Recovery Coaching Program Information

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January 2016 edition Note: The following documents are in ongoing development.
We welcome input from our partners in implementing this new level of recovery support.
Recovery Coaching Program Information

The centers that make up Vermont Recovery Network (VRN) have taken an active role in developing and approving standards and documents for the provision and supervision of recovery coaching in recovery center environments. These materials are based on principles from literature on recovery support and our experience to date. Recovery centers are committed to assuring that recovery coaches receive ongoing skill development beyond the initial thirty hours of training required to become a recovery coach.

Recovery centers are working to ensure the delivery of effective, responsive, and ethical peer services. VRN has developed a structured interview and recruitment process that aids in selecting qualified and appropriate applicants for the recovery coach training. Recovery coaching protocols provide a formalized process for providing this new level of service. Job descriptions for recovery coach coordinators and recovery coaches were developed to assure sufficient supervision and staff support. Our Network Coordinator and Recovery Coach Coordinator work directly with all center programs on implementation. Our Network Standards for the Provision of Recovery Services ensure that coaching is delivered in settings conducive to the recovery process. Our Network’s oversight process supports centers experiencing difficulties.

Recovery

A person is in recovery when he or she says so. Progress in recovery requires a personal commitment to, and action toward, reducing and repairing the harm caused to mind, body, and spirit by addictive behaviors. Maintaining a commitment to recovery and following through with the recovery process is overwhelming without the support of others who have experience with the recovery process.

Definition of Recovery Coaching

Recovery Coaches see a person as being in recovery when that person starts considering life changes that undo the damage caused by alcohol and drug use. Coaches help people plan and make positive changes. They work with people experiencing problems with their use of drugs and alcohol, people who are already in recovery, and people who are concerned about someone else’s substance use or other addictive behavior. Recovery coaching is a person-centered, strengths-based service.

Recovery Coaches help people by asking searching questions. Then they provide support for making decisions and plans that will improve lives, one step at a time. Coaches work with recoverees to find the resources needed to reclaim lives derailed by addiction. Some people need detox, treatment, and access to other community services. Many people need help with meeting basic needs like housing, food, heat, clothing, and transportation, while others want help with relationships and improving the quality of their lives. People often need help getting connected with others in recovery who they can relate to. Recovery coaches provide support when people in recovery run into problems: health issues, health insurance, parenting problems, relationships with partners and family, and financial problems. Coaches help people consider solutions to these problems, help develop plans to solve them, and provide support in following through.

Recovery Coaches work with people on all paths to recovery. They don’t diagnose or treat addiction or other mental health issues. Recovery coaching focuses on the future. It does not explore past feelings or trauma. Coaches support ongoing positive change, helping people who have sought treatment to avoid relapse. They also help people reentering the community from the criminal justice system. Recovery Coaches help people surround themselves with support for reclaiming lives in recovery. It is an action-oriented approach. Coaches emphasize improving someone’s present life, while helping them to consider, establish and attain future goals.
The Recovery Coach Coordinator’s Role

The person who supervises recovery coaches is the Recovery Coach Coordinator. The Recovery Coach Coordinator is responsible for the overall management of the Recovery Coaching program in each recovery center. Coordinators are responsible for the development and maintenance of a supportive structure for those providing recovery coaching, as well as for those receiving this form of recovery support. The Coordinator’s role is to ensure that individual coaches provide coaching that is consistent with Network values and norms, ethical, and delivered in a consistent fashion without power differentials, counseling, or an emphasis on any particular path to recovery.

Coordinators support coaches by finding people for them to work with who are good participant-coach matches. These matches are made after consideration of age, gender, race, culture, background, pathway to recovery, temperament, and coach availability. We have had highly successful coaching relationships between disparate people who were both committed to recovery, but when possible, coordinators try to match coaches with participant characteristics. Recovery coaching must be a collaborative process. Coaches generally work with people who are new to recovery and people who come to recovery with many unmet needs and issues they need address, but we also have provided recovery coaching support for those who have been in recovery for considerable periods of time who are facing challenges they would like assistance with.

Across our Network, centers have adopted two separate approaches to the use of the Recovery Coaching Agreement, which is signed by both the Recovery Coach Coordinator and the participant’s recovery coach. In some cases, Coordinators ask participants to sign the Agreement while they are assigning them a recovery coach, and in others, coaches and participants work through the Agreement as they begin the coaching program.

Coordinators regularly provide collaborative guidance and/or support in responding to difficult situations. The coordination, outreach, ongoing support, and training required to maintain a recovery coaching program regularly includes responding to situations that require considered thought and creative solutions. Our ongoing experience with providing recovery support has demonstrated that recovery coaches regularly benefit from seeking input from someone who has a different perspective and a little distance from a troubling situation. In many cases, when coaches describe the problem, they are able to come up with a solution themselves. When coaches have access to additional perspectives, they can focus on building people’s strengths while finding creative ways to turn deficits into opportunities for growth.

Coaches who are responding to people during their initial stages of recovery require flexibility and creativity in responding to the many challenges brought on by the effects of their recoveree’s addictive process. People are particularly needy in early recovery. Recovery is an ongoing process that requires continuing adjustment, re-engagement, and encouragement. Just because someone is willing to consider recovery from the use of one drug doesn’t mean that he is committed to abstinence from all substances. Just because someone is committed to recovery on Monday doesn’t mean that she won’t have doubts by Wednesday. Just because someone feels they have resolved past issues and trauma doesn’t mean that the issues don’t come up again.

Boundaries

A Recovery Coach Coordinator has a broad purview. One important aspect of a coordinator’s role is ensuring that Recovery Coaches and the people they are working with are maintaining appropriate boundaries on a personal, financial, emotional, ethical, and sexual basis. Maintaining confidentiality is another coordination challenge in recovery environments, where many people are intimately acquainted with the details of others’ lives. Open disclosure in 12-step and other recovery groups, as well as in the many one-on-one conversations held in recovering communities, tend to lull recovery coaches and recovery workers into a casual relationship with confidentiality. Coordinators need to stress the importance of maintaining confidentiality.
Coordinators also help coaches maintain role clarity by helping them to avoid the tendency to move out of the coaching role. We guard against providing advice, or adopting the role of a counselor or sponsor. The coordinator helps to ensure that frustration and anger, sometimes elicited by the symptoms of addiction, are not directed at the people seeking recovery, people whose behaviors are sometimes less than stellar. The coordinator also supports coaches in maintaining a strengths-based approach to recovery, helping them avoid the tendency to slip into a problem-focused approach common in other disciplines.

An effective coordinator helps the coaches in the team navigate relationships with professionals from courts, corrections, child protective services, and treatment, which all tend to inadvertently place the coach in a position of power over the person in recovery they are supporting. These professionals may make requests of coaches that ask them to step outside ideal coaching role boundaries. A coordinator can help the coach respond appropriately with messages such as, “My role is to be a mentor and supporter of people trying to maintain recovery.” “Recovery coaches do not monitor anyone’s abstinence.” Or, “Recovery coaches do not provide reports on a participant’s progress in recovery. Let me encourage you to speak directly with______.” A coordinator is also responsible for responding to complaints about a recovery coach’s behavior. Each recovery center has appropriate procedures in place to address concerns and assure prompt resolution of any issues that may need to be addressed.

Management & Training

The Vermont Recovery Center Network (VRN) is taking on the responsibility of ensuring that all recovery coaching in our recovery centers is actively managed and supported with regular training and updates. The Recovery Centers have experience serving vulnerable populations, experience that has led to the adoption of a broadly adopted volunteer screening process. These screenings serve as background checks. Nonetheless, we must monitor the actions of our coaches to ensure ethical behavior. When coaches make a poor decision or cross an ethical boundary, their coordinator will help provide a course correction or, where appropriate, will implement a progressive discipline process.

VRN-approved recovery coaches must have taken the 30-hour-long Recovery Coach Academy and have received a certificate of completion to qualify to provide recovery coaching in Vermont’s recovery centers. Coaches are expected to participate in the processes outlined below to develop and maintain their skills. In cases where disciplinary procedures have resulted in a coach being relieved of recovery coaching responsibilities, that coach will be removed from that center’s lists of VRN-approved coaches and word will be sent to the VRN Recovery Coach Coordinator, who maintains a statewide list of VRN-approved coaches. Reinstatement will only be considered — depending on the severity of the transgression—after a coordinator has evaluated the situation and worked with the coach on a remediation plan that addresses past behaviors.

Coordinator Roles & Responsibilities

- **Recruit and Select Coaches**
  Select a variety of coaches for recovery coach training. A coach should be an individual who demonstrates a strong and stable personal program of recovery and possesses a recommended minimum time of one year in recovery. A potential coach needs to have demonstrated progress in the recovery process (good recovery) and the requisite open mindedness necessary to support people on all paths to recovery. The candidate coach should pass the center’s volunteer screening process. Creating a diverse group of recovery coaches is strongly recommended. The diversity to be considered includes: gender, age, path of recovery, length of time in recovery, ethnicity, correctional / drug court involvement, and key personal experiences such as medication-assisted recovery and experience with helping family members find recovery.

- **Determine Coach-Participant Matches**
  Our evolving service delivery model relies on coordinators conducting an initial interview with potential participants to determine the degree to which each participant is suited for recovery coaching; the coordinator
then matches a participant with the most appropriate coach, based on individual characteristics and availability.

