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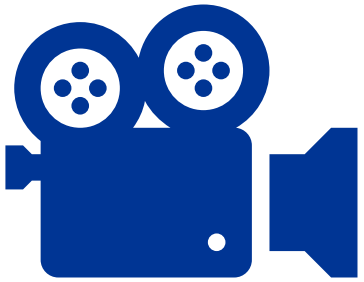

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- Everyone on every Program Evaluation and Research Unit (PERU) webinar is **valued**. Everyone has an expectation of **mutual, positive regard** for everyone else that respects the **diversity** of everyone on the webinar.
- We operate from a **strength-based, empathetic, and supportive** framework – with the people we serve, and with each other on PERU webinars.
- 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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- We strive to **listen** to each person, avoid interrupting others, and seek to **understand** each other through the Learning Network as we work toward the highest quality services for Centers of Excellence (COE) clients.
- 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**.
- The Learning Network format is **not conducive to debate**. If something happens that concerns you, **please send a chat during the session** to the panelists and we will attempt to make room to address it either during the session or by scheduling time outside of the session to process and understand it. **Alternatively, you can reach out offline to your PERU point of contact.**

Acknowledgements

- The COE project is a partnership of the University of Pittsburgh's Program Evaluation and Research Unit and the Pennsylvania Department of Human Services; and is funded by the Pennsylvania Department of Human Services, grant number 601747.

- 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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Positive Termination Strategies

Supporting individuals through the end stage of the peer relationship

William Stauffer, LSW, PMAC, PECS
Executive Director
The Pennsylvania Recovery Organizations Alliance

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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.

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Presentation Objectives

Positive Termination Strategies

Training Goals:

- Explore setting the stage for **positive termination** from point of engagement by emphasizing the role, function and limitations of peer support services
- Develop insight into managing the **therapeutic alliance** through individualized recovery goals, addressing ruptures in the alliance and strengthening **recovery capital** in the working stages of the peer support relationship
- Describe how to support the person in care in **navigating end stages** of care to support long-term recovery

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Establishing the Relationship for Positive Termination

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The Beginning Matters a Great Deal

Overview

- Setting **expectations** on our role and function
- Understanding the **goals** of the person in care.
- Establishing the **role**, **function** and **limitations** of the peer relationship
- Identifying that peer support **will have an end**

Good endings start with good beginnings!

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Setting the Expectations

Establishing Peer Role, Function and Limitations

- Non-clinical support from a lived recovery perspective to assist in **navigating recovery goals**
- Non-clinical support from a lived recovery perspective to **find requisite resources** to support recovery
- Non-clinical support from a lived recovery perspective to **find individualized** community recovery **support**
- Non-clinical time limited support that **differs from mutual aid** roles such as 12 step sponsorship

Goal Setting

Supporting Individualized Pathways Into Recovery

- Developing **individualized goals** meaningful to the person in support
- Establishing **tentative completion** objectives to be revisited regularly

Whose Goal Is It?

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Role & Function

Setting Healthy Boundaries

- Help establish **appropriate expectations**.
- Can strengthen **therapeutic alliance**.
- Supports **ethical care**.
- Assist in establishing **health boundaries** through example and experience.

Talking About the End at the Start

What Would a Positive End of Care Look Like for You?

- It may be hard for the person in care to imagine and articulate **the successful end** at the beginning of the service experience
- We can be attentive to **inherent strengths** to support their goal attainment and to foster autonomy
- Use **Motivational Interview** strategies to reflect back things we hear in order to confirm that we are working in ways consistent with their goals

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Question 1

Focused discussion

Any additional insight on **effectively setting the stage** for a positive termination of care at the beginning of the care experience to share?

- *What does it mean to start termination from the door?*
- *What does it not mean?*

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Managing the Therapeutic Alliance With the End in Mind

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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**
- Planning for **long term** self-care
- Guided by the goals of the **person in care**

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Therapeutic Alliance

Why is it Important?

