Support Mechanisms for Peer Practitioners

Welcome and Introductions
Welcome

- Timothy Jeffries, Senior Policy Advisor, BJA
- Elizabeth Burden, Technical Assistance Director, Altarum
- Erin Etwaroo, LCPC, Analyst, Altarum
- Tom Hill, M.S.W.
- Ruth Riddick, CARC-RCP
- Linda Sarage, M.Ed., M.A.
Guest Presenter – **Linda Sarage**

- Linda Sarage has been in recovery for over 35 years and is a passionate advocate for the peer recovery movement. Linda is former Director of the RECOVER Project, a peer recovery support center in Greenfield, MA. She has supported recovery coaching statewide with the Bureau of Substance Addiction Services (BSAS) and is a lead trainer for the Recovery Coach Academy and Ethical Considerations for Recovery Coaches. She provides technical assistance to recovery community organizations locally and nationally. Linda is the Director of the Addiction Recovery Coach Certificate program at Westfield State University.
Guest Presenter – Ruth Riddick

- Ruth Riddick is a certified addiction recovery coach (CARC) with a coaching, training, and mentoring practice at Sobriety Together. She serves as a community outreach worker at the New York Association of Alcoholism and Substance Abuse Providers (ASAP), a curriculum developer and trainer at ASAP's Peer Workforce Initiative (PWI), and a peer ethics advisor to ASAP's New York Certification Board (NYCB). Ruth has also served as a recovery subject-matter expert at the International Certification & Reciprocity Consortium (IC&RC) and the Opioid Response Network (ORN STR-TA).
Guest Presenter – Tom Hill

- Tom is the Senior Advisor for Addiction and Recovery at the National Council for Behavioral Health. He is a person in long-term recovery from addiction and has professional experience spanning from grassroots community and federal systems organizing. Tom has worked to enhance lives and promote recovery through improved addiction treatment (including with medication), peer and other recovery support services, and harm reduction.
Importance of Self-Care

Self-care—nested in healthy work environment, supportive colleagues
Self-care—fundamental to work of peer practitioners
Peer practitioners’ role on front lines of changing landscape
  • Connecting to recovery communities
  • Connecting to resources
  • Identifying and overcoming obstacles
    o Opioid epidemic—overdoses, fatalities
    o Treatment system lagging behind demand
    o Economic realities—limited housing, transportation, parent support
Self-Care – A Closer Look

• **Burnout**—Often structural, management style, unclear job description
• Compassion **fatigue**—Passion, competency, demand
• Persistent **stress**—Many factors, culture, perception, lifestyle
• Self-**care**—Process of replenishing self to avoid depletion and exhaustion

**Self-care is not:**
- A buzzword
- A list of 100 ways to feel good

**Self-care is:**
- Individualized
- A way of life
- Attitude, optimism, perspective
Self-Care and the Stress of Everyday Life

H.A.L.T.
Hungry   Angry   Lonely   Tired

Pillars of Well-Being
*Nutrition   *Exercise
*Connection   *Sleep
*Creative Play   *Meditation
Self-Care Reflection for Work-Life Balance

Seven Dimensions of Wellness

- Physical wellness
- Environmental wellness
- Spiritual wellness
- Emotional/psychological wellness
- Intellectual wellness
- Occupational wellness
- Social wellness
Self-Care: Awareness and Observation, Rituals and Routines

**SMART Goals**
- Specific
- Measureable
- Achievable
- Realistic – Relevant
- Time bound

**Guidelines for Achieving Goals**
1. Write it down
2. Get clear on your WHY
3. Itty bitty steps
4. Plan for obstacles
5. Hold yourself accountable
"Self-care is not selfish. You cannot serve from an empty vessel" – Eleanor Brownn

Almost everything will work again if you unplug it for a few minutes, including YOU” – Annie Lamott
Supportive Supervision of Peer Leaders
Supportive Supervision and Peer Practitioners

- Roles
- Expectations
- Opportunities and challenges
- Resources
Introducing Peer Practitioners

- **Peer Recovery Profession:**
  - Education | practice-specific
  - Ethics | profession-specific
  - Board certification | role-specific

- **Role Purpose:**
  Building Recovery Capital through
  - Coaching Skills & Purposeful Conversation
  - Strategic Personal Sharing

- **Role Certifications in NYS:**
  - Certified Recovery Peer Advocate (CRPA)
    This is the IC&RC peer recovery credential ((Medicaid billing)
  - Certified Addiction Recovery Coach (CARC)
  - Certified Peer Specialists (mental health system only)
Who are Peer Practitioners?

- **Experience** coming from a personal history of, or exposure to: (i) substance use disorder; (ii) the process of change; and (iii) a sustainable life in recovery

- **Expertise** requiring application of that knowledge to the skill of helping others establish, and live in, their own definition and pathway of recovery across a lifetime
Peer Practitioner Role Competencies

The ICRC Peer Recovery (PR) certification in NYS: Competencies & Skills

Domain 1: Advocacy
1. Value the role of individual clients as advocates.
2. Advocate within systems to promote a non-stigmatized recovery approach.
3. Describe the individual's rights and responsibilities.
4. Apply the principles of individual choice and self-determination.
5. Explain the importance of self-awareness as a component of recovery.
6. Use open and non-judgmental language.
7. Promote effective communication skills.
8. Differentiate between the types and levels of advocacy.
9. Collaborate with individuals to identify, link, and coordinate resources with resources.
10. Advocate for multiple pathways to recovery, wellness.
11. Recognize the importance of holistic (i.e., mind, body, spirit, environment) approach to recovery.

