Incorporating Peer Support Into Substance Use Disorder Treatment Services

TREATMENT IMPROVEMENT PROTOCOL

TIP 64

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Chapter 3—Peer Worker Core Functions in Substance Use Disorder Treatment and Recovery Support

KEY MESSAGES

- Peer workers perform their job based on the principles that recovery is possible for everyone and there are many pathways to recovery.
- Providing recovery support and helping to build or enhance the recovery community are the two primary functions peer workers perform.
- Lived experience with problematic substance use, behavior change, and recovery is the foundation on which peer workers' knowledge, values, skills, and abilities are built.
- Peer specialists recognize not only the value of their services, but also the limits of their roles.
- Communication with an individual in recovery requires listening and learning with kindness, curiosity, and encouragement.
- A strengths-based assessment is central to the notion of recovery capital and to peer services.
- Peer specialists have a role in both identifying and actively linking individuals in recovery to resources in the local community that are recovery friendly, culturally and linguistically relevant, and accessible. Peer specialists can also help individuals identify personal relationships that will support their recovery.
- Peer specialists are a key element of recovery-oriented systems of care (ROSCs).
- Advocacy can promote recovery and build community. Peer specialists advocate for themselves, for the peers they serve, and for ROSC networks as well as for other community organizations in which they work.

Growing evidence shows that peer support services (PSS) improve outcomes for individuals in or seeking recovery from substance use–related problems.[264,265,266] Years of experiential knowledge and success stories tell us how peer workers contribute to these positive outcomes.

Being an effective peer specialist requires specific knowledge and technical skills to provide recovery support services as well as an understanding of who peer specialists are in recovery; what they bring to relationships with individuals in or seeking recovery; and how they represent the recovery community to treatment programs, service providers, and the public. A peer specialist's values and attitudes about recovery and what it means to help or support others, along with their willingness to be curious, caring, authentic, empathetic, and culturally responsive are also important. **Simply put, peer recovery support is about genuinely caring for and connecting with other human beings and supporting improvements in the quality of their lives.**

> "Core skills required of peer staff include intangibles that relate to their worldview, interpersonal style, and effective use of self."[267]

Peer specialists bring their lived experience of recovery, personal strengths, and shared values to their relationships with individuals in or seeking recovery. The recovery support and community-building skills they develop in training and the time they spend under supervision are also highly important.

Chapter 3 of this Treatment Improvement Protocol (TIP) explores the core activities and responsibilities of peer specialists and the knowledge, values, skills, and abilities they need to function effectively in a range of treatment settings. The foundation of a peer specialist's work is their lived experience with problematic substance use, behavior change, and recovery. This is a key factor in what makes recovery support effective.[268]

Chapter 3 of this TIP discusses two core peer specialist functions: recovery support and community building (i.e., helping to build or enhance the recovery community by connecting to and networking with local organizations and services). It describes the knowledge, values, skills, and abilities needed to perform each function. **Chapter 3 is for peer specialists working as integrated members of substance use disorder (SUD) treatment program staff as well as for peer specialists providing PSS in community-based recovery settings** who may collaborate with, provide linkages to, or otherwise support the work of SUD treatment programs.

Chapter 3 provides the following information:

- The first section describes two core functions of peer specialists and the Substance Abuse and Mental Health Services Administration's (SAMHSA) core competencies for peer specialists.
- The second section addresses the knowledge, values, skills, and abilities peer specialists need to support individuals in or seeking recovery from substance use–related problems.
- The third section discusses the knowledge, values, skills, and abilities peer specialists need to engage in building and enhancing the recovery community.
- The chapter appendix presents sample recovery and wellness plans and identifies resources to support the efforts of peer workers. Additional resources can be found in Chapter 8.

This chapter also includes brief examples of interactions between peer specialists and individuals in or seeking recovery. These examples are simplified for demonstration purposes and may not reflect the complexities or nuances of actual peer relationships. Exhibit ES.1 in this TIP's Executive Summary provides definitions of key terms that appear in this and other chapters.

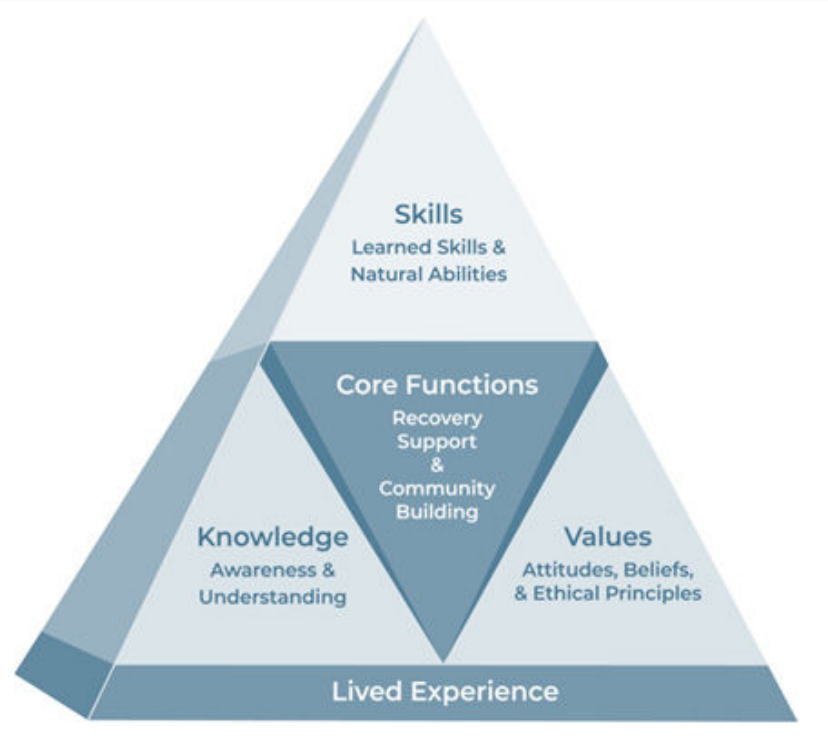
Exhibit 3.1 shows the overall framework for the work that peer workers do. The core functions of the peer worker are recovery support and community building, at the center of the pyramid. The knowledge (i.e., awareness and understanding of key recovery issues and information), values (i.e., recovery-oriented attitudes, beliefs, and ethical principles), and skills (i.e., learned skills and natural abilities that support recovery) a peer worker needs to be effective in performing these core functions are the building blocks that complete the pyramid. The base of the pyramid represents their lived experience with problematic substance use, behavior change, and recovery. It is the foundation of a peer specialist's work, supporting their knowledge, values, skills, and abilities.

Core Functions

Peer workers perform many different activities and work in many different settings. Some functions and activities that are "core" to their work may be more or less common in a given setting or even in a certain state because different states certify peer specialists to perform different activities. **To be fully aware of the range of core components involved in peer work, this chapter covers as many skills and activities as possible for all peer workers.**

Peer workers take on many different roles, including educators, resource navigators, facilitators, and role models. (Chapter 2 includes more information about peer worker roles.)

EXHIBIT 3.1. Peer Worker Core Functions



The main functions of a peer worker are providing recovery support to individuals in or seeking recovery from problematic substance use and helping to build or enhance the recovery community.

This work begins with building a solid service relationship with the individual in or seeking recovery, then acting as a bridge to their family, friends, treatment providers, community-based services, and the larger recovery community. The relationship of a peer worker with an individual in or seeking recovery is based on mutual learning and is guided by the principles of hope, collaboration, respect, self-responsibility, and self-determination (i.e., the ability to live life the way a person chooses). An individual new to the recovery community needs support in building and enhancing that community. This is an ongoing process of support and growth that requires a peer-to-peer relationship that is grounded in trust. Peer workers participate directly in building and enhancing the recovery community by connecting people to and participating in recovery activities as well as advocating for more recovery resources in the local community.

Depending on the work setting, a peer worker may be more focused on individual recovery support, or they may be more focused on community building. Regardless of the primary focus, a peer worker will be called upon to perform both activities. A peer worker's job is to stay involved in the recovery community even when they're physically located in a non-community–based setting (e.g., a jail, emergency department [ED], college, SUD treatment program).

SAMHSA'S *CORE COMPETENCIES FOR PEER WORKERS*[269]

SAMHSA, along with experts from many different backgrounds, has developed a set of core competencies for peer specialists in both mental health and SUD treatment fields. Core competencies are the knowledge, values, skills, and abilities a person needs to be effective in their job. SAMHSA's core competencies help lead to effective practices in PSS. The principles behind these core competencies state that PSS are:

- Recovery oriented.
- Relationship focused.
- Person centered.
- Voluntary.
- Trauma informed.

PSS core competencies describe the necessary values and activities of peer specialists. According to these core competencies, a peer specialist:

- Engages individuals in caring, collaborative relationships.
- Provides support.
- Shares their lived experience of recovery.
- Personalizes peer support (i.e., makes PSS match the needs of each individual, rather than taking a "cookie-cutter" approach).
- Supports recovery planning.
- Helps individuals manage crises.
- Links individuals to resources, services, and supports.
- Shares information about health, wellness, and recovery.
- Values communication.
- Supports teamwork.
- Promotes leadership and advocacy.
- Promotes self-growth and development.

These principles and core competencies are discussed throughout Chapter 3. The full text of SAMHSA's *Core Competencies for Peer Workers in Behavioral Health Services* can be downloaded at https://www.samhsa.gov/brss-tacs/recovery-support-tools/peers/core-competencies-peer-workers.

Recovery Support

This section reviews the knowledge, values, skills, and abilities needed to support individuals throughout their recovery from substance use–related problems. Recovery support focuses on establishing and maintaining long-term recovery and is based on recovery principles such as:[270,271]

- Recovery is an ongoing process of change, not a one-time event.
- Recovery is fluid; goals and interventions change as recovery evolves.
- Recovery involves the need to learn new skills and behaviors for overcoming substance use–related problems, including many different life stressors.
- Recovery is person driven and holistic.
- Recovery can be achieved through multiple pathways.

In addition to their own experience and self-reflection, peer workers need specific knowledge, values, skills, and abilities to help an individual in or seeking recovery start and maintain recovery over time. **Recovery is individual. Not all substance use–related problems, environments, and personal circumstances are the same; therefore, not all recovery pathways are the same.** The amount and types of support that people in or seeking recovery need will vary. Recovery support always includes strengths-based and person-driven support. That means a peer worker should focus on the individual's strengths, abilities, and resources. This process is driven by the individual's needs, goals, recovery capital, and hopes for the future.

SUPPORTING, NOT STEERING: HELPING INDIVIDUALS IN RECOVERY NAVIGATE THE JOURNEY TO RECOVERY

A peer specialist's lived experience with substance use–related issues and recovery pathways is invaluable. It serves as the foundation of their recovery knowledge, values, skills, and abilities. It also gives them a unique perspective that allows them to effectively support the people with whom they work. However, their personal recovery journey may also naturally influence their opinion about how individuals should approach their own recovery goals. There may be times when peer specialists find themselves disagreeing with or concerned about the direction of those goals. When this happens, they can refocus on two key principles to guide their work: there are many pathways to achieve recovery, and individuals in recovery define goals that support their chosen pathways. Individuals in recovery drive the relationship. A peer specialist should examine their own biases and should not assume that their pathway for change works for everyone.

Below are some steps a peer specialist can take if they disagree with the goals identified by an individual in recovery:

- **Understand the peer specialist role.** The role of a peer specialist is to support an individual's journey, regardless of their chosen pathway. If the person chooses moderation rather than abstinence, a peer specialist should honor and support that goal by offering resources to help them move forward. A peer specialist can use strengths-based approaches to help an individual understand how services or resources align with the chosen pathway and to advocate for the individual's needs.
- **Seek supervision.** Peer specialists should examine their own biases. Their supervisor can help them recognize and manage personal biases that interfere with their ability to support an individual's goals. Additionally, their supervisor can help them identify supplemental training and development opportunities that focus on ethics, boundaries, and professional responsibilities. (Chapter 5 includes further discussion of supervision.)
- **Engage in training.** Training can reinforce the idea that there are multiple recovery pathways. It can also improve a peer specialist's ability to provide support by ensuring they focus on the individual's strengths, values, and goals. Training can also help clarify the peer specialist's role and emphasize key ethical values, such as the need to honor and respect an individual's right to make decisions. (Chapter 4 includes further discussion of training.)

For examples of training opportunities for peer specialists, visit the Connecticut Community for Addiction Recovery (https://addictionrecoverytraining.org/training-products/) and the Virginia Department of Behavioral Health & Developmental Services' Office of Recovery Services (https://dbhds.virginia.gov/office-of-recovery-services/).

Recovery Support: Knowledge

Peer workers will benefit from having core recovery knowledge. This includes learning the definitions and history of recovery, the multiple pathways and evolution of recovery, relational styles in recovery, the influence of cultural contexts on recovery, and recovery across the life cycle. The following sections describe important areas of knowledge.

Effects of Problematic Substance Use

Problematic substance use can lead to physical, emotional, cognitive, and social consequences for individuals and their families. A peer specialist's personal experience with a particular substance may differ from the individual in or seeking recovery's experience with the same or another substance. Peer specialists should not make comparisons or be judgmental of individuals in or seeking recovery because they can likely relate to feelings of hopelessness and helplessness that can occur for an individual who has problematic substance use.

For example, if a peer specialist's personal experience is with problematic alcohol use and they are working with someone engaged in

problematic use of opioid pain medication, the peer specialist needs to be aware of the specific consequences problematic opioid medication use has on that person, the risk of overdose, health and medical complications, and recovery supports in the community. Peer specialists also need to be familiar with the resources available to individuals who take medication to support recovery, which includes opioid agonists (i.e., medications like methadone or buprenorphine that bind to opioid receptors but don't produce euphoria) and opioid antagonists (i.e., medications like naltrexone that block the effects of opioids).

Although peer specialists don't need to be an expert in every effect that substances can have on the brain or in all the health, mental, emotional, or social effects of problematic substance use, they will be more effective at supporting people in or seeking recovery if they understand why these effects occur and how they relate to an individual's ability to initiate and sustain change. To accomplish this, peer specialists should have general knowledge about the following:

- Effects of substance use and substance use–related practices on the brain and the body
- Health-related effects of substance use, including the link between problematic substance use and infectious disease
- Effects of problematic substance use on family and social relationships
- The link between problematic substance use and co-occurring mental illness
- The link between problematic substance use and negative life events (e.g., criminal justice involvement, experiencing homelessness or housing instability, trauma, being a victim of a crime)
- The link between social determinants of health and substance use–related issues

RESOURCE ALERT: MEDICATIONS TO SUPPORT RECOVERY

The following SAMHSA resources provide additional information about medications to support recovery:

- Medications, Counseling, and Related Conditions (webpage): https://www.samhsa.gov/medication-assisted-treatment/medications-counseling-related-conditions#opioid-dependency-medications
- TIP 63, *Medications for Opioid Use Disorder:* https://store.samhsa.gov/product/TIP-63-Medications-for-Opioid-Use-Disorder-Full-Document/PEP21-02-01-002
- Prescribing Pharmacotherapies for Patients With Alcohol Use Disorder (*Advisory*): https://store.samhsa.gov/product/prescribing-pharmacotherapies-patients-with-alcohol-use-disorder/pep20-02-02-015

RESOURCE ALERT: SCIENCE-INFORMED SOURCES OF ALCOHOL AND DRUG INFORMATION

The National Institute on Alcohol Abuse and Alcoholism's Alcohol's Effects on Health webpage (www.niaaa.nih.gov/alcohol-health) provides research-based information on drinking and its effects on individuals and families.

The National Institute on Drug Abuse (NIDA) (https://nida.nih.gov/) provides facts and information about different drugs and related topics (https://nida.nih.gov/drug-topics) such as hepatitis (https://nida.nih.gov/drug-topics/viral-hepatitis-very-real-consequence-substance-use) and HIV (https://nida.nih.gov/drug-topics/hiv). NIDA also offers *Principles of Drug Addiction Treatment: A Research-Based Guide* (Third Edition), which summarizes the latest research on SUDs, their causes, and effective treatments (https://nida.nih.gov/publications/principles-drug-addiction-treatment-research-based-guide-third-edition/preface).

Trauma and Co-Occurring Disorder Awareness

Peer support providers work with individuals in or seeking recovery who have experienced trauma or have a mental illness. Diagnosing and treating mental illness are outside a peer worker's scope of practice, even if they have the same mental illness or have experienced trauma. However, understanding the impact of co-occurring disorders and trauma on individuals in or seeking recovery and using a trauma-informed approach in their work ensures that they're providing a safe environment to offer PSS.

A basic understanding of mental illness and trauma will help peer workers recognize when these conditions become potential barriers to recovery, how individuals can use their strengths to support their recovery from problematic substance use and co-occurring mental illness and trauma, and when to link individuals to behavioral health services and other resources in the community. Peer workers can benefit from having a basic understanding of:

- Common signs of trauma (e.g., flashbacks or intrusive memories, extreme watchfulness or anxiety).
- Effects of trauma and co-occurring mental illness on recovery, including the increased risk of developing substance use–related problems again.
- Local behavioral health services and community-based recovery resources and the best ways to access those services.
- How trauma affects everyone differently and requires professional assessment.
- How the meaning of recovery can differ in substance use and mental illness recovery communities. (The "Resource Alert: Trauma and Co-Occurring Disorder Awareness" provides links to more information about trauma, co-occurring disorders, and distinctions between recovery in the contexts of mental health and SUDs.)

