MASSACHUSETTS GENERAL HOSPITAL
PSYCHIATRY ACADEMY

Recovery Coaching

Martha T. Kane, PhD
Clinical Director, Substance Use Disorders Initiative
Unit Chief, Behavioral Health, MGH Charlestown Health Center
Massachusetts General Hospital

Disclosures

"Neither I nor my spouse/partner has a relevant financial relationship with a commercial interest to disclose."

Overview

"Funny how the new things are the old things"

-Rudyard Kipling

- Peer support long recognized as an important part of support for those with SUD
  - Beginning in the 19th century in missionary work
  - 1935 Alcoholics Anonymous started, cornerstone
  - Key element of Recovery Oriented Systems of Care (Kelly and White, 2011)

Rethinking Substance Use

- Treatment as chronic care management
- Recovery oriented systems of care (Kelly & White, 2011)
  - Early identification
  - Early engagement
  - Ongoing care adapted to patient needs over time
  - Obstacles identified and addressed
- Peer support invaluable in this process
  - In medical settings (Peimani etal, 2018; Velasquez, 2009)
  - In behavioral health settings (SAMHSA-BRSS, 2017)

Peers in Substance Use Care

- SUD care = long term engagement
  - Supported by community of care providers
  - Process of symptom management over time
  - Broad range of psychosocial supports needed
  - Peers assist as adjunct to treatment system

Help persons to:

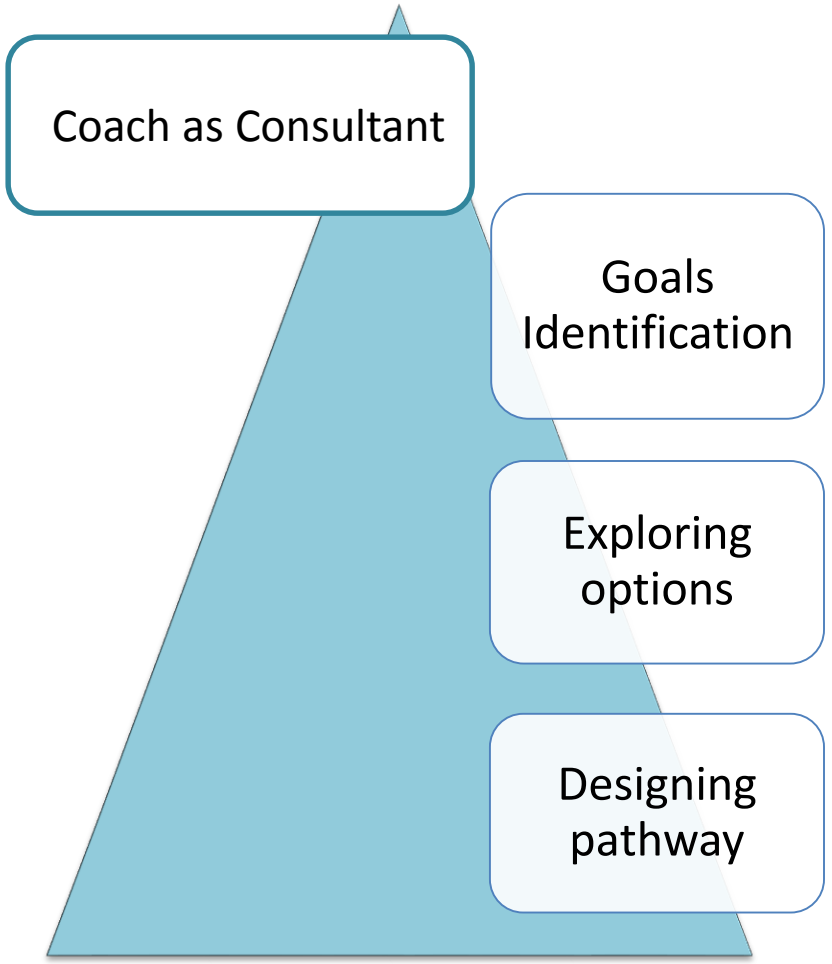
- develop/access tools
- manage as needs ebb and flow with symptoms
- gradually shift to recovered life

Peer Support Model

- Peer Support is focused on:
  - Patient as expert in their own lives
  - Improving quality of life, health, purpose/meaning
  - Creating connection as the pathway for change
  - Patient centered care, collaboration with patient
  - Strengths based work
  - Building recovery capital with support community and care providers (Kelly (Kelly and White, 2011; Cano, etal, 2017)

Grounded in Collaboration

- No power differential
  between peer and participant
- Focus on health and wellness
  - Participant is the expert
  - Pathway is determined by the participant
  - Peer does NOT assume they know best
- Harm reduction focus
  - Not necessarily abstinence based



Person centered recovery orientation with a relational focus

Peers are not…

- Sponsors
  - Often confusing
  - Sponsorship is a concept in specific mutual aid models
  - Peers do not espouse a particular recovery model
- Medical or Behavioral Health Clinicians
  - Not hired as therapists
  - Aligning with clinical staff inhibits ability to create trust with participants
- Spiritual Advisors
  - Different role and intention
- Case Managers
  - Scope too limited for effective peer support
  - Often helpful in identifying resources, but this is not primary purpose

These roles are often valuable in recovery, but peer support operates outside the parameters of each.

Peer Support Model

What do Peer Support Specialists Actually Do?