"The emerging picture suggests that the **quality of alliance** is a **reliable predictor** of **positive outcome** independent of the variety of approaches and outcome measures"

Therapeutic Alliance is operational in peer services as well as clinical care

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Peer Workers Get It

Strengthening Therapeutic Alliance

Recent research on deploying peer workers in hospital settings found **four themes** related to how lived experience expertise within a peer worker role strengthened therapeutic alliances:

- By building **trust** and **credibility**
- By building **hope**
- The ability to approach **informally**
- In continuing to be **accessible** long term

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Attachment & SUDs

Attending to Insecure Attachment

Insecure attachment to is known as a **risk factor** for SUD, while continued substance use can impair the ability to form and sustain **close relationships**

- This can impact both **clinical care** and **peer support** services
- Understanding and strengthening **secure attachment** is a vital function of SUD services
- Issues present as **therapeutic ruptures**

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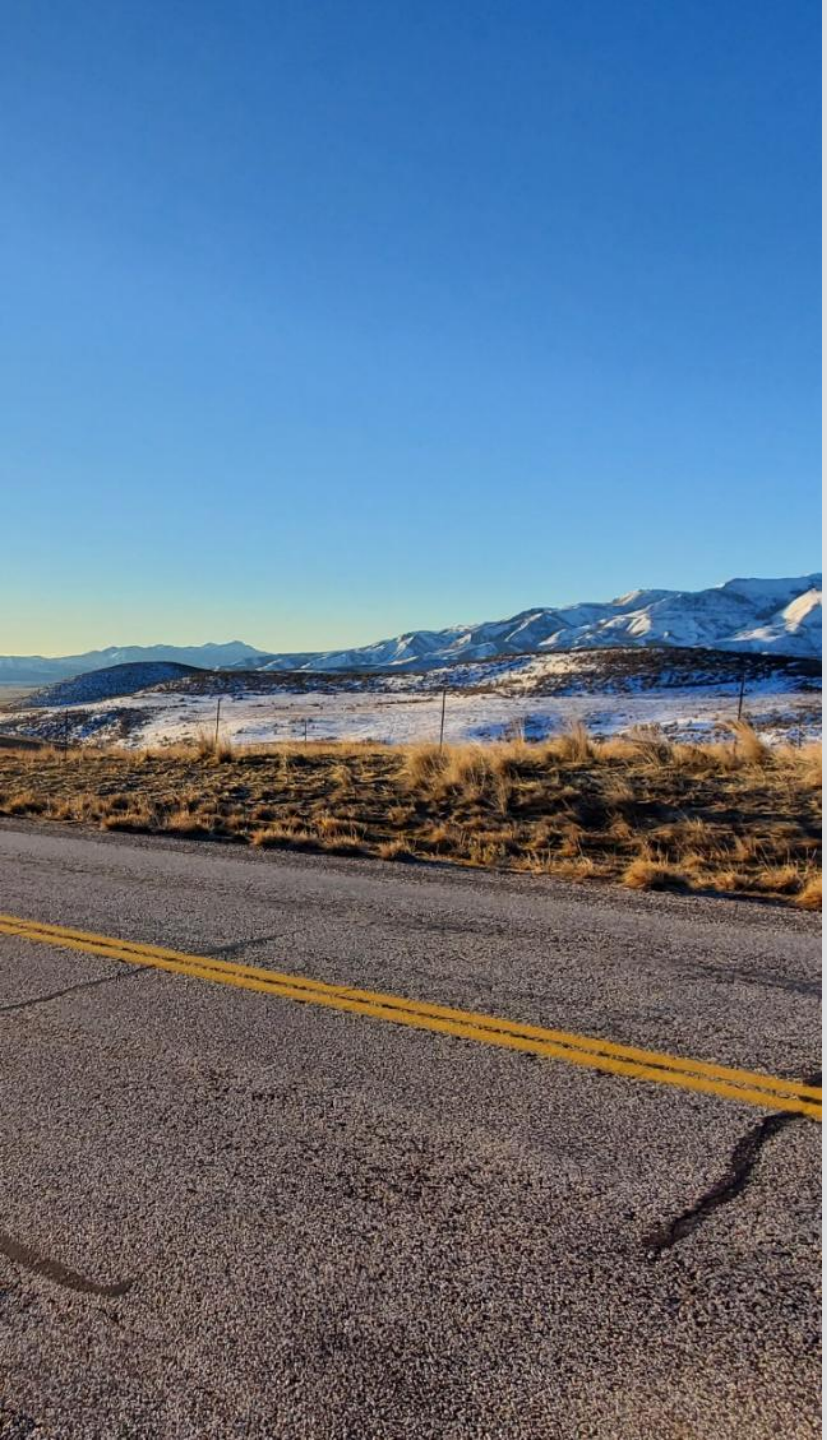

