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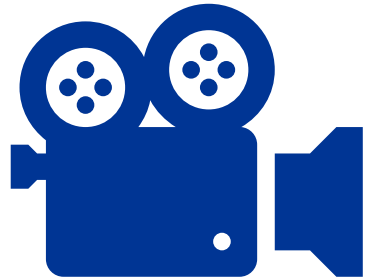


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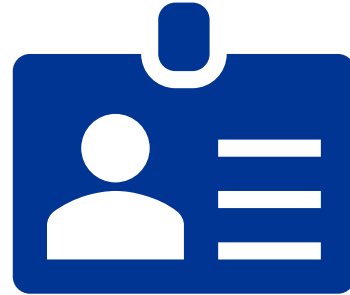
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- We encourage the use of **affirming language** that is not discriminatory or stigmatizing.
- We treat others as **they** would like to be treated and, therefore, avoid argumentative, disruptive, and/or aggressive language.



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- Information presented in Learning Network sessions has been vetted. We recognize that people have different opinions, and those **diverse perspectives** are welcomed and valued. Questions and comments should be framed as **constructive feedback**.
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- COE Vision: The Centers of Excellence will ensure care coordination, increase access to medication-assisted treatment and integrate physical and behavioral health for individuals with opioid use disorder.



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PRO•A
Pennsylvania Recovery
Organizations Alliance

MOBILIZE
EDUCATE
ADVOCATE

Together we can!



Understanding & Strengthening Peer Competencies

William Stauffer, LSW, CCS, CADC
Executive Director
The Pennsylvania Recovery Organizations Alliance

We are PRO-A!



- One of the first Recovery Community Organizations in the nation, founded in 1998
- Our mission: to mobilize, educate and advocate in order to eliminate the stigma and discrimination toward those affected by substance use disorders to ensure hope, health and justice for individuals, families and those in recovery.

Presentation Objectives

Understanding and Strengthening Peer Competencies

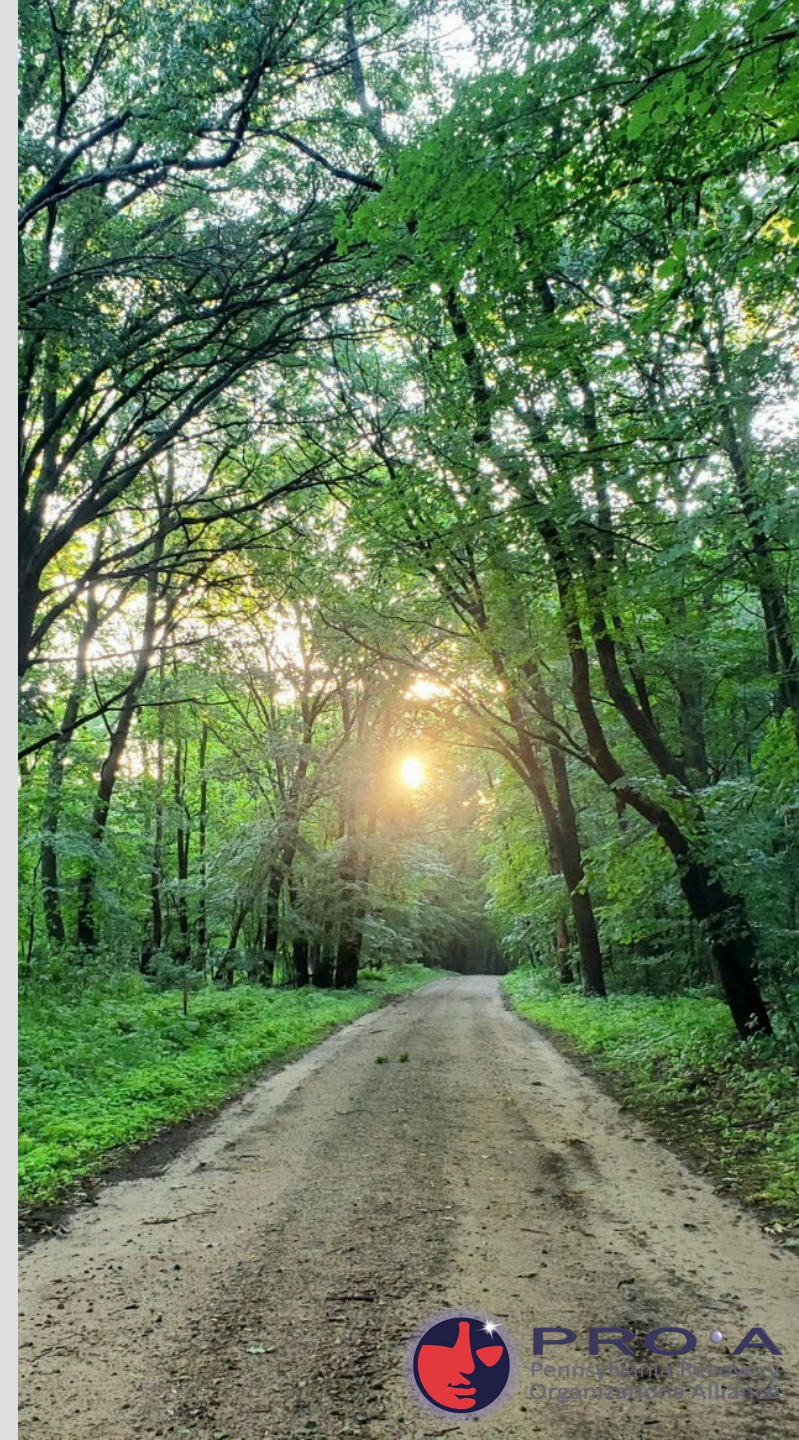
- Describe the need for **service programs** to understand the **history of peer services** in SUD care capacities and how these formal roles **differ from self-help support and clinical care**
- Explain peer core **competencies, knowledge, skills** and **values** within their roles and functions in SUD programs
- Discuss the importance of **ethical provision** of peer support services from self-care to service integrity