**Determining Length of Coaching**
Considerations about the frequency of participant-coach interactions are appropriate topics of discussion between the coach and coordinator during the initial stages of establishing participant-coach schedules. VRN has evolved our approach, and now teams consider potential lengths of coaching sessions in quarter-hour intervals. Initially, all recovery coaching sessions lasted for an hour. Coaches, participants, and coordinators all need to be included in ongoing discussions about the length of sessions, with time being recorded to reflect the actual time required, rounding up to the next quarter hour when necessary. Considering how to best meet the participants’ needs and keep them engaged is important, and in many cases, 15 minutes or 30 minutes may be just right.

**Review of Participant Progress**
Coordinators generally hold meetings with newer coaches at least once every two weeks—more often when the coach is very new or is handling a difficult case. The coordinator and recovery coach are expected to engage in a detailed conversation about each participant to evaluate progress. This review provides an opportunity for coaches to validate the approach they are taking and to consider suggestions of potential referrals while working with participants. Presenting the participant’s situation to the coordinator provides an opportunity for an objective look and a chance to consider the coordinator’s viewpoint. This presentation also provides an opportunity to consider additional resources and/or a change in direction of coaching. Recovery is a fluid process that requires continuing re-engagement and encouragement. Ad-hoc consultation and supervision for the coaches needs to be readily available between these semi-monthly reviews. Coordinators hold at least monthly meetings with senior coaches and are available for consultation on an as-needed basis.

**Monitor the Development and Maintenance of Recovery Priorities & Documentation**
Recovery Coach Coordinators are expected to guide and ensure that coaches are: 1) properly completing the Recovery Coach Agreement during the first meeting (or discussing it, if it is done by coordinator); 2) working with participants to consider their levels of self-sufficiency, as defined on the Self-Sufficiency Matrix, and prioritize which areas they want to explore first; 3) explaining the elements in and completing the Recovery Coach Support Tool within the first three meetings, and following up with use of the tool at six-week intervals or until the participant feels that they have outgrown their need for coaching; 4) maintaining appropriate confidentiality and record controls (locked files); 5) reporting data from the Recovery Coach Support Tool to the Network; 6) continuing to prioritize which area represented on the Self-Sufficiency Matrix will help participants achieve and evolve their growth in recovery; and 7) tracking individual hours spent coaching and submitting requests for reimbursement in settings where reimbursement is provided.

**Collaborative Conversations with Coaches about Boundaries, Role Clarity, Potential Referrals, and Personal Comfort**
Helping coaches maintain a balanced schedule, identify training needs, establish personal self-improvement and career goals, manage burnout, maintain appropriate personal and work boundaries are all important parts of the coordination process, as well as providing suggestions on potential referral sites and role clarity. Coaches need support to maintain a strong recovery coaching program. Good coaches benefit from a structure that provides regular attention to these important elements.

**Conduct Monthly Coach Team Meetings**
The monthly meeting provides an opportunity for coaches to describe their experiences, receive training, and learn from each other. This sharing session will help all team members to refine the processes for delivering this developing service. In his Recovery Oriented System of Care monograph, Bill White states that, “Assertive linkage to a recovery support group is more effective than passive referral (verbal encouragement to attend), but the linkage process in most treatment programs is of the passive variety.” Coordinators need to assure RC [recovery coach] representation in treatment settings and/or active referrals. One of the activities at monthly meetings is arranging for meeting coverage at, and referrals from, local referral partner agencies, such as treatment providers, homeless service providers, Department of Corrections, Department of Children and Families, Drug Courts, and other community service providers.
Recovery Coach Roles & Responsibilities

During the initial meetings with participants, recovery coaches are expected to:

- Explain what recovery coaching is. The statements at the beginning of this document may be helpful. You may also want to explain what recovery coaches are not: banks, taxi services, counselors, sponsors, punitive, in a position of power, medical experts, there to tell people what to do.
- Explain that, through the process of talking about how things are going, the coach and the participant will explore answers to questions about life choices, discuss recovery options, and consider what the participant wants to do; together, the coach and the participant will create plans that will help improve the chances of succeeding in recovery.
- Explain that achieving and maintaining recovery is the participant’s responsibility. The coach helps as coach and advisor, but the participant needs to demonstrate a commitment to doing his or her part. “I promise to be patient with you, but need to reserve the right to suggest that we terminate the participant-coach relationship if you are not taking responsibility and working on your recovery.”
- Introduce the Recovery Coaching Agreement form and its concepts. Review and sign the form with the participant.
- Ask questions that lead participants to consider ways they can move forward in recovery.
- Explore the reasons why we describe recovery coaching as a strengths-based approach to recovery. Use examples from the participant’s life. Every person entering recovery has demonstrated commitment, determination, and/or persistence at some time in the past. Using an example of the participant’s personal strength provides an excellent opportunity to introduce the concept of building on assets to create increased recovery capital. Building recovery capital involves developing increased self-sufficiency and competency in areas of life such as social relations, housing, employment, family relations, and the other elements included in the Recovery Coaching Tool.
- Use of the Recovery Coaching Tool In some cases, coaches immediately introduce participants to the tool as a means to explore how to prioritize what to work on in recovery, as well as to begin collecting the baseline and follow-up data that allows us to demonstrate the effectiveness of recovery coaching. In other cases they wait until they have formed a relationship before they introduce the tool. The form specifically asks the participant for help in investigating the effectiveness of recovery coaching. The coach and participant collect the information as a collaborative process—a way for both the coach and the participant to discover and consider priorities for recovery. Coaches should feel free to use whichever approach they think works the best. They are expected to collect data for every field on the form, whichever way they choose.
- Explain that coaches expand the positive aspects of a participant’s life by helping to avoid self-criticism and critical opinions. Situations will inevitably arise where hindsight demonstrates that different life choices might have been better. Considering a never-ending series of options in life and trying to pick the best one is often hard for people who are new to recovery. Coaches don’t tell people what to do or shame them for making bad choices. Coaches share the basis of their experience in recovery. Participants in the coaching program practice planning and living in recovery. The coach’s role is to help consider choices, but participants choose their own recovery path; sometimes, a participant’s choice, from the coach’s perspective and experience, won’t seem like a good idea. Coaches should ask powerful questions, which include mention of other options that may be more appropriate; but their role is to help participants plan their own recovery, not provide advice. Coaches are encouraged to ask, “How’s that working for you?” later, if it is clear that negative consequences result from such choices; at that point, it is often possible to help choose another path.

When to Consult a Coordinator

- Appropriateness of Participant-Coach Match Coaches needs to devote time during initial meetings to determine the appropriateness of the participant-coach match and be open to the concept of someone else potentially being a better match and discussing the appropriateness of the match with their coordinator.
- Frequency and Duration of Visits The coach and the coordinator should discuss the appropriate frequency and duration of visits. On average, recovery coaching sessions are held once a week. In cases where the participant has
not had the benefit of treatment and/or lacks strong community supports, it is entirely appropriate to increase the number of coaching sessions. For those waiting to enter formal treatment services, it may be appropriate to schedule up to daily visits and encourage regular use of the local recovery center until they can enter treatment services. Recovery centers are charged with managing a scarce resource and must support as many people as possible with our limited time and resources.

- **Review of Participant Progress** At least once every two weeks (and more often with difficult cases), the coach and the coordinator should review the progress of all participants in the coaching process. Senior coaches check in with coordinators each month. A detailed conversation about the status of fulfilling the responsibilities outlined above should be followed by a consideration of progress in recovery and progress in the stages of change for all primary issues. This approach provides the basis for assessing the need for additional resources and/or a change in the direction of coaching. This review allows the coach to validate the approach used and the recommendations developed while working with participants. A case presentation to someone else provides an opportunity for an objective look at the situation and a chance to consider the coordinator’s viewpoint. Ad-hoc consultation and supervision for the coaches must be readily available between semi-monthly reviews.

- **Monthly RC Meetings** The monthly meeting provides the opportunity for all coaches to share their experiences, receive training, and learn from others by listening to shared experiences.

- **Agreements, Data, and Considering recovery priorities** Coaches are expected to: 1) properly complete the Recovery Coach Agreement during the first meeting (or discuss it, if it was done previously); 2) explain the elements in and complete the Recovery Coach Support Tool within the first three meetings, and follow up with use of the tool at six week intervals; 3) ensure that the participants consider which elements in their lives are their recovery priorities within a reasonable timeframe; 4) maintain appropriate confidentiality and record controls (locked files); 5) ensure data from the Recovery Coach Support Tool is mailed; 6) consider recovery priorities with participants on a regular basis, and support participants in helping to achieve and evolve their recovery goals.

- **Participants Have the Right to Make Choices You View as Dumb** If coaches are true to the concept of supporting people on all paths to recovery and personal empowerment, they must support participants in adopting any path to recovery they choose, even though the approach chosen doesn’t match the coach’s personal belief systems. Obviously, these are situations that should be discussed with coordinators. For example, many people have chosen to use marijuana maintenance to help give up more toxic substances. They are in the action stage of giving up OxyCodone but aren’t even contemplating giving up the use of marijuana. Recovery workers must ask powerful questions, particularly about possible consequences, and suggest other options, but a coach’s job is to be supportive, even when someone’s course of action doesn’t look too promising. Coaches can introduce participants taking this sort of approach to others in recovery who have discovered that this approach doesn’t really help them progress in recovery. These are the situations where it is important not to give advice but remain aligned with the person being coached.