RESOURCE ALERT: TRAUMA AND CO-OCCURRING DISORDER AWARENESS

- SAMHSA's Mental Health and Substance Use Disorders webpage (www.samhsa.gov/disorders) provides basic information about co-occurring substance use and mental illness and links to other resources.
- TIP 57: *Trauma-Informed Care in Behavioral Health Services* (https://store.samhsa.gov/product/TIP-57-Trauma-Informed-Care-in-Behavioral-Health-Services/SMA14-4816) provides information on the impact of trauma on those who experience it and strategies that support recovery.
- TIP 42: *Substance Use Disorder Treatment for People With Co-Occurring Disorders* (https://store.samhsa.gov/product/tip-42-substance-use-treatment-persons-co-occurring-disorders/PEP20-02-01-004) offers information about screening, assessment, diagnosis, and management of co-occurring disorders for individuals who are receiving SUD treatment.
- *Engaging Women in Trauma-Informed Peer Support: A Guidebook* (https://nasmhpd.org/content/engaging-women-trauma-informed-peer-support-guidebook) is a resource for peer workers who want to integrate trauma-informed principles into their work with women.
- *Addictions and Mental Health Recovery Dialogue: Similarities and Differences in Our Communities* (www.samhsa.gov/sites/default/files/similarities-differences-dialogue.pdf) provides historical background and the current understanding of recovery in both communities.

Cultural Responsiveness

Culture consists of the beliefs, behaviors, objects, and other characteristics shared by groups of people. **Cultural responsiveness** refers to service providers—including peer specialists—respecting, accepting, and being responsive to the health beliefs, practices, and values of diverse populations. Service providers who are culturally responsive also explore the effects of ethnocentrism and racism on their treatment or service delivery.

Broadly speaking, cultural responsiveness in behavioral health includes:[272]

- Connecting with individuals and building positive relationships with them using cross-cultural communications (e.g., speaking clearly; using plain, nontechnical terms).
- Making sure individuals understand treatment processes and services.
- Working as a team member (i.e., including individuals in treatment planning) throughout the treatment and service provision process.
- Including culturally relevant themes and information in the services (e.g., asking about individuals' cultural identity and acculturation experiences, avoiding making assumptions about a person because of their culture, exploring individuals' cultural beliefs about the treatment of substance use–related problems and mental illness).
- For treatment providers, conducting culturally sensitive interviews and selecting screening and assessment tools that align with individuals' cultural views about problematic substance use.
- Matching culturally similar peers to communities with which they identify.
- When necessary and appropriate, enlisting the aid of a culture navigator—someone of the same culture with lived experience who is grounded in SUD treatment and recovery from substance use–related problems.

WHAT DOES CULTURAL RESPONSIVENESS MEAN?[273]

- Being culturally competent
- Being culturally inclusive
- Being culturally respectful
- Meeting individuals' cultural needs (e.g., providing a translator if needed)
- Providing services that increase safety for individuals and their families
- Showing a genuine interest in getting to know individuals and establishing a rapport with them
- Staying mindful of individuals' treatment and service preferences and including them in decisions about care
- Being respectful, collaborative, and person centered

Although peer workers can benefit from learning the common values, customs, beliefs, rituals, and worldviews of different cultures, **they can best provide culturally responsive recovery support by learning about each individual's own experiences and what culture means to them.**[274] The kinds of cultures and pathways of recovery with which individuals might identify include:

- **Ethnicity, race, class, gender and gender identity, age, sexual orientation and identity, and disability cultures and identities.** Many different types of cultures and backgrounds shape each person's worldview. This can lead to bias when peer workers support people in or seeking recovery from different cultures and backgrounds. They should read books, watch films, attend cultural events, and talk with local community leaders to learn about the specific beliefs and needs common to various cultural groups.
- **Community culture.** The location where someone lives can significantly impact their worldview, values, and how they or their local community view substance use treatment and recovery support. People living in rural areas, for example, may experience stigma about seeking SUD treatment, including taking medications for problematic substance use.[275] Peer workers should ask the individual in or seeking recovery questions so they can gain a better understanding about where the individual grew up, where they are currently living, and how they or those they are close with feel about problematic substance use. Being culturally responsive requires that peer workers respect the values of those they are working with, regardless of their own worldviews.
- **Cultures of recovery.** These might include mutual-help programs (e.g., 12-Step recovery groups, non-12-Step recovery groups), mental illness recovery groups, recovery community centers (RCCs), sober houses, criminal justice recovery programs, spiritual recovery programs, military and veteran programs, family support groups like Al-Anon, gender-specific programs, and collegiate recovery programs. Values, beliefs, and practices regarding abstinence; taking medications during recovery; and

risk-reduction practices may vary by type of recovery support and setting. Peer workers should understand the customs, values, and beliefs of different treatment and recovery settings and their rules on abstinence, taking medications to support recovery, and risk-reduction practices like syringe services programs. Cultural responsiveness means that peer workers honor and respect diverse recovery pathways as well as the individual's choice of recovery pathway.

- **Spiritual and religious beliefs and cultures.** Research shows that spirituality, religious activities, and active involvement in 12-Step mutual-help programs can support long-term recovery.[276] However, there is a wide variety of spiritual and religious beliefs about problematic substance use and recovery, spiritual practices that support recovery, and faith-based groups and communities (e.g., Celebrate Recovery®; Millati Islami; Buddhist Recovery Network; Jewish Alcoholics, Chemically Dependent Persons, and Significant Others) with different views on spirituality, substance use–related problems, and recovery.
  - Some individuals won't consider spirituality or religion to be an important part of their recovery. Peer workers should be knowledgeable about nonreligious alternatives for recovery support.
  - A peer worker should be aware of and respect the variety of nonreligious (e.g., Self-Management and Recovery Training [or SMART] Recovery®), spiritual, and religious groups providing support for recovery from problematic substance and alcohol use.
  - Chapter 8 provides a list of faith-based and non-faith-based mutual-help programs.

DELIVERING PEER SUPPORT IN RURAL AREAS

People living in rural communities face distinct challenges in accessing treatment for problematic substance use. For example, rural residents may face cultural stigma about SUD treatment as well as a lack of anonymity about receiving treatment given the community size.[277,278] Rural residents also have fewer treatment options, and rural providers report feeling underprepared to deliver treatment because of a lack of necessary supports and resources.[279] One study in the rural South found that residents had difficulty accessing SUD treatment as well as paying for care.[280] The availability of harm reduction and other health services in rural areas is also limited because of differing social norms that impact laws and policies governing these services.[281] Transportation can also be a challenge for those in rural areas.

Peer specialists play an important role in improving SUD-related outcomes in rural communities and improving the long-term health of those recovering from problematic substance use.[282] They can address SUD treatment barriers in rural communities by applying creative approaches. For example, for those with transportation barriers, peer specialists can meet them directly within their community or via telehealth.[283]

There are examples of peer support programs in rural areas that may offer ideas about how to address some of these and other barriers. One such peer support program was piloted in a rural central Appalachian county that was significantly impacted by the opioid crisis (https://muse.jhu.edu/article/801145/pdf). In this program, peer recovery coaches or people with lived experience of opioid use disorder in long-term recovery met individuals with SUD in a variety of community settings and successfully linked them to a range of resources to meet their needs. Results of this program included significant improvements in linking people to treatment (63.9 percent), a rate considerably higher than in urban areas.

Learning how to "walk in someone else's shoes." Peer workers should explore their own culture and biases and cultivate an open-minded approach to others' cultures. This includes participating in training about stereotypes, implicit bias, microaggressions (i.e., subtle, often unintentional statements or actions of prejudice against a person or group), and stigma. Peer workers should remember that people are diverse, including within cultures, so whatever they learn about an entire group may not apply to a specific individual.

The "Resource Alert: Cultural Competence" contains more information about cultural responsiveness.

CAN PEER SPECIALISTS HELP REDUCE HEALTH INEQUITIES?

Including peer specialists (particularly those from diverse racial, ethnic, sexual and gender, disability, and socioeconomic cultures and backgrounds) in the delivery of behavioral health services can help organizations better reach typically underserved individuals—such as racial/ethnic minorities, people from low-income backgrounds, people involved in the criminal justice system, people experiencing homelessness/unstable housing, women (including pregnant women), and people living in rural areas. This could help individuals improve recovery-related outcomes[284,285,286,287,288,289] and increase the possibility of long-term recovery for marginalized groups.

In one study, providing PSS for SUDs to underserved communities led to a 22-percent increase in securing stable housing; a 25-percent increase in obtaining employment or participation in job training; and a significant improvement in client-reported depression, anxiety, and prescription medication misuse.[290] Participants in the study were largely from low-income backgrounds, were racial/ethnic minorities, and had a history of incarceration, unemployment, and/or unstable housing.

A summary of findings from nine studies of community health worker and peer provider interventions for people with mental and physical illnesses also showed positive outcomes.[291] Specifically, peer worker interventions were shown to be effective across diverse populations of underserved clients, including those who were Black, Latino, American Indian/Alaska Native, women, monolingual Spanish speaking, low income, and rural residents.[292] Among the positive outcomes noted were:[293]

- Increased participation in primary care services, decreased emergency department and urgent care visits (after 12 months), better self-reported confidence in managing health problems, and decreased pain among people with serious mental illness (of whom 60 percent were Latino, 8 percent were Black, 8 percent were multiracial or of other non-White race, and 54 percent were female) who worked with peer specialists.
- Improvements in recovery, feelings of empowerment, and quality of life among Latino individuals with serious mental illness (of whom 58 percent were female and 72 percent were born outside the United States).
- A decrease in depressive symptoms, an increase in client satisfaction, and improvements in social-related quality of life among women with symptoms of depression (of whom 57 percent were Black, 19 percent were Latina, 30 percent were pregnant, and 73 percent had an annual household income of less than $20,000).

Based on these and other positive findings, the report concludes that:[294]

- Peer specialists and community health workers should be included in behavioral health and healthcare interventions.
- Healthcare systems should increase efforts to include peer specialists in their service delivery teams.
- Medicare and Medicaid reimbursement pathways should be developed and supported to provide sustainable funding for peer specialists and community health workers.

RESOURCE ALERT: CULTURAL COMPETENCE

SAMHSA's TIP 59, *Improving Cultural Competence* (https://store.samhsa.gov/product/TIP-59-Improving-Cultural-Competence/SMA15-4849), describes cultural competence for service providers and discusses racial, ethnic, and cultural issues relevant to working with individuals in recovery. This TIP also provides a brief discussion of the continuum of cultural competence.

Using the Motivational Interviewing Philosophy

Motivational interviewing (MI) is widely used in the SUD treatment field as an evidence-based practice for helping people address mixed feelings about changing behaviors and strengthen their motivation to change behaviors, including substance use–related behaviors.[295] MI is also a philosophy of care that focuses on compassion and respect for individuals' independence. (A link to more on this approach can be found in the "Resource Alert: Using the MI Philosophy of Care.") Using MI as a treatment approach takes additional study and training beyond the scope of this TIP. However, many peer specialist training programs include information on MI, and understanding how to use the MI philosophy can help peer specialists develop **a person-centered, team-based, empathetic approach and communication style.**[296] Using the MI philosophy as a peer specialist means expressing or showing:[297]

- **Partnership**—Working with individuals as teammates rather than telling them what to do
- **Acceptance**—Respecting the worth and independence of individuals through affirmations and empathetic listening
- **Compassion**—Valuing the well-being of individuals
- **Evocation**—Asking individuals about their thoughts and ideas

Using an MI philosophy shows individuals in or seeking recovery that peer specialists:

- Know when to speak, when to listen, and when to ask questions.
- Genuinely care about them and listen to them.
- Understand ambivalence and resistance.
- Are truly accepting and respectful.
- Offer encouragement and hope.
- Want to understand their experiences and feelings.

RESOURCE ALERT: USING THE MI PHILOSOPHY OF CARE

The University of Missouri's Alcohol and Drug Education for Prevention and Treatment's presentation "Motivational Interviewing Philosophy and Principles" (https://adept.missouri.edu/wp-content/uploads/2017/06/Module-One-Motivational-Interviewing-Philosophy-and-Principles.pdf) discusses MI and differences between MI as a counseling technique and MI as a philosophy of care.

OARS: THE KEY TO EFFECTIVE COMMUNICATION IN MI

MI communication techniques can help peer specialists better connect with an individual in recovery. To accomplish this, peer specialists need to develop certain communication skills. They can remember these skills using the acronym OARS,[298] which stands for open-ended questions, affirmations, reflective listening, and summarization.

- **Open-ended questions.** Peer specialists should use open-ended questions to invite the person to tell their story instead of closed questions, which just ask for basic information. Open-ended questions invite the person to offer a more detailed response than just "yes" or "no." Asking open-ended questions helps the peer specialist understand the individual's point of view. (More information about open-ended and closed questions is included in the section "Ask Questions Skillfully.")
- **Affirmations.** Peer specialists should use affirmations to show appreciation and warmth toward the individual in recovery. Affirmations are a way of telling someone, "I see you, what you say matters, and I want to understand what you think and feel."
- **Reflective listening.** Peer specialists should use reflective listening to show that they are paying attention to the person, understand what they are saying, and empathize with them. Reflective listening is important for showing that peer specialists "get" the person's thoughts, feelings, and behaviors.
- **Summarization.** Peer specialists should use summarization to reflect back to the person what they said, focusing on the most important points rather than just repeating statements. Summarization keeps the peer specialist and the individual in recovery on the same page and ensures they have a plan of action in place.

These are not counseling techniques but rather means of communicating and connecting with a person in or seeking recovery in a way that is consistent with the MI philosophy. By using OARS communication skills, a peer specialist can provide person-centered care and increase their chances of successfully engaging the individual in a coaching relationship.

Recovery as an Individual Journey

There are many recovery pathways, and each person will experience this journey differently. Recovery for one person may include abstinence from substance use, whereas another person may focus on reducing their use. For some individuals, recovery may mean abstinence from one substance, but not from all substances. A person's recovery experience may vary by the type of recovery, how recovery is initiated, their recovery identity, relationships supporting recovery, and the stability of recovery, among other factors.[299] Some individuals may not want to embrace a recovery identity. Rather, they embrace any positive change. Understanding that each person builds their own recovery journey is important to meeting them where they are and understanding the challenges they are facing. Most importantly, peer specialists should respect an individual's choices as they navigate this process.[300]

RESOURCE ALERT: UNDERSTANDING DIFFERENT RECOVERY JOURNEYS

The Varieties of Recovery Experience: A Primer for Addiction Treatment Professionals and Recovery Advocates (https://www.chestnut.org/resources/a13cfc89-7920-43bf-b043-af7078aab8c7/2006-The-Varieties-of-Recovery-Experience-1.pdf), a 2006 paper by William White and Ernest Kurtz, provides information about a wide range of aspects related to recovery, such as the scope and depth of recovery, pathways and styles of recovery, initiation of recovery, recovery identities and relationships, and recovery capital.

The Transtheoretical Model of the Stages of Change

The transtheoretical model of the stages of change illustrates how people change health risk behaviors.[301] The stages of change theory is often used as a clinical tool and may be used as part of the treatment services delivered by the peer specialist's agency as well as their work.[302] (The "Stages of Change" box contains more details.) Awareness of the stages of change may help peer specialists understand the mindset of individuals as they move through the recovery process. Remember, an individual in or seeking recovery may be in a different stage of change for different risk behaviors (i.e., in the action stage around their problematic alcohol use but in precontemplation around their drug use). Different stages of change require different responses to support that stage.

STAGES OF CHANGE[303]

- **Precontemplation.** The person doesn't see a problem or need for changing a specific risk behavior like alcohol misuse or substance use.
- **Contemplation.** The person has mixed feelings about changing a behavior and begins to think of reasons for changing the risk behavior.
- **Preparation.** The person wants to change a behavior and starts taking steps toward changing the risk behavior.
- **Action.** The person is actively working on changing a risk behavior.
- **Maintenance.** The person has changed a risk behavior and is working to make that a lasting change.

The Stages of Recovery (https://www.recoveryanswers.org/resource/stages-of-recovery/) contains more information and guidance about how to support individuals in different stages of change.

Recovery as a Process

Although there is no specific timeline for achieving recovery, research indicates that it is a progressive process that leads to improvements in quality of life, self-esteem, and happiness over time.[304] In a nationally representative sample of U.S. adults who identified as being in recovery, measures of happiness and self-esteem appeared to drop during the first few months of recovery; however, this was followed by a gradual increase in these areas beginning 6 to 12 months into recovery.[305] Quality of life, happiness, and self-esteem also improved significantly during the first 6 to 11 years in recovery. The same study found that it takes approximately 15 years of recovery, on average, to reach the same quality of life as the general population.[306] Among those who continue to stay in recovery, recovery capital appeared to increase over time up through 40 years of recovery.[307]

Initiating recovery and maintaining change over time may be a long-term process. Although a counselor may work with an individual mainly at the start of recovery, **peer specialists may also work with that individual throughout the full process of recovery.**

SUPPORTING A PERSON'S INDIVIDUAL RECOVERY JOURNEY

Individuals will also differ in their goals and need for support during their recovery. Some may simply want help finding a job or safe housing. Others can resolve their problematic substance use on their own or don't think of themselves as being "in recovery."[308] Some individuals want to adopt a harm reduction approach. **Peer specialists shouldn't assume that people who want help think of themselves as being in recovery.**

A peer specialist should be aware of their own biases about how change happens and shouldn't assume that their pathway for change works for everyone. Educate individuals in or seeking recovery about what recovery means and how any positive change promotes recovery. This attitude will help them focus on an individual's needs and goals rather than their own needs and goals.

