

# **WELCOME!**

*Let's Become Peers*

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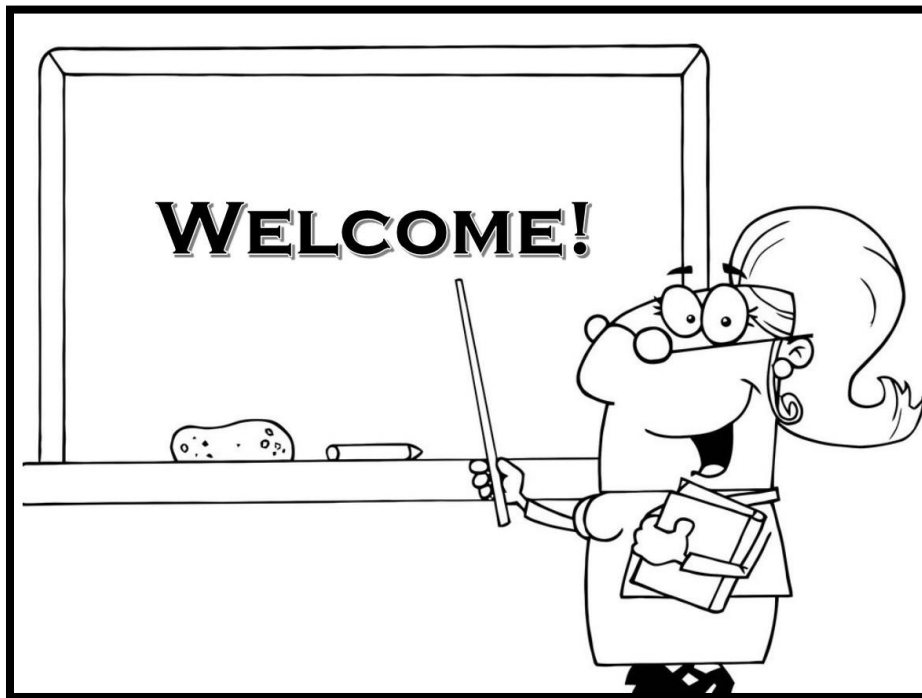


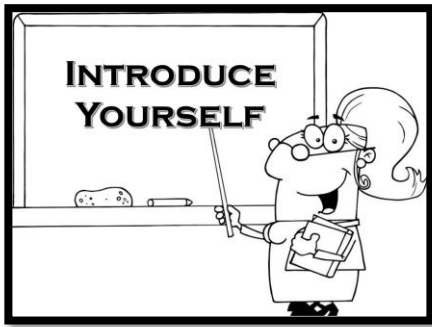
## Introduction

**CONGRATULATIONS!** You've each powered through the *Online Peer Support Specialist Course* to promote understanding, confidence, and perseverance in your new journey toward professional peer work in the Behavioral Health field. Each of you are unique in the skills, experiences, and recovery stories you bring to the table – in the classroom, as well as the field.

The purpose of this training is to prepare you for the basics of the peer support role in behavioral health recovery services. As you already know, the behavioral health field is like a spider web with many different entry points, opportunities for improvement, and even some dead ends that require backtracking to get to the right resource or service. Furthermore, none of you traveled the same path to get here today.

As you start to build this chapter in your life of recovery, focus on sharing HOPE, not HOW, in your work. HOPE will inspire your consumers to challenge themselves and aspire to be their best selves. HOW will simply deplete and discourage them when that way doesn't work. HOPE is what peers deliver. HOPE is how people keep going forward when they are struggling. HOPE is how you got just one more day when you were ready to give up. Model HOPE and empower their new chapter toward recovery and wellness.





1. Tell us your name.
2. Share where you're from.
3. Share why you want to be a Certified Peer.

## Acknowledgements

Recognition goes to my agency's leadership team and their willingness to acknowledge my passion for Peer Support; Cheryl C., Dave B., Victor S., Jim M., Mladen B., and the agency Board of Directors. Thank you for empowering me to see this through. Also, the Mental Health Trust for continuing to prioritize its beneficiaries and their needs through outside-of-the-box thinking and welcoming new ideas. Fortunately for us, longtime Alaskans spent two years and countless hours forging various avenues to conceptualize the peer support role and its strengths to effectively serve the uniqueness of Alaska Behavioral Health. Last, but certainly not least, a special thanks to Susan Musante and Jim McLaughlin with the Department of Behavioral Health for taking on this journey of implementing Peer Support Services for recovery and wellness across our state.

These opportunities are never a single person task. As each of these played a valid role in your being able to start your journeys today, you will hold equal valor in the supportive role you will hold moving forward.

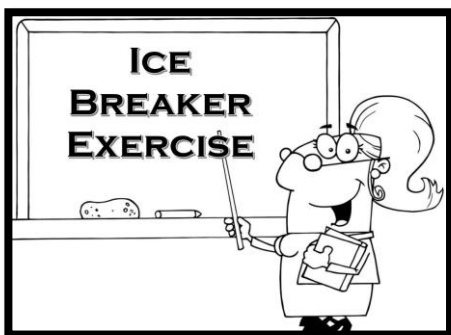
## Welcome to Peer Support Specialist Training

Your experiences will serve you as the foundation of your professional role. It will bring you insight and context when engaging consumers just starting their journeys. You will be able to gift those you serve with hope for a better future in recovery and at times empower them to keep focus by sharing parts of your recovery journey in their moments of hopelessness.

When we think about our mental illnesses and addictions, we immediately begin to feel criminalized and judged. We are plagued with the variety pack of labels and opinions whose sole purpose is to demonize our illnesses – in turn push us back into the shadows to face their daily challenges in silence and shame. What they fail to see is the people behind those labels who've swallowed their pride in the hopes of making their lives better – someone's child, someone's sibling, someone's parent, someone's partner, or even their closest and dearest friend.

Behavioral Health diagnoses are no more of a drive thru order than cancer or the common cold. Behavioral Health needs and deserves the same level of compassion and empathy that others receive for facing their illnesses. Combatting their medicinal and physical side effects, and sometimes relapse of symptoms, are hard enough without the labels. Fortunately, like so many other illnesses, Behavioral Health is filled with windows of recovery and celebration that grow with time.

Each of you already know that recovery is a daily challenge with the potential for relapse and regression. It doesn't make it impossible. You just have to work harder on those days. That is what you will share with your consumers by modeling, reflection, support, and empowering them to be their best selves.



1. Pick a partner.
2. Take turns telling them one thing you are excited about doing as a peer, one thing that scares you about being a peer, and one unique thing about your recovery journey. (Each journey is unique)
3. Share what you learned about them to the group.

# Learning Environment & Course Overview

## Training Overview

The purpose of this training is to formally prepare you to be a Peer Support Specialist. We work to help consumers and their families with skill building, recovery and life goal setting, problem solving, establishing self-help groups, and using self-help recovery tools. We are here to model recovery.



Your curriculum is designed to focus on recovery and resilience as its core values. We will learn philosophies, attitudes, as well as necessary skills to work as successful Peer Support Specialists. This will be completed with hands-on practice sessions to solidify learning by connecting the principles and skills to your personal experience of recovery. The primary goals in this training is for you to:

- Gain a holistic understanding of recovery and your new role as a Peer Support Specialist.
- Develop the skills needed to successfully take on that role.
- Increase your personal awareness.
- Enhance your own recovery while developing the skills to support personal and family resilience.

1. Below, list 3 things you want to learn about being a peer support specialist.

A.

B.

C.

2. Circle the number that you see having the biggest impact on your decision to become a certified peer support specialist.
3. Take turns sharing your selection to the class.
4. Flip to the Table of Contents and see when we'll be learning about each of your interests. Put a star next to the items you listed in this exercise, then underline two new learning interests.

**Learning Environment:** Take a moment and share what environmentally helps you learn best.


**Accountability:** Please share two things that could help positively hold you and your peers be accountable for your learning experiences.






## Using Your Certification Manuals as Resources

Your manuals are filled with valuable information and ways to support you in your new role. Especially in the beginning, but, likely throughout your careers as peer support specialists, you'll find yourself using it as a reference point for direction, procedures, and even resources you likely don't use often. It is the recommendation of many of those who've become certified prior to you that you keep these manuals at your desks for ongoing use as an important resource for the behavioral health recovery community members you will no doubt be serving.



Check out all the new knowledge that you'll have absorbed when you leave here :

- Completing & Using Your Certification
- Peer Movement History
- Alaska Behavioral Health System
- Your Role as a Peer Support Specialist
- Your Partnerships – Consumer & Other
- Trauma Informed Care
- Ethics, Boundaries, Self-Care, & Safety
- Cultural Competence
- Working on Treatment Teams
- Your Training as a Resource

- Recovery 101
- Foundations & the Four E's
- The Toolbox of Recovery
- Story Telling
- SMART Goals
- Facilitating Groups
- Treatment Planning & Documentation
- Supervision
- Wraparound Services
- Career Planning



# PART I

## *Foundations*

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# Module 1: Recovery 101

## What is Recovery?

When discussing recovery, there are three things we need to remember as we take on this new role: a) recovery is individual but requires support; b) recovery is hard but attainable; c) recovery is a lifestyle not a destination.

Just like the old saying goes, “You can lead a horse to water, but you can’t make ‘em drink.” The same goes for individuals in recovery, Behavioral Health, like other illnesses, emotionally and mentally ware on those around the diagnosed individuals. Unanswered questions, unexplainable behaviors, isolation, self-medicating, lashing out at those closest to us, and so many other acts of true desperation quickly impact those around us in a ripple-like motion, building barriers out of past supports and leaving the consumer to truly fend for themselves in the unpredictable journey that lie ahead.

The worst part of life experienced by behavioral health consumers is when we burn the bridges we need to recover. As much as we are the only one that can recovery from our illnesses, we can’t recover by being alone. We can’t find our way out of the trenches – now overgrown with alders and sticker bushes, without supporters. This is the job, the calling, the role you are each meant to play in the life cycle of recovery – the Peer Support Specialist.



Feel Free to Take Notes →



No Health w/o Mental Health

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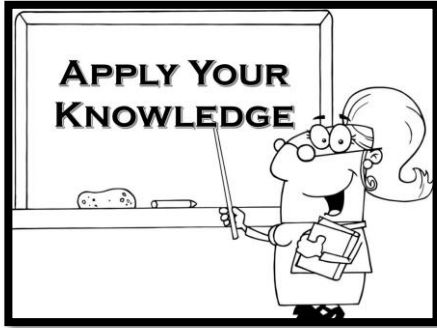
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1. Pair off with the person next to you.
2. Discuss what recovery means to you individually.
3. Jot down six specifics about how recovery happens. Be prepared to share with the class.

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_
6. \_\_\_\_\_

Society’s primary belief attached to recovery is that it is a single event that either succeeds or fails. That belief directs consumers and their army of supporters down the rabbit hole of shame and defeat; especially when they’re faced with the grim reality that they’re journey of recovery is a lifelong commitment to maintenance of wellness sprinkled with timely moments of failure and relapse to remind us that we are human.

Recovery is something we all struggle with because of its difficulty level. As we journey through it, we are faced with the same choices our societal counterparts make look easy. What we need to remember in those moments of frustration is that our choice to live in recovery and wellness is a daily conflict. A daily decision to relapse or stay the course, sometimes by the second. That decision to be in recovery in that moment of distress should be celebrated and counted as a success!

A doctor doesn’t tell his patients that they’ve been cured of their illness, they tell them they’re in remission. The doctor encourages the patient to live their life to the fullest and if ever deemed necessary, to return for additional supports. They plant that seed to remain alert for symptoms and changes, but truly want to see their patient’s success in post-treatment. Like most professions, the end goal is to work themselves out of a job.

In the recovery field, specifically us peers, our job is to model recovery as a lifestyle, and steer away from the “destination” mentality. In doing so, we are preparing our fellow consumers for success. As humans, we’ve become wired to see a destination as an end point – journey completed. As consumers, that couldn’t be further from reality.

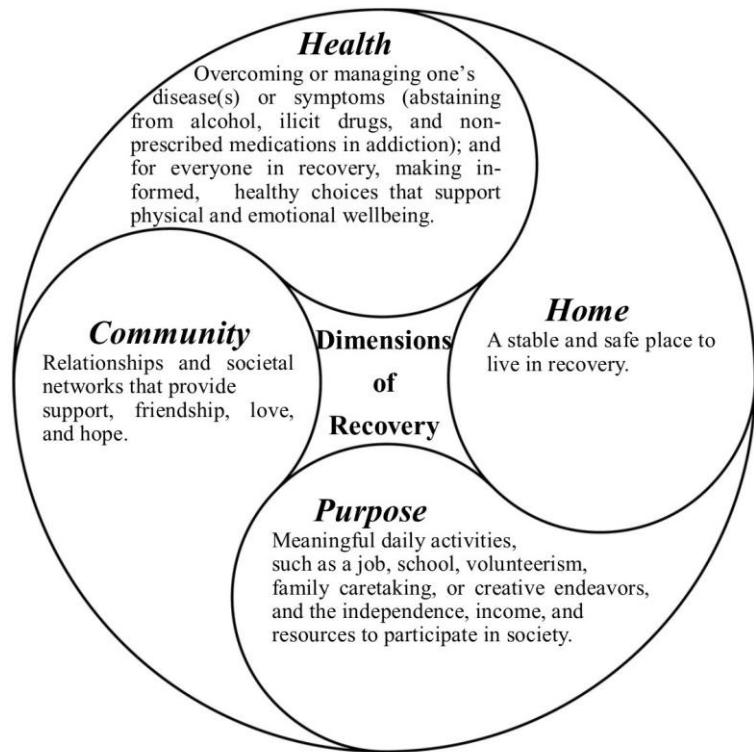
Behavioral Health is and will always be manageable. When we wake up to a new day and find ease in the often-difficult decision to not use or control our emotions with minimal relapse tools, that is simply one more day supporting our hopes and aspirations to stay well in life. It is

those days that push us through the relapses and outbursts, reminding us that the bad days are ones we can overcome, moving us another day forward.