Therapeutic Ruptures

We need to be able to navigate discord

- Understand that **healthy relationships** may be experienced as challenging
- Pay attention to **subtle cues** suggesting problems
- Issues can be difficult to detect and often show up as **non-compliance** or abruptly **stopping care**
- Allow people to **express negative feelings** without consequence
- Pay attention to fluctuations in your **own feelings** as potential cues about what may be going on in the therapeutic relationship

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Role & Function Elements

*Is our Role to **Do For** people or to **Walk Along Aside** as they grow?*

- It can be far too easy to take a **more active** role in helping than is healthy
- We can risk fostering **overdependence**
- If we are not careful, we can set a trap for effective termination down the road by **doing for rather than supporting** persons to meet their own goals.

It can be tempting to overstep our role!

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Foster Pathways to Recovery

- Recovery Community Centers
- Faith-based Recovery Support
- 12 Step Mutual Aid
- Recovery Dharma

- SMART Recovery
- All Recovery
- Celebrate Recovery
- Overcomers Outreach

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Pathways

CLINICAL

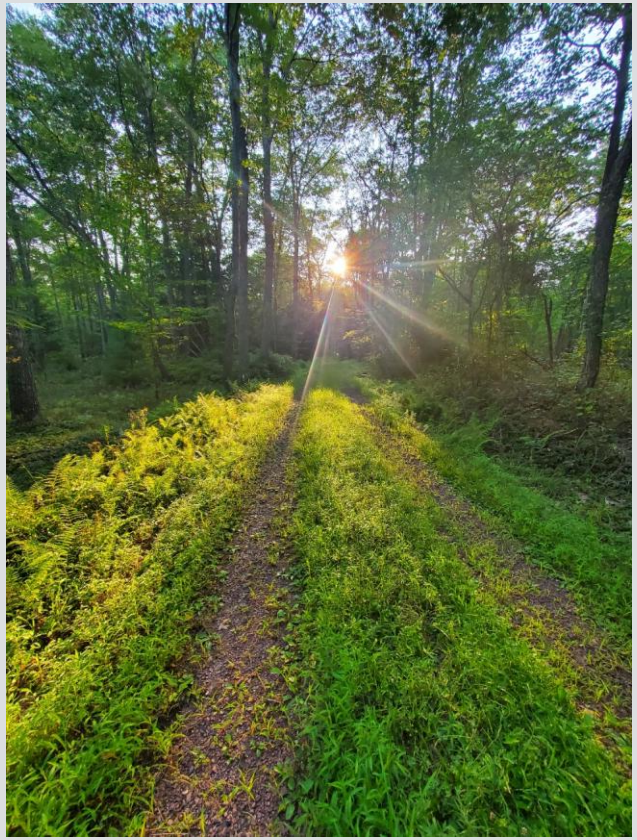
Recovery processes aided by the services of **a healthcare provider**, **clinician**, or other **credentialed professional**

NON-CLINICAL

Recovery processes that **do not** involve a **trained clinician** but are often **community-based** and utilize **peer support**

SELF MANAGEMENT

Recovery processes that involve **no formal services**, sometimes referred to as **“natural recovery”**



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“Our” Pathway Vs “All” Pathways

- Consider how sharing about **only one pathway** can have an impact on the care relationship
- If you focus mostly on one you know worked for you, it can also **bias support** for a person served
- We recommend **NOT i**dentifying as a member of a **particular pathway** as it can impact the care relationship

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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.