- **Participant Disclosure of Information about Violence or Potential Harm** Whenever a recovery coaching participant discloses information about threatened or actual violence, child abuse, elder abuse, and/or self harm, the coach should discuss this situation with his or her coordinator, promptly. If a coach is working with someone who threatens or reports self-harm or a violent act, it is the coach’s responsibility to explore the situation in more depth and attempt to find a positive resolution. People who are paid for their services as recovery coaches become “mandated reporters,” and if a mandated reporter has heard a clear statement by a participant that they intend to inflict harm on themselves or others or explain how they have abused or neglected children or vulnerable adults, the coach is required by law to report their suspicions to the appropriate authorities. Second-hand reports of harmful behavior do not require mandated reporting, but, ethically, coaches (and their coordinators) need to explore potential positive resolutions.

Recovery support workers have discovered that the best approach for those who are in crisis and are threatening self-harm or harm to others is to engage them and encourage them to seek help. We have had good luck using the approach where the coach offers to help to make a call to the local Mental Health Crisis hotline (or other appropriate resource) for the person. Once the participant has given consent, the coach calls and hands the phone to the person in crisis, while providing encouragement. This approach has generally led to a prompt, positive resolution and is consistent with our regular approach of empowering a person to take direct responsibility for finding a recovery solution. It also avoids the obvious problems that may arise from a perceived breach of trust.
Coaches do not want to be responsible for allowing someone who has threatened physical violence to follow through on the threat and, at the same time, coaches do want to maintain the trusting relationship that provides the basis for ongoing peer support. In cases where someone has threatened to harm someone else and the coach feels there is an imminent risk of physical violence or murder, the coach must make it clear that this behavior is unacceptable. The coach should express discomfort with the participant’s proposed actions and explain that, although recovery workers are not comfortable with disclosing facts about those they are working with, when this sort of threat occurs, the coach must first consult a coordinator and then contact the appropriate authorities. Acknowledge that maintaining silence in a situation that could lead to a catastrophic event is not consistent with modeling how a person in recovery follows his or her conscience and maintains integrity.

In recovery meetings, people regularly speak of past acts of violence, child abuse, neglect, prostitution, fraud, robbery, assault, drug dealing, and other reprehensible behaviors. The people who share these stories have the expectation that their anonymity, which accompanies recovery meetings, will be maintained. In most cases, their stories demonstrate that their past actions are not likely to be considered or repeated in recovery. The cathartic effect of learning that others have also had troubled pasts and gone beyond them is immense. People who are new to recovery begin to shed guilt when they learn that they are not alone. Coaches may learn that other providers have reported certain behaviors, such as child abuse or drug dealing; discussing these situations may help the people we are working with to consider the results of their actions and set recovery goals that include changing these behaviors. A coach practices acceptance and avoids being judgmental. These are clearly areas where active conversations between coaches and coordinator are important. Recovery coaching always focuses on moving forward in a positive way. We work on building assets, not processing or focusing too long on past indiscretions, but we do serve vulnerable populations whose safety must be maintained. Reporting these indiscretions has the potential for undermining our ability to achieve solutions, if the situation is not handled in a delicate manner, which is why we recommend discussing these situations with coordinators.

Vermont’s recovery centers receive state grants and as a result, paid recovery workers are mandated reporters. If a mandated reporter suspects a child may have been abused or neglected, they are required by law to report their suspicions to Family Services—within 24 hours. In situations where there is clearly ongoing physical abuse or sexual abuse, a recovery worker who is a mandated reporter needs to take prompt reporting responsibilities seriously. In situations where there are indications of potential abuse or neglect a coach may want to ask their local DCF workers for guidance and ask hypothetical questions. Remember, second-hand and unsubstantiated information need not be reported. Many take a charitable view of those making positive progress toward becoming a better and more responsive parent in recovery. For more information: http://dcf.vermont.gov/fsd/reporting_child_abuse/mandated_reporters. In situations where a coach is put in the position of having to report abuse, it is important to remind the participant that you are there to help them deal with the aftermath of their addictions and make progress toward becoming a better parent. Coaching support on issues with raising children helps to assure increasingly positive relations with DCF.
Providing Uniform & Effective Recovery Services

Those of us developing and providing recovery support services through the statewide Network of state supported recovery centers in Vermont have created and agreed on a common series of approaches for providing training and supervising staff and volunteers in recovery centers. This process has progressed to the point that recovery centers have agreed on Standards for the Recovery Services, and each center participates in an annual audit with VRN to ensure that all Vermont recovery centers are adhering to our standards. These standards were developed as the result of the Vermont legislature’s vision and funding support from the Vermont Department of Health. The Vermont Department of Health and Vermont Department of Mental Health approved these standards. As a result, recovery centers, which comply with these standards, are functioning as state-approved recovery programs. These standards include, by reference, this document outlining our recovery coaching protocols. The use of these formal protocols for the delivery, supervision, and evaluation of recovery coaching happens consistently across our statewide system of approved recovery programs.

Here is what William White says about our services in, “Ethical Guidelines for the Delivery of Peer-based Recovery Support Services” on page 8. “Second, recovery support relationships are less hierarchical (less differential of power and vulnerability) than the counselor-client relationship, involve different core functions, and are governed by different accountabilities. As such, the ethical guidelines that govern the addiction counselor are often not applicable to the recovery coach. Efforts to impose ethical standards from traditional helping professionals could inadvertently lead to the over-professionalization and commercialization of the role of recovery coach and recreate the very conditions that spawned peer-based recovery support services. Ethical guidelines for recovery coaches must flow directly from the needs of those seeking recovery and from the values of local communities of recovery.”

Our experience in training recovery center volunteers, who regularly move on to find other jobs and lead productive lives, informs our belief that the development of effective recovery coaching programs requires the use of stipends to retain our growing group of approved coaches. Maintaining effective teams of trained recovery coaches requires continuing support, coordination (supervision) and skill development. We believe incentives are required to build and maintain strong recovery coaching programs.

The popularity of the concept of recovery coaching has led people outside of our centers to seek training. This is a wonderful testament to the power of recovery but it presents a very real potential problem. Our experience in providing recovery coaching and recovery services in general indicates that screening potential coaches and providing appropriate supervision is critical. We are concerned that unsupervised coaches will experience “incidents,” which will reflect badly on all recovery services. Recovery centers supervise coaches, and those who breach the standards implicit in the protocols or repeatedly ignore boundaries are asked to participate in a progressive discipline process. This process includes accommodation in cases where remediation is appropriate or termination. The Vermont Recovery Network maintains a list of approved recovery coaches. Those who are dismissed for cause or have no affiliation with any form of supervision still can offer services as trained recovery coaches outside of our centers. As Vermont’s only substance abuse and dual-diagnosis peer-recovery service delivery system, we are confronted with a problem: the perceived efficacy of our statewide recovery services could be undermined by people over whom we have no control. We encourage people looking for recovery coaches to only select coaches from the Vermont Recovery Network’s recovery centers, where recovery coaching is provided with rigorous supervision and time proven protocols that are a part of state-approved program standards. Our rigorous evaluation process has demonstrated statistically significant changes in the lives of the people we serve.
A good recovery coach has to be a role model for others seeking recovery. We request that applicants respond to the following questions. We invite applicants who appear to be qualified to an in-person interview. During the interview, we ask about progress in the following aspects of personal recovery, either from direct personal use or from personal association with others who have substance use problems.

1. Physical recovery (if appropriate, abstinence from substance use, understanding of harms caused by past use and association with the “drug/alcohol culture,” attention to previously unmet medical needs)
2. Emotional recovery (increasing personal comfort, confidence, self-assurance, and integrity; ego deflation)
3. Relational recovery (relationship repair)
4. Behavioral recovery (diet, exercise, lifestyle)
5. Spiritual recovery (empathy, purpose, optimism & hope)
6. Sharing recovery & connections with various communities of recovery (reinforcement of recovery)
7. Reference from past or current employer about work ethic & skills

We ask that all potential coaches have at least one year of active involvement in their recovery process, if they self-identify as being in personal recovery from drug/alcohol use. People with a commitment to the recovery process who do not have personal histories of past drug and alcohol use are also encouraged to become recovery coaches, if they have strong demonstrated personal experience with the recovery process. What is your experience?
VRN recognizes all paths to recovery. Do you believe that there are multiple pathways to recovery?

Are you willing to be open minded about supporting people who want to follow approaches other than those you have confidence in?

Recovery Coaches need personal support. Please describe your recovery path and/or support system.

We ask potential coaches to make a one-year commitment to supporting the recovery coaching program at this center. Are you willing to commit to being a recovery coach for one year? (initials here) _________

Each recovery center provides in-house recovery coach training and support. Experience has shown that coaches need continuing education and support to be most effective. Will you commit to attending monthly (or other regularly scheduled) recovery coach team meetings at this center? (initials here) _________

In the event of allegations that any recovery coach has experienced a lapse in his or her recovery, we ask that every potential coach assure us of their willingness to undergo drug testing to prove their continued abstinence. (initials here) _________

Are you currently under the supervision of any probation or parole department?

If so, what are your conditions of release?

