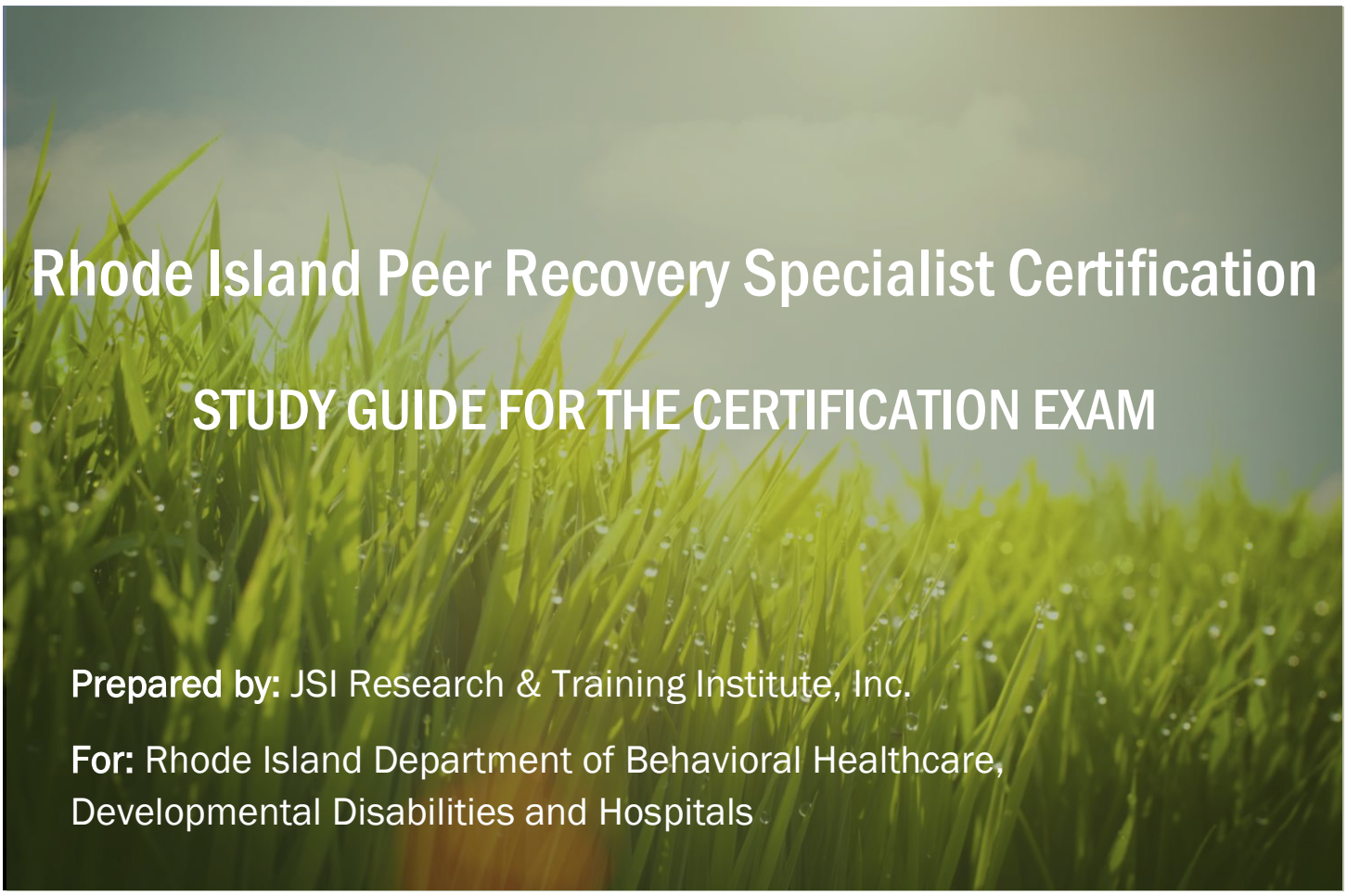

Rhode Island Peer Recovery Specialist Certification

STUDY GUIDE FOR THE CERTIFICATION EXAM

Prepared by: JSI Research & Training Institute, Inc.

For: Rhode Island Department of Behavioral Healthcare, Developmental Disabilities and Hospitals

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INTRODUCTION AND PURPOSE

Introduction

A Peer Recovery Specialist is a trained individual who has lived experience with mental illness and/or addiction to alcohol and/or other drugs who provides one-to-one strengths-based support to peers in recovery. Peer Recovery Specialists work in a wide range of settings including community health and mental health centers, behavioral health programs, substance use treatment facilities, peer-run organizations, community-based organizations, emergency rooms, courts, homeless shelters and outreach programs. Sometimes, Peer Recovery Specialists are referred to as Peer Support Specialists.

The Rhode Island Department of Behavioral Healthcare, Developmental Disabilities and Hospitals (BHDDH) is committed to building and strengthening the recovery workforce in Rhode Island. It supports training and professional development opportunities and facilitation of the certification process for both beginning and experienced recovery professionals. Toward these ends, BHDDH commissioned the development of this Study Guide for individuals seeking to take the Peer Recovery Specialist Certification Exam offered by the Rhode Island Certification Board.

Purpose of the Guide

This Guide is designed as a study aid to help prepare for and pass the Rhode Island Peer Recovery Specialist Certification Exam. The content of the Guide is based on the knowledge, skills and job tasks derived from the 2013 Peer Recovery Job Analysis conducted by the International Certification and Reciprocity Consortium (IC&RC), which sets standards and develops examinations for the credentialing of prevention, substance use treatment, and recovery professionals.

The Guide was developed by JSI Research & Training Institute, Inc., in consultation with BHDDH, subject matter experts in the behavioral health field, and input from peer recovery specialists who have taken the certification exam, or are working in recovery settings in Rhode Island.

Overview of the Guide

The first half of the Guide summarizes key concepts and strategies so that users can review content areas essential to peer recovery support practice, including:

- Guiding principles and aspects of recovery
- Roles and core values of peer recovery specialists
- Relationship building and communication skills
- Cultural competence in recovery support
- Boundaries and ethical issues in peer recovery support
- Trauma-informed approaches
- Recovery and wellness planning

The Guide begins with study tips and test-taking strategies. It includes 20 practice questions similar in format and level of difficulty to those on the exam, along with an answer key and explanations of the correct responses. A glossary and list of references to consult for more in-depth review of important topics are also provided.

For More Information:

For information on Peer Recovery Specialist Certification in Rhode Island, please contact the Rhode Island Certification Board (RICB): 401.349.3822, info@ricertboard.org, www.ricertboard.org

For information about the exam itself, please consult the Candidate Guide for the IC&RC Peer Recovery Specialist Examination: www.internationalcredentialing.org

For information about the Peer Recovery Specialists in Rhode Island, please contact the Rhode Island Department of Behavioral Healthcare, Developmental Disabilities and Hospitals (BHDDH): 401-462-1049, www.bhddh.ri.gov

GETTING READY FOR THE EXAM

About the Peer Recovery Specialist Certification Exam

The IC&RC Peer Recovery Specialist Certification Exam is 75 multiple choice questions. Scores are reported on a scale ranging from 200-800. You must receive a 500 to pass. You will have two hours to complete the exam. Listen to instructions from the exam administrator and read test instructions carefully. You will not be able to ask questions after the exam has started. Download the IC&RC Candidate Guide for the Peer Recovery Examination for more information on exam administration, testing dates, rescheduling, cancelling, missed exams, exam rules and security, special accommodations, and scoring of exams.

How to Prepare for the Peer Recovery Specialist Certification Exam

Even if you have been in the peer recovery field for years, it is important to prepare for this exam. Start studying early, become very familiar with the contents of this Study Guide, and plan your test taking strategy. Everyone is different when it comes to test taking. Some prefer individual study while others require group study. Identify your personal preference on how to prepare for the examination. Ask yourself, "How do I study the best?" Recall previous tests you have taken and decide what worked for you and what did not work for you in these situations.

Below are study strategies, test taking techniques, and advice for the day before and day of the exam.

Study Strategies

You can prepare for the exam in multiple ways. This study guide is one way, but there are many additional ways to reinforce your mastery of the Peer Recovery Specialist exam topics. Several suggestions are provided below.

Mark your calendar. As soon as you choose an exam date, mark it on your calendar. Plan a study schedule based on the number of days until the exam.

Test yourself. Take a practice test to find out what you know and what you need to study. Find a practice test that's similar to the one you'll be taking.

Work on weak areas. Review subjects that you are weakest on. If certain types of questions give you problems, focus on understanding them better.

Make a daily study commitment. Block off some time each day to study. Creating a specific time to study helps with time management and establishes predictable study habits.

Create Study Checklists. Use your study guide to outline key points for each of the domain areas. Pay attention to lists, steps, or categories.

Focus on the Key Terms. Understanding key terms throughout this study guide is important to mastering the exam; however don't limit yourself to just the key terms.

Create flashcards. Create flashcards with key terms or concepts, and quiz yourself or have others quiz you.

Study with others. Group studying can be helpful for practicing questions or for reviewing information that might be unclear.

Understand your learning style. Some people learn best by reading, some learn by hearing, and others learn best by doing. You may learn best through a combination of these styles.

If a study strategy is not working for you, do not be afraid to try a different strategy. Find a system that works for you and stick with it.

Test Taking Tips

Going into a test with a good knowledge of basic test-taking techniques will help you do your best. Here is a sampling of common test-taking advice:

- **Listen carefully to directions.**
  Listen carefully to the test directions: How much time is available? How will the test be scored? What advice, if any, is given about when to randomly guess on multiple-choice test questions? Does the test administrator have any special instructions?

- **Understand a question before answering it.**
  Read questions carefully prior to answering. When in doubt, eliminate choices that you know are wrong, and then choose an answer from the remaining choices. The correct answer is always listed in multiple-choice exams.

- **Review the choices.**
  Read the question, try to think of an answer, and then look for it among the available answer choices. If that doesn't work, at least eliminate the choices that appear to be wrong prior to guessing an answer. Do not overanalyze; if you think a question is a "trick," you may be over-thinking the question.

- **Review your work.**
  Review your answers. The test is not over until the time is up, so use any extra time to review your work.

- **Stay as calm as you can.**
  Stay calm and simply do the best job you can with the time available. Staying calm will make you more efficient while you are answering. A sample strategy for calming oneself is stretching and/or breathing deeply.

The Day Before and the Day of the Exam

Before the Test

- *Eat well.* Good nutrition helps you to concentrate and perform your best.
- *Sleep well.* While it may be helpful to review your study materials the day before the exam, do not pull an all-nighter. Get plenty of rest, and set your alarm!
- *Bring the right supplies.* Gather all materials you may need to bring with you, the night before the exam. This may include pencils, erasers, pens, registration paperwork, photo identification or a watch to time your progress. Note: You will not be allowed to bring study materials into the testing room.
- *Arrive early.* Give yourself plenty of time for traffic, parking, or other transportation concerns that may arise.
- *Follow your normal routine.* Testing day is not the time to try something different.

During the Test

- *Read the directions.* It's important that you follow the instructions exactly.
- *Review the whole test before you start.* See how many sections and what types of questions are on the test. Determine how much time to allow for completing each section.
- *Answer easy questions first.* Doing this can jog your memory about useful facts and boost your confidence. You may also come across information that can help you with other questions.
- *Answer every question.* Try to answer every question; do not change an answer unless you are certain your first response is wrong.
- *Identify key words*. This helps you focus on the main idea of challenging questions.
- *Use the extra time to proofread and review your answers.*

The above test-taking tips and strategies were adapted from the following sources:

1 *College Board. (2015). Big Future: How to Prepare for Admissions Tests*
2 *eHow Vickie Christensen: What makes a Test Standardized?*
3 *SABES Adventure in Assessment Volume 16. (2004). Learning Centered Approaches to Assessment and Evaluation in Adult Literacy*
4 *Illinois Certification Board. (2012). Illinois Certified Recovery Support Specialist Credential Study Guide*

THE ROLE OF PEER SUPPORT IN RECOVERY

What is Recovery?

"**Recovery** is a process of change through which individuals improve their health and wellness, live a self-directed life and strive to reach their full potential."[1]

"**Recovery** is what people experience themselves as they become empowered to manage their mental illness and/or substance use disorder in a manner that allows them to achieve a meaningful life and a positive sense of belonging in their community."[2]

Both these definitions apply to recovery from substance use and mental health disorders.

Voices of Person-Centered Recovery

RI Bringing Recovery Support to Scale Technical Assistance Center Strategy (BRSS TACS) Curriculum, (Day 1, slide 29)

[1] SAMHSA Working Definition, 2012

[2] Connecticut Department of Mental Health and Addictions Services, 2002

Aspects of Recovery

SAMHSA has specified four major dimensions that support a life in recovery:

1. **Health**: Managing one's disease(s) as well as living in a physically and emotionally healthy way
2. **Home**: A stable and safe place to live
3. **Purpose**: Meaningful daily activities, such as a job, school, volunteerism, family caretaking, or creative endeavors, and the independence, income and resources to participate in society
4. **Community**: Relationships and social networks that provide support, friendship, love, and hope

Guiding Principles of Recovery

Recovery Emerges from Hope

The belief that recovery is possible provides the essential and motivating message of a better future—that people can and do overcome the internal and external challenges, barriers, and obstacles that confront them.

Recovery is Person-Driven

Recovery is self-determined and self-directed, with individuals defining their own life goals and designing their own unique path to recovery.

Recovery Occurs via Many Pathways

Individuals are unique with distinct needs, strengths, preferences, goals, culture, and backgrounds that affect and determine their individual pathway(s) to recovery.

Pathways may include:

- Support from families and in schools
- Peer support
- Faith-based approaches
- Clinical treatment
- Use of medications
- Other approaches

Guiding Principles of Recovery

From Substance Abuse and Mental Health Services Administration (SAMHSA):

1. Recovery Emerges From Hope
2. Recovery is Person-Driven
3. Recovery Occurs via Many Pathways
4. Recovery is Holistic
5. Recovery is Supported by Peers and Allies
6. Recovery is Supported Through Relationship and Social Networks
7. Recovery is Culturally-Based and Influenced
8. Recovery is Based on Respect
9. Recovery is Supported by Addressing Trauma
10. Recovery Involves Individual, Family, and Community Strengths & Responsibilities

Recovery is Holistic
Recovery encompasses an individual's whole life, including mind, body, spirit and community.

Recovery is Supported by Peers and Allies
Mutual support and mutual aid groups, including the sharing of experiential knowledge and skills, play an invaluable role in recovery.

Recovery is Supported Through Relationships and Social Networks
An important factor in the recovery process is the presence and involvement of people who:

- Believe in the person's ability to recover
- Offer hope, support and encouragement
- Suggest strategies and resources for change
- Role model positive behaviors and attitudes

Recovery is Culturally-Based and Influenced
Culture and cultural background in all of its diverse representations—including values, traditions, and beliefs—are keys in determining a person's journey and unique pathway to recovery.

Recovery is Based on Respect
Community, systems, societal acceptance and appreciation for people affected by mental health and substance use disorders—including protecting their rights and eliminating discrimination—are crucial in achieving recovery.

Recovery is Supported by Addressing Trauma
Services and supports should be trauma-informed to foster safety (physical and emotional) and trust, as well as promote choice, empowerment, and collaboration.

Recovery Involves Individual, Family, and Community Strengths & Responsibilities
Individuals, families, and communities have strengths and resources that serve as a foundation for recovery.

How A Recovery Orientation Differs from a Treatment Orientation[3]

Traditional Treatment Strategies	Recovery Strategies
Promote clinical stability, managing illness	Promote quality of life and recovery
Focus on illness, disabilities and deficits	Focus on wellness/health, abilities and choices
Value compliance	Value active participation, empowerment
Only professionals have access to information	All parties have access to the same information
Link to professional services only	Link to diverse supports, including professional services, non-traditional services, and natural supports
Relies on facility-based settings and professional supporters	Integrated settings and natural supporters are also valued
Self-determination comes *after* a person achieves clinical stability	Self-determination and community inclusion are fundamental human rights of all people
Emphasize avoidance of risk	Emphasize responsible risk-taking and growth

What is Peer Recovery Support?