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Steps for Integrating Many Pathways into Peer Programs cont.

- **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?

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If One Path Does Not Fit…

- Try **another**!
- Consider **each pathway** as highly individualized
- Add and experiment until it fits the **needs of the individual**

Recovery is about living with hope, purpose and connection. People thrive when they find the elements that resonate with them!

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Use Supervision!

Vital to Effective Peer Support

- Helps us to **sustain focus** on the long-term goals
- See our own **blind spots** in our work with persons served
- Navigate barriers to **support care** through to successful termination

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Question 2

Managing Support for Long Term Goals

We should:

- Work with people in our care to make sure they get what we think they need to recover.
- Support the goals of the persons we are working with in ways that foster autonomy
- Do things for people we are supporting in care so they do well because we are the experts on recovery.

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Navigating The Termination Phase of Peer Support

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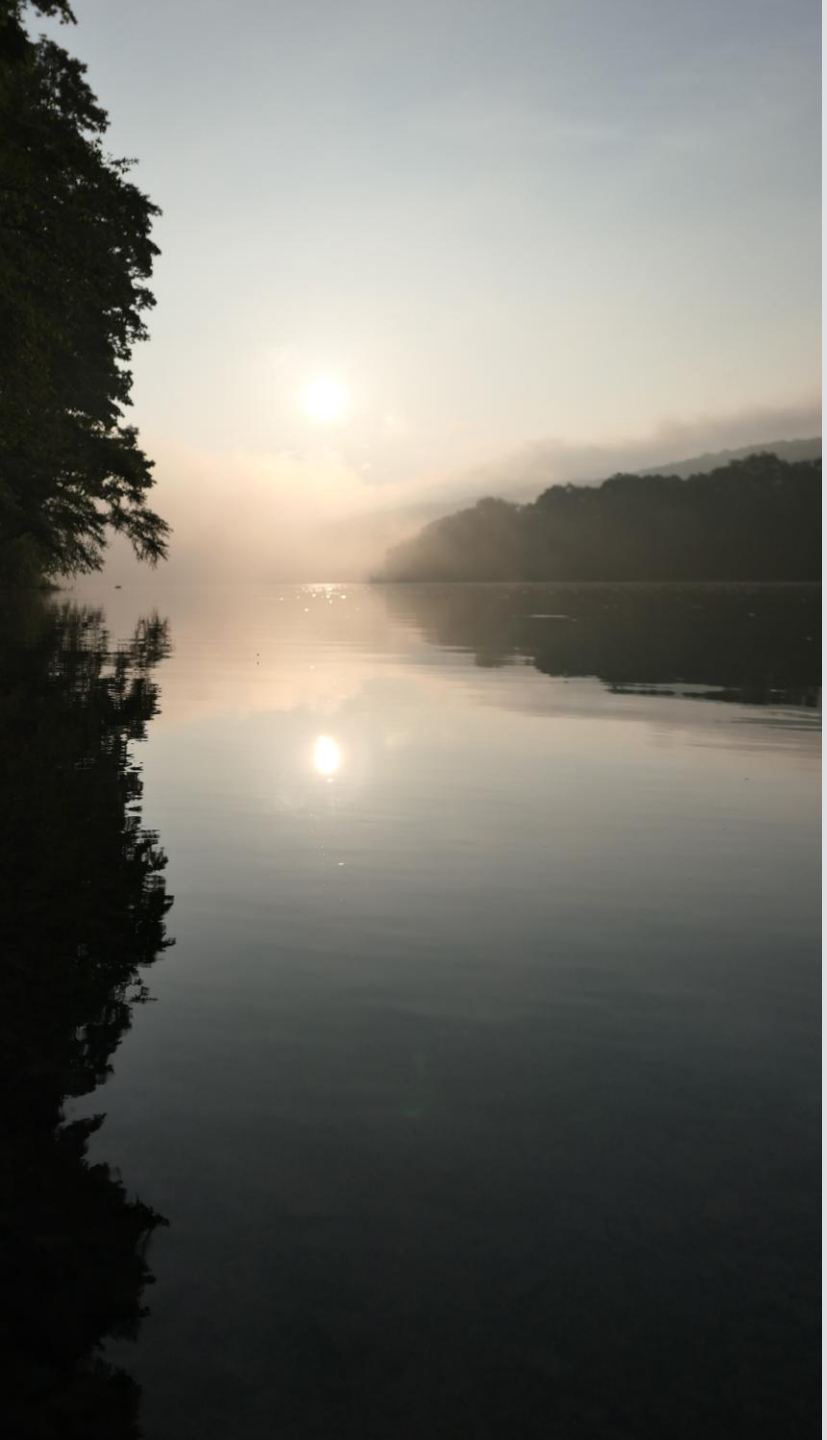