When will they end?
Volunteers at recovery centers have proven to be strong coaches. Do you have volunteer experiences you would like to share?

Why do you want to be a recovery coach? (25 words or more)

What experiences make you particularly well qualified to become a recovery coach? (25 words or more)
Recovery Worker Application

The primary role of all recovery center volunteers and recovery support workers is to be welcoming, empathetic listeners. Each visitor has his/her own path to recovery; their own individual needs; and their own story that has motivated them to try a life in recovery. It is through engaging people, asking questions and trying to make them feel welcome that we succeed in being a source of comfort and support for everyone who wants or needs it. Thank you for your interest in being a part of the healing that is happening at the recovery center. You do not need to be in recovery in order to volunteer at a recovery center. Those in formal peer recovery support worker positions are expected to have a personal support system. These workers are expected to demonstrate progress in the tasks of recovery; be in stable recovery; and must have the social skills required for their leadership roles.

Personal Information

It is our policy to keep this information confidential.

Name: __________________________________________________________ DOB: _____________________ Gender: M / F

Address:_________________________________________________City: _______________________ Zip Code: ____________

Home phone:____________ Cell Phone:_______________E-mail: __________________________________________

Are you a person in recovery? □ yes □ no

If yes, how long have you been in recovery? ______________________

If yes, how would you characterize your current recovery? (Please circle all that apply.) 12 step? Faith community? Chemical Replacement Therapy? Recovery Assisted with Medication? Do you have therapeutic support? Other approaches:

Is your recovery on based on…….. □ your personal addictions? □ someone else’s addictions

How did you find out about us?

Why do you want to work with the recovery community?

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<td>9:30 pm–11:30 pm</td>
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</tbody>
</table>

Do you have any schedule restrictions?

**References and Previous Experience**

*Please provide two personal references (long-time friend, business associate, 12-step sponsor)*

Name: ___________________________ phone and/or email: ___________________________

How long and in what capacity do you known them? ___________________________

Name: ___________________________ phone and/or email: ___________________________

How long and in what capacity do you known them? ___________________________

Are you currently employed? ☐ yes ☐ no  If so, where?

How long have you worked there?

What do you do there?
Please outline your previous work or volunteer experiences.

Please list any specific skills or experiences that you would like to bring to the recovery center:

Other relevant information

The mission of all recovery centers is to provide a safe, substance-free environment for people in recovery. It is of primary importance that we ensure the safety of our guests. A past conviction will not necessarily prohibit an applicant from becoming a volunteer or recovery worker, as we have confidence in a person’s ability to turn his or her life around. However, we do have an obligation to our guests. In this spirit, we appreciate your honest answers to the following questions:

Have you ever been convicted for a sex offense?  □ yes  □ no  If yes, what was the nature of the charge and when did this happen?

Have you ever been convicted of a crime that involved violence?  □ yes  □ no  If yes, what was the nature of the charge and when did this happen?

The reputation of our recovery center hinges on the community’s perceptions of the center and those involved with it. With that in mind, are there any other charges or convictions from your past that we should be aware of?  □ yes  □ no  If yes, what was the nature of the charge and when did this happen?
I acknowledge and affirm that the information provided in this application is complete and accurate:

___________________________________________________________________________________________________________________________

(your signature)                  (Please print your name here)                                                                      (date)

Confidentiality agreement

As a volunteer or recovery worker at the recovery center, you are asked to maintain the privacy of others. Therefore anything that you see, hear, read, or already know about a guest must be kept confidential. Please sign acknowledging your understanding and agreement to abide by this principal

___________________________________________________________________________________________________________________________

(your signature)                  (Please print your name here)                                                                      (date)

Notes:
Recovery Coaching Agreement
Edited - July, 2015

Please review this document and acknowledge your willingness to accept help from a VRN-approved recovery coach. **Any person who wishes to receive recovery coaching must sign this agreement first.** Once you and your recovery coaching team have signed this agreement, it becomes your property. You can show this agreement to people who want too know if you are working on your recovery, but we will not share copies of your signed agreement with anyone. Keeping this agreement is your responsibility.

Here’s what you can expect from us:

1. We will support you and help you to establish a plan for life in recovery.
2. We will help you connect with people who can help you succeed in recovery and we will explore services that you may want to consider using to support you in attaining a comfortable recovery.
3. We will keep our relationship with you confidential, but we will acknowledge your participation in this program, if you request that we do so.
4. We will not provide an evaluation of anyone’s recovery or report on anyone’s use of substances. We only acknowledge the period of time someone has participated in coaching, the regularity of their attendance, and acknowledge a person’s commitment to working on a personal recovery process.
5. We are legally and ethically obligated to report a recovery coaching participant’s disclosure of personal involvement with child or elder abuse/neglect, threatened self-harm, or harm to others.
6. Recovery coaches in recovery centers **do not** provide formal clinical assessments, recommend any particular level of care, provide clinical treatment services, monitor abstinence, maintain clinical records, or dispense medications.

Here’s what we expect from you:

1. **Your recovery is your responsibility.** Any decisions you make after considering your options in the recovery coaching process are your decisions and not the responsibility of your recovery coach.
2. Please keep your recovery coaching appointments and be on time. **If you are unable to keep your scheduled appointment, please contact your coach as soon as possible.**
3. You understand and agree that you will not seek to hold your recovery coach, recovery center, or the Vermont Recovery Network legally responsible for your decisions or actions.
4. You can contact the coordinator who signs below with any questions or concerns you have about your recovery coaching experience or if you feel you might benefit from having a different coach.

Together, we will explore what you can do to improve your life. We are here to help you think about ways your life could get better. We will support you in taking action and making your recovery successful.

Participant Name: ___________________    Recovery Coach Signature:   ______________________
Contact information:  ______________________________
Signature:   ______________________    Coordinator’s Signature:    ______________________
Contact information:  ______________________________
Date:               ______________________

PO Box 1303
Brattleboro, VT 05301
vtrecoverynetwork@gmail.com
www.vtrecoverynetwork.org
802-738-8998
<table>
<thead>
<tr>
<th>Domains</th>
<th>Self-Sufficient Score: 1</th>
<th>Stable/Safe Score: 2</th>
<th>At Risk Score: 3</th>
<th>Unstable Score: 4</th>
<th>In Crisis/Not Self-Sufficient Score: 5</th>
</tr>
</thead>
<tbody>
<tr>
<td>Access to Services</td>
<td>Is receiving a full range of services to meet needs</td>
<td>Receiving services; barriers to access may limit choices</td>
<td>Knows what is needed; options are limited</td>
<td>Assistance required to access services on their own</td>
<td>Doesn’t know needs; barriers to access; Needs help</td>
</tr>
<tr>
<td>Health Insurance</td>
<td>Has full coverage to meet needs</td>
<td>Has limited coverage, meets needs</td>
<td>Has coverage; financial barriers; doesn’t meet needs</td>
<td>At risk of losing coverage; limited resources/requires help in accessing services.</td>
<td>No coverage; barriers to access; needs help</td>
</tr>
<tr>
<td>Housing</td>
<td>Housing is sufficient and meets needs</td>
<td>Housing adequate; meets most needs</td>
<td>Insufficient/at risk; help available</td>
<td>At risk of losing housing; limited access to help</td>
<td>No housing; barriers to access; needs help</td>
</tr>
<tr>
<td>Basic Needs</td>
<td>Basic needs are being met</td>
<td>Resources are adequate; meets most needs.</td>
<td>Lacks resources to meet basic needs; help available</td>
<td>Basic needs not met; has limited access to help</td>
<td>Basic needs not met; barriers to access; needs help</td>
</tr>
<tr>
<td>Food, Heat, Mail Clothing, Phone</td>
<td>Has reliable transportation; meets needs</td>
<td>Has adequate transportation; meets most needs</td>
<td>Lacks reliable transportation; help is available</td>
<td>Lacks transportation; has limited options</td>
<td>Lacks transportation; barriers to access; needs help</td>
</tr>
<tr>
<td>Transportation</td>
<td>No problems or health needs are being met</td>
<td>Treatment of health problems is adequate; meets most needs</td>
<td>Health problems treated inadequately</td>
<td>Has health problems; treatment inadequate; limited access to help</td>
<td>Has health problems, barriers to access help; needs help</td>
</tr>
<tr>
<td>Physical Health</td>
<td>Social network is more than sufficient (more than 3-5 friends who care)</td>
<td>Social network is sufficient (has at least 3 friends who care)</td>
<td>Social network is insufficient (less than 2-3 friends who care)</td>
<td>Social network is very limited (has 1 friend who cares); and has no one to add</td>
<td>Has no social network; barriers to increase; needs help</td>
</tr>
<tr>
<td>Social</td>
<td>Family &amp; relationships are stable; no help is needed</td>
<td>Family &amp; relation- ships are somewhat stable; adequate resources/help</td>
<td>Family &amp; relation- ships are unstable; inadequate resources/help</td>
<td>Family &amp; relationships are very unstable; have limited resources</td>
<td>Family is in crisis; barriers to access help; needs help</td>
</tr>
<tr>
<td>Family (Primary partner relationships)</td>
<td>Maintaining Spirituality and Optimism</td>
<td>Action - Actively pursuing spirituality &amp; developing optimism</td>
<td>Preparation Considering belief in Spirituality &amp; better future</td>
<td>Contemplation Questioning Spirituality - considering others who have optimism for future</td>
<td>Pre-contemplation In crisis - No belief in Spirituality; no optimism for future</td>
</tr>
<tr>
<td>Recovery supports</td>
<td>Pursuing recovery in multiple ways including helping others</td>
<td>Actively pursuing recovery in multiple ways (not necessarily helping others at this stage)</td>
<td>Meeting peer supporters and professionals</td>
<td>Disconnected but aware of possible benefits from recovery support</td>
<td>In Crisis - No belief that things can get better – flight risk</td>
</tr>
</tbody>
</table>