Domain 2: Mentoring and Education
12. Serve as a role model for an individual.
13. Recognize the importance of self-care.
15. Educate through shared experiences.
16. Support the development of healthy behavior that is based on choice.
17. Describe the skills needed to self-advocate.
18. Assist the individual in identifying and establishing positive relationships.
19. Establish an empathetic, trusting relationship with the individual.
20. Demonstrate consistency and support by individuals during ordinary and extraordinary times.
21. Support the development of effective communication skills.
22. Encourage the development of conflict resolution skills.
23. Support the development of problem-solving skills.
25. Provide resources, knowledge, and professional services.

Domain 3: Recovery/Wellness Support
26. Assist the individual in setting goals.

27. Recognize that there are multiple pathways to recovery, wellness.
28. Contribute to the individual's recovery by offering support, education, and assistance.
29. Assist the individual to identify and build on their strengths and resilience.
30. Apply effective coaching techniques, such as Motivational Interviewing.
31. Recognize the signs of change.
32. Recognize the signs of recovery, wellness.
33. Recognize signs of distress.
34. Develop skills for effective outreach and continued support.
35. Assist the individual in identifying support systems.
36. Practice strengths-based approach to recovery, wellness.
37. Assist the individual in identifying basic needs.
38. Apply basic supportive group facilitation techniques.
39. Recognize and understand the impact of trauma.

Domain 4: Ethical Responsibility
40. Recognize role indicators that may affect the individual's wellness and safety.
41. Respond to personal role indicators to assure wellness and safety.
42. Communicate to support network personal issues that impact ability to perform job duties.
43. Report instances of abuse or neglect to appropriate authority.
44. Evaluate the individual's satisfaction with the progress toward recovery, wellness goals.
45. Maintain documentation and collect data as required.
46. Adhere to confidentiality and limits of the role.
47. Apply fundamentals of natural language.
48. Recognize and respect the role of confidentiality.
49. Recognize and maintain professional and personal boundaries.
50. Recognize and address personal and relational issues that impact wellness and recovery.
51. Maintain current, accurate knowledge of trends and issues related to wellness, recovery.
52. Recognize wellness and emergency situations.
53. Use organizational departmental chair of concern to address or refer issues.
54. Practice non-judgmental behavior.

Requirements for CRPA certification in NYS:
- 100 hours of direct supervision.
- 20 hours of training in non-medicinal recovery support.
- 10 hours of training in mental health recovery training.
- Complete a CRPA approved training program.

Training Opportunities in NYS:
- CRPA Peer Recovery Certification: ICRC Peer Recovery Certification Program

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Peer Practitioners | Skills Overview

Peer Practitioners are motivators & cheerleaders, allies & confidants, truth-tellers, role models & mentors, problem solvers, resource brokers, advocates, community organizers, lifestyle consultants, friends & companions – all at the same time!

Communications Skills
- setting boundaries & expectations
- listening actively & asking good questions
- sharing our story & recovery capital
- managing our own stuff/the conversation

Content Frameworks:
- Bridging the Gap
- Stages of Change
- Stages of Recovery
- Multiple Pathways

Context
- Culture | Power | Privilege
- Ethical Considerations
Peer Practitioners | Supervision

Peer Recovery Professionals who are:

1. CRPA: Work in agencies or centers are encouraged to ask for appropriate supervision from a qualified recovery coach supervisor, who will regularly consult with us about recoveree concerns and issues, assess our competencies, support ethical decision-making, help prevent burnout, and support our ongoing development.

2. CARC: Work individually are encouraged to schedule regular mentoring sessions with someone who has more experience, to join qualified supervision groups, or to form peer-mentoring groups with other peers.
# Peer Practitioners | Supportive Supervision

## Supportive Supervision: A Partnership for Success

<table>
<thead>
<tr>
<th>Supervisor:</th>
<th>Peer practitioner:</th>
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<tbody>
<tr>
<td>✔ Understanding the peer practitioner role</td>
<td>✔ Putting personal recovery first</td>
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<tr>
<td>✔ Setting realistic expectations and performance goals</td>
<td>✔ Seeking a thorough orientation at hire</td>
</tr>
<tr>
<td>✔ Elevating status of peer recovery as a valued resource on the continuum of care</td>
<td>✔ Agreeing realistic expectations &amp; performance goals</td>
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<tr>
<td>✔ Promoting the peer as a team member, not a career or employment threat</td>
<td>✔ Engaging in continuing education</td>
</tr>
<tr>
<td>✔ Providing appropriate &amp; informed supervision</td>
<td>✔ Receiving a fair and livable wage</td>
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<tr>
<td>✔ Identifying further career goals and a career path</td>
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## Peer Practitioners | Supportive Supervision

