Supervision of Peer Services Through Healing-Centered Engagement

ATTC Network

Presented by: Christina Love, NCPRSS, CPSS, CRC, CGF
The use of affirming language inspires hope and advances recovery.

**LANGUAGE MATTERS.**

**Words have power.**

**PEOPLE FIRST.**

The ATTC Network uses affirming language to promote the promises of recovery by advancing evidence-based and culturally informed practices.

Welcome
SHARE

- Your name & pronouns
- The community and the Indigenous land you are on and/or from
- Your position
- Something you are grateful for
INDIGENOUS ACKNOWLEDGEMENT OF LAND AND IDENTITY

We acknowledge that the land each of us live, learn, and thrive on are the traditional, ancestral, and unceded homelands of Indigenous and tribal nations.

We acknowledge the genocide and systems of oppression that have dispossessed Indigenous people of their lands and we honor and respect the diverse and beautiful peoples still connected to this land.

We acknowledge the preservation of our languages, traditions, rituals, and cultural knowledge; and, just as important, the reimagining of our lives through storytelling.

We are more than the harm that has been done to us! We are brilliant, joyful, strong, hilarious, kind, giving, loving, caring, connected, honorable, respectful, gracious, authentic, and thoughtful relatives.

Text your zip code or your city and state (separated by a comma) to: (907) 312-5085
A bot will respond with the names of the Native lands that correspond to that region.

https://native-land.ca/
This training is dedicated to all those who tirelessly work for social change on behalf of others to bridge the gap between what people need and what programs, systems, and organizations are able and willing to provide.

“We will remember you...”
“We have to re-imagine revolution – and think not only about the change in our institutions, but the changes in ourselves.”

Grace Lee Boggs

What do you hope to get out of this training?
The following topics will be introduced:

- Deconstructing the “us” and “them” dynamic that has deeply othered peers in the workforce by bringing our attention to the ways all staff experience harm
- Healing centered solutions that are found in diverse, equitable, inclusive, accessible, culturally responsive, trauma informed, person centered, empowerment focused, & strength-based care
- Supervisory practices that can influence meaningful change and support organizational wellness
- Best practices for:
  - Recruitment
  - Onboarding
  - Retention of peers, ethics and values &
  - Peer documentation

Moving into the Growth Zone

“The first thought that goes through your mind is what you have been conditioned to think. What you think next defines who you are.”

— Nikolaecuza
Let's think about where we have been and where we want to go.

How and where did you learn what you know?

- Where did you learn and develop your skillset?
  - Did you learn from people who look and think like you?
- How did you come to understand mental health and substance use?
  - Systems that are historically funded are rooted in the medical model.
Prepare for writing

1. What do you know about peer support?
2. Where have you learned this information?
3. How does that impact our work in connection to peer support?
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Report Back

OUR RELATIONSHIP TO POWER

Materials needed for next activity:

• Large blank paper
• Something to write with
Supervision of Peer Services Through Healing Centered Engagement

What is a peer?
PEER SUPPORT IS BOTH RECEIVING AND OFFERING

The Language We Use: Peers

**Client/Patient/Consumer**
Not everyone who seeks or is in recovery is a consumer/client/patient of treatment.

**Peer/Participant/Person receiving supports**
Person with lived experience
Moving away from “client/patient” language reduces the power dynamics in peer-to-peer relationships.
Do you identify as a peer? Could you be a peer? If not, why not?

Defining Lived Experience

Individuals with lived experience are **directly impacted** by a social issue or combination of issues.

Their expertise can **inform and enhance** systems, research, policies, practices, and programs.
What is the importance of peers in the workplace, within services, and within systems?

WE GET THE SERVICES & SYSTEMS THAT WE PAY FOR & WE GET THE SERVICES & SYSTEMS THAT ARE FUNDED
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PPT Slide

WE GET THE SERVICES & SYSTEMS THAT WE INHERITED

How do we go from where we have been...

...to where we want to be?

Presented by: Christina Love, NCPRSS, CPSS, CRC, CGF
What are some key ingredients and resources for healing?

Re·cov·er·y
rəˈkav(ə)rē/
1. A return to a normal state of health, mind, or strength.

2. The action or process of regaining possession or control of something stolen or lost.

synonyms: retrieval, regaining, repossession, getting back, reclamation, recouping, redemption, recuperation "the recovery of the stolen goods"

antonyms: loss
“A process of change through which individuals improve their health and wellness, live a self-directed life, and strive to reach their full potential.”

(As defined by each person –JC)

ALL of these recovery definitions describe personal changes that are well beyond simply stopping substance use and/or reducing mental health symptoms.

What does Recovery mean to YOU?
RECOVERY IS AS UNIQUE AS EACH HUMAN RECOVERING

- Able to live a full life, within my realistic parameters, at home in the community - with support from services if and when necessary.
- It’s the process of choosing what steps (big and small) you take to move forward - with me or others as support - towards your own understanding and definition of Recovery.
- A movement away from patriarchal, traditional, institutional approaches to mental health. A redistribution of power.
  - Learning to self-manage health symptoms as far as I'm able... but getting person-led help when I need it.
  - **Sometimes its survival & sometimes its beyond survival**
    - I think it can be helpful to think about Recovery as a continuum that everyone is on somewhere.
    - To feel safe and content with my thoughts & feelings so that it does not have a negative impact on my day.
      - Trying to put things back to where they should be.
    - Difficulties still exist but they’re no longer your entire existence – you learn to manage and live with things that have previously been detrimental.
    - Being whole again, OR being on the road to wholeness / wellness, OR having accepted one's limitations.
      - Using my voice
    - “A meaningful life beyond diagnosis without having to be symptom free.”

Recovery is...

- A journey for some, a destination for others
- Placing the person and their self-defined goals at the center of their care
- Having choices and advocacy
- Valuing personal lived experience and the resulting personal growth
- Strengths-based learning
- Coproduction and shared decision making
- Challenging stigmas and blurring the harmful ‘us-them’ distinction
- Building relationships and connecting to others in the community
- Addressing power imbalances through the misuse of disempowering language and outdated, patronising and/or discriminatory practices
**Recovery is NOT...**

- Something ‘extra’ I, or others, now need to do
- ‘Just the latest model’ that will be replaced with something else before long
- That others are responsible for my personal wellbeing
- Something that doesn’t apply to ‘my patients’ or ‘my role’
- A complete cessation of symptoms achieved as a result of ‘making’ people independent and ‘normal’ through ‘interventions’ and ‘treatments’
- Closing or replacing existing services
- That contributing to society can only happen after the person has recovered
- An excuse to shift all responsibility onto ‘me’, the service user
- About living ‘symptom-free’
How many ways can you identify that we as a culture think about and/or treat addiction and mental health issues?
Models of Addiction/Mental Health

- Moral Model
- Psychodynamic Model
- Disease Model
- Social Learning Model
- Public Health Model
- Genetic model
- Socio-Cultural Model

SHIMMIE, WIGGLE & SHAKE

Dr. Robert Sapolsky draws wisdom from zebras who, after escaping a hungry lion, do a whole body shake and then return to peaceful grazing. They physically process that they go through so the stress doesn't live in their bodies.

