

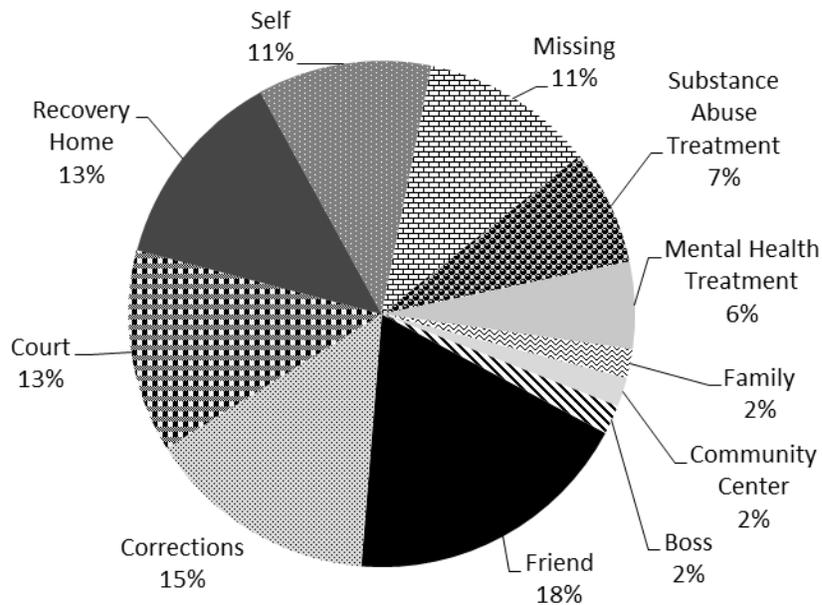
# Recovery Coaching in Recovery Centers: What the initial data suggest.

## A brief report from the Vermont Recovery Network

Over the past year, recovery coaching demonstrated the potential for reductions (cost savings) in medical, justice, and social services while helping addicted Vermonters enter and maintain recovery. These findings warrant a broader implementation and examination of recovery coaching in the near future. This brief report shares initial data on outcomes achieved through recovery coaching in Vermont's community recovery centers. Recovery coaching is a form of peer based recovery support which has been defined as *"the process of giving and receiving nonprofessional, non-clinical assistance to achieve long-term recovery from severe alcohol and/or other drug-related problems. This support is provided by people who are experientially credentialed to assist others in initiating recovery, maintaining recovery, and enhancing the quality of personal and family life in long-term recovery."* (White, W., 2009)

The report includes data from 52 individuals seeking recovery coaching at one of the Vermont Recovery Network's Recovery Centers. Participants were 62% male, 38% female and 37.1 years of age (SD = 11.5). Participants provided data at least two times while utilizing the Recovery Center: once at the beginning of their work with the recovery coach and again at a follow up time point. If a person provided data more than two times, we used the last time point available. The average number of days between the two time points was 120 (SD = 76). Because of the small sample size, trends of statistical significance where the p-value ranges between .06 and .08 are included.

