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Citation: White, W. (2006). The Voice of History: Sponsorship and peer-based recovery support services. Recovery Rising: *Quarterly Journal of The Faces and Voices of Recovery*, Winter Issue, pp. 7-8. Posted at **www.williamwhitepapers.com**

Sponsorship and Peer-based Recovery Support Services (P-BRSS)

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Historically, there are 5 types of P-BRSS: 1) mutual support within addiction recovery mutual aid societies (e.g., sponsorship rituals in A.A.), 2) people in recovery working in non-clinical roles to provide pre-treatment and in-treatment recovery support (e.g., as outreach workers, detox techs, house managers, case managers), 3) people in recovery working in clinical roles in primary addiction treatment (e.g., as addiction counselors or as physicians, nurses, psychologists or social workers), 4) people in recovery providing person/family-focused recovery support services after primary treatment, and 5) people in recovery working as systems change agents (e.g., as community organizers, educators, policy advocates). While such roles date from the 18th and 19th centuries, they have expanded dramatically in recent years. The proliferation of paid recovery support specialists (e.g., recovery coaches, personal recovery assistants, etc.) is a point of some controversy within communities of recovery.

One issue of concern is, "If there are sponsors (SP), why is there a need for a recovery coach (RC)?" In spite of key similarities between these roles (e.g., their recovery focus and service relationships grounded in moral equality and emotional authenticity), there are marked differences. Where the SP works within a particular framework of recovery (e.g., a Twelve Step program), the RC is trained to work across the span of religious, spiritual and secular frameworks of recovery. Where the SP is free and even expected to impose his or her view of recovery on the sponsee, the RC refrains from imposing such biases and is guided instead by a choice philosophy that recognizes the legitimacy of multiple pathways of recovery. Where the sponsorship relationship is based on reciprocity (the sponsor is there first and foremost to strengthen his or her own sobriety), the RC relationship is based on a fiduciary relationship in which the RC has a legal and ethical obligation to those receiving RC services. Compared to the sponsor role, most recovery coaches have more hours available per week to devote to recovery support services, work with a larger number of people at a time, perform duties that far

transcend traditional sponsorship roles, are involved in activities that would be specifically precluded as a sponsor (e.g., advocacy) and are guided by organizational codes of ethics and professional supervision.

A second question of concern is, “Couldn’t the existence of paid recovery coaches potentially undermine the service ethic within local recovery support groups?” The answer here is, “Absolutely!” P-BRSS must be an adjunct to the recovery supports provided by recovery mutual aid societies, not a replacement of those supports.