People with mental and/or substance use disorders have a unique capacity to help others with similar disorders based on shared experience and a deep understanding of what the other person may be going through in recovery. Recovery support is the process of giving and receiving non-clinical assistance to help aid the process of recovery; **peer recovery support** is provided by individuals with lived experience in recovery.

A **Peer Recovery Specialist** is an **individual or family member who has lived experience** with mental illness and/or addiction to alcohol and other drugs, and has also **completed formal training**, who **provides one-one strengths-based support to peers in recovery** (Rhode Island BRSS TACS definition of Peer Recovery Specialist).

[3] RI BRSS TACS Curriculum: How a Recovery Orientation Differs from a Treatment Orientation, (Day 1, slides 26-27)

Goals of Peer Recovery Support

Peer recovery support assumes that everyone is capable of recovery, wellness and fulfilling their dreams. This strengths-based approach to recovery moves the focus away from people's deficits and instead emphasizes strengths and capacities to resolve problems and create solutions. Peer Recovery Specialists work with their peers to:

- Instill hope
- Promote positive self-identity (reduce stigma*)
- Be a role model of strength, survival and growth
- Decrease isolation and promote connection with others
- Support person-centered recovery
- Engage in mutual learning—the peer support relationship is a relationship of equals

**Stigma is the experience of being deeply discredited due to one's perceived and undesired differentness. It is a cluster of negative attitudes or beliefs held by the general public about people with substance use disorders or mental illness.*

Types of Support Offered by Peer Recovery Specialists

Peer Recovery Specialists offer four main types of support to their peers in recovery:

1. Emotional Support: Demonstrate empathy and caring, foster self-confidence
2. Informational Support: Provide health and wellness information as well as information about community services and supports available
3. Instrumental Support (tangible support): Provide concrete assistance in accomplishing tasks, such as help to obtain child care, employment or access to community health and social services.
4. Affiliational Support (support in building relationships): Promote social connections and engagement in community

Specific Roles of Peer Recovery Specialists

What do Peer Recovery Specialists do in working with people in recovery? Here are some of the roles Peer Recovery Specialist play, adapted from William White.[4] A Peer Recovery Specialists acts as:

- **An Ally and Confidant**, who cares about the person in recovery, actively listens to them, and is trustworthy, stable and consistent.
- **A Motivator and Cheerleader**, who believes in the person's capacity for change, and who motivates, encourages, and celebrates their efforts and progress.
- **A Role Model and Mentor**, who offers their own life as an example of healthy living, "walks the talk", and provides recovery information appropriate to where the person is in their recovery.
- **A Truth Teller**, who provides honest and helpful information, helps to identify patterns of behavior, offers suggestions, and does not "sugar coat" things.
- **A Problem Solver**, who helps identify potential problem areas, assists the person to problem-solve, does not tell the person what to do but helps person with options in a non-judgmental way.
- **A Resource Broker**, who provides linkages to the recovery community, treatment and other support services, knows the local system of care and how to navigate it, and has established contacts and partnerships in the recovery community.
- **An Advocate**, who assists and educates the person in recovery to protect their rights, and acts as a representative for them when requested.

Peer Recovery Specialists may also act as advocates on a community level.

[4] White, W. (2006). Sponsor, Recovery Coach, Addiction Counselor: The Importance of Role Clarity and Role Integrity. Philadelphia, PA: Philadelphia Department of Behavioral Health and Mental Retardation Services.

Limits of the Peer Recovery Specialist Role

A peer recovery specialist is NOT a:

- Therapist/Counselor: Does NOT offer counseling services
- Case Manager: Does NOT act as a case manager
- Nurse/Doctor: Does NOT offer medical or medication advice
- Sponsor: Does NOT act as sponsor in a twelve-step program for the peers they are working with
- Clergy: Does NOT give religious advice or promote a particular religion

Summing Up: Core Values of Peer Support

These guidelines from the International Association of Peer Supporters provide a good summary of the key roles and the unique and effective approach that peer recovery specialists bring to their relationship with the peers they serve.

Peer Support is…	Peer Supporters ARE:
▪ **Voluntary**: *Supports choice* ▪ **Mutual and reciprocal**: *Encourages peers to give and receive* ▪ **Equally shared power**: *Embodies equality* ▪ **Strengths-focused**: *Sees what's strong, not what's wrong* ▪ **Transparent**: *Sets clear expectations and uses plain language* ▪ **Person-driven**: *Focuses on the person, not the problems*	▪ **Hopeful**: *Share hope* ▪ **Open-minded**: *Withhold judgment about others* ▪ **Empathetic**: *Listen with emotional sensitivity* ▪ **Respectful**: *Are curious and embrace diversity* ▪ **Honest and direct**: *Address difficult issues with caring and compassion* ▪ **Facilitate change**: *Educate and advocate*

International Association of Peer Supporters, inaops.org

RELATIONSHIP BUILDING AND COMMUNICATION SKILLS FOR PEER RECOVERY SPECIALISTS

Establishing a respectful, trusting peer-peer relationship

The Peer-Peer Connection

Having trusting, supportive relationships with family, friends, co-workers and others is strongly related to people's health, well-being and recovery.

The power of peer recovery support stems from the fact that it is based on a *trusting social connection between equals* or "peers". A ***peer*** is "a person that is of equal standing with another."[5]

The trusting social connection between Peer Recovery Specialists and the people they are working with is based on *empathy*—"the ability to understand and share the feelings of another".[6]

Empathy means listening for the feelings behind the person's words, really paying attention and "stepping into their shoes," and validating their feelings.

To keep empathy "turned on" *talk less and listen more*. ***Avoid*** these behaviors that interfere with empathy:

- Not responding to what the person has said
- Forcing your own interpretation
- Missing the feeling in what the person said
- Using clichés that minimize a person's pain (for example, "time heals all wounds")
- Interrupting
- Faking understanding
- Rushing your response
- Talking too much

A Relationship of Equals

What makes peer recovery support unique and effective is that it is based on a relationship of two equal partners. This is sometimes called "mutuality" which means that "we're in this together," and that both partners learn together and progress in their recovery as a result of this relationship. The relationship is one of mutual respect.

[5] Merriam –Webster Dictionary

[6] Oxford Dictionary

Listed below are some actions or needs on the part of the Peer Recovery Specialist that can undermine this relationship of equals. As a Peer Recovery Specialist be on the lookout for these and try to ***avoid*** them:

- **A need to be liked and helpful** (Wanting your peer to always like you can lead to dishonesty and rescuing behavior).
- **A need for status or prestige** (Wanting your peer to be impressed with you can make your peer feel inferior).
- **Need for control** (This interferes with your peer's self-determination, and disempowers your peer).
- **Perfectionism** (May lead you to push and pressure your peer).
- **Need for social relationships** (May lead you to be overinvolved with your peer, crossing a boundary).

Remember to keep the "peer" in peer recovery support.

Important Communication Skills

Using Person-Centered, Non-Judgmental, Empowering Language

The words we use are important, with the power to hurt or heal. As you talk with people be mindful of the power of language and keep these tips in mind.

- ***Don't label people.*** Describing people by their addiction or mental illness (e.g. "druggie" or "bipolar") is dehumanizing, hurtful and harmful.
- ***Use positive language that focuses on strengths*** **rather than negative language the focuses on deficits.** Here are some examples.

Negative/Deficient Language	Positive/Mutual Language
▪ My illness	▪ My experiences
▪ What's wrong with me?	▪ What's happened to me?
▪ My consumers	▪ People I work with
▪ I'm here to help you	▪ I'm here to learn with you
▪ High-functioning, low-functioning	▪ Risking new thinking and behavior
▪ Coping	▪ Change patterns

BRSS TACS Curriculum: Language Creates Reality (Day 2, slide 38)

Effective Listening

Some tips for being a good listener:

- Focus your attention on the speaker.
- Avoid distractions.
- Seat yourself appropriately close to the speaker.
- Acknowledge any emotional state.
- Set aside your prejudices and opinions.
- Be other-directed—focus on the person communicating.
- Follow and understand the speaker as if you were walking in their shoes.
- Be aware. Listen with your ears, but also with your eyes and other senses.
- Let the story or whatever the person is saying take its course. Don't interrupt.
- Be involved: actively respond to questions or directions. Use your body position (lean forward) and attention to encourage the speaker and signal your interest.

Be aware of and *avoid* these barriers to effective listening:[7]

- Assuming you know what the other person is thinking
- Listening selectively
- Jumping to conclusions
- Letting your mind wander
- Working on a response or solution while the other person is still talking
- Changing the subject before the person is done
- Automatically agreeing before understanding completely

Talking About Change: A Few Key Principles of Motivational Interviewing

Motivational Interviewing (MI) is a specific approach to helping people living with mental illness, addictions or other chronic conditions make positive behavior changes to support their overall health. To practice motivational interviewing techniques effectively it is important to take a training course.

Motivational Interviewing gives a framework for having conversations that bring out a person's own internal motivation and thoughts about changing a specific health behavior. The goal is to guide the person to recognizing and solving their own challenges with changing a behavior.

[7] Recovery Support Specialist Training, Community Care Alliance

Here are some key principles of Motivational Interviewing:

- Change is up to the person.
- Express empathy and acceptance.
- Help the person recognize discrepancies between goals and current behavior.
- Avoid confrontation and "roll with resistance".
- Support people's belief in their ability to succeed in accomplishing a task and encourage optimism.

Motivational interviewing is a non-judgmental process and is designed to help build the person's *self-efficacy*. Self-efficacy is a person's confidence that they can solve problems and make changes successfully on their own. It is based on the belief that they themselves are in control.

Motivational Interviewing sometimes involves working with the person to develop a step by step change plan.

Sharing your Recovery Story

Sharing lived experience is a very valuable process in recovery. One of the most important and unique tools the Peer Recovery Specialist has is their own recovery story. Sharing your recovery story with your peer is powerful and effective for many reasons, including:

- Your story is "living proof" that people do get well.
- Peers hearing your story can be are inspired by the hope and possibilities it contains.
- Sharing the story builds a bond between peers.
- It creates a climate of mutuality ("we're in this together") and trust.

Peer Recovery Specialists should share their "recovery story" rather than an "illness story". A recovery story is more helpful to the person hearing it than an illness story. See the table below for the differences between these two kinds of stories.

Illness Story vs. Recovery Story

Illness Story	Recovery Story
▪ Shows you have "been there"	▪ Shows you have "been there"
▪ Promotes empathy	▪ Promotes empathy
▪ Focus on limits and disability	▪ Focus on strengths and overcoming barriers
▪ Sharing "War stories"	▪ Sharing what works
▪ Focus on sickness	▪ Focus on wellness
▪ May feel hopeless	▪ Full of hope
▪ Tragedy narrative	▪ Transformation narrative

BRSS TACS Curriculum: Illness Story vs. recovery story (Day 2, slide 61)

Cultural Competence

What is Culture?

"Culture is a system of shared values, traditions, norms, customs, arts, history, folklore and institutions of a group of people. Culture shapes how people see the world and structure their community and family life".[8]

(**People's "Cultural Identity" (groups they feel they belong to) may be defined by…**)

- Ethnic, racial, gender or sexual orientation identity groups
- Kinship networks
- Geographic regions
- Religious affiliations
- Jobs and professions
- Physical ability or disability
- Life experiences
- Social and economic classes

The Connection between Culture and Recovery

Different cultures have…

- Different ideas of what constitutes illness or impairment
- Different ideas of what constitutes health
- Different traditions of healing
- Different ways of seeking and receiving help
- Different visions of a "good life"
- Different spiritual traditions

These things are related to recovery, and what recovery pathways a person might choose.

[8] Center for Substance Abuse prevention (CSAP), 1984

Peer recovery specialists should be aware of some important *factors that vary across cultures* including:

- Verbal and non-verbal communication styles
- Personal space and touch
- Family roles and relationships
- Attitudes toward smoking, drug and alcohol use
- Attitudes toward mental illness
- Religious or spiritual practices
- Pathways to recovery

What is Cultural Competence?

Organizational cultural competence is "a set of congruent behaviors, attitudes and policies that come together in a system, agency or among professionals that enables effective work in cross-cultural situations." [9]

Individual cultural competence is the ability to interact effectively with people of different cultures and socio-economic backgrounds.

To increase their individual cultural competence, Peer Recovery Specialists can:

- Understand their own values and assumptions ("worldview")
- Recognize that other people's values and assumptions may differ
- Examine their own biases and prejudices
- Be open to different views of health, illness and recovery
- Acquire knowledge about the cultures of the people they are working with by asking and sharing experiences
- Recognize the broad variation within cultural groups

[9] Office of Minority Health, USDHHS

BOUNDARIES AND ETHICAL ISSUES

Boundaries define the safe, effective and appropriate interactions between a Peer Recovery Specialist and a peer with whom they are working. Boundaries protect both the Peer Recovery Specialist and the peer.

Ethical Guidelines for Peer Recovery Specialists

The following ethical guidelines provide standards for how Peer Recovery Specialists (PRS) should behave in their interactions with individuals in recovery:

- PRS are honest in their interactions.
- PRS-peer relationships are mutual learning experiences.
- PRS honor commitments made to peers.
- In working with peers, PRS strive to explore and ask open-ended questions rather than making assumptions.
- PRS explore alternatives and options with peers rather than give advice.
- PRS support people to make their own choices, honoring self-determination. PRS do not put their own agenda ahead of the peer's agenda.
- PRS negotiate with peers to facilitate peer choice and shared power.
- PRS avoid power struggles and favoritism.
- PRS will not exploit, devalue, manipulate, abuse, neglect or ignore a peer.
- PRS will not practice, condone, facilitate or collaborate in any form of discrimination on the basis of ethnicity, race, gender, sexual orientation, age, religion, national origin, marital status, political belief, or mental or physical disability.
- PRS will not loan or borrow anything from a peer.
- PRS will not establish romantic or sexual relationships with a peer.
- PRS will avoid "dual roles". (Do not act as a counselor, therapist, sponsor or spiritual advisor. Do not offer medical advice).
- PRS will honor and preserve confidentiality in their interactions with peers.

Confidentiality

The ethical principle of confidentiality requires that information shared by the peer with the Peer Recovery Specialist is not shared with others.

Confidentiality is essential in the peer-peer relationship, because it promotes an environment of safety and trust. In addition, confidentiality in behavioral health service provision is required by law.

To keep confidentiality, here's what to do:

- Do not disclose information pertaining to peers with others, including identifying information or experiences they have shared with you, as their Peer Recovery Specialist.
- Review and follow your agency's confidentiality policy and protocols.
- Be aware that social media can break confidentiality. Be thoughtful about what you are posting.
- Upon ending the peer-peer relationship, information disclosed during this relationship must continue to remain confidential.

Confidentiality does have limits in certain situations. If you think a person is in danger of harming him/herself or others, you are obligated to speak up, even though this means breaking confidentiality. These limits are based on the ethical principles of "duty to protect" which has to do with protecting a person from self-harm, and "duty to warn" which has to do with protecting potential victims from harm.

Boundaries: Lines Not to Cross with a Peer

While ethical guidelines provide general standards for professional behavior of Peer Recovery Specialists here are some more concrete boundaries--lines you shouldn't cross with a peer you are working with.

1. Don't exchange money or gifts.
2. Don't exchange services.
3. Never flirt, date or socialize.
4. Do not share your personal contact information.
5. Do not acknowledge a peer that you encounter in the community outside of work hours unless they approach you first (out of respect for their confidentiality).
6. Don't go against agency policy.
7. Never do something that makes you feel uncomfortable. (Make safety a priority).
8. If you feel like something might violate a boundary, speak to your supervisor.

Expectations of Peer Recovery Specialists in the Workplace

Peer Recovery Specialists work with individuals in recovery in a wide range of workplace settings including community health and mental health centers, behavioral health programs, substance use treatment facilities, peer-run organizations, community-based organizations, emergency rooms, courts, homeless shelters and outreach programs.

In addition to following the ethical guidelines described above, here are some things that are expected of you as a professional in your workplace:

- Know and follow agency policies and procedures.
- Participate as part of a care team. Many Peer Recovery Specialists work with other members of the care team, including case managers, counselors, nurses, doctors, justice professionals and others.
- Complete and stay up to date with required documentation (record keeping).
- Maintain contact with your supervisor. Your supervisor can answer questions, clarify matters of policy, help you to build your professional skills and help resolve workplace issues and conflicts.
- Participate in professional development activities to keep up with trends and new ideas in the field. Professional development activities include in-service training at work, continuing education courses and conferences.