Recovery Capital

Recovery capital refers to the resources that are available to individuals that can help them enter and stay in long-term recovery from substance use–related problems.[309,310] These resources can be internal or external. Internal resources include values, knowledge, skills, abilities, self-efficacy (i.e., individuals' thoughts and beliefs that they are able to achieve a goal or complete a task), and hope. External resources include employment, safe housing; financial resources; access to health care; and social, family, spiritual, cultural, and community supports.[311] Recovery capital can fall into several categories:[312]

- **Personal recovery capital.** This includes "physical recovery capital" such as financial stability; food; access to transportation and safe housing; and physical health as well as "human recovery capital" such as values, knowledge, educational/job skills, problem-solving skills, internal motivation or commitment to recovery, and self-awareness.[313]
  - Financial stability is a key source of physical recovery capital. People with problematic substance use who have financial resources have more access to SUD treatment and services than those who don't.[314]
  - Poverty and lack of economic resources are some of the factors in health disparities (e.g., mental health, physical abilities, stigma, ethnicity) that can make accessing services difficult for people of diverse genders, classes, sexual orientations, gender identities, and ethnic and racial groups.
- **Family/social recovery capital.** This includes intimate relationships, biological family, family of choice, friends, and social relationships at school, work, faith-based institutions, and community organizations that support individuals' recovery efforts. Family and social resources often provide emotional support during life crises and help individuals initiate and sustain recovery.[315]
- **Community recovery capital.** This includes attitudes, policies, and resources available in communities that promote the resolution of recovery from substance use–related problems through diverse pathways.
- **Cultural recovery capital.** This includes the availability of culturally prescribed recovery pathways that help support individuals and their families. Cultural recovery capital also includes the values and beliefs associated with a culture that supports recovery.[316] Obstacles to accessing cultural recovery capital can include religious and language barriers.

Peer specialists can help educate individuals about recovery capital and ways to expand their access to resources that support recovery.[317] Having greater recovery capital is associated with positive outcomes, such as SUD treatment completion, attendance at follow-up appointments, and meeting one's recovery plan goals.[318,319] Talking with individuals about their recovery capital is not only a useful way to explore the many factors that support recovery and the different recovery pathways—it is also at the core of peer work.[320] **Peer specialists should understand the concept of recovery capital and use it in a strengths-based and person-driven approach to providing recovery support. This includes collaborating with individuals to help them identify, access, and practice using their recovery capital. They also can help their local community boost its recovery capital.**

The "Resource Alert: Identifying, Accessing, and Building Recovery Capital" contains more information about how to measure and grow one's recovery capital.

RESOURCE ALERT: IDENTIFYING, ACCESSING, AND BUILDING RECOVERY CAPITAL

- The National Frontier and Rural Telehealth Education Center's "Building Recovery Capital Through Digital Health Technologies" (www.nfartec.org/wp-content/uploads/2018/04/building-recovery-capital-introductory-webinar.mid-america.final_.pdf) presents digital support tools to help individuals in recovery.
- The National Association of Drug Court Professionals offers an E-Learning Center (https://www.nadcp.org/e-learning-center/) that lists current course offerings for treatment court professionals.
- Friends of Recovery–New York's *Recovery Community Organization (RCO) Toolkit* (https://for-ny.org/wp-content/uploads/2017/08/RCO_Toolkit_HIGHRES.pdf) includes a chapter on building recovery capital.
- The *Recovery Capital Scale & Plan* (http://www.brauchtworks.com/assets/docs/Recovery_Capital_Scale__Plan_130611.176185022.pdf) is an assessment tool to help individuals measure their available recovery capital.
- *Development and Validation of a Brief Assessment of Recovery Capital (BARC-10) for Alcohol and Drug Use Disorder* (http://shura.shu.ac.uk/15835/2/Best.pdf) contains a measure to assess the quantity and quality of an individual's recovery capital.
- The Comprehensive Opioid, Stimulant, and Substance Abuse Program's "Peer Support Core Concept: Recovery Capital" (www.cossapresources.org/Content/Documents/Articles/Altarum_Peer_Support_Recovery_Capital_for%20BJA.pdf) includes resources on assessing recovery capital.

Recovery Support: Values

Certain core values and ethical principles of PSS can help peer workers provide effective and ethical services to individuals in or seeking recovery.

Core Values

Values are qualities or ideas that a person, family, culture, or community supports. Principles are guidelines or standards of behavior based on those values. Principles tell us what action might be harmful or helpful in a situation. For example, honesty is a common value of peer workers. An ethical principle based on that value is that peer specialists don't misrepresent their roles or responsibilities to individuals in or seeking recovery or the public.

Values are the basis of all ethical principles. Peer specialist codes of ethics vary based on state laws and the specific settings in which peer specialists are providing PSS. However, peer specialists share many ethical values, including:[321,322,323]

- **Hope.** Peer workers inspire hope by showing through lived experience that recovery is possible for everyone. Hope isn't something peer workers can give to another, but they can lend hope to individuals by being a role model.
- **Authenticity.** Peer workers share their stories of lived experience with individuals in or seeking recovery in a thoughtful way, focusing on how those stories benefit individuals. They should accurately represent their own recovery experience.
- **Honesty.** Peer workers should practice honest, direct, and culturally responsive communication. This includes being honest with themselves and others, and doing so with compassion. Being honest includes admitting mistakes, such as misunderstanding how the individual needed help or failing to follow through on a promise to help an individual with a problem.
- **Cultural responsiveness.** Peer specialists provide culturally responsive services to individuals in or seeking recovery and their families. They should be respectful and genuinely curious about cultural beliefs and practices that are different from their own and seek continuing education to expand their understanding of other cultures. Peer specialists

should remember that differences occur within cultures. One person within a culture does not necessarily think, behave, or have the same beliefs as others in that same culture.

- **Respect.** Peer workers treat individuals with dignity and honor their unique contributions to their communities and the world. They should practice patience, kindness, and warmth with everyone they encounter.
- **Open-mindedness.** Peer workers are open-minded, nonjudgmental, accepting, compassionate, empathetic, and willing to "walk in someone else's shoes."
- **Tolerance.** Peer workers support multiple recovery pathways in their work with individuals in or seeking recovery.
- **Cooperation.** Peer workers engage in relationships that are cooperative (meaning both they and the person in or seeking recovery work together). Instead of being an expert that the person looks to for help, peer workers engage in a mutual exchange. Peer workers should be open to learning from the individual in or seeking recovery, be respectful, and honor the relationship, while recognizing the importance of relationship boundaries.
- **Being clear and open.** Peer specialists use plain language and provide clear and understandable information to people about the peer specialist's role and what to expect when receiving PSS. They also provide information about privacy and confidentiality.
- **Using a person-driven focus.** Peer workers honor and respect that there are multiple recovery pathways. They recognize that program clients have fundamental rights to make decisions about their own lives and give those individuals information about their options. Peer workers should always be clear that clients have the final say and respect their clients' decisions.
- **Maintaining a strengths-based focus.** Peer specialists focus on what is going well—not on what is going wrong. They focus on individuals' strengths, assets, and options instead of their deficits, challenges, and pathology. Peer specialists should use person-first language to demonstrate their understanding that people are not defined by their problems (e.g., saying "person who is between housing" rather than "homeless person," "person with substance use–related problems" rather than "an addict" or "a user"). Peer specialists emphasize to individuals in or seeking recovery how PSS and strengths can be used to address problems related to substance use.
- **Having a holistic recovery and wellness focus.** Peer specialists recognize the physical, mental, emotional, relational, and spiritual aspects of recovery. They recognize that recovery can be a life journey and that wellness is a goal for many people in or seeking recovery. Peer specialists should be aware of and open to both spiritual and nonspiritual pathways.

Ethical Principles in Action

Codes of ethics are important tools that help protect program clients from harm and protect peer specialists by offering guidance on appropriate relationship boundaries and potential conflicts of interest. A peer specialist's vocational role is different from the vocational role of a treatment provider, in part because of factors that may shape their relationships with individuals in or seeking recovery.[324]

For example, **a peer specialist's relationship with an individual in or seeking recovery may last longer than a counselor's or other treatment provider's relationship with that individual,** and their services may be delivered in various settings, where there are many more kinds of relationships with individuals, families, and members of the recovery community. Relationship boundaries exist but may be more flexible as well as more complex in community settings than they are in traditional healthcare or behavioral health settings.

Ethics and behavioral standards are broad topics that cannot be fully addressed here. Peer specialists can become better at their job by learning their vocation's ethical guidelines, the ethical guidelines at their organization or agency, and their state's ethical guidelines. They should do this before problems arise so that they already know the best way to respond to ethical problems and difficult situations. Their supervisor can help them navigate specific ethical concerns they may have when working with an individual in or seeking recovery. Chapter 5 contains more information about peer supervision.

ETHICAL PRINCIPLES OF TELEHEALTH-BASED PSS: IMPACT OF THE COVID-19 PANDEMIC

Peer specialists can benefit from learning about ethics and standards associated with telehealth, which saw increased use during the COVID-19 pandemic. Recent research suggests that peer specialists can successfully help people recovering from substance use–related problems using telehealth approaches,[325] such as working with them over the telephone[326] or over the Internet.[327]

Peer specialists and organizations that employ them must understand the privacy and licensing rules surrounding the use of telehealth-based PSS, because these rules may change as these services grow. Peer specialists and their supervisors should be aware of current—and changing—privacy laws and regulations to ensure they are using telehealth with individuals in or seeking recovery in ways that are ethical and legal.

Because of the COVID-19 pandemic, major changes were made to telehealth-related rules in 2020 to make the delivery of and reimbursement for telehealth easier.[328] For instance:

- The Department of Health and Human Services' Office of Civil Rights indicated that it would not apply penalties for violations of privacy under the Health Insurance Portability and Accountability Act of 1996 (HIPAA) that occurred "in good faith" during the pandemic.[329] This meant that platforms or approaches that HIPAA normally would not allow, such as seeing a client through FaceTime, were allowed.[330]
- Some states loosened their licensure requirements that let providers practice telehealth in other states;[331] this is a changing situation that warrants monitoring by peers and their supervisors to ensure delivery of telehealth-based PSS in ways that align with their states' licensure laws.

Chapter 6 and the resources listed below in "Resource Alert: Ethical Guidelines for Peer Specialists" contain discussions of ethical behavior by peer specialists.

Peer Specialist Boundaries

Peer specialist codes of ethics should flow from the needs of individuals in or seeking recovery and the values of local communities of recovery.[332] Depending on state laws, their work setting, and funding source requirements, peer specialists may have to follow certain guidelines that sometimes challenge their core values. For example, a peer specialist employed by and supporting an opioid treatment program is working with an individual in recovery. The program has rigid rules about engaging in any other drug use while receiving medication. The individual explains to the peer specialist that they drink one beer along with using a little cannabis daily to assist with falling asleep, but the dose is small enough that it has not shown up on biometric tests. The peer specialist does not see this as a breach of the treatment program rules based on the negative biometric tests and struggles to determine if it is

RESOURCE ALERT: ETHICAL GUIDELINES FOR PEER SPECIALISTS

- *Ethical Guidelines for the Delivery of Peer-based Recovery Support Services* (https://www.chestnut.org/resources/d9726fc1-dd23-49d7-bd8c-7cd204988e7e/2007EthicsofPeer-basedServices.pdf) provides an indepth look at ethical guidelines and decision making for peer specialists. It provides scenarios demonstrating commonly encountered ethical dilemmas.
- *The Vermont Certified Recovery Coach Academy Curriculum Overview* (https://recoveryvermont.org/wp-content/uploads/2020/12/VRCA-Curriculum-Overview-2021.pdf) can be downloaded for free and provides information on ethics, conduct, and standards. Page 9 describes a module on Recovery Coaching Ethics and Boundaries.

acceptable to keep the information between the individual in recovery and themselves. However, they ultimately decide that the best and most helpful plan is to talk with the program clinical director and together determine next best steps that help the program client fully engage in the program while still feeling supported by the treatment and recovery team.

When a peer specialist faces challenges to their core values, their supervisor or program manager can help. This may include engaging in an ethical decision-making process where the peer specialist looks at all the people who might be affected by their actions and determining whether these actions might harm one or more of them.[333] (The "Ethical Decision Making" section contains more information.)

Maintaining good relationships between service providers and service recipients is one of the most challenging aspects of ethical decision making. If the peer specialist's program or organization doesn't have specific ethical guidelines, they should talk to their supervisor about how they can be developed and how ethical problems can be discussed and addressed. Exhibit 3.2 provides an example of guidelines for peer specialist boundaries. **These guidelines may not apply in some work settings.**

Ethical Decision Making

Although a list of do's and don'ts may be helpful as general guidelines, they never cover every situation where a problem might arise. There isn't always a clear "right" answer to a potential ethical concern. An ethical decision-making process can help a peer specialist find the "best" (not the "right") course of action in any ethical dilemma. Exhibit 3.3 lists a series of questions that can guide the decision-making process. **Peer specialists shouldn't make ethical decisions alone, especially when there is a strong risk of harm to others. Instead, they should first talk with their supervisor or even another peer worker before taking action.**

EXHIBIT 3.2. Peer Boundaries

Peer specialists should:

- Keep a professional and respectful attitude toward the people with whom they work, regardless of any previous relationship.
- Respect the confidentiality of the information received from the people seeking services. Be aware of differences in standards that may exist between clinical and nonclinical settings. When receiving information from an individual in recovery that affects treatment or the recovery plan, a peer specialist should make sure they document these communications and any actions that have taken place. They should ensure that team members who are directly involved in the person's care can access this documentation.
- Remember to follow federal privacy rules.
- Recognize limits, including asking for help before they get overwhelmed with people's problems or are faced with difficult situations (e.g., the person gives them a gift, the person asks for medical advice).
- Report a breach of confidential information to supervisors, the program director, or compliance officer. They also should report to these individuals any concerns about workplace harassment.
- Report concerns about individuals' emotional or mental problems to their supervisor.
- Report cases where someone is being hurt (for example, child abuse, spousal abuse, elder abuse, potential suicide, or homicide). Peer specialists must report such events right away to their supervisor, the program director, or the compliance officer. They should be sure to give individuals afterhours crisis phone numbers at first contact.
- Report any incident where money or financial assistance has been offered to an individual in recovery or has been offered by an individual in recovery.

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- Understand that once they report a situation in certain settings, the peer specialist may not receive follow-up information. In some situations, this is considered confidential information. Peer specialists should continue to be understanding with the person but shouldn't ask them for more details on what happened unless they would like additional support regarding the matter.

Peer specialists shouldn't:

- Discuss the individuals with whom they work with their family or friends.
- Share personal contact information with individuals to whom the peer specialist is providing services, such as their personal cell number or personal email address.
- Provide financial assistance or advice to an individual in recovery.
- Try to solve individuals' problems; they are adults and have responsibility for their own lives. They instead should refer the person to a counselor or therapist.
- Form a romantic or sexual relationship with a person in or seeking recovery. Peer specialists have influence over the individual in recovery, which makes romantic and sexual relationships inappropriate.
- Physically touch people without permission. Some people are not comfortable with even friendly forms of touching, like a hug or pat on the back. Also, unwanted physical touching can be upsetting or retraumatizing to people with a history of abuse or other trauma.
- Say things that are sexual in nature, even jokes or casual comments. This is unprofessional. Also, such comments are deeply uncomfortable to many people and are a form of sexual harassment. Furthermore, what the peer specialist may find funny might feel aggressive or uncomfortable to someone else.

Source: Adapted with permission.[334]

EXHIBIT 3.3. An Example Peer Worker Ethical Decision-Making Process

Who has the potential to be harmed in this situation, and how great is the risk for harm? (Describe the situation in two to three sentences. Reflect on the vulnerability of the parties listed and select level of risk: 1 = minimum; 2 = moderate; 3 = significant.)

The Vulnerable Party	Level of Risk		
Individual in recovery	1	2	3
Family members	1	2	3
Peer worker	1	2	3
Treatment or service organization	1	2	3
Recovery community	1	2	3
PSS profession or workforce	1	2	3
Community at large	1	2	3
Other: _____	1	2	3

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Which of these PSS values apply to this situation? (Check each value that applies to this situation.)

___Hope
___Authenticity
___Honesty
___Cultural Responsiveness
___Respect
___Open-Mindedness
___Cooperation
___Transparency
___Advocacy
___Education and Empowerment
___Person-Driven Focus
___Strengths-Based Focus
___Holistic Recovery and Wellness Focus

Write down actions you could take in this situation that do and don't match with the selected PSS values.

PSS Value	Actions That Match the Value	Actions That Don't Match the Value
1.		
2.		
3.		
4.		
5.		

Which laws, program policies, or ethical standards apply to this situation?

What is the best course of action (based on level of risk, values, laws, policies, and ethical standards)?