Grounding Emotional Regulation Techniques
Peer Support in Clinical Systems

Medical model of health care

- Academic knowledge
- Expertise defined by formal education and credentials
- Provided in exchange for money
- Uni-directional accountability
- Power defined by roles that are externally regulated

Participant Empowerment & Mutual-help

- Experiential knowledge
- Expertise defined by lived experience
- Provided in exchange for reciprocity in relationship with community & individuals
- Bi-directional accountability
- Co-created transparent boundaries & roles
- Newly forming & evolving regulations
- Power is closely examined & reduced

Overlap without clarity can cause tension and confusion

Two different worldviews on helping
The Recovery Model is distinct from the Medical Model

In a **medical model**, it’s the healthcare professional who decides that there’s something ‘wrong’ with you before prescribing some sort of ‘treatment’ to ‘cure’ you. It is often focused on what’s ‘wrong’ with you in an attempt to make you more ‘normal’ or a ‘contributing member of society’. In this paternalistic approach, you are a passive ‘patient’ whilst the professional is an active, authoritarian ‘fixer’ of problems.

It is ‘The Provider’ who decides what is best for you. The power lies with *them*.

In a **recovery / person led model**, it is you who is the authority on you. You know better than anybody about your needs, preferences, motivations, desires, what works for you and what hinders you. You know what ‘normal’ or ‘healthy’ or ‘well’ looks like for you, and what actions are reasonable for your circumstances and what isn’t’. In this holistic approach, you are an active participant in your health. You may defer to the expertise of healthcare professionals if you want to.

It is you who makes informed decisions for yourself. The power lies with *you*.
Recovery is a reclaiming of power at every level of decision making.

Trauma informed supervision of peers is supporting the reclamation of power at every level of decision making through relationship, trust, equity, and healing-centered practices.
### What are the pathways to Recovery?

<table>
<thead>
<tr>
<th>Clinical</th>
<th>Faith-Based/Secular Programs:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Residential Treatment</td>
<td>Salvation Army, Celebrate Recovery</td>
</tr>
<tr>
<td>Clinical Outpatient</td>
<td>Cultural &amp; Community Minded Recovery</td>
</tr>
<tr>
<td>Treatment Counseling</td>
<td></td>
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<tr>
<td>Medication Assisted Treatment (MAT)</td>
<td></td>
</tr>
<tr>
<td>Mutual Aid Groups</td>
<td>White Bison</td>
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<tr>
<td>Alcoholics Anonymous (AA)</td>
<td>The Red Road to Wellbriety</td>
</tr>
<tr>
<td>Narcotics Anonymous (NA)</td>
<td></td>
</tr>
<tr>
<td>Other 12-step groups</td>
<td>Harm Reduction</td>
</tr>
<tr>
<td>SMART Recovery</td>
<td>Family-Based</td>
</tr>
</tbody>
</table>

**Harm Reduction**

- Family-Based
- Natural Recovery
- Peer-Assisted
- Abstinence-Based
- Moderation-Based

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EVERYDAY HARM REDUCTION

HARM REDUCTION

Harm reduction is a set of practical strategies aimed at reducing negative consequences
HARM REDUCTION & SUBSTANCE USE

‘Harm reduction aims to reduce the health, social and economic costs of legal and illegal psychoactive drugs without necessarily reducing their consumption.'
(Wodak, 2014 p. i30)

Harm Reduction: Last Week Tonight with John Oliver
(Louise Vincent, Executive Director, NC Survivors Union,
from Taking Back What's Ours, 2020:

"All we do is disconnect people in the United States. So if you are found to be a person who uses drugs and needs help, we start with disconnecting you. And I truly believe that addiction is the opposite of connection. So what we do is everything wrong to help a person. We disconnect people from their families, we disconnect people from their friends, we alienate people from work, we disconnect them from community, and then we disconnect them from their freedom, finally, and when people have nothing left, they will use until they die."

(Oliver, 2022)
WHAT IS MOST IMPORTANT TO PEOPLE WHO ARE CHALLENGED BY SUBSTANCE USE?

