

PART IV

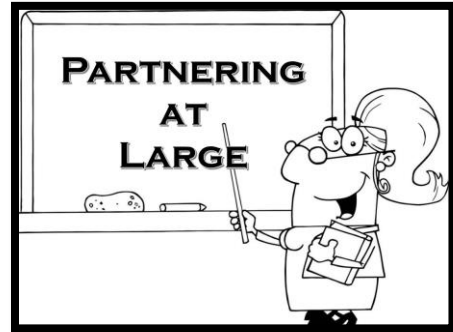
Understanding Your New Field

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Module 10: Partnering at Large

Other Partnerships: Community & Support

In addition to partnering with your consumers to move through their journeys, it will be your responsibility to help them identify natural and formal supports – working yourself out of a job. As a professional, build off your lived experiences. Resources you accessed in your journey are now resources you can refer your consumers to. As a person with lived experiences and your current position to offer support, you are now an ally to both – the consumer and the resource. That status – ALLY, makes your role and interaction the very root of community building.



Natural Supports: These are the individuals, groups, and organizations already in the consumer’s circle and are able to help them meet specific needs – emotional, but, sometimes, material.

- | | | |
|---|---|--|
| <ul style="list-style-type: none">• Neighbors• Family Members• Friends• Church Parishioner• Hairdresser | <ul style="list-style-type: none">• Barista• Other professionals associated with regularly to serve some form of self-care | <p>Groups & Organizations</p> <ul style="list-style-type: none">• Sports team• Clubs offering:
Emotional Support
Recovery Support
Other Basic Needs |
|---|---|--|

When working with your consumer to identify their natural supports, you need to be an active listener and ask good questions to provoke a conversation that helps those individuals and groups naturally surface. Try some of these. Make sure to add your own – something that would prompt you to know right away who your answer would be.

- Who would you go to if you had a problem or concern and needed help?
- Who would you talk to if you were feeling sad or angry and just needed to blow off some steam?
- Who do you count on seeing on a regular basis that brightens up your day?
- Who do you just hang out with?
- **Child:** Who do you play with?
- Are you part of any group or community organization? (*continued on next page*)
- How did you get through the last challenge that you faced? Who was there for you? Would they be there for you now?
- ADD YOUR OWN

Formal Supports: These compliment natural supports. They are the professional services that meet consumer needs not able to be met by the natural supports (family, friends, community). As Peer Support Specialists, you are a formal support. Additionally, these can include physicians, interpreters, financial/benefit workers, teachers, therapists and anyone else providing a service in a paid position.

Outside of the ones listed, what other Formal Supports would you add?

“Only surround yourself with people who are going to lift you higher in life.” ~ Oprah

Community Building: Since natural supports can sometimes feel like a novelty, consumers tend to build their own “family” or community. The community is compiled of whoever the consumer sees to elevate and seek presence. Teach them to know their worth and only invite those willing to cheer them on through their journey to wellness.

When entering into recovery services, natural supports are often times burned bridges, forcing consumers into their journeys alone, only accessing formal supports. While this can be maintained in the onset of their recovery, it is not sustainable in the long run. Natural supports are a crucial part of recovery and something every person needs.

Questions to assist consumers working to develop natural supports:	
• What did you enjoy doing when you were younger?	• What do you like doing or learning about?
• How would you describe your family culture?	• Is there anything you would like to spend more time doing?
• If you had the time now, who would you spend it with?	• Is there anybody in your daily life that you’d like to get to know better?
• Can you find another way to meet people with the same interests?	• <i>(continued on next page)</i> What would it take to make that happen?
Add your own:	

Referrals: These are why consumers use your services. You have experience in maneuvering the bureaucratic system. You understand their frustration. Your knowledge is going

to get them past the finish line faster because you already know where to look. But, before you hand off the referral to fast track them, use this checklist:

- Review resource contacts often and confirm they are still a referable resource.
- Call the resource and let them know you are sending someone.
- Ask the consumer to let you know if the referral was helpful.
- Connect with the consumer if they don't follow through on the prior task.
- Make sure referrals are age appropriate and culturally competent for the individual or family being referred.
- When referrals are helpful, call the source back and THANK THEM.

Think back to a time when you were struggling and really needed help. What was the place you were referred to or found and how was it helpful? Share that resource with the class when prompted.

What was your source?

What service or support did they provide?

How did you find out about it?

Is it still available?

Social Networking: This is both a blessing and a curse. While online bullying and aggression continues to grow, so does the ability to build your community in a larger scope. These

sites can be an excellent form of support when consumers struggle with social anxiety, or people who work nonstop and still want to interact with friends. Even though computers are a common thing, remember that not everybody has access to one and might not be able to use this source of support. When the discussion happens, make sure to touch on why social networking is seen as beneficial and personalize your explanation for each consumer.

- | | |
|---|--|
| <ul style="list-style-type: none">• Stay in touch with friends• To advocate for a cause• Develop new relationships with strangers based on shared interests• Advertise or promote events, or to learn about events of interest | <ul style="list-style-type: none">• Re-establish old relationships• To play games, journal, or blog• Share interesting or entertaining material• Talk to friends about homework• Challenge themselves with puzzles |
|---|--|

Professional Partnerships: Particularly in the beginning of your professional journeys, there will be countless moments of uncertainty, ambiguity, and healthy conflicts; as you and your teams learn your scope of services and how to effectively use them. Those in-house partnerships will build supportive relationships outside of your agency and program when it comes to referrals, mutual consumers, and their work towards wellness.

As professional partners, you’ve opened the door to serve more consumers. Using your advocacy skills to assert consumer needs be met, your professional partners can collaborate increased success. When referrals have successful outcomes, remember to thank the provider for their help and offer mutual support for their future needs.

- | |
|--|
| <p style="text-align: center;"><i>Traits of Successful Partnerships</i></p> <ul style="list-style-type: none">• Have an understanding of issues effecting your consumers
Social
Cultural
Economic |
|--|

Your job as a Peer Support Specialist is to identify who would be a good partner in your community for the immediate needs of your consumers. More importantly, know the “why.” Not everyone has good experiences with resources and providers. Sometimes your consumers will flat out refuse to work with that source again. So, be prepared to justify your reason for the referral with your consumer and maybe your colleagues. But, remember their importance to the recovery process. And be open to feedback from all points, your consumers, your colleagues, and the sources you partner with. This will assert that concerns are being respected while focusing on their successes. Above all else, know why you partner in the first place.

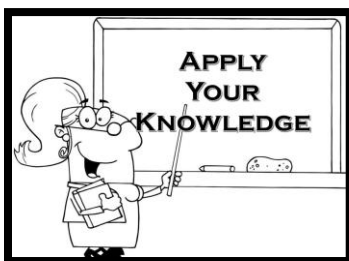
Exercise: Read the statements and identify whether the support is *Natural* or *Formal*.

They are there for a consumer when formal supports are no longer available (after consumers leave services or the professional is off duty)	<i>Natural</i>	<i>Formal</i>
They get to know the consumer as a whole and view them in a broader context (sharing jokes, frustrations, daydreams)	<i>Natural</i>	<i>Formal</i>
Are free and usually available	<i>Natural</i>	<i>Formal</i>
Are part of a mutual, give-and-take relationship; sharing time and friendship goes both ways	<i>Natural</i>	<i>Formal</i>
Are usually not experts in medicine, psychology, or service systems	<i>Natural</i>	<i>Formal</i>
May get burned-out or feel a strain on the relationship if the consumer is frequently having high levels of need	<i>Natural</i>	<i>Formal</i>
Has a limited time to interact with each consumer and may be juggling or directing the needs of the consumers	<i>Natural</i>	<i>Formal</i>
Focus on finding solutions to specific needs or problems; may only see the person in the context of an office	<i>Natural</i>	<i>Formal</i>
Are not able to share information about their personal lives or accept gifts from consumers	<i>Natural</i>	<i>Formal</i>
Are experts in a particular specialty and can prescribe medication, provide therapy, other specialized services, or referrals to resources	<i>Natural</i>	<i>Formal</i>
Are paid to deal with people in crisis and know how to handle it	<i>Natural</i>	<i>Formal</i>

Why Partnerships Are Needed

- To connect your consumers to additional services
- Resource Sharing
- Cross-System Collaboration
- Information Gathering
- Creating NEW & Long Lasting Relationships to support ongoing collaboration

Share that with the rest of us, and how it might impact your ability to serve your consumers.



- Pair off.
- Share a small part of your story with your partner.
- Make sure it includes a few “natural supports without directly identifying them.
- Peers: use some the questions on **page 229** to help you determine if the supports you identified are correct. Then use the questions on **page 230** to help them identify new supporters.
- Switch.
- Take notes so you can discuss your findings with the class

That frustration is why consumers need you. Eloise Ristad was a well-known music educator and she motivated her students by teaching them the grace failure brought to their life journeys. She said, “When we give ourselves permission to fail, we, at the same time, give ourselves permission to excel.” Your consumers aren’t there yet. But you are. You need to model that grace in failure by showing compassion for where they are (again) and acting as their compass throughout the rigid system, the red tape, and its unpredictability. This will involve collaboration across agencies for the purpose of improving services while expanding community-based, culturally and linguistically competent services for consumers with behavioral health challenges as well as their families. This style of service collaboration is built on these core values:

1. Consumer driven and guided by using their strengths and needs when determining the types and mix of services and supports to be provided
2. Community based with the center of services as well as system management resting within a supportive, adaptive processes, and positive affirming relationships at the community level.
3. Culturally and linguistically competent, with agencies, programs, and services that reflect the cultural, racial, ethnic, and linguistic differences of consumers.