Source: Adapted from White.[335]

Respecting Professional Boundaries

Knowing the limits of the peer specialist role is a key ethical principle. A peer specialist is not a counselor, medical provider, mutual-help sponsor, or cleric. Peer specialists serve as resource navigators and recovery guides.[336] (Chapter 2 discusses peer specialist roles in greater detail.) Peer specialists should understand their professional boundaries, knowing when they are outside those boundaries, and returning at once to their "lane." A peer specialist who also holds licensure as a clinician cannot serve in both roles. Clinical and nonclinical roles should always remain separate to avoid ethical conflicts. Peer specialists should work closely with their administrator and supervisor to ensure that their role is clearly defined. Exhibit 3.4 lists some signs that a peer specialist may be crossing their role boundaries.

EXHIBIT 3.4. Recognizing When a Peer Specialist Is Out of Their Lane[337,338]

Roles Other Than Peer Specialist	Signs That a Peer Specialist Is Crossing Over Into This Role
Mutual-Help Sponsor	• Performing mutual-help group service work as a peer specialist • Guiding a person through the steps or principles of a recovery program • Acting as both a sponsor and a peer specialist to a person in recovery
Counselor	• Diagnosing problems instead of supporting recovery goals • Taking the position of an "expert" in conversations with a person in recovery (e.g., offering unsolicited advice, interpreting a recoveree's motives) • Using clinical language
Medical Provider	• Suggesting or expressing disagreement with medical or psychiatric diagnoses given by a qualified healthcare provider • Offering medical advice or promoting specific kinds of medical treatment • Making either positive or negative judgments about prescribed medication • Using clinical language
Religious or Spiritual Guide	• Promoting a religion, church, or spiritual path • Interpreting religious doctrine or spiritual belief systems • Engaging in religious or spiritual rituals or practices (e.g., offering absolution, conducting a religious or spiritual ceremony)

Using Supervision: Knowing When and How To Ask for Help

Seeking out and continuing to receive regular supervision are standards in most codes of ethics. One of the most important ways peer specialists can avoid ethical conflicts is to have regular conversations with their supervisors or participate in a peer supervision group. Peer specialists should think about their supervision meeting not only as a time to discuss specific situations with individuals in or seeking recovery but also as a time to develop their peer specialist skills and career. Professional development includes participating in ongoing continuing education and training. Peer specialists should talk with their supervisor about the kinds of training that might be helpful to them and how their organization can support their participation in these activities. It is also a time for them to talk with their supervisor about professional advancement at their organization. Peer specialists should think of their supervisor as someone who can mentor

them about career development, and they should meet with their supervisor regularly to talk about this. (Chapter 5 includes further discussion of peer supervision.)

Other activities peer specialists should talk to their supervisor about include:

- Their workload and its impact on their self-care and work–life balance.
- Specific concerns they have about individuals with whom they're working.
- Next steps for the individuals with whom they're working.
- Issues related to cultural responsiveness.
- Situations in which they experience reactivation of their own trauma or secondary trauma.
- Administrative tasks, such as timecards, documentation, and managing work schedules.
- Time management.
- Role drift and strain.
- Professional goals, strengths, and growth areas.
- Unethical behavior that they observe.
- Concerns about the organization for which they work.
- Coordinating and communicating with colleagues, team members, and staff at other organizations.

These tasks are important pieces of professional development, and their supervisor can help them develop these skills.

Peer specialists can talk with their supervisor about are how they're doing in their role as a peer specialist, resources they have in place to support their own health and wellness, and any suggestions they have for how to help ensure that the workplace culture supports the health and wellness of all staff. For instance, it isn't the peer specialist's job to solve a person's problems, provide mental illness treatment, or answer medical questions. The peer specialist's supervisor can be a valuable resource to help them understand their role and give them feedback when they have questions about relationships with individuals in or seeking recovery and treatment or service providers.

In addition to participating in regular meetings, peer specialists may want to contact their supervisor when:

- They receive information about a person's condition or are concerned that they're not trained to address a situation (e.g., sexual assault, mental illness, past trauma, criminal behavior).
- They think there is an issue of child or elder abuse or a concern about a person self-harming or hurting someone else.
- They start to feel overwhelmed and are concerned that their own recovery is at risk. Their supervisor can help connect them to resources, such as an employee assistance program.
- They start to have romantic or sexual feelings for the individual in or seeking recovery. It is common to have some feelings (positive or negative) about the people with whom a peer specialist works. In these cases, a peer specialist should seek their supervisor's guidance early and as needed.
- They have feelings of anxiety, anger, or helplessness if the recoveree they're helping is in crisis or has returned to problematic alcohol or substance use.
- The person has questions that the peer specialist can't answer on the spot (or at all). Peer specialists should remember that it's okay to say, "I don't know, but I will talk to someone and get back to you." Peer specialists should follow up with the person as promised.

Peer specialists should work with their supervisor to develop a trusting relationship where they can receive the support they need to do their job effectively. They should advocate for themselves when needed.

Engaging in Self-Care and Recovery Maintenance

Participating in self-care is an ethical principle based on the value of holistic recovery and wellness. **Peer specialists should remember that their own recovery comes first.** They can't be helpful to another individual in or seeking recovery if they're not taking care of their own recovery. Working in SUD treatment isn't a substitute for one's personal recovery.

> "Peer support providers, like other caregivers, need to be aware of stressors commonly associated with the work of a helping role and to take steps to maintain their own wellness in the face of frequently encountered stressors associated with their work."[339]

Like all team members, it can be easy for peer specialists to work long hours or ignore their own basic needs, like getting enough sleep or eating well, when the demands of their job take over—especially when they're working with individuals who have co-occurring conditions or have experienced trauma. In addition to their individual job-related demands, a peer specialist's organizational culture may contribute to their job-related stress.

Some common individual- and organizational-level stressors that peer specialists may face and that may affect their well-being include:[340,341]

- Working with coworkers who don't understand their role and value, and therefore do not include them in or make them feel part of the recovery team.
- Feeling stigma about their role as someone with lived experience with problematic substance use and recovery.
- Being mistreated by coworkers or supervisors, including experiencing discrimination and microaggressions (i.e., subtle, often unintentional statements or actions of prejudice against a person or group).
- Being unclear about their role, which can lead to role confusion, role drift, and role strain. (More on role clarity can be found in Chapter 2.)
- Not having support and training opportunities to improve their skills as a peer specialist.
- Receiving low pay or no pay at all (i.e., working as a volunteer).
- Having supervision that doesn't meet their needs or is too infrequent (or even nonexistent).
- Finding it hard to incorporate their services into their organization's treatment models or teams.
- Not knowing how to stay within ethical boundaries with individuals in or seeking recovery, especially because they must play a dual role of being both a service provider and a confidant to them.
- Worrying about their own recovery and emotional and physical health.
- Experiencing compassion fatigue (i.e., the physical and emotional stress from caring for another, such as someone with an illness or someone with trauma) or burnout.
- Being reminded of their own struggles with substance use–related problems and trauma, including feeling and having to manage "triggers" and re-traumatization.
- Having difficulty finding their own space with individuals in and seeking recovery with whom they interact at work and who are also present in their personal mutual-help groups.
- Working with individuals who are difficult or with those whose problematic substance use is more severe than what they experienced and are familiar with.

Exhibit 3.5 offers self-care tips and activities peer specialists might want to participate in. The paper "State of the New Recovery Advocacy Movement" contains further discussion about peer worker "rituals" for self-care (https://www.chestnut.org/resources/5cd82f5d-f9cb-4e50-8391-7eadb9700e34/2013-State-of-the-New-Recovery-Advocacy-Movement.pdf).

EXHIBIT 3.5. Self-Care Tips for Peer Workers

Take a few minutes to think about the following self-care and recovery tips. Rate each tip on a scale of 1 to 10—1 being not important and 10 being extremely important—as a method that does or might work. Peer specialists should note any changes that might make the self-care tip more helpful.

Self-Care Domain	Self-Care Tips	Rating (1–10)	Desired Change
Physical Behavioral	Show up at work and leave work on time		
	Get 7–8 hours of sleep		
	Eat healthy, regular meals		
	Exercise regularly		
	Get medical care when needed		
	Take time off from work when sick		
	Take vacations		
	Take breaks at work		
	Go to mutual-help groups		
	Maintain regular contact with a sponsor, support group mentor, or peer worker		
	Other:		
Mental Cognitive	Try not to think about work after hours		
	Participate in regular meetings with supervisors		
	Go to professional training events		
	Make time for self-reflection		
	Read for pleasure		
	Use cognitive tools (e.g., Alcoholics Anonymous® slogans) to develop a more positive mindset		
	Set aside quiet time to complete important tasks		
	Other:		

Continued on next page

Continued

Self-Care Domain	Self-Care Tips	Rating (1–10)	Desired Change
Emotional Social	Balance work, social time, and rest		
	Stay in contact with important people		
	Spend time with friends and family		
	Set and keep healthy boundaries with others		
	Seek emotional support from coworkers, friends, and mutual-help group members		
	Seek out laughter		
	Be willing to cry		
	Other:		
Spiritual (if relevant to the peer worker)	Make time for reflection, taking a broader perspective on life		
	Connect with a spiritual teacher or friend		
	Find and participate in a spiritual community or fellowship		
	Work a spiritual recovery program, such as 12 Steps or other mutual-help programs		
	Be open to inspiration and hope		
	Reflect on what is meaningful in life		
	Pray or participate in contemplative practices		
	Meditate or practice mindfulness		
	Sing, dance, or listen to music		
	Participate in important causes		
	Other:		

Source: Adapted with permission from Russo & Sweeney[342] and Saakvitne & Pearlman.[343]

Recovery Support: Skills and Abilities

This section looks at the specific skills peer specialists need to support individuals in or seeking recovery.

Building Successful Relationships

Being present is a key part of building a successful relationship with an individual in or seeking recovery. Peer workers should both listen to and have empathy for the person in or seeking recovery. It means being aware of, acknowledging, and managing biases as a peer specialist. Peer workers may not need to do more than sit with the person and listen to them without judgment. Peer workers will know that they're present in their conversation with an individual in or seeking recovery when:

- Their attention is open and focused on the person's concerns.
- They quickly bring their attention back to the person if their mind wanders.
- They're genuinely curious about the person's concerns and maintain a nonjudgmental attitude.
- They're **listening fully,** meaning they're listening for feeling and meaning, not just listening to the actual words a person says. They should watch for nonverbal clues like open arms, slumped shoulders, or eye contact. They should also listen for the problem and for possible solutions.

Maintaining a Person-Centered Focus With the Individual In or Seeking Recovery

To build a relationship with an individual in or seeking recovery, peer specialists should keep their attention on that person instead of on their own ideas or on another service provider's ideas about what is good for the person. **The individual in or seeking recovery should be at the center of the conversation.** (At times, the person might want to shift the conversation, because talking about oneself can be hard or uncomfortable.) The box "A Peer Specialist Story: The Art of Connecting" shows an example of this.

THE FIRST MEETING

A peer worker's first meeting with an individual in recovery is an important opportunity to create a successful relationship. It is a chance to describe their role. It is also a chance to find out the individual's thoughts about working with a peer worker and to answer questions. Peer workers should be friendly and let the person in or seeking recovery know that they're looking forward to working with them. Here are some questions peer workers can ask at that first meeting:[344]

- "What brought you here today?"
- "What is it like for you to be here?" (e.g., confused, nervous, angry, hopeful)
- "What do you know about peer recovery support services? What kinds of questions do you have that I can answer now? Feel free to ask questions as we go along."
- "What opinions or needs do you have that would be helpful for me to know about?"
- "What does recovery look like for you?"
- "How can I help you with your recovery today?"

A PEER SPECIALIST STORY: THE ART OF CONNECTING

Michael is a young Latino ED peer specialist who has been in recovery for 2 years. He is assigned to the ED of a community hospital to provide outreach and linkages to services for people coming to the ED for medical emergencies. As Michael walks into the treatment bay, he sees a medical provider with a middle-aged woman. He hears the medical provider speaking harshly to the woman.

Medical provider: "Mary, what makes you think this is going to be any different this time? You've been here three times in the last 6 months. You're intoxicated again. Your drinking is killing you, but you're not following my treatment plan."

Mary's face turns red. She looks down and plays with the strings on her hooded jacket. She says, "I'm sorry, but the medication you prescribed doesn't work. It's hard for me to remember to take it every day, and it's not helping with my cravings."

Medical provider: "It would work if you just followed the directions I gave you."

Michael sees that Mary and the medical provider are not getting anywhere. He sees that the medical provider is focused on his own beliefs about what is good for Mary and that Mary is feeling ashamed. Michael remembers a time when he was intoxicated and his wife shamed him in front of his friends. Michael quickly brings his attention back to the present. He respectfully speaks to the medical provider.

Michael: "Excuse me, Dr. Lasker. Do you mind if I talk with Mary for a few minutes?"

Medical provider: "I don't know what good it will do, but go ahead." The medical provider grabs Mary's chart and walks out of the bay.

Michael carefully approaches Mary and asks her if it is all right for him to sit down; she agrees. Michael sits down next to her to facilitate a collaborative atmosphere. He says, "It seems you and your doctor disagree about your treatment plan." Mary begins to cry, putting her face in her hands. Michael just sits with her for a few minutes. When Mary looks up, he asks, "Mary, how can I help you with your recovery today?"

Mary's face brightens. She sits up and begins to tell Michael what she needs right now. "I know I need detox. I've been a few times. I like this one place. Can you help me get in?"

Michael tells Mary that he will definitely try to get her into the withdrawal management ("detox") program and that he is there to try to get her connected to whatever help she needs and wants right now. They spend several minutes talking, and Michael later makes several phone calls to try to arrange for Mary to enter the withdrawal management program. Michael documents the details of his interaction with Mary so that the ED team is aware of the plan following discharge.

Key Points

- So often, medical providers encounter people with substance use–related problems who continue to seek out services that aren't working for them. Providers can easily become negative in their thinking and believe that there isn't anything they can do to help. That's why it is important to have a peer specialist on the team. In this story, Michael brought Mary a perspective of hope.
- Instead of speaking directly to the medical provider or getting caught up in trying to change the medical provider's mind, Michael kept his attention on Mary.
- Michael talked with Mary directly. He showed respect for her and kept her at the center of the conversation about what she needed at that moment.
- Michael was able to respond immediately to Mary's request for services because of his connections with local SUD treatment services.
- He was an effective support and resource for Mary to start her recovery because of his own lived experience, his willingness to let her make treatment decisions, and his skill in connecting with her.

Cultivating Genuine Curiosity

Genuine curiosity is an important part of person-centered helping. If a peer specialist is curious about the individual in or seeking recovery, they're not thinking about their own ideas or how to direct the conversation. They're thinking, "What's this person's story?" When an individual feels like the peer specialist is truly interested in their story, they naturally become more open and less defensive. The box "A Peer Specialist Story: Being Curious" describes how to show genuine curiosity.

One of the most effective ways for a peer specialist to build a sense of curiosity is to practice mindfulness in their own self-care routine. Mindfulness includes:[345]

- Nonjudgmental awareness.
- Paying attention to the present.
- Staying aware of experiences as they unfold.
- Keeping an open, accepting attitude.

A PEER SPECIALIST STORY: BEING CURIOUS

Jack is a 48-year-old peer specialist in long-term recovery. He gets a call from an upset parent whose son, Jonah, has locked himself in the bathroom with some butane hash oil and a water pipe. Jonah is 20 years old and lives at home with his mother and a younger brother. Jonah has been "dabbing" (inhaling concentrated tetrahydrocannabinol in hash oil) for about a year. His mother is worried because Jonah stopped going to work and got fired. He was working at a garage and studying to get his auto mechanic certification.

Jack arrives at the house and tries talking with Jonah through the door. Jonah refuses to talk about his drug use. Jack asks, "What would you like to talk about?" Jonah says that he is really interested in cars. Jack is open to hearing Jonah talk about his passion instead of trying to move the conversation back to his drug use or why he has locked himself in the bathroom. Jack knows a bit about cars because he is curious about the interests of many of the people he works with. He listens and stays open to whatever Jonah wants to talk about.

Jack asks a few questions on a topic that genuinely interests Jonah: "What kinds of cars do you like?" "How did you get so interested in cars?" "How does your interest in cars show up in your life now?" Eventually, Jonah tells Jack that he lost his job and that a close friend just got seriously hurt when he blew up his kitchen making butane hash oil. Jonah then unlocks the door. Jack invites him to sit on the couch, and they talk for a few more minutes. Jonah agrees to meet with Jack again to figure out what he wants to do about the dabbing and about getting his mechanic certification.

Key Points

- Being open to and curious about what the individual in recovery wants to talk about was key to Jack's ability to connect with Jonah in a stressful situation.
- Although Jack knew a little about cars, he also needed to show genuine curiosity about Jonah's interest in cars—otherwise the conversation might have stalled.
- Jack's curiosity and ability to connect with Jonah helped create a positive relationship and is now the basis for their relationship moving forward.

"Mindfulness is versatile and can be applied to all states and activities. We can do any number of regular daily activities mindfully: showering, brushing teeth, walking, and eating. What is important is the intent, the focused attention in the present moment, and the attitude."[346]

RESOURCE ALERT: LEARNING MINDFULNESS

The University of California, Los Angeles' Mindful Awareness Research Center website (www.uclahealth.org/marc) offers online classes and no-cost, guided mindfulness practices and podcasts. It also provides links to other mindfulness resources.