Score # (1 = sufficient, 2 = stable, 3 = at risk, 4 = unstable, 5 = in crisis) and make notes as needed
<table>
<thead>
<tr>
<th>Domains Continued</th>
<th>Self- Sufficient Score: 1</th>
<th>Stable/Safe Score: 2</th>
<th>At Risk Score: 3</th>
<th>Unstable Score: 4</th>
<th>In Crisis/Not Self- Sufficient Score: 5</th>
</tr>
</thead>
<tbody>
<tr>
<td>Alcohol &amp; Drug Treatment</td>
<td>Responsible use or active intervention and/or no help needed</td>
<td>Alcohol/Drug problems are adequately treated</td>
<td>Alcohol/Drug problems inadequately treated; help available</td>
<td>Alcohol/Drug problems are not treated; limited resources</td>
<td>Severe problems; barriers to access; needs help</td>
</tr>
<tr>
<td>Medication-Assisted Treatment (MAT)</td>
<td>MAT has been completed successfully or is not needed</td>
<td>MAT is in progress</td>
<td>MAT is an option but has not begun, able to access</td>
<td>MAT is an option but assistance is required to access</td>
<td>MAT appears to be needed but there are barriers to access</td>
</tr>
<tr>
<td>Mental Health</td>
<td>No problems and/or no help needed</td>
<td>Mental health problems are adequately treated</td>
<td>Mental health problems are inadequately treated; help available</td>
<td>Mental health problems are not treated; limited resources</td>
<td>Mental health problems not treated, barriers to access help; needs help</td>
</tr>
<tr>
<td>Legal issues &amp; Involvement with Dept. of Corrections</td>
<td>No legal problems; no help needed</td>
<td>Few legal problems and receiving help</td>
<td>Legal problems; help available</td>
<td>Legal problems; limited help/resources</td>
<td>Legal problems not being addressed, barriers to access help; needs help</td>
</tr>
<tr>
<td>Education</td>
<td>Sufficient education; no help needed</td>
<td>Insufficient education; is in school/training</td>
<td>Insufficient education; help is available</td>
<td>Insufficient education; limited resources</td>
<td>Insufficient education; barriers to access help; needs help</td>
</tr>
<tr>
<td>Employment</td>
<td>Working full or part time; no help needed</td>
<td>Working full or part time; may need help</td>
<td>Unstable job; help is available</td>
<td>Unstable job; limited resources</td>
<td>Unemployed; barriers to access help; needs help</td>
</tr>
<tr>
<td>Parenting Skills</td>
<td>Possesses positive approach/skills to parenting; access to ample resources; no help needed</td>
<td>Possesses adequate approach/skills to parenting; meets most needs</td>
<td>Parenting approach/skills and resources inadequate; help available</td>
<td>Parenting approach/skills potentially put children at risk; limited resources</td>
<td>Parenting insufficient and children at risk; barriers to access help; needs help</td>
</tr>
<tr>
<td>Safety</td>
<td>Relationship(s) are emotionally supportive/nurturing and free of violence; no help needed</td>
<td>Relationship(s) are supportive; meets most needs</td>
<td>Relationship(s) are chaotic; help available</td>
<td>Relationship(s) are verbally abusive, controlling, coercive; limited resources</td>
<td>Relationship(s) are verbally and physically abusive; barriers to access help; needs help</td>
</tr>
<tr>
<td>Wellness</td>
<td>Is proactively meeting wellness needs in a variety of ways</td>
<td>Is doing proactive work to stay mentally and physically well</td>
<td>Not working to stay mentally and physically well; options available</td>
<td>Assistance required to access options to improve wellness</td>
<td>Unable to improve wellness; barriers to improvement</td>
</tr>
</tbody>
</table>

Score # (1 = sufficient, 2 = stable, 3 = at risk, 4 = unstable, 5 = in crisis) and make notes as needed
<table>
<thead>
<tr>
<th>Domains</th>
<th>Initial</th>
<th>6 weeks</th>
<th>3 months</th>
<th>6 months</th>
<th>9 months</th>
<th>1 year</th>
<th>Final</th>
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<tbody>
<tr>
<td>Date:</td>
<td><strong><strong><strong>/</strong>__/</strong></strong></td>
<td><strong><strong><strong>/</strong>__/</strong></strong></td>
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<tr>
<td>Access to services</td>
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<td>Health insurance</td>
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<td>Housing</td>
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<tr>
<td>Basic needs (food, heat, etc.)</td>
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<td>Parenting skills</td>
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<tr>
<td>Safety</td>
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<td>Wellness</td>
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</table>

*Please include copy of SSM score sheet with initial session and all follow up sessions*
## Participant’s recovery priorities

<table>
<thead>
<tr>
<th>Priority (SSM domain)</th>
<th>Description of action steps</th>
<th>Results/notes/ideas</th>
</tr>
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<tbody>
<tr>
<td>Priority #1</td>
<td>Action step 1:</td>
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<td>Action step 2:</td>
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<td>Action step 3:</td>
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<tr>
<td>Priority #2</td>
<td>Action step 1:</td>
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<td>Action step 2:</td>
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<td>Priority #3</td>
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<td>Priority #4</td>
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<td>Action step 2:</td>
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<td></td>
<td>Action step 3:</td>
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</tbody>
</table>
Tracking Time Spent providing Recovery Coaching

Vermont’s 12 recovery centers that coordinate their efforts through Vermont Recovery Network have not yet developed a uniform tracking system for documenting the time spent with the people receiving recovery coaching. This has been identified as a priority, but we have yet to develop consensus on a single form that tracks time spent coaching across all of our centers.

Many centers have already have protocol in place for tracking time spent coaching. Here are key elements found in the various tracking systems:

- Coach’s name
- Name of person being coached
- Date Coaching started
- Date Agreement signed & Date Baseline Data Collected
- Dates & Lengths of coaching sessions
- Location of coaching sessions
- Type of coaching sessions (in person, phone, etc.)

Below is a sample tracking sheet:
## INITIAL Recovery Coaching Session (date: ___/___/______)

A Recovery Coach and the person being coached work as a team to figure out how to help the person being coached to succeed in recovery and live a more comfortable life. Working with a coach and using this tool will help you to solve problems and see the progress you are making in recovery. We need to show the legislators who fund our programs exactly how recovery coaching is helping to improve people’s lives, and you can help us do it. We will not release anyone’s name, progress in recovery, or their answers to the following questions. **Our reports do not include information that could identify any of our participants.**

**Participant’s Name (first and last)____________________________ Gender: male [ ] female [ ] other [ ] Year of Birth ______**

**Center Location ____________________________________________**

### 1. Who referred you to Recovery Coaching (circle the one that applies the most)

<table>
<thead>
<tr>
<th>A. Friend or Person in Recovery (sponsor)</th>
<th>B. Substance abuse agency/clinic/ provider (non-medication assisted)</th>
<th>Ba. Substance abuse agency/clinic/provider (medication assisted treatment)</th>
<th>C. Mental health agency/clinic/provider</th>
</tr>
</thead>
<tbody>
<tr>
<td>D. Detoxification program</td>
<td>E. Emergency room</td>
<td>F. Hospital (non-ER related)</td>
<td>G. Doctor/primary care provider</td>
</tr>
<tr>
<td>H. Department of Corrections</td>
<td>I. Family/Mental Health Court</td>
<td>Ja. Drug Court</td>
<td>Ib. Rapid Intervention</td>
</tr>
<tr>
<td>J. Office of Economic Opportunity</td>
<td>K. Department of Labor</td>
<td>L. Housing (includes Transitional) services</td>
<td>M. Educational institution</td>
</tr>
<tr>
<td>N. Boss or employee assistance</td>
<td>O. Self</td>
<td>P. Family member</td>
<td>Q. Recovery Center or other non-profit</td>
</tr>
<tr>
<td>R. Church</td>
<td>S. Other faith ministry</td>
<td>T. Department for Children &amp; Families</td>
<td>U. Other (_____________________)</td>
</tr>
</tbody>
</table>