As a peer support specialist, knowing how to work the system by cutting through the red tape is important. The catch is to refrain from doing it for them as opposed to coaching them on how to do it. Remember the purpose of your role is to “model” wellness and recovery. If you do everything, you teach dependence as opposed to teaching toward independence.

So, remember the following:

1. Have a plan of action.
2. Avoid contacting resources/agencies when you are upset. Cool down first.
3. Write down the key points that you need to get across so not to be sidetracked.
4. DOCUMENT: keep names, numbers, what was discussed, what they told you for your records and maybe pushback later on.
5. Upon reviewing your frustration with your supervisor, don't hesitate to contact someone's supervisor if you feel you can't get your needs met with the person you spoke to.
6. Talk with people who have dealt with the system you are attempting to maneuver – they might have tips.
7. When people are helpful, send a thank you card/email, speak to their supervisor and offer a compliment for their work.

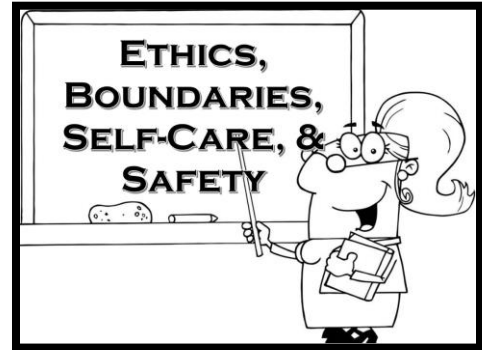
More often than not, you be collaborating services with other resources and agencies, across local, state, and federal entities. Selling this idea to your consumers can be difficult at times. Be tentative to their concerns and work gingerly to resolve them for the purpose of improving wellness and recovery. Let them know the benefits that come with collaboration:

1. Gain an understanding of the holistic needs of the consumer
2. Break down system barriers that hinder goal progress
3. Improve communication across systems
4. Increase cultural and linguistic to provide consumers with appropriate and relevant services
5. Bring together agencies and individuals that may traditionally compete against each other for resources
6. Collaboration widens the resiliency and recovery circles for the consumers you serve

Module 11: Ethics, Boundaries, Self-Care, & Safety

Ethics & Boundaries

To a point, we each have a naïve understanding of ethics. Take a few minutes to answer these questions. Rejoin the group when finished for a discussion.



- a. What are two words that come to mind when you think about ethics? Why those two words? Explain your selection.

- b. What did you learn about ethics and boundaries from the online course?

c. Why do you think ethics and boundaries is an important topic in Peer training?

d. What do you hope to learn from this module?

To Be Considered

1. Peer specialists are guided by a code of ethics with intent to provide excellent service, and at a minimum, ensure you do no harm. *Refer to the online course manual in the back of your book.*
2. Peer specialists need to both, understand their code of ethics and act in an ethical manner when providing services. *The code of ethics you'll adhere to will be that of the agency you will be working for/with.*
3. Ethics exist to strengthen relationships and protect you as an employee. Ethical behavior creates an environment in which people can heal and have trust – essential for all peer-consumer relationships.
4. When navigating helping relationships with your consumers, remember that some actions are clear and leave no questions, while others are murky and will require supervisory consult to make a confident decision in how to proceed.
5. Ethics are the legal and moral standards of practice, addressing decisions about right and wrong behavior. Additionally, there are rules and guidelines the group agrees to implement in their services. As peers, your standards will relate to confidentiality, relationships, scope of practice, use of drugs or alcohol, and more.
6. **CONSULT YOUR SUPERVISOR BEFORE YOU FINALIZE YOUR DECISIONS.**

Rights of Peer Confidentiality

Consumer confidentiality is a large part of why they initially struggle to share their concerns with you. It is weighted with experiences interpreted as broken trust. Peer support work is the exception to this caveat. Once you build a strong enough rapport with your consumers, their concern around judgment and “exposure” will be minimal. As peers, building trust with your consumers starts by limiting what you share and with who. You likely remember your own experiences, the vulnerability that came from those services, and the high importance of privacy and confidentiality.

In your role, you will answer calls, greet people, and engage them from several entities. There will inevitably come a time where one of those interactions includes somebody asking for personal information, diagnosis, received services, medication, and other *Protected Health Information* or PHI. You can’t even act like you know who they are asking about without first confirming there is a *Release of Information* or ROI on file and the extent of PHI allowed to be shared.

When discussing your consumers with anyone beyond your program team and supervisors, remember your obligation to safeguard their personal information and Written Consent/ROI is the only way to accomplish that. There is just one exception to this rule; if the consumer is in imminent danger – a threat to themselves or someone else. In any case, disclosure should be minimal and limited to sharing no more than what is **necessary**, **relevant**, and **verifiable**. Best practice would be to consult your supervisor whenever possible to refrain from missteps and have someone supporting your final decisions *to share or not*.

1. Always begin by providing your consumers with a copy of their rights when it comes to the confidential nature of counseling relationships
2. Consumers have the right to review all contents of their official record as well as who it is shared with outside their CMHA, unless the law states otherwise
3. Exceptions: 1) Protection of life (self or others), 2) child or vulnerable adult (protect from physical harm).
4. You may only release information accompanied by a physical ROI or valid court order (not a subpoena).
5. Written consent is required upon receipt of information from anyone outside of the agency when it is being handed off to another outside individual or agency.
6. When appropriate, Parent/Guardian consent would be required over the consumer to share their information.
7. In group settings, it is the expectation of all consumers to actively honor discretion and respect the PHI shared in group. All participants should feel safe sharing their experiences.
8. All computers used to record PHI and maintain electronic records should be controlled via password protection.

Ethical Decision Making

Above all else, **DO NO HARM!!!** Beyond that, it's a matter of ethics and conducting yourself in that manner at all times. For the purpose of making things easier, when faced with an ethical concern, consider the following:

1. Would you do this for another consumer or coworker? Is the action or behavior fair when considering everyone? If no, what is different about the person you are considering doing this for? Why do it for them and not others? How is it unfair? Why is it even being considered?
2. Would you be comfortable with your supervisor, agency leadership, your family or friends, the consumer's family, the State of Alaska Department of Behavioral Health, or news outlets knowing about what you're considering? Why not? Why would they be concerned about your decision?
3. Does your decision to do this for one person deprive others of needed resources, your time, equity, or commitment? Why is that? How do you justify that? Can you justify it? Is neglecting others justifiable? Is neglect ever justifiable?
4. Does this count as ethical misconduct? Could I lose my ability to work as a peer? Would I be okay with my provider doing this for someone else?
5. **ALWAYS** review concerns with your supervisor prior to reporting or acting beyond your scope of service.

Gifts

Human nature makes many want to return kindness with kindness. Sometimes, that is kind words of gratitude. Other times, you offer a meal or a ride. Payment can even be a consideration. Each agency and worksite policy differ around accepting and/or rejecting the gifts offered by consumers. For the purpose of maintaining healthy boundaries with your consumers and being compliant with agency policy, the basic rule of thumb is to keep your supervisor aware of the gift; make sure it isn't valued above \$10.00; and **ALWAYS**, accept the gift on behalf of your team.

Inappropriate Relationships

Romantic: No matter your role and/or capacity of service, dating or entering into a sexual relationship with a consumer you are serving is prohibited! You are BOTH, active in your recovery, yet different stages. That difference causes an imbalance of power, increases their level of vulnerability, and raises the potential for relapse.

Emotional Attachment: Inappropriate relationships aren't just sexually driven romances. Sometimes they are emotionally inappropriate. Emotional attachment is when one or both parties are overly involved emotionally. A good way to develop awareness is to ask yourself if your

emotional attachment is the same for all your consumers on your caseload. If the answer is NO, it's an inappropriate attachment and you should immediately do two things: 1) talk to your supervisor, 2) request another peer work with them if at all possible.

Dual Relationships: In these relationships, you will hold two roles with your consumers, the paid role as the peer and the natural relationship with them outside of therapeutic support. Often times, this occurs in smaller communities. Like the other two concerns, whenever possible, recuse yourself due to conflict of interest, and let your supervisor know immediately. Avoid serving family members, friends, your dog walker or real estate agent. Don't join clubs together or do any type of business outside of peer support with the consumers you serve. The dual relationships make it hard to be objective, focus on your role, and compromises your effectiveness.