5 Key Principles

Supporting the End Process in Peer Service Work

- **Safety** – Emotional safety is a consideration in the ending of peer service work.
- **Trust & Transparency** – Clear expectations / sufficient notice with transparency on process.
- **Collaboration** – Decisions made with the individual with empathy to shape effective endings.
- **Choice** – Individuals to tailor termination to their preferences to emphasis control over their future.
- **Voice** – Peer worker is a facilitator / not rigidly controlling the outcome to amplify recovery autonomy.

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Observation on Termination Phase

Least Focused on Stage of Care

We do not focus on the **ending phase** of care as much as we do other stages, and it suggests that we are **not comfortable** with it as a field

Do **endings** make us uncomfortable?

Recovery adage – we grow from focusing on our challenges

PRO-A Primer on Termination Resource Sheet - https://pro-a.org/wp-content/uploads/2025/01/01-PROA-Primer-on-Termination-Phase-Resource-Sheet.pdf

End Planning

Considerations

- We focus on the four dimensions of Recovery: **Health, Home, Purpose, and Community** to foster those we serve to reach their full potential
- We honor **autonomy** and avoid creating long term dependency on us
- We pay attention to **dynamics** that can influence dependency on us in unhealthy ways
- We are **consistent** with the values of peer support to help people navigate their recovery journeys in ways that ultimately do not include us

We establish how those we serve can access future service if needed

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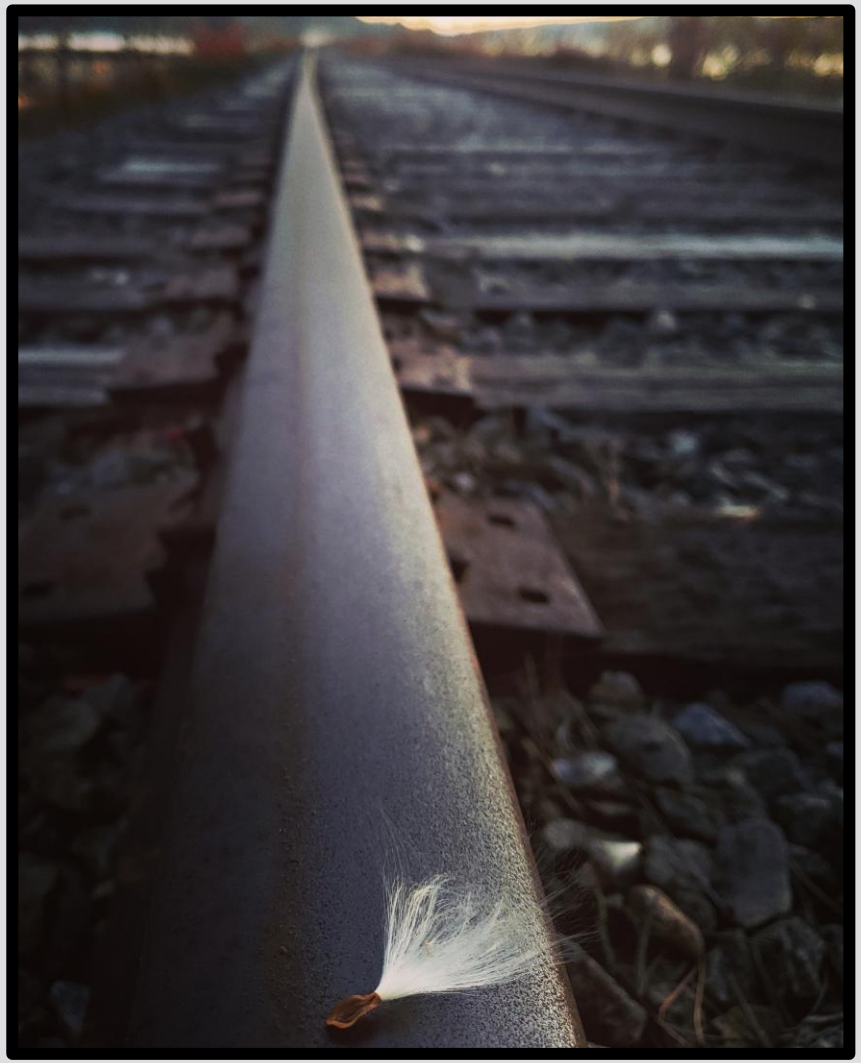
Parallel Process