Peer Workers & Recovery Movement History

Mutual Support

The Origins of Peer Work

- We have a long history of **mutual support** as a means to heal from a substance use condition that goes back to first nation communities and Handsome Lake, a Seneca leader of the Iroquois people.
- In the 19th Century there was a recovery movement of a group called the **Washingtonians**, that emphasized mutual support and pledges to not drink.
- The new **recovery advocacy movement** is our most recent movement and **emphasizes multiple pathways** including medication assisted recovery.
- The book *Slaying the Dragon* by William White published in 1996 is the seminal history of recovery in America.



Origins of Peer Recovery Support Specialist (PRSS)

PRSS emerges from:

- Research on the **limitations** of treatment models
- Calls to **reconnect treatment** to the more enduring process of addiction recovery
- A shift from pathology and treatment paradigms to a **recovery paradigm**
- A shift from acute care to models of sustained recovery management
- The significant research that has been conducted that highlights **the role of families in recovery**



Peers & ROSC

Pennsylvania and early leader of recovery movement

- The development of SUD **peer workers** occurred in the same era as MH peer workers were developed.
- The CRS training was developed by PRO-A with several recovery community organizations and the PCB began to offer the **CRS credential**.
- Peer services were developed to move from an acute care model to a **recovery-oriented system of care (ROSC)**.
- The **PA White Paper** on ROSC was one of the first such documents in America and described a **continuum of support from treatment to community**.

The Growth of Peer Services

History Unfolding

- The **broad utilization** of SUD Peer Services has only occurred within the last decade.
- The addiction / opioid epidemic has led to the **more acceptance** of these workers and the services offered.
- **Funding and research efforts** related to SUD peer support services has lagged those of MH peer services which were embraced a decade earlier.
- It is important to understand the **relationship between SUD peer services, ROSC and the history** of how these concepts have been conceived and implemented in order to effectively move them forward.



Overview of Peer Role

Walking Along Side Through the Recovery Process

- **Advocating** for people in recovery
- Sharing resources and **building recovery capital/skills**
- Building **community network** and supporting relationships
- Facilitating recovery **groups**
- **Mentoring** and setting individualized **goals**



Peer Recovery Support

Broad Stroke Roles and Functions



Emotional - demonstrations of empathy, love, caring, and concern in such activities as peer mentoring and recovery support groups.



Informational - provision of health / wellness information, educational assistance, help in employment readiness and citizenship restoration.



Affiliational – getting people connected in drug-free environments. Important in early recovery, when little about abstaining from drugs is reinforcing.



Instrumental - concrete assistance in task accomplishment, especially with stressful or unpleasant tasks.

