A wide variety of specialized roles have evolved to assist individuals and families achieve recovery achieve recovery from addiction, including recovery from what have been called process addictions—harmful relationships with gambling, food, sex, money, etc. There is a long history of addiction medicine specialists (addiction-trained physicians, psychiatrists, physician assistants, nurse practitioners, nurses), addiction counselors, addiction-trained therapists, outreach workers, case managers, and interventionists, to name just a few. One of the most recently emerging roles is that of the recovery coach. This particular role has a complex etymology, with roots in both the voluntary peer supports found in addiction recovery mutual aid societies and in the field of professional life coaching. As a result of this mixed heritage, the public is now confronted with a variety of people calling themselves recovery coaches or offering recovery coaching as a specialized service who vary considerably in how they perceive and practice this role.

In 2011 and 2012, Alida Schuyler, Jan Brown, and Bill White began an extended dialogue (via phone conferences) on recovery coaching and the need for clearer definitions and standards governing this role. Alida drew from her roots in the professional coaching arena. Jan drew from her roots as a professional coach and her knowledge and experience from her work in the development of peer-based recovery support services within recovery community organizations and addiction treatment programs. Bill drew from his experience as an addictions counselor and his consultations and evaluations of peer-based recovery support services. What we began to explore was the differences between professional life coaches who had begun to specialize in working with individuals in addiction recovery, the professionalized role of addiction counseling, and peer recovery support specialists who were incorporating coaching into their helping processes. A Role Clarity Matrix was created to record our evolving meditations on these roles.

Based on the increased requests the authors have received requesting information on recovery coaching, we decided to share our in-progress work on the Matrix, with full knowledge that these roles vary widely in how they are defined and performed across organizational and cultural contexts and with full knowledge that they continue to dynamically evolve. Our depictions of key differences in the roles of peer recovery coach, addiction counselor, and professional recovery coach are based on our best perception of how these respective roles are most frequently performed.

For the latest version or to offer comments or suggestions on the Matrix, please email Alida Schuyler at coachalida@gmail.com.

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	Peer Recovery Support	Addiction Counselor	Professional Recovery
	Specialist		Coach
Other Titles	Peer, Peer Specialist,	AOD Counselor, Chemical	Recovery Coach, Recovery
	Recovery Support	Dependency Counselor,	Life Coach, Professional
	Specialist, Recovery	Clinical Case Manager	Coach, Life or Business
	Coach, Peer Mentor,		Coach with expertise in
	Recovery Guide		addiction recovery
Primary	Promotion of long-term	Achievement of	Personal transformation
Purpose of	addiction recovery, with	personal/family recovery	resulting in peace with past
Role	recovery most frequently	with recovery defined in	and others; present life in
	defined in terms of	terms of post-treatment	good order; imagining and
	sobriety (or remission),	abstinence and social	working towards a
	enhancement of wellness	function and	powerful, positive, and
	and recovery capital, and	enhancement of family	compelling vision of future;
	healing of person-	health; Healing and	manifestation of unique and
	community relationship	resolution of related	satisfying life in recovery
	(citizenship)	traumas, issues, blocks	
Nature of	Non-clinical, recovery	Clinical, (medical & social	Non-clinical, non-diagnostic,
Role	model, being integrated	models) emerged within	supporting multiple
	into behavioral health,	the professionalization of	pathways to recovery,
	emerged out of new	addiction treatment and	rooted in strengths and
	grassroots recovery	being encompassed	wellness; success-oriented,
	community	within present integration	expansion of the personal
	organizations and	of behavioral health	coaching and business
	expansion of recovery		coaching models, focus is on
	support services		personal transformation
Relational	Natural/Partnership	Professional, hierarchical,	Partnership of equals
Model	reciprocal (non-	(expert model), highly	co-created in service of the
	hierarchical), non-	commoditized and	client: client is the expert on
	commercialized, and	commercialized (as a	themselves and at choice,
	potentially enduring	billable service),	coach brings expertise in
		transient (ever-briefer)	communication, and as
	Peer model based on		change agent
	lived experience and	Expert model teaching	
	mutual support	client/patient what	Business relationship and
		he/she should or must do	structure; collaborative,
	Uses his/her own story	to recover; recent calls for	strengths-based; emphasis
	as a means of offering	transition from expert	on supporting, challenging,
	testimony to the reality	model to partnership	and accountability; as brief
	and power of recovery,	model	or enduring as client &
	uses his/her own story		coach choose, typically a 3-
	as guidance on how to		month minimum—lasts as
	live in recovery		long as is useful—months or
_			years
Recovery	Recovery most often	Tend to view recovery as	View recovery as something