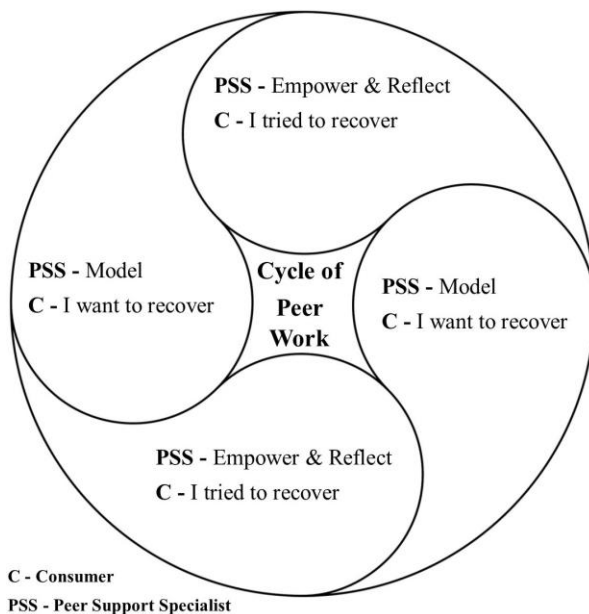
### How Peer Support Specialists Help in Recovery

Recovery in Behavioral Health is the action of regaining **AND** maintaining control in life with an illness that continuously challenges you. It is built on several steps forward, confronted with mishaps and fallbacks, then quickly steered back into the circular track, replenished with supports and hope. A daily journey to wellness.

The Peer Support Specialist role was built off of successful individuals who found a niche in steering others to the same level of success in recovery – the “hand up” approach in a non-linear motion. The



*Dimensions of Recovery as defined in the 2010 Recovery Support Strategic Initiative, and each individual at varying levels of their recovery. SAMHSA, 2010*

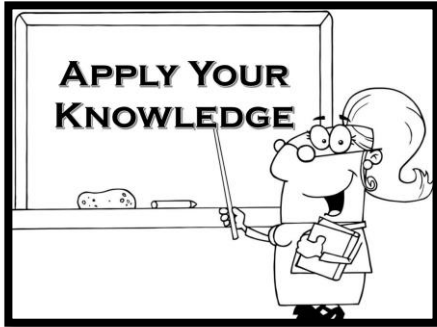


cycle of being in recovery is continuously rotating between the desire to recover and the disappointment of relapse simultaneously paired with support and one’s ability to partner.

In 2010, SAMHSA identified four key dimensions that support consumer recovery. As a Peer Support Specialist, your job is unique. It is one that requires you to share your own experiences in recovery, positive and negative, in such a way that it leaves your recovery intact and lights the way for those you work with. That is what you are going to learn throughout this

course. How to model and share recovery through holistic support, education, skill development, and empowerment.

*Recovery is a process of change through which individuals improve their health and wellness, live a self-directed life, and strive to reach their full potential.*



1. Review your last exercise list on **page 64**.
2. Is there anything you would add to that? Add it now.
3. While reviewing the guiding principles of recovery, apply each of your thoughts to one of the principles. Take turns sharing with us.

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_
6. \_\_\_\_\_

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### The Guiding Principles of Recovery

<b>Hope</b>	The belief that recovery is real – providing the essential and motivating message of a better future
<b>Person-Driven</b>	Consumers have the right to and are encouraged to participate in all decisions that will affect their lives – being empowered and supported in the process.
<b>Many Pathways</b>	There are multiple pathways to recovery, and they're based on our uniqueness, specific strengths, needs, preferences, experiences, and cultural backgrounds. Focus on the non-linear pathways that require continual growth, setbacks, and learning opportunities.
<b>Holistic</b>	Recovery encompasses one's whole life – mind, body, spirit, & community; housing, social networks, employment, education, mental health and health care treatments, and family supports.
<b>Peers &amp; Allies</b>	Peers encourage and engage one another in sharing knowledge and skills, providing an invaluable role in consumer recovery.
<b>Relational</b>	The presence and involvement of people who believe in the person's ability to recover; who offer hope, support, and encouragement; and who also suggest strategies and resources for change. Through these relationships, people leave unhealthy and/or unfulfilling life roles behind and engage in new roles that lead to a greater sense of belonging, personhood, empowerment, autonomy, social inclusion, and community participation.
<b>Cultural</b>	This is values, traditions, and beliefs—as keys in determining a person's journey and unique pathway to recovery. Services should be culturally grounded, attuned, sensitive, congruent, and competent, as well as personalized to meet each individual's unique needs.
<b>Addresses Trauma</b>	The experience of trauma is often a precursor to or associated with alcohol and drug use, mental health problems, and related issues. Services and supports should be trauma-informed to foster safety and trust, as well as promote choice, empowerment, and collaboration.
<b>Strengths &amp; Responsibilities</b>	Strengths and resources serve as a foundation for recovery. Individuals have a personal responsibility for their own self-care and journeys of recovery. Individuals should be supported in speaking for themselves. Individuals in recovery also have a social responsibility and should have the ability to join with peers to speak collectively about their strengths, needs, wants, desires, and aspirations.
<b>Respect</b>	Community, systems, and societal acceptance and appreciation for people affected by mental health and substance use problems—protecting their rights and eliminating discrimination—are crucial in achieving recovery.

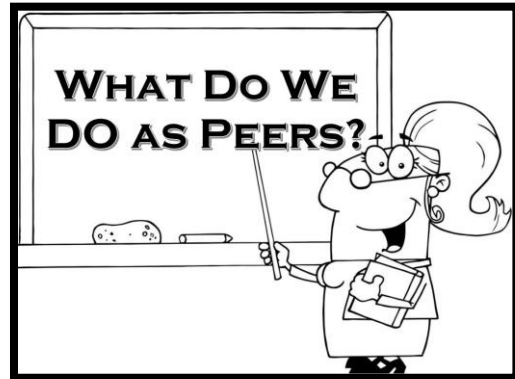
Slide	Time	Video Title	YouTube Link
15	10:16 M	No Health Without Mental Health	<a href="https://www.youtube.com/watch?v=zObtDaJCi0M">https://www.youtube.com/watch?v=zObtDaJCi0M</a>



## Module 2: Peer Support Specialists ~ *A Special Part of the Team*

### Peer Support Specialist Overview

We've already discussed the AAC definition and role descriptions for Peer Support Specialists in Alaska. Now we're going to review how the peer support service is utilized in the application of Behavioral Health services. By peeling back, the independent parts of the Peer Support Specialist role, we're going to explore how Peer Support is defined, who can do it, and what they do in their daily work.



### What is peer support as a service?

SAMHSA does a great job of explaining what peer support encompasses a range of activities and interactions between people who share similar experiences of being diagnosed with mental health conditions, substance use disorders, or both. This mutuality – often called “peerness” – between a peer support worker and person in or seeking recovery promotes connection and inspires hope.

While your role as a PSS may vary, it is always important to explain the PSS role as one of *mutual peer support*. We need to be able to understand and describe peer support in order to guide professional practice and to inform others about the role. Peer support offers a level of acceptance, understanding, and validation not found in many other professional relationships (Mead & McNeil, 2006). By sharing their own lived experience and practical guidance, peer support workers, help people to develop their own goals, create strategies for self-empowerment, and take concrete steps towards building and fulfilling, self-determined lives for themselves.

### Who can provide peer support?

In order to become a peer support specialist (PSS), individuals being considered for the certification must self-identify as a behavioral health consumer (either mental health and/or substance use) or have a criminal background with a history of incarceration. It is encouraged that both consumers as well as family members (caregivers, parents, partners, siblings, adult children) consider exploring these opportunities as their insight is equally valid in the recovery and reentry communities. A peer support specialist is one with lived experience of recovery from behavioral

health. With that lived experience, they provide non-clinical, strength-based support and are identified as “experientially credentialed” by their own recovery journey (Davidson, et al., 1999).

### **What does a Peer Support Specialist do?**

As a peer support specialist, it is our job to model recovery in a personalized way to each person we serve. Our work is a compilation of recovery-focused services that supports individuals in an opportunity to manage their own recovery while advocating for their best selves. Interventions of Peer Support staff serve to enhance the development of natural supports, inspire hope, dispel myths surrounding recovery, provide self-help, support and walk with consumers, as well as coping skills & self-efficacy.

Peer support specialists can help break down barriers of experience and understanding, as well as power dynamics that may get in the way of working with other members of the treatment team. The peer support specialist’s role is to assist people with finding and following their own recovery paths without judgment, expectation, rules, or requirements. In addition to providing the many types of assistance encompassed in the peer support role, they conduct a variety of outreach and engagement activities.

### **What is the Role of a Peer Supporter?**

*Take turns reading aloud.*

- PSSs have their own professional role in the behavioral health field, with their own values, ethics, and practices. You are not expected to have the same roles as therapists, doctors, social workers, clinicians, case managers, etc.
- Peer Support Values the Following:
  - Mutual Support; we support each other in recovery, sharing our stories, strategies, fears, and hopes.
  - Power together, not power over; As a paid supporter of recovery, you will have a different relationship than a friend, neighbor, or family member. PSSs work to equalize power and put the peer or family in the driver’s seat. PSSs recognizes that the peer or family is the expert on themselves, whether or not the peer recognizes their own power. The PSS supports the peer to find their own inner wisdom to chart their own road.
- Much of what we do is to support peers or families to get in touch with their *inner wisdom*, rather than advising or counseling. We do not come into the peer support relationship as an expert on life, on recovery, or as the peer or family, but as someone who can understand, have empathy, and be respectful and non-judgmental, because we, too, have *been there*.

## Peer Support Specialist Roles

The core role in peer support is what you are training for. However, there are specialties that you can take on as an expansion of your opportunities; Family & Child, Forensic & Reentry, as well as Recovery (addiction). The skillsets are all the same, simply a difference in how they're applied.

In Family & Child, you're serving a community with varying supportive needs, each uniquely integrated into the wellbeing of the primary consumer. As a Forensic Peer, your consumers are either incarcerated or recently released (reentry) and your focus is to instill opportunity by assisting them with service linkages and skill building. Last, but not least, is the Recovery Peer – the original peer. Like with AA, NA, and other addiction support groups, Recovery Peers are primary supporters focused on accountability, direction, and reassurance for the process.



The primary tasks that peer support requires are implemented across the board. The process of each role is the difference.

Feel Free to Take Notes →



Peer Support Roles

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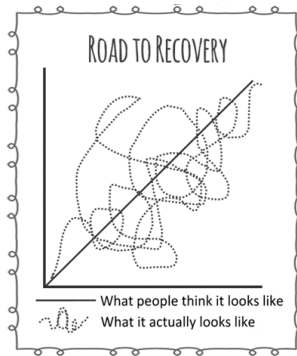
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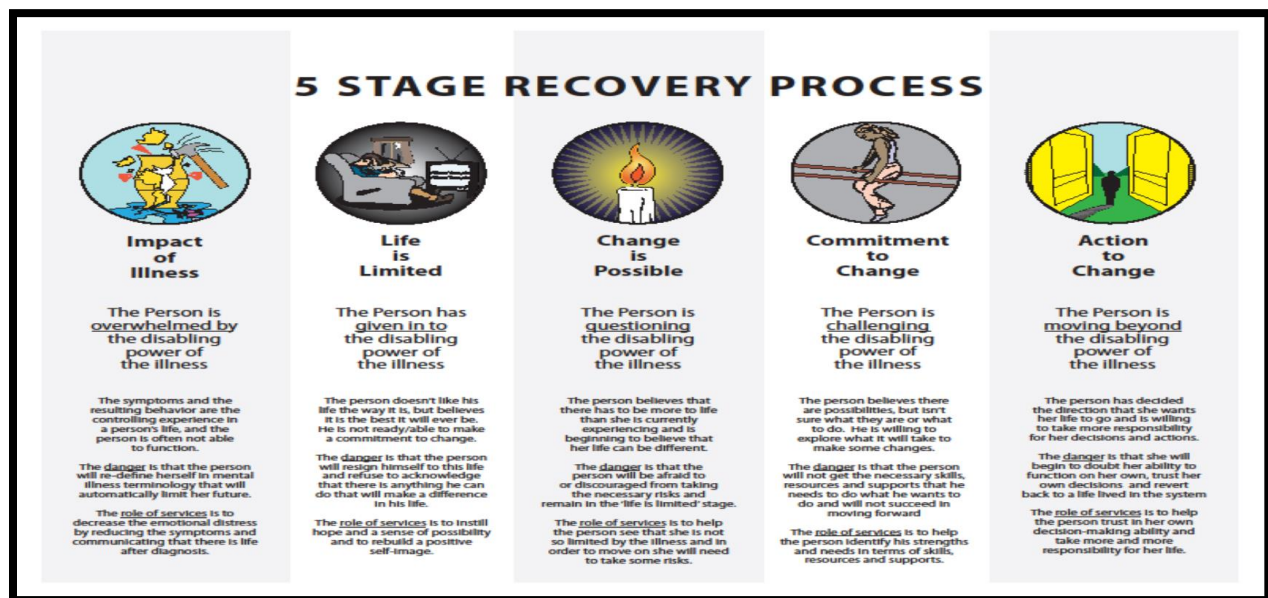
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## The Recovery Process



One's behavioral health recovery is a journey. Taking that a step further, we can look at it as a pathway – recognizing that each individual has their own unique path. Each person is in a different place on the recovery pathway. People move at their own pace. The recovery approach views setbacks in recovery as part of the human process and as opportunities for learning rather than regarding a relapse as a permanent and stigmatizing event. The

word relapse is laden with negative emotions and judgment from the past. Because this model recognizes that growth can occur from setbacks in recovery, the pathway does not necessarily look like a straightforward arrow.



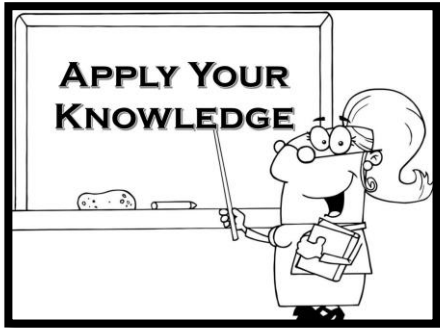
Some possible signs of recovery we can see in another peer are:

- Self-Awareness
- Hope
- Positive Language
- Connections in the Community
- Helping Others
- Involvement in One's Spirituality or Spiritual Tradition
- Awareness of the Cultural Differences within Family and Community.
- Self-Advocacy
- Having a Support Network
- Having a WRAP plan
- Having a Crisis plan
- Connection with Peers, Friends, and Family
- Having a Positive Self-Regard Instead of Stigma against Behavioral Health Diagnosis'

**Most people experience barriers in their recovery pathway and those may include:**

- |  |  |
|--|--|
| <ul style="list-style-type: none"><li>● Stigma</li><li>● Discrimination</li><li>● Misinformation</li><li>● System Barriers<ul style="list-style-type: none"><li>-Lack of services, programs, &amp;/or resources</li><li>-Lack of individual care plans</li><li>-Lack of PSSs for positive role models in the system</li><li>-Lack of options to allow for individual choice in the care plan</li></ul></li></ul> | <ul style="list-style-type: none"><li>● Poor Self-Care</li><li>● Isolation due to fear of rejection</li><li>● Substance Abuse/Med Misuse</li><li>● Finding the Right Meds</li><li>● Blame</li><li>● Getting Stuck in Anger</li><li>● Negative Self-Talk</li><li>● Poverty</li><li>● Lack of Resources</li><li>● Homelessness</li><li>● Domestic Violence</li></ul> |
|--|--|

If any of these are current issues in the consumer’s life, their Recovery Plan and/or their Individual Service Plan will need to identify strategies to counteract these barriers.



1. Choose two of the above barriers.
2. Develop strategies that you as the PSS can use to overcome them.
3. Share what you learned with the group.

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## Understanding Your Role



1. What are two or three words you would use to describe peer support?
2. What are two or three words you would use to describe the role of a peer support specialist?
3. What are one or two questions you have about the peer support specialist role that you hope to have answered by the end of the class?

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## Recovery and Peer Support

**You are in this course** because you have been working on your own recovery or that of your family, and you want to support the recovery of others. In SAMHSA’s National Consensus Statement on Recovery, they articulated quite well what we as peer support specialists embody in our work every day.

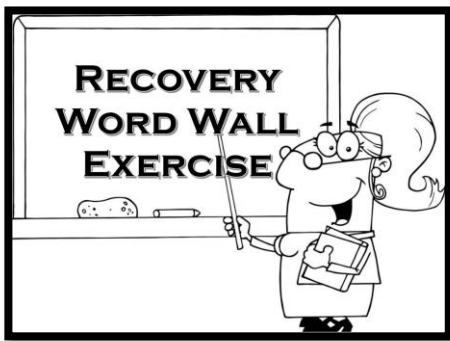
*“Recovery is the  
urge, the wrestle, and  
the resurrection.”  
~ Patricia Deegan*

“Recovery provides the essential and motivating message of a better future – that people can and do overcome the barriers and obstacles that confront them. Hope is internalized; but can be fostered by peers, families, friends, providers, and others. Hope is the catalyst of the recovery process. Recovery not only benefits individuals with behavioral health disabilities by focusing on their abilities to live, work, learn, and fully participate in our society, but also enriches the texture of American community life. America reaps the benefits of the contributions individuals with behavioral health disabilities can make, ultimately becoming a stronger and healthier Nation.”

By embracing this statement, we share the values and principles of recovery that guide our work as peer support specialists. Even though we’ve faced the struggles and barriers our behavioral

health disabilities brought to our forefronts, we found our way to inspire others by proving that “getting better” was not just a possibility, but given the right support, to be expected in this journey.

Recovery happens! As you prepare to enter this field and begin to help your fellow peers in recovery, you will also be providing understanding in your fellow professionals by promoting the many facets of recovery and wellness. This task you’ve each chosen to take on, is both unique & profound in how it applies to your ongoing recovery in addition to its application in your new role, peer support specialist. Your faith in the recovery experience will enrich the journey and transformation for all those you serve.



1. Let’s go around the room. Call out **ONE** word that comes to mind when you hear the word, **Recovery**.
2. Your instructor will write your words on the board, creating a **Word Wall** on Recovery.
3. Make sure that your word is different from all the others you have heard, or you’ll have to come up with one more!
4. Review the **Word Wall**. What’s missing? What would you add now?

1. Why is recovery important?
2. What has supported your own or your family’s recovery or resiliency (the ability to bounce back after adverse experiences)?
3. How has peer support been important to your recovery?



### **Language Creates Recovery**

When we talk about behavioral health, the words we choose are very important. Respectful language can promote recovery and reduce stigma. A poor choice of words can have the opposite effect. As peer support specialists, we promote partnership. This means that terms such as compliance, are to be avoided, since they suggest mindless conformity. Other words seem loaded with judgment – consider the implications of words like refuse and resistant. Terms like involvement, adherence, partnership, and cooperation are less passive, and more suggestive of someone taking active responsibility for their own recovery.

Consider the following word choices, circle one in each pair:

<b>Person</b> <b>Patient</b>	Challenge Failure	<b>Opportunity</b> <b>Crisis</b>
<b>Recovery Path</b> <b>Cure</b>		
<b>Acceptance</b> <b>Blame</b>	Life Experience    History of Illness	<b>Strength</b> <b>Weakness</b>

The words on the top or left are positive and have a sense of power to them. They engender hope and possibility. The words on the bottom or right are negative. We all know the power words play in our self-worth; and additionally, their impact on facilitating one’s recovery while combatting stigma within and outside of the behavioral health system.

Stigma effects recovery negatively. You each have experiences that reflect lack of understanding and an inability or unwillingness to empathize with consumers, their illnesses, and the struggles they face moving through them. Sometimes it is blatant and obvious. Other times, it is a subtle undercurrent. In these moments, you’ll support self-worth and engage the consumer, maybe even assist in some advocacy – challenging the interaction. The reality is that stigma has more to do with ignorance and lack of adequate truthful information, than anything else.



1. How has language been used in a way that did not support your own recovery?
2. How has language been used to support your recovery?
3. Does it make a difference how people talk to you, and the words they use?

Think about how those words felt. As a Peer Support Specialist, your role is to always use recovery appropriate language when working with consumers. At times, you might catch yourself being less than that and quickly recanting your last statement. Unfortunately, at that point, the damage is already done.



Here are some guidelines to support recovery-focused language in your new role.

- Psychiatric disability emphasizes a person is limited by their diagnosis or symptoms
- The term mental illness or addict implies a medical perspective, with an emphasis on diagnosis and symptoms, and a similarity to a physical illness. Although there is no dispute that these exist, it is preferable to lead people away from a medical focus to focus on recovery goals, strengths, empowerment, employment, and other important areas of life
- Mental health and recovery imply wellness and successful cognitive and interpersonal behaviors
- Referring to mental health and recovery is generally positive as it refers to everyone in the community
- Relapse as a term should be avoided because it is medical lingo and places a negative judgment on periods of illness and increased symptoms
- Terms like serious, significant, sever, persistent, and chronic provide the image of long-term difficulty – can lead to hopelessness

Something else to consider is how behavioral health as a term has been rejected with an expectation that Mental Health and Substance Use are not on the same level within our society. The reality is Mental Health and Substance Use tend to be very closely intertwined when working toward recovery and wellness. “I have a behavioral health diagnosis that can impact my ADLs and how I present in life sometimes.” As opposed to, “I’m Savannah, and I am Complex PTSD paired with Borderline Personality Disorder and Major Depressive Disorder.” As individuals, no matter our story, we have the right to choose how we are addressed when it comes to our disabilities. Consider the following terms when discussing your fellow peers:

- People living with a behavioral health disability
- People living with a Mental Illness or Substance Use
- A person living with insert diagnosis
- A person with difficulties with anxiety
- Someone experiencing a mental health challenge

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*Remember that we **CANNOT** “give” recovery to anyone, or even “instill” hope and recovery. What we **CAN** do is support people to find their own way in their recovery by walking with them, sharing our stories, listening carefully to people’s perspectives and for their strengths. Your job as a Peer Support Specialist is **NOT** to “recover people,” rather, to support people to find their **own inner wisdom**.*





1. This role play will allow you to identify offensive, non-recovery language and decide how to speak in more human, supportive, recovery-oriented manner.
2. After the role play is over, we'll take a few minutes to discuss the language and we might be more supportive of recovery by choosing different words than are in the script.
3. What can you **SAY** to support recovery? *Use the space below to jot down a few ideas of what you can say to support recovery.*

	<b>Script</b> (circle words that <b>DO NOT</b> support recovery)	<b>What you would say to support recovery:</b>
PSS	Hi (Name). How are you dealing your mental illness and addiction today?	
Person	Um, I'm okay, I guess. I'm a schizophrenic, so it's hard sometimes.	
PSS	Well, you're a disabled patient, and have chronic symptoms. How's your med compliance?	
Person	Well, they always said I was retarded, so I just try to do whatever they tell me I need to.	
PSS	And you've been an addict for a long time.	
Person	I'm working on it – I don't want to be handicapped for life!	

*“Words have power. They have the power to teach, the power to wound, the power to shape the way people think, feel, and act toward others.” ~ Otto Wahl*

Person first language refers to the practice of putting the person first when writing or talking about a person with a disability. Using person first language emphasizes the person rather than his or her symptoms or diagnosis. For example, it is preferable to say “the person with mental illness,” rather than “the mentally ill man” or “the schizophrenic.” We do not want to lose sight of the person just because a psychiatric label has been attached to them. Referring to a person simply by their diagnosis is on some level dehumanizing, even if this is not what the speaker/writer intends.

It is the hope of many in the consumer movement that print and online documents will use person-first language, which refers to people in a way that focuses attention on their humanity, rather than the existence of a disability, illness, condition, or characteristic. Groups and individuals are referred to by their roles and personal achievements, rather than their diagnoses or labels.

## Hope & Possibility

### What is “Modeling Hope & Possibility?”

Modeling hope and possibility is bringing the reality or the “evidence” of recovery from mental health and substance use challenges through your presences, words, and deeds.

Take turns reading these aloud.

- “Peer support is based on the belief that people who have faced, endured, and overcome adversity can offer useful support, encouragement, hope, and perhaps mentorship to others facing similar situations.” (Davidson, Chinman, Sells, & Rowe, 2006, p. 443).
- Peer support is “a system of giving and receiving help founded on key principles of respect, shared responsibility, and mutual agreement on what is helpful.” (Mead, Hilton, & Curtis, 2001, p.135).
- Peer support advocates often promote critical learning and the “renaming of experiences” based on peer learning and experiential knowledge (MacNeil & Mead, 2005). For people in recovery, “critical learning doesn’t assume a medical definition of the problem and opens us to exploring other ways of thinking about the experience” (Mead & MacNeil, 2004, p. 10).
- “Yeah, it’s nice to know...it’s like having someone that you can confide in, you feel like you’re kind of in the same boat....She was depressed, homeless, with a drug problem. And that’s where I was. And I’m newer to it. She’s got a car, she’s got her apartment, and I’m building those things, and it’s just...you know, somebody who really knows.” (Person describing experiences with a peer provider, from Davidson, 2012).



1. What do the quotes above tell you about the role of a Peer Support Specialist?
2. Which of the quotes make you hopeful about what you might do as a Peer Support Specialist?
3. What is your personal definition of **HOPE**?

## Hope: Definition

- A feeling of expectation and desire for a certain thing to happen.
- To want something to happen.

### EXAMPLE OF MODELING HOPE & POSSIBILITY

*Cynthia recently completed her Peer Support Specialist certification and has been hired at an agency that supports people with mental health and substance use challenges. Cynthia used to live in the area and used services at that same agency five years ago. She considers herself a survivor of all she's been through, and even of some of the treatment she's undergone. She knows it will feel awkward and good at the same time to bring her peer support to that agency because she knows that for some folks who use services, life can feel pretty hopeless. On her first day, staff show her around. In the reception area, an agency client asks her who she is. She says she's a peer specialist, but then thinks about it and says, "I'm an alumnus. I was here about five years ago." Another person asks, "You mean as staff?" She says, "No, I was in services – just like you."*

1. Why might it be both, "awkward and good" for Cynthia to bring peer support to the agency where she was a client?
2. What is Cynthia communicating to the person in the reception area?
3. Why is it important for her to say that she used services too?
4. How is Cynthia being an agent for change?



1. Cynthia is communicating to people that there is a "way out." She is saying, with very few words, "I am the evidence" that something can happen to make your life different.
2. She's not defining it or describing it, she's simply opening the door to something new and different that people may be unfamiliar with. She's planting the seeds of hope and possibility.

## Hope & Hopelessness

Take turns reading aloud the following points.

How does behavioral health diagnosis or treatment contribute to hopelessness? Common experiences include:

- Taking on a “patient” or “addict” role and losing identity; or taking on care-taker role and losing identity
- Falling behind friends educationally
- Having your or your family’s every move viewed under a magnifying glass
- Becoming demoralized by not only symptoms or experiences, but also by your experiences with systems with which you interact
- Having every day emotions seen through the lens of illness, addiction, and brokenness
- Losing control over your family and choices for your child’s wellness
- Losing your freedom and right to self-determination
- Experiencing discrimination from society, including distancing, labeling, and judgement
- Experiencing major losses, like home, family, job, and friends

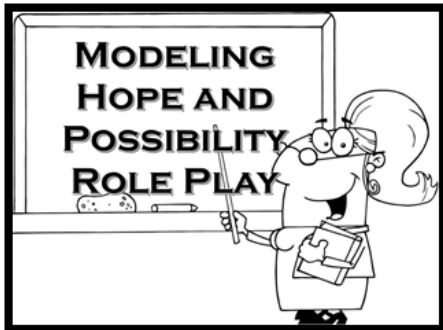


1. When you think back on the years of struggle and distress – you likely hit a turning point when professional help was introduced and you, your child, or family member received a diagnosis and the help you needed to move forward and improve your quality of life.
2. For many of you, this was a life-altering time – not only from the physical and emotional distress experienced, but in an increase of *internal stigma* and *external stigma*.

The legacy of loss and trauma a peer may experience makes it critical that the first thing we do as PSSs is inspire hope and possibility in those places where hopelessness lives. We can’t “instill” hope, but we can “inspire” hope and possibility by being present and by being hopeful about recovery ourselves.

1. Have you ever felt hopeless about recovery?
2. How did you start to overcome that hopelessness?
3. How might your experiences with overcoming hopelessness help someone else?
4. What recovery experiences have you felt hopeless in? (2-3 sentence answers)





1. Pick a partner.
2. One of you will be the Peer Support Specialist: You will model Hope and Possibility. Be there for the other person with *hope* for their recovery through words and through your hopeful presence. **Don't try to FIX the peer or their situation.**
3. One of you will be the Consumer: Pick an experience from the discussion we just had that you can relate to **AND** feel comfortable talking about as a peer. Describe your experience that you've had or are having. Notice what your PSS says and observe "does it Model Hope and Possibility?"
4. Do this for at least 5 minutes in your role. Instructor will tell you when to switch roles.
5. Be prepared to share. Take notes if needed.

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## Overcoming Learned Helplessness

### What is Learned Helplessness?

Learned or taught, helplessness is believing that you have no control over your situation – that nothing you do can make a difference.

Over time, people may lose touch with their own opinions, preferences, values, and choices. They look to those in authority to make choices for them and believe they must comply. They may lose touch with their own power and inner wisdom. Every time we make a decision for someone, we're continuing that cycle. The PSS role is to support the person to discover their own unique wants and desires again.

### Examples:

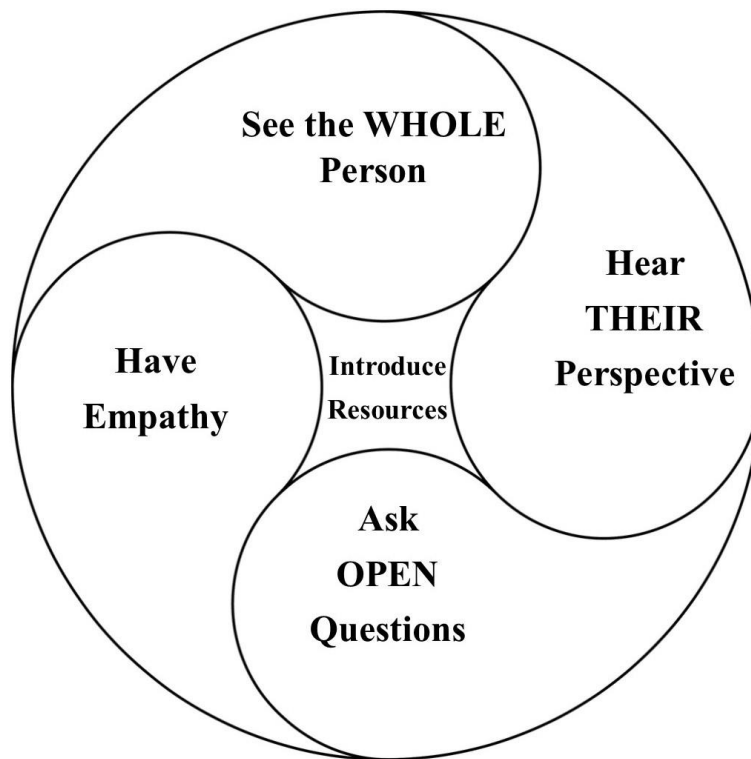
- "This is the way my life is. Things will never change."
- "They say I'm 'unmotivated' to do anything with my life. I would be motivated if it made a difference."
- "You're the expert, can't you just tell me what to do?"



1. Can you relate to the concept of learned helplessness? How has it impacted your life and recovery?
2. How can we support someone to become self-determining if they have learned helplessness?

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**How to impact Learned Helplessness:**



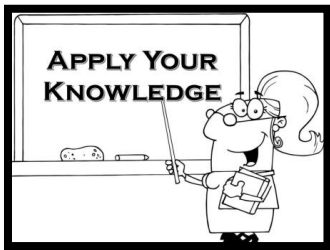
1. What is the most important things you learned thus far in your PSS training?
2. What is one thing about the PSS role that surprised you today?

**SAMHSA Expectations of Peer Support Specialists – *Let's Review***

The point of revisiting this is to allow you to review what you learned online and allow for conversation following the *Defining Your Role* piece we just completed. There was a lot about

what your role **IS going to be**. This part is the **WHY** it's going to be that way. (Use Appendix to review each item if necessary.)

<p><i>Peer Support Specialist</i> – Principles &amp; Values</p>	<ul style="list-style-type: none"> <li>• RECOVERY-ORIENTED:</li> <li>• PERSON-CENTERED:</li> <li>• VOLUNTARY:</li> <li>• RELATIONSHIP-FOCUSED:</li> <li>• TRAUMA-INFORMED:</li> </ul>
<p><i>Peer Support Specialist</i> – Core Competencies</p>	<ul style="list-style-type: none"> <li>• Engages Peers in Collaborative and Caring Relationships</li> <li>• Provides Support</li> <li>• Shares Lived Experiences of Recovery</li> <li>• Personalizes Peer Support</li> <li>• Supports Recovery Planning</li> <li>• Links to Resources, Services, and Supports</li> <li>• Provides Information About Skills Related to Health, Wellness, &amp; Recovery</li> <li>• Helps Peers to Manage Crises</li> <li>• Values Communication</li> <li>• Supports Collaboration &amp; Teamwork</li> <li>• Promotes Leadership &amp; Advocacy</li> <li>• Promotes Growth &amp; Development</li> </ul>



1. Go around the room and read each of the above aloud. When you read your principle, value, or competency – share a thought of how that has been applied in your recovery, then share a thought of how you can model that for the consumers you'll serve.
2. Once all the items have been discussed, go back around and share how this exercise gave you more insight to your new role.

*The Foundation of genuine helping lies in being ordinary. Nothing special. We can only offer ourselves, neither more nor less, to others – We have in fact, nothing else to give. Anything more is conceit; anything less is robbing those in distress. ~ Pearson, 1988*



Slide	Time	Video Title	YouTube Link
29	1:47 m	Power of Recovery Language	<a href="https://www.youtube.com/watch?v=U26wtQnavwI">https://www.youtube.com/watch?v=U26wtQnavwI</a>
36	2:50 m	Not Good Enough	<a href="https://www.youtube.com/watch?v=8VoIq7SYwJY">https://www.youtube.com/watch?v=8VoIq7SYwJY</a>
39	19:22 m	Creating Hope	<a href="https://www.youtube.com/watch?v=Z451JTU2fok">https://www.youtube.com/watch?v=Z451JTU2fok</a>
43	9:50 m	Recover Out Loud	<a href="https://www.youtube.com/watch?v=iAO5cBDvLlc&amp;t=26s">https://www.youtube.com/watch?v=iAO5cBDvLlc&amp;t=26s</a>
45	5:43 m	Learned Helplessness	<a href="https://www.youtube.com/watch?v=YOJBL8uLT2U&amp;t=54s">https://www.youtube.com/watch?v=YOJBL8uLT2U&amp;t=54s</a>



## Module 3: The Foundation of Peer Work & The Four E's

### The Partnership

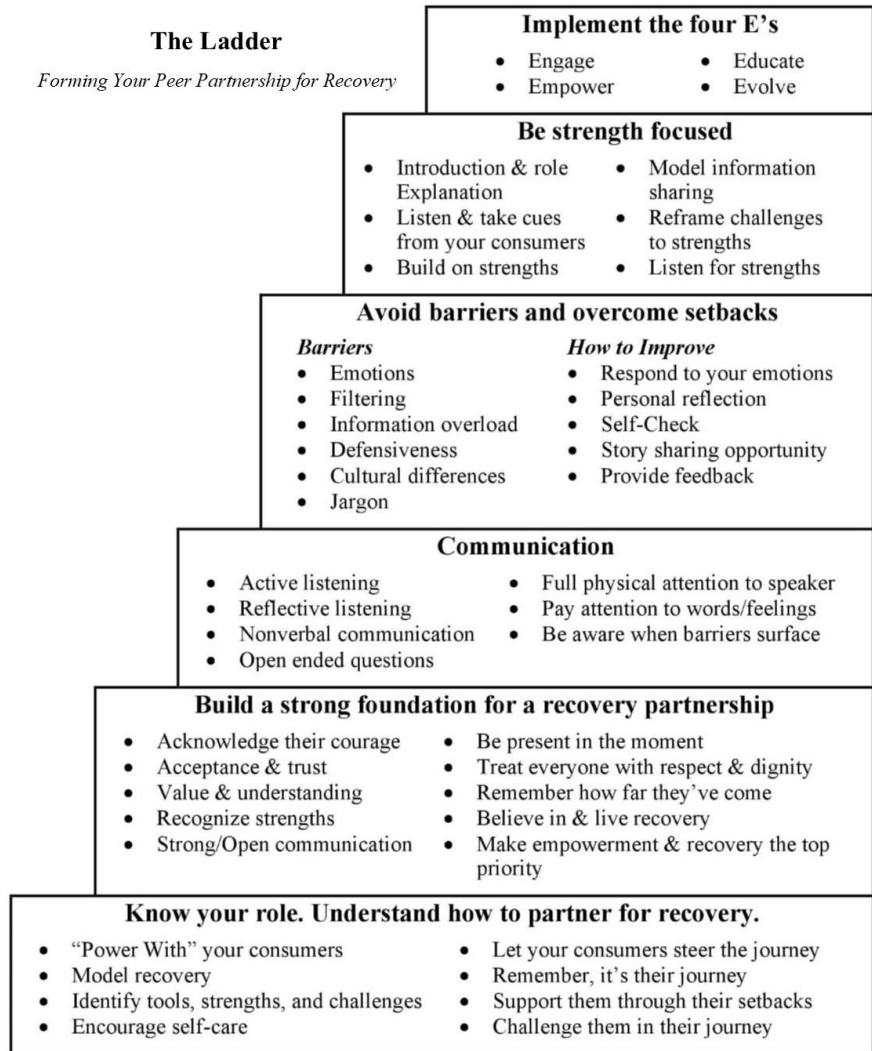
In your role as Peer Support Specialists, your primary task is to model recovery. Before you can even attempt that though, you must first build a partnership with your peers. A lot of times, that is easier said than done considering what your peers might have experienced in their past. Those experiences can build high retaining walls around one's recovery and can be problematic depending on where the peer is when trying to connect with them. In this module, we're going to explore the partnership we need to successfully pursue recovery, beside our peers. We'll discuss the very core of our jobs as Peer Support Specialists, the tools needed to extract best results, and common barriers that impede this part of your job.



1. What words come to mind when we say, "Peer Partnership"? Why Partner?
2. What do you think of the analogy that follows below?
3. What kinds of partners do you think of when you see the definition?
4. How would it benefit you to be a peer partner who "journey's together" with others?
5. How would it benefit the other peer or family member?

Like Maslow's Hierarchy of Needs, peer support services are provided in a sequential order to support the consumers' recovery. Peer partnerships require strong listening skills; commonalities and/or common interests to assist in rapport building; understanding and respect for their culture, values, and spiritual beliefs; beginning the journey where they are at in the moment – not where you think they should be; an ability to articulately

**The Ladder**  
*Forming Your Peer Partnership for Recovery*



present all options as well as potential consequences without soliciting advice; and sharing your story when it can be helpful. Let's develop an understanding of how this role differs from others in treatment teams and start to develop the skills needed to make recovery happen.

**Know your role & understand how to partner for recovery**

**Know your role.** Maybe the hardest part of our job is to personally know how to fix something, how to get through it, and even that the choice has catastrophic outcomes; and not being able to do anything about it. If you do this job long enough, you'll be sure to have such insight on more than one occasion. And in the same breath, we'll each know that the consumer facing the situation is the one who needs to take the reins and steer the transition. Each time you work with your peers, ask yourself, "Who's journey is this?" Then remind yourself, "That's who's in charge." YES, your peer is just beginning this leg of their journey. Yes, they're going to struggle. Your role in this transition is to model recovery, problem solve, encourage self-care, identify tools and barriers,

empower, support through setbacks, etc. Never work harder than your consumer. But support them endlessly.

***What is partnering?*** As peer support specialists, we are ordinary people in unique roles. There's nothing glamorous about where we've been or what we've overcome or even what we do. That frame of mind will take us each to great opportunities with the peers we serve. When we frame our recovery experiences as a day to day opportunity, we are opening the peer's minds to great possibilities.

In this role, we differ from the traditional Behavioral Health profession by building a more holistic partnership with our peers. As a partner in a relationship, the power and control piece is replaced with the "power with" modality as a way for our peers to feel equal in this journey. It reflects a strong trust between the specialist and the peer, a willingness to be supported, have a place at the table, and be heard. By opening those opportunities, the peers are able to find their own truth, evolve their own wisdom, then set and achieve their own goals in recovery and beyond.

***Relationship Building.*** Before we get too far into this piece, let's talk about the importance of the relationships you'll each forge with your peers. Let's discuss that first meeting, when the peers are referred to your services. It's usually to help extract what's below the surface of why their services were initiated in the first place. They've probably plateaued with their treatment providers in the traditional settings. Your job that first day is two-fold: Build rapport and instill hope.

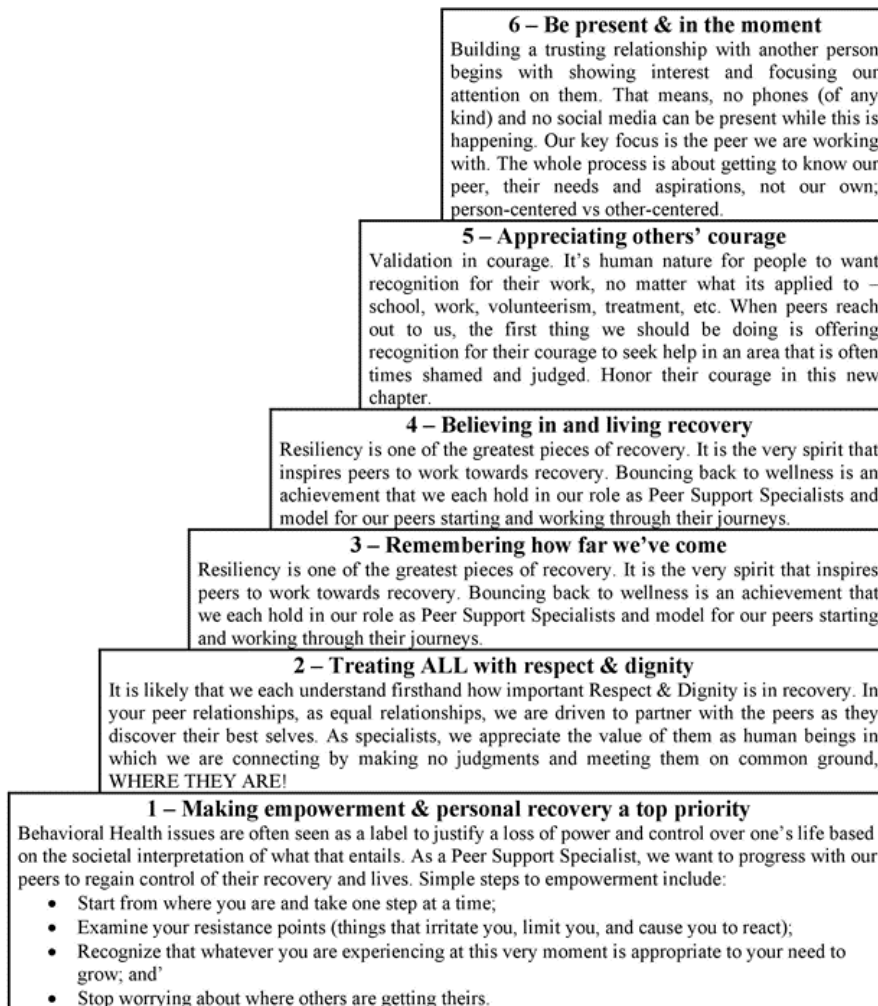
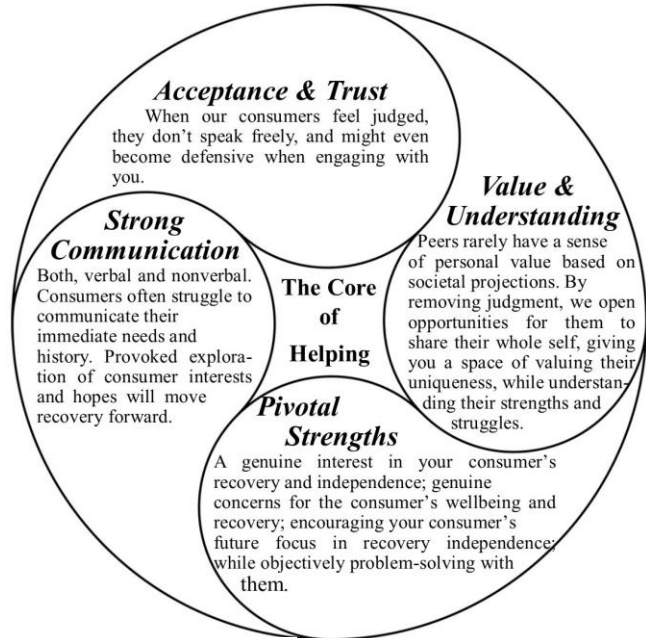
As a peer support specialist, you will be a safe haven from their current daily norm, and that can and will take many forms: something to eat, a warm shower & fresh clothes, or even an ear and kind smile. These small gestures will serve as gateway actions to a far greater opportunity in both, their recovery and daily life.



1. How does partnering with our peers play into the Peer Support Specialist Roles?
  2. What do you see partnering as?
  3. How can you utilize that to support recovery & wellness in your peers?
  4. **Take turns** sharing how your recovery experience has prepared you to be a peer support specialist.
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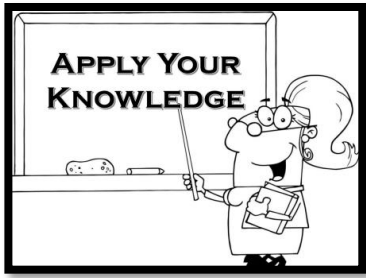
## Build a strong foundation for a recovery partnership

The Peer Support Specialist, Peer relationship warrants the same attention and care as our most intimate relationships. They will require a conscious investment of attention, time, and maintenance between you and the peers you individually serve; attention to detail, and a willingness to build on the future of your peer's recovery. Peer support specialists need specific characteristics to ensure positive, productive relationships with your peers.



*Foundation Skills for Peer Support Services*

Like most positions in our field, the Peer Support Specialist role has a specific set of skills that help pave the way through recovery by giving ourselves and our peers a strong foundation in the helping relationship; otherwise known as “Foundation Skills”. The foundation skills consist of six opportunities to engage and support your peers through their individual recovery journeys.



1. Count off 1-6
2. Select the foundation skill identified by your number and discuss how you've each seen this skill modeled by someone.
3. Come up with how you might use this skill yourself as a Peer Support Specialist.
4. Be prepared to share.

Take notes if you need to:

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### Effective Communication

According to the dictionary, communication is the exchange of thoughts, messages, or information, as by speech, signals, writing, or behaviors. That is a wide range of things going into the communication between two individuals. Good communication requires a lot of things. Let's look at what you'll need to successfully engage your consumers.

Feel Free to Take Notes →



Effective Communication Video

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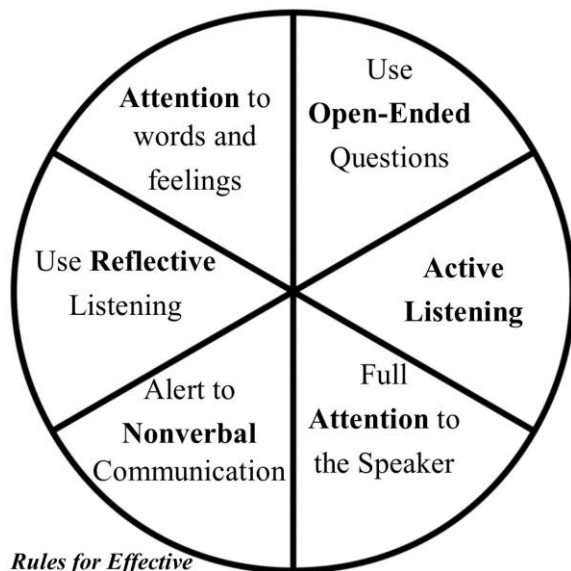
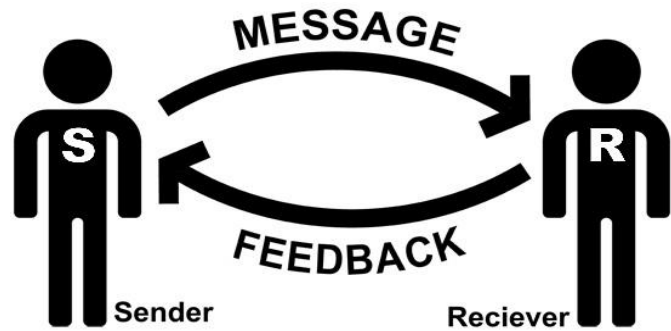
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When we communicate to people, we are using our body, our emotions, our personal agendas, our beliefs, our dislikes, our passions, in addition to our voices to get our point across to the others invested in the communication. At no time in the communication exchange is it simply verbal. Even silence paired with body language and facial expression demonstrates a level of contemptuous disgust without so much as a word.



*Rules for Effective Communication in Peer Support Services*

### Using Open Ended Questions.

We’ve all been in our first intake, though it seemed like we’ve done it a hundred times before. The specialist staring at their clipboard or computer screen rambling off questions, prefaced with, “Please give as much detail as you can.” They barely made eye contact when they called you in from the waiting room and now you have the awkward expectation to ‘spill your guts’ in the next fifty minutes before they cut you off and schedule

part two. While they’re intended to be much more than that, the intakes are filled with closed-ended questions; answered with a simple nod, “yes”, or “no”.

For obvious reasons, that is not the desired interaction when working with our peers. Getting to know our peers should consist of a free-flowing conversation with gradually intense open-ended questions. A great tool to use is the Motivational Interviewing OARS tool (Appendix 2), which simply expands and breaks down the steps to open-ended questioning.

A lot of times, our peers and even ourselves, struggle to answer questions. We respond with things like, “I don’t know.” Or silence because we can’t think of a response quickly. In those moments, when our peers appear burdened by the task of answering questions, dial back the questions to be heard as comments while still being open-ended. So, what do those look like?

### *Open-Ended Questions*

- Who is important to you? Tell me a little more about them. Why are they important to you?
- What is your typical day like? Is there anything you'd like to change about your daily routine?
- What was/is your favorite thing about school or work?
- If you had a choice of any one thing to do right now, what would it be?
- What do you like about yourself?
- What activities or things help you relax?
- What new activities would you like to try?

### *Open Ended Comments*

- I bet you have some people in your life that are important to you and could tell me stories about them.
- We all have to get up sometime in the day and get to our routines, sometimes it gets to be a hassle.
- I hear you've spent some time in school, lots of interesting stuff you get into in school.
- Lots of people get to where they wish they could do one thing to get themselves moving, they know just what it would be but can't get to a place to just do it.
- I'll bet there's some things you like about yourself...could do to relax...would like to try, etc.

**Active Listening.** Listening is an act we often elicit to solicit a response to what we are listening to. In our role as peer support specialists, we gear our listening to understand the peer and support their recovery. Active listening is when we, the listener direct full focus on the speaker, affirming their message and their feelings. By active listening, we're attentively engaged and responding directly to what was said. As peer support specialists, two things come from this – the peer is affirmed in being heard and valued with where they presently are in their recovery, thus improving the mutual communication in the helping relationship.

Consider this. When we are listening to peers, they're giving us their road map to their personal recovery journey. As an active listener, you're telling your peers that its safe to build a helping relationship with you. Be cognitive and demonstrate empathy to project understanding by using mindfulness techniques to drive focus.

**Full Physical Attention to Speaker.** In addition to “listening”, active listening requires appropriate body movements, eye contact, facial expressions, and posture. That indicates to the speaker that what they're saying is important and we are present as well as intent on understanding them. Here's some techniques to consider using:

- Leaning gently toward the speaker
- Facing the other person directly
- Maintaining an open posture with arms and legs uncrossed
- Maintaining an appropriate distance
- Gentle head nodding or responsive facial expressions

**Nonverbal Communication.** By observing the peer's body language, we gain insight into how that person is feeling as well as the intensity of the feeling. Through careful attention to body

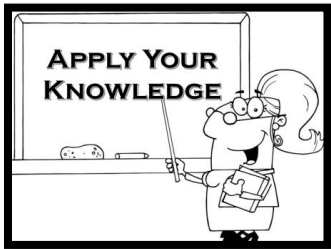
language and para-verbal messages, we are able to develop ideas about what the peer is communicating. Body language is physical presentation of the peer; body movements, eye contact, facial expressions, and posture. Para-verbal is the messages that we transmit through the tone, pitch, and pacing of our voices. It's crucial to understand the para-verbal messages when communicating with someone as they account for 38% of how we interpret what's been spoken to us. We can then, through our reflective listening skills, check the accuracy of those ideas by expressing in our own words, our impression of what was communicated.

**Reflective Listening.** As a peer support specialist, it is our job to focus on the feelings in what the peer is sharing. The go-to question is going to be, "How would I feel if I was experiencing this?" By processing what the peer shared with you, then restating or paraphrasing the FEELING of what you heard in a manner that conveys understanding, you assure the peer that you are present and engaged. Included in reflective listening is paraphrasing, reflecting feeling, summarizing, and questioning. What do those mean to you in your interactions with others, personally or professionally?

<i>Paraphrasing</i>	
<i>Reflecting Feeling</i>	
<i>Summarizing</i>	
<i>Questioning</i>	

**Paying Attention to Words & Feelings.** Feeling and content are key to understanding your peer's message when they talk to you. It is human nature to override the emotional aspect of the message/conflict and move straight to the substance of the issues. This often leads to a rise of intense emotions. Sometimes, the emotions are the crucial part of the statement and need to be acknowledged and named in an honest discussion about them prior to problem-solving.





1. Independently read the case study.
2. Since this is a phone call, the nonverbal cues are harder to assess, so, you'll use the reflective listening tools we just covered to write a response to Nick's frustrations. Write your responses below.
3. Now, get a partner and take turns being the Crisis Peer and working to engage the other being Nick. Once you've both had a turn, return to the group to discuss what you learned.

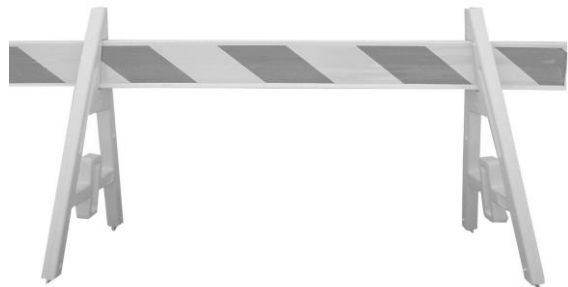
*Nick calls his local crisis line daily and shares his struggles with the crisis counselor. One day he asked the crisis counselor why it was so easy to talk to her, like she already knew what he was going to say. She said, "I was making this same call just eight years ago, almost daily. Once I reached a certain point in my recovery, I became a Peer Counselor. I think you would really benefit from working with a peer counselor." Nick was silent for a moment, then said, "That seems scary. Besides, I like the autonomy of calling in. I've tried therapy and it hasn't worked yet." The crisis counselor could hear defeat in Nick's voice as he responded to their suggestion.*

Write your responses here.

<i>Paraphrasing</i>	
<i>Reflecting Feeling</i>	
<i>Summarizing</i>	
<i>Questioning</i>	

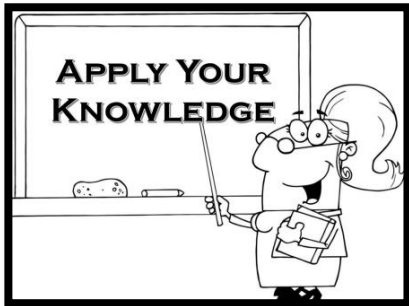
### **Avoid barriers and overcome setbacks**

First and foremost, refrain from trying to identify and label one's communication style. Rather than place them in a box and limit communication opportunities, focus on offering unconditional positive regard as the primary headway to engage



your peers. Effective communication is built by eliminating common barriers between the sender and receiver, regarding the message and the feedback. Let's Talk about those barriers.

<i>Emotions</i>	
<i>Filtering</i>	
<i>Information Overload</i>	
<i>Defensiveness</i>	
<i>Cultural Barriers</i>	
<i>Jargon</i>	



1. Independently, think back to your most disliked treatment experience. (Use the space to write down the following.)
  - Review it against each barrier.
  - Now think about how it could have been made a better experience.
  - Be prepared to share your thoughts.
2. Consider this: Sometimes when a person feels symptomatic, their ability to express themselves is impaired. It can affect the way a person speaks, their body language, and how much they choose to talk. Many people have experienced communication challenges such as having less facial expression, speaking in a more monotone voice or reduced volume, having less to say to others or as some have described, feeling like they were a “prisoner in a cage.” Let’s discuss what those barriers feel like and what techniques might be helpful for a peer support specialist to try to break them.

Barrier Exercise:


**Ways to Improve**

None of us are perfect! Especially in the realm of behavioral health and communication. We all know that there is always room to improve how we interact, interpret, adjust, and communicate to best serve our consumers – by being open to change in our personal communication, we anticipate growth and development. This is accomplished by being accountable for how you respond to your emotions and experiences – APPROPRIATELY.

Listening is the key to helping. Everyone can agree on that. Now consider being present (in silence) while one experiences and processes their pain; it’s validating. Even in silence, you help – no judgement or labels. In silence, you can self-check to assure your experiences don’t impede on your role; reflect your understanding to the consumer; and when appropriate, share the part of your story that supports their situation. Above all else, be open to feedback – both, offering & receiving.

**Be strength focused**

*Discovering Our Strengths.* **“What’s the problem?”** Think about what you personally heard each time a professional asked you that during your recovery. Most of us felt about two inches tall – judged, or worse, driven to silence and shame. On the flip side, **“What’s worked in the past?”** focuses on how your peers have continued to “hold it together” this long.

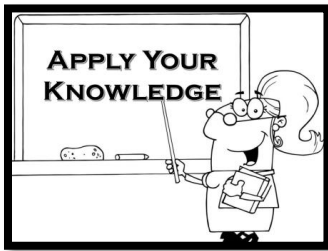
There’s a difference in how those interactions can impact our peers. When we step into a situation with our peers, we have only two options – negative focus or positive focus. Stress impacts us all differently. Add behavioral health, family stressors, domestic violence, or any other

ACES factors (Appendix), and you're overwhelmed, thus limited in your reactions. When someone steps in to help in those crucial moments, which would you choose?

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***Which would you rather hear in that moment?***

1. Why do you keep doing that? You know it doesn't work.
2. Doesn't sound like it worked how you thought it would. Was there anything that you felt worked we might be able to build on?



1. Pair with someone you haven't worked with yet.
2. Introduce yourself. Explain your role as a PSS and lived experience using the guidelines below.
3. Now switch with your partner and let them introduce themselves as a PSS to you.
4. Share with the class how this experience will help you be the Peer Support Specialist.

- Be alert to all the nonverbal cues between you and your partner
- Use the environment to identify cues attached to interests, hobbies, etc. Avoid getting too personal in the beginning
- Model to the consumer "information sharing" by talking about your own experiences, hobbies, traits, or preferences. (When sharing – stay alert to your triggers and how they might impact the experience for either of you.)
- Listen actively while taking cues from your consumer. Reframe and restate when necessary.
- Pay attention for your consumer's strengths, community, and family – take notes!
- Recap and share what you learned about them with your consumer. Discuss and expand with your consumer as you share the strengths you could identify.
- Add those strengths to their recovery plan and continue to identify/add new strengths throughout the recovery process.
- Always build on your consumer's strengths. Promote recovery.

**What are Strengths?**

By definition, strengths are our positive attributes. We all possess them as do our families and communities. What may not appear as a strength on the surface, can be a resource that's helped the person be resilient and achieve their goals. As Peer Support Specialists, we'll be responsible for assessing the peer's strengths and skills while breaking them down into smaller batches to ease development and integrate resiliency in their new normal. In addition to breaking down their

strengths, you'll also utilize a wider spectrum to assure you catch all the skills & resources your peers possess.

1. ***Attitudes & Values:*** These can be cultural, family, spiritual beliefs, and even rituals. They are our attitudes and values as a compilation of experiences and personal interpretation of the world around us. Our attitudes and values are a holistic dialect of one's experiences thus far which means they can and will change as our situations evolve and we grow. One's values are a motivator to both, good, and bad decisions, that also include ethics. Most of our attitudes have an underlying cultural context and it will be the forefront of our work and daily interactions use that knowledge as a tool from the very beginning.
2. ***Skills, Abilities, & Interests:*** Whilst asking your consumers about their social skills, special skills, talents, interests, and hobbies is crucial; in the immediate moment when meet them for the first time, then speed through introductions, they're still trying to register your name. Be patient and know that these details will be the very foundation of your consumer's recovery. Also, for the purpose of rapport building, remember that our skills & interests are concrete which makes them a good place to start tapping into your consumer's strengths. These will be clear and natural, both, in discussion and action. This will grow abundantly as their recovery continues to evolve.
3. ***Supportive Relationships & Resources:*** Depending on where we each are in our recovery, we may or may not have a support network in place for the day to day things we face. Sometimes, just like we did, our consumers have burned their bridges. Those mistakes don't keep them from needing supportive relationships with other individuals or even communities – family, social groups, or social systems are all very important to recovery and resilience.
4. ***Voice & Choice:*** Consumers in behavioral health are usually beat down by the system when we begin working with them. Because of that, you'll likely have to help them develop their ability to use their voice and make their own choices. This strength will assist them in challenging situations by helping them to feel heard and assess all their options prior to making the decisions – empowered.
5. ***Reframing:*** As consumers, when we are struggling, we rarely see past the negativity. You'll see that in your interactions with your consumers. Since that negative reflection is really just a coping mechanism, it is your job to reframe it into a positive reflection

through reframing. “I realize that feels like a failure. But it looks like you handled it really well, even though you didn’t get what you wanted. Can we talk about how it might have gone differently?”

### **How to Identify Strengths**

Like everything else in the world of recovery, there’s a process when working to identify your peer’s strengths. It’s a conversation over several visits focused on learning **the whole person**. This is crucial when attempting to build rapport and drive recovery. These guidelines will help Peer Support Specialists find greatness in their peers.

1. ***Introduction & Role Explanation***: This should be your initial meeting. Share that you have a similar background and history. Use your story to get their buy-in. “I’m your equal”
2. ***Take Cues***: Visually observe things that will help you speak to the client at their level and engage them in their recovery goals. Look around the area of their home that you are sitting in, check out their clothes, the screensaver on their phone, etc. Be creative and observant.
3. ***Model Information Sharing***: A lot of our initial work is from the consumers observing us. They’re used to therapy and the restrictions of professionalism. By sharing our stories, we model for them how our interactions are going to proceed. What you do will likely spark them to share similar experiences in that moment.
4. ***Listen & Take Cues from the Peer***: Prompt only when necessary and share only as much as is needed to support that consumer in that moment.
5. ***Listen for Strengths***: Don’t overlook these when they can identify them themselves. Also, share when you hear one in the conversation – often times, consumers don’t see strength, they see no value in where they’ve been. Begin a Strength List with your consumer so they can observe opportunities to help them when they need it.
6. ***Build on Strengths***: Add to this list as often as possible and take away from it when something isn’t helpful anymore. The Strength List changes consistently with the consumer in their recovery stages.
7. ***Reframe Challenges to Strengths***: By reframing consumer struggles to opportunistic strengths, consumers are given insight to move through recovery. Offer that challenge every chance you get; you might be the only person able to see it at that moment and your consumers NEED to hear that.

8. **Document Clearly:** Documentation is crucial in all of your work. That is how you and your agency get paid. Clear, accurate, detail-oriented notes that reflect identifiable growths and insight are going to keep Medicaid/Medicare from rejecting your claim.

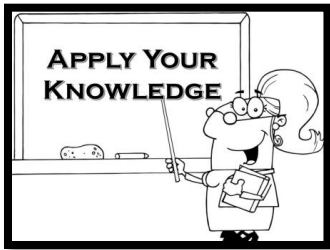
**Why Strengths?**

That’s a lot of ground on how to identify and use strengths in your new roles. It’s really easy to focus on the task at hand. Just like you were able to identify why you chose this role in the first place, now consider why strengths are so important in recovery.

Strengths help you develop a balanced picture of the individual and their situation.  
 Strengths pull people through crises.  
 Strengths act as a building block to establishing trust, rapport, and a relationship.  
 Strengths are the most useful element in planning toward their goals.  
 Strengths help discover motivational factors.  
 Strengths counterbalance negative cultural messages based on stigma.

**Take a few minutes and add your own positive things (at least two) that Strengths bring to recovery in your new role.**

Strengths
Strengths
Strengths
Strengths
Strengths



1. Pair with the same person you did last time.
2. This time share the **second experience** you had with recovery. What prompted it? How did you decide what to do? What was the outcome? Use the guidelines below as you share.
3. Now switch with your partner and let them share their experience.
4. Be prepared to share.

- **Both** – Be alert to all the nonverbal cues between you and your partner
- **PSS** – Share what you are comfortable sharing.
- **PSS** – When sharing – stay alert to your triggers and how they might impact the experience for either of you.
- **Listener** – Refrain from asking questions.
- **PSS** – Reframe and restate when necessary for understanding.
- **Listener** – Pay attention for the PSSs strengths, community, and family – take notes!
- **Listener** – Recap and share what you learned about them with your PSS. Identify at least 3 strengths that you heard in their story.
- **Listener** – Share one positive takeaway to your PSS that you gained from their story.

Take notes if you need to:

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## Teaching the Tools for Recovery

The CORE of Peer Support in the Behavioral Health system is a short list – model recovery, humanize the setbacks, celebrate the successes, and empower the consumer to face their challenges with dignity. This is what you’ll be doing throughout your career as a Peer Support Specialist. Much like other helping positions, PSS have a standard point of reference when beginning this process with your consumers. We’ll begin this Module by developing an understanding of the **Principles** and **Stages of Recovery**, then learning about the **Four E’s** and how they can be applied to every consumer interaction, then tying the Four E’s to the Stages & Principles of Recovery as a holistic approach.

### Principles of Recovery

As you can see, there are several parts to recovery that apply across the board, whether you’re dealing with addiction, mental health, trauma, or all of the above. Recovery requires all these components to serve the consumer and all that is them. By utilizing the recovery wheel, you will be able to show your consumer exactly how your service is helping them in that moment of their recovery.

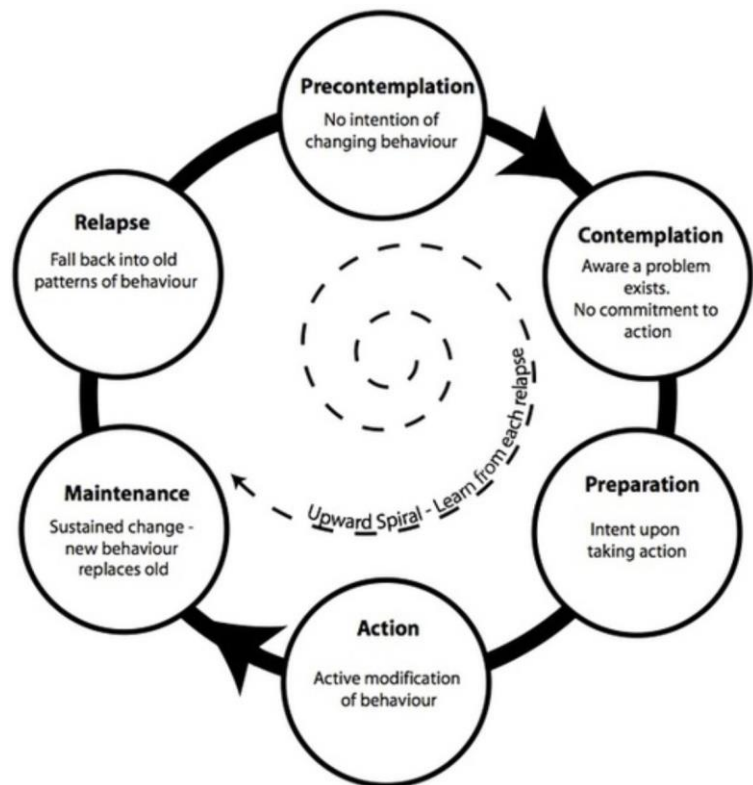
We are going to discuss each of these, as they apply to what you do for each of your consumers every day. Each of these principles in recovery are very personal. They’re going to be different with every consumer you serve and will never cycle through in a specific sequence. It’s your job to know which one needs to be addressed at various points of their recovery. These principles are something to be alert to, but, they’re not the only thing when dealing with recovery.



### Stages of Change

Again, this is applicable to all walks of recovery – mental health, trauma, addiction, domestic violence, grief, etc. This concept requires sequential focus. While the middle parts can be fluctuated and will often be revisited in the life of recovery, the beginning is always the same, “I want recovery,” and the end result is also the same, “another day closer.” The stages of change are as follows – pre-contemplation, contemplation, preparation, action, maintenance, and relapse.

In pre-contemplation, just like you did in your recovery journeys, your consumers are going to be resistant initially to the change that's brought them to you. At this point, consumers are upset about where their lives have them, but don't fully understand why it's happening. Your job here, is to support an understanding of where they're at right now and help them out of their hopelessness by modeling recovery and reassuring them that they can do this.



When you move to the contemplation state, your consumer has come to a place of acknowledgement. They've acknowledged the problem and began to problem solve. In this stage, they still don't fully understand the problem beyond its existence, and that's okay. Ultimately, this is the "I'm going to change" stage.

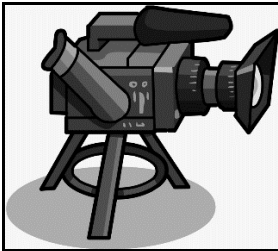
Moving onto the preparation stage stirs up several emotions – anticipation, anxiety, and excitement. Here, they've begun planning to act and adjusting to begin the behavior change process. However, there's still some ambivalence to be resolved. That's your task; continue to support and offer insight to how recovery will offer positive change.

The next stage is ACTION. Here, peer support specialists will function from the sidelines as a cheerleader, reaffirming their actions and energy investment into their change. As the consumer's peer, you will continue to model and stabilize when they question their choices and hard work.

Like all new opportunities, once implemented, they require daily upkeep and maintenance. The change will always have the ability to relapse into old habits, behaviors, and actions. Here, you've already developed a Recovery Plan and made sure your consumer has a copy of it (multiple copies are best) to combat relapse. But, now you get to support the rewards your consumer has made for themselves.

Prepare yourselves and your consumers for the stages of change and how that journey plays out, non-linear, and all over the place emotionally. Offer reassurance to them as they go through their recovery journey as well as the emotional struggles. Validate their growth. Celebrate their strengths. Above all else, hold their hands and affirm their direction is what's best for them.

Feel Free to Take Notes →



Stages of Change Video

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**The Four E's – Engage, Educate, Empower, & Evolve**

As peer support specialists, your work is crucial for your consumer's recovery. The work you do can be summed up by the Four E's: Engage, educate, empower, and evolve – every single consumer. By engaging them wherever they're at, educating them about the three R's – Recovery, resiliency, and relapse, and empowering them to be their best selves, you assist in evolving them into active community members in recovery. Each of the four E's offers opportunity, knowledge, and growth to the consumers you'll serve.

**Engage:** When engaging your consumers, be genuine and authentic. Their experiences thus far likely consist of being told what to do and limited in their level of choice. Engaging your consumers has a lot to do with rapport building and very little to do with therapeutic gain or advancement in recovery. So, what do we mean when we say, “Engage your consumers where they're at,”?



1. Think back to your first 12-step meeting, inpatient admission, peer support encounter, etc. Now, identify the first person you engaged within that experience.
2. What was your immediate response to them and the interaction?
3. **Take turns** sharing how your recovery experience has prepared you to be a peer support specialist.

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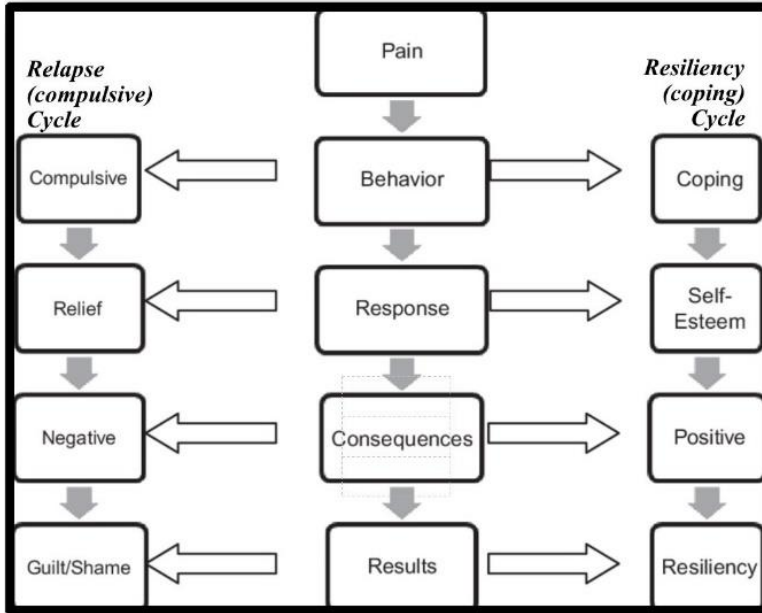
First impressions are crucial in life, even more so as you begin to rebuild yourself in recovery. Your consumers need to feel your authenticity. This requires an absence of judgment, a high dose of compassion and empathy, topped off with the open-mindedness it takes to support the individual's journey in recovery.

Engaging consumers where they're at can and does mean several things: where they're at mentally and emotionally in the recovery process. Where they're comfortable meeting physically. Where they aspire to go in life, post recovery. Where they're comfortable amidst the recovery process. Recovery is meant as an individual thing. Your job is to tie all these together and support it. Engagement is simply where it starts.

**Educate:** Before you get too far into your consumer's recovery journey, post-engagement, you need to educate them on what to expect; the three R's – Recovery, Relapse, & Resiliency. You know as well as the next peer these all go together and preparing your consumers for that is crucial.

Recovery is both a mindset and a journey specific to each of the individuals you work with. As an educator, teach your consumers the uniqueness of recovery. Teach them to accept the journey as it comes, hiccups and successes alike, while developing an understanding of it as long as a lifelong commitment.

# Recovery Episodes



Old habits die hard which is why recovery can be difficult in its own way for each of us, as well as your consumers. Relapse will happen; substance abuse, mental illness, behaviors, etc. As consumers, you've been programmed to see relapse as a failure that in turn, shuts down all of your small recovery successes. But relapse is built on your experiences; Stress, overconfidence, self-pity, dishonesty, unrealistic expectations,

and the high expectations of others. Reality check – relapse is normal. Relapse happens in all recovery experiences. When relapse happens, the outcome will be based on how the relapse is approached. Approaching with shame fuels continued relapse behaviors based on increased hopelessness, “I’ve failed.” When approached with compassion, consumers ACT. They act in the belief that their relapse was a genuine mistake with opportunity to grow into their best selves.

Feel Free to Take Notes →



Relapse as Part of Prevention Video

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Last is resiliency; the capacity to recovery quickly from difficulties - toughness. Resiliency is the acceptance that recovery is a lifelong journey in non-linear form and will require an independent commitment to reach it, then maintain it. Resiliency is more than bouncing back. It's about strength building, coping with stress, increased awareness to consumer triggers and symptoms, and growing competencies in the consumers we serve. Across the board, resiliency is a compilation of competency, confidence, connection, character, and coping in both, recovery and relapse.

Competence is the ***feeling*** of knowing we can handle situations effectively. Your job is to help with the development of the consumer's competence by assisting them in focusing on their strengths, empowering them in decision-making, and recognizing their successes.

Confidence is the consumer's ***belief*** in their own abilities – derived from competence. Confidence is built by focusing on the best in your consumer, recognize their goals as they reach them, praise honestly about specific achievements, and refraining from pushing them to be challenged when they might not have the skills yet.

Connection is a crucial component in the consumer's ***sense*** of security and value. When consumers develop a closeness to others, they become emotionally and physically secure. Those securities spread over into trust and personal values that can change their daily structure from living for the minute versus developing a future with goals and hope.

These last two are intertwined, character and coping. When working with consumers, they're pretty frazzled with life thus far, making a character rebuild look like asking them to climb Mount Everest; but, it's crucial to improve their quality of life and resiliency in future setbacks. By demonstrating the value of community, encouraging spirituality, and avoiding stereotyping stigmas, peers can assist in reshaping our consumer's broken 'tough' exteriors. Additionally, modeling Skills of Resilience will serve them in the future. These pieces are pertinent when modeling positive coping skills for them to manage the highs and lows of recovery.

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### ***Skills of Resilience***

- Learning to use a solution-focused coping style
- Developing the ability to think before acting
- Perceiving different options for alternate choices
- Being able to function independently, but also able to request help when necessary





1. Pair up with someone NEW.
2. Review the three Rs as they apply to Peer Support.
3. Read the case study.
4. Apply the three Rs to the case study.
5. Be prepared to share.

