Friendly Reminders

01 Turn your phones on silent.

02 Feel free to raise your hand and ask questions during the sessions.

03 Please respect diversity and experience throughout the sessions.

While waiting for others to come in, here are some reminders to keep in mind.
Learning Agenda

What we'll discuss this morning & afternoon

- Overview of the Arkansas Peer Specialist Program
- Peer Supervision – Part 1
- Ethics – Peer Supervision Ethics Policy and Procedure
- Peer Supervision – Part 2
- So, what? Advocacy, Development, and Implementation

Lived Experience
Peer Supervision: Leadership & Lived Experience

Presented by: Kyle Brewer, BS, PRPS

July 10, 2017

- NAADAC Peer Specialist Program Manager
- Certified Peer Recovery Supervisor (PRPS)
- BS Addiction Studies
- First Peer Recovery Specialist in Arkansas to be employed and stationed in an emergency department
- My life has hope, purpose and meaning!
Peer support workers may be referred to by different names depending upon the setting in which they practice. Common titles include peer specialists, peer recovery coaches, peer advocates, and peer recovery support specialists.

Today we will use the following:

- **Peer Recovery Specialist (PRS)** – The person providing peer support services.
- **Peer Support Services (PSS)** – The services a PRS provides to an individual.
Peer Recovery Specialist (PRS)?

- The criteria and definition vary from state to state. No universal definition of a PRS exists.

- An individual, living with the disease of addiction and/or a mental health diagnosis, who has experienced and maintained the healing process of recovery for a certain amount of time. *(Arkansas = 2 years)*

- Trained and/or certified.

- Scope of practice and code of ethics.

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Peer Recovery Specialist (PRS)?

- A person who provides Peer Support Services (PSS) based on shared understanding, lived-experience, respect and mutual empowerment.

- A PRS brings the lived experience of recovery, combined with training and supervision, to assist others in initiating and maintaining recovery, helping to enhance the quality of personal and family life in long-term recovery *(Bill White, 2009).*
Peer Recovery Specialist (PRS)?

- Lived Experience
- Connection
- Community
- Empowerment

What do we do?

Peer support can be found in a variety of settings:

- **Inspire hope** that people can and do recover;
- **Walk with** people on their recovery journeys;
- **Dispel myths** about what it means to have a mental health condition or substance use disorder;
- **Provide self-help education and link** people to tools and resources;
- **Support people** in identifying their goals, hopes, and dreams, and creating a roadmap for getting there.
Peer Support Services (PSS)

• PSS occur when people with shared lived experience connect with each other. The bond that results can create mutual empathic experiences that foster growth and recovery.

• Mutuality—often called “peerness”—between a peer support worker and a person in or seeking recovery promotes connection and inspires hope.

• By sharing their own lived experience and practical guidance, peer support workers help people develop their own goals, create strategies for self-empowerment, and take concrete steps toward building fulfilling, self-determined lives for themselves.

Peer Support Services (PSS)

• PSS provide a range of person-centered and strength-based supports for long-term recovery management. These supports help people in recovery build recovery capital—the internal and external resources necessary to begin and maintain recovery.

• PSS involve the process of giving and receiving non-clinical assistance to support long-term recovery.
**The Four Types of Recovery Support**

1. **Emotional support**— In individual interactions and support groups; includes providing empathy, caring, and concern to foster self-esteem and confidence.

2. **Informational support**— Through classes, trainings, and seminars; includes sharing knowledge and information or providing life and vocational skills training.

3. **Instrumental support**— Through referral, linkage, and service coordination; includes offering tangible assistance (e.g., transportation, housing, food, clothing).

4. **Affiliational support** (also called social support)— In designated spaces, groups, and activities; connects individuals in recovery with others to promote learning, social and recreational skills, and a sense of community and belonging.

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**Peer Support Services (PSS)**

- Peer workers fill a key role in the SUD treatment workforce—a workforce that faces ever-increasing demands. Peer workers collaborate with others on the care team and build connections with the recovery community, social service agencies, local businesses, and other resources.

- **The main role of a PRS is to provide recovery support to people who are seeking or in recovery.** For example, peer workers:
  - Motivate and empower individuals in or considering recovery.
  - Support individuals in creating strengths-based recovery plans.
  - Help individuals work toward their recovery-specific goals, as well as general life goals, within multiple recovery pathways.
  - Educate the people they work with and the community at large about substance use–related problems and recovery.
  - Link individuals to important resources like housing, work, education, transportation, and childcare.
Peer workers wear many different hats: motivator, champion, ally, sounding board, role model, mentor, resource navigator, advocate, community organizer, educator, engagement facilitator, outreach worker, cheerleader, connector, coach, and more. These activities and responsibilities differ from those of nonpeer providers:

- Unlike a clinician providing SUD treatment, peer workers do not diagnose or treat SUDs.
- Unlike a mental health clinician, peer workers do not diagnose or provide counseling on mental disorders. They don’t refer to their support services as “counseling” or “therapy.”
- Unlike a primary care provider, peer workers don’t diagnose medical conditions or offer medical advice or treatment.
- Unlike a faith leader, peer workers don’t work within a religious framework, unless they are in a faith-based setting.

Peer Support Services (PSS)

How Does it work?

The role of a PR complements but does not duplicate or replace the roles of therapists, case managers, and other members of a treatment team.