Asking Questions Skillfully

Learning to ask questions skillfully, an MI technique, first means knowing the difference between closed questions and open-ended questions. **Closed questions ask for short answers or "yes" or "no" responses.[347] They ask for specific information.** People seeking services can sometimes feel like they are being interviewed if they are asked a lot of closed questions. "Why" questions often feel like complaints or judgments. For example, when an individual in recovery returns to problematic alcohol use, asking, "Why did you start drinking again?" can feel like the peer specialist is judging them even though that is not their intent. Instead, the peer specialist could ask, "How long were you in recovery?" "What was helping you not to drink?" or "What changed?" Questions that start with "how" or "what" feel less judgmental and more open.

Closed questions can make people feel like they are supposed to have the right answer or any answer at all. For example, "How are you feeling?" often leads to a one-word answer or an "I don't know" response. This question is very hard for individuals to answer in early recovery when they may be feeling alone or confused. Peer specialists don't need to avoid closed questions all the time. Sometimes they need to use closed questions to get specific information to provide services or review progress, such as "When was the last time you drank?" If a peer specialist needs to ask closed questions, they should try not to ask two or three in a row.

Open-ended questions invite people to tell a story. These questions help individuals in or seeking recovery feel like what they have to say is important. ("A Peer Specialist Story: Asking Questions Skillfully" provides a clear example of skillful questioning.) Another kind of open-ended question that invites storytelling is a "Tell me about …" statement. For example, instead of asking the person, "When was the last time you drank?" peers might say "Tell me about the last time you drank."

Learning how to ask open-ended questions is an important part of asking questions skillfully. Skillful questioning techniques include:

- Asking "how" or "what" questions from a place of true curiosity.
- Avoiding the question "How are you feeling?" which usually leads to a one-word answer or an "I don't know" response.
- Avoiding "who," "when," or "why" questions unless there is a need for specific information.
- Using "Tell me about …" or "Tell me more about …" to elicit a story from the individual in or seeking recovery.
- Avoiding asking several closed questions in a row.
- Being open and nonjudgmental when asking questions.
- Being curious and asking questions that you don't already know or think you know the answer to.
- Remembering to ask questions in ways that help the person tell a story instead of giving a short answer.

MORE EXAMPLES OF SKILLFUL QUESTIONS[348]

- "What's most important to you right now/today?"
- "How would you like things to be different?"
- "What would you say are the biggest challenges you're facing right now?"
- "If there was one thing you could change right now, what would it be?"
- "What are one or two things we could start that would help you today or this week?"

A PEER SPECIALIST STORY: ASKING QUESTIONS SKILLFULLY

Joe has been hospitalized for acute alcohol-related pancreatitis. Joe is 70 years old and has been drinking since his early 20s. His doctor has recommended that Joe stop drinking completely and asks the nurse care manager to talk with Joe about a postdischarge plan. The nurse care manager asks Joe if he would be willing to see a peer specialist to help him stay sober after he returns home. Joe responds, "Yeah, I guess so."

The nurse care manager then introduces Joe to Helen. Helen is an older adult peer specialist who does outreach at the community hospital. Helen starts the conversation by telling Joe what her role is and then asks him a few questions to gather information. She asks, "How long have you been drinking? Have you ever tried to stop before? Have you ever been to any AA meetings?" Joe gets defensive and says, "Look, I want nothing to do with AA. They made me go when I got arrested for drunk driving. I really don't like all that talk about God."

Helen quickly realizes that her questions have made Joe feel defensive. She takes a deep breath and tries a different way of asking questions. "Okay, Joe. I hear that AA isn't an option for you. That's okay. There are many ways to get into recovery. Let's start again, if that's okay with you."

Joe relaxes a bit. His shoulders drop, and he uncrosses his arms. "Yeah, okay."

Helen then asks him, "What does recovery look like for you?"

Joe tells Helen that he has been drinking for almost 50 years and that it is going to be hard to give it up. But then he says, "You know, I have always wanted to take my family on a trip to Alaska, but my drinking always got in the way. I want to stop drinking so I can go to Alaska."

Helen sets up several meetings with Joe after his discharge from the hospital. They continue to talk about his dream trip, and she offers several options for recovery support other than AA. He decides to try online SMART Recovery® meetings. Joe and Helen work together for 3 months. Eight months after that first meeting at the hospital, Helen gets a postcard from Joe, postmarked from Alaska.

Key Points

- Helen sees that Joe's initial negative reaction to her is because she is using too many closed questions and he feels like he is being judged.
- She tries a different way. She avoids asking him about why he doesn't want to try AA again and instead invites Joe to tell a story about what recovery means to him.
- Once Helen understands Joe's goal for recovery, she offers him options other than AA that might help him achieve his goal.
- She respects his decision and helps him create a recovery plan that works for him.

Listening Empathetically

Empathetic listening is also called active listening or reflective listening. **The most important principle of empathetic listening is, "Listen more, talk less."** Peer specialists can become more empathetic listeners if they practice these listening skills:[349]

- **Paying attention.** Paying attention requires practice and focusing on the person's concerns rather than on the peer specialist's thoughts. When their mind wanders, peer specialists should take a breath and refocus their attention on the individual in or seeking recovery.
- **Looking for nonverbal signs.** Does the person the peer specialist is speaking with seem uncomfortable? Nervous? Impatient? Upset? Peer specialists should look for the individual's nonverbal behaviors and learn about cultural differences in how people express themselves nonverbally. For example, in American culture, eye contact is seen as a positive sign that a person is paying attention. In some cultures, though, it is a sign of disrespect.

- Using reflective listening strategies:[350]
  - **Simple reflections.** Peer specialists should listen to what the person says, then either repeat back or summarize what they heard. This is the simplest form of reflective listening and shows the person that the peer specialist is listening.
  - **Complex reflections.** Peer specialists should listen to the statement, make a guess about either the feeling or meaning of the statement, then share that best guess with the individual in or seeking recovery. Peer specialists should be open to the possibility that they may be wrong, so they may need to ask the person to explain what was meant.
  - **Summarizing and focusing.** When the person has talked about several different issues, the peer specialist should summarize what they heard. They should then ask if it would help to focus on one item and which one to start with.
  - **Reflecting the positive.** It's imperative to listen carefully for the smallest sign of what is going right in the person's life. This includes talk about changing attitudes and behaviors, solutions to problems, ways the person has coped, strengths, abilities, and hopes for the future. Peer specialists shouldn't ignore the problems, but they should spend more time talking about the positive in their reflective listening responses.
- **Allowing silence.** When people are uncomfortable with silence, they tend to talk or ask questions to fill up the space. Peer specialists should practice being silent in their conversations with the individual in or seeking recovery. Silence helps the person self-reflect and lets them tell a story.
- **Avoiding roadblocks to listening.** When someone comes to a peer specialist with a problem, their first reaction might be to try to fix it. Instead of doing that, peer specialists should first listen to the person. Once the individual in or seeking recovery feels fully heard, the peer specialist can move on to brainstorming and trying to find solutions. Common roadblocks to effective communication can include:[351]
  - Ordering or directing.
  - Warning or threatening.
  - Moralizing or preaching.
  - Giving advice or providing solutions.
  - Persuading with logic, arguing, or lecturing.
  - Judging, criticizing, or blaming.
  - Name-calling, ridiculing, or labeling.
  - Analyzing or diagnosing.
  - Diverting, using sarcasm, or withdrawing.
  - Focusing the conversation on the peer specialist rather than the individual in or seeking recovery.

Some of these practices may be okay to use sometimes. For example, praising an individual in or seeking recovery for successfully completing a recovery goal might be helpful. However, if the peer specialist tends to praise or give advice a lot, they may need to start listening again and shift the focus back to the individual in or seeking recovery.

Being Encouraging

One study found that emotional support in the form of empathy and encouragement was the type of peer worker support most mentioned by individuals as being important to their recovery.[352] Peer specialists can be more encouraging by:

- **Supporting people who are identifying their values, strengths, skills, and abilities.** Many people, especially in early recovery, have a hard time knowing what their strengths and abilities are. Helping people discover what is important in their lives and recognize their abilities can give them hope and shift their attention to what is positive instead of what is negative about their life or experience.
- **Showing that they have faith in the individual's capacity for change.** This means knowing that all people can change their attitudes and behavior to have a better life for themselves and their families. Sometimes a simple statement like, "I know this change is hard, but I know you can do this" or "things do get better" can show that the peer specialist has faith in them.

- **Offering affirmations skillfully.** Affirmations are different than praise. When a peer specialist offers an affirmation to people, they remark on a strength or a value that is helping them move forward in recovery. For example, they might say, "You're really committed to getting to meetings. When you set your mind to something, nothing can stop you." Avoid praising with general statements like "Great job."[353]
- **Celebrating the individual's efforts and reaching their goals.** Remember to celebrate the individual's efforts to start and stay in recovery. No success is too small to celebrate. For example, in 12-Step groups, a 24-hour chip/key tag is a way to recognize and celebrate 1 day of not drinking or using drugs.

Sharing Recovery Stories

One of the primary tools peer workers already have is sharing their story with individuals in or seeking recovery. When they share their story strategically, peer workers can inspire hope by letting individuals see the possibilities for a life in recovery that might not have been available before. **Peer workers should be careful to avoid supporting any one idea of what recovery should look like based on their own experience. They shouldn't assume their experience with problematic substance use and recovery will be the same for others.**

Peer workers should recognize when and how to share their personal recovery stories. General guidelines for sharing their story include:

- **Knowing when, where, how, and why to open up.** Peer workers should use their story to create rapport and enhance hope. They should be clear about the specific reason behind sharing their story and why they're sharing it at that time.[354] They should ask themselves, "Does my story:[355]
  - Focus on recovery and not active use?"
  - Relate to and express empathy for the individual's circumstances?"
  - Enhance connection and mutual identification?"
  - Elicit hope and express the value of long-term recovery?"
  - Normalize the individual's experiences in recovery?"
  - Model recovery language?"
  - Benefit the individual in or seeking recovery?"
- **Being brief.** When a peer worker goes on at length, the focus shifts from the individual in or seeking recovery to them.
- **Connecting the peer worker's story to the experience of the individual.** Peer workers should match their story to the person's stage of change and recovery journey. They can highlight parts of their story relevant to the individual at that time in their recovery.
- **Being culturally responsive.** A peer worker's story should demonstrate respect for the diversity of recovery and cultural experiences of the individual. They should be open for the person to respond with a different experience than their own[356] or to not respond at all.
- **Recognizing boundaries around sharing personal information.** Peer workers should recognize that their boundaries may be different when sharing with an individual in or seeking recovery or when sharing their story as part of an educational group or community outreach effort. For instance, there may be personal details that are appropriate for them to share with someone in one-on-one conversations that they would not share with an entire group. Peer workers should share what they feel comfortable sharing. They should remember that sharing their story is intended to inspire hope rather than serve as an opportunity for them to process specific details about their experiences in recovery. Peer workers should ask themselves if they're willing to let others know about:[357]
  - What happened and any feelings about difficult times in their lives, including periods of active problematic substance use.
  - Which attitudes and approaches did not help their recovery.
  - Which plans, supports, and resources helped them in recovery.
  - How their life has changed in recovery.
  - Where they see themselves in the future.

- **Being prepared for follow-up questions.** After sharing their story, the individual in or seeking recovery may ask the peer worker additional questions about their recovery journey.

Again, peer workers should share what they feel comfortable sharing.

Exhibit 3.6 defines the three parts of telling a recovery story.

EXHIBIT 3.6. Three Parts of Storytelling for Peer Workers

THREE PARTS OF A STORY

1 BEGINNING

Establish the context of your story.

- Help listeners understand where you came from, what happened to you, what the dark times felt like, and so on.
- Be brief, but offer enough background about what your life was like before recovery.

2 MIDDLE

Share the action you took in your journey of recovery.

- Describe strategies and supports that were helpful.
- Share what has not been helpful to your recovery journey.
- Explain what you did to initiate and then sustain your recovery.

3 END

Share your accomplishments and hopes for the future.

- Describe what recovery has allowed you to become.
- Share what you now aspire to be.

Source: Reprinted with permission.[358]

THINKING ABOUT STORYTELLING

Sharing Recovery Stories With People In Recovery

Sharing personal stories of recovery can affect both the peer worker and the person in recovery. Peer workers should think about what happens to them when they share their story of experience, strength, and hope with another person. They can ask themselves, "Where does this storytelling experience take me?"

Public Storytelling

As an advocate in the community, peer workers may also be called on to tell their recovery story to groups and organizations as part of teaching them about substance use–related problems, addiction, recovery, and recovery support services. Telling their recovery story can be a way to educate the public, change attitudes, reduce discrimination, and open doors to recovery for others.[359] However, they should be aware of the potential risks to themselves and their family of sharing their personal story.[360] They should ask themselves, "What personal details do I share about my lived experience? What is the potential impact on me, my family, and the audience? What do I need to do if I feel overexposed or triggered by telling my story?" Peer workers should make sure they have a recovery plan in place before participating in public storytelling.

Building Safety

Physical and emotional safety are necessary for successful recovery. Within the appropriate limits of their role, peer specialists can support individuals' physical, mental, and emotional safety.[361] Ways to do this include:

- **Maintaining a trauma-informed focus.** Peer workers need to recognize that people with substance use–related problems have often experienced trauma. Peer workers should be kind and avoid confrontation and other actions that might remind program clients of previous traumatic events.
- **Focusing on their basic needs first.** Peer workers should help individuals in or seeking recovery take care of basic needs such as food and safe housing. When a peer specialist meets with people, they should be offered food and water, if possible. And they should be met in safe locations in the community.
- **Recognizing that risk behaviors (e.g., self-harm, problematic substance use) are often a way of coping.** Peer specialists should try to be open instead of judgmental and listen genuinely and with care and concern. They should be respectful and help program clients discover other ways to reduce stress that have worked for them in the past or introduce them to new ways to reduce stress.
- **Knowing and discussing with supervisors the signs of and risk factors for being in crisis.** If a peer specialist notices that individuals in or seeking recovery are acting differently or appear to be stressed, they should tell their supervisor what they're observing. They shouldn't be afraid to ask people direct questions about thoughts and plans to harm themselves or others. Peer specialists should be aware that individuals in or seeking recovery may have experienced institutional trauma (i.e., trauma resulting from action or inaction by an institution that the individual depended on and trusted), which can be made worse when crisis support is used incorrectly. They should help individuals create a "crisis card" with names of and contact information for support people who can be contacted in an emergency. **Peer specialists should know how to link individuals in or seeking recovery to crisis or mental health resources in their community.** This may include providing them with information about the 988 Suicide & Crisis Lifeline. Also, peer specialists should learn the situations in which they may need to call 911.
- **Focusing on the question "How can I help you feel safe today?"** Peer specialists should keep their attention on the present. That also helps people stay focused on the here and now. **Peer workers shouldn't drift out of their lane.** They should help individuals in or seeking recovery find ways to feel safe in the moment, and they should avoid talking about the past or future.

"A Peer Specialist Story: Building Safety" discusses ways that peer workers can stay focused on safety.

A PEER SPECIALIST STORY: BUILDING SAFETY

Marnie is 19 years old. She was kicked out of her house when she was 17. She has been "couch surfing" with friends and sometimes stays with her cousin. Marnie has been drinking and using drugs since age 13. She has also been cutting herself as a way to "self-soothe" when she feels anxious. She is tired of not having her own place to live and being "drugged up" all the time. She is seeing a therapist at the mental health center and has started to go to a recovery support group at the RCC. She finds out that she can talk to a peer specialist at the center and meets up with Laura after a group meeting.

Laura and Marnie meet at the RCC in a private room. Laura and other volunteers at the RCC have painted and decorated the room so it is warm and inviting. During their second meeting, Marnie seems anxious. They talk a bit about how Marnie is doing with her recovery task on the plan she made at their first meeting. Marnie has a hard time concentrating. Laura says, "You seem kind of stressed. What else is going on with you today?"

Continued on next page

Continued

Marnie says, "I was up all night, pacing around. I couldn't sleep, and I started cutting myself again."

Laura offers Marnie a bottle of water. She tells Marnie that she is concerned about her safety and asks, "How can we help you stay safe?"

Marnie tells Laura that she is working with a therapist, and they had worked out a safety plan for her when she gets into a "bad space." Marnie tells Laura about the plan.

Laura listens carefully and calmly, without judgment. She then asks Marnie when she saw her therapist last. Marnie tells her it has been a month. Laura then says, "It seems like you and your therapist have worked out a good plan to help you be safe. You haven't gotten much sleep and are feeling stressed. What do you think would help you get back on track right now?"

Marnie says, "I think I should go see my therapist."

Laura supports her decision. She hands Marnie the phone to call the mental health center. Marnie makes an appointment for that day. Laura helps Marnie find a ride to the appointment and sets up another meeting with her to keep working on her recovery plan.

Key Points

- Because of her trauma-informed awareness, Laura recognizes that Marnie's cutting may be a coping tool. She doesn't judge Marnie but understands that, unless the cutting behavior is addressed, it could prevent Marnie from recovering from her problematic substance use.
- Laura also knows that it is "outside of her lane" to work with Marnie directly on her safety plan but stays nonjudgmental, listens empathetically, and asks skillful questions, which result in linking Marnie to the therapist who has been helping Marnie with her mental health concerns.
- Laura followed the guideline of "Connect, don't correct." She not only connected with Marnie by creating a sense of safety in their relationship but also connected Marnie to her therapist—another safe and trustworthy support person.

