

**TREATMENT TECHNICAL ADVISORY #07**

**SUBJECT:** Peer Recovery Support Services

**ISSUED:** March 17, 2008, revised July 16, 2012

**EFFECTIVE:** September 1, 2012

**PURPOSE:**

The purpose of this technical advisory (TA) is to provide guidelines to the substance use disorder (SUD) field pertaining to the nature and structure of peer recovery support services and peer recovery support persons. The TA includes the type of position and perspective on potential kinds of responsibilities; and the identification of training and key elements to be within the training.

This TA will provide information on the nature of peer recovery support services (PRSS) for the state of Michigan's publically funded SUD service system. It further establishes the differences between the two types of peers who would function within the SUD service system, and potentially within other collaborative partner organizations. The TA presents information that will clarify the types of support services provided by trained peer recovery support personnel, as well as the level and nature of training needed to attain the skills and capacity to function effectively when providing PRSS. Additionally, this TA is intended to create a level of continuity within the state with regard to PRSS and the peers who provide these services.

This TA should be viewed as an initial step in formalizing PRSS for the SUD service system. It should be expected that, as integration moves forward within the behavioral health system, required training and education, the delivery of services, and even the titles of those providing services may change to be consistent with the needs of integration.

**SCOPE:**

This TA impacts PIHPs and the publically funded provider network.

**BACKGROUND:**

Peer recovery and recovery support services were added to the administrative rules for substance use disorders when the rules were revised in 2006. This revision recognized peer recovery and recovery supports as an expansion of the existing licensing categories that cover treatment and prevention services in Michigan. The Michigan Department of Health & Human Services, Office of Recovery Oriented Systems of Care (formerly the Office of Drug Control Policy) formed a workgroup in January 2007 for the

purpose of developing standards and implementation guidelines for the new licensing category: Peer Recovery/Recovery Supports.

This program category was intended to recognize and thereby permit the implementation of peer recovery support programs for persons with substance use disorders in Michigan. This licensing category was developed to allow programs to provide services to assist individuals in the process of recovery through program models such as using peers and other professionals in a community setting and providing a location and other supports for activities of the recovery community. Peer recovery and recovery support services are designed to include prevention strategies and support services to attain and maintain recovery and prevent relapse.

As a result of the recovery oriented system of care (ROSC) transformation in Michigan, as well as the evolution of peer support services and what they are perceived to be, BSAAS convened a second workgroup in late 2010 to review and amend the guidelines for Peer Recovery/Recovery Support Services. The content of this document was developed by the ROSC Transformation Steering Committee Peer-Based Recovery Support Workgroup, a group of individuals who work to assist people with their recovery process by utilizing a broad array of SUD services and supports. These individuals work in various capacities and within the numerous factions found in a ROSC. Throughout the development process, the group utilized sources of information from some of the best known experts, individuals, and organizations operating within federal and state domains, who are engaged in the development and implementation of a ROSC, specifically with regard to the provision of PRSS. Considerable thought, energy, and commitment contributed to this process, leading to the end goal of creating a sustainable tool to further the establishment by regulating and utilizing PRSS within a ROSC.

## **Terms and Definitions**

The following terms and definitions are provided for understanding their application within the content of this document:

**Peer** - A person in a journey of recovery who identifies with an individual based on a shared background and life experience.

**Peer Recovery Associate** - The name given to individuals who assist the peer recovery coach by engaging in designated peer support activities. These persons have been provided an orientation and brief training in the functional aspect of their role by the entity that will utilize them to provide supports. These individuals are not trained to the same degree as the peer recovery coach.

**Peer Recovery Coach** - The name given to peers who have been specifically trained to provide advanced peer recovery support services in Michigan. A peer recovery coach works with individuals during their recovery journey by linking them to the community and its resources. They serve as a personal guide or mentor, helping the individual overcome personal and environmental obstacles.

**Recovery Community** - Persons having a history of alcohol and drug problems who are in or seeking recovery, including those currently in treatment; as well as family members, significant others, and other supporters and allies (SAMHSA, 2009b).

**Recovery Support Services** - Non-clinical services that assist individuals and families to recover from alcohol or drug problems. They include social support, linkage to, and coordination among, allied service providers, and a full-range of human services that facilitate recovery and wellness contributing to an improved quality of life. These services can be flexibly staged and may be provided prior to, during, and after treatment. RSS may be provided in conjunction with treatment, or as separate and distinct services, to individuals and families who desire and need them. Professionals, faith-based and community-based groups, and other RSS providers are key components of ROSC (SAMHSA, 2009b).

## **RECOMMENDATIONS:**

### **Peer Recovery Support Services – Core Values**

Within PRSS it is recognized that individuals in recovery, their families, and their community allies are critical resources that can effectively extend, enhance, and improve formal treatment services. PRSS are designed to assist individuals in achieving personally identified goals for their recovery by selecting and focusing on specific services, resources, and supports. These services are available within most communities employing a peer-driven, strength-based, and wellness-oriented approach that is grounded in the culture(s) of recovery and utilizes existing community resources.

PRSS emphasize strength, wellness, community-based delivery, and the provision of services by peers rather than SUD service professionals. As such, these services can be viewed as promoting self-efficacy, community connectedness, and quality of life, which are important factors to sustained recovery.

This TA recognizes five core values developed by the Substance Abuse and Mental Health Services Administration (SAMHSA) Center for Substance Abuse Treatment (CSAT), and adds a sixth value:

- **Keeping recovery first** – Placing recovery at the center of the effort, grounding peer services in the strengths and inherent resiliency of recovery rather than in the pathology of substance use disorders.
- **Cultural diversity and inclusion** – Developing a recovery community peer support services program that honors different routes to recovery and has leaders and members from many groups at all levels within the organization.

- **Participatory process** – Making sure the recovery community directs, or is actively involved in, project design and implementation, so that recovery community members can identify their own strengths and needs, and design and deliver peer services that address them.
- **Authenticity of peers helping peers** – Drawing on the power of example, as well as the hope and motivation, that one person in recovery can offer to another; providing opportunities to give back to the community, and embracing the notion that both people in a relationship based on mutuality can be helped and empowered in the process.
- **Leadership development** – Building leadership abilities among members of the recovery community so that they are able to guide and direct the service program and deliver support services to their peers. (SAMHSA, 2009b)
- **Supporting integrated mental health and SUD services** – Assuring that individuals with co-occurring substance use and mental health disorders receive integrated healthcare.

### Types of Peer Recovery Support Services

The CSAT Recovery Community Support Program's PRSS Projects have developed and piloted a variety of peer services. These pilots have concluded that not all programs can provide all services, and that some peer leaders can provide one or more services. The placement of peers varies from recovery centers, stand-alone peer programs, traditional treatment and prevention programs, and other sites that may include: hospitals, correctional programs/institutions, mental health programs/facilities, doctors' offices, veterans' services, and counseling services (for profit and non-profit). The location where peers provide services can also vary from community-based to office-based. Activities are targeted to individuals and families at all places along the path to recovery. This would include outreach to individuals who are still active in their disorder and or addiction, up to and including individuals who have been in recovery for several years.

PRