

Recovery Alliance Initiative: Proposed Principles and Stages of Care

Principle 1: Community-based peer support personnel can be trained in both harm reduction (HR) models and recovery coach (RC) methods. This would maximize their capabilities and flexibility.

Principle 2: As substance use disorder (SUD) severity rises, complexity and chronicity of the disorder tends to increase. For SUD moderate to severe, following the onset of sobriety, a 5-year model of care is best practice.

Principle 3: Stages of care span: primary prevention, harm reduction, engagement/persuasion, stabilization, active treatment, relapse prevention, and recovery management.

Principle 4: Peer support personnel should have a working knowledge of each stage of care.

Principle 5: Each stage of care can exist on a continuum from the more traditional model (TM) of evidence-based practices (more clinically derived) to the recovery model (RM) built on the BHRM project's recovery management principles (more person-centered).

Principle 6: While the individual resides within any one stage of care, their peer support helper can address them with different methods (HR vs RC) on a per-problem basis, regardless of their general stage of care.