Developing a Recovery and Wellness Plan

A recovery plan is different from a treatment plan. **A recovery plan is largely created by the individual in or seeking recovery.** The person in or seeking recovery claims ownership of the plan. A treatment plan is a clinical document that is primarily focused on addressing issues associated with a person's diagnosis. However, it may also address other life issues. The treatment program claims ownership of the plan. This is an important distinction. If a recovery plan becomes part of the person's medical record, the recovery plan is still the individual in or seeking recovery's plan. Ideally, the treatment plan and the recovery plan should reinforce one another, with each plan supporting the individual's recovery goals. **A peer specialist's job is to support the person as they develop and take ownership of their recovery plan.** Encouraging the individual to take ownership of their plan demonstrates the peer specialist's respect for their autonomy and self-determination.

> "Recovery and wellness plans integrate all of the information that people have shared during the assessment about their lives, their strengths, and their challenges into a document that helps to guide the focus of the collaboration between peer workers and the people that they serve."[362]

Peer workers should remember that individuals in or seeking recovery are the experts in their own lives, and the peer specialist is there to help them set recovery and wellness goals,[363] address ambivalence, remove barriers to those goals, focus

on tasks, and provide support so that they can meet their specific recovery and wellness goals. A recovery plan helps peer specialists and the individual stay focused and on task. **It is a "living document"[364] that should be revised often by the individual in or seeking recovery, as goals are met and new ones are created. The recovery plan is a roadmap for action.[365]**

Based on their roles, providers and peer specialists have different ways of supporting an individual in or seeking recovery. For example, a provider and individual may agree to add "improve quality of life" to a treatment plan, and the peer specialist and individual in recovery may add it to a recovery plan. But the ways to meet that goal may look different on each plan. For example, only the peer specialist may drive or accompany a person in or seeking recovery to a recovery-oriented social activity, not a provider.

Ways to help individuals in or seeking recovery create a personally meaningful recovery and wellness plan include:[366]

- Focusing on the person's most serious needs (e.g., finding a doctor to prescribe buprenorphine for opioid use disorder).
- Exploring meaningful life goals set by the individual in or seeking recovery (e.g., "I want to get a better job," "I want a safe and clean place to live," "I need to stop drinking so I can get my kids back").
- Helping the person set wellness goals and activities that:
  - Support ongoing recovery from substance use–related problems.
  - Improve quality of life.
  - Enhance physical, mental, emotional, relational, and spiritual well-being.
- Working with the individual in or seeking recovery to find specific tasks or steps to take to reach the goal (e.g., call a local sober house and find out how to apply for residency).
- Talking about the person's strengths, resources, and sources of recovery capital as well as possible barriers to achieving a goal or taking a specific action.
- Making sure the steps are realistic and manageable. Peer specialists want to increase the chances that the individual in or seeking recovery will succeed with each step taken to build their confidence and sense of achievement.
- Keeping it simple, focusing on one goal at a time.
- Maintaining flexibility. Goals may change over time.
- Ensuring the person can easily retrieve their recovery plan by helping them store it in a place they access frequently (e.g., on their computer or their mobile device).

The recovery and wellness plan should include the following aspects of wellness, taking into account the individual's circumstances associated with social determinants of health:[367]

- **Emotional.** Coping effectively with life and creating satisfying relationships
- **Environmental.** Living in environments that support overall health and well-being
- **Financial.** Becoming satisfied with current and future financial situations
- **Intellectual.** Recognizing creative abilities and finding ways to build new knowledge and skills
- **Occupational.** Getting personal satisfaction and self-improvement from one's work
- **Physical.** Recognizing the need for physical activity, healthy foods, and sleep
- **Social.** Developing a sense of connection, belonging, and a well-developed support system
- **Spiritual.** Expanding a sense of purpose and meaning in life

Individuals in or seeking recovery may not have any recovery goals in one or more of these areas. Peer workers should stay focused on what individuals in or seeking recovery identify as their most important goals and help them prioritize which goal to work on first. (Sample recovery and wellness plans are included in the chapter appendix.)

A PEER SPECIALIST STORY: HELPING AN INDIVIDUAL IN RECOVERY DEVELOP A RECOVERY PLAN

Tanya is 58 years old. She has been in recovery from problematic substance use for 6 months. She had been using heroin off and on since she was 23. She tried several times to quit on her own. This time, she decided she needed support to quit for good. She has been going to Narcotics Anonymous meetings at the RCC. Her daughter has also been going to some family group meetings at the RCC and is very supportive of her mom's recovery. Tanya has also been working with Stacy, a peer specialist at the RCC. Tanya and Stacy created an initial recovery plan when Tanya first came to the RCC. Tanya has been successful in meeting her initial recovery goals, including abstinence from all substances, seeing a primary care doctor to take care of some medical issues, and reconnecting with her daughter.

Tanya's doctor recently sent her to see an orthopedic surgeon for her hip pain. The surgeon tells her that she needs a hip replacement. After the meeting, Tanya texts Stacy, telling her she is very worried about the pain medication she will need to take after the surgery. She is afraid that this will cause her to experience a recurrence of her problematic substance use. They set up a meeting.

At the meeting, Tanya tells Stacy, "I want to develop a plan because I'm having surgery, and I'm nervous about the medicine."

Stacy says, "Okay, let's make one. What do you have in mind?"

Tanya's face lights up. She says, "Well, I have already talked to my daughter, and she is willing to take charge of the medicine after the surgery. She said she will follow the doctor's instructions and give me just enough when I need it to keep the pain from getting bad."

Stacy asks, "Any other steps you want to take to make sure you protect yourself from taking too much medicine?"

Tanya says that she wants to make sure the doctor only prescribes a week's worth of medicine instead of a month's worth. Then she says, "I am not sure how to talk to my doctor about this."

Stacy says, "Well, how about we get a team of supporters to help you make sure that everyone knows your plan. Who do you want on your team?"

Tanya tells Stacy that she wants Stacy, her daughter, her primary care doctor, and the surgeon on the team. She wants everyone to know how she wants to be treated and what her own responsibility is for taking pain medication after surgery. Tanya and Stacy work out a plan for talking with everyone on the team about her wishes. They also do a brief role-play about talking with her doctor. By the end of the meeting, Tanya tells Stacy that she feels empowered and very confident that she can get through the surgery and not go back to using heroin.

Key Points

This is an example of a person-driven recovery plan created by Tanya for managing her medication after surgery.

Stacy follows Tanya's lead in supporting her to identify the steps she can take to meet her goal of preventing a return to heroin use, including creating a team of supporters who will help her manage the pain medication and keep to her stated responsibilities.

Stacy provides support and some tools, including role-playing a conversation with her doctor, to help Tanya take control of her plan and put it into action.

Helping Individuals Build Recovery and Life Skills: Recovery 101

Although individuals are learning recovery skills, such as avoiding high-risk situations that might trigger a recurrence of problematic substance use, many may also need to learn basic life skills, like cooking, banking, and budgeting, basic housekeeping, problem solving, and job seeking.

Peer specialists work together with the person in or seeking recovery to develop a recovery plan. During this process, peer specialists can help the person in or seeking recovery to identify what skills they need to achieve their recovery goals. For example, if a recovery goal for an individual with whom the peer specialist is working is to find a job so he can move out of his parents' house, he might need help with job-seeking skills, budgeting and banking, and interpersonal communication skills.

Many recovery and life skills are learned through engaging in recovery and recreational activities sponsored by recovery support groups, in life skills groups sponsored by recovery community organizations (RCOs), or in recovery residences or residential programs where people come together to identify and teach one another recovery and life skills. **Peer specialists model specific skills in which they have been trained or connect the person in or seeking recovery to skill-building groups or resources in the community.** Two of the most import areas of recovery and life skills are emotional/social skills and problem-solving skills.

Emotional and Social Skills

People in or seeking recovery often need help understanding their problematic substance use and how feelings are part of substance use and recovery. For example, it is common to hear people in early recovery say things like, "When I get mad, I need to drink." A peer specialist's task is to help individuals identify the feeling and discover other ways to think about or respond to the feeling instead of drinking. They can help people discover alternative reasons for why they feel something by asking an open-ended question like, "That's one way of looking at it. What's another way?"

Emotional skill-building approaches include helping individuals in or seeking recovery:

- Identify basic feelings, such as anger, sadness, happiness, and fear. Peer workers should look for patterns.
- Learn that it helps to talk about feelings instead of holding them in or acting on them immediately.
- Discover other ways to respond to feelings by "thinking through" the feelings instead of engaging in substance use.
- Learn to manage stress in different situations that might trigger a return to substance use.
- Develop relaxation skills or participate in relaxation activities (e.g., meditation, exercise) to reduce the impact of intense feelings on thinking and behavioral reactions.

Peer specialists should remember to "stay in their lane." It is easy to slip into the role of counselor when individuals in or seeking recovery are in an emotional crisis. When people experience intense or unfamiliar emotions (e.g., related to trauma or a mental illness) that are outside the scope of a peer specialist's services, the peer specialist should connect them to a behavioral health service provider who can help them manage their emotions. Peer specialists should work with their supervisor to learn how to spot and respond to crisis situations.

Many people in early recovery may not have much experience interacting with others in everyday life while they are not under the influence of alcohol or drugs. A peer specialist's goal is to help people learn effective communication and social skills that build social capital and enhance recovery. These five steps will help individuals in or seeking recovery learn new social skills that enhance recovery:

1. **Identifying.** Helping people identify specific social skills they would like to improve
2. **Modeling.** Modeling alternative ways of interacting with others
3. **Rehearsing.** Using simple role-plays to help people practice new skills
4. **Practicing.** Supporting people practice new social skills at home and in other community settings

5. **Evaluating.** Engaging people in evaluating the effectiveness of newly acquired skills, revising as needed, and asking, "What worked?" "What didn't work so well?" and "How could you do it differently next time?"

Problem-Solving Skills

Individuals in or seeking recovery face everyday problems that can increase stress and the risk of returning to substance use. **Helping them learn or enhance problem-solving skills can reduce stress, increase a sense of well-being and empowerment, and help them solve future problems more effectively.**[368] Problem-solving skills and the steps to the problem-solving process are:[369]

- **Identifying a specific problem.** Peer workers should help the individual break down larger problems into small chunks, then work through creating solutions. For example, if the person says, "I am unhappy," the peer specialists can ask an open-ended question like, "What are some things that make you unhappy?" This should help to uncover different pieces of the unhappiness problem that the peer specialist can work with, such as, "I don't have a job" or "I have to go to court for a DUI," and "I don't have a lawyer."
- **Creating possible solutions.** When brainstorming possible solutions with the individual, peer workers should give the person time to come up with ideas and avoid jumping in too quickly to find the "right" solution. Peer workers can add their ideas, but they should make sure to let the individual in or seeking recovery know their ideas are not necessarily the best ideas.
- **Weighing the pros and cons.** After making a list of possible solutions, peer workers should go through the list and ask the person, "What are the good and not-so-good things about this solution?" or "What are the pros and cons of this idea?" Talking about the pros and cons of each solution helps the individual in or seeking recovery decide which idea might be the best option.
- **Learning decision-making processes.** Peer workers should explore with the person all available solutions to a problem and what they think is the best possible solution to the problem. They should remember that the problem-solving process isn't about finding the "right" answer but finding the "best" solution to the problem based on the individual's situation. If that solution does not work, the person can try the next best solution.
- **Putting the solution into action.** Peer workers should help the person in or seeking recovery break down the solution into small steps. For example, if the problem is that the individual doesn't have a job and the best solution for her is going to a training program to become an auto mechanic, the peer specialist can help her break down the steps to doing this and determine how and when she will take each step. The peer specialist should discuss any problems the program client thinks she might face in putting the solution into action as well as possible ways to address those problems.

Resource Navigating

Resource navigating involves reaching out to and engaging individuals in community settings, advocating for individuals in or seeking recovery with providers, and actively linking people to treatment, recovery support, and other community resources. **Resource navigating is about reaching out to people in or seeking recovery in the community and connecting them with other people in the community who can help.** The "Resource Navigator" section in Chapter 2 contains more information.

Advocacy With a Small "a"

Advocacy with a small "a" (i.e., advocacy on the person level rather than advocacy on a policy or legislative level) is about speaking up for individuals in or seeking recovery and their families and teaching them how to speak up and advocate for themselves. **A peer specialist's role as an advocate is about not only being a "voice for others," but also empowering them.**[370] Advocacy is about helping people work on personal and environmental problems that are making their

recovery difficult. As peer specialists model self-advocacy, they are teaching individuals in or seeking recovery how to advocate for themselves. They may be called on to advocate on behalf of people with court officials; probation officers; child welfare agencies; employers; landlords; or more commonly, health, behavioral health, and social service providers.

For example, an individual in or seeking recovery might have difficulty talking with her primary care provider about the negative side effects of the medication she is taking. Advocacy in this situation might include:

- Role-playing with the person how to have a conversation with the provider, with the peer specialist modeling respectful, assertive communication skills.
- Having the person sign a release of information and sending a copy to the provider before making contact.
- Calling the provider while the person is with the peer specialist and getting the conversation started.
- Going to a medical appointment with the person to be a support.

To be an effective advocate, peer specialists need to know and be trained on:

- How different systems (e.g., the healthcare system, the legal system) work.
- What questions to ask.
- How to communicate respectfully with providers in different settings.
- Laws and regulations about confidentiality (e.g., federal laws such as the Health Insurance Portability and Accountability Act of 1996).
- What the individual's concerns, needs, and goals are.
- How to respectfully start a conversation between the provider and the individual in or seeking recovery.
- The use of technology in accessing recovery support.

Facilitating Groups

Experienced peer specialists may be called on to facilitate support groups, which will help them build their facilitation skills and show leadership in peer recovery support groups and community-based settings. The kinds of groups and meetings that peer specialists lead include:[371]

- Recovery support groups.
- Addiction recovery educational groups.
- Life skills groups.
- Peer-run advisory group meetings.
- Peer supervision groups.
- Community-based meetings.
- Outreach presentations.
- Focus groups.
- Advocacy groups.
- Community educational groups.
- Recovery check-in groups.
- Recovery house meetings.

RESOURCE ALERT: IN-PERSON AND ONLINE RECOVERY SUPPORT GROUPS

- Faces & Voices of Recovery's Mutual Aid Resources webpage (https://facesandvoicesofrecovery.org/resources/mutual-aid-resources/) provides a comprehensive list of online and in-person mutual-help groups for individuals in recovery and family members.
- In the Rooms® (www.intherooms.com/) is an online social network for individuals in recovery, families, friends, and allies. Membership is free. Members have access to live online recovery support meetings. The public has access to links for in-person meetings based on location.

The key to effective group leadership is applying person-centered principles to the workings of the group. This means creating a safer space where all group members can openly share and fully participate.[372] In many ways, the guidance for peers who facilitate groups is the same as it would be for any behavioral health worker filling that role. Peer specialists shouldn't take over the conversation or make themselves the center of attention. They may take more of a central role when sharing information in educational groups or community presentations, but their primary job is to help the group discussion, not to be the center of it.

Here are some ways peer specialists can effectively help groups:[373]

- Starting and ending the group on time, and building in time for breaks
- Introducing group ground rules at the beginning of each meeting (e.g., whatever is shared in the room stays in the room unless there is a danger to the person or others, no personal criticism or attacks, respect the diversity of group members). The group can take an active role in creating rules to promote buy-in.
- Presenting the agenda or asking participants to develop an agenda at the beginning of group, and sticking to the agenda
- Focusing on the value and unique viewpoint of all members
- Going with the flow of the conversation, but using redirection to bring it back on track when it goes off topic
- Making eye contact with group members while they are talking, as appropriate
- Demonstrating active listening skills, empathy, and respect for all group members
- Using nonverbal communication techniques to get group members to participate in the discussion and show interest in group members' views
- Helping participants interact with one another by using their names and asking skillful questions
- Avoiding expressing personal opinions or taking a stand on an issue
- Asking permission to give feedback or suggestions. Peer specialists should use "I" statements when they need to offer feedback or suggestions (e.g., "I hear you saying that you're upset because …").
- Seeking guidance from supervisors to improve their group facilitation skills as well as to address group challenges

RESOURCE ALERT: PEER WORKER GROUP FACILITATION GUIDELINES

The *Peer Support Toolkit* (https://dbhids.org/wp-content/uploads/1970/01/PCCI_Peer-Support-Toolkit.pdf), from the Philadelphia Department of Behavioral Health and Intellectual disAbility Services, addresses peer specialist group facilitation skills. Page 216 of the toolkit contains tips on facilitating peer-run groups and meetings.

Community Building

Community building is the other main function of peer workers. Recovery community building includes any activity that supports the development of cultural and community resources where individuals in or seeking recovery can find and grow relationships with others who support long-lasting recovery.[374] Helping to build or enhance the recovery community may not necessarily be a part of every peer specialist's job; however, this portion of Chapter 3 equips peer specialists with the key knowledge, values, skills, and abilities that can help them add this dimension to their work and take advantage of opportunities to advocate for, help create, and connect to community resources that support ongoing recovery for individuals and their families.[375]

Community Building: Knowledge

Communities of recovery—such as RCCs and RCOs—are important parts of recovery-oriented systems of care (ROSCs) that offer a wide range of recovery services, including PSS, prevention and risk-reduction services, supportive housing (e.g., sober homes), and job training.[376] **RCCs**

are central sites for recovery support groups, recovery-focused social networking, skill-building, advocacy, and volunteer activities. **RCOs** are independent, nonprofit organizations led and governed by representatives of local communities of recovery that organize advocacy activities, carry out community education and outreach programs, provide PSS, or a combination of these. These settings offer a safe place for people to pursue their recovery goals and access resources. (More can be learned about these and other community recovery services and bodies in Chapter 1.) **A peer specialist's tasks are to understand the different types and cultures of these communities of recovery as well as how they align with individuals' chosen recovery pathways and cultural backgrounds.**

SUPPORTING INDIVIDUALS IN RECOVERY WHO ARE TAKING MEDICATIONS FOR SUBSTANCE USE–RELATED PROBLEMS

Taking medications to support recovery from problematic substance use has been found to be an effective and scientifically supported pathway to recovery. For some people, taking medications is a primary focus of their recovery. However, other people may achieve their recovery goals without taking medication.