Mandatory Reporting

One of the hardest things you will ever do in this role is report abuse. Probably worse than that is the obligation to report on someone in your personal life. This is a commitment you have to accept in your new role. The best-case scenario is an unfounded claim. The worst-case scenario is a life lost in addition to your ability to work as a peer. In this role, you will be a ***Mandatory Reporter***. State law requires that persons who are mandatory reporters, in performing their occupational duties have reasonable cause to **suspect** abuse or neglect of a child, elderly person, or other vulnerable adult, shall immediately report the harm; no later than 24 hours of knowing, AS 47.17.020, *Persons Required to Report*.

Reasonable cause to suspect is based on all facts and circumstances known to the person, that would lead a reasonable person to believe that something might be the case. (It is not your responsibility to decide if the information is accurate or from a reliable source.) Time of incident is irrelevant; all must be reported. Criminal penalties apply for failing to comply with this obligation; State Law AS 47.17.068; Federal Law, 18 USC 1169. Additionally, you are protected by law for fulfilling this obligation in good faith, thus, immune from civil or criminal liability; State Law AS 47.17.050; Federal Law, 18 USC 1169.

Duty to Warn/Intent to Harm: Your consumer has told you they want to and intend to kill or hurt someone. Ask yourself, is the victim in imminent danger? The answer is YES? (The consumer called you and told you, has already left where you were, and you aren't able to safely intervene). In these cases, call the police – 911, and the victim to notify them of the threat. The answer is NO? (The consumer is standing in front of you/still in the building, and the victim is offsite). When

this happens, call your supervisor first, when possible, let them talk to the consumer; then call the police and victim based on that consultation. As a mandatory reporter, you are protected Under **AS 08.29.200**, Confidentiality stops where someone else’s safety starts.

AS 08.29.200. Confidentiality of Communications.

- (a) A person licensed under this chapter may not reveal to another person a communication made to the licensee by a client about a matter concerning which the client has employed the licensee in a professional capacity. This does not apply to:
 - (1) A communication to a potential victim, the family of a potential victim, law enforcement authorities, or other appropriate authorities concerning a clear and immediate probability of physical harm to the client, other individuals, or society;
 - (2) A case conference/consultation with other mental health professionals at which the patient is not identified;
 - (3) The release of information that the client in writing authorized the licensee to reveal;
 - (4) Information released to the board during the investigation of a complaint or as part of a disciplinary or other proceeding;
 - (5) Situations where the rules of evidence applicable to the psychotherapist-patient privilege allows the release of information.
- (b) Notwithstanding (a) of this section, a person licensed under this chapter shall report incidents of
 - (1) Child abuse and neglect as required by **AS 47.17**;
 - (2) Harm or assaults suffered by an elderly person or disabled adult as required by **AS 47.24**;
 - (3) Information obtained by the board under (a)(4) of this section is confidential and is not a public record for purposes of **AS 40.25.110-40.25.140**

ALWAYS – WARN THE VICTIM & DOCUMENT

Child Abuse and/or Neglect: Unfortunately, harm done to a child, in public or privately, is not always reported. As a professional in community behavioral health, you have no choice; you are a *Mandated Reporter*. “See something, Say something.” Alaska State Law defines Child Abuse or Neglect by the following actions done by those responsible for the child’s wellbeing:

Physical Injury: Injury that either harms or threatens a child’s health or welfare

Failure to Care for a Child: This includes neglect of the necessary physical (food, shelter, clothing, and medical attention), emotional, mental, and social needs

Sexual Abuse: Including molestation and incest

Sexual Exploitation: Includes permitting and/or encouraging prostitution

Mental Injury: An injury to the emotional well-being, or intellectual or psychological capacity of a child, as evidenced by an observable and substantial impairment in the child’s ability to function in a developmentally appropriate manner

Maltreatment: A child has suffered substantial harm as a result of child abuse or neglect due to an act or omission not necessarily committed by the child’s parent, custodian, or caregiver

ALWAYS – REPORT & DOCUMENT.

Abuse and/or Neglect of Vulnerable Adult: Under Alaska State Law, vulnerable adults are individuals 18 years or older who, because of incapacity, mental illness, mental deficiency, physical illness or disability, advanced age, chronic use of drugs, chronic intoxication, fraud,

confinement, or disappearance, is unable to meet their own needs or to seek help without assistance. As with children, “See something, Say something.” It’s not your job to investigate yourself. Act in good conscience. Alaska State Law states that for adults, harm suffered **MUST** be a result from one or more of the following:

Abandonment: Desertion of a vulnerable individual by their caregiver

Abuse: Intentional, knowing, or reckless non-accidental, non-therapeutic infliction of pain, injury, mental or emotional distress, or fear, including coercion and intimidation, and sexual assault

Exploitation: The unjust or improper use of another person or another person’s resources for one’s own profit or advantage, with or without the person’s consent and includes acts by a person who stands in a position of trust or confidence with a vulnerable adult or who knows or should know that the vulnerable adult lacks the capacity to consent that involve obtaining profit or advantage through undue influence, deception, fraud, intimidation, or breach of fiduciary duty (best interest of the vulnerable individual)

Neglect: Intentional knowing or reckless failure by a caregiver to provide essential care or services or access to essential care or services to carry out a prescribed treatment plan necessary to maintain the physical and mental health of the vulnerable adult when the vulnerable adult is unable to provide or obtain the essential care or services or to carry out the prescribed treatment plan on their own behalf; “essential care/services” includes food, clothing, shelter, medical care, and supervision

Self-Neglect: The act or omission by a vulnerable adult that results, or could result, in the deprivation of essential services necessary to maintain minimal mental, emotional, or physical health and safety

Undue Influence: The use by a person who stands in a position of trust or confidence of their role, relationship, or authority to wrongfully exploit the trust, dependency, or fear of a vulnerable adult to gain control over the decision making of the vulnerable adult, including decision making related to finances, property, residence, and health care.

ALWAYS – FILE AN APS REPORT & DOCUMENT.

Unprofessional Conduct: Always refer to Agency policies. Follow up and report concerns to Agency Leadership. If and when needed, contact The Board identified by the State of Alaska, responsible for the individual’s License to practice.

Complaints Process: Always refer to Agency policies. If a formal complaint is necessary. Follow The Board policies implemented through the State of Alaska.

**ABOVE ALL ELSE, CONSULT YOUR SUPERVISOR
BEFORE YOU FINALIZE YOUR DECISIONS.**

Gabriella has been working as a Peer Specialist in an agency that provides comprehensive mental health, substance use, and medical services for over a year now, and she loves her job. She just told a colleague the other day that she feels like the “luckiest woman in the world” for working to support others in recovery. It was not too long ago, she thought, that she was in pretty bad shape and had little hope.

Gabby, as she prefers to be called, was in between meetings when something caught her eye. A name she recognized from a group she used to attend was among the people just referred to her unit. She couldn’t believe it! “I miss Joaquin! I wonder how he’s been doing?” she thought. She started to look up his file. “I just want to see what he’s up to,” she thought again.

What’s the dilemma?

What should you do if it happens?

List Ethical Repercussions.

On Tuesday, Jada was working with Marcus, a young man of 21 years, who had been using peer support services for about 6 months. Jada and Marcus just started working together last month. She noticed that while she was trying to gain his trust and start their partnership, he had started to get more and more flirtatious. She oriented him to the goals of the peer support relationship, but it didn’t seem to deter him. Jada wondered if she was doing something to lead him on, or whether he expected that all relationships with women were supposed to be romantic. She was starting to dread meeting with him.

What’s the dilemma?

What should you do if it happens?

List Ethical Repercussions.

Josh is a Peer Support Specialist who has been working with Awan, a consumer from a local Alaska Native community. They've worked together for nine months and are ending their work together today. As part of their good-byes, Awan presents Josh with a gift from his tradition that is worth about \$25. Josh knows Awan would be offended if he did not accept the gift. Josh is concerned, as his agency has a policy against accepting any gifts. Does accepting the gift violate any ethics? Does not accepting the gift violate any ethics? What are some possible responses?

What's the dilemma?

What should you do if it happens?

List Ethical Repercussions.

Sunny is supporting Alison, a woman who has not found services to be useful in her past. With Sunny's support, Alison has felt hope for the first time in a long time and has connected with someone in a meaningful service relationship. Alison has decided to cut down her medications, especially the antipsychotics that leave her feeling numb and sedated. Sunny asks Alison if she talked with her doctor about that decision, and Alison says, "No, she doesn't understand me at all. I'm not telling her anything. And I don't want you to say anything either. You said our meetings are confidential unless I am suicidal or going to kill someone." Should Sunny keep this information to herself? If she does, will it violate any ethics? Will sharing the information violate any ethics? What are some possible options?

What's the dilemma?

What should you do if it happens?

List Ethical Repercussions.

Wellness & Self-Care – As peer support specialists, there is a high concern of decompensating. Your wellness is a priority and direct response to your level of self-care. Answer the questions below and be prepared to discuss in group when you meet next.



1. What do you need to do for yourself to stay well when working with trauma survivors?
2. Who could you talk to if you are experiencing intense feelings, doubt, or questions about working in peer partnerships that involve trauma?