The sense of mutuality created through thoughtful sharing of experience is influential in modeling recovery and offering hope (Davidson, Bellamy, Guy, & Miller, 2012).
Peer Support Needs Diversity

Why is this important?

Peer Support Specialists are often the first people that program participants meet. Engagement is crucial in the beginning of a peer helping relationship. Having a multicultural lens means that you are open, know your own bias, are flexible, and know when you do not know something.

Multiple Pathways

- Self-Help/Mutual Aid
- Natural Recovery
- Faith or Non-Faith Based
- Technology Based
- Harm Reduction
Connect with others.

Think of a time you felt connected to another person and how did that help?

Acknowledge your feelings.

Think of a time when feelings got in the way of your communication.

It’s NOT about the Nail

A video by Jason Headley

Peer support relies on effective communication skills
Validating statements, verbal/nonverbal communication, confidentiality, empathy, and mutuality.
Peer Support Roles

*Taken from SAMHSA BRSS TACS*

- Advocate for People in Recovery
- Sharing Resources
- Building Community and Relationships

Peer Support Roles

*Taken from SAMHSA BRSS TACS*

- Leading Recovery Group
- Mentoring and Setting Goals
- Act as a Change Agent
Why Does it work?

PRs remain in but not OF the system, they inspire through lived experience, follow ethics and training while also maintaining “peerness” achieved through reciprocity and mutuality.

PRs and agencies must work collaboratively to understand the role of peer work to reduce marginalization and co-opting them out of their roles. PRs continue education on trauma-informed care, strength-focused approaches, and many more.

Many different types of treatment settings use peer workers, including:

- Outpatient treatment programs.
- Residential treatment programs.
- Inpatient hospital programs.
- Emergency departments.
- Opioid treatment programs (OTPs).
- Criminal justice settings (jails, specialty courts, parole/probation).
- Detox facilities.
- Primary care settings.
- Recovery community organizations.
Emerging research supports using PSS to help meet the needs of people in SUD treatment. Studies with a range of designs, including randomized trials, have explored using PSS to address SUDs. Evidence suggests that PSS can help:

- Increase treatment motivation.
- Increase treatment retention.
- Increase adherence to SUD treatment plans.
- Improve relationships with treatment providers, family members, and social supports.
- Decrease craving and increase self-efficacy.
- Improve people’s transitions between different stages of SUD care.
- Increase satisfaction with the overall treatment experience.
- Reduce recurrence rates.

Peer workers can:

- Expand and enhance their organization’s menu of client services.
- Better link participants to the recovery community and to social and other services they need.
- Improve communication with clients, through peer workers’ ability to connect with them and “speak their language.”
- Help put new clients at ease by being the ones to welcome and orient them.
- Perform supportive roles and tasks not undertaken by clinicians, like accompanying individual program clients to medical appointments or their first mutual-help group meetings.
- Fill gaps in the continuum of SUD care.
- Emphasize chronic care over acute care.
- Strengthen your organization’s financial standing by increasing client retention and satisfaction.
Hey dude! It’s from that one day at the hospital bout a year ago almost. Anyways tho, I’ve been sober ever since we spoke and it’s been about a year, so I figured I’d say hello and drop you a line to say thi! A million for that day especially when you said, “this could be the firm foundation upon which you build the rest of ur life.” And I took that to heart and now I pass it on. Anyways tho yup big time. I’m aa sober again, something I never thought I’d be. But yeah for sure, anyways tho thi! Again for ur lime and effort that day. Keep up the good work, some of it does gel through on occasion! Who would thunk it ayey? But yeah for sure! For sure! FOR SURE!! Lol. Anyways tho dude! I truly hope all is well. Like for real.

“As an ER nurse, it is frustrating to resuscitate and stabilize an overdose patient and have no way to further help a patient. Despite having social workers and psychiatry in our emergency department, not every patient is a candidate for psychiatric admission. We often sober-up opioid overdose patients and hurry up to discharge them so they can shoot up and avoid withdrawal. These patients have to find their way in the community to services we cannot provide them in the hospital. The medical system fails them, but the peer recovery system gives them hope, gives them a chance. Peer recovery can fill the gap between life and death.”

I have to say (mainly cause I don’t want to forget before I finish residency) knowing you and seeing the incredible things you have done with your life taught me an incredible amount and will change the way I practice for the rest of my career. I can honestly say I was a little closed minded about addiction and didn’t put much thought into what I might be able to do for someone that might change their situation. Hearing your story and knowing you has given me a completely different outlook! And all that might sound a bit cheesy, but I am extremely grateful!
Thank you!

Kyle Brewer, BS, PRPS
Peer Specialist Program Manager
Kbrewer@naadac.org
• **Before 2017**, peer recovery was virtually non-existent in the state of Arkansas.

• **2017/2018**: State Targeted Response (STR) funding led to the development of the Arkansas Model. State Opioid Response (SOR) I and II funding would later provide continued support.

• **2018**: The AR Core Training Manual was adapted from the Appalachian Consulting Group
Arkansas History

• **2019**: The first Core Training for the Arkansas Model was offered. Two classes of 25 participants.

• **2019**: Identified challenges for Peer Support Workers: Burn out, workforce development, appropriate supervision.

• **2019/2020**: Arkansas Advanced and Supervisor Training manuals were developed.