Considerations In the Termination Phase

Parallel process refers to dynamics of transference and counter transference

It also has **supervision** applications

Dynamics that occur in termination around historic familial issues, loss and endings make termination are uncomfortable for us as well.



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Person Served

Issues that May Arise

- **Self-doubt,** which are opportunities to remind them of their inherent strengths, and their progress
- **Feelings of loss** which can be uncomfortable and can be experienced as abandonment
- Potential period of **increased conflict** or even **avoidance** as endings may be very uncomfortable
- These are some of the reasons for us to **carefully navigate** end stage of care to model health endings

Peer Worker

Issues that May Occur For Us

- We are **helpers** and want to help, this is essentially the end of that help. That can be hard for us.
- These are often some of our “best” cases, they have **done well** and we were a part of that success.
- We often also have **historic loss**. Endings can be uncomfortable for us as well.
- There is a process of **letting go** for us to consider.

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Supervision In Termination

Important for Effective Outcomes

Supervision is vital to assist the peer worker in:

- Processing their **feelings** associated with termination
- Discuss **strategies** for recovery beyond care
- Assist in framing **personal growth** as invariably unfinished and anticipate post support growth
- Complete a **termination plan** while reflecting on gains
- Express **pride** in progress and mutual relationship

Question 3

Opportunity to Discuss

Why don’t we **talk about** endings very much?

- What does it mean / what does it not mean?
- How do we change this as a field?