Medications are not substitutes for substances. Medications prescribed for substance use–related problems work by blocking the euphoric effects, relieving cravings, and normalizing body functions without the negative and euphoric effects of the substance.[377] In the case of opioid use disorder (OUD), medications are one of the most effective known treatments.[378]

Peer specialists should be aware that medications are available, understand why medications are prescribed (e.g., to control cravings), and recognize how they can best support individuals who have chosen to take medications that support recovery.

Despite evidence supporting medications for substance use–related problems, some treatment and recovery settings may discourage or limit their use. This may create barriers for people, such as not feeling comfortable discussing medications to support recovery and experiencing difficulties locating or accessing recovery services. A peer specialist's role is to support individuals on their pathway, honoring their decisions about taking medications. They can do this by:

- Encouraging people to discuss taking medications with their physicians.
- Providing resources to people about why these medications are prescribed.
- Helping people advocate for themselves if they are interested in pursuing medication as a recovery pathway.

Peer specialists do not make recommendations or give advice about medications. Individuals in recovery should discuss starting, changing, or stopping medications with their prescribing physicians.

Peer specialists can learn about the legal rights of individuals in recovery taking medications for substance use–related problems by visiting *Know Your Rights: Rights for Individuals on Medication-Assisted Treatment* (www.samhsa.gov/sites/default/files/programs_campaigns/medication_assisted/Know-Your-Rights-Brochure.pdf).

SAMHSA's TIP 63, *Medications for Opioid Use Disorder,* contains more information about medications for OUD (https://www.samhsa.gov/resource/ebp/tip-63-medications-opioid-use-disorder).

SAMHSA's *Medication for the Treatment of Alcohol Use Disorder: A Brief Guide* contains more information about medications to treat alcohol use disorder (https://store.samhsa.gov/product/Medication-for-the-Treatment-of-Alcohol-Use-Disorder-A-Brief-Guide/SMA15-4907).

Another resource that can help is the MARS™ Project, a peer-initiated and peer-based recovery support project sponsored by the National Alliance of Medication-Assisted Recovery. The project website includes links to upcoming trainings about medications that support recovery from problematic substance use and an online Peer Recovery Network portal (http://marsproject.org/).

Community Building: Values

This section describes key values and attitudes that inform peer specialists' work to build, enhance, and support communities of recovery.

Recovery Is Possible for Everyone

The problematic substance use–recovery movement is a grassroots movement in the United States that brings the ideas about and values of recovery from traditional SUD treatment institutions and mutual-help groups into the larger community.[379] This movement promotes key attitudes, beliefs, and values that are useful for guiding a peer specialist's work in community building, including the idea that recovery is possible for everyone, that there are many recovery pathways, and that recovery is a choice.[380]

Lived Experience Is Valuable to the Recovery Community

Sharing the wisdom gained from lived experience with problematic substance use, behavior change, and recovery is a major job function of a peer specialist and one of the most important aspects of their ability to effectively offer individuals in or seeking recovery support.[381] Their lived experience is also valuable to the recovery community. By networking with community-based settings and community outreach programs, peer specialists can increase awareness of substance use–related problems as well as help people access withdrawal management programs, reduce their problematic substance use, increase their use of residential treatment as needed, and reduce their risk of hospitalization.[382] Through networking, peer specialists can also create connections and support a warm handoff between individuals in or seeking recovery and treatment providers or recovery communities.

A peer specialist's lived experience also benefits the recovery community by:[383]

- Inspiring hope that recovery is possible and that people in or seeking recovery and recovery communities are strong.
- Showing trustworthiness to individuals in or seeking recovery, the recovery community, and society.
- Gaining the trust of people who are not ready to start recovery or participate in health and behavioral health services.
- Modeling self-care.
- Modeling a diversity, equity, and inclusion perspective that lets people know that peer specialists value their chosen path to recovery (even if it differs from their own) and will consider their unique needs when directing them to resources in the community.
- Inspiring people to take an active role in their own lives and recovery.
- Supporting community togetherness and improved quality of life for individuals in or seeking recovery and their families.
- Supporting efforts for long-term wellness for people in or seeking recovery, their families, and communities.
- Sharing with individuals in or seeking recovery, their families, and the recovery community the hard-won knowledge and know-how of someone who has successfully faced the challenges of the treatment, healthcare, and human services systems.

Community Building: Skills and Abilities

This section describes specific skills that peer specialists may use to strengthen their connections to recovery communities.

Training

Training is essential for peer specialists to ensure they have the knowledge and skills to identify community resources and supports for individuals in or seeking recovery. Each community has different resources available; with training, peer specialists can learn how best to access these resources. Training can help peer specialists understand which community resources may be most critical to the person and offer guidance about organizations that offer these resources. For example, with training about how housing programs operate, peer specialists can learn how to access rental assistance—a resource that may be important to some people with whom they are working.

Training can also provide tools to help peer specialists recognize and manage their own biases when working with individuals in or seeking recovery, particularly when connecting them to culturally responsive resources. Related trainings may address such issues as how bias and privilege can affect helping relationships, the principles of cultural responsiveness, how stereotypes and microaggressions can affect relationships, and how culture and stigma may play a role in help-seeking behaviors.

RESOURCE ALERT: IDENTIFYING AND MANAGING BIASES

- The Association for Addiction Professionals (NAADAC)
  - Cultural Humility Series, Part II: *Social Class Bias and the Negative Impact on Treatment Outcomes* (https://www.naadac.org/cultural-humility-social-class-bias-webinar)
- Department of Health and Human Services Office of Minority Health, Think Cultural Health
  - *Improving Cultural Competency for Behavioral Health Professionals* (https://thinkculturalhealth.hhs.gov/education/behavioral-health)
- National Center for Cultural Competence, Georgetown University Center for Child & Human Development
  - *Self-Assessment Checklist for Personnel Providing Behavioral Health Services and Supports to Children, Youth and their Families* (https://nccc.georgetown.edu/documents/ChecklistBehavioralHealth.pdf)

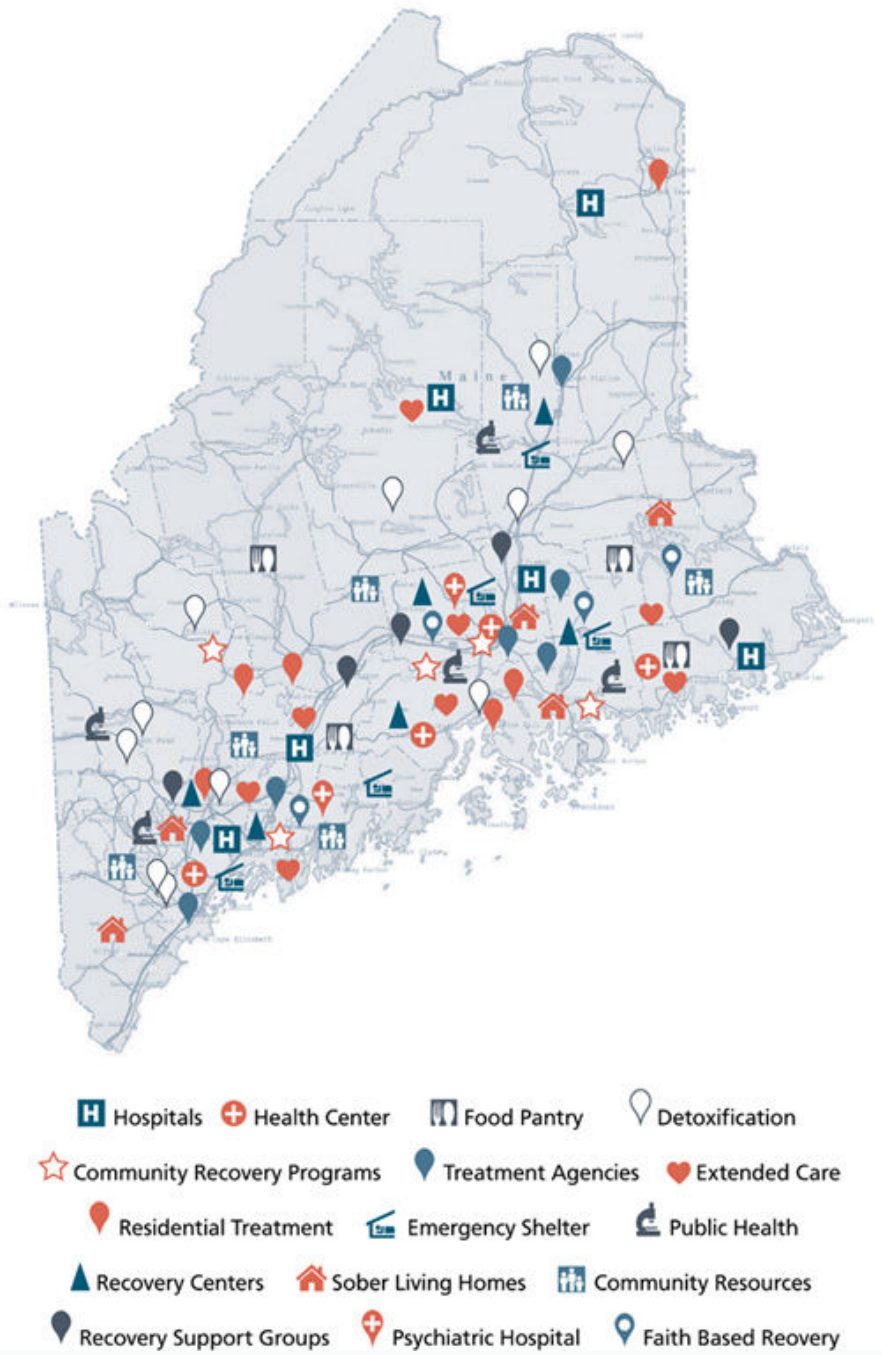
A key part of a peer specialist's work is to identify community resources that may support different cultural groups and backgrounds. Examples of some of these resources include:

- **Safe Project** (https://www.safeproject.us/resource/black-community/), which provides substance use–related and mental health resources for the Black community.
- **Live Another Day** (https://liveanotherday.org/bipoc/), which offers mental and substance use disorder recovery resources to support the Black, Indigenous, and people of color community.
- **SMART Recovery®** (https://www.smartrecovery.org/community/calendar.php), which provides recovery meetings in Spanish. It also offers meetings for military members, veterans, and first responders.
- **Faces & Voices of Recovery LGBTQ+ Recovery Resources** (https://facesandvoicesofrecovery.org/2019/08/16/lgbtq-recovery-resources/), which include tips for making recovery spaces more inclusive for individuals who identify as LGBTQ+ as well as access to online communities, social media connections, gatherings and events, sober spaces, publications, meetings, and podcasts.
- **One Sky Center** (http://www.oneskycenter.org/), which is a national resource center for American Indian and Alaska Native individuals seeking health, education, research, and substance use–related resources.
- **White Bison's Culturally Based Healing to Indigenous People** (https://whitebison.org/), which offers culturally based recovery resources for Indigenous people.
- **White Bison's Warrior Down/Recovery Coach** (https://whitebison.org/warrior-down/), which offers a peer-to-peer program that provides training in recovery support for Native American and Alaska Native individuals.
- **Latino Recovery Advocacy** (http://lararecovery.org/), which is an organization that aims to strategize with RCOs to build recovery services that are both culturally appropriate and accessible to Hispanic and Latino populations.

Community-Based Asset Mapping

A community-based asset map (CBAM) is like a strengths assessment of an individual, but for an entire community. A recovery-focused CBAM focuses on all the elements of a ROSC that support recovery, wellness, and quality of life for individuals in recovery and their families. The map in Exhibit 3.7 shows a recovery-focused CBAM for resources in the entire state of Maine, not just a community, but the idea is the same: to map out locations of all the services that support recovery, with a goal of building connections among them.

EXHIBIT 3.7. Recovery-Focused CBAM of Maine



Source: Reprinted with permission from the Maine Alliance for Addiction Recovery.

A CBAM is more than a list of recovery resources. It is a visual representation of where resources are located and is an important tool for community-building efforts. **A recovery-focused CBAM paints a picture of resources in the local community and helps peer specialists organize community members to strengthen or add to those resources.**[384]

Peer specialists should work with individuals in or seeking recovery, family members, allies, and other members of the larger community to draw a CBAM in their area. They should remember that individuals in or seeking recovery are resources and have their own experiential wisdom. Bringing people together to map and organize community resources is itself a community-building action, helping participants feel they are contributing to something of value and experience a sense of hope and renewed energy.[385] One study found that engaging recovery community members in a recovery-focused asset mapping project helped them identify gaps in services, develop health and recovery assets, build relationships within the community, and increase social capital to support recovery from problematic substance use.[386]

Involving recovery community members in the asset-mapping process adds experiential knowledge to the process and supports community-building efforts. Here are some ideas for engaging community members in creating a CBAM:[387]

- **Asset-mapping focus groups.** Peer specialists can invite members of the recovery community (e.g., people in or seeking recovery, family members, friends, and allies), service providers, and other stakeholders to attend focus groups or asset-mapping workshops. A peer specialist's role is to facilitate conversations and gather feedback about treatment and recovery resources in the community.
- **Interviews.** Peer specialists can conduct informal or semistructured interviews with recovery community members and service providers. They should use open-ended questions and skillful interviewing strategies to develop rapport and allow the interviewee to tell a story about the resource. Peer specialists can get addresses and specific contact information to add to the map.
- **Surveys.** Peer specialists can develop a questionnaire that gathers important information about a local community resource that can be delivered in person, over the phone, or via email. Peer specialists should choose a method that works for them and the audience they're surveying.
- **Community walks.** A community walk is a strategy that helps peer specialists identify a specific neighborhood's resources, like parks, libraries, churches, and recreation facilities, that might not be recovery specific but are assets that can support individuals' wellness and quality-of-life goals. A community walk is also an opportunity to take pictures or videos (when appropriate) of resources that can be placed on the map, interview interested local community members, and hand out surveys.
- **Online maps.** Peer specialists can use online mapping tools to work with interested recovery community members, service providers, members of peer recovery advisory boards, allies, and members of the local community to plot, map, and view community assets. Multiple users can access the same map to add or edit information. (The "Resource Alert: Online Community Mapping Tool" provides a valuable resource.)

RESOURCE ALERT: ONLINE COMMUNITY MAPPING TOOL

Google Maps: My Maps (www.google.com/maps/about/mymaps) provides a no-cost tool to create a CBAM by importing information from a spreadsheet or adding resources individually.

Advocacy With a Big "A"

Advocacy with a big "A" creates a bridge from individuals in or seeking recovery to the larger community (whereas advocacy with a small "a" is about the individual's own personal advocacy efforts). Depending on the peer specialist's work

setting, they may be more focused on advocating for individuals; however, they may discover ways to build and increase recovery support resources in the community. For example, helping people register to vote is one way to help them have a voice in shaping laws and regulations around SUD treatment and recovery.

Advocacy in the larger community is about supporting local, state, and federal public policy changes that enhance and expand SUD treatment and recovery resources; advocating for diverse pathways to recovery; lowering barriers to access to services; and changing public attitudes about people with substance use–related problems so that individuals in or seeking recovery can participate fully in community life. Advocacy promotes social and community inclusion and seeks to change negative beliefs about problems linked to substance use and people affected by them.

> "Advocacy is about turning personal stories into social action; it is about turning recovery outwards. Advocacy is about acquiring and using power to change the ecology of addiction and recovery."[388]

Ways that peer specialists can participate in advocacy with a big "A" include:[389]

- Working with recovery communities to engage in civic and cultural activities that promote recovery.
- Providing recovery-focused public and professional education.
- Supporting recovery-focused laws and policies.
- Lobbying at local, state, and federal levels to promote social policies and programs that support recovery.
- Advocating for recovery-focused SUD treatment and mental health services.
- Advocating for local, state, and federal laws and policies that support PSS in ROSCs and SUD treatment.
- Participating in or organizing national, state, and local recovery celebration events.

ADVOCACY WITH A BIG "A" IN AN RCO

Utah Support Advocates for Recovery Awareness is an example of an RCO that engages volunteers and staff in advocacy efforts across the state. The organization describes the qualities of an effective recovery community advocate as someone who:[390]

- Represents the recovery perspective through sharing lived experience.
- Speaks up for individuals in recovery and their families to influence local, state, and federal policy changes promoting recovery.
- Learns about city, county, state, and national addiction/recovery issues; engages elected officials respectfully.
- Educates the public, elected officials, and service providers about the importance of addiction recovery support in building healthy communities.
- Participates in creating recovery community environments and centers that make recovery visible and provides a safe, warm, and inviting setting for PSS and activities.
- Celebrates recovery from substance use–related problems and promotes recovery's transformative power through public recovery events like marches, rallies, festivals, and concerts.
- Supports research on diverse pathways to long-term recovery for individuals in recovery and family members and effective approaches to providing peer-based recovery support.