*Chris is a 20-year-old in his second year of college, recently diagnosed with Schizoaffective Disorder NOS and is currently in treatment due to a recent increase persistent fears that campus security and local police are tracking and surveilling. He cites occasional lags in his internet speed as evidence that surveillance devices are interfering with his electronics. His intense anxiety manifested by his symptoms has begun to negatively impact his ability to complete schoolwork and his friends are now voicing their concerns to him, “You’re not making sense.” Chris is frustrated and becoming increasingly symptomatic. You are here because Chris recently disclosed to his therapist that he hasn’t taken his medications for about three weeks. “I was feeling good, so I stopped taking them.”*

How would you help Chris?


**Empower:** A large number of community behavioral health consumers struggle to believe they are capable of leading their recovery. This is in a large part due to where their symptoms have led them over time – involuntarily detained, incarcerated, isolation & burned bridges, and homelessness. At each of those points, someone has told them what to do, when to do it, and reprimanded them for doing differently. Over time, they’ve acknowledged the labels in the eyes

of society and accepted their rejection. Their belief is bleak and resistant in being anybody other than their label.

## My Self-Assessment

A self-assessment takes a snapshot of your life, where you are at now, and helps determine what's important to you. Use the space below to reflect on what's going on in your life, each part. Using your own words, right now – what is happening or needs to change? Always measure your progress. By reviewing your self-assessment from time to time. Teaching this skill to your consumers is going to be important to assist them in confidently taking control of their life and working yourself out of a job.

Your Needs:

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Your Interests:

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Your Motivations:

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Your Values:

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Your Skills:

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Your Personal Responsibilities:

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Your Health:

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Your Leisure Activities:

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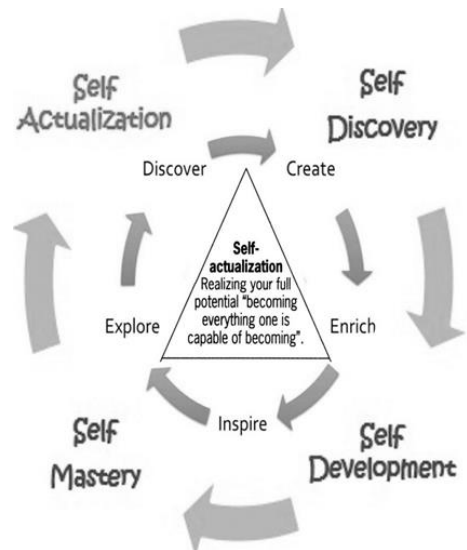
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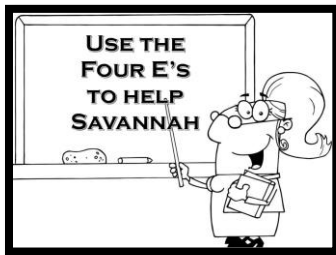
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You've already engaged them as a person and educated them to accept the struggles as opportunities to grow into their best selves. Next, is a lesson in empowerment and self-delegation to communicate who is in charge of their recovery and becoming their best self – themselves. Affirmation and support will be crucial here. Check out the map below and see how simple it can be to empower consumers by identifying strengths, opportunities, and supports by using it.



**Evolve:** Everyone is deserving of a quality of life that reflects opportunity, community, and belonging. When using the word evolve, you are telling the consumers, “You’ve been through a lot and grown into your best self.” By evolving, consumers are now in a space of confidence to participate in society as a contributor to the recovery community, their community, their families, their relationships, and maybe even a new job. Evolving is a place of self-actualization in Maslow’s Hierarchy of Needs. The purpose of this is to get your consumers to their fullest potential. They will each continue to reach for their best selves in a sense of continuous growth. With each stage of recovery, your consumers will build on the prior opportunity they faced and overcame.

<b>ENGAGE</b>	<b>EDUCATE</b>	<b>EMPOWER</b>	<b>EVOLVE</b>
<i>Them wherever they are – physically, mentally, emotionally, &amp; geographically.</i>	<i>Them about their options, their strengths, their resources, and the three R’s.</i>	<i>Them to plan and implement their recovery &amp; future.</i>	<i>Them to their best selves (in that moment) and active members in both, society and their lives.</i>



1. Read Savannah’s situation below, then answer the questions attached to it using the Four E’s.
2. Use the worksheet on **page 109** to identify how you would support Savannah using the Four E’s.
3. Work for about 20 minutes independently.
4. Be prepared to share.

*Savannah is a 24-year-old Caucasian female, married for two-and-a-half years and has two daughters – two & five. Per Savannah, her husband has been a long-haul trucker for the last eighteen months and was home to celebrate the girls birthdays when he told her he’d been unfaithful the life of their relationship (three years). Savannah became suicidal and planned to take all of her anti-seizure medications to accomplish that. She called a longtime friend to say goodbye and was convinced to go to the Emergency Room for a psychiatric assessment. Savannah has never been engaged in therapy or diagnosed with anything beyond her seizures. This is her first admission. Upon inpatient admission, Savannah is reclusive and unwilling to speak to any staff out of fear. She doesn’t understand why she was admitted and just wants to talk to/see her husband. The team finally gets her husband on the phone and things go from bad to worse, she asks him how they can fix things, and he told her she was way too much work and he wants to end the marriage.*

*Help Savannah Using the Four E's of Peer Support*

**ENGAGE**

*Them wherever they are  
– physically, mentally,  
emotionally, &  
geographically.*

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**EDUCATE**

*Them about their  
options, their strengths,  
their resources, and the  
three R's.*

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**EMPOWER**

*Them to plan and  
implement their recovery  
& future.*

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**EVOLVE**

*Them to their best selves  
(in that moment) and  
active members in both,  
society and their lives.*

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## Your Story is Crucial to Peer Support

Individuals sharing their most intimate details and pitfalls of recovery has been proven to act as a beacon of hope to those just beginning their journeys. While you will likely never share it in it's entirety in a single experience; you will share every aspect of it to someone at some

point in your professional journey. So, what is it about sharing your stories of recovery that impacts those you'll serve?



- Inspire hope
- Build a relationship with the consumer and/or their family
- Break the stigma and biases
- Change attitudes others may have
- Advocate for change
- Educate others about recovery
- Share skills and strategies
- Bridge cultural gaps

*Add your own. Share with the group.*

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## Tying it All Together

Throughout these first few modules, you've learned about the Peer Role and the core of it's work, as it applies to recovery – while helping consumers pursue their journeys. There was a large focus on the background of recovery in Module One. You learned about the *Dimensions of Recovery*, the *Cycle of Peer Work*, and the *Principles of Recovery* as they will each be utilized in your consumer's journeys. While a lot of those concepts seemed like everyone should've known them, they are crucial to the role you'll take on for your consumers and easily justifies an affirmed understanding.

Module Two covered the role of a Peer Support Specialist in the field and how your firsthand knowledge supports those following behind you just beginning their recovery. You were able to build a core understanding about the role, how it fits into the recovery process, language standards specific to be a peer support specialist, successfully modeling hope and possibility while overcoming learned helplessness, and teaching self-advocacy. It may have seemed to be skimmed

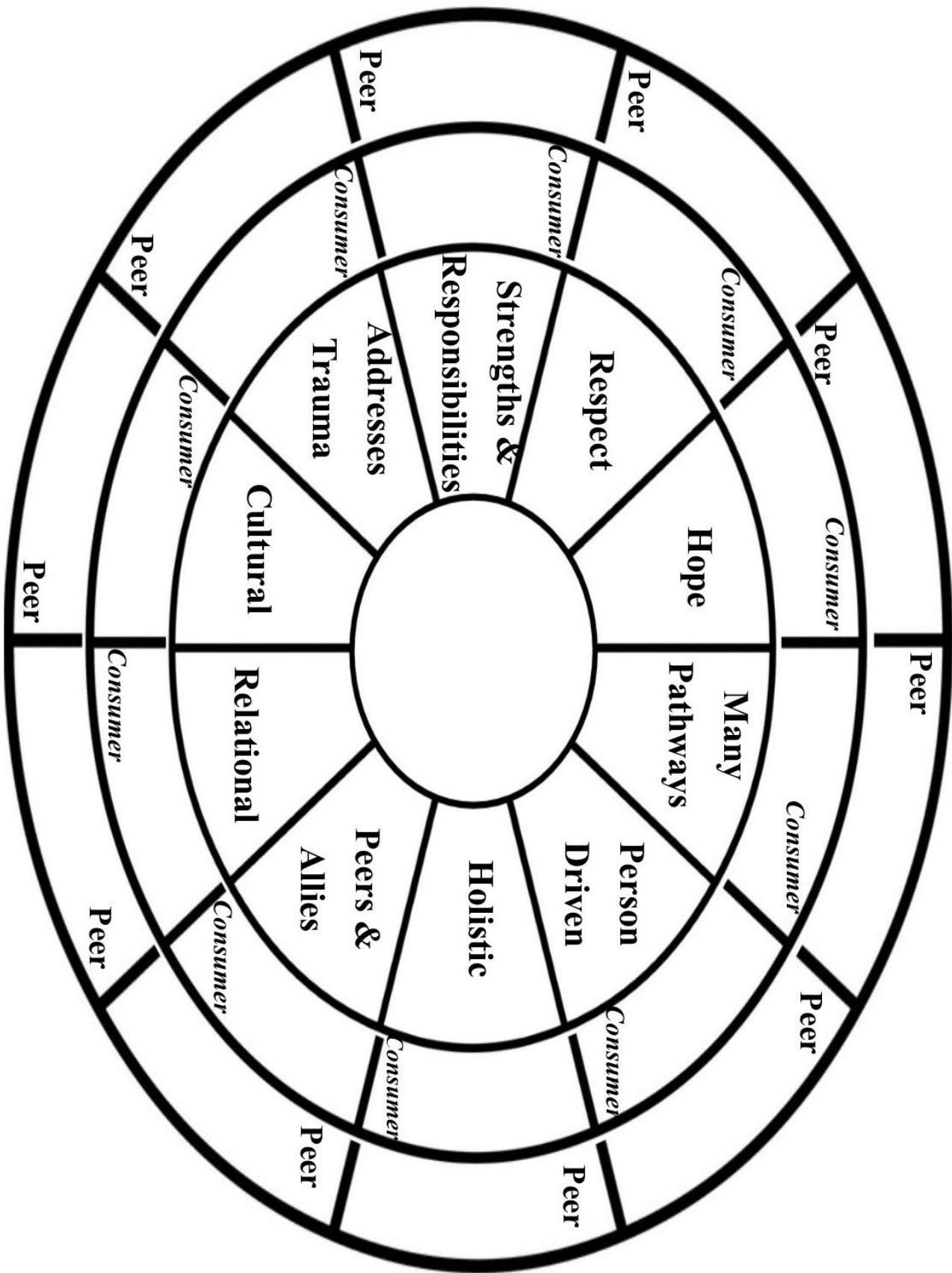
over in some parts, but, don't worry – they each have a specific training throughout this week. Don't hesitate to ask questions for clarification. Module Two was definitely a condensed rundown of your new role as it applies to the Behavioral Health field.

In Module Three, the discussion shifted to the tools you need to be a successful peer support specialist. It covered the *Ladder* that is required to form your partnerships, the *Core Components* of having a strong relationship with those you serve, while building a robust *Foundation*, and implementing *Effective Communication*. In addition to those, you learned how to face and overcome *Communication Barriers* while working from a *Strength Focused* perspective to support the *Recovery Principles* set forth by SAMHSA. And lastly, the *Stages of Change* and the *Four E's*.



1. Count off one to four and resume with your case study group for this exercise:
  - 1: Cynthia – page 78
  - 2: Nick – page 91
  - 3: Chris – page 105
  - 4: Savannah – page 108
2. Using the diagram on **page 113**, complete the following tasks:
  - Write your consumer's name in the middle.
  - Use the *Recovery Principles Wheel* in the diagram, and the information on **page 99**.
    - \*In the space labeled consumer, identify something specific your consumer can do for their recovery for each principle.
    - \*In the space labeled peer support specialist, identify something specific you can do to assist your consumer in completing the identified task for each principle.
3. Prepare & role play using your Recovery Wheel and completing the task identified in the scenario
4. Be prepared to accept input from class about how your scenario resonated with them.


Lined writing area with 24 horizontal lines.



<b>Slide</b>	<b>Time</b>	<b>Video Title</b>	<b>YouTube Link</b>
54	10:50 m	Counseling: Basic Skills For Counselors	<a href="https://www.youtube.com/watch?v=lJXSf-cx8V8">https://www.youtube.com/watch?v=lJXSf-cx8V8</a>
55	8:05 m	Reflective Listening	<a href="https://www.youtube.com/watch?v=eUtZk960Q_A">https://www.youtube.com/watch?v=eUtZk960Q_A</a>
61	17:22 m	Focusing on Your Strengths	<a href="https://www.youtube.com/watch?v=tIFVhfPzNA">https://www.youtube.com/watch?v=tIFVhfPzNA</a>
65	4:50 m	Stages of Change	<a href="https://www.youtube.com/watch?v=Twlow2pXsv0">https://www.youtube.com/watch?v=Twlow2pXsv0</a>
67	16:46 m	Relapse is Part of Recovery	<a href="https://www.youtube.com/watch?v=GVkL3glwL8g">https://www.youtube.com/watch?v=GVkL3glwL8g</a>