Shifting from an acute care to a Recovery Orientation

Shares lived experiences of recovery - Peer workers need to be skillful in telling their recovery stories and **using their lived experiences** as a way of **inspiring and supporting** a person living with behavioral health conditions.

1. Relates their own **recovery stories**, and with permission, the recovery stories of others to inspire hope
2. Discusses ongoing **personal efforts** to enhance health, wellness, and recovery
3. Recognizes **when to share** experiences and **when to listen**
4. Describes personal **recovery practices** and helps peers discover recovery practices that work for them

The sharing of stories is done artfully and with the intent to **focus hope and purpose** to support the recovery journey



Question 1

The History of SUD Peer Services Are:

- a. New, with no historical parallel.
- b. Originated in the United Kingdom and adapted for use in the USA.
- c. Grounded in support models that stretch back before the formation of our nation.



Peers & Peer Recovery Support Services

SAMHSA'S: "What Are PBRSS"

Four types of social support have been identified in the literature

- *Affiliational*
- *Informational*
- *Instrumental*
- *Emotional*

"Research has shown that recovery is facilitated by social support" (McLellan et al., 1998)



Defining PRSS

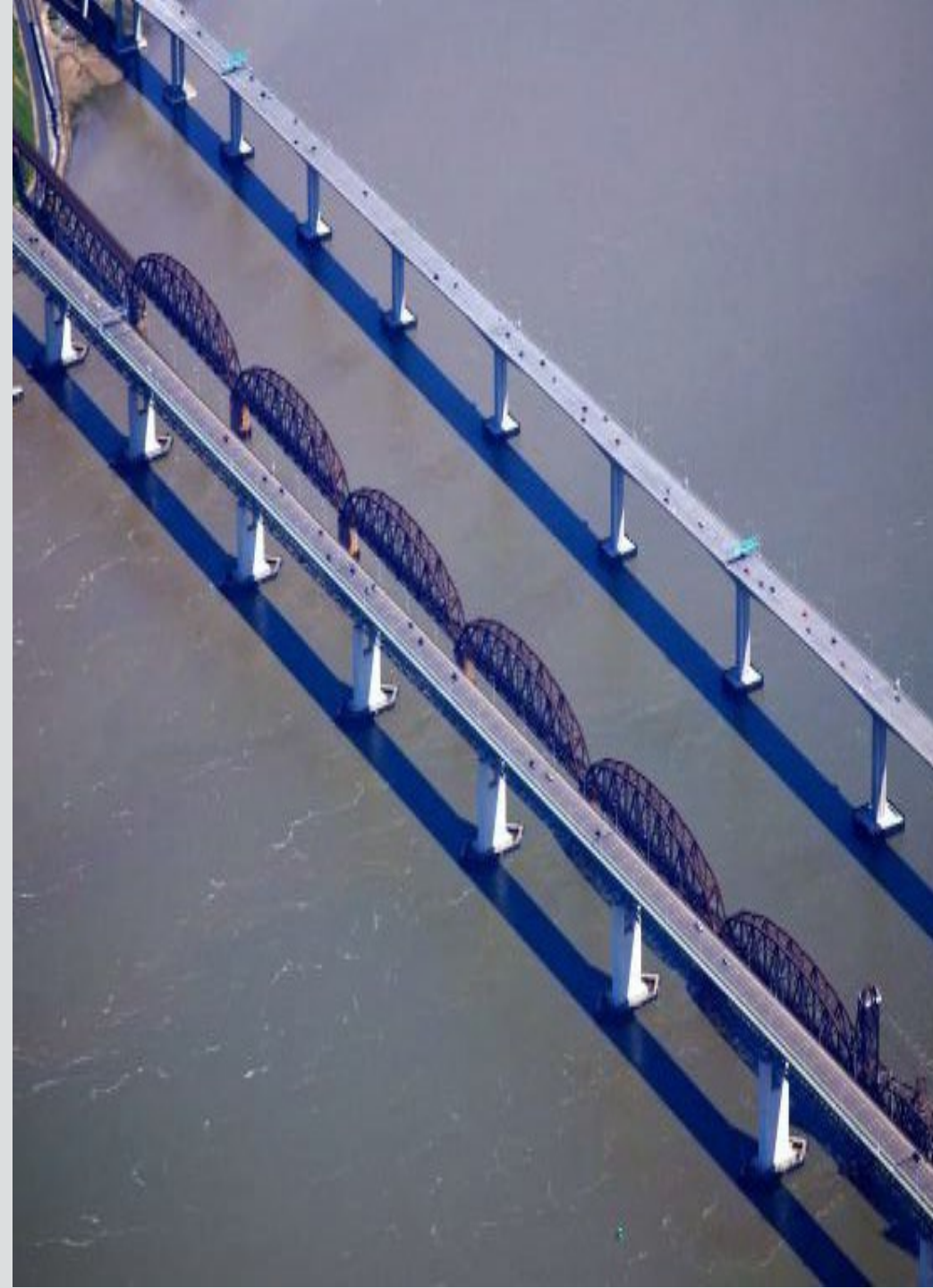
- Services provided during **initiation**, **ongoing**, and **post-acute** stages
- **Social support**, **linkage** to, and **coordination** among allies
- Professionals, faith-based, and community-based groups serve as **key components**
- **Non-clinical** services