Arkansas History

• **Feb. 2020**: The first Advanced Training for the Arkansas Model was offered. 26 participants

• **July 2020**: The first Supervisor Training for the Arkansas Model was offered. 10 participants

• **Jan. 2021**: Arkansas Department Human Services decided to change certification boards for Peer Support. Contracts with NAADAC to develop and manage the Arkansas Peer Specialist Program.
As the Peer Specialist role was relatively new in Arkansas, the need for appropriate and effective supervision became evident.

The substantial growth in the peer specialist workforce, resulted in supervisors with no peer support experience or direct knowledge of the peer support role or values. Clinical supervisors’ ethical codes often prevented practice of essential aspects of peer support such as self-disclosure (sharing relevant elements of one’s own personal story to connect with someone else).

Arkansas identified many different opportunities for workforce development. Including the need for additional training to support seasoned Peer Specialists’ growth into a supervisory role.
Arkansas Peer Specialist Program (APSP)

- The APSP is a partnership between NAADAC and the Arkansas Department of Human Services (DHS). NAADAC receives funding from DHS to manage and administer all three levels of peer certification and ethics.
- The APSP is financially supported by the Arkansas Department of Human Services, Department of Aging, Adult, and Behavior Health Services (DAABHS) with funding received from the Substance Abuse Mental Health Services Administration (SAMHSA).
- The process is designed to produce highly trained and knowledgeable peer specialists. The organized system streamlines each step of the credentialing process and allows candidates access to a one-stop shop for all their peer credentialing needs.

THE ARKANSAS MODEL

The Arkansas Model has three levels allowing peer specialists to advance in their profession:

1. Arkansas Core Peer Recovery Specialist (PR)
2. Arkansas Advanced Peer Recovery Specialist (APR)
3. Arkansas Peer Recovery Peer Supervisor (PRPS)

Arkansas Peer Specialist Program

Peer in Training (PIT)

↓

Core Peer Recovery Specialist (PR)

↓

Advanced Peer Recovery Specialist (APR)

↓

Peer Recovery Peer Supervisor (PRPS)

https://www.naadac.org/arkansas-peer-specialist-program
Peer Career Ladder

1. Peer in Training (PIT)
2. Core Peer Recovery Specialist (PR)
3. Advanced Peer Recovery Specialist (APR)
4. Peer Recovery Supervisor (PRPS)

Eligibility Criteria:
• A minimum of 2 years of personal recovery from substance use and/or mental health challenges (MAT is allowed under certain parameters)
• HS Diploma or GED
• Have no active warrants or committed a sex offense or murder

Application & Review Process:
• Complete Core PR Application - $50 application fee
• Complete Background Check - $25 fee
• Submit Proof of Education Documents
• Application reviewed by NAADAC and Review Committee
• Applicant scheduled for Core training (UALR Mid-South)

Training:
• Applicant completes Core Peer Training
• Applicant is assigned a Peer Supervisor (PRPS)

Once the above requirements are met, the candidate is issued a PIT letter, given a NAADAC Peer Membership and a OakTree Supervision Profile
Core Peer Recovery Specialist (PR)

Credential Requirements:

- Complete all Peer in Training (PIT) requirements
- 46 Continuing Education Hours (Core Training = 30 hours)
- 500 Experience Hours (100 hours domain specific)
  - Advocacy=25, Ethical Responsibility=25, Mentoring/Education=25, Recovery/Wellness=25
- 25 Peer Supervision Hours (Individual/Group): All 25 hours must be domain specific

Once the above requirements are met the candidate is eligible to schedule PR credentialing exam

Advanced Peer Recovery Specialist (APR)

Eligibility Criteria:
- Current PR credential

Application & Review Process:
- Complete APR Application - $75 application fee
- Submit Letter of Recommendation from Peer Supervisor (PRPS)
- Application reviewed by NAADAC and Review Committee
- Applicant scheduled for Advanced training (UALR Mid-South)

Credential Requirements:
- 35 Continuing Education Hours (Advanced Training = 18 hours)
- 500 Experience Hours (100 hours domain specific)
- 25 Peer Supervision Hours (Individual/Group): All 25 hours must be domain specific

Once the above requirements are met the candidate is eligible to schedule APR credentialing exam
Peer Recovery Peer Supervisor (PRPS)

Eligibility Criteria:
- Current APR Credential
- Currently employed as a PR or APR
- Minimum 1-2 years of consistent employment as a PR or APR

Application & Review Process:
- Complete PRPS Application - $100 application fee
- Submit a letter of recommendation from current Peer Supervisor
- Submit additional professional letter of recommendation
- Application reviewed by NAADAC and Review Committee
- Applicant scheduled for supervisor training (UALR Mid-South)

Credential Requirements:
- 40 Continuing Education Hours (Supervisor Training = 24 hours)
- 250 hours of supervised work experience. 250 hours of providing supervision.
- 25 Peer Supervision Hours (Individual/Group): All 25 hours must be domain specific

Once the above requirements are met candidate is eligible to schedule PRPS credentialing exam

Peer Supervision

When a candidate becomes eligible to take the PRPS credentialing exam in Arkansas they have completed a minimum of:

- 750 experience hours of providing peer support services
- 250 experience hours of providing peer supervision
- 121 hours of continuing education
- 75 hours of peer supervision
- 1 – 2 years of consistent employment as a Peer Recovery Specialist
Arkansas determined that the most effective approach to peer supervision would be to empower those with lived experience (personal and professional).

Lived experience (personal) is the foundation for Peer Support and it’s also the foundation for Peer Supervision (professional).