### 2. Have you done any of the following?

<table>
<thead>
<tr>
<th>A. Attended a peer recovery support meeting (12 step or other)</th>
<th>Ever in your life?</th>
<th>Past 30 days?</th>
</tr>
</thead>
<tbody>
<tr>
<td>B. Attended substance abuse treatment/counseling (either residential or outpatient)?</td>
<td>Yes No</td>
<td>Yes No</td>
</tr>
<tr>
<td>C. Attended mental health treatment/counseling (either residential or outpatient)?</td>
<td>Yes No</td>
<td>Yes No</td>
</tr>
<tr>
<td>D. Attended a detoxification program?</td>
<td>Yes No</td>
<td>Yes No</td>
</tr>
<tr>
<td>E. Gone to the emergency room to seek medical attention for any reason? (medical and/or substance related)</td>
<td>Yes No</td>
<td>Yes No</td>
</tr>
<tr>
<td>F. Been in the hospital as a patient for any reason?</td>
<td>Yes No</td>
<td>Yes No</td>
</tr>
<tr>
<td>G. Gone to a doctor/primary care provider as a patient for any reason?</td>
<td>Yes No</td>
<td>Yes No</td>
</tr>
<tr>
<td>H. Gone to a mandatory Department of Corrections program or meeting?</td>
<td>Yes No</td>
<td>Yes No</td>
</tr>
<tr>
<td>I. Been in court?</td>
<td>Yes No</td>
<td>Yes No</td>
</tr>
<tr>
<td>J. Met with the Department of Children and Families or used their services? (3 Squares, Reach-up, etc.)</td>
<td>Yes No</td>
<td>Yes No</td>
</tr>
<tr>
<td>K. Met with the Department of Labor or used their services?</td>
<td>Yes No</td>
<td>Yes No</td>
</tr>
<tr>
<td>L. Met with Vocational Rehab?</td>
<td>Yes No</td>
<td>Yes No</td>
</tr>
<tr>
<td>M. Met with a housing provider or used their services? (housing assistance, shelters, etc.)</td>
<td>Yes No</td>
<td>Yes No</td>
</tr>
<tr>
<td>N. Earned a diploma or G.E.D.?</td>
<td>Yes No</td>
<td>Yes No</td>
</tr>
<tr>
<td>O. Attended a faith-based ministry?</td>
<td>Yes No</td>
<td>Yes No</td>
</tr>
<tr>
<td>P. Participated in Medication Assisted Treatment (MAT)?</td>
<td>Yes No</td>
<td>Yes No</td>
</tr>
</tbody>
</table>
3. How many days in the past 30 have you used any alcohol? _______ days
4. How long have you been abstinent from alcohol right now? _______ days
5. How many days in the past 30 have you used marijuana or other drugs (not including those prescribed to you and were used as intended)? _______ days
6. How long have you been abstinent from other drugs including marijuana, prescription drugs (not used as intended), and other illegal drugs right now? _______ days
7. In the table below, circle the number that indicates how motivated you are to NOT use the following substances:

   1 = not at all motivated to avoid use, 10 = highly motivated to avoid use, NA = not being coached for personal addiction problems

<table>
<thead>
<tr>
<th>A. Alcohol</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>6</th>
<th>7</th>
<th>8</th>
<th>9</th>
<th>10</th>
<th>N/A</th>
</tr>
</thead>
<tbody>
<tr>
<td>B. Marijuana</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
<td>7</td>
<td>8</td>
<td>9</td>
<td>10</td>
<td>N/A</td>
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<td>---</td>
<td>---</td>
<td>---</td>
<td>----</td>
<td>-----</td>
</tr>
<tr>
<td>C. Opiates</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
<td>7</td>
<td>8</td>
<td>9</td>
<td>10</td>
<td>N/A</td>
</tr>
<tr>
<td>-------------------</td>
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<td>---</td>
<td>---</td>
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<td>---</td>
<td>---</td>
<td>---</td>
<td>----</td>
<td>-----</td>
</tr>
<tr>
<td>D. Other drug of choice</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
<td>7</td>
<td>8</td>
<td>9</td>
<td>10</td>
<td>N/A</td>
</tr>
</tbody>
</table>

8. In the past 30 days, how many times have you experienced the following? Note: please use numbers only

   A. Had contact with the police?
   B. Been arrested?
   C. Been convicted of a crime?
   D. Spent days on probation?
   E. Spent days in jail/prison?
   F. Been in crisis?
   G. If you have been in crisis, which domain(s) on the SSM chart were the cause of the crisis? ___________, ____________, ____________, ______________

9. Have you been on probation? Yes No
10. Have you spent time in jail/prison? Yes No

11. Medication adherence: During the past 30 days, have you followed medical advice when taking the following prescribed medications including taking medications as prescribed?

   Physical Health meds (YES | NO | N/A)   Addiction meds (YES | NO | N/A)   Mental Health meds (YES | NO | N/A)   Pain Meds (YES | NO | N/A)
Recovery Coaching Support Tool [2015 edition]  

FOLLOW UP Recovery Coaching Session (date: ___/___/_____

We appreciate that recovery coaching is a collaborative process between two people who are committed to recovery. It is important to the Recovery Coaching Program that both the Recovery Coach and the person being coached take the time to collect the following information. We group your responses with the responses of others taking part in recovery coaching so we can learn if recovery coaching is helping to make a difference in people’s lives. All information that could identify you will be removed before it is grouped with data from other participants.

Participant’s Name:__________________________________________ Gender: male [  ]   female [  ]   other [  ]         Year of Birth ______ 
Center Location: _____________________________________________________________________________

Please circle timeframe and attached copy of Self-Sufficiency Score Sheet:  6 weeks     3 months     6 months    9 months     1 year     Final

1. Have you done any of the following in the past 30 days?

<table>
<thead>
<tr>
<th>Activity</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>A. Attended a peer recovery support meeting (12 step or other)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>B. Attended substance abuse treatment/counseling (either residential or outpatient)?</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>C. Attended mental health treatment/counseling (either residential or outpatient)?</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>D. Attended a detoxification program?</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>E. Gone to the emergency room to seek medical attention for any reason? (medical and/or substance related)</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>F. Been in the hospital as a patient for any reason?</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>G. Gone to a doctor/primary care provider as a patient for any reason?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>H. Gone to a mandatory Department of Corrections program or meeting?</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>I. Been in court?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>J. Met with the Department of Children and Families or used their services? (3 Squares, Reach-up, etc.)</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>K. Met with the Department of Labor or used their services?</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>L. Met with Vocational Rehab?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>M. Met with a housing provider or used their services? (housing assistance, shelters, etc.)</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>N. Earned a diploma or G.E.D.?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>O. Attended a faith-based ministry?</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>P. Participated in Medication Assisted Treatment (MAT)?</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

2. How many days in the past 30 have you used any alcohol? _______ days

3. How long have you been abstinent from alcohol right now? _______ days

4. How many days in the past 30 have you used marijuana or other drugs (not including those prescribed to you and were used as intended)? _______ days

5. How long have you been abstinent from other drugs including marijuana, prescription drugs (not used as intended), and other illegal drugs right now? _______ days
6. In the table below, circle the number that indicates how motivated you are to NOT use the following substances:

   1 = not at all motivated to avoid use, 10 = highly motivated to avoid use, NA = not being coached for personal addiction problems

<table>
<thead>
<tr>
<th>Substance</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>6</th>
<th>7</th>
<th>8</th>
<th>9</th>
<th>10</th>
<th>N/A</th>
</tr>
</thead>
<tbody>
<tr>
<td>Alcohol</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
<td>7</td>
<td>8</td>
<td>9</td>
<td>10</td>
<td>N/A</td>
</tr>
<tr>
<td>Marijuana</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
<td>7</td>
<td>8</td>
<td>9</td>
<td>10</td>
<td>N/A</td>
</tr>
<tr>
<td>Opiates</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
<td>7</td>
<td>8</td>
<td>9</td>
<td>10</td>
<td>N/A</td>
</tr>
<tr>
<td>Other drug of choice</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
<td>7</td>
<td>8</td>
<td>9</td>
<td>10</td>
<td>N/A</td>
</tr>
</tbody>
</table>

7. In the past 30 days, how many times have you experienced the following? Note: please use numbers only

<table>
<thead>
<tr>
<th>Event</th>
<th>Ever in your life?</th>
<th>Past 30 days?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Had contact with the police?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Been arrested?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Been convicted of a crime?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Spent days on probation?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Spent days in jail/prison?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Been in crisis?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Crisis domains</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

G. If you have been in crisis, which domain(s) on the SSM chart were the cause of the crisis? ____________, ____________, ____________, ____________

9. Have you been on probation? Yes No Ever in your life? Past 30 days? Yes No

10. Have you spent time in jail/prison? Yes No Ever in your life? Past 30 days? Yes No

11. Medication adherence: During the past 30 days, have you followed medical advice when taking the following prescribed medications including taking medications as prescribed?

   Physical Health meds (YES | NO | N/A) Addiction meds (YES | NO | N/A) Mental Health meds (YES | NO | N/A) Pain Meds (YES | NO | N/A)

11. If this is your final recovery coaching session, please complete the following: (circle all that apply)

<table>
<thead>
<tr>
<th>Reason</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>A. I am ready to move on in recovery and no longer need coaching</td>
<td>B. I have sufficient recovery support outside of coaching</td>
</tr>
<tr>
<td>C. I do not feel that coaching is working for me</td>
<td>D. I am no longer able to attend coaching sessions</td>
</tr>
<tr>
<td>E. I am moving to another area</td>
<td>F. Other _________________________________</td>
</tr>
</tbody>
</table>

REMINDER: PLEASE SEND COPY OF SELF-SUFFICIENCY MATRIX SCORE WITH FOLLOW UP INFORMATION.