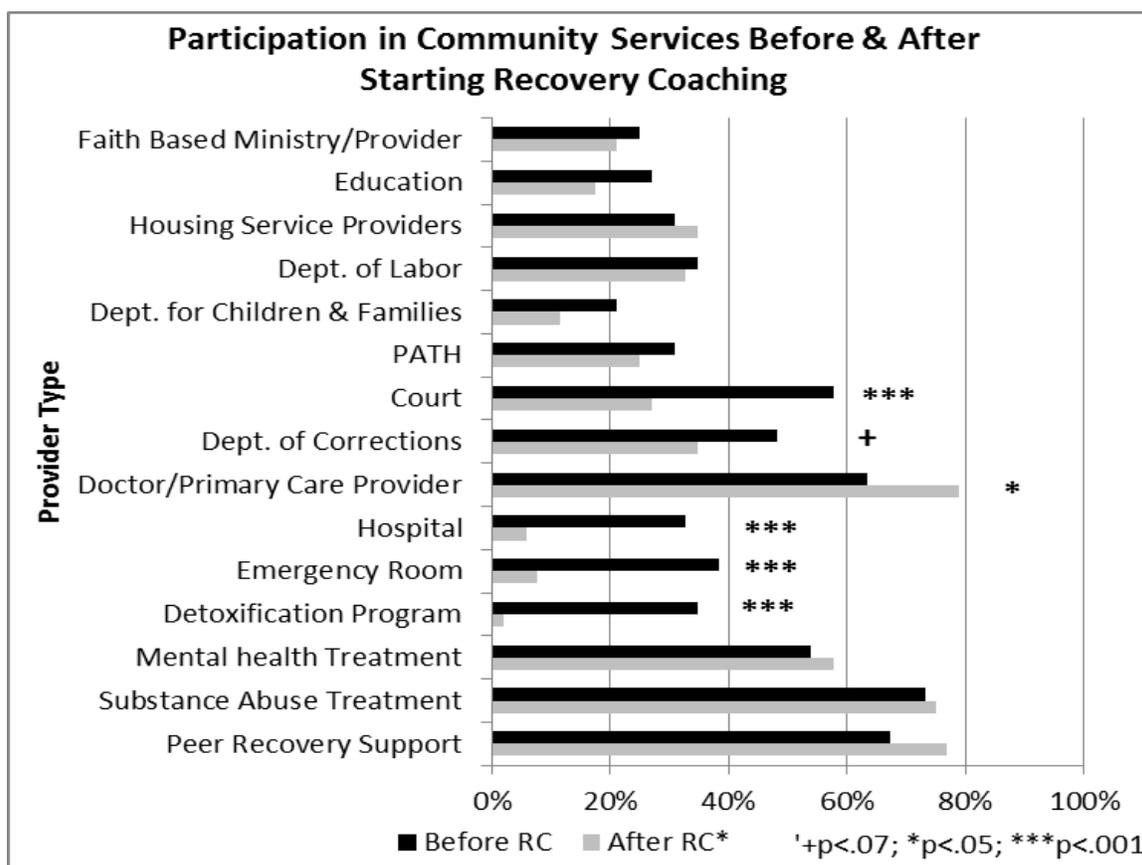
### Recovery Coaching Referral Sources



**Note:** Percentage is greater than 100% as several participants listed more than 1 referral source.

## Participation in Community Services Before and After Receiving Recovery Coaching

Initial findings suggest a potential for recovery coaching to reduce social costs associated with addictive and co-occurring disease. There were significant reductions in detoxification programs, as well as hospital and emergency room use. At the same time, there was a significant increase in the use of primary care providers. The increased use of primary care providers demonstrates the potential for recovery coaching to provide a role in health care reform's efforts to respond to addictive disorders and the concomitant co-occurring disorders as a chronic diseases which, when responded to appropriately, can lead to reduced hospital and emergency room costs. Recovery coach participants also reported a significant decrease in court and corrections involvement. Further evaluation is needed to determine cost savings that can be accrued across the human services spectrum.