*How will you take care of yourself in this role as a Peer Support Specialist?
Grounding, taking breaks, breathing, etc. (See Appendix page 364 for ideas)*

How can you make yourself a priority in your ADLs as well as your work?

What else do you need in your toolbox to move this new pathway successfully?

Peer Self-Care: What You Need to Know

(CPC 2019, 55)

The presence of traumatic history brings challenge to relationships.

Use the following to bring awareness to your limitations or conflicts as you grow into your new role:

- **Protect your empathy.** Everyone has the potential to experience “Compassion Fatigue.” You’ll experience being tired, feeling bombarded with your feelings, consumer and colleague requests, or job expectations. Guard your empathy like a precious stone – it is what lets you do this job and support those in similar journeys.
- **Know the impact** of past trauma on your current life situation and experiences.
- **Be aware of your triggers** – this includes your experiences, sounds, sights, smells, and environments that may be difficult for you based on your past.
- **Know your limits:** Proactively assess and revise your Toolbox and Recovery plan to maintain your wellness while working as a helper. Include social interactions outside of work with friends and family, building a strong support network, and making sure you have down time that doesn’t include anything outside of peacefully regrouping your experiences as a helper.

The Peer Support Specialist & Self-Care

Each of you are warriors in your own right. It's because of your lived experiences that you are able to do this job. It's also because of your lived experiences that you are susceptible to forgetting about yourselves when things become difficult. Here's some tips to help you work through those situations when they come up.

Remember Why Self-Care is a Priority

1. Because YOU matter!!
2. Your job is to model wellness, you can't do that when you aren't "well."
3. You worked hard in your journey and know how important sustaining your wellness is for your success in this role.
4. You are naturally an amazing peer, but Compassion Fatigue is real.

What to do When You are Struggling

- Refer to your *Peer Success Plan*
- Check in with your supervisor
- Consider an ADA accommodation
 - Job restructuring
 - Flexible scheduling
 - Flexible leave
 - Specialized equipment
 - Assistive devices
 - Work site modification
 - Mentor/Job Coach
 - Training modifications

Good Self-Care Includes

- Get enough sleep
- Healthy diets
- Regular exercise
- Relaxation
- Maintain healthy relationships beyond work
- Keep a good sense of humor
- Do things you enjoy
- Avoid isolating
- Maintain balance between work and home

What do you do for self-care? Complete the exercise and be prepared to discuss it in class.

What are you doing when you are feeling your best?

What do you do to relax?

What is your favorite movie, music, and type of book?

What did you enjoy doing when you are feeling your best?

What part of the day could you spend doing self-care?

Your Toolbox – This is the key component to your wellness. All its contents represent crucial points to your personal journey and how you will assist your consumers in building their own. Complete yours and be prepared to review at the next class. You are encouraged to review this every few months as a way to reaffirm that your sources are still able to benefit your best interest and recovery.

Your Toolbox

<p><u><i>My Living Environment</i></u> My current living situation is: _____ _____ I feel it is SAFE UNSAFE</p>	<p><u><i>My Healthy Self-Care Habits</i></u> 1. 2. 3. 4. 5. 6. 7.</p>	<p><u><i>My Healthy Relationships</i></u> 1. 2. 3. 4. 5. 6. 7. 8. 9.</p>
<p><u><i>My Recovery Plan</i></u> I have an active/current recovery plan. It was reviewed on ___ / ___ /19. I have given a copy to: _____ _____ use and enforce when I am unable to advocate for myself.</p>	<p><u><i>My Strengths</i></u> 1. 2. 3. 4. 5. 6. 7. 8. 9. 10.</p>	
<p><u><i>My Healthy Coping Skills</i></u> 1. 2. 3. 4. 5. 6. 7.</p>	<p><u><i>My Treatment Participation</i></u> I am actively engaged in treatment and see my provider times per month. Provider Name Provider Address Provider Phone Provider Email</p>	<p><u><i>Spirituality as My Strength</i></u> How do you utilize spirituality in your recovery? _____ _____ _____ _____ _____ _____</p>

The Peer Support Specialist & Field Safety

As fellow consumers in recovery, you have a basic understanding of the complexity that comes up with it, particularly when feelings and emotions become uncontrollable. In those moments, there is a struggle between their current situation and an understanding that they will be okay. No matter how your consumer feels. No matter what they are dealing with. Their current situation does not justify you feeling unsafe. Safety should remain your NUMBER ONE PRIORITY!

Since everybody's safety is a priority, preventative measures are the focus of this section. Prevention is the goal. This is done by having an awareness of your consumer's symptomology and what is going on with them as you work together. When things arise, your response will vary by consumer. As you continue to work in the field, you will learn how to protect yourselves and your consumers by using your resources – supervisors, policies and procedures, trainings, and rarely, but law enforcement.

Communication will be the first line of defense. Since people rarely divulge their entire trauma and recovery story upon first meeting you, the probability of something you say or do triggering them is pretty high. Use the tools discussed thus far. Also, you should be alert to your tone, the subject of the discussion, and your surroundings to better understand what might have set them off. Pay attention to your consumer's posture, pressed speech, raised voice, clenched fists, and other signs of increased anger. Additionally, check yourself for misplaced anger and emotions. Check your physical location; are you between the consumer and the exit? Make sure that path is open and accessible to both of you. Last, remain neutral by NEVER taking sides in arguments or conflicts.

Be knowledgeable and alert to the “fight or flight” sequence that might be experienced by you and your consumers. It is natural to feel overwhelmed and back step into your own unhealthy experiences for “comfort.” Remember to be empathetic and compassionate when communicating to your consumers in those moments of uncertainty and discomfort. Use the following guidelines:

- Respect their personal space
- Use the “L” shape to support safety
- Use the “Warmth” list to maintain a calm environment
- When necessary, vacate the environment and remove distractions
- Maintain a low-key tone and engagement with the consumer
- Only intervene when it is safe to do so

Tools for Non-Physical De-Escalation

Safety Tips

- Never stand in someone's personal space. Understand it varies by person. Do not touch angry individuals.
- Stand diagonally from a person who is aggressive as opposed to in front of them.
- Try and identify someone nearby who can intervene in an attempt to de-escalate the situation.
- Wear comfortable shoes that allow for quick movement.
- Continue to appear calm, warm, and approachable.
- Reject the urge to become indifferent or engage in a power struggle

Non-Verbal Cues

- SOLER (sit squarely, open posture, lean forward, eye contact, relax)
- Nod your head to indicate paying attention
- Avoid impersonal glances or expressions
- Focus attention on the speaker without distraction
- Demonstrate facial expressions that are appropriate to the conversation

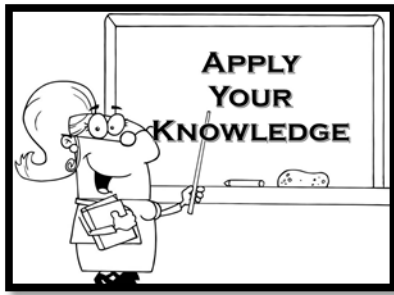
Warmth

- Be warm and understanding
- Be an active listener
- Use SOLER
- Soft tone
- Smiling
- Interested facial expression
- Open and welcoming gestures
- Allow the individual to dictate the spatial distance, which may vary according to cultural or personal preferences
- Use "Door-Openers"
What happened next?
Then what did you do?
That is really interesting
Wow. Then what?
I see.....
How did you handle that?
What helps you in that situation?
Tell me more....

Safety First Exercise – Circle your answers

1. You should ALWAYS stand in someone's personal space because it makes them feel like you are paying attention to them. **YES** **NO**
 2. You should stand diagonally from a person who is aggressive rather than directly in front of them. **YES** **NO**
 3. You should try to identify someone nearby who can intervene in an attempt to de-escalate the situation. **YES** **NO**
 4. You should wear the coolest clothes possible so you can relate to the consumer you are working with even if you can't move quickly because your clothes are too tight or too loose. **YES** **NO**
 5. You should leave your car unlocked as a sign that you trust the consumers you are working with. **YES** **NO**
 6. What are your concerns taking on this role when considering your personal safety?
-
-
-

PSS Safety in the Field



1. Pair off.
2. Consumer: Share a part of your story and add intense emotions that show escalation and frustration.
3. Peer: Use the non-physical de-escalation techniques on **page 254** and help the consumer to become calmer.
4. Switch.
5. Return to group to continue discussion.

Health Insurance Portability & Accountability Act (HIPAA)

HIPAA is the Health Insurance Portability & Accountability Act and has been a part of the health system since it was signed into law on August 21, 1996. While it has evolved over time to adhere to the ongoing changes in technology and record keeping. Originally, HIPAA was developed to protect people from losing their health insurance in response to their employment status and pre-existing conditions. It has since expanded to assist in reducing the costs and administrative burdens of healthcare transactions. Now, it also oversees the requirements of, and standards enforced to protect patient *Personal Health Information* (PHI). HIPAA holds healthcare entities accountable – requiring they produce and adhere to a procedural process ensuring the highest degree of confidentiality for those they serve. As the environment in which Behavioral Health is served continues to change with the times, the probability of HIPAA standard revisions is likely. Keep that in mind as you maneuver your career. These are the primary dates of recovery.