When well-trained and experienced peer specialists are empowered to lead and provide supervision, co-opting, compassion fatigue, and inappropriate use of the peer role are minimized.

The likelihood of successful integration of the peer role is also increased within the organization and system.

Peer Supervision: Responsibilities and Opportunities

Attest to Arkansas Peer Supervisor Code of Ethics

Sign off and verify all work experience and supervision hours for PIT, PR, and APR levels

Manage and review supervisees’ OakTree Supervision entries

Assist with program development and integration of peer services

Advocate for peer support and recovery services

Option to contract with NAADAC: W-9, liability insurance, monthly invoicing
Peer Supervision: Leadership & Lived Experience

Arkansas Peer Specialist Program - 2022

- Core Training: 500+
- Advanced Training: 75+
- Supervisor Training: 20+

Arkansas Peer Ethics Review Committee (APERC)

- **Arkansas Code of Ethics:**
  - *PIT, PR and APR* = Arkansas Peer Recovery Code of Ethics
  - *PRPS* = Arkansas Peer Recovery Code of Ethics & Arkansas Peer Supervisor Code of Ethics

- APERC is a diverse group of five APSP members who are active and involved in Arkansas Peer Recovery, NAADAC Peer Specialist Program Manager and NAADAC Executive Director.

- The APERC aims to promote a standard of ethics in the Arkansas Peer Specialist Program.

- Organized and professional process for reporting ethical violations and enforcing the standards set by the Arkansas Peer Specialist Program and the State of Arkansas.

- APERC objectives are to review and assess on a regular basis the Code of Ethics for relevancy, to promote the Code of Ethics through education and training material, and to review and evaluate complaints of those members referred in writing for ethical complaints.

- If ethics complaint is found to be valid, APERC will review and enforce appropriate action. The complaint, investigation and findings are reported to the Arkansas Department of Human Services.
The Oak Tree Supervision software is designed to improve the efficiency and effectiveness of professional development for individuals in the healthcare field. Oak Tree Supervision focuses on key areas: tracking professional credentials, supervision, personal well-being, and individual development plans. Utilizing this foundation for professionals ensures a comprehensive approach when building and maintaining teams within any organization.
Peer Supervision: Leadership & Lived Experience

Presented by: Kyle Brewer, BS, PRPS
Arkansas Peer Specialist Program
Additional Resources

Arkansas Peer Specialist Program
https://www.naadac.org/arkansas-peer-specialist-program

Arkansas Peer Code of Ethics, Ethics Complaint Form and Ethics Enforcement Procedure
https://www.naadac.org/arkansas-peer-specialist-codes-of-ethics

Arkansas Opioid Dashboard (Peer Recovery Tab)
https://afmcanalytics.maps.arcgis.com/apps/MapSeries/index.html?appid=2977d338de974451af5ce8ff24d2a30c

AR Takeback (Resources)
https://artakeback.org/
Thank you!

Kyle Brewer, BS, PRPS
Peer Specialist Program Manager
Kbrewer@naadac.org

Peer Supervision

Part 1 of a two-part talk on peer supervision
Overview

- Introduction
- What is supervision?
- Peer vs. Clinical Supervision
- Inner and Outer Agency
- Group vs. Individual Supervision
- Stories and Training

Gentle Reminder:
- Please raise your hands for questions at any point during today’s talk.
- Keep phones on silent mode.
- Respect experience and speak only from experience.

Introduction

- Building our plane as we fly.
- As the workforce grows, there is a need to open our vision for a more sustainable future. As a result, peer supervision became an integral part of our story.
Peer Supervision

- As the Peer Specialist role was relatively new in Arkansas, the need for appropriate and effective supervision became evident.

- The substantial growth in the peer specialist workforce, resulted in supervisors with no peer support experience or direct knowledge of the peer support role or values. Clinical supervisors' ethical codes often prevented practice of essential aspects of peer support such as self-disclosure (sharing relevant elements of one's own personal story to connect with someone else).

- Arkansas identified many different opportunities for workforce development. Including the need for additional training to support seasoned Peer Specialists' growth into a supervisory role.

General Supervision is

- Supervision supports trainees by offering oversight and support from a more experienced provider.

- Supervision offers ongoing feedback from someone with more experience and skill. You'll get rapid feedback on real-world dilemmas.

- Good supervisors help the people they supervise become ethical, competent.
Three Roles to Supervision

- Administrative
- Educative
- Supportive

How many in the room have received peer supervision?

Clinical vs. Peer

- Lived experience as a clinician
  - Consistent Feedback
  - Skills and Knowledge
  - Ethics and Protocol

- Lived experience as a peer specialist

How many in the room have received peer supervision?

- On-The-Job Mentorship
- Change Agent to reinforce "nothing about us, without us" – Judi Chamberlin

Presented by: Kyle Brewer, BS, PRPS
Different Needs and Roles of Peer Workers

As PR develops, roles vary from setting to setting thus creating supervisor positions.

• Not every agency is equipped to hire PR, APR, and PRPS at once.

Every agency has policies and procedure for work conduct.

• Supervision with a Peer Specialist works to develop skills whereas on-site supervision provides mentorship and on the job oversite.

Inner and Outer Agency Supervision

Group Supervision: 90 mins.
• Hosted via zoom: better to reach people across the state.
• Create network opportunities and resource building for peer workers and share events and updates.
• Share and collaborate for solutions on issues at work.
• Save time on scheduling weekly supervision.