Fundamentals of Recovery

SAMHSA's Principles of Recovery

- There are **many pathways** to recovery.
- Recovery is **self-directed** and **empowering**.
- Recovery involves a **personal recognition** of the need for change and transformation.
- Recovery is **holistic**, involving the body, mind, relationships, and spirit.
- Recovery has **cultural dimensions**.
- Recovery exists on a **continuum** of improved health and wellness.



Recovery is highly individualized and...

- Emerges from **hope** and **gratitude**
- Is a process of **healing** and **self- redefinition**
- Addresses discrimination and **transcending shame**
- Is supported by **peers and allies**

Recovery is a reality for millions of Americans.



The Importance of Recovery Support Services

Value of Recovery is Enhanced

Peer Supports are a Recovery Model

Tolerance

Acceptance

Gratitude

Peer Supports Incorporate and Empower Self-Observation

- Self-Expression
- Healthy Problem Solving
- Building of Personal Identity
- Renovating Interpersonal Relationships
- Self-Sufficiency
- Positive Citizenship

Common Indicators of Quality

Clearly defined - differentiating from treatment, sponsorship and mutual aid groups

Well-delineated processes for engaging and retaining a diverse pool of peer leaders

Ethical framework reflecting peer and recovery values

Authentically designed and delivered by peers

Focus on **connecting people** to the recovery community to support hope and purpose



Support Autonomous Functioning

- Incorporate principles of self-care
- Non-stigmatizing, inclusive, and strengths-based
- Honors all cultural practices
- Connect peers with other community resources
- Mutually supportive relationships with key stakeholders
- Planning for long term self care
- Guided by the goals of the person in care



Four Models of PRSS

Emotional Support

Informational Support

Instrumental Support

Affiliation/ Companionship Support

Core Values of PRSS

Keeping
recovery first

Participatory
process

Authenticity
of peers
helping peers

Leadership
development

Empowerment

Self-
determination

Core Ethical Values for Peer Services

Values communication: Competencies provide guidance on how peer workers interact with colleagues and others. They emphasize the value of respect.

1. Use respectful, person-centered, recovery-oriented **language** in all interactions.
2. Use **active listening** skills.
3. Clarify **understanding** of information, when in doubt of the meaning
4. **Document** information as required by program policies and procedures
5. Follow **laws and rules** concerning confidentiality and respects rights for privacy



Types of PRSS

Mentoring programs

Skill training and development

Community level recovery education (pre, post, and during treatment)

Outreach (pre, post, & during treatment)

Parent/ family education & child development services

Recovery focused youth programs

SUD Peers Competencies

Role of Peer Workers

Incorporating Peers Into SUD Treatment



Peer workers fit a key role in SUD care.

While increasingly, these are paid or contracted services, there are also volunteer roles.

Their main role is to provide recovery support to those who are or are seeking recovery from and SUD.

Sharing Lived Experience

Sharing stories of recovery is a key role of peer work as part of their core functions

- Peer workers use **storytelling** as a way to highlight challenges and opportunities in the recovery process.
- Storytelling is **selective** and used when it has a meaningful **purpose** in sharing with the person served.
- Like any other discipline, newer peer workers may benefit from **supervision** in support in determining what to share, with whom and under what circumstances.