Philosophy	viewed as something that happens in one's relationship with oneself, God, family, and community; strong advocacy role to shape pro-recovery policies and practices in the community	something that happens inside the client and focuses on breaking the person-drug relationship, modifying the client's perceptions, thoughts, and actions, and assessment of the environmental influences	that is naturally attractive and occurs when the client is in touch with the outcomes they want in their life and has ongoing support and accountability in their capacity to be successful
Support across the Stages of Recovery	May include collaboration with addiction professionals on recovery initiation and extends beyond to include pre-recovery, transition between recovery initiation and recovery maintenance, transition from recovery maintenance to enhanced quality of life in long-term recovery	of addiction and recovery Primary focus in on recovery initiation/Biopsychosocial stabilization of persons committed to sustained abstinence; recent calls to integrate harm reduction perspectives within the role; recent calls for sustained post-treatment recovery checkups	May work individually or as part of team, supporting multiple pathways to recovery across all stages from pre-recovery through long-term. Supports client's choice of where to begin, what to work on, and vision of desired outcomes.
Recovery Goals	Focus on removing obstacles to recovery and building personal, family, and community recovery capital to support longterm recovery	Primary role is in facilitating the process of recovery initiation for those who have reached a point of readiness to change	Focus on facilitating self- understanding and a higher level of functioning & performance; helping client achieve their life, business, and recovery goals more easily and quickly than they would on their own; increasing internal and external skills and assets
Recovery Planning Framework	Facilitates the development of a persondriven recovery plan, much broader in scope and more communityand recovery-focused than traditional treatment plans	Utilizes problems generated from the assessment data to generate a professionally- directed treatment plan; makes diagnosis; probes undisclosed "issues"	Facilitates the development of client-driven goals & plans based on their stated outcomes, and facilitates the skills needed to achieve them; broader than abstinence to include lifestyle and vision of success.
Words Used to Describe the Activities	Identify, engage, encourage, motivate, share, express, enhance,	Diagnose, treat, assess, screen, refer, document, counsel, pathology,	Coach, facilitate, converse, co-create, partner, inspire, brainstorm, clarify,

of the Role	orient, help, link, consult,	educate, advise	questioning consult,
	monitor, transport,	educate, davise	reframe, motivate, listen,
	praise, enlist, support,		reflect, challenge,
	organize, advocate,		accountability
	empower, model		
Education	Credibility springs from	Credentialed by	Coach training program,
and Training	experiential knowledge	experience of formal	credentialing may occur
	(direct experience) and	education and	through professional
	experiential expertise	institutionally credential	coaching organizations such
	(demonstrated ability to	led via certification or	as Recovery Coaches
	use experiential	licensure, NAADAC, ICRC,	International (RCI),
	knowledge to affect	state certification bodies	International Coaching
	change in oneself and		Federation (ICF),
	others), certification		International Association of
	status for peer recovery		Coaching (IAC), European
	support specialists varies		Mentoring and Coaching
	widely by state		Council (EMCC), etc.
Core	Knowledge of and	Includes knowledge of	Includes knowledge and use
Competence	modeling of core	addiction and skills to	of professional coaching
	recovery competencies	perform clinically-	skills, understanding or
	or values; pathways,	oriented functions;	knowledge of recovery and
	styles and stages of	pharmacology,	addiction, and additional
	personal & family	epidemiology, theories of	topics as needed with a
	recovery; knowledge of	addiction; screening and	given client; screening
	diverse cultures of	assessment skills;	clients for ability to benefit
	recovery; ability to	theories of counseling;	from coaching; establishing
	navigate service	treatment planning	client-driven goals for
	structures of local	cultural competence;	coaching; asking for
	recovery mutual aid	counseling techniques,	permission before offering
	groups and recovery	ethical decision-making;	advice or resources;
	community	documentation protocol;	adapting to client's learning
	organizations; skills in	working within	style and changing capacity;
	recovery planning;	multidisciplinary team	coaching to increase client's
	assertive linkage to		motivation and confidence;
	indigenous recovery		excellent skills in listening,
	supports; capacity to		questioning, and reflecting;
	navigate linkage to		ability to generate
	formal service systems		possibility and elicit positive
			change talk; supporting and challenging; skill in setting
			goals, organizing and
			creating effective plans
			(including recovery plans),
			addressing health care
			issues including impact of
			issues including impact of

Financial Payment Duration of Contact	May be volunteer or paid position  Highly variable, with some expected to sustain contact for months and years, longer service relationship, focus on maintaining continuity of contact over time	Paid position  Relationship is characterized by a clear beginning, middle, and end; relatively brief and becoming ever briefer, post-treatment contact historically viewed as ethically suspect	addictions and behaviors on self, family, community Paid position with or without pro bono work  Coaching relationship is maintained until goals are achieved or as long as the client wants or needs coaching (assuming that coaching is effective for them). This may last for months or years
Service Delivery Area	In the person's natural environment; linking people from treatment institutions to indigenous communities of recovery; support delivered as close as possible to the person's natural environment; telephone based and other e-based recovery supports	Treatment center or institution; office based; some extension to "etherapy"	Meets with client in person or by telephone; typically for international clients, meeting via Skype, phone, or email
Linkage to Local Communities of Recovery	Direct communication with indigenous recovery support organizations  Emphasis on orienting and assertively guiding individuals into engagement with communities of recovery	Variable levels of communication with indigenous recovery community organizations  Passive referral (verbal encouragement with possible provision of meeting list) is dominant pattern; growing calls for more assertive linkage procedures	Minimal or indirect communication with indigenous recovery community organizations  Client is coached to find and connect with a broad spectrum of resources, including local or online communities of recovery  Useful for those areas with few services or for additional recovery pathway options