

Recovery Coaching with Pregnant and Parenting Women

The growth of the Recovery Coaching movement in the state of NH has allowed us to fully integrate this highly effective intervention into our practice with excellent results. Recovery Coaches are people who are themselves in recovery, or connected to the recovery community (perhaps through the addiction of a loved one), and have received special training by attending a Recovery Coach Academy in how to provide peer support to people struggling with addiction. Our program has employed a Recovery Coach since 2016.

Our Recovery Coach is also a mother (and grandmother) in recovery from opiate use disorder. She joins our group treatment sessions and participates as a kind of “super user” by modeling open sharing of her own struggles with addiction. She provides specific examples of how she is able to incorporate the educational material we present into her own life. She shares information with the group about twelve step programs and other local recovery resources. She is also available to meet with patients in the community. She may go out for a cup of coffee with a woman who is struggling, or take them to a twelve-step meeting. She may accompany a woman to her first visit at the Family Resource Center, or go with her to a dental visit or court appointment to provide moral support.

The Recovery Coach can also serve as a kind of interpreter between patients and providers. The Recovery Coach may tune into subtle behaviors that indicate a patient is struggling long before other team members recognize the warning signs. She has increased awareness of interpersonal dynamics in the group that can impact outcomes for treatment, and her ability to keep providers aware of these dynamics is invaluable. She may frequently be the first person a patient turns to when she is struggling with sobriety or other risk factors, such as domestic violence. Patients may feel more comfortable talking to the Recovery Coach who “really gets it”, has “been there” and “doesn’t judge.”

Recovery Coaches work in a gray zone between patient and provider, in a role that is therefore not yet well-established and has much potential for confusing boundary crossings. We feel it is absolutely essential that Recovery Coaches receive weekly clinical supervision where they are able to review cases and discuss concerns. We ensure that the Recovery Coach can always contact a supervisor for support, especially if she is working after hours or on weekends. We also feel that ongoing training and access to relevant continuing education are key to the

success of this role. Previous experience as a mother and a person in recovery adds immeasurably to the value of this position.

The primary role of the Recovery Coach is to provide peer support. To do this effectively, she needs to be protected from situations where she could be perceived as taking on a supervisory or authoritarian role. If the Recovery Coach becomes aware of information that a patient or a patient's child may be at risk, her responsibility is to share that information with her supervisor. The supervisor will then make decisions about what kind of action be taken, and will communicate this to the patient. For example, if a woman needs to be referred to a higher level of care, it is important that that message come directly from the patient's clinical providers, and not from the Recovery Coach. Whenever possible, if a report needs to be made to child protective services, this should come from clinical providers as well. Protecting the Recovery Coach's relationship with patients allows her to be a support for patients even when they are struggling and perhaps have disconnected from other members of their treatment team. In this way, the Recovery Coach can play a key role in helping patients reconnect with treatment after a relapse.