(SAMHSA BRSS TACS, 2017)

Provide Emotional Support

- Empathy – Connection via shared experience
- Mentorship – Provides key role modeling
- Concern – Recognize the complexity of recovery process

Informational Support

- Help identify needed health and wellness resources
- Link to needed peer and community based supports
- Support referrals to needed resources

Instrumental Support

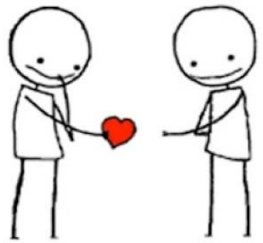
- Link to needed housing, employment resources, legal
- Support person to access these supports

Basic Competencies

- For Helping Participants:
  - Empathic, collaborative relationship builder
  - Recognize and value multiple pathways to recovery
  - Flexible, adapting to needs of individual
  - Identify participants strengths and resources as building blocks of recovery
  - Incorporate trauma informed approach
  - Problem solver – help creating recovery plans that can be adapted over time
  - Strong communication skills

Basic Competencies

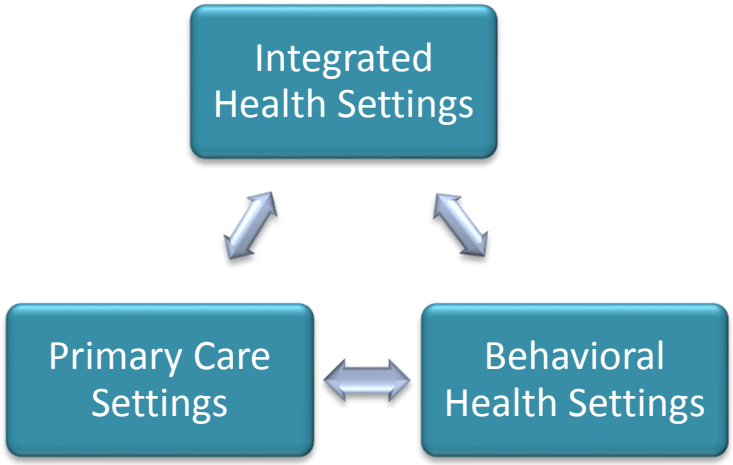
- For Supporting Self
  - Strong self-care plans
  - Recognize their own strengths and understand their motivations for this work
  - Able to recognize when support is needed and willing to seek help
  - Seek additional training as needed
  - Set and maintain appropriate boundaries
  - Adhere to ethical responsibilities



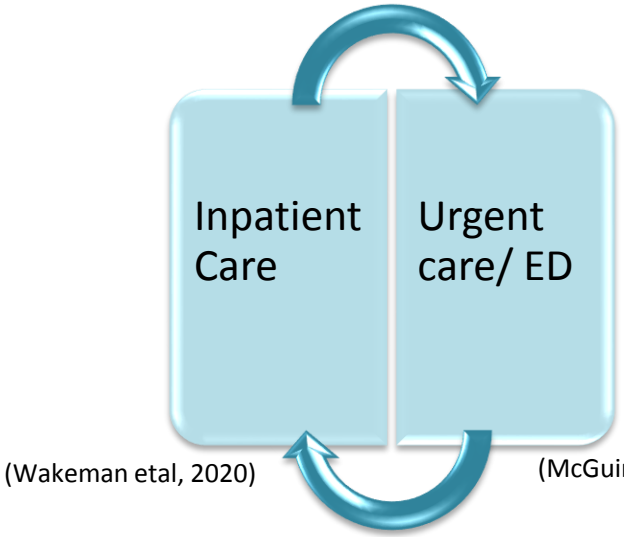
Settings for Recovery Coaching

In Healthcare:

(SAMHSA – HRSA, 2017)



Acute Care Settings:



(Wakeman etal, 2020)

(McGuire etal, 2020)

Recovery Centers and other community based, non-clinical settings

(Eddie etal, 2019)

Service Delivery Models

- Individual services
  - Focus on connection, motivation, support
  - Delivered in any setting
- Group meetings
  - In context of treatment setting (Tracy etal, ,2011)
- Community based Peer Outreach (Scott, etal, 2005)
  - Less formal, Easy access, can be street based
- Web-based applications (D'Agostino etal, 2017)
  - Peer based services delivered virtually
  - Particularly relevant in COVID era

Effectiveness

Peer Support Services

- Reduced substance use
- Increased engagement in recovery work
- Increased utilization of treatment, both medical and behavioral health care-
- Increased treatment satisfaction
- Reduced length of inpatient hospitalizations
- Fewer ER visits
- General improvement in social stability, e.g. housing and legal issues

More research needed to address study limitations, determine key mechanisms of change

(Reif etal, 2014; Bassuk etal, 2016; Eddie etal, 2019)

Implementation Considerations

- Clear role definition and expectations
  - Are duties and obligations explicit?
  - Are key stakeholders on board?
  - How will the role be integrated with ongoing service activity?
  - Are the peers understood to be an integral, legitimate part of the team?
- Explicit treatment model
  - Does peer support fit with the model of the care in the service?
  - Are peer based services valued by the team?
- Clear delineation of peer based services
  - Non-clinical
  - Will peers deliver motivation/coaching in group or individual setting? OR
  - Will peers provide linkage to SDoH supports, e.g. housing?
- Supports for the peer role
  - Adequate preparation? Ongoing training, both formal and informal?
  - Ongoing support and supervision? Mentorship?
  - Self-care and ongoing recovery supports?

Financing

- Originally volunteer based services
- Beginning in 2007, recognized as billable by Center for Medicaid and Medicare, supported by SAMHSA via grant
  - Access To Recovery (ATR)
  - Recovery Community Services Programs
- Currently variety of funding sources and opportunities
  - State and municipal funding sources
  - Private and managed health care entities
  - Medical/Behavioral Health Care Providers