- Increasing self-confidence/self-efficacy
- Improving mental health
- Reducing harmful substance use
- Staying alive
- Increasing connection to services & supports
- Improving quality of life
- Meeting basic needs

(National Peer Council, 2021)

RANKED PRIORITIES ACCORDING TO PEOPLE WHO ARE CHALLENGED WITH SUBSTANCE USE

*Nothing about us without us*

1. Staying alive
2. Improving quality of life
3. Reducing harmful substance use
4. Improving mental health
5. Meeting basic needs
6. Increasing self-confidence/self-efficacy
7. Increasing connection to services & supports

(National Peer Council, 2021)
How does your work incorporate harm reduction, or NOT incorporate harm reduction?

Why is it important to feel seen and understood ALL THE TIME but in this case — in the workplace?

- What do you need to be your full self at work? What do staff and supervisors need to know about you for you to feel valued, heard, and understood?
- What are the benefits of being able to be your full self at work and feel valued, heard, and understood?
- What are the consequences when you do not feel valued, heard, and understood and do not feel you can be your full self?
POLL QUESTIONS:

- Have you experienced increased mental health concerns in the last 1-2 year?
- Have you experienced increased substance use concerns in the 1-2 last year?
- Are you comfortable seeking help from your employer?
- Are you comfortable accepting help from your employer?

The COVID-19 pandemic has led to increased MH and SUD concerns in our organizations

- 55% reported increased MH concerns
- 36% reported increased SU concerns

What are the barriers?

68% of workers say they would NOT be comfortable seeking help from their employer

59% of workers say they would NOT be comfortable accepting employer help if it was offered

Data from The Standard (2020)

Why do the barriers exist?

Why is it hard to ask for and receive help?

What is the collateral damage of these compounding barriers?

What can you do about it?
“We can't give people what we don’t have, and we can only take people as far as we have gone ourselves”  
CLove
Healing-Centered Workplaces: Relational Strategies

- Ongoing supervisory support, including reflective supervision and strengths-based coaching
- Recovery-oriented team building activities
- Assess job performance based on established duties, not on substance use status or completion of recovery services
- Actively fight against stigma within oneself, the workplace, and greater community
- Be trustworthy and maintain confidentiality
- Support flexibility so that people can access desired supports
- Work to prevent and address secondary trauma and burnout
- Integrate healing practices and recovery support
- Willingness to shift the language that is used during staff meetings
Supervision of Peer Services Through Healing Centered Engagement

Healing-Centered Workplaces: Organizational Strategies

- **Value staff well-being; reflect this in leadership and policies**
- **Support mental and behavioral health parity**
- **Employee benefits**
  - Employee Assistance Programs
  - Health coverage that includes MH/SU services
  - Sick time can be used for MH/SU needs
  - 1 week per year of paid time off for MH/SU health needs
  - Flexibility to be able to attend MH/SU appointments and peer-based recovery support
- **Transparency around policies regarding mental health and substance use**
  - Include information on accessible MH/SU resources
  - Review annually with input from staff and others who have lived experience of mental health and substance use

Most Commonly Requested Accommodations

<table>
<thead>
<tr>
<th>Mental Health Needs</th>
<th>Substance Use Needs</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>CHANGED SCHEDULE</strong></td>
<td><strong>TIME OFF WORK</strong></td>
</tr>
<tr>
<td>27%</td>
<td>23%</td>
</tr>
<tr>
<td><strong>TIME OFF WORK</strong></td>
<td><strong>CHANGED SCHEDULE</strong></td>
</tr>
<tr>
<td>25%</td>
<td>20%</td>
</tr>
<tr>
<td><strong>CHANGED OR FEWER DUTIES</strong></td>
<td><strong>REHAB</strong></td>
</tr>
<tr>
<td>11%</td>
<td>11%</td>
</tr>
<tr>
<td><strong>TELECOMMUTING</strong></td>
<td><strong>HELP GETTING TREATMENT</strong></td>
</tr>
<tr>
<td>10%</td>
<td>9%</td>
</tr>
<tr>
<td><strong>REDUCED HOURS</strong></td>
<td><strong>MORE EMPLOYEE BENEFITS</strong></td>
</tr>
<tr>
<td>9%</td>
<td>7%</td>
</tr>
</tbody>
</table>

How do I approach a situation with a peer supporter who uses substances and shows up to work while under the influence of a substance?
Scenario: Josie

Josie asks you (her supervisor) if she can adjust her schedule this afternoon because she just found out that her methadone clinic will be closed over the weekend and she needs to pick up her weekly take-home supply.

