RECOVERY MANAGEMENT IN THE HISPANIC/LATINO COMMUNITY: 
THE ROLE OF THE RECOVERY COACH IN FOSTERING RECOVERY

By

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Over the course of the past decade a great deal has been written about recovery management in the treatment of addictions. A review of the research reveals that little has been written about recovery management in Hispanic/Latino communities, the fastest growing population in the United States. This article focuses on recovery management in the Hispanic/Latino community from the perspective of a recovery coach and offers recommendations for service providers who work with diverse populations.

Recovery management is an emerging model geared toward treating addiction similar to how other chronic and progressive illnesses, such as diabetes and cancer, are treated (White, Kurtz, and Sanders, 2006).

Beginning with the writings of Benjamin Rush, our nation’s first surgeon general, for over a century the field of addictions treatment has argued that addiction was a chronic illness (Kinney, 2006), yet, we have treated it more like an emergency room hospital visit, i.e., three days of detox, three weeks of intensive outpatient, twenty-one
days of inpatient, etc. (White, 2005). The end result of this acute care approach has been continuous relapse. Research reveals that the great majority of chemically dependent clients do not receive an adequate service dose of treatment needed to launch them on a path toward recovery, that dose being ninety days of continuous recovery support (White, 2005). If the addiction field truly believed that addiction was a chronic disease, like cancer, treatment would be longer. There is no cancer detox. These patients are monitored for five years following their acute care treatment.

Recovery management:

- Treats addictions similar to how other chronic illnesses are treated—with long-term monitoring and follow-up.
- Reframes after care as continuous care.
- Strives to create a seamless system of care between treatment and the environment where the clients live.
- Uses a combination of trained professionals and indigenous healers to support recovery.
- Shifts the recovery environment from the treatment center into the community where the client lives.
- Utilizes recovery coaches to provide ongoing and long-term recovery support in the client’s natural environment.

There are a number of similarities and differences between recovery coaches and 12-step sponsors. Similarities include the fact that they are both in recovery, and they maintain contact with individuals in recovery in the community. A primary difference
between a recovery coach and a 12-step sponsor is that the sponsor often acknowledges one pathway to recovery, that being the 12-step approach, and recovery coaches are more likely to honor a variety of pathways to recovery, including medication assisted recovery, harm reduction, religious styles of recovery, etc.

CHALLENGES FACED BY HISPANIC/LATINO CLIENTS IN ADDICTION TREATMENT

Research reveals that Hispanics/Latinos have less access to addictions treatment (Wells et al, 2001), less satisfaction with treatment, and poor outcomes than other groups receiving treatment (Alegria et al., 2006).

Some of the challenges faced by Hispanic/Latino clients in addiction treatment include:

- A shortage of bilingual and bicultural service providers.
- A lack of translators for those clients who primarily speak Spanish or English as a second language.
- The use of the client’s children as translators. Many clients describe this as humiliating and disrespectful.
- A potential clash between the mainstream view of individualism vs. Hispanic/Latino extended family orientation.
- A lack of culturally competent service providers, that is, those who have an awareness of intercultural differences and stressors that exacerbate substance use among Mexican, Puerto Rican, Cuban, and other Hispanic/Latino groups.
• A lack of awareness among service providers of indigenous healers in Hispanic/Latino communities who can support recovery.

• A lack of awareness of resources and institutions that exist within Hispanic/Latino communities that can facilitate recovery.