Tips for handling challenges in the workplace:

- Connect with experienced Peer Recovery Specialists.
- Stay aware—recognize potential problems early on.
- Keep communication lines open with your team.
- Talk to your supervisor.
- Follow established workplace policies and protocols.

Self-Care for Peer Recovery Specialists

Taking care of yourself is essential because:

- To "be there" for a peer, you have to "be there" for yourself.
- Self-care helps to prevent "burnout".
- By practicing self-care, you model self-care—an essential recovery tool—for your peer.

Some good ways to practice self-care are healthy eating and exercise and getting enough sleep, as well as keeping in touch with friends. Mindfulness techniques such as meditation, and stress management techniques like the relaxation response are also good self-care tools. Making a wellness plan for yourself (see page 26) works not only to give you self-care strategies, but it is also good practice for helping your peer to develop a recovery and wellness plan.

SUPPORTING RECOVERY AND WELLNESS

Recovery Includes Wellness

Definition and Aspects of Recovery

"**Recovery** is a process of change through which individuals improve their health and wellness, live a self-directed life and strive to reach their full potential." [10] If we look at the key aspects of recovery, we see that wellness is an essential part of recovery. Recovery is an ongoing the process of change that includes:

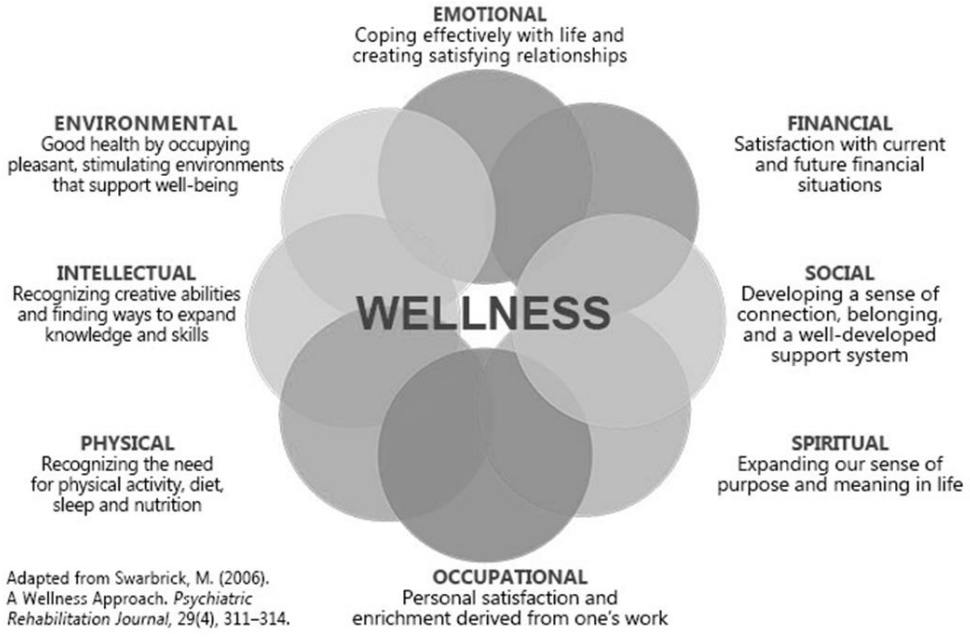
- Reducing or eliminating symptoms
- Improving **emotional and physical health**
- (Re)joining and (re)building a life in the community
- Self-redefinition and self-determination

Definition of Wellness

For people with mental health and substance use disorders, wellness is not merely the absence of disease, illness and stress, but the presence of purpose in life, active involvement in satisfying work and play, joyful relationships, a healthy body and living environment, and happiness.

Eight Dimensions of Wellness

SAMHSA describes wellness as having eight dimensions. The figure to the right describes the eight dimensions.



[10] SAMHSA, 2012

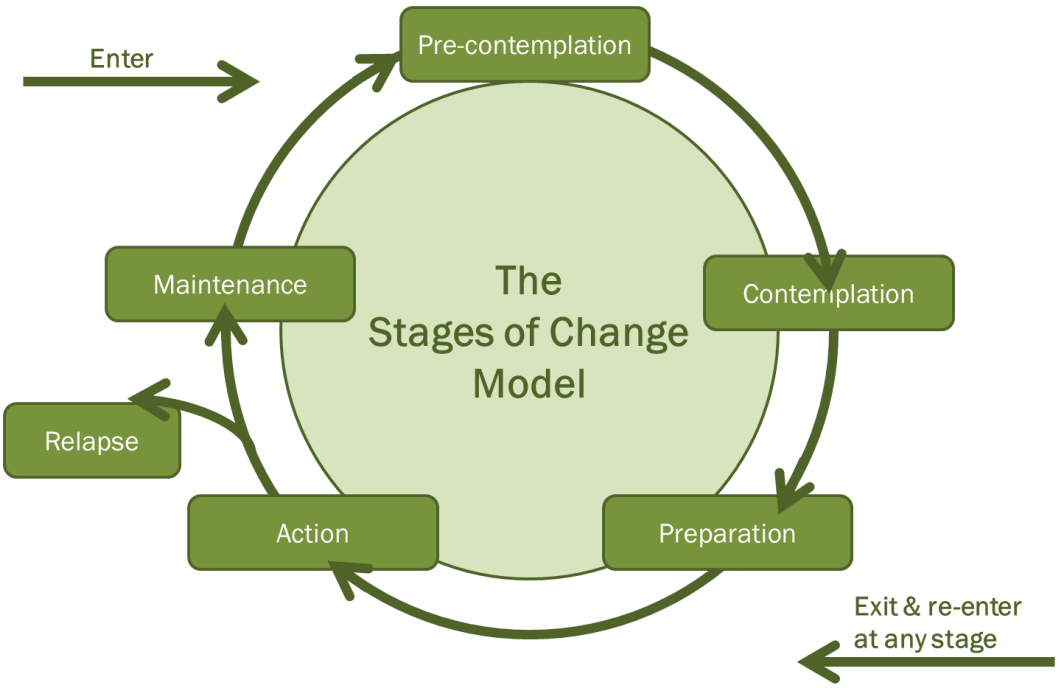
Understanding the Process of Behavior Change

Stages of Change Model

The Stages of Change Model developed by Prochaska and DiClemente (1982) describes the process people go through in modifying a problem behavior.

The model was developed with and for people with substance use disorders, but it is applicable to all kinds of behavior change, especially health behavior change.

Stages of Change Model



Johnny Holland. (2011). Stages of Change Model by Prochaska & DiClemente.

The five stages of change are:

1. **Pre-contemplation**
2. **Contemplation**
3. **Preparation**
4. **Action**
5. **Maintenance**

Relapse (going back to a former behavior or earlier stage) is always possible.

In the process of changing behavior, people may not move through the stages in a linear way. They can cycle between stages. People can learn from relapse/re-occurrence about what to do next time to sustain a change.

Pre-contemplation: The person does not see the behavior as a problem/does not see a need for change/has no intention to change.

Contemplation: The person has some awareness of the need/desire to change behavior and is actively weighing the pros and cons of the behavior.

Preparation: The person believes that the behavior can be changed and that he/she can manage the change, and is taking steps to get ready to make the change.

Action: The person has begun to make the behavior change and has developed plans to maintain the change.

Maintenance: The person has maintained the new behavior consistently for over 6 months and has made the new behavior habitual.

Relapse/Re-occurrence: The person has a "slip"-- reverts back to a previous pattern of behavior. The person may become discouraged but should recognize that most people making a behavior change have some degree of re-occurrence.

Recovery and Wellness Planning

A wellness plan is a kind of step-by-step roadmap to reach personal wellness and recovery goals.

Benefits of Action Planning for Wellness and Recovery

There are many advantages to developing a recovery and wellness plan including the following:

- People develop the plan for themselves, so it is individualized to their situation.
- The plan gives the person something concrete to refer to and provides guidance daily, and when things get harder.
- The plan can help improve communication with supporters and providers.
- The plan provides steps to take to achieve and maintain wellness, or to handle emerging problems.
- The plan provides a sense of hope and control.

