

# Lessons Learned: Integrating Peer Recovery Coaches Into a Clinical Setting

Presented by

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# Training Outline

- Lesson 1: Our Story: Learning from our success and calamities
- Lesson 2: Clinical Role Verses Peer Recovery Coach (PRC)
- Lesson 3: Ethical Codes of Conduct
- Lesson 4: Peer Recovery Supervision Verses Clinical Supervision
- Lesson 5: Peer Recovery Coach Development and Fundamentals of Supervisors and Supervisees

# Lesson 1: Objectives

- Learn from our lived experience
- Laugh a little or a lot
- Identify solutions to common issues
- Identify prevention strategies

# Our Story

- Learn from our accomplishments and fiascos
- Our story, our struggle, and our triumphs .....



## Lesson 2: Objectives

- Understand the clinical role
- Understand the PRC role
- Understand and express the difference and similarities

## Lesson 2: Similarities

- Address the needs of individuals and families across the multiple stages of recovery
- Enhancing treatment engagement
- Improving treatment retention
- Enhancing long-term recovery outcomes
- Level of care (LOC) appropriate recovery education and support
- Monetarily compensated
- Responsible for documentation
- Confidentially regulations apply
- Essential to sustained remission and recovery
- Special training required to provide services
- Medicaid billable
- Provide outreach services
- Evidenced-based
- Recovery initiation and stabilization
- Bound by accreditation, certification, codes of ethics licensing and funding consideration
- **Educating program participants about various modes of recovery without prejudice of one method over another including MAT**

## Lesson 2: Clinical Role Verses Peer Recovery Coach (PRC)

### Clinical

- Bound by ethical legal requirements such as confidentiality in the *counseling relationship*
- Has demonstrated competences and expertise in *clinical areas*
- *Guide* people how to modify behaviors and work towards full recovery
- Hierarchal, clinical relationship
- Focuses on resolving issues of the past

### PRC

- People with lived experience providing *support* to others in similar circumstances.
- Appropriate sharing of the lived experience
- Post-treatment monitoring
- Early re-intervention
- LOC transferable
- Unique, valuable, and *sharable* perspective
- Assists in the development of a Recovery Plan
- Focuses on now and the future

# Lesson 2: Clinical Role Verses PRC Primary Function

## Clinical

- Therapeutic Alliance
- Client Patient relationship
- Crisis intervention
- Diagnostic
- Treatment Plan Driven
- Determine level of functioning
- Evidence of clinical stability
- Available support system
- Service is the appropriate level of care (LOC)

## PRC

- Raise awareness of existing social & other support services
- Modeling coping skills
- Assisting with applying for benefits
- Accompanying clients to medical and other appointments
- Providing non-clinical crisis support, especially after periods of hospitalization or incarceration
- Accompanying clients to court appearances
- Working with participants to identify strengths
- Linking participants to formal recovery supports



## Lesson 2: Clinical Role Verses PRC Primary Function

### Clinical

- Limits self-disclosure
- Provide family therapy
- Relapse prevention planning
- Psychotherapy
- Population specific programing
  - Seeking Safety
  - Helping Men Recover
  - Helping Women Recover
- EBP and treatment modalities
  - CBT
  - MI

### PRC

- Facilitate contacts with other people to promote learning of social and recreational skills, create community, and acquire a sense of belonging
- Provide concrete assistance to help others accomplish tasks
- Share knowledge and information and/or provide life or vocational skills training
- Demonstrate empathy, caring, or concern to bolster person's self-esteem and confidence

# Lesson 3: Ethical Codes of Conduct

- The standards that govern the conduct of a person
- Two separate codes
  - **National Certified Peer Recovery Support Specialist (NCPRSS) Code of Ethics**
    - <https://www.naadac.org/ncprss-code-of-ethics>
  - Counselors follow **NAADAC/ NCC AP Ethical Standards**
    - <https://www.naadac.org/assets/2416/naadac-nccap-code-of-ethics11-04-16.pdf>
- Ethical codes can overlap with company policies, state codes, and federal regulations

# Lesson 3: National Certified Peer Recovery Support Specialist Code of Ethics

- Three principals:
  - Conduct
  - Conflict of Interest
  - Support Specialist/Client Relationship

# Lesson 3: National Certified Peer Recovery Support Specialist Code of Ethics I. Conduct

- Minimum of two (2) clinical supervision sessions per month totaling at least 2 hours of documented clinical supervision
- Accurately identify qualifications, expertise, and certifications
- Conduct yourself in accordance with the NCC AP NCPRSS Code of Ethics
- Make public statements or comments that are true and reflect current and accurate information
- Remain free from any substances that affect ability and capacity to perform duties as a PRSS
- Recognize personal issues, behaviors, or conditions that may impact performance as a NCPRSS
- Address challenging personal issues, behaviors, or conditions that may negatively effect your own recovery
- Misconduct may result in the suspension or revocation of credentials
- Respect and acknowledge the professional efforts and contributions of others. Give credit to those who contribute to the research
- Maintain required documentation for and in all client records as required by agency or the Federal requirements making certain that records are documented honestly and stored securely
- Agency disposal of records policies shall be adhered to

# Lesson 3: National Certified Peer Recovery Support Specialist Code of Ethics I. Conduct

- Protect the privacy and confidentiality of persons served in adherence with Federal Confidentiality, HIPAA laws, local jurisdiction and state laws and regulations. This includes electronic privacy standards (Social Media, Texting, Video Conferencing etc).
- Use client contact information in accordance with agency policy.
- Not to create a private practice.

## Lesson 3: National Certified Peer Recovery Support Specialist Code of Ethics II. Conflict of Interest

- Reveal any perceived conflict of interest immediately to professional supervisor and remove yourself from the PRSS relationship as required.
- Disclose any existing or pre-existing professional, social, or business relationships with person(s) served. Determine, in consultation with my professional supervisor, whether existing or pre-existing relationships interfere with my ability to provide PRSS person(s) served.
- Inform clients of costs of services as established by the agency for which you are employed and not charge person served beyond fees established.
- Cannot sponsor individuals with whom you have previously served or currently serve as a PRSS.

# Lesson 3: National Certified PRSS Code of Ethics

## III. Support Specialist/Client Relationship

- Explain role and responsibilities to those serve
- Terminate the relationship with a person(s) served when services appear no longer of benefit and to respect the rights of the person served to terminate services at his/her request
- Request a change in my role as a NCPRSS with a person being served if the person served requests a change
- Not engage in sexual activities or personal relationships with persons served in my role as a NCPRSS, or members of the immediate family of person(s) served
- Set clear, appropriate, and culturally sensitive boundaries with all persons served
- If at any point you are unable to meet any of these requirements, immediately cease performance as a PRSS and seek professional assistance

## **Lesson 3: NAADAC: The Association for Addiction Professionals**

### **NCC AP: The National Certification Commission for Addiction Professional Code of Ethics**

- Nine Primary Principals:
  - Counseling Relationship
  - Confidentiality and Privileged Communication
  - Professional Responsibilities and Workplace Standards
  - Working in a Culturally Diverse World
  - Assessment, Evaluation, and Interpretation
  - E-Therapy, E-Supervision, and Social Media
  - Supervision and Consultation
  - Resolving Ethical Concerns
  - Research and Publication



# Lesson 4: Peer Recovery Supervision Verses Clinical Supervision

- “Professional and collaborative activity between a supervisor and a worker in which the supervisor provides guidance and support to the worker to promote competent and ethical delivery of services and supports through the continuing development of the worker's application of accepted professional peer work knowledge, skills, and values”

## Lesson 4: PR Supervision vs CS

- The most important thing about supervision is that it happens
- Supervision should be a priority
- All workers need access to supervision
- Supervision is an investment
- Supervision benefits employees, employers and service recipients

(Substance Abuse and Mental Health Services Administration [SAMHSA], 2016).

## Lesson 4: PR Supervision vs CS

- PRSS fill relatively new and unique roles in *the behavioral health care system* and supervisors may not understand peer support well enough to provide high quality supervision and the organization may not be aligned with recovery - oriented values
- Leaders in peer - run/recovery community organizations may not have experience with supervision and may not have organizational structures that support the activity of supervision
- Providing supervision promotes good ethical practices
- Supervisors play a key role in the successful integration of the PRSS in the work place

## Lesson 4: Examples of Recovery - Oriented Values, Practices, and Culture

- Hope - inspiring the growth potential in all
- Person - centered - based on the individual's aspirations
- Strength - based - focused on the unique gifts of each
- Personal responsibility - holding people accountable for their commitments
- Interdependence - a balance between team work, autonomy, and mutual support

# Lesson 4: Challenges to Supervising Peer Workers - for Non-Peer Supervisors

- Supervisors may lack experience and working knowledge of peer practice
- Supervisor may have a clinical approach to service provision
- Many supervision approaches do not incorporate recovery values
- Lack of knowledge among non-peer staff about peer roles and practice
- Organizations may not be aligned with recovery - oriented values, practices, and culture
- Challenges in integrating peer workers and recovery values in a treatment setting

## Lesson 4: Challenges to Supervising Peer Workers - for Peer Supervisors

- May lack training and experience with supervision
- Lack of knowledge among non-peer staff about peer roles and practice
- Organizations not aligned with recovery - oriented values, practices, and culture
- Peer - run/Recovery Community Organizations may not have a culture of accountability

(Substance Abuse and Mental Health Services Administration [SAMHSA], 2016).

# Lesson 4: Benefits of Supervision

- Provides opportunities to reflect on peer support practice
- Delivers better outcomes through learning that comes from exploring and discussing work issues
- Enhances problem solving skills
- Improves clarity and objectivity in decision making
- Supervision empowers, motivates and increases worker satisfaction

(Substance Abuse and Mental Health Services Administration [SAMHSA], 2016).

# Lesson 5: Peer Recovery Coach Development and Supervision

- Three basic functions of supervision:
  - Administrative
  - Educative
  - Supportive

(Substance Abuse and Mental Health Services Administration [SAMHSA], 2016).



# Lesson 5: Peer Recovery Coach Development and Supervision: Administrative Supervision

- Tasks focus on the effective implementation of the agency's policies and procedures and the management of the peer worker's work performance.
- Quality of work
- Work load
- Liaison to operations - payroll, human resources
- Using program resources, including time, effectively
- Conformance or fidelity to the program model
- Record keeping

# Lesson 5: Peer Recovery Coach Development and Supervision: Educative Supervision

- Tasks focus on the professional development through training, modeling and structuring learning experiences.
- Provide time and space to reflect on peer practice
- Focus on knowledge, skills and attitudes
- Provide individualized training and support
- Provide venue for supporting the peer worker's professional development

(Substance Abuse and Mental Health Services Administration [SAMHSA], 2016).

# Lesson 5: Peer Recovery Coach Development and Supervision: Supportive Supervision

- Tasks focus on the person's morale and job satisfaction
- Give feedback on work
- Discuss personal reactions to the work
- Validate and provide encouragement
- Promote self - care practices
  - Working in recovery is NOT a substitute for a PRSS' own recovery track
- Advocate for peer support roles

# Lesson 5: Peer Recovery Coach Development and Supervision: Supervisor Fundamentals

- Understand the variety of peer roles
- Understand the core competencies of peer workers
- Understand the specific peer support job of the person they supervise

BY:

- Learning more about the fundamentals of peer support and peer roles by:  
Participating in trainings designed for peer support workers
- Reading articles about peer - delivered recovery support services
- Seeking supervision from a PRSS in a director position (Peer Supervision)
- Learning the core competencies of peer workers

(Substance Abuse and Mental Health Services Administration [SAMHSA], 2016).

# Lesson 5: PRSS Supervisor Fundamentals

- Knowledge of the principles and practices of PRSS to provide effective supervision and improve utilization of the peer role
- Clearly know details of workers' jobs
- Know how to navigate the administration of the agency
- Knowledge of the Americans with Disabilities Act and reasonable accommodations to enable workers with disabilities achieve success
- Skills: Giving Strength-Based Affirmations and Feedback

## Lesson 5: PRSS Supervisor Fundamentals. Attitudes and Beliefs

- Hope - belief in the possibility of recovery
- Person - driven - process is directed by the person's own goals
- Respect - for multiple pathways of recovery and for all
- Growth - oriented - a focus on personal and professional development