- PHI – HIPAA Privacy Rule: April 14, 2003
- HIPAA Security Rule: April 21, 2005
- HIPAA HITECH Act: February 17, 2009

42 CFR Part 2 (Code of Federal Regulations): *Confidentiality of Substance Use Disorder Patient Records*

42 CFR Part 2 is the core of the Drug Abuse Prevention, Treatment, and Rehabilitation Act of 1972, and was last revised in 1983. Its sole purpose is to protect the recovery treatment participants from being discriminated against for their conditions by mandated written consent for all participation disclosures applicable to Substance Use Disorders.

Americans with Disabilities Act – Behavioral Health

The Americans with Disabilities Act (ADA) prohibits discrimination based on a current, past or perceived disability. The law also covers association with an individual with a disability. It requires reasonable accommodations for disabilities. Addiction and Mental Health sometimes have the potential to become disabilities, and employers have an obligation to meet with the employee and try to come up with a workplace accommodation. What constitutes a disability under the ADA is fact-specific and individualized. The Equal Employment Opportunity Commission has identified several mental illnesses that it considers disabilities and companies with more than 15 employees must accommodate individuals with these conditions. A few of those include bipolar disorder, post-traumatic stress disorder, obsessive-compulsive disorder, schizophrenia and major depressive disorder. Past drug addiction of any kind is a covered disability as are alcoholism and addiction to lawfully used medications. *People currently using drugs illegally* are not protected, nor are those who drink alcohol but who have *not been diagnosed an alcoholic*.

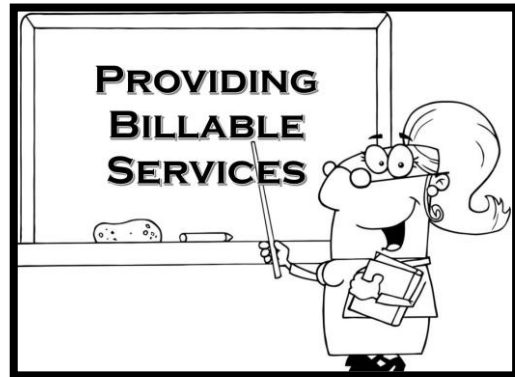
Olmstead

It's hard to believe that this had to happen in 1999; nearly a decade after the ADA became law. Behavioral Health Services are still in their infancy when we discuss where we are currently at. The "Olmstead Decision" observes that a U.S. Supreme Court handed down the findings that the ADA gave people with disabilities the right to receive services in the least restrictive, most integrated settings appropriate to their needs of service and supports. It went on to prove the cost hindered no one and was actually less expensive as well as cost effective in the long run.

Slide	Time	Video Title	YouTube Link
169	7:37 m	HIPPA Compliance Training	https://www.youtube.com/watch?v=s9znUYvVO4A
171	14:22 m	HIPPA & 42 CFR Part 2	https://www.youtube.com/watch?v=VWZ6a9wtvx4
173	10:08 m	ADA-Behavioral Health	https://www.youtube.com/watch?v=BsVxwr-aZ9U
175	3:01 m	ADA-Olmstead	https://www.youtube.com/watch?v=m3gpmiWwS5A

Module 12: Treatment Planning & Documentation

For the purpose of billing Medicaid, **ALL** clients must have an active treatment plan, complete with a diagnosis, therapy goals, and goal objectives. As peer support specialists, you are a voice for your consumer's interests, at the table every day with their treatment teams. You've accepted the responsibility to build a robust therapeutic relationship with your consumers from lived experiences.



You have no role in diagnosing those you serve. As a “fellow consumer,” you will assist in planning and implementing their treatment plans. Treatment plans are the core of behavioral health services. They are a document that outlines a consumer's proposed therapy goals, the plan to accomplish those goals, and the therapeutic methods intended to move forward.

Peer Support in Treatment Planning

1. Partner with your consumers and represent them at the table. Consider the following:
 - Help the consumer understand the process and forms being used, types of questions, updates, etc
 - Be present if the consumer wants you to be there for the planning process
 - Provide support and encouragement
 - Work with the consumer to express their voice in the process, so that their interests, desires, and preferences are heard
 - Offer perspective and hope for the consumer and team
 - Give personal example
 - Support recovery values
 - Model recovery and wellness throughout the process
2. Support their recovery, no matter the stage they're currently facing
3. Think beyond treatment and be future-focused when talking to your consumers about their treatment goals
4. Support Harm Reduction. Harm reduction in Behavioral Health services come from the following principles:
 - ***Acceptance***: Accepting the behaviors as part of the illness and responding without judgment to assist in behavior-changing treatment
 - ***Understanding***: Be knowledgeable of the complex, multi-faceted continuum of behaviors and understanding that some behaviors (reduction of) are better than others (abstinence) in wellness and recovery
 - ***Quality of Life***: Assist in establishing a quality of life by using successful interventions and policies to guide your consumers

- **Non-Judgmental**: Support your consumers by allowing them to lead the journey. Keep judgment and coercion out of the equation
- **Voice**: Empower your consumers to be part of the solution in their journey and future participants
- **Affirmation**: As the experts in their journey, empower consumers to recover and lead the next generation through shared knowledge, tools, and support
- **Recognize**: Social inequalities affect people’s vulnerability to effectively combat self-inflicted harm, physical or drug related
- **Advocate**: You are the voice for your consumers while they learn they have one. Treat them with kindness and speak when they are voiceless

Don’t ever minimize the very real conflict of power associated with wellness and recovery

Take a few minutes to decide how you can help your consumers below. Be prepared to discuss your answers and how you are an asset to the teams you’ll join.

<p><i>Jason, 48-year-old male, has alcohol and mental health issues. He is currently being held in jail for a trespass charge that occurred at the hospital. Jason is a model, polite inmate when he is sober. He can’t take care of himself and his cell is dirty; urinating and defecating in the corner of the cell instead of using the toilet. It is obvious that he doesn’t belong in jail and needs secure housing to protect him. Jason should be in treatment/care for his issues. But, has been in jail for three months due to his misdemeanor case. Jail staff has called his service provider several times to address their concerns and get Jason into a better environment. You’ve been assigned to Jason to help advocate for him in his current situation and bridge him into services beyond jail. How can you help Jason?</i></p>	<p>Pick 2 things that the consumer needs help with?</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>
	<p>What can you do as a PSS to help with those tasks?</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>
	<p>Share how this supports the treatment team helping the consumer.</p> <p>_____</p> <p>_____</p> <p>_____</p>

You are introduced to Susan, a 35-year-old consumer living in a rural area with limited public transportation, a diagnosis of schizophrenia, and a history of Court-Ordered treatments. Susan only agrees to participate in services for SSI benefits, is currently using meth and is not medication compliant. She refuses to meet in the office because the voices tell her not to, has declined any SUD services and lives by herself in the middle of an orchard. She's burnt through her natural supports, is on her own with no community supports outside of her assigned provider. How can you help Susan get back on track and participate in her treatment?

Pick 2 things that the consumer needs help with?

What can you do as a PSS to help with those tasks?

Share how this supports the treatment team helping the consumer.

Erynn is a 42-year-old transgender female who has been in supportive housing for five years. She lives in an apartment on the second floor with no elevator and has been homebound for the last couple years due to poor functioning, and limited ability to do self-care, secondary to morbid obesity. Erynn has a history of depression, bipolar, PTSD, diabetes, and knee pain from an injury as a result of a car accident. She hasn't participated in counseling due to lack of knowledge about resources and community-based supports. Help Erynn get reengaged in her services.

Pick 2 things that the consumer needs help with?

What can you do as a PSS to help with those tasks?

Share how this supports the treatment team helping the consumer.

Documenting Services You Provide

Consider what you currently do for work, at home, in your community, etc. What types of services do you utilize? Are you ever confused about why they are writing when you are speaking to them? Since your new role is primarily funded by Medicaid, documenting the services you provide is CRUCIAL. Remember, “If it isn’t documented, it didn’t happen.”

1. Good documentation reads like a well-written story. It should tell three things when done well: A) outline why the consumer is in services, B) their goals, and C) their progress at that moment toward those goals.
2. Progress notes are the documentation style generally used to describe consumer’s progress towards completing their goals in addition to justifying why their services will continue to benefit them.
3. Progress notes benefit many. They support your consumers success in recovery; your role on the team serving them; and your agency’s continued source of funding.
 - a. *Benefit to the Consumer:* This is done through validation and recognition of their efforts. Notes are the catalyst to recognizing their strengths and successes. Also, they reflect consumer need for maintaining eligibility to receive services. Most importantly, it makes sure you get paid for the services being provided.
 - b. *Benefit to the Peers:* The notes are a way to review your work by reading them and checking back from time to time. They help hold your consumers accountable and safeguard you when ethical concerns or complaints are brought up. This is evidence to the employer and Medicaid that you are doing the job you were hired for.
 - c. *Benefit to the Agency:* Your notes assist in validating billing to payers which is mandatory for agencies to stay open and continue providing services. Remember that you notes become part of the consumers medical record which many of times has protected the agency and the peer.