Wellness and recovery plans generally include:

1. A personal statement of reasons for wanting to recover, achieve wellness
2. Both short-term and long-term goals for recovery and wellness
3. Daily or weekly action plans for healthy living
4. A wellness toolbox: A personalized list of options, things to do to feel better when you are having a hard time
5. A list of "triggers" or warning signs that things are moving in the wrong direction—away from your goals--and action steps for dealing with them
6. A list of people in your support system who you can call on for support, encouragement, socializing and fun
7. Stress management tools like deep-breathing, or the relaxation response
8. A plan that instructs people how to help you in a crisis (such as a relapse or return of serious symptoms)

Key Components of Wellness and Recovery Plans

Wellness planning is holistic and covers multiple dimensions of health and wellness including: healthy eating and physical activity, restful sleep, stress management, building a support network, developing optimism and positive thinking, and cultivating a sense of meaning and purpose in life.

There are a number of systematic frameworks that give a template for recovery and wellness planning, such as WRAP® (Wellness Recovery Action Plan) or WHAM (Whole Health Action Management).

Trauma-Informed Care in Supporting Recovery

Why is a Trauma-Informed Approach Important?

Individual **trauma** results from an event, series of events or set of circumstances that is experienced by an individual as physically or emotionally harmful or life threatening, and that has lasting adverse effects on the individual's functioning and mental, physical, social, emotional or spiritual well-being [11]

Traumatic events include:

- Physical, sexual or emotional abuse
- Child neglect
- Experiencing or witnessing acts of violence
- Natural disasters
- War
- Extreme poverty

Many people in recovery from mental illness or substance use have a history of trauma in their lives. In addition, treatment services have sometimes been provided in ways that re-traumatize individuals by shaming or blaming individuals and not allowing the person a voice or choice in their care.

Principles of a Trauma-Informed Approach

A trauma-informed approach to treatment and recovery:

- Changes the focus from "What's wrong with you?" to "What has happened to you?"
- Seeks to ensure that trauma is recognized and treated and that people are not re-victimized when they seek care
- Takes a "universal precautions" approach that treats everyone, including staff, as if they may have a history of trauma

Six Principles of a Trauma-Informed Approach:

1. Safety
2. Trustworthiness and transparency
3. Peer support
4. Collaboration and mutuality

[11] SAMHSA, 2014

5. Empowerment, voice and choice
6. Consideration of cultural, historical and gender issues

What to do if trauma comes up in your interactions with a peer:

- Listen without judgement.
- Offer empathy and respect.
- Don't try to give therapy.
- Talk to your supervisor.
- If you feel the person in crisis, proceed according to your organization's emergency protocol.

This is an important area in which to seek additional training (professional development).

Helping your Peer Connect to Community Resources and Supports

One of the roles of a Peer Recovery Specialist is to act as a "resource broker". This means helping your peer to identify and connect with social services and recovery supports in the community. Peer Recovery Specialists need to have a good awareness and understanding of the service system in their area.

Community-based Resources Peer Recovery Specialists Should Know About

- Recovery resources
  - Support groups
  - Self-help
  - Advocacy Organizations
  - Peer-run programs
- Insurance enrollment assistance
- Health and dental care services
- Adult education
- Employment programs
- Housing assistance
- Food pantry, soup kitchen
- Fuel assistance
- Office of the Consumer Advocate
- RI Disability Law Center
- RI Office of Rehabilitation Services

For each resource/program try to find out: *services offered, hours, location and closeness to public transit, languages spoken, eligibility and cost of services.*

Tips for Making Successful Referrals

To make it more likely that your peer will connect with supports and services that would be useful to them, follow these tips:

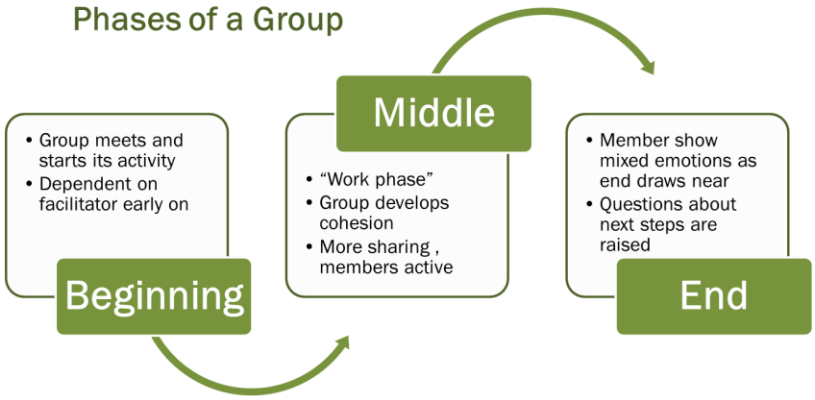
- Be familiar with the program and share your information with the peer to ease anxiety.
- If appropriate, accompany the peer to the program the first time.
- Talk with the peer about what might help him/her make the connection.
- ***Remember***: The decision to follow through is up to the peer.

Facilitating Support Groups

A ***peer support group*** is a group of people who meet regularly to share experiences associated with a particular condition or personal circumstance they have in common, and to encourage and support each other in helping themselves.

Some ***benefits of peer recovery support groups*** are listed below:

- Decreases isolation and stigma
- Increases social connection
- Offers a safe place to discuss difficult issues
- Helps empower members to tackle problems
- Group members act as role models for each other
- Group members share recovery information and tips
- Group members help and support each other



BRSS TACS Curriculum: Phases of a Group (Day 5, Slide 60)

Support Group Facilitation Tips

Peer Recovery Specialists may act as peer recovery support group leaders or facilitators, as part of their jobs.

Guidelines/ground rules that help peer recovery support groups run smoothly:[12]

- Share the air: everyone gets a chance to talk.
- One person speaks at a time.
- What is said in the group stays in the group.
- Group members are all equal.
- Differences of opinion are OK.

[12] Depression and Bipolar Support Alliance (DBSA) Support Group Facilitation Guide

- Use "I" language. (Don't direct or blame).
- It's OK not to share.
- Group members are all responsible for making the group a safe place to share.

Peer recovery support group ***facilitator tasks*** include:[13]

- Opening the group, checking in with participants and reminding everyone of guidelines/ground rules
- Monitoring time, allowing each person who wants a chance to speak
- Keeping discussion on track, and in an appropriate tone
- Clarifying and summarizing for general understanding
- Modeling appropriate behavior as a group participant
- Managing conflict when it arises
- Staying aware of what's happening with individuals: Participants who are hurting, uncomfortable, or in crisis may need referral or additional support
- Closing the discussion at end of group time

Here are some ***dos and don'ts*** for support group facilitators.[14]

To keep the group discussion going, **DO**:

- **Restate**: In simple terms, so people will know they've been listened to.
- **Ask clarifying questions**: "Can you tell us more about…"
- **Redirect**: Ask other participants to react to what has been said.
- **Reflect**: "It sounds as though…"
- **Validate**: Express understanding of what someone has shared, (does not mean you agree/condone).
- **Summarize**: Review the conversation up to this point.
- **Share**: Your own feelings, experiences.

DON'Ts for facilitators:

- **DON'T** dominate discussion.
- **DON'T** preach or lecture.
- **DON'T** tell participants what they should do.
- **DON'T** try to run a therapy session.
- **DON'T** be judgmental.

[13] *Depression and Bipolar Support Alliance (DBSA) Support Group Facilitation Guide*

[14] *Depression and Bipolar Support Alliance (DBSA) Support Group Facilitation Guide*

PRACTICE EXAM QUESTIONS

Use the sample questions below to study for the exam. For each question, choose the one BEST answer. An answer key and explanations are provided on page 35.

1. When you are developing a recovery/wellness plan you should include:
    a) Only long term goals
    b) Short term and long term goals
    c) Only short term goals
    d) The best thinking of the peer

2. Advocacy is intended to:
    a) Provide education to peers/consumers.
    b) Support and find appropriate employment for peers/consumers.
    c) Provide housing and shelter for peers/consumers.
    d) Promote the dignity of and reduction of stigma against peers/ consumers.