Individual supervision: 60 mins.
• More individualized meetings to gauge the level of the peer specialist.
• It increased hands-on teaching/supervising regarding skills and concerns.
• Improved feedback and relationship and personalized professional development.
Feedback from Peer Specialists

"I would have not ever considered asking this if I had not heard others mention it"

Feedback regarding group supervision

"I need you to show me how to do this...I work better one-on-one."

Feedback regarding individual supervision

"I love practicing role play examples for real-time problems."

Feedback regarding supervision that is often left out and can be used in group/individual settings.

Levels of PR experience

<table>
<thead>
<tr>
<th>Level 1</th>
<th>Level 2</th>
<th>Level 3</th>
</tr>
</thead>
<tbody>
<tr>
<td>Focuses on self</td>
<td>Focuses less on self and more on peer</td>
<td>Focuses intently on the peer</td>
</tr>
<tr>
<td>Anxious, uncertain</td>
<td>Confused, frustrated with complex issues</td>
<td>High degree of empathic skill</td>
</tr>
<tr>
<td>Pre-occupied with performing the &quot;right way&quot;</td>
<td>Overidentified with the peer</td>
<td>Objective third-person perspective</td>
</tr>
<tr>
<td>Overconfident in skills</td>
<td>Challenges authority</td>
<td>Integrative thinking and approach</td>
</tr>
<tr>
<td>Over generalizes</td>
<td>Lacks integration with a theoretical base</td>
<td>Highly responsible and ethical peer worker</td>
</tr>
<tr>
<td>Overuses a skill</td>
<td>Overburdened</td>
<td>Focuses on personal, professional integration, and career</td>
</tr>
<tr>
<td>Ethics underdeveloped</td>
<td>Ethics are better understood</td>
<td>Change agent</td>
</tr>
<tr>
<td>Provide structure and minimize anxiety</td>
<td>Introduce more alternative views</td>
<td></td>
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Where are you? And can you provide examples of your experience on each level?
Respecting Experience as a Supervisor

Use peer work in my work as a supervisor
- I do not assume anything and actively listen. Respect what the PR worker experiences and where they come from to encourage a safe space to speak.

Plan plan plan
- Lead by example and focus on remaining organized.

Strength-focused
- Focus on what the PR workers are doing well instead of what is wrong (EVERYDAY) and plan for weekly team meetings.

Q&A

Thank you for listening!
Ethics

Describing the need for Supervision
Ethic’s Policy and Procedure

Overview

• Why talk about ethics?
• The birth of the AR ethics review committee
• Learning points
• The importance of policy and procedure
Brain Break

"Those peers...they just don't have any ethics."

Our Challenges

- Privacy and Confidentiality
- Boundaries and Dual Relationships
- Informed Consent
- Competence and Expertise
- Continuity of Service
Our Team
Arkansas Peer Ethics Review Committee (APERC)

The origin story: 2021

- APERC is a diverse group of five APSP members who are active and involved in Arkansas Peer Recovery, NAADAC Peer Specialist Program Manager and NAADAC Executive Director.
- APERC objectives are to review and assess on a regular basis the Code of Ethics for relevancy, to promote the Code of Ethics through education and training material, and to review and evaluate complaints of those members referred in writing for ethical complaints.

Arkansas Peer Ethics Review Committee (APERC)

- APERC aims to promote and enforce a standard of ethics for Peer Recovery Specialists and Peer Supervisors.
- Developed Arkansas Peer Supervisor Code of Ethics, peer ethics complaint form and professional process for reporting and investigating potential ethics violations.
- If ethics complaint is found to be valid, APERC will review and enforce appropriate action. The complaint, investigation and findings are reported to the Arkansas Department of Human Services.
With the birth of an official process, AR established a thorough, recovery-focused plan for each complaint made while maintaining transparency. Supervisors followed the policies and set a safer environment for peer workers to confide in their supervisors and establish a more supervised workforce.
Reoccurrence Policies

- Does your state or agency have a policy in place to support those that may return to use?

1. Support the workforce
2. Protect the profession or discipline
3. Protect the individuals we serve (do no harm)
Role clarity can significantly affect peer specialists’ job satisfaction. One of the biggest challenges peer specialists in treatment settings face is lack of role clarity.

Because peer specialists serve in multiple roles and because these roles overlap with those of other nonpeer professionals, peer specialists sometimes feel confused about their role in providing PSS and other services. Other staff may also be confused by peer specialists’ roles.

Role confusion can lead to peer specialists performing tasks that they have not trained for or that are inappropriate for their position.
Challenges

- Two other challenges experienced by peer specialists in treatment settings are low pay and lack of opportunities to improve their career skills and knowledge.

- Limited pay and a lack of opportunities for full-time work compound the difficulties peer specialists have in finding and retaining long-term employment.

- PRS’s often lack supervision, training opportunities, and career development opportunities

- The lack of training opportunities can be a particular challenge because most states now require peer certification for paid peer work. Ongoing training and appropriate supervision for peer specialists is critical.

Leadership & Lived Experience

Lived experience is valuable beyond entry level positions.

Lived experience is valuable at the supervisory and high-level leadership levels.

Empowering people in recovery extends past bringing them to the table.

People in recovery have the ability and potential to lead the conversation.