Pause and reflect:
• Check in with yourself, what’s coming up for you?
• What in your own experience or history might be influencing your response?
• What is a healing-centered response?

Scenario: Josie (Part 2)

Josie requests to take two weeks sick time to take care of herself after experiencing a setback in her recovery goals.

Pause and reflect:
• Check in with yourself, what’s coming up for you?
• What helps you counter stigma and build an empathy bridge?
• What is a healing-centered response?
### Healing-Centered Workplaces: Relational Strategies

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### Safety/Harm Reduction/Wellness Plan

<table>
<thead>
<tr>
<th>Step</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Strategize</td>
<td>Steps to reduce risk/use/harm/emotional responses</td>
</tr>
<tr>
<td>Develop</td>
<td>Options to keep safe/recovery pathway</td>
</tr>
<tr>
<td>Identify</td>
<td>Trusted allies/supports/resources</td>
</tr>
<tr>
<td>Plan</td>
<td>Means to escape abuser/drugs/harmful places</td>
</tr>
<tr>
<td>Discuss</td>
<td>Referral/resources</td>
</tr>
<tr>
<td>Avoid</td>
<td>Dangerous: persons, places, things, isolation</td>
</tr>
<tr>
<td>Tools</td>
<td>Means to escape abuser/drugs/harmful places</td>
</tr>
</tbody>
</table>

**HALT:** Hungry, Angry, Lonely, Tired

(Plan can be written or just discussed out loud)

If written, remember written materials can place victims in danger if found by the person abusing them.

[https://drive.google.com/drive/folders/1JCVBYfYggPH89_KQAsOPyGd_33cBv61?usp=sharing](https://drive.google.com/drive/folders/1JCVBYfYggPH89_KQAsOPyGd_33cBv61?usp=sharing)

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**National Practice Guidelines for Peer Specialists and Supervisors**

Presented by: Christina Love, NCPRSS, CPSS, CRC, CGF
Can we move toward thinking about substance use and mental health challenges as a trauma response?
Lens & practices for all that we do

- Is it person/recovery centered
- Is it trauma-informed, culturally responsive, accessible, strength-based, equitable and inclusive
- Is there a process to reflect on what we are doing with the goal of intentional change work?
  - Are we always growing (in the right direction)?

MOVING FROM BEING TRAUMA INFORMED TO BEING TRAUMA RESPONSIVE

If we are not \textit{(fill in the blank from below)}, then we are not trauma responsive.

- Culturally Responsive
- Accessible
- Equitable
- Strength based
- Diverse
- Inclusive
- Healing Centered
- Recovery Oriented
- Self directed/Sovereign
What is your process for reflection and self awareness?

How to create an intentional reflection process

- Who benefits from this?
- Who is harmed by this?
- Who is impacted by this?
- Nothing about us without us
  - Nothing for us without us either
  - Who else could be at the table for this conversation or these decisions?
- Have we and how can we invite peers to be part of every decision that impacts them and other people with lived experiences?
  - Make a plan to be inclusive, diverse, and equitable!!!!
Preparing the Organizational Culture

“In hindsight, we did not do enough upfront preparation work. This was our earliest and biggest struggle. [A lack of preparation] resulted in complaints from counselors and misunderstandings and [mis]perceptions. Counselors objected to and resented the integration of peer support staff. We now see upfront preparation as a critical process and realize that you always have to keep in mind new staff; therefore, preparation is a continuous process. Since that time, our Peer Support Specialists have proven their net worth to both the clinicians as well as those we serve and are viewed as an adjunctive and necessary component for promoting meaningful recovery.”