# Lesson 5: Supervisor Fundamentals

- Teach workers the knowledge and skills needed to perform work tasks
- Evaluate work performance through direct observation, co - working, assessments, and reflection, all in collaboration with the peer worker
- Structure learning opportunities to help workers grow
- Advocate for PRSS' participation in on-going training and certification
- Seek and amplify the PRSS' strengths and competencies
- Intentionally identify and amplify the success
- Encourage learning and share responsibility for setting learning goals

# Lesson 5: Supervisor Fundamentals

- Be respectful
- Seek supervision
- Be understanding
- Be vigilant
- Understand that promoting PRSS and credentials for PRSS vastly improves client outcomes



# Lesson 5: Supervisor Fundamentals: Ethics and Boundaries

- Most peer workers have been trained about ethics
- Supervisors review agency code of conduct with the people they supervise
- Peer workers are expected to follow **both** the Code of Ethics and the agency's code of conduct
- The nature of PRSS means that boundary issues can be difficult to navigate and may require opportunities to reflect with a more experienced colleague

(Substance Abuse and Mental Health Services Administration [SAMHSA], 2016).

# Lesson 5: Supervisor Fundamentals: Ethics and Boundaries

- Educate others in the work force about the PRSS roles and practices
- Create opportunities for PRSS to interact with other team members
- Work with leadership to create more optimal working conditions for PRSS
- Integrating the PRSS into the professional setting

(Substance Abuse and Mental Health Services Administration [SAMHSA], 2016).

# Lesson 5: Summary of Supervisor Fundamentals

- PRSS fill new and unique roles in the behavioral health work force
- Supervision of peer workers is not dramatically different from supervising other roles, but there are specific competencies these supervisors need
- Supervisors of PRSS to develop their knowledge of peer roles and practices, embrace a recovery orientation, and advocate for the integration of PRSS

# Lesson 5: Supervisee Fundamentals

- How to survive supervision from “satan”
  - Understand that people who are not addicts perceive things differently
  - Due to our past behaviors/lifestyle it takes time to earn trust
  - Acknowledge that peer recovery is a new and evolving role

By:

1. Explore ways to explain your goals with your supervisor
2. Be patient and remain transparent so they can see your actions clearly
3. Recognize that anything new takes time to develop and show progress

# Lesson 5: Supervisee Fundamentals

- Dealing with company policies that don't align with NA or sponsorship
  - Remember this is not a 12-step role
  - Educate yourself on the differences of peer recovery and sponsorship
  - Respect and learn the boundaries and ethics of peer recovery roles
  - Recognize you are in a formal position that has a variety of services offered
  - Understand you are not the client(s) friend

# Lesson 5: Supervisee Fundamentals

## Differences of sponsor & CBHC employee

### Sponsor

- Voluntary
- Not certified
- Not code of ethics or guidelines
- Informal
- Works off sponsor suggestions
- One recovery path
- Service limited to NA/AA members
- Contact based on client initiation
- Services offered limited to 12 step tools
- No legality
- Limited by Traditions to speak on outside issues

### Employee

- Paid
- Certified
- Code of ethics
- Formal
- Works off client goals
- Multiple recovery pathways
- Services not limited to one program
- Contact is shared
- Broad range of recovery services offered
- Legal requirements
- Not limited to speak on outside issues

# Lesson 5: Supervisee Fundamentals

- Dealing with feedback whether it is delivered appropriately or not
  1. Remain calm
  2. Be patient
  3. Let your actions show your work
  4. Don't take it personal
  5. Ask questions

# Lesson 5: Supervisee Fundamentals

## Issues you may have navigating your role

- Lack of description of services to offer – you may be unsure of what services PRC's offer
- Lack of education in other programs – you may not know much about the other services your clients attend
- Lack of stability in workspace – you may not have a “home” in the workspace.
- Boundary issues – you may struggle with becoming overly involved or being the clients friend

## Struggles in transitioning as a PRSS

- Recovering addict vs. Peer Recovery Coach – separating how you behave and respond in a NA meeting compared to how you assist and act in your paid Peer role are very different
- Less time to work your recovery program – your recovery may suffer
- Feeling stigmatized– you may feel as if everyone is judging you or does not view you as a professional
- Fear of failure – you may have a fear that you will “mess” up