Knowing what you know now about Peer Support and the importance around documentation – what are your concerns around documenting the services you will be providing?

The key tool in progress note writing is an acronym called D.A.P. There are several types around, but DAP seems to be the headliner. It is an effective way to organize they progress you write about

– Data, Assessment, Plan. You will chart three separate parts to show the interaction, progress, and future plans with your consumer.

Data: Here, you provide solid factual information about your interactions with the consumer and progress made toward their goals. This does not include your opinion. Include information you hear, see, touch, or smell. Quotes from the consumers are very helpful. Also, what actions were part of this meeting?

Assessment: This is where you offer your interpretation of the interactions, dialogue, decisions, and so on. Your presentation should directly identify the goals on their treatment plan. Identify concerns, and conclusions to support growth in the consumer.

Plan: These are the next steps to meeting the goal addressed and is a direct result of the data and assessment in your note.

When writing your notes, you will never use first person when identifying yourself in the session with your consumer. Consumers will be identified by first name or other decided title. Peers will refer to themselves as the writer, the PSS, the facilitator, or other professional identifier. Check with your supervisor to assure you are doing it by their expectations.

Confidentiality in Progress Notes

Privacy and confidentiality are important in the Behavioral Health field. They're crucial to your relationships with those you will serve. Just like when you were consumers, you feared who would find out about your secret fight. Keep that in mind with your consumers by being HIPPA and PHI compliant.

- | | | |
|-------------------------|-----------------------------|--------------------------|
| • Name/Address | • Employer | • Goals |
| • Agency Investigations | • Authorizations | • Dreams |
| • Service Plans | • Payments made | • Aspirations |
| • Client Contacts | • Hospital information | • Phone Numbers |
| • Progress Notes | • Physician | • Other forms of Contact |
| • Diagnosis | • Psychologist | • Names of Relatives |
| • DOB/SSN | • Therapist | • School |
| | • Evaluations/Other records | • Occupation |

Select a Peer Session Video

<https://www.youtube.com/watch?v=D3Vbks8BscM>
<https://www.youtube.com/watch?v=nCaAHKxrAKI>
<https://www.youtube.com/watch?v=bmayHU7ejWU>

Write a dap note on one of these videos. Recognize yourself as the Peer and be observant of what documentation needs to include. Be prepared to share your

decisions on what you charted and why.

Client Name:

Approximate Age:

Gender:

Data:

Assessment:

Plan:

PSS Signature

Date

Documentation Exercise



Group Discussion: Let's talk about the importance of documenting the services peer support.

1. Any concerns about documenting your services? What is it about documenting that is intimidating?
2. What skills and attitudes are needed to ethically document your work?
3. How do you think documentation will support the consumers you are going to serve?
4. Watch Peer Session Video.
5. Complete a DAP note from the video.
6. Return for continued discussion.

Data:

Assessment:

Plan:

PSS Signature

Date

Module 13: Peer Support Services PLUS

“The role of the peer support worker has been defined as, “offering and receiving help, based on understanding, respect and mutual empowerment between people in similar situations.”” A system of giving and receiving help (SAMHSA, 2015).



SAMHSA used this definition and understanding to build in the Core Competencies for Peer Workers in Behavioral Health Services. This was discussed

online and during the first day of this course. Take a few minutes to review the core competencies below and write two tasks you can do with your consumers to reflect that competency.

<i>Core Competencies</i>	<i>Task #1</i>	<i>Task #2</i>
Engage consumers in collaborative and caring relationships		
Provide authentic support		
Share lived experiences of recovery		
Personalize peer support		
Support recovery planning		
Link consumers to resources, services, and supports		
Provide information about skills related to health, wellness, and recovery		

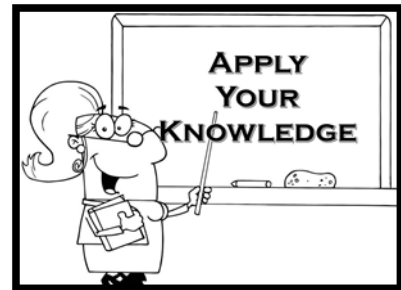
Help consumers to manage crises		
Value communication		
Support collaboration and teamwork		
Promote leadership and advocacy		
Promote growth and development		



Group Discussion: Let's talk about the importance of core competencies in peer support work.

1. Share your thoughts on each competency and how it can be applied to the services you will provide.
2. What concerns do you have this far in your training about applying the core competencies in the services you will be providing?
3. At this point in the training, what are you most excited about taking on this new role?

1. Pair off.
2. Consumer: Share your most recent Story Telling homework.
3. Peer: Use the core competencies to apply peer support to this interaction with your consumer.
4. Switch.
5. Take a few minutes to complete the survey on **page 266** about how your PEER used the core competencies to support you in your story.
6. Return to group to continue discussion.



Core Competencies**Support Received**

Engage consumers in collaborative and caring relationships	Circle One: YES NO <i>(Explain your answer below.)</i>
Provide authentic support	Circle One: YES NO <i>(Explain your answer below.)</i>
Share lived experiences of recovery	Circle One: YES NO <i>(Explain your answer below.)</i>
Personalize peer support	Circle One: YES NO <i>(Explain your answer below.)</i>
Support recovery planning	Circle One: YES NO <i>(Explain your answer below.)</i>
Link consumers to resources, services, and supports	Circle One: YES NO <i>(Explain your answer below.)</i>
Provide information about skills related to health, wellness, and recovery	Circle One: YES NO <i>(Explain your answer below.)</i>
Help consumers to manage crises	Circle One: YES NO <i>(Explain your answer below.)</i>
Value communication	Circle One: YES NO <i>(Explain your answer below.)</i>
Support collaboration and teamwork	Circle One: YES NO <i>(Explain your answer below.)</i>
Promote leadership and advocacy	Circle One: YES NO <i>(Explain your answer below.)</i>
Promote growth and development	Circle One: YES NO <i>(Explain your answer below.)</i>

Self-Advocacy – You will always be an advocate. Once you take on the role of Peer Support Specialists, your focus is on easing the journey for the next in line. Additionally, teaching your consumers Self-Advocacy and their abilities to fight for themselves is how they become confident of their recovery. You work with your consumers who want to work on getting their needs met, or “righting a wrong.”

Being a Self-Advocate can take many forms. Consumers and community members who say what they feel and think, speak up for things they believe in, and take responsibility for their own lives are practicing self-advocacy. Self-advocates know and understand their rights and responsibilities, for themselves and their lives while working to improve their quality of life and change the way things are done. As a peer specialist, you will be helping your consumers learn their rights, encouraging them to voice their questions and concerns, communicate effectively, and assume responsibility for their actions and behaviors.

Supporting self-advocacy is an important part of what you do. It is how you empower your consumers to grow exponentially in their recovery journeys toward independence. This is done by adhering to the following:

1. Work with your consumer, NOT, for them
2. Share your recovery story to support their goals of independence
3. Teach Self-Advocacy
 - Name the need for advocacy
 - Help do the research
 - Identify the gatekeepers
 - Make a plan
 - Role-Play the interaction
 - Repeat as necessary
4. Support their Direction: Inspire hope for speaking up about what is important to them.
 - Model Self-Advocacy
 - Learn together about Rights and Responsibilities
 - Support the Consumers to Identify Strengths
 - Support Consumers as they Advocate for Themselves
5. Model Advocacy & Self-Advocacy

Being an Ambassador for Change

You are an Ambassador: There are two parts to accepting your new roles as Peer Support Specialists: 1) Model recovery for your consumers, and 2) Present the peer perspective to your agency and colleagues. As an ambassador of wellness, recovery, and resilience, you are the proof your consumers, agency, and colleagues will apply to their parts in the journey. While there will be some minor adaptations in how you are to be tasked, you will not be expected to “convert” completely to the profession. You are a voice of reason and validation for consumers in closed-door conversations with colleagues; and the voice of choice to the consumers at a fork in the road.

Agent of Change: Since peer support is still developing in Alaska, it will continue to evolve with time. Case managers in particular have expressed concerns about this. As peer support specialists, you will hold some responsibility in changing the tone of that dialogue while being integrated into your new role on your team. You will explain your scope of service many a times. The core of peer work is to fight stigma and prejudice for all consumers experiencing Behavioral Health struggles. Your behavior and interactions across the agency, with colleagues, and in your community will be used to justify people’s attitudes, perceptions, and thinking when it comes to Behavioral Health consumers. As an *Agent of Change*, you will use known resources, in addition to your advocacy and communication skills to empower community change. All the same tools and steps you serve your consumers with.