Tom Baiers and Lois Figueroa, JEVS Human Services

Preparing the Organizational Culture

- Communicate Senior Leadership’s Commitment to a Recovery-Oriented Service Philosophy
- Conduct an Agency Self-Assessment
- Bring People in Recovery, Family Members and Staff into the Process early on
- Provide Resources, Ongoing Training and Continued Opportunities to Orient Current Staff
- Conduct an Agency Walk-Through
- Examine the Extent to Which Agency Language Is Recovery Oriented
- Anticipate, Address, and Reframe the Concerns of Existing Staff
- Examine and Create Shared Expectations Related to Culture, Equity, & Ethics
- Align Policies with Recovery-Oriented Language and Values
- Clarify Expectations and Roles of Peer Staff and All Staff
- Clarify a Supportive Supervision Process
Conducting Agency Self Reflection

Organizational

This work is to support organizations in their efforts to become more accessible, culturally responsive, diverse, inclusive, equitable and trauma/healing-informed in their approach and services.
Non-Discrimination and Accessibility

“UNDERSERVED POPULATIONS is revised to mean populations who face barriers in accessing and using victim services, and includes populations underserved because of geographic location, religion, sexual orientation, gender identity, underserved racial and ethnic populations, language barriers, disabilities, immigration status, and age. Individuals with criminal histories due to victimization and individuals with substance use disorders and mental health issues are also included in this definition.”

Supportive Hiring Practices

- Determine an equitable compensation and raise structure for community-based staff
- Give interview questions to perspective staff ahead of time
- Co-create job descriptions with staff and review annually in 360 evaluations
- Engage in supportive conversations about accommodations
- Develop a specific process to orient staff to workplace processes and each other
- Provide staff with a laptop and cell phone
- Develop a specific process for training staff in the records system
- Provide contact information for staff who can support with IT issues
- Provide clear information about supervision and staff meetings
Example Peer Support Job Description

Questions for Peer Staff & Supervisors to Discuss Together

Referring Participants to Peer Services

- Meeting with several different providers can be overwhelming for participants
- The referral process to peer services helps determine a participant’s interest in and expectations for a peer-to-peer relationship
- It is important for the referring provider to have knowledge of peer services and give accurate information to participants
Language for Referring Participants to Peer Services

Talking with a peer supporter is an opportunity to connect with another person who has lived experience with their own recovery journey. A peer is someone who will meet you where you are without judgment, relate based on their own life experiences, and support you in determining the direction you would like to take. They can talk with you about the recovery goals you would like to set without telling you what to do, and they can walk alongside you and offer support with the steps you decide you would like to take.

Is meeting with a peer supporter something you are interested in?

“Good luck with that one.”
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**Person-First Language**

- Reduces Stigma
- Reduces Barriers
- Encourages help-seeking
- Promotes Life!

(BCDC Harm Reduction Team, 2017)

### 4 guidelines to using non-stigmatizing language

1. **Use People-first language**
   - Person who uses opioids vs. Opioid user OR Addict

2. **Use language that reflects the medical nature of substance use disorders**
   - Person experiencing problems with substance use vs. Abuser OR Junkie

3. **Use language that promotes recovery**
   - Person experiencing barriers to accessing services vs. Unmotivated OR Non-compliant

4. **Avoid slang and idioms**
   - Positive test results OR Negative test results vs. Dirty test results OR Clean test results

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### Deficit-Based Language vs. Strength-Based Language