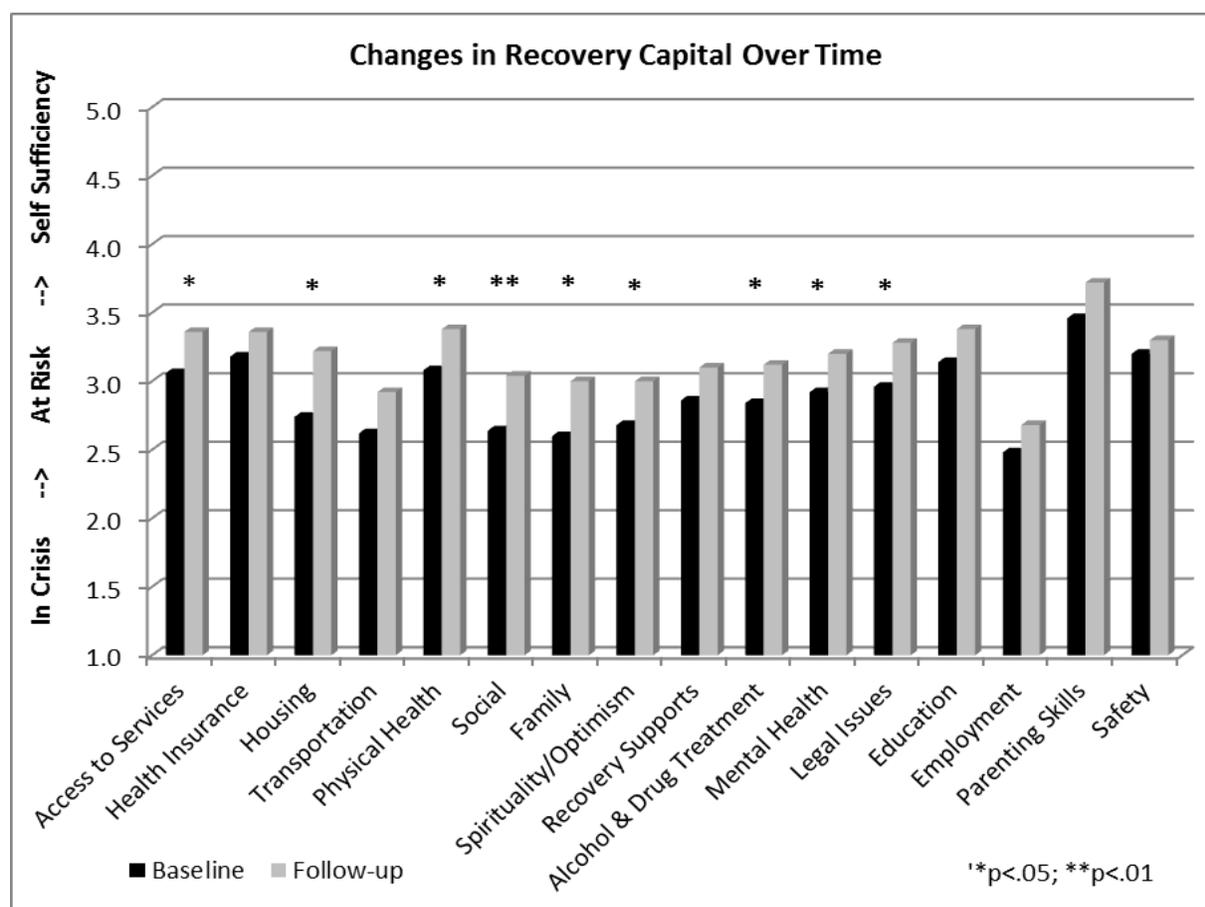
## Motivation and Sobriety

Across alcohol, marijuana, other illicit, and prescription drugs, participants' motivation to abstain averaged a score of 8.5 out of 10, indicating that upon beginning Recovery Coaching, individuals are very motivated to become and remain abstinent. At the follow up time point, the average motivation score across all substances including alcohol was 8.6. Thus, over time, Recovery Coaching may have helped to sustain individuals' motivation to be abstinent.

At the start of Recovery Coaching, participants reported an average of 118 days sober from alcohol and other drugs (SD = 217<sup>1</sup>). At the follow up timepoint after starting Recovery Coaching, participants reported an average of 123 days clean from alcohol and other drugs (SD = 164<sup>1</sup>).

**Participants involved in Recovery Coaching experience greater improvement in other areas besides addiction, regardless of how long they participate.**

The Self Sufficiency Matrix (SSM) was designed to help assist in assessing and building **community based recovery capital**. Recovery capital refers to the amount and quality of internal and external resources one can bring to bear to initiate and/or sustain recovery from addiction and mental health challenges, and related problems. The SSM is influenced by the principles of Recovery Oriented System of Care (ROSC; IRETA, 2006; White et al., 2003). In general, when completing the Self Sufficiency Matrix, individuals seeking services at Recovery Centers tend to report “At Risk” to



<sup>1</sup> Note: The standard deviation is 217 at the start of Recovery Coaching and 164 at the follow-up period because the maximum number of days sober from alcohol and other drugs was 913 and 810 respectively. The means are lower because most of the individuals had fewer than four months sober.

“Stable/Safe” across many life domains. Over time, individuals’ scores continue to improve, moving from “At Risk” towards “Stable/Safe”. **These changes were statistically significant for the domains of Access to Services, Housing, Physical Health, Social, Family, Spirituality/Optimism, Alcohol & Other Drug Treatment, Mental Health, and Legal Issues for all participants, regardless of how long they had participated in recovery coaching.**

## Summary

The initial data demonstrate that recovery coaching helps to foster sustained motivation for abstinence, increased number of days of abstinence the longer a participant’s involvement in recovery coaching, and increased overall wellness as evidence by a shift towards greater self sufficiency in other areas of participants’ lives aside from addiction. In addition, while individuals’ lives are improving, their use of costly services such as hospitals, emergency rooms, and detoxification programs decreases. The current study is limited by a small sample size from 5 regions of the state. These promising findings reinforce the need to further evaluate the potential of recovery coaching as an effective and cost saving approach to help promote wellness among Vermonters struggling with addiction and co-occurring mental health problems.

### Note:

The Vermont Recovery Network (VRN) has developed and adopted a uniform set of guidelines for the provision of recovery coaching in Vermont’s peer community recovery support centers. <http://www.vtrecoverynetwork.org/> **All coaches are screened to insure that they understand and can communicate the recovery process. All coaches undergo background checks to insure participant safety. All coaches must have certificates from a formal recovery coach academy and participate in ongoing training and regular supervision.** VRN recovery centers all maintain lists of supervised coaches in good standing to insure that participants in the recovery coaching process receive appropriate support from qualified coaches.

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Data and report prepared by Evidence Based Solutions (EBS) – Jody Kamon, PhD & Win Turner PhD. At Evidence Based Solutions, LLC we believe families struggling with mental health and substance abuse issues deserve the highest quality care available, from prevention to recovery. We work to collaborate with you to support the use of a range of evidence based interventions in effective efficient ways. We offer state of the art consultation, training (including clinical supervision), and evaluation services. Check out our website: [www.metcbtplus.com](http://www.metcbtplus.com) to learn more.