Advocacy with a big "A" can happen in informal conversations with treatment providers that lead to organizing recovery community members to attend a recovery lobby day event at the state legislature, working with community leaders to start a prevention campaign, or organizing recovery celebration events and inviting the media and state and local legislators, community members, and community leaders. **No matter what form advocacy with a big "A" takes, the goal is to encourage prevention and harm reduction efforts, enhance recovery-focused services, provide hope, inform systems, reduce discrimination, and promote inclusion of people**

in or seeking recovery into civic life. If peer specialists engage in or are already engaged in advocacy work, they should attend advocacy and messaging training. They should also make sure to separate advocacy work they do on behalf of their employer from the advocacy work they do as an individual in recovery.

RESOURCE ALERT: KNOWLEDGE AND UNDERSTANDING OF COMMUNITY BUILDING

Faces & Voices of Recovery offers several community-building resources:

- *Community Listening Forum Toolkit: Taking Action to Support Recovery in Your Community* (https://facesandvoicesofrecovery.org/wp-content/uploads/2020/02/Community-Listening-ForumToolkitHR-1.pdf) provides practical steps and sample resources.
- *Recovery Community Organization Toolkit* (https://facesandvoicesofrecovery.org/wp-content/uploads/2019/06/RCO-Toolkit.pdf) discusses the core principles of RCOs and how they are created and operated.
- *How To Organize a Town Hall Meeting: A Planning Guide* (https://facesandvoicesofrecovery.org/wp-content/uploads/2020/04/2-How-To-Org-A-Town-Hall-Mtg.pdf) offers step-by-step instructions for holding effective town hall meetings to support recovery efforts in the community.
- *Advocacy Toolkit* (https://facesandvoicesofrecovery.org/wp-content/uploads/2020/02/ADVOCACY-TOOLKIT.pdf) provides guidance and tips on how to build relationships with elected officials and their staffs as part of advocacy efforts.
- *Advocacy With Anonymity* (https://facesandvoicesofrecovery.org/wp-content/uploads/2019/06/Advocacy-with-Anonymity.pdf) includes questions and answers to demonstrate how individuals in recovery can discuss their experiences and advocate for others while respecting and maintaining the privacy and confidentiality of RCOs and recovery groups.

Leadership in the Recovery Community

There are many ways for peer specialists to take on a leadership role in the recovery community, including outreach and advocacy. A key leadership function, however, is to promote leadership development opportunities within RCOs, SUD treatment programs, recovery residences, and other community-based organizations, and connect individuals in or seeking recovery and family members to those opportunities.[391] When people step into leadership roles, peer specialists can help them:[392]

- Feel empowered and empower others around them early in recovery.
- Take control of their treatment and recovery.
- Strengthen the sense of community.
- Foster personal growth.

A peer advisory council (PAC) is one resource for helping individuals in or seeking recovery to build a recovery community and learn leadership skills. A PAC is a volunteer council of people in or seeking recovery who are receiving services at a peer specialist's organization. Peer specialists can help the PAC get started and mentor people who serve in leadership positions in the PAC.[393] If an organization doesn't have a PAC, a peer specialist can advocate for one.

LEADERSHIP IN RECOVERY RESIDENCES[394]

A core principle of the National Association for Recovery Residences is that staff and residents create a culture of empowerment where residents engage in governance and leadership. That means residents are involved in all aspects of how the residence is run, including policies about being a good neighbor in the community. Participation in self-governance enhances residents' social capital, self-worth, self-determination, hope, and leadership skills. Peer specialists in a recovery residence model these leadership skills and promote this self-governance principle.

Providing Recovery Activities and Opportunities for Individuals In or Seeking Recovery To Get Involved

One thing that is often missing for people in early recovery is healthful social, recreational, and civic activities. A key activity for building or enhancing the recovery community is to provide ways for individuals to get involved in civic community life.

In addition to creating a PAC, peer specialists can develop or link people in recovery to other activities such as:

- Volunteer opportunities at an RCC.
- Volunteer opportunities in the community (e.g., food pantries, Habitat for Humanity).
- Recovery celebrations.
- Recovery-focused social and recreational activities (e.g., a substance-free softball team, chem-free dance).
- Other social and recreational events (e.g., a hiking club, nature walk, book club, painting event).
- Fundraising for nonprofits, charities, or social events.
- Faith-based or spiritual activities.
- Civic engagement (e.g., voter registration drives, local citizen councils or advisory boards).

Conclusion

Recovery support and helping to build or enhance the recovery community are the main functions of peer specialists. These skills make up a wide range of functions peer specialists will perform; however, it isn't likely that they will be able to fulfill all of these duties at all times. Rather, in some settings or in certain situations, peer specialists may only be able to use some of the skills described in this chapter. They are still performing their job in a way that is respectful and values the recovery process as well as the people in recovery they serve.

Whether a peer specialist is sitting with an individual in or seeking recovery and helping them write out their recovery plan or giving a talk about recovery to the staff at a local hospital, they are acting from a place of respect and empowerment for people to shape their own lives. They are being a recovery ambassador and showing that recovery is possible for everyone. In this way, peer specialists give back to and build a healthy community of engaged citizens who will then carry the recovery message to others.

RESOURCE ALERT: A GUIDE TO CIVIC ENGAGEMENT

Faces & Voices of Recovery's *Recovery Voices Count*: *A Guide to Non-partisan Civic Engagement* (https://facesandvoicesofrecovery.org/wp-content/uploads/2019/06/Recovery-Voices-Count-Guide.pdf) provides a comprehensive guide to organize and mobilize the recovery community through civic engagement activities like voter registration, education, and participation.

As peer specialists create ways for individuals in or seeking recovery to reconnect or become connected to their own communities, they develop everyday life, social, and leadership skills that help them become responsible citizens and give back to their communities.

Appendix

Sample Recovery and Wellness Plans

Peer specialists can use these recovery and wellness plans in their work with people in or seeking recovery. Individuals fill out, keep, and are responsible for completing the activities in recovery and wellness plans.

Sample Recovery Plan

The following is a sample wellness plan. It has been filled out by an individual in recovery named Thomas, whose goal is to get a job and go back to work. First, Thomas lists the goals that are most important—the things that will motivate him to follow through with his recovery. Then he lists the strengths that will help him reach the goals and the barriers that might get in his way. The short-term objective (i.e., the small first step) for Thomas is for him to work at a job for 5 or more hours a week. This might seem small, but it is a good step for Thomas as he works toward his longer-term goal of going back to work full time and getting off of disability. The last part of the wellness plan is completed by Thomas, his peer specialist, and his treatment provider.

GOALS – Goals are what you want to work on in your life. Describe your goals in your own words.

- I want to go back to work. I really want a job.

BARRIERS – Barriers are things that stand in the way of you accomplishing your goal.

- I feel nervous and anxious while looking for job openings or filling out applications.
- I have difficulty getting up in the morning, due to intense sadness and crying.
- I need help filling out paperwork and creating a resume.

STRENGTHS – Strengths are things that you're good at—your talents, abilities, skills, and past experiences.

- I have a strong work ethic.
- I have work experience as a cashier.
- I am a good communicator.
- I have a strong connection with my peer worker.

OBJECTIVE – An objective is the short-term step that moves you toward your bigger goal.

In the next 90 days, I will find a paying job and work at least 5 hours per week.

INTERVENTIONS – Interventions are the things that you, your provider, and your peer worker will do to help you accomplish your objective and move you toward your goal.

- A psychiatrist will meet with Thomas once monthly for 30 minutes for the next 3 months to decrease symptoms by adjusting medication when needed.
- A clinician will meet weekly with Thomas for 45 minutes for 3 months to work with him on cognitive–behavioral therapy techniques (e.g., thought stopping, visualization, deep breathing) to manage his symptoms, which increase when he is pursuing job-related activities.
- A peer worker will support Thomas by helping him finish his resume in the next 4 weeks and work on job applications for the next 3 months.
- Thomas will participate in the Wellness Recovery Action Planning group (facilitated by his peer worker) every other week to come up with simple, safe, and effective strategies for staying well and increasing his sense of control over his life and symptoms.

Source: Adapted with permission from the Yale Program for Recovery and Community Health.

Sample Wellness Plan

Wellness Plan

This plan is written, maintained, and kept by YOU. This is YOUR plan. It can be helpful in guiding the conversations between YOU and your recovery coach.

What is my overall goal?

It is often helpful to break down wellness into smaller parts; these will be listed below. Under each heading, you will find some questions to get you thinking. Some will strike you as more important than others—please pay attention to these. There is an opportunity to set a goal under each heading, yet you don't need to have a goal under each heading. Oftentimes, it gets confusing to have more than a few goals at a time.

1. Connection to MY Community

- Do I have contact on a regular basis with people who do not use drugs/alcohol?
- Am I or do I want to be involved in a drug-free support group?
- Am I or do I want to be involved with a faith community?
- Do I spend social time with others who do not use drugs/alcohol?
- Other questions I should be asking myself?

Wellness Goal

Steps I need to take to reach my goal

Who else might be involved?

When do I want to have this goal accomplished?

2. Physical Health

- Do I eat a balanced diet?
- Do I exercise regularly?
- Do I get enough sleep?
- Do I need to see a doctor or dentist?
- If I have been prescribed medication for my physical health, am I taking it as prescribed?
- Other questions I should be asking myself?

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Wellness Goal

Steps I need to take to reach my goal

Who else might be involved?

When do I want to have this goal accomplished?

3. Emotional Health

- Do I work at being in healthy relationships?
- Am I seeing a therapist/counselor or need to be seeing one?
- Am I happy most days?
- Do I talk about my emotions?
- Other questions I should be asking myself?

Wellness Goal

Steps I need to take to reach my goal

Who else might be involved?

When do I want to have this goal accomplished?

4. Spiritual Health

- Am I comfortable with my spirituality?
- Do I need to develop a spiritual sense and spiritual practices?
- Am I disciplined about my spiritual practices?
- Do I take time each day for prayer, meditation, and/or personal reflection?
- Any other questions should I be asking myself?

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Wellness Goal

Steps I need to take to reach my goal

Who else might be involved?

When do I want to have this goal accomplished?

5. Living Accommodations

- Does where I live support me?
- Does who I live with support my choice to stop using drugs/alcohol?
- Do I need to make any changes in my living situation?
- Any other questions I should be asking myself?

Wellness Goal

Steps I need to take to reach my goal

Who else might be involved?

When do I want to have this goal accomplished?

6. Job/Education

- Do I have or need a job?
- Am I satisfied with my education?
- Do I need to return to some form of education?
- Do I need assistance with my education (tutoring)?
- Any other questions I should be asking myself?

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Wellness Goal

Steps I need to take to reach my goal

Who else might be involved?

When do I want to have this goal accomplished?

7. Other

- Are there any other areas I wish to explore?

Wellness Goal

Steps I need to take to reach my goal

Who else might be involved?

When do I want to have this goal accomplished?

Participant's Signature _____ Date _____

Peer Worker's Signature _____ Date _____

Source: Reprinted with permission from New York State Office of Alcoholism and Substance Abuse Services.[395]

Resources

Recovery Support

SAMHSA's Recovery Support Tools and Resources Webpage (www.samhsa.gov/brss-tacs/recovery-support-tools-resources) provides information and links to additional resources on PSS.

California Association of Social Rehabilitation Agencies' ***Meaningful Roles for Peer Providers in Integrated Healthcare*** (https://peerrecoverynow.org/ResourceMaterials/PeerProviderToolkitFinal.pdf) is a guide for peer navigators in integrated healthcare settings.

Illinois Department of Human Services, Department of Alcoholism and Substance Abuse's ***Manual for Recovery Coaching and Personal Recovery Plan Development*** (https://chess.wisc.edu/niatx/toolkits/provider/FayetteManual.pdf) provides information for peer workers in integrated behavioral health settings.

The McShin Foundation's ***Recovery Coach Manual*** (https://mcshin.org/wp-content/uploads/2019/07/McShin-RCM_for-web.pdf) provides information on SUD treatment and recovery settings.

Philadelphia Department of Behavioral Health and Intellectual disAbility Services' ***Peer Support Toolkit*** (https://dbhids.org/wp-content/uploads/1970/01/PCCI_Peer-Support-Toolkit.pdf) provides information on working in SUD treatment and mental health services.

Community-Building Resources

SAMHSA's Peer Recovery Center of Excellence (https://peerrecoverynow.org/) exists to enhance the field of peer recovery support services by offering help from those who have achieved and maintained long-term recovery to those wanting to enhance or begin PSS in their communities.

Central East Addiction Technology Transfer Center's ***Anti-Stigma Toolkit: A Guide to Reducing Addiction-Related Stigma*** (https://attcnetwork.org/sites/default/files/2019-04/Anti-Stigma%20Toolkit.pdf) provides strategies for public education.

Faces & Voices of Recovery (https://facesandvoicesofrecovery.org) is a national recovery advocacy organization. This website provides advocacy resources and publications, and lists of advocacy and recovery celebration events.

A ***Primer on Recovery Residences: FAQs from the National Association of Recovery Residences*** (https://narronline.org/wp-content/uploads/2014/06/Primer-on-Recovery-Residences-09-20-2012a.pdf) provides an introduction to recovery residences and answers frequently asked questions about them.

Chestnut Health Systems Blog (https://www.chestnut.org/william-white-papers/) provides articles and current news about PSS and advocacy from leaders in the recovery advocacy movement.

1. _____ is a core peer specialist function that helps to build the recovery community by connecting to and networking with local organizations and services.
    a. Education
    b. Proliferation
    c. Community building
    d. Uplifting

2. Peer workers take on all of these roles except:
    a. Role models
    b. Facilitators
    c. Educators
    d. Substance use counselors
    e. Resource navigators

3. Recovery _____
    a. Is fluid; goals and interventions change
    b. An ongoing process of change
    c. Person driven and holistic
    d. Can be achieved through multiple pathways
    e. All of the above

4. A peer specialist's personal experience with a particular substance won't differ from an individual seeking recovery from another substance.
    a. True
    b. False

5. _____ refers to peer specialists respecting, accepting, and being responsive to the health beliefs, practices, and values of diverse populations.
    a. Recovery knowledge
    b. Cultural responsiveness
    c. Personal experience
    d. Training regimen

6. Individuals living in _____ often face distinct challenges in recovery treatment such as lack of anonymity, fewer treatment options, lack of resources, and lack of transportation.
    a. Urban areas
    b. Apartments
    c. Suburbs
    d. Rural communities

7. Using the motivational interviewing philosophy as a peer specialist means expressing all of the following except:
    a. Evocation
    b. Idealism

c. Partnership
d. Acceptance
e. Compassion

8. It is generally more effective to use open-ended questions when trying to understand an individual's point of view.
   a. True
   b. False

9. While assisting an individual through recovery a peer specialist should focus on ____
   a. Challenges
   b. Problems
   c. What is going well
   d. Pathology

10. In an ethical dilemma a peer specialist should look for the ____ course of action.
    a. Right
    b. Obvious
    c. Popular
    d. Best

11. A peer specialist serves as a _____
    a. Medial provider
    b. Resource navigator
    c. Counselor
    d. Mutual-help sponsor
    e. Cleric

12. A peer specialist should remember that their own recovery comes first.
    a. True
    b. False

13. In order to practice mindfulness, a peer specialist should exhibit:
    a. Nonjudgemental awareness
    b. Attention to the present
    c. Awareness of experiences as they unfold
    d. An open, accepting attitude
    e. All of the above

14. All of the following are important listening skills except:
    a. Looking for nonverbal signs
    b. Paying attention
    c. Not allowing silence
    d. Summarizing and focusing

15. One advantage that peer workers have is the assumption that individuals' recoveries will most often parallel their own recovery.
    a. True
    b. False

16. A peer worker's story should connect to the _____ of the individual
    a. Financial status
    b. Geographic location
    c. Experience
    d. Religious background

17. The first thing a peer worker needs to focus on when meeting and helping individuals is
    a. Emotional safety
    b. Food and water
    c. Mental safety
    d. Physical safety

18. A recovery plan should largely be created by the _____
    a. Peer specialist
    b. Clinical supervisor
    c. Individual in recovery
    d. Mental health professional

19. The recovery plan should be rigid and not subject to flexibility, in the interest of success.
    a. True
    b. False

20. A peer specialist's role as an advocate is about not only being a voice for others but also _____ them.
    a. Empowering
    b. Speaking for
    c. Identifying with
    d. Counseling

21. Peer specialists may lead the following type of group:
    a. Advocacy group
    b. Life skills group
    c. Outreach presentation
    d. Peer supervision group
    e. All of the above

22. A peer specialist should not make recommendations about medications as a part of recovery but should always encourage individuals to discuss this with their physician.
    a. True

b. False

23. A community-based asset map provides a representation of _____ in a local community.
    a. Providers
    b. Legal help
    c. Resources
    d. Churches

24. A way to engage community members in creating a CBAM would be:
    a. Interviews
    b. Focus groups
    c. Community walks
    d. Online maps
    e. All of the above

25. Advocacy promotes social and community inclusion and seeks to change negative beliefs about problems linked to substance use and people affected by them.
    a. True
    b. False

26. A peer advisory council is a group of _____
    a. Peer specialists
    b. Clinical supervisors
    c. Individuals in recovery
    d. Community leaders