<table>
<thead>
<tr>
<th>Deficit-Based Language</th>
<th>Strength-Based Language</th>
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</thead>
<tbody>
<tr>
<td>Unstable, Decompensating → Experiencing increased barriers to wellness, having trouble managing stress</td>
<td></td>
</tr>
<tr>
<td>Delusional → Having thoughts and beliefs that I haven't experienced</td>
<td></td>
</tr>
<tr>
<td>Committed suicide → Completed suicide, lost their life to suicide, died by suicide</td>
<td></td>
</tr>
<tr>
<td>Hostile, Combative → Protective, feeling unsafe, raises their voice to be heard</td>
<td></td>
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<tr>
<td>Frequent Flyer → Uses services and supports when necessary, has been in the hospital recently</td>
<td></td>
</tr>
<tr>
<td>Lazy, Helpless, Unmotivated → Working to build hope, feeling ambivalent, not wanting to take action</td>
<td></td>
</tr>
<tr>
<td>Manipulative, Triangulating → Resourceful, working to get needs met, working toward a desired outcome</td>
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</tr>
<tr>
<td>Noncompliant, Uncooperative → Doesn't find meaning in, not open to, chooses not to</td>
<td></td>
</tr>
<tr>
<td>Suffering with → Experiencing, working toward recovery from, living with</td>
<td></td>
</tr>
<tr>
<td>History of illness → Life experience</td>
<td></td>
</tr>
<tr>
<td>Low Functioning → Experiencing barriers related to activities of daily living</td>
<td></td>
</tr>
<tr>
<td>Med Compliant → Taking medication</td>
<td></td>
</tr>
<tr>
<td>Cooperative → Engaged, following through</td>
<td></td>
</tr>
<tr>
<td>Liar → Has been through a lot and is working to build trust, sharing stories I am unsure of</td>
<td></td>
</tr>
<tr>
<td>Borderline → Person who has experienced an incredible amount of trauma</td>
<td></td>
</tr>
<tr>
<td>Cutter, Addict, Substance Abuse → Person who uses self harm to cope, person who uses substances, substance use</td>
<td></td>
</tr>
<tr>
<td>Victim → Survivor</td>
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Setting Goals – What’s in a Recovery Plan?

Assessing Recovery Capital
Setting Recovery Goals
Determining Strategies
Mobilizing Strengths
Identifying Skills
Examining Challenges & Stressors
Engaging Allies & Support
Reflecting on Progress

HUMAN
Skills,
education, self-efficacy, hopeful
ness, personal
values

SOCIAL
Family,
intimate relationships,
kinship,
social supports.

PHYSICAL
Physical health,
safe housing,
basic needs,
financial resources.

COMMUNITY
Anti-stigma,
recovery role models,
peer-led support
groups.

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Supportive Supervision Questions

- What kind of support do you feel like you need in this situation?
- Where in their recovery process do you feel this person is?
- How can you relate to this person using your own lived experience?
- What does the person want? What direction would they like to take?
- What else can you be curious about in this situation?
- How can you stay out of ‘fix it’ mode?
- Do you have an agenda? Are you tied to the outcome?
- What about this situation makes you uncomfortable? What judgments do you have about the situation?
- How can you look at the situation through the participant’s lens?
- What recovery capital does the person have in this situation? What are their strengths?
- I’m seeing this situation through a clinical lens. What does your lived experience tell you?
"Do the best you can until you know better.
Then when you know better, do better."

-Maya Angelou

Northwest ATTC presents:
Introduction to Supervision of Peer Based Recovery Services

Thank you for joining us!
The webinar will begin shortly.

- Participants are automatically muted during this presentation
- Got questions? Type them into the chat box at any time and they will be answered at the end of the presentation.
- An ADA-compliant recording of this presentation and copy of the slides will be made available on our website at: http://attcnetwork.org/northwest
Q&A

Questions? Please type them in the chat box!

Surveys

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It only takes 1 minute to complete!
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Surveys

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Surveys

gracias ค่ะ ơn bạn ধন্যবাদ 고맙습니다
شكرا جزيلا salamat благодаря вас 谢谢
Dziękuję Ci thanked ευχαριστώ
quyana thanks บุญคุณ danke danke
hík'wu? merci はない obrigado ขอบคุณ
ありがとうございました спасибо mahalo