3. What are SAMHSA's four major dimensions of recovery?
    a) Health, Home, Treatment and Case Management
    b) Community, Purpose, Case Management and Care
    c) Health, Home, Purpose, and Community
    d) Community, Care, Treatment and Case Management

4. Stigma can be clearly defined as:
    a) The experience of being deeply discredited due to one's undesired differentness.
    b) Echoes heard from our families and society in general.
    c) Hidden pockets within our own belief system.
    d) Persons with mental health and/or addiction who do not have a full range of human qualities.

5. You would be committing a boundary violation if you:
    a) Share personal experiences when it seems relevant.
    b) Accompany a peer to an appointment.
    c) Accept an expensive gift from a peer.
    d) Respectfully disagree with a peer's plan for the weekend.

6. What best describe a peer who provides recovery support?
    a) An individual with lived experience with a mental illness and/or addiction to alcohol and/or other drugs who has completed formal training to provide support to peers in recovery.
    b) An individual who is in recovery and willing to share his or her recovery story.
    c) An individual who provides on-going case management support to peers in recovery.
    d) An individual who has completed treatment and is living a sober life.

7. Professional development is:
    a) Usually required as part of supervision.
    b) Highly recommended for all new peers.
    c) An ongoing process to update skills and knowledge.
    d) An opportunity for experienced peers to train others.

8. One major role of peer recovery support is to:
    a) Provide counseling
    b) Serve as a sponsor
    c) Provide healthcare advice
    d) Serve as an advocate

9. How would you best describe a person with co-occurring disorders?
    a) A person living with both mental and physical illnesses
    b) A person who takes more than one type of medication
    c) A person who sees more than one health care provider
    d) A person living with both mental illness and substance use disorders

10. When you are using motivational Interviewing as a peer support technique you should…
    a) Confront issues of concern
    b) Tell how best to address challenges
    c) Challenge resistance
    d) Listen, support and promote self-efficacy

11. A benefit of sharing your recovery story is to:
    a) Support change, and show recovery is possible
    b) Create expectations
    c) Show the best way toward recovery
    d) Create a plan for a recovery process

12. Peer support is <u>not</u>
    a) Voluntary
    b) Judgmental
    c) Hopeful
    d) A choice

13. An example of a recovery-oriented approach is?
    a) Promoting professionals as main access to information
    b) Focusing on wellness, ability and choice
    c) Promoting clinical stability to manage illness
    d) Focusing on deficits

14. You reduce relationship rapport with a peer by:
    a) Being unaware of your power
    b) Creating a sense of belonging
    c) Being authentic
    d) Promoting trust

15. A way for you to show empathy is by:
    a) Talking often
    b) Responding quickly
    c) Working to understand another's feelings
    d) Listening but not responding

16. Post-Traumatic Stress Disorder (PTSD) is an anxiety disorder that:
    a) Only occurs in adults
    b) Only develops immediately after traumatic event
    c) Only occurs in people who have served in the military
    d) Can occur at any age

17. The stage of change model does NOT include?
    a) Contemplation
    b) Preparation
    c) Evaluation
    d) Precontemplation

18. Why should you incorporate trauma-informed care?
    a) Everyone has experienced a trauma
    b) Peer supporters need to ask "what is wrong?" with a person
    c) Trauma is personal and does not need to be treated
    d) Many people in recovery have a history of trauma in their lives

19. Which of the following is NOT a core value of peer support services?
    a) Voluntary
    b) Disorder focused
    c) Facilitates change
    d) Person-driven

20. What is the difference between ethics and values?
    a) There is no difference.
    b) Ethics and values define what is good or bad.
    c) Values are what an individual thinks to be true and ethics are guidelines or rules that are set for a society or an organization.
    d) Ethics are what individual thinks to be true and values are guidelines or rules that are set for a society or an organization.

An answer key and explanations are provided on the following page.

Answers and Explanations to Sample Exam Questions:

1. **B:** Recovery and/or wellness plans help those receiving services to plan for immediate needs, anticipate triggers and identify supporters. With the help of peers they can identify both short and long term goals to support their recovery.

2. **D:** One major role of a peer who provides recovery support is to advocate for the peer, protect the peer's rights and reduce the impact of stigma on the peer's recovery process.

3. **C:** SAMHSA has outlined four major dimensions that support a life in recovery:

   Health—overcoming or managing one's disease(s) or symptoms—(for example, abstaining from use of alcohol, illicit drugs, and non-prescribed medications if one has an addiction problem)—and, for everyone in recovery, making informed, healthy choices that support physical and emotional well-being

   Home—having a stable and safe place to live

   Purpose—conducting meaningful daily activities, (such as a job, school, volunteerism, family caretaking, or creative endeavors, and the independence, income, and resources to participate in society)

   Community—having relationships and social networks that provide support, friendship, love, and hope

4. **A:** The Center for Disease Control describes stigma as a cluster of negative attitudes and beliefs that motivate the general public to fear, reject, avoid, and discriminate against people with mental illness and other behavioral health differences. Stigma can lead to social exclusion or discrimination, and can *discredit a person due to differences* which may result in unequal access to resources including educational opportunities, employment, a supportive community, and access to quality health care.

5. **C:** Some key ethical boundaries of a Peer Recovery Specialist include *not exchanging money or gifts or services*, not dating or socializing with peers, and not sharing personal contact information.

6. **A:** Peers who provide recovery support are individual's with *lived experience* (with a mental illness and/or addiction to alcohol and/or other drugs) and have completed *specific training,* supervision and work experience. Peer Recovery Specialists serve as mentors, advocates and supporters to peers, and participate in on-going professional education and supervision.

7. **C:** Professional Development is the continuous process of acquiring new or updated knowledge and skills that relate to one's profession, job responsibilities, or work environment.

8. **D:** One of the major roles of a peer who provides recovery support is to advocate for the recovery movement, advocate for the peer, and protect the peer's rights.

9. **D**: Co-occurring disorders are defined as people with one or more mental illnesses AND one or more substance use disorders at the same time. "Co-occurring" historically was referred to as "dual diagnosis" and/or "dual disorder".

10. **D**: Motivational interviewing is one technique for a peer providing recovery support to listen and communicate effectively. Motivational interviewing incorporates reflective listening, respect, no judgement, and positive focus. It also promotes self-efficacy in the peer relationship and can create connection.

11. **A**: Recovery stories are a powerful and valuable tool. Sharing recovery stories can inspire hope and support change. Recovery stories illustrate one path to recovery but not the only or best path.

12. **B**: According to the National Ethical Guideline for Peer Supporters, peer support is voluntary, hopeful, open-minded, respectful, facilitates change, strength-focused, equal, transparent and person-driven.

13. **B**: A recovery oriented system of care supports a person-centered approach that builds on the strengths and resilience of individuals, families, and communities to maintain recovery, improve health, wellness and quality of life.

14. **A**: Peer recovery support is designed to build connections. Some ways peers may create barriers for connections include: telling, ordering or directing, cautioning, lecturing and not being aware of personal power in the peer relationship.

15. **C**: Some functions of empathy are to build relationships, increase communication, and show the ability to understand and share another person's feelings. Some barriers that interfere with showing empathy may include: talking too much and not listening, interrupting when a person is talking to insert your views or opinions, and not responding or letting the person know you are listening.

16. **D**: Anyone and at any age can experience PTSD after experiencing a traumatic event. Some sample traumatic events include: war, natural disasters, extreme poverty, physical, psychological and/or sexual abuse.

17. **C**: The Stages of Change model applies to many kinds of behavior change. The components provide a cycle, precontemplation, (does not see problem), contemplation (has some awareness of problem), preparation (has intent to change), action (has begun making change), maintenance (has maintained changed behavior for more than 6 months) and relapse/reoccurrence (reverts back to previous behavior). People often go through the Stage of Change cycle multiple times.

18. **D**: Trauma-informed care is a change approach to decrease the adverse impact trauma has on a person's wellbeing. Although a trauma-informed approach may treat everyone as if they have experienced trauma (universal precautions), many but not all people participating in recovery support have had a traumatic event (s). Peer support needs to be prepared to recognize trauma and provide referral to care if needed.

19. **B**: Peer recovery support does not focus solely on a person's disorder (s). A person is not their diagnosis. Peer recovery support focuses on the whole person and their ability to make positive change.

20. **C**: Values are the basic beliefs that an individual thinks to be true. Everyone has a set of values through which they look at the world. Ethics are guidelines or rules that are set for a society or an organization rather than for an individual.