# Lesson 5: Supervisee Fundamentals

- How to persevere in as a PRSS even when you're struggling
  1. Practice good self-care (physical, mental, emotional)
  2. Ask for help- Don't be afraid to ask questions (this is actually a good thing as it shows you are not arrogant and you are willing to learn)
  3. Be patient- Show your dedication and resilience
  4. Be dependable, trustworthy, and transparent- Let your actions speak for you
  5. Remember your purpose- Don't lose sight of your goal with helping others in addiction and recovery
  6. Be honest with yourself about the triggers of your job – if it's having lasting personal effect on you speak to your supervisor

# Lesson 5: Supervisee Fundamentals

## Times that you may feel Stigmatized

- Expectations of failure
- Questioning your motives
- Micromanagement
- No advancement opportunities
- Exclusion
- Stigmatic terms used
- Little or no responsibility in role

## Ways to deal with Stigma

- Stay strong in your recovery and remember why you are a PRSS
- Not acting out on your frustrations will show your supervisor how dedicated and disciplined you are
- Share- Respectfully and appropriately share your concerns with your supervisor
- Break the Stigma- let your supervisor see your actions, strength,, and reasoning.
- Understand- Keep in mind that other PRSS before you maybe left a bad impression

# Lesson 5: Supervisee Fundamentals

- Self care and keeping recovery in check
  - Share with your supervisor what your recovery program consist of
  - Enjoy your days off
  - Leave work at work
  - Be completely honest with your supervisor and with yourself
  - Tell your supervisor if you're struggling with personal or professional issues that are effecting you work or your recovery
  - Don't confuse your role by using your client(s) as your confidant

# Lesson 5: Supervisee Fundamentals

- Development and importance of certification to your career
  - It is **CRUCIAL** that you attend ethics trainings – this helps you better understand the differences of a NA member and a PRSS
  - Attend all trainings offered, even clinical trainings - Understanding clinical roles makes communication with clinical staff easier
  - Get certified in all possible areas – becoming certified gives you a better understanding, and also shows others you're knowledgeable and willing to learn.
  - Increasing your skills helps ensure your accuracy in providing the most beneficial services to your client(s).

# Lesson 5: Supervisee Fundamentals

- Surviving and contributing to clinical staff who do not understand PRSS
  - Others will be skeptical of you and your role...Remember they are used to addicts in active addiction. *Don't take it personal !!*
  - Offer to assist clinical staff when possible- being a “Team” player is key
  - Keep them informed – Displaying to staff that you know and understand their role is essential and is a great way to unify PRSS and clinician roles.
  - Meet with them regularly – Letting them get to know you, your recovery, and your job functions will alleviate doubts and build a connection between the two positions

# Lesson 5: Supervisee Fundamentals

## Times you may feel overwhelmed and undervalued

- Unrecognized work
- Expectations of failure
- Questioning your role and functions
- No advancement opportunity
- Heavy workload
- Underutilized
- Little or No assistance when needed

## PRSS coping strategies (on the job)

- Share your concerns/feelings
- Remember clinicians are used to addicts in active addiction or early recovery
- Remain transparent
- Be courteous and BREATHE....
- Show your dedication and let your work speak for you
- Keep your recovery program strong
- Practice good self care
- Remain honest, openminded, and willing

# Lesson 5: Summary of PRSS Supervisee Fundamentals

## Summary of PRC's attitude

- Remain transparent, understanding and patient– this will make navigating your role easier
- Recognize the differences of 12 step and peer recovery
- Don't take it personal – Stay calm and be patient. Let your work speak for itself
- **Always** know your purpose and goal – To help others find and maintain recovery
- BREAKTHROUGH STIGMA- don't contribute by crossing boundaries or acting out in frustration

## Summary of PRC's performance

- Keep an open and honest line of communication with their supervisor & clinical staff – This shows our willingness and dedication to helping others in recovery.
- Utilize the variety of services and recovery pathways
- Practice good self care
- Maintain good boundaries
- Get certified & attend **ALL** trainings offered – This ensures you offer the most beneficial information

# References

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