivery of Peer-based Recovery Support Services*