Tricks to Recommending Change (agency or consumer levels)

- Be tactful and take time to consider how to approach decision makers with ideas for change
- Discover which benefits are directly related to any change being promoted
- Present the benefits and the recommended change to involved individuals
- Use clear and direct communication
- Use “I” statements in explaining the recommendations
- Avoid casting blame on other staff or the agency
- Remember, your team is open to including Evidence Based Practices by changing how they are providing services – hiring peer support specialists

Consumer Benefits from Peer Support Services

- Working with someone who has lived experiences
- Peers have a good understanding of consumer needs and issues
- Peers use empathy, sensitivity, and compassion
- Consumers relate more easily to and trust faster, the peers that have lived experience

- Peers have a better understanding of medication issues and side effects and their impact on being medication compliant
- Peers are highly motivated and dedicated to their role because of their lived experiences
- Peers are creative and resourceful
- Peers have hands-on knowledge of systems, how to navigate them, and pitfalls to watch out for

Agency Benefits from Peer Support Services

- Enhance staff awareness of consumer capabilities
- Provide valuable insight regarding recovery-oriented treatment strategies
- Increase staff sensitivity toward consumers and their needs
- A source of education for staff without lived experience in behavioral health
- Offers an informal perspective by allowing them to see peers as whole individuals contributing valuable insight to their team on behalf of the consumers
- Provides consumer perspective and concerns to administration
- More relevant and resiliency focused services
- Provides quality control from a peer perspective that gives valuable insight into what really works and what doesn't
- Increase organization's credibility for those they serve
- Consumer groups are more supportive of the agency
- Provides a bridge between consumer and clinician – can help build trust and empowerment across the board
- Peers are motivated employees who work hard, bring innovative and creative ideas to the table while being able to “keep it real”

How will you be an Ambassador/Agent of Change with your agency and consumers?

Your Role as an Ambassador



Group Discussion: Let's talk about the importance of role as an Ambassador of the field, and its impact on peer support work.

1. Share how you will be an Ambassador/Agent of Change for the field, your consumers, and yourself?
2. What are some ways you can support change in the field that benefit all of us?
3. What's a good way to get your consumers bought into being agents of change?

Letting Go at the Right Time

The Helping Field is built to work like an auto shop. You go in when things are difficult for a tune up, repair things as they arise, and replace the parts (coping skills) that need replacing to make your life more effective moving forward. As a helper, there will come a time where you will be able to confidently remove yourself from the equation based on your consumer's successes. Sometimes the consumer will beat you to it, and those times can feel like a rejection. So how do you deal with this part of the job?

Start by making the 'end' of Peer Support Services a very real part of the interactions. Consider this, "Where are you at? On a scale of 1 to 10, how confident do you feel doing this on your own." Your role in services is to support consumers by doing things with them, never for them. This is about building confidence and promoting independence.

There will always be people who can benefit from your services. But, as you model recovery, self-advocacy and self-care, you've also assisted them in setting and achieving goals, and helped them learn to problem-solve for themselves. This is the point, where your consumer is ready to things for themselves, on their own.

As the peer specialist, you should be prepared for feelings of rejection from your consumer, as well as yourself. This is a very real issue. You've learned throughout this course the intimacy level from sharing your stories of recovery, and it is very grey. Even though, it is still a professional relationship, the capacity is different. You need to learn to spin the end of services as a celebratory space of growth that your consumer has earned. You need to understand their success is in part from your knowledge and hard work in your own recovery and that graduating them from services

allows you the opportunity to assist the consumer in their journey to wellness and recovery. This is actually a big deal for your consumers and you. Treat it as such.



Group Discussion: Let's talk about the importance of ending the therapeutic relationship based on consumer success and the impact that has on your role in peer support work.

1. Have you ever graduated from a recovery program before? Did positively or negatively impact your recovery?
2. Share what your concerns are around graduating your consumers from peer services.
3. How can you consciously support ending the therapeutic relationship based on where the consumer is at now versus when they began services?
4. Promote returning when needed. How could you encourage a consumer to come back to service without being judged?

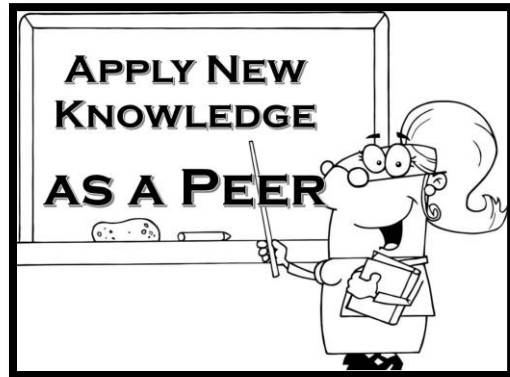
Slide	Time	Video Title	YouTube Link
187	3:25 m	Ending the Peer Relationship	https://www.youtube.com/watch?v=sfiVsYN1yBk&t=35s

Module 14: Success as a Peer Support Specialist

Employment Preparations

As your classroom learning comings to a close, no doubt your mind is fleeting through the opportunities that lie ahead. This training is just the beginning of a career that will continue to evolve as recovery resources grow in succession.

You will have access to the Department of Vocational Rehabilitation, in addition to other Vocational Service sites throughout your area, to help you maneuver employment opportunities as well as any benefit impact you could potentially experience going back to work.



Remember Benefits

When this role became a commodity a decade ago, the majority of peer specialists were SSDI and SSI recipients with a heightened fear of losing them while not being able to hold down a job. Because of that, peers were hired at minimum wage and only offered part-time positions. Fast forward to NOW. You work with special trained Vocational Professionals to complete a thorough benefit analysis and make it where you can work, build your independence, and do it all without the immediate fear of losing your benefits. This service is called “Benefit Planning.”

The whole purpose of Benefit Planning and Social Security benefits prior to retirement is assist consumers in maintaining a quality of life with the aspirations of becoming a functioning member of society at some point in their wellness and recovery. Because of that, there are several programs that are used to incentivize opportunity for recipients.

<i>Incentive Program</i>	<i>Details</i>
Trial Work Period	<i>Nine-month periods where one works and continues to receive full benefits, no matter their income. (Consecutive nine-month period is not necessary)</i>
Related Work Expenses	<i>This is a Benefit-provision and is used to assess costs of specific ability related items/services to be excluded from earned income when identifying one's monthly benefit amount</i>
Earned Income Exclusion	<i>Supported employment is the preferred site, but Earned Income Exclusion is specifically in place to allow participants to keep all of their pay if they work in a 'sheltered workshop'</i>
Student Earned Income Exclusion	<i>For students under 22 years of age, consistently/regularly attending class, to exclude a portion of their income each month</i>
Work Experiences for People Experiencing Blindness	<i>Any income a person who is affected by blindness earns that is needed for them to perform the tasks of employment are not counted against their substantial gainful activity quota</i>

Plan for Achieving Self-Support (PASS)	<i>Allows individuals to set aside income for a specified period of time for a work goal</i>
Property Essential to Self-Support	<i>Exclusion of resources needed to perform consumer jobs – vehicle, computer, etc.</i>
Ticket to Work	<i>A voluntary program that can help Social Security beneficiaries go to work, get a good job that may lead to a career, and become financially independent, all while they keep their Medicare or Medicaid.</i>

The great thing about knowing these opportunities is your ability as a peer specialist to support your consumer’s future aspirations around returning to work, themselves.

Use Your Wellness Tools to be Successful

Throughout this course, you’ve learned several ways to grow into your new role while maintaining your recovery and wellness. You've learned how to teach these tools to the consumers you will be serving. You are a Master in Recovery. That being said, **REMEMBER TO USE THE TOOLS YOU BUILT IN YOUR OWN JOURNEY.** There is no shame in a journey to wellness and the continuity it requires to keep you healthy in your new role.

<i>Peer Success Plan</i>	The purpose of this Peer Success Plan is to have an open and ongoing dialogue with your direct supervisor so that you can feel supported in your new role and they can assist in your professional development as a Peer Support Specialist through acknowledgement of your illness and hard work in your recovery.
<i>Reflective Therapy</i>	Participate in therapy once a month to process and reflect things triggered by working as a peer support specialist. Processing these concerns will support career success and individual recovery.
<i>Employee Assistance Program (EAP)</i>	Most community behavioral health providers offer an EAP to their staff. Use this program for legal support, recovery services, adoption and additional therapy. The services are free to employees and their families.
<i>Natural Supports</i>	The personal associations and relationships typically developed in the community that enhance the quality of life for individuals.
<i>Formal Supports</i>	The services provided by professional, trained employees, typically paid for their work, while informal support includes the support provided by her social network and community.
<i>Work through Vicarious Trauma</i>	Emotional residue of exposure that counselors have from working with people as they are hearing their trauma stories and become witnesses to the pain, fear, and terror that trauma survivors have endured. It is important not to confuse vicarious trauma with “burnout”. Discuss this in your Reflective Therapy.
<i>Be Alert to Countertransference</i>	When a peer specialist transfers emotions to a consumer in services, is often a reaction to transference, a phenomenon in which the consumer in services redirects feelings for others onto the peer specialist.

Your New Career

You have selected a career that will multiply generously for years to come. The opportunities ahead cross several avenues. Peer support is vast with opportunity across many types of services – medical and behavioral. For the purpose of this training, the focus is on the Behavioral Health field. The opportunities all begin in the same place – YOU; and require the same skills – Peer Support. As newly trained Peer Support Specialists, you will be an asset in any of these roles.