People in recovery are built for leadership.
**Research Article**

**Addiction and leadership**: How authentic and transformative leaders are emerging from the adversity of substance use disorder

*Jason Roop, Ph.D* Executive Director of Technology Training Center, Adjunct Professor of Business, Campbellsville University, USA

Roop J. Addiction and leadership: How authentic and transformative leaders are emerging from the adversity of substance use disorder. J Addict Ther Res. 2022; 6: 010-023.

**Leadership & Lived Experience**

People with lived experience possess numerous leadership traits which position them for effective leadership and are further enhanced during their recovery journey.

Top three traits that emerged from the research indicate that people in recovery are authentic, tenacious, and empathetic.

Additionally, those in recovery have strong abilities to empower and inspire others and demonstrate posttraumatic growth which helps establish significant bonds of trust and commitment among followers.
**Transformative Leadership**

This type of leadership causes a positive change in the lives of others. This type of leadership enhances motivation, morale, and performance, and develops other followers into leaders.

Some of the mechanisms involved include connecting the follower’s sense of identity and self to the mission of the organization; being a role model for others; inspiring others; and helping others to achieve their full potential through understanding their strengths and weaknesses.

The theory was first presented by James MacGregor Burns (1978).

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**Authentic Leadership**

Authentic leadership is an approach to leadership that emphasizes building the leader’s legitimacy through honest relationships with followers who value their input and are built on an ethical foundation.

Authentic leadership theory advanced primarily through the work of Bill George.

Authentic leaders are open and honest and have a willingness to be transparent and vulnerable. This characteristic creates trust and respect from followers and increases their resolve to accomplish the goals set before them. Authenticity seems to develop more so during the recovery phase as it is vital to maintaining long-term recovery.
Leadership & Lived Experience

Four common leadership traits found in people in recovery:

1. Authenticity
2. Tenacity
3. Empathy
4. Empowering Others
In recovery being authentic and humble can be primary tools for effective recovery and avoiding a return to old behavioral patterns.

This focus is incredibly beneficial for those leading an organization since it requires continual assessment of interpersonal relations and fosters trust through accountability.

When the leader’s goal is to be a better version of their selves each day, that same mission carries over into the lives of everyone on the team.

People in recovery from addiction must practice authenticity daily which positions them favorably for effective leadership.

A trait which captures the ability of people in recovery to get back up when knocked down, to press forward against difficult obstacles, and approach life with fierceness and grit.

Resiliency, persistence, and adaptability play a central role in the lives of people in recovery and allow them to not give up even when they had previously failed.

The resolve to go the extra mile, to not give up or give in, and to finish what was started is found in abundance in people in recovery.

This attribute is often cultivated in recovery, and those that have that experience can offer it in abundance to those around them.
People in recovery are generally able to relate well to others.

A sense of appreciation for life experiences that may be marked by suffering and pain because it ultimately led to personal growth and recovery.

The ability of people in recovery to richly invest in the lives of others allows them to become leaders which are respected, trusted and imitated.

This interpersonal transparency is a cornerstone of transformational leadership and cultivates an environment that is safe and supportive. This fosters personal and professional growth and helps strengthen resolve and commitment to the mission of the organization.

Great leaders elevate their team members’ performance by giving them the tools and motivation to succeed.

Transformative and authentic leadership traits exhibited by people in recovery are often purposed towards the good of others. The motivation for this selfless focus does not rest on organizational benchmarks, rather, it is centered upon the understanding that their choices and behavior are driven by a higher calling.

Their focus on others is not just about being unselfish but also serves as a reminder that they are called to give back.

This motivation for the behavior has practical application for the organizations they lead since the welfare of others is always at the forefront of the leaders’ minds.
Appropriate and regular supervision and support for peer workers is VITAL to the success of integrating PSS.

Having a supervisor with experience working as a PRS is ideal.

If your program is small, you may not have a single individual with both administrative and peer worker experience. In this case, you may need to use dual supervision, where one supervisor handles the administrative aspects of the role and the other supports peer workers in their professional development and helps them address ethical questions and any role confusion.

In addition to committing to a recovery-oriented approach, anyone supervising peers must understand the peer worker’s roles, ethical issues that arise with peer work, and state licensing and certification requirements for peer workers.

Support PRS in day-to-day activities
- Weekly direct supervision meetings (individual and group)
- Regular wellness check-ins*
- Create individual development plans with supervisee
- Provide regular training and professional development opportunities for PRS (ethics, boundaries, self-care)
- Provide regular peer introduction training for new nonpeer staff
Peer Supervision: Leadership & Lived Experience

Presented by: Kyle Brewer, BS, PRPS

Peer Supervision: Roles & Responsibilities

- Provide regular direct and indirect supervision (individual/group sessions, observation, documentation review, coaching, mentoring)
- Help to ensure peer role is authentic and co-opting is not occurring
- Bridge between clinical and non-clinical staff
- Assist and support the successful integration of PSS
- Engage in local, state and national recovery advocacy efforts

Peer Career Ladder

1. Peer in Training (PIT)
2. Core Peer Recovery Specialist (PR)
3. Advanced Peer Recovery Specialist (APR)
4. Peer Recovery Supervisor (PRPS)
Peer Supervision: Employment Opportunities