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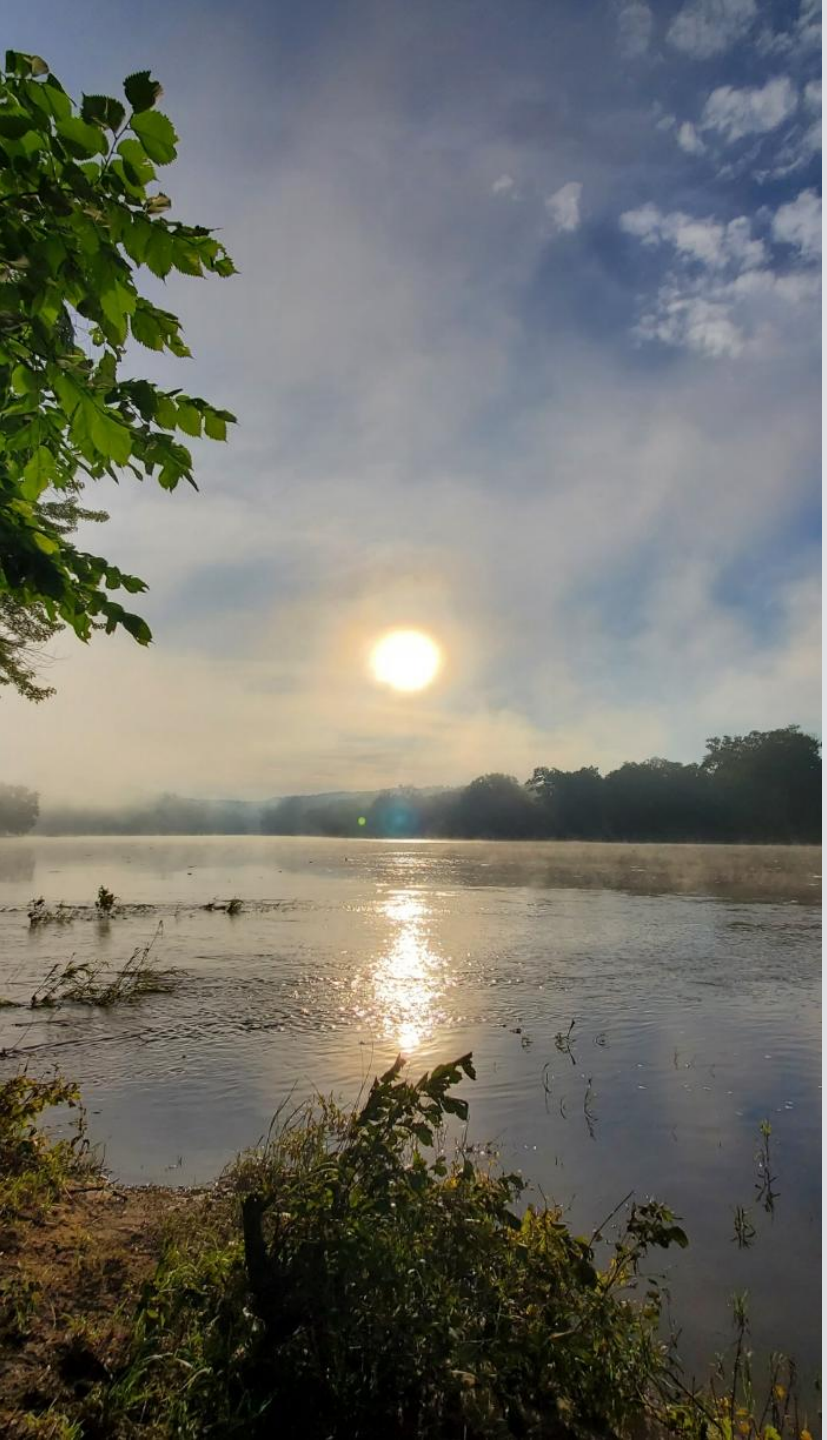

Reflection

Opportunity to Share Observations

- The end of the peer support relationship can be quite **overwhelming** for the person in care reflection adds context
- An opportunity to reflect on the **feelings** they had at the start and how they worked through those
- We can highlight their **inherent strengths**, the growth they have made an observations on how they can and do overcome challenges they face

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Use of Ritual

Ending Rituals Have Significant Value

- Ritual can be an important way to **process closure**
- Coin sharing or some other **tangible** item can hold long-term meaning to the individual
- **Including others** in care in the ritual can hold value for all involved as they process termination

"Since myth is a projection of the depth wisdom of the psyche, by participating in a ritual, you are being, as it were, put in accord with that wisdom. Your consciousness is being re-minded of the wisdom of your own life. I think ritual is terribly important." — Joseph Campbell

We Model Healthy Endings

1. It is vital that we **foster safety** in the end stage of care
2. We have a responsibility to **sustain trust** and **transparency** in this phase
3. Termination planning is **collaborative**
4. We empower by **supporting their choices** for their futures
5. We **do not control the outcome** honor the voices of those we serve

"Any beginning is also an ending, you know. You can't have just the one." — **Suzette Haden Elgin**

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