Steps for Integrating Many Pathways into Peer Programs

TALK: Begin with a peer-led dialogue about the definition of recovery

- What does recovery mean for you?
- What do you need to help sustain recovery every day?

EDUCATE: Provide training and education about the process and stages of recovery /MAT.

- Ask peers in medication-assisted recovery to lead a group or facilitate staff training.
- Visit other organizations with different cultural, social, or religious orientations from your own.

ASSESS: Hold peer-led discussions to assess organization's peer services support many pathways to recovery.

- Review your mission statement for language that supports or undermines many paths.
- Does your staff represent different paths to recovery?
- Does your marketing, branding, and physical space leave room for different views of recovery?

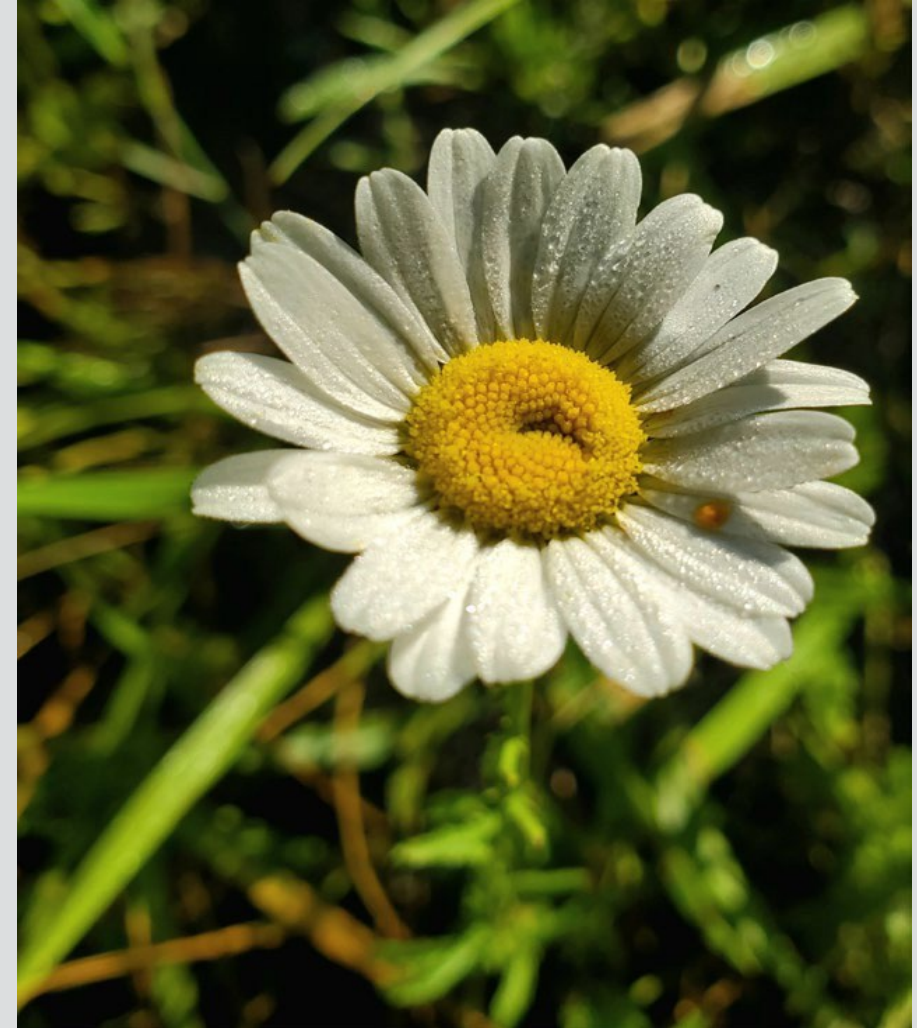
CREATE: Create solutions to address any gaps.

- How can you improve staffing / outreach to reflect many paths to recovery?
- What kind of education or training do you need?



Role Modeling Recovery

- It can be very helpful for a person in care to work with someone who has **walked** a similar path.
- This can be particularly beneficial for a person experiencing substance use as it is one of the **most stigmatized** conditions of any.
- Peers walking the path with a person in care assist them with **navigating the recovery process** while supporting multiple pathways of recovery, being mindful of how each recovery pathway is individualized.