<table>
<thead>
<tr>
<th>Type</th>
<th>Possible Locations</th>
</tr>
</thead>
<tbody>
<tr>
<td>Full-time Employee</td>
<td>Non-profit organizations</td>
</tr>
<tr>
<td>Part-time Employee</td>
<td>State and National agencies/organizations</td>
</tr>
<tr>
<td>W-9 Independent Contractor</td>
<td>Inpatient and outpatient treatment settings</td>
</tr>
<tr>
<td>Program Coordinator</td>
<td>Recovery Community Organizations</td>
</tr>
<tr>
<td>Program Manager</td>
<td>Crisis Centers</td>
</tr>
<tr>
<td>Program Director</td>
<td>Insurance Companies</td>
</tr>
<tr>
<td>Trainer</td>
<td>Hospitals and Criminal Justice</td>
</tr>
</tbody>
</table>

Peer Supervisor Base Salary & Code of Ethics

PRPS Code of Ethics

Scope of practice changes

Peer Supervisor Base Salary

$40,000 - $50,000
Q&A

NAADAC 2022 Annual Conference
So What?: Advocacy, Development and Implementation

Presented by Kyle Brewer, BS, PRPS
Peer Support is an evidence-based service to support an individual in or seeking recovery from substance use and/or mental health challenges. (Director of the Center for Medicaid and State Operations – August 2017)

Emerging research supports using PSS to help meet the needs of people in treatment. Studies with a range of designs, including randomized trials, have explored using PSS. Evidence suggests that PSS can help:

- Increase treatment motivation.
- Increase treatment retention.
- Increase adherence to SUD treatment plans.
- Improve relationships with treatment providers, family members, and social supports.
- Decrease craving and increase self-efficacy.
- Improve people’s transitions between different stages of SUD care.
- Increase satisfaction with the overall treatment experience.
- Reduce recurrence rates.

Peer workers can:

- Expand and enhance their organization’s menu of client services.
- Better link participants to the recovery community and to social and other services they need.
- Improve communication with clients, through peer workers’ ability to connect with them and “speak their language.”
- Help put new clients at ease by being the ones to welcome and orient them.
- Perform supportive roles and tasks not undertaken by clinicians, like accompanying individual program clients to medical appointments or their first mutual-help group meetings.
- Fill gaps in the continuum of care.
- Emphasize chronic care over acute care.
- Strengthen your organization’s financial standing by increasing client retention and satisfaction.
Advocacy with a small “a”

- Advocacy with a small “a” (i.e., advocacy on the person level rather than advocacy on a policy or legislative level) is about speaking up for individuals in recovery and their families and empowering them to speak up and advocate for themselves.

- Your role as an advocate is about being a “voice for the voiceless” and empowering others. Advocacy is about helping people work on personal and environmental problems that are making their recovery difficult.

- As you model self-advocacy, you’re teaching individuals in recovery how to advocate for themselves.

To be an effective advocate, you need to know and be trained on:

- How different systems (e.g., the healthcare system, the legal system) work.
- What questions to ask.
- How to communicate respectfully with providers in different settings.
- Laws and regulations about confidentiality (e.g., federal laws such as the Health Insurance Portability and Accountability Act of 1996).
- What the individual’s concerns, needs, and goals are.
- How to respectfully start a conversation between the provider and the individual in recovery.
- The use of technology in accessing recovery support.
Advocacy with a big “A”

- Advocacy with a big “A” creates a bridge from individuals in recovery to the larger community (whereas advocacy with a small “a” is about the individual’s own personal advocacy efforts).

- Depending on your work setting, you may be more focused on advocating for individuals; however, you may discover ways to build and increase recovery support resources in the community. For example, helping people register to vote is one way to help them have a voice in shaping laws and regulations around treatment and recovery.

- Advocacy promotes social and community inclusion and seeks to change negative beliefs about problems linked to substance use and people affected by them.

- **No matter what form advocacy with a big “A” takes, the goal is to encourage prevention efforts, enhance recovery-focused services, and promote inclusion of people in recovery into civic life.**

Ways you can participate in advocacy with a big “A” include:

- Working with recovery communities to engage in civic and cultural activities that promote recovery.
- Providing recovery-focused public and professional education.
- Supporting recovery-focused laws and policies.
- Lobbying at local, state, and federal levels to promote social policies and programs that support recovery.
- Advocating for recovery-focused treatment and mental health services.
- Advocating for local, state, and federal laws and policies that support Peer Support Services in ROSCs and treatment.
- Participating in or organizing national, state, and local recovery celebration events.
What is a Change Agent?
How to be a Change Agent

• We are NOT the solution!

• Be a good person and a good colleague. If they don't like YOU, they won't like Peer Support.

• Humility

• Respect – Regardless if it’s reciprocated at the beginning.

• Developing positive relationships throughout community and organization.

• Remain open-minded.
How to be a Change Agent

• Stay calm and handle conflict professionally.

• Be willing to listen to others who may think differently than we do. Validate their perspective and learn how you can work together.

• Be consistent. Change is subtle, it doesn’t happen over night.

• Share success stories internally to reinforce the positive work the team is doing.

• Give credit to the team or organization not an individual.

• Roll with resistance and utilize your peer supervisor.

Our role is not to flip the system upside down. It’s to show the system that we offer valuable services and perspectives because of our lived experience and training. The system will flip itself upside down by watching the impact we make within the organization and the community.
Multidisciplinary Teams

TEAMWORK
A multidisciplinary team is a group of people that have different but complementary skills who work towards a shared objective. The term refers to teams where various experiences and abilities are combined with the purpose of achieving common purposes.
Peer Recovery Specialists are a valuable part of a team. However, they exist within a much larger team. It is vital that we learn to work collaboratively within these teams.