    An example:
    Code of ethics statement: Peer support providers will practice safe and healthy disclosure about their experience.
    Value statement: Know yourself and know when to use your story appropriately.

GLOSSARY

A

Addiction to substances: Compulsive physiological need for and use of a habit-forming substance (such as marijuana, nicotine or alcohol) characterized by tolerance and by well-defined physiological symptoms upon withdrawal.

Advocacy: A process of helping someone to have their views, opinions, questions and concerns heard by others, including service providers, program administrators, and policy-makers. Advocates help individuals in recovery to protect their rights and to be freed from stigma.

B

Behavioral health: A state of mental/emotional well-being, and/or choices and actions that affect wellness. The term *behavioral health* can also be used to describe the service systems surrounding the promotion of mental health, the prevention and treatment of mental and substance use disorders, and recovery support.

C

Compassion Fatigue: People who continually offer support and compassion to others can be left feeling depleted of energy and optimism. They then find it hard to continue to offer empathy and support.

Confidentiality: The ethical principle of confidentiality requires that information shared by the peer with the Peer Recovery Specialist is not shared with others. Confidentiality promotes an atmosphere of safety and trust. *However if you think a person is in danger of harming himself or others, you are obligated to speak up, even though this means breaking confidentiality.*

Co-occurring disorder: People with co-occurring disorders have one or more mental illnesses AND one or more substance use disorders at the same time. Formerly called “dual diagnosis” or “dual disorder”.

Cultural competence: Cultural competence, at the individual, organizational, and systems levels, involves being respectful and responsive to the health beliefs, practices, and cultural and linguistic needs of diverse people and groups. On the person-to-person level, cultural competence refers to the ability to interact effectively with people of different cultures and socio-economic backgrounds.

Cultural diversity: Differences in race, ethnicity, language, nationality, religion or other affiliation among various groups within a community. A community is said to be culturally diverse if its residents include members of different groups.

Culture: A system of shared values, traditions, norms, customs, arts, history, folklore and institutions of a group of people. Culture shapes how people see the world and structure their community and family life.

E

Empathy: The ability to understand and share the feelings of another.

M

Mental health disorder: Mental health disorders involve changes in thinking, mood, and/or behavior. These disorders can affect how a person relates to others and makes choices.

Mental health: A state of well-being in which the individual realizes his or her own potential, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to her or his community. (World Health Organization definition)

Mental illness: A medical condition that disrupts a person's thinking, feeling, mood, ability to relate to others and daily functioning. (National Alliance on Mental Illness definition)

P

Peer Recovery Specialist: An individual who has lived experience with mental illness and/or addiction to alcohol and other drugs, and has also completed formal training, who provides one-one strengths-based support to peers in recovery. In Rhode Island, Peer Recovery Specialists working in the substance use disorder field have also been called Recovery Coaches.

Peer support group: A group of people who meet regularly to share experiences associated with a particular condition or personal circumstance they have in common, and to encourage and support each other in helping themselves.

Post-traumatic stress disorder (PTSD): PTSD is an anxiety disorder that some people develop after living through or seeing a traumatic event, such as war, physical or sexual abuse, a serious accident or a natural disaster. Anyone at any age can get PTSD, after experiencing a traumatic event. Symptoms may develop right away or years later.

R

Recovery: A process of change through which individuals improve their health and wellness, live a self-directed life and strive to reach their full potential. (SAMHSA 2012)

S

Self-advocacy: People practice self-advocacy by speaking up for themselves to express their own needs and represent their own interests.

Stigma: Negative attitudes or beliefs about people with substance use disorders or mental illness. Negative attitudes may create prejudice which leads to negative actions and discrimination.

Strengths-based approach: A strengths-based approach moves the focus away from deficits of people in recovery, and instead emphasizes their strengths and capacities as a means to help them resolve problems and create their own solutions.

Substance use disorder: Substance use disorder refers to the overuse of, or dependence on, a drug (legal or illegal) leading to effects that are detrimental to the person's physical and mental health, and cause problems with the person's relationships, employment and the law.

T

Trauma: Individual trauma results from an event, series of events or set of circumstances that is experienced by an individual as physically or emotionally harmful or life threatening, and that has lasting adverse effects on the individual's functioning and mental, physical, social, emotional or spiritual well-being.

V

Vicarious Trauma: A change in a person's inner experience and sense of well-being as the cumulative effect of bearing witness to other people's suffering. The person may experience distressing feelings and thoughts similar to those of the people they are serving.

W

Wellness: A state of complete physical, mental, and social well-being, and not merely the absence of disease or infirmity.

APPENDIX A. IC&RC DOMAINS

The 2013 Peer Recovery Job Analysis identified four performance domains for the IC&RC Peer Recovery Exam[15]:

- Advocacy
- Ethical Responsibility
- Mentoring and Education
- Recovery/Wellness Support

Within each performance domain are several identified tasks that provide the basis for questions in the examination. The following is the outline of the tasks that fall under each domain.

Domain 1: Advocacy

Associated Tasks:

- Relate to the individual as an advocate.
- Advocate within systems to promote person-centered recovery/wellness support services.
- Describe the individual's rights and responsibilities.
- Apply the principles of individual choice and self-determination.
- Explain importance of self-advocacy as a component of recovery/wellness.
- Recognize and use person-centered language.
- Practice effective communication skills.
- Differentiate between the types and levels of advocacy.
- Collaborate with individuals to identify, link, and coordinate choices with resources.
- Advocate for multiple pathways to recovery/wellness.
- Recognize the importance of a holistic (e.g., mind, body, spirit, environment) approach to recovery/wellness.

[15] Candidate Guide for the IC&RC Peer Recovery Examination

Domain 2: Ethical Responsibility

Associated Tasks:

- Recognize risk indicators that may affect the individual's welfare and safety.
- Respond to personal risk indicators to assure welfare and safety.
- Communicate to support network personal issues that impact ability to perform job duties.
- Report suspicions of abuse or neglect to appropriate authority.
- Evaluate the individual's satisfaction with their progress toward recovery/wellness goals.
- Maintain documentation and collect data as required.
- Adhere to responsibilities and limits of the role.
- Apply fundamentals of cultural competency.
- Recognize and adhere to the rules of confidentiality.
- Recognize and maintain professional and personal boundaries.
- Recognize and address personal and institutional biases and behaviors.
- Maintain current, accurate knowledge of trends and issues related to wellness and recovery.
- Recognize various crisis and emergency situations.
- Use organizational/departmental chain of command to address or resolve issues.
- Practice non-judgmental behavior.

Domain 3: Mentoring and Education

Associated Tasks:

- Serve as a role model for an individual.
- Recognize the importance of self-care.
- Establish and maintain a peer relationship rather than a hierarchical relationship.
- Educate through shared experiences.
- Support the development of healthy behavior that is based on choice.
- Describe the skills needed to self-advocate.
- Assist the individual in identifying and establishing positive relationships.

- Establish a respectful, trusting relationship with the individual.
- Demonstrate consistency by supporting individuals during ordinary and extraordinary times.
- Support the development of effective communication skills.
- Support the development of conflict resolution skills.
- Support the development of problem-solving skills.
- Apply principles of empowerment.
- Provide resource linkage to community supports and professional services.

Domain 4: Recovery/Wellness Support

Associated Tasks:

- Assist the individual with setting goals.
- Recognize that there are multiple pathways to recovery/wellness.
- Contribute to the individual's recovery/wellness team(s).
- Assist the individual to identify and build on their strengths and resiliencies.
- Apply effective coaching techniques such as Motivational Interviewing.
- Recognize the stages of change.
- Recognize the stages of recovery/wellness.
- Recognize signs of distress.
- Develop tools for effective outreach and continued support.
- Assist the individual in identifying support systems.
- Practice a strengths-based approach to recovery/wellness.
- Assist the individual in identifying basic needs.
- Apply basic supportive group facilitation techniques.
- Recognize and understand the impact of trauma.

APPENDIX B. EXAMINATION REFERENCE LIST

The following resources were compiled as suggested reading to assist candidates preparing for the IC&RC Peer Recovery examination. Consulting these and other references may be beneficial to candidates. Please note that this is not a comprehensive listing of all references and that not all questions on the examination came from these references.[16]

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