**RECOVERY COACHING IN HUMBOLDT PARK: A RECOVERY COACH’S EXPERIENCE WORKING IN A HISPANIC/LATINO COMMUNITY**

The co-author of this article, Jose Tovar, is a recovery coach in the Humboldt Park Community in Chicago, Illinois, a predominantly Hispanic/Latino community. The community has many strengths that serve as protective factors, including strong extended family orientation, cultural pride, and spirituality, while simultaneously possessing many risk factors, including high unemployment, easy access to drugs, and gang activity. As a recovery coach, Jose provides many culturally nuanced services to meet the needs of the Hispanic/Latino community. Some of the services include:

• **Locating therapeutic gems in the community.** In Humboldt Park, 75 percent of recovery coaching is resource development and making referrals to culturally specific programs, which are often unknown to mainstream service providers. Many of the clients will be vulnerable to relapse without these resources. Some of these resources, or “therapeutic gems,” cannot be found in a social service directory or in an AA or NA directory. Examples in Humboldt Park include: El Grito Desperado (the scream of desperation); Segunda Vida (second life), and Grupo Vida (group of life). These programs follow a 12-step and 12-tradition format with some variations. They provide groups 24 hours a day, 365 days per
year in Spanish, and individuals seeking services are invited to sleep in the facility for 90 days. Many of these individuals are immersed in cultures of addiction, which often have a stronger hold on them than their drug of choice. Our goal is to help them shift from a culture of addiction to a culture of recovery. In some instances, these individuals will attend up to sixteen meetings per day. This helps them transition to a recovery culture. Towards the end of their first 90 days of recovery, they are encouraged to obtain a Padrino (similar to a 12-step sponsor) and a recovery coach, who helps them with employment, housing, and other resources. They are also paired with sober alumni, who provide continuous recovery support.

- **Bilingual and bicultural services.** “No hablo Espanol” (“I don’t speak Spanish”) is a common response given by service providers who work with clients who speak limited English. The lack of bilingual and bicultural service providers increases dropout rates among Hispanic/Latino clients (Wells, 2001). In Humboldt Park, recovery coaches connect clients with numerous bilingual and bicultural service providers, including:

  o Healthcare Alternative Systems, Inc. This program is licensed by the state of Illinois to provide bilingual and bicultural addictions treatment. Levels of care include residential, intensive outpatient, outpatient, and transitional housing.

  o Erie Neighborhood Center provides literacy skills, English as a second language classes, and Spanish classes. They also provide
computer classes, which help build occupational recovery capital in the age of technology.

- Wright Community College. Clients in recovery can enroll in GED classes and work to receive an associate’s degree at Wright Community College, while receiving educational recovery support from a recovery coach.

- Saints of Humboldt Park. Recovery coaches refer clients with histories of gang affiliation to the Saints of Humboldt Park, a nonprofit organization run by individuals in recovery and former gang members who help clients leave gangs and with the removal of tattoos, etc.

- New Life Covenant Church provides spiritual support in the Spanish language or in English.

- **Advocacy.** Recovery coaches in Humboldt Park often advocate for clients who speak limited English. When we make referrals outside of the community, we work hard to try to speak to the one service provider at the referring agency who is bilingual. In cases where this is not possible, we link clients to interpreters.

- **Transitional housing.** Clients living in Healthcare Alternative Systems transitional housing programs often work with a recovery coach while they are in transitional housing. This helps create a seamless system of care upon discharge, since a relationship has already been established with a recovery coach.
• **Recovery coaching in the client’s natural environment.** Recovery coaches provide other types of ongoing support in the client’s natural environment, including transportational, emotional, reintegration into society, and family support.

**Recommendation for Service Providers**

Whether you work with Hispanics/Latinos, Polish immigrants, or Samolian refugees, it is important for service providers to tailor recovery support to the specific needs of the clients being served. It is important to search for therapeutic gems which may exist in various communities. In coal mining towns, there are AA meetings held in the mines. Many members of the 12-step community are unaware that these meetings occur, because coal mines do not have addresses (Canfield and Hansen, 2004). There are many therapeutic gems that lie within communities. Finding these gems may require service providers to “leave their desks” and explore resources that exist within those communities. This also includes the need to build rapport with these service providers and to partner with indigenous healers from various communities in order to help facilitate recovery. It is also important, whenever possible, to increase linguistic and cultural competence among staff in order to better serve a diverse client base.
REFERENCES


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