



# Peer Recovery

Gloria Haynes CAPRC II, MATS

Sarah Stillerman CAPRC II

# Certified Addiction Peer Recovery Coach CAPRC

Non-clinical workers who are in recovery with lived experience from substance use, mental health or co-occurring disorders and are interested in promoting recovery by assisting recoverees to identify and overcome barriers to recovery, develop recovery capital and serve as a recovery guide and companion for those seeking or sustaining recovery.

- Certified
- Professional
- Billable

# The Role

## Peer Recovery IS...

- ▶ Motivator & Cheerleader
- ▶ Ally & Confidant
- ▶ Role Model & Mentor
- ▶ Advocate

## Peer Recover IS NOT...

- ▶ Sponsor
- ▶ Social Work
- ▶ Case Management
- ▶ Counselor
- ▶ Nurse
- ▶ Doctor
- ▶ Religious Leader
- ▶ Spiritual Advisor

# CAPRC I Requirements

- ▶ Lived experience
- ▶ High School Diploma or HSE
- ▶ 30 hours of peer training (motivational interviewing, stages of change, cultural competence) \*\*40 hours in 2017\*\*
- ▶ 16 hours of Ethics
- ▶ Must pass the IC&RC Peer Recovery Exam  
(International Certification & Reciprocity Consortium)

<https://internationalcredentialing.org/>

# CAPRC II Requirements

- ▶ Lived experience
- ▶ High School Diploma or HSE
- ▶ 30 hrs of peer training \*40 hours in 2017\*
- ▶ 16 hrs of Ethics
- ▶ Must pass the IC&RC Peer Recovery Exam
- ▶ +6 hrs HIV/STI education
- ▶ +500 hours of professional peer support
- ▶ +25 hours of direct supervision

# Recertification

- ▶ 40 hrs of related CEUs every 2 years
- ▶ 6 hrs of peer recovery ethics

# Core Competencies

- ▶ Recovery Oriented
  - ▶ What does recovery look like to you?
- ▶ Person Centered
  - ▶ It's all about them! Not me.
- ▶ Voluntary
  - ▶ It's the person's choice to seek recovery
- ▶ Relationship Focused
  - ▶ Being friendly vs. being friends
  - ▶ Lived experience
- ▶ Trauma Informed
  - ▶ Trained to know when to refer to appropriate resources
  - ▶ Remove barriers

# Collaborative & Caring Relationships

- ▶ Initiates contact with peers
- ▶ Active listening
- ▶ Reaches out to engage peers across the whole continuum of recovery process
  - ▶ Treatment (identify, diagnose and stabilize) vs. Recovery
- ▶ Demonstrates genuine acceptance and respect
  - ▶ Lived vs. Learned
- ▶ Demonstrates understanding of peers' experiences and feelings



# Provide Support

- ▶ Validates peers' experiences and feelings
- ▶ Encourages exploration and pursuit of community roles
- ▶ Conveys hope to peers about their own recovery
- ▶ Celebrate a person's efforts and accomplishments
- ▶ Provide assistance to help peers accomplish tasks and goals

# Shares Lived Experiences

- ▶ Relates their own recovery stories to inspire hope
- ▶ Discuss on going personal efforts of peer to enhance health, wellness and recovery
- ▶ Recognize when to share experiences and when to listen
- ▶ Describe personal recovery practices that help peers discover recovery practices that work for them

# Personalized

- ▶ Recognize and respond to the complexities and uniqueness of each peer's process of recovery
- ▶ Understand his/her own personal values and culture and how these may contribute to biases, judgements and beliefs
- ▶ Appreciate and respect cultural and spiritual beliefs and practices of peers and families
- ▶ Tailor services and support to meet preferences and unique needs of peers and their families

# Links to resources, services & supports

- ▶ Develops and maintains up-to-date information about community resources and services
- ▶ Assists peers to investigate, select and use needed and desired resources and services
- ▶ Helps peers find and use health services and supports
- ▶ Accompanies peers to community activities and appointments when requested
- ▶ Participates in appropriate community activities with peers when requested

# Helps peers manage crises

- ▶ Recognizes signs of distress and threats to safety among peers and in their environments
- ▶ Provides reassurance to peers in distress
- ▶ Strives to create safe spaces when meeting with peers
- ▶ Takes action to address distress or a crisis by using knowledge of local resources, treatment, services and support preferences of peers
- ▶ Assists peers in developing advance directives and other crisis prevention tools

# Values Communication

- ▶ Uses respectful, person-centered, recovery-oriented language in written and verbal interaction with peers, family members, community members and others.
- ▶ Uses active listening skills
- ▶ Clarifies their understanding of information when in doubt of the meaning
- ▶ Documents information as required by program policies and procedures
- ▶ Conveys their point of view when working with colleagues

# Promotes Leadership and Advocacy

- ▶ Uses knowledge of relevant rights and laws to ensure that peer's rights are respected
- ▶ Advocates for the need and desires of peers in treatment team meetings, community services, living situations and with family
- ▶ Uses knowledge of legal resources and advocacy organizations to build an advocacy plan
- ▶ Participates in efforts to eliminate prejudice and discrimination of people who have behavioral health conditions and their families
- ▶ Actively participates in efforts to improve the organization
- ▶ Maintains a positive reputation in peer/professional communities

# Primary Ethical Goals

- ▶ Latrogenic
  - ▶ Provide support without hindering the peer's personal growth and independence
- ▶ Latrogenic
  - ▶ Provide support without hindering the peer's personal growth and independence
- ▶ Fiduciary
  - ▶ Fill the expectations to provide peer support
- ▶ Boundary Management
  - ▶ Provide professional support to connections that can fill the needs
- ▶ Multi-Party Vulnerability
  - ▶ Effects of services on community as a whole



# Social Determinates of Health (SDOH)

- ▶ Provide support and guidance to assist with a person's improvements.
- ▶ Economic Stability
  - ▶ Employment
  - ▶ Food
  - ▶ Housing
  - ▶ Education
  - ▶ Social and Community (isolation vs. connection)
  - ▶ Health/Health Care

# Risks to Peers

- ▶ People, places and things
- ▶ Burnout – Reduced performance, difficulty concentrating, fatigue
- ▶ Inappropriate detachment – no empathy
- ▶ Counter transference – Emotional reaction to recoveree's contribution/Romantic relationships
- ▶ Vicarious trauma – Experiencing lingering feeling of anger, rage and sadness due to learned or witnessed trauma of recoveree
- ▶ Re-occurrence of use/Death

# Caring for Peers

- ▶ How can employers help?
- ▶ Recognizing peers are vulnerable
- ▶ Peer supervision along with Clinical supervision
- ▶ Adding mental health days, not included in PTO or sick days
- ▶ Hiring peers who have the appropriate amount of time substance free

# Resources

- ▶ MHAJ SWD Training Institute. 2020, October 28. What is peer recovery support? [video]. YouTube.  
<https://www.youtube.com/watch?v=dCdmiJN0eGA&t=33s>

I MAY NOT BE A  
***SUPERHERO***



BUT I'M A  
***PEER SUPPORT  
SPECIALIST***  
SO CLOSE ENOUGH