Name: ____________________________________________ Address (optional): ____________________________________________

Phone #: _______________________ OK to leave voicemail? ____ OK to text? ____ E-mail Address: ____________________________________________

OK to Facebook private message? ____ Relative or friend if we lose contact (optional): ___________________________ Phone #: _______________________

---

### Initial Recovery Coaching Session Report

<table>
<thead>
<tr>
<th>Date Completed</th>
<th>Review and sign Recovery Coaching Agreement. Make sure that participants understand that they have the only copy of their signed Agreement.</th>
<th>Date Completed</th>
<th>Complete the Initial Recovery Coaching Tool (pages 1 &amp; 2). Using the Self-Sufficiency Matrix (pages 3 &amp; 4), enter the participant reported scores on the sheet (Page 5) in column titled “initial”.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Date Completed</td>
<td>Mail original of Initial Recovery Coaching Session (pages 1 &amp; 2) and a copy of the Self-Sufficiency Matrix scores to address below. Please keep a copy of the Self-Sufficiency Matrix scores in your file so you and the person you are coaching can look at how the scores improve over time.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Please confirm that the contact information you have for the people you are coaching is current when doing reports.**

### Follow Up Recovery Coaching Session Reports

<table>
<thead>
<tr>
<th>Enter Due Date:</th>
<th>6 weeks</th>
<th>3 months</th>
<th>6 months</th>
<th>9 months</th>
<th>1 year</th>
<th>Final</th>
</tr>
</thead>
<tbody>
<tr>
<td>Complete Follow Up Recovery Coaching Tool (pages 7 &amp; 8). Using the Self-Sufficiency Matrix (pages 3 &amp; 4), enter the current participant scores on the score sheet (page 5) in the appropriate follow up column.</td>
<td>Date Completed</td>
<td>Date Completed</td>
<td>Date Completed</td>
<td>Date Completed</td>
<td>Date Completed</td>
<td>Date Completed</td>
</tr>
</tbody>
</table>

Mail original of Follow Up Recovery Coaching Session (pages 7 & 8) and a copy of Self-Sufficiency Matrix scores (page 5) to address below. Keep a copy of Self-Sufficiency Matrix for future score comparisons.

**Please request help from all participants in completing Final data reports – even if you only do a couple of coaching sessions together.**

Please mail completed documents to: Kristen Aja, 4968 Mountain Rd. # 305, Stowe, VT  05672
What is recovery coaching?
Recovery coaching is a person-centered, strengths-based approach for supporting people who suffer from their own or someone else’s addictions.
Recovery coaches are allies and mentors who view a person as being in recovery when that person begins to consider making life changes and evaluating the harmful effects of alcohol and drug use, codependency, or other addictive behaviors. Recovery centers provide recovery coaching at no cost to participants.

What is a recovery coach?
A Recovery Coach creates a partnership with a person in recovery from addictions. Coaches help people to:
- Create a vision for their recovery.
- Identify and remove barriers to recovery.
- Navigate through human services systems.
- Access community resources.
- Connect with treatment facilities, recovery services, and full range of peer support groups.

A coach can work with people who have active addictions, people who are already in recovery, or people who are concerned about someone else’s use of alcohol or other drugs. People who participate in the recovery coaching process must have a commitment to recovery. All conversations are confidential.

All network-approved Recovery Coaches must complete a 36-week training program with regular supervision, and participate in ongoing professional development. In most cases, coaches are peers in recovery. Peers are people who have lived experiences and are on their own recovery path.

A Recovery Coach is a Partner on the Recovering Person’s Journey.

To locate a Recovery Center that can connect you with a coach:
www.vtrecoverynetwork.org

Vermont Recovery Network
200 Olcott Dr.
White River Junction, Vermont 05001
(802) 738-8998

www.facebook.com/vermontrecoverynetwork
Questions coaches ask:

- What do you want in life?
- What gets in the way?
- What can we do to solve that problem?

What is recovery?

A person is in recovery when he or she says so. Progress in recovery requires a personal commitment to, and action toward, reducing and repairing the harm addictive behaviors have caused to mind, body, and spirit.

Maintaining a commitment to recovery and following through with the tasks of recovery are often overwhelming without the support of others who have experience with the recovery process.

How a recovery coach helps

A recovery coach will help you create a vision for your recovery, define your goals, and then help you work toward those goals. A coach will ask questions and listen. You lead the way on this journey; you decide what your recovery will look like. A coach will support your choices and help you make your goal a reality.

The coach helps you develop and achieve your own personal goals for a life in recovery. This planning process helps to clarify your vision for a better life and take action.

Together, you and your coach will explore what steps and services will help you succeed in your recovery.

What about my other problems?

People who begin recovery from addictions often have other difficulties, such as lack of stable housing, unemployment, marital problems, childcare and transportation issues, health and dental issues, and more. A coach can help you consider services that might help your treatment, mental health supports, education, transitional housing, shelters, food pantries, and so on. A coach can help you connect with people in these places.

People who have less instability and calamity in their lives stand a better chance of being successful in their recovery.

What if you already have a sponsor or counselor?

Is there any benefit to finding a coach if you have a sponsor or a counselor? You bet! Each person supports you in a different way.

- A counselor provides professional support in a clinical setting based on formal education and a particular treatment philosophy.
- A 12-step sponsor provides recovery support and guides you through the steps based on his or her own experience. Sponsors rely on their own beliefs and their background with a particular recovery fellowship.
- A recovery coach is a partner who will help you define and achieve a series of goals that will further your recovery. A coach will link you with resources. Coaches provide support based on extensive training and their own experience.

Why is your own vision of recovery important?

People who achieve long-term recovery often find that stopping the addictive behavior is just the first step; their recovery path turns out to be a journey of self-discovery. Picturing your life without addiction is another big step, whether you are starting out or are at a crossroads in your recovery.

The longer you're in recovery the more crucial it is to focus on goals and personal growth—much more so than in early recovery. Complacency becomes the enemy in long-term recovery. People who stop growing or actively pursuing new growth experiences may eventually slide back into old patterns and risk relapse.

Your vision of what you want in recovery will evolve. Coaches help people move from maintaining abstinence toward enhancing their recoveries. A recovery coach is trained specifically to encourage people in personal growth areas. If you are working with a Recovery Coach, always set new goals, and constantly striving to grow, then you are more likely to enjoy a very strong, long-term recovery.

A recovery coach does not:

- Provide screening, assessments, counseling, or other clinical services.
- Monitor abstinence.
- Dictate any path to recovery.
- Tell the recovering person what to do.
Recovery Coaching
A Partnership for Your Recovery Journey

Helping people who have experienced problems as a result of drugs and alcohol to find, maintain, and enhance their recovery through peer support, sober recreation, and educational opportunities.

Vermont Recovery Network
PO Box 1303
Brattleboro, Vermont 05302
(802) 738-8998

Contact a Recovery Center near you to find a Recovery Coach

VRN Vermont Recovery Network
Recovery Centers - Recovery Solutions

www.facebook.com/vermontrecoverynetwork
www.vtrecoveynetwork.org
Could a Recovery Coach help?

- Do you think drugs and/or alcohol could be causing problems in your life?
- Are people getting on your case about your drug and/or alcohol use?
- Is your life out of control?
- Feeling overwhelmed, and want someone to talk to?

A Recovery Coach will:

- Assist you in making a plan to improve your life.
- Focus on the present and the future (not the past).
- Support and encourage you to follow your chosen path to recovery.
- Keep conversations confidential.

Recovery Coaching helps even if you have a sponsor or counselor

Each helps you in a different way:

- A counselor provides clinical help.
- A 12-step sponsor guides you through the steps of a recovery fellowship.
- Recovery Coaches have personal experience with recovery, and help you make positive changes in your life.

How does a Recovery Coach Help?

A Recovery coach listens to you, helps you figure out what to do, and supports your choices. Together, you and your coach explore options that will help you succeed in your recovery.

A Recovery Coach does not:

- Diagnose or treat addictions.
- Judge.
- Tell you what to do.
Cooperation

Vermont’s growing recovery center movement has only been possible through the service of many people, most of whom maintain their recovery through the practice of the 12-step programs developed by the original members of Alcoholics Anonymous. Paradoxically, confusion about the relationships between recovery centers, the 12-step fellowships, and treatment providers has, in some cases, prevented us from fully achieving our shared primary purpose—carrying the message of recovery to those still suffering.

Recovery is the process of repairing the physical, emotional, and spiritual harm caused by slipping into dependence on alcohol and drugs. Guilt, shame, unconscious rationalizations, and loss of spiritual values linger on long after someone begins to try living a life that includes abstinence from addictive behaviors. Recovery is also possible for those who are directly affected by someone else’s addictive behaviors. We welcome the families and friends of our guests. Because our communities are also affected by addiction, we feel it is important to collaborate with prevention coalitions and others in our communities to develop environmental strategies for creating more resilient and “recovery-ready” communities.

Recovery centers are open to everyone seeking recovery, on all paths to recovery. We do not promote any particular recovery approach. Maintaining safe, supportive, drug- and alcohol-free environments, which are welcoming to all, helps people begin the process of reducing the harm caused by the use and abuse of substances. Many visitors are relieved to learn that we encourage progress toward recovery and do not require spirituality or total abstinence. We ask those who are actively using substances not to make our centers a place to spend time while using, except when they are attending a recovery meeting or actively trying to find a way to stop using. We invite these visitors to share their personal recovery goals, and we encourage progress. They are invited to come back to share how their approach is working and are urged to try treatment, if it appears that it would support them in following their chosen path to recovery. Some of our volunteers, maintaining recovery through 12-step programs, have found it difficult to encourage treatment approaches that include medications. We acknowledge their concerns but remind them we support everyone in making a commitment to a recovery path that will bring them relief from addictions and co-occurring disorders. When guests consider medications, we encourage them to find physicians who understand addiction recovery and encourage medication compliance.