### Supportive Supervision: The Dual Role

<table>
<thead>
<tr>
<th>Manager</th>
<th>Mentor</th>
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<tbody>
<tr>
<td>Helps individuals and team understand performance goals</td>
<td>Ensures that staff is properly trained for specific roles</td>
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<tr>
<td>Helps individuals and team understand behavioral expectations, workplace culture and policies</td>
<td>Asks for peer’s own assessment of personal and professional strengths, concerns, issues</td>
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<tr>
<td>Identifies and resolves workplace problems, including conflicts and emergencies</td>
<td>Offers options for strengths-building</td>
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<tr>
<td>Supports and promotes skills-building for individuals and the team</td>
<td>Provides supportive feedback on job and role performance</td>
</tr>
<tr>
<td>Assists with HR, hiring/firing</td>
<td>Assists in resolving critical performance issues</td>
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<td></td>
<td>Proposes continuing education and career opportunities</td>
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Peer Practitioners | Supportive Supervision

<table>
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<tr>
<th>Supportive Supervision: The Transparent Relationship</th>
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<tbody>
<tr>
<td><strong>As the supervisor, I will:</strong></td>
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<tr>
<td>▶ Keep my word</td>
</tr>
<tr>
<td>▶ Give credit where it’s due</td>
</tr>
<tr>
<td>▶ Ask for input before I make a decision</td>
</tr>
<tr>
<td>▶ Be approachable and willing to help</td>
</tr>
<tr>
<td>▶ Embrace appropriate risk</td>
</tr>
<tr>
<td>▶ Be impartial</td>
</tr>
<tr>
<td>▶ Stay patient</td>
</tr>
<tr>
<td>▶ Act ethically</td>
</tr>
<tr>
<td>▶ Support my team</td>
</tr>
<tr>
<td>▶ Be consistent</td>
</tr>
</tbody>
</table>
Supervision Resources

Peer Integration and the Stages of Change ToolKit

New York State

Contact: Lureen McNeil | Lureen.McNeil@essas.ny.gov

SAMHSA

Bringing Recovery Supports to Scale

Technical Assistance Center (TACs)

Core Competencies for Peer Workers in Behavioral Health Services

https://www.samhsa.gov/brss-tacs/recovery-support-tools/peers

BRSS TACS

Peer Supervision within the Recovery Oriented Services of Care/Behavioral Health Field

https://www.samhsa.gov/brss-tacs/recovery-support-tools/peers

Coachervision

Recovery Coaching in the Emergency Department

https://addictionrecoverytraining.org/

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ASAP

New York Educational Addiction Services and Foundations

Opioid Abuse Program
Peer Practitioners | Summary

Peer Practitioners are Professionals
- Practice-specific education
- Profession-specific ethics
- Role-specific Board certification

Transparent Practice
- Trans-systems competencies codified in a national inventory of role knowledge, skills and abilities, and confirmed via a formal competency-based exam
- Partnered with Supportive Supervisors who offer a dual role as managers and mentors

Accountable Practice
- Governed by professional ethics and answerable to the profession’s certifying Board

Integrated Professional Workforce
- Peer practitioners complete the Prevention-Treatment-Recovery care continuum
- Peer practitioners expect to be integrated into the workforce on the basis of their professional value, not their individual vulnerabilities (including threat of stigma)
- Successful integration hinges on agency and systems-wide health and wellness protocols applicable to the entire workforce
Promoting Wellness Throughout the Organization
Creating an Organizational Culture of Wellness

• Developing Awareness:
  • Workforce development in a crisis-infused environment
  • Understanding grief as a result of witnessing violence, death, and other chaotic events
  • Potential for (re)traumatization among all lines of staff
  • Traumatic events reinforced by structural trauma: homelessness, poverty, racism, adverse childhood experiences
  • Vehicles to identify, address, and defuse events that may cause activation
  • Elevating and prioritizing self-care as a coping mechanism
  • Self-care as a job requirement for entire workforce: staff at all levels
Creating an Organizational Culture of Wellness

• Employing Strategies:
  • Articulating self-care as personal and professional responsibility
  • Holding oneself and colleagues accountable
  • Creating systems that reinforce the two points above
  • Codifying self-care as an organizational value and principle
  • Developing philosophies that address the current situation versus the long haul
  • Employing vehicles that address self-care in and outside of the workplace
Creating an Organizational Culture of Wellness

• Employing Vehicles:
  • Supervision as support
  • Other systems/networks of support
  • Team opportunities for check-ins for emotional temperature
  • Frequent team celebrations
  • Recognizing work-life balance
  • Training and orientation: nutrition, good sleep, exercise, handling conflict, time management
  • Setting self-care norms and expectations: lunch breaks, vacations, sick days, time off
  • Task delegation and workflow
Creating an Organizational Culture of Wellness

• Creating a Cultural Shift:
  • Dedication to a recovery/wellness-oriented workplace
  • Communication from and between administration leadership
  • Updating policies and procedures
  • Implementation from human resources
  • Identifying champions
  • Peer practitioners as change agents and cultural emissaries
Contact Information

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Questions?