<i>Job Title</i>	<i>Job Description</i>
<i>Peer Support Specialist</i>	Empower individuals to achieve their hopes, dreams, and goals, and connect them with their personal recovery journey. A Peer Support Specialist is a person who has walked the path of recovery from mental illness and is employed to assist others in their journeys of recovery.
<i>Parent Partner</i>	Parents (mothers and fathers) who have first-hand experience with the Child Welfare system, and who have exhibited exceptional qualities in their own efforts to develop viable permanency plans for their children, an understanding of how the Child Welfare system works, an appreciation of what it takes to be successful, and personal qualities that lend themselves to collaboration on various levels.
<i>Youth Partner</i>	Young adults with lived experience in child welfare, behavioral health, or juvenile justice, to promote youth empowerment and voice in decision-making at the individual and system level, as well as enhance the department's engagement with youth ages 14 to 21.
<i>Recovery Specialist</i>	Supports others in recovery from a substance use disorder. The Recovery Specialist will serve as a role model, mentor, advocate and motivator to recovering individuals in order to help prevent relapse and promote long-term recovery.
<i>Peer Bridger</i>	Transitioning from inpatient services to outpatient treatment is both difficult and anxiety-inducing for many individuals with serious mental illnesses. They meet with the individual while they are in the hospital and begins to develop a trusting relationship. They work together as a team to develop a series of goals and a plan of action for when the person is discharged.
<i>Veteran Peer Specialist</i>	Veterans in recovery from mental illnesses and substance abuse disorders who help other Veterans to successfully engage in mental health and substance use treatment
<i>Peer Support Mentor</i>	Aid new peer specialists in learning how to deal with their symptoms while working effectively in the field. They provide support, help peers create goals, and teach them how to manage their symptoms.
<i>Peer Support Supervisor</i>	A key link between the peer staff and the organization's leadership. In this role they have a responsibility to advocate for equal compensation and benefits for this workforce. They are also responsible for promoting professional and job-related personal growth.

Peer – Supervisor Relationships

To work as a Peer Support Specialist in Alaska, you will be required to keep a running record of your hours worked in addition to the supervision received. This is to assure that you are supported and coached to provide effective support services to your consumers. Remember the role of your supervisor as they apply to your career goals, the integrity of your work, and your ability to grow professionally.

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| <p>Supervision Should:</p> <ul style="list-style-type: none"> • Support you in your work • Guide you • Help you make decisions • Help you prioritize • Drive you forward • Give critical and constructive feedback • Job coach |
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- | |
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| <p>Supervision Is NOT:</p> <ul style="list-style-type: none"> • A therapy session • Time for complaints about peers, agency policies, or colleagues • Disciplinary action • Friendship • Gossip • Wasted time |
|--|

Like all jobs, you will have a hierarchy of management. Some of you will even have two supervisors so to meet your needs growing as a Peer Support Specialist while working on a program for specific consumers. Because of that, you need to be alert to the types of supervision you will be receiving and have an understanding of what those will look like.

Supervisor-Peer relationships work very similar to your consumer-peer relationships. They need to be healthy, honest, trusting, reciprocal, and confidential; with a clear understanding of expectations, boundaries, work performance, your work environment, and concerns regarding specific consumers. You will be responsible for advocating your personal needs as they apply to the job you've accepted and learning to separate work and home whenever it becomes jumbled.

All supervisors have three roles; the administrator, the educator, and the supporter. It doesn't matter if you are a non-educated supportive staff or a licensed professional. These three roles are what every one of you will receive from your supervisor teams. As an **administrator**, they are the recruiter, evaluator, coordinator, and communicator. Additionally, they are bridge between you and the employer which requires enforcing their expectations, financial responsibility, as well as evaluating your work and coaching (disciplining) when necessary. The **educator** focuses on facilitating growth, ethical standards, and organizational expectations. Last is the **supporter** role, not to be mistaken for a free therapist. As the supporter, they will be a place to debrief when something unexpected happens in the field, guidance in difficult situations, assist in cultivating your talents while promoting open communication, position stability, and skill recognition. The truth is, you need to voice your concerns, and advocate for the role you've accepted. Be proud of your role on their team and confident of your ability to educate others on how you can benefit the team and those you serve.

Supervision will differ based on the content of the discussion and breaks down into two categories; clinical and personal. In **clinical** supervision, you will review the PROGRESS of your consumers and be guided on how to meet their needs moving forward; independently or group setting. Bring your roadblocks and concerns here to work through them with your best resource – the Supervisor. When working in **personal** supervision, you are addressing your role as a peer on the team you serve and your work as an employee. Avoid family stress and employee conflict in these conversations. There is no shame in participating in treatment while continuing to grow professionally. In fact, it is encouraged across the board. Use your supervision time wisely. This time should be focused on your professional growth in your role as a peer specialist.

Module 15: Modeling Recovery

Why do I need a Crisis Plan if I already have a Peer Success Plan?

Crisis plans aren't intended to build shame. Each of you have successfully mastered your recovery and wellness. You have made great strides throughout your training to be confident of those successes. It is the hope that you've also built some confidence in your journey as well as pride in your choices to move forward. A crisis plan, like a recovery plan, like a peer success plan, and others, is simply one more tool in your toolbox to maintain an alertness to the very real possibilities of relapse as you grow into your new position.

MY CRISIS PLAN

This is your voice. Your Crisis Plan tells everyone involved in it what your wishes are for your wellness during the crisis in addition to how they will know to step in and when to relinquish control back to you. We are our best advocates. We know everything that has worked. We know what's failed. We know who we trust and who we don't. But, unless it's in the Crisis Plan, our Crisis Team doesn't know that. Think about who will be using this piece of your WRAP plan: your Crisis Team, First Responders, Health Care Professionals, maybe even Family & Friends. ***Be detailed in your responses to ensure whomever comes to help can support your process.***

Step 1: *Recognizing Warning Signs or Red Flags*

Step 2: *Use Individual Coping Behaviors*

- Use my WRAP plan

Step 3: *Using People, Activities, & Places to Feel Safe, Supported, & Take Your Mind off Your Problems.*

- *People;*
- *Activities;*
- *Places;*

Step 4: *Contacting Supportive Family Members/Friends to Help Prevent a Crisis*

Step 5: *Contacting Your Treatment Team or Other Professionals*

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Step 6: *Reducing the Potential for Use of Lethal Means to Harm Self or Others*

Step 7: *Helping Client Identify Reasons to Live/Reasons to Avoid Violence*

Group Facilitation Exercise

Feedback and Evaluation

When a group concludes, it's always a good idea to ask participants to evaluate the group. If your employer does not have evaluation forms already in use, work with your supervisor to develop an evaluation and feedback form that you can use routinely in all groups. Feedback and evaluation forms should always be anonymous. In addition to asking for numerical scores, be sure to ask for narrative feedback as well. You will learn much more about the group from the narrative than you will from numerical scores. Asking for feedback and evaluations will allow you to adjust your teaching style and the teaching materials, if possible, so that you will be more effective and the groups will be more useful for peers.

Story Telling Exercise

As peer support specialists in training, you've poured your heart and soul into this training and the opportunities that lie ahead of you. This exercise is to serve you as a reminder of how your story can positively impact those you serve. Remember, this is the only time you will be asked to share your entire recovery story. Beyond this class, you will share only parts of your story, specifically identified to support the wellness of your consumers in that moment of service. Remember to respect each other's uniqueness and absorb they've been to get here.

Congratulations on choosing to persevere through an excruciating forty hours of training to pursue your journey towards becoming Peer Support Specialists and serving your fellow Alaskans. In just forty hours, you learned the history of your new role and its impact on the communities at large in addition to their need for such vital services. You learned how to partner with your consumers as well as community service providers and the true value of recovery in one's life journey.

There is no doubt in my mind that the skills you developed in this class will serve well beyond you. Knowing what it takes to be a peer is beyond building a toolbox, cultural competence, and being trauma informed. It also includes effective storytelling, SMART goals, field safety, and documenting your work. Throughout this training, you modeled authenticity, compassion, and a genuine desire to help others through the recovery process. Such an investment is the truest form of humanity and affirmation of recovery as pathway to wellness and quality of life.

As peer support specialists, you model recovery and hope by expressing confidence and hope in your consumers while forming authentic and supportive relationships that don't replicate or replace the role of a therapist or mental health professional. When doing this job, there will be times when you become re-traumatized or triggered and it is important to have the tools you teach in place to support yourself. As a team member, effectively communicate concerns and opportunities, use your self-care tools to maintain your wellness, and use supervision to grow professionally.

Remember, you don't cure behavioral health, you manage it. Last, but not least, limit how much of your story you share and assert that it is appropriate for the current issue and consumer. Your story, when shared correctly is powerful, and when the right part is shared with the right consumer, LIFE-CHANGING! You can do this. Your commitment to this training has already proven that.

All My Best,

Jenifer L Galvan, BA, CPC-S