Strength Based Support

The focus of the **strength-based** orientation for peer workers is on supporting the development of recovery and increasing **recovery capital** at the individual, family and community levels.



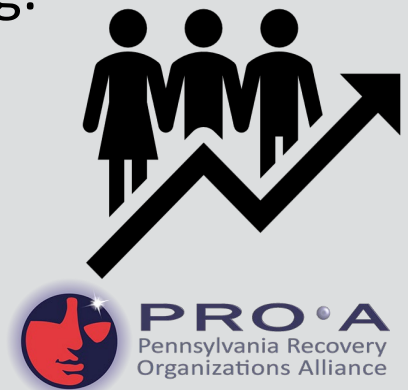
The development of **recovery capital** at the individual family and community levels is a **key role** for peer workers, the intensity of support should consider the severity of the condition and the existent level of support of the individual in care



Recovery Planning

Collaboratively Focused on the Goals of the Person in Care

- The person in care chooses from a **flexible array** of supports and/or creates new options.
- **Diverse supports**, including self-management, peer support, holistic medicine, and natural supports are valued along with professional services.
- Responsible **risk-taking and growth** are encouraged and valued as part of the process.
- Quality of life and promotion of recovery are the focus of **care and planning**.
- **Abilities** and **choices** define supports which are steered by the individual in care.
- **Self-determination** and **inclusivity** are fundamental to recovery planning.
- Access to **inclusive community settings** is emphasized.
- All parties have **full access** to the same information.
- Active **participation** and **empowerment** are vital.
- **High expectations** for recovery are the norm.



Autonomous Functioning

The Overarching Goal



Peers are supporting persons in care to reach the point in which they have all the things they need to **navigate life in recovery** with the community and family **supports** they find most useful with **tools and skills** they have developed through the recovery support process.

We are not sponsors or forever supports – our job is to work ourselves out of a job.

Question 2

Peer Recovery Services:

1. Use Story Telling
2. Include Recovery Planning
3. Includes the goal of having an end
4. All of the above
5. None of the above



Ethical Provision of Peer Recovery Services

Peers

DO offer services, tools, and other supports to empower others to help themselves

DO NOT diagnose other peer's problems

- **All pathways** to recovery should be respected
- Adhere to **ethical guidelines** or formal code of ethics



Role Clarification

A Peer Worker is:

- Supportive
- Inspirational
- Strengths oriented



A Peer Worker is not:

- Clinician
- Therapist
- Sponsor
- Doctor/Medical Professional
- Priest/Clergy

Key Areas of Risk

- Privacy and Confidentiality
- Boundary Issues
- Conflicts of Interest
- Exploitative Relationships
- Gifts
- Training & Supervision
- Referral Process
- Value Conflicts
- Termination of Services
- Relapse



How Peers Differ From Addiction Counselors

- Service goals and timing
- Education and training
- Use of self-knowledge and experience
- Service relationship
- Locus of service delivery
- Service philosophy
- Duration of contact
- Core competencies
- Service delivery framework
- Service language
- Non-possessiveness



Peer vs. 12-Step Sponsor

Organizational Context

Service Content

Philosophical Framework

Scope of Individuals Served

Degree of reciprocity and power in the service relationship

Peer vs. 12-Step Sponsor Continued

Service Menu

Financial
Compensation

Ethical
Guidelines and
Supervision

Anonymity

Police
Advocacy

Affiliation

Boundaries and Ethical Practice

- Peer workers clearly understand the **core values** of their program/ agency
- Recognize and accept **personal limits**
- **Ethical guidelines**
- A code of **ethics**
- Personal recovery comes **first**, self-care must be an ongoing practice to serve others effectively



Question 3

Peer Ethical Conduct...

1. ...is primarily up to each peer worker
2. ...is primarily up to the employer
3. ...is an overarching concern for the entire profession



Peers Help Create Hope, Purpose & Connection



1. Peer services assist with strengthening COE **engagement** and **retention** efforts
2. Focus on **recovery**, which involves **whole person** wellness.
3. Shift out of acute care models not focused on recovery that have resulted in **fragmented care** perspectives & **lowered expectations** for recovery.
4. Embrace **multiple pathways** of recovery as a foundational principle of this model.
5. Are grounded in **ethical conduct** to ensure efficacy and trust.

“Learn from stars; even in the dark they give off light, not despair.” — Matshona Dhliwayo

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