Take time to learn about the other roles on your team. Don’t expect everyone to know what you do. Chances are they didn’t receive adequate training and education about the role before you came.

Multidisciplinary Teams

Learn how peer support services can complement and enhance the other roles and services within the team.

If appropriate, build relationship with coworkers outside of work.

Be authentic and honest.

If there is a conflict, engage in solution focused dialogue and be willing to admit when you are wrong.

Communicate! Communicate! Communicate!
Studies of PRS job satisfaction generally find high rates of satisfaction. Some factors critical to job satisfaction are:

• Feeling respected and valued.
• Feeling as though they are “being of service” or “paying it forward” to the recovery community.
• Being given responsibility equal to their training.
• Feeling part of a team and part of the community.
• Receiving good pay and benefits.
• Receiving sufficient training and support (including adequate supervision).
• Having role clarity.
• Being supported, recognized, and acknowledged by colleagues within the work setting.

Despite being generally happy with their jobs, PRS’s in SUD treatment settings do face some challenges that can affect their ability and desire to stay in this line of work. The most well documented include stigma and discrimination, lack of role clarity, low pay, and lack of opportunities to advance.

• Despite growth in the use of PSS, peer specialists report facing stigma and discrimination because of a lack of provider and administrator understanding about the nature of PSS, how these services differ from mutual help and SUD treatment, and, most importantly, how PSS can improve outcomes. Lack of appreciation for PSS may lead to underuse of peer specialists and the services they provide.

• Peers in SUD treatment settings also report experiencing microaggressions (i.e., subtle, often unintentional statements or actions of prejudice against a person or group), tokenism, and feelings of exclusion, isolation, and stigma that result from colleagues who do not understand or value peer specialists’ roles, who have biases against individuals with substance use-related problems, or who use disapproving language when discussing problematic substance use.
Integrating Peer Support Services

- Despite the need and evidence for PSS, many treatment programs may require a significant cultural shift when creating positions for peer workers.

- Some nonpeer staff may view peer workers as unqualified or prone to reoccurrence of use and, therefore, may resist bringing them in.

- Even programs that have committed to a recovery orientation may face challenges in integrating peer workers into a clinical environment.

- To integrate peer workers successfully, you will need to invest time and resources into ensuring that they become a valued and well-understood part of your treatment program.

1. Shifting the Organizational Culture
2. Identify Peer Support Champion
3. Assess Readiness
4. Nonpeer Staff Trainings
5. Appropriate Supervision
Shifting the Organizational Culture

- Introducing PSS requires commitment to a recovery-oriented system of care and recovery principles throughout the organization, starting at the top.

- Some nonpeer staff may experience culture shock as PSS join the menu of services, and even those who fully accept the concept of PSS may have difficulty incorporating peer workers into their customary workflow or negotiating conflicts and disagreements with specific peer workers (as could happen with the introduction of other new positions and personnel).

- When introducing PSS, you should explain to existing staff that peer workers provide essential, not supplementary, services. Also keep in mind, and advise staff, that adopting a recovery orientation requires more than adding peer workers to existing treatment processes.

- **PSS are not an add-on to SUD treatment but a key ingredient for its success.**

Peer Support Champion

- You must have strong, respected champions for PSS within your organization. Work to develop allies and champions among other nonpeer staff.

- Studies of peer workers in behavioral health service settings show that peer workplace satisfaction depends to a significant extent on administrators’ and supervisors’ understanding of peer workers’ responsibilities.

- Make training available, technical assistance, and coaching to support implementation. Ensure that nonpeer staff members understand peer workers’ roles and the rationale behind introducing this new position. Emphasizing the relevance of PSS to the mission of the program and demonstrating your commitment through trainings will help peer integration succeed.
Assess Readiness

- Ideally, before your program hires or contracts peer workers, conduct a readiness assessment of the program and existing staff.

- Enlist supportive people in leadership to help assess the knowledge and attitudes of others on staff. Before introducing peer workers, communicate to nonpeer staff about the various ways the peers will work with clients and staff and their anticipated contributions to client outcomes.

- Map the intake and service delivery workflows you currently use, especially if you haven’t done this recently. You can use the resulting flowcharts to determine how peer workers will fit into the work of the program and what changes in workflow will be required for existing staff. Adding peer workers to the flowcharts will clearly show both the peer workers and your existing staff how clients move through your organization and who is involved in each stage of SUD care.

Nonpeer Staff Trainings

- Nonpeer staff members need training on PSS-related topics before your organization introduces the peer specialist position.

- For example, your staff needs to understand the training that peer specialists have probably received before they arrive at your program. Most states require somewhere between 40 and 80 hours of training.

- Nonpeer staff members also need to understand the roles that peer workers will assume, to help avoid role confusion and role drift.
Appropriate and regular supervision and support for peer workers is VITAL to the success of integrating PSS.

Having a supervisor with experience working as a PRS is ideal.

If your program is small, you may not have a single individual with both administrative and peer worker experience. In this case, you may need to use dual supervision, where one supervisor handles the administrative aspects of the role and the other supports peer workers in their professional development and helps them address ethical questions and any role confusion.

In addition to committing to a recovery-oriented approach, anyone supervising peers must understand the peer worker’s roles, ethical issues that arise with peer work, and state licensing and certification requirements for peer workers.
Thank you!

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