Recovery centers do not provide formal assessments, specify any particular level of care, provide clinical services, monitor abstinence, maintain client records, or dispense medications. We provide safe, supportive places for people in recovery to congregate; we rent space to recovery groups to hold meetings; and we provide peer-based recovery support services. Although we employ people with experience in recovery who have been trained in delivering recovery support services, we discourage the power differentials that exist between experts and “clients.” We refer to our guests as visitors, people in recovery, guests, participants, friends, or recoverees. We are careful to avoid affiliation with the recovery fellowships to which we refer people, and we understand the need for cooperation with the groups who rent space in our centers. But because many of our volunteers are new members of 12-step recovery groups, sometimes these lines may become blurred. Center directors and other staff provide guidance and supervision to protect these and other boundaries.

In many cases, the recovery support services we provide have borrowed approaches that have proven helpful in engaging and treating people who suffer from addictions. These approaches include evaluating a person’s willingness
to change (Protraska & DeClementi); reflective listening (Rogers); and skills for motivational interviewing (Miller).
We have adopted recovery management practices (White, Godley, Dennis, Loveland & Boyle) to form the basis for what we commonly call providing guests with “recovery solutions.” Our recovery coaching program was founded on this body of evidence, which demonstrated case management to be an evidence-based practice that could be adapted as a peer-based recovery service.

Our statewide recovery system has developed standards, accountability, and evidence based recovery support services. Vermont’s recovery centers have grown to become a front door to Vermont’s treatment system, as well as a destination after treatment. In some cases, centers offer support until treatment is available; in others, our recovery supports provide a direct path to a life in recovery. We have found that people who struggle with “getting” 12-step recovery benefit from our research-proven Making Recovery Easier groups developed by Lee Ann Kuskutas. Centers host All Recovery groups, Seeking Safety practice groups, Making Change, Wits End, Wellness Recovery Action Planning, and other co-occurring condition support groups. Peer-led mindfulness and relaxation exercises are important adjuncts to recovery, as are communication groups. Center staff, volunteers, recovery coaches, and peer-led recovery planning groups all support visitors in exploring ways to address their own personal needs for education, employment skills, medical support, child-care support, stable housing, sound diets, exercise, and recreation. Ideally, staff and volunteers at centers address these issues with guests over time as a part of the process of helping them find “recovery solutions” in their lives. Recovery coaches address these needs in a more systematic way on a one-on-one basis.

We need to hire and train recovery workers to provide the services listed above. We need additional staffing support to maintain safe environments for women, youth and our other guests, with the onslaught of people looking for opiate withdrawal symptom relief. Our volunteer-based peer supports have proven their effectiveness, but experience has demonstrated that including experienced recovery support workers on staff makes it possible to consistently deliver more sophisticated services and simultaneously mentor new volunteers in providing recovery supports. We believe that we are creating the lifelong recovery supports required to help those with chronic addictive disease to maintain recovery.

Just as all members of AA, NA, CA or MA don’t necessarily understand and honor the 12 traditions developed in Alcoholics Anonymous, not all volunteers at recovery centers do either. The boards and staff of most centers have strong connections with 12-step recovery and make every effort to provide guidance and assure strong cooperation without affiliation, but well-meaning new AA members sometimes announce recovery center events at meetings that do not permit non-AA announcements. Our centers rent space to autonomous AA, NA, and other recovery group meetings, and we freely acknowledge that we can’t dictate that they hold group conscience meetings, participate in the service structure, or adhere to 12-step traditions. It is hoped that as time goes on, members of the recovering community will demonstrate the same patience and tolerance that long-term AAs have shown to newcomers by gently (or not so gently) instructing them in the process of learning to live through practicing the steps and traditions. We hope that an increased understanding of our goals in supporting people on all paths to recovery will improve cooperation between the recovery fellowships, recovery centers, and treatment providers who have all proven so critical to building community recovery capital in Vermont.

We have referred literally thousands of people to 12-step recovery groups and treatment programs. We encourage our partners in this effort to keep us supplied with meeting lists, pamphlets, and brochures so that we can continue to cooperate by sending newcomers and those returning to recovery to meetings and services that will support their efforts.

Winter 2014: Written with input from recovery centers, treatment partners and Vermont’s recovering community.
Defining Recovery Services for Memoranda of Agreement

Vermont Recovery Network’s twelve recovery centers provide peer-to-peer recovery support services with teams of trained recovery workers. All centers function in accordance with “Provider Standards for Recovery Services” and are subject to annual performance audits. These standards were instituted to ensure that Vermont’s recovery system provides uniform services supported by supervision, training, and consistent protocols for the delivery of services. Recovery workers are screened, trained, required to sign ethical guideline agreements, and provided with ongoing supervisory support.

Recovery centers avoid creating formal records about a participant’s progress in recovery. We support participants in finding and seeking additional services, without making formal referrals ourselves. Recovery centers maintain locked file cabinets that contain information on personnel; financial records; and aggregate data on participants seeking additional services because of recovery interchanges, the nature of services provided, and the numbers of people served. Any documents created to seek reimbursement for participation in recovery services, which include names and/or other identifying information, are kept in locked filing cabinets. We do not document participants’ progress in their recovery, presume to evaluate their needs, or tell them what to do. We only document the recovery supports we provide. We also maintain separate locked cabinets for securing de-identified Government Performance Results Act (GPRA) data on the participants in our SAMHSA Pathways to Recovery grant. We regularly encourage our guests to seek treatment and healthcare services, but as we do not provide clinical or healthcare services ourselves, we are not subject to the confidentiality standards developed for those services, HIPAA & 42 CFR Part 2.

When recovery workers provide onsite peer recovery support services and information about recovery in treatment settings, the nature of the recovery services provided, and the suggestions for maintaining ongoing recovery, are distinctly different from the provision of clinical or healthcare services. Ongoing participation in peer-based recovery supports has never been subject to HIPAA & 42 CFR Part 2 standards. This stance is consistent with how 12-step recovery meetings have been provided in, but not affiliated with, treatment facilities that have provided space for their patients to connect with those in ongoing recovery.

Here is what you can expect from recovery workers providing support for your present or past “clients.”

1. We make every effort to avoid creating power differentials between recovery workers and the people we are helping who seek recovery—or even just consider the idea of pursuing recovery. □
2. We refer to the people we are working with as our “guests,” “visitors,” “people in recovery,” “participants,” or “friends,” while trying to avoid the use of terms such as “clients” or “patients.” □
3. We support and help people to establish a plan for life in recovery, but we do not presume to tell anyone what path to recovery is appropriate for them. We support them in making their own decision. □
4. We help connect people seeking recovery with others who have succeeded in finding comfortable lives in recovery. They help new recovery initiates to build optimism that their lives can also improve, if they are willing to work to accomplish the tasks of recovery. □
5. We encourage our guests to move forward in their recoveries through strength-based approaches, which focus on doing the next right thing versus looking back at what they might have done better. We help build “recovery capital” and encourage the development of recovery-enhancing social networks. Building and maintaining good boundaries, refusal skills, coping skills, better diet, and health represents growth, which happens when people seeking recovery adopt practices others within recovering communities have successfully used.
6. We support people in considering all sorts of additional community services that may help them in attaining and maintaining comfortable lives in recovery (i.e., counseling, housing support, finding employment and job training, medical support, education, and accessing services like Vocational Rehabilitation and Reach Up).

7. We keep relationships with participants in recovery services confidential, but we will acknowledge participation in recovery programs by providing certificates of attendance.

8. We do not provide an evaluation of anyone’s recovery or report on anyone’s use of substances. We only acknowledge the period of time someone has participated in recovery services.

9. Even when a provider has secured a person’s written permission for us to release information, we only acknowledge the person’s general progress in working on a personal recovery process.

10. We are legally and ethically obligated to report a participant’s disclosure of personal involvement with child or elder abuse/neglect, threatened self-harm, or harm to others.

11. Recovery workers from recovery centers do not provide formal clinical assessments, recommend any particular level of care, provide clinical treatment services, monitor abstinence, maintain clinical records, or dispense medications. We encourage people seeking treatment to include us on their lists of people on their clinical release of information forms, while avoiding the use of such forms ourselves.

12. Recovery workers do not want access to, or information from, a participant’s clinical records.

Here’s what we expect from the people we work with who are pursuing a personal recovery process:

- **Their recovery is their responsibility.** Any decisions participants make after considering potential options explored during the recovery support process are their sole responsibility; they are not the responsibility of the person who has been willing to support that person’s recovery process.
- We expect people to keep recovery support appointments and be on time. If they are unable to keep a scheduled appointment, they need to contact their recovery support worker as soon as possible.
- We encourage people involved in pursuing a personal recovery process to contact a recovery center director any time they have questions or concerns about their recovery support experience. Each recovery center has a process in place for responding to such situations.

The above Memorandum represents the policies and practices of Vermont’s twelve recovery centers and the Vermont Recovery Network. Recovery workers are willing to sign documents that obligate them to maintain the confidentiality of program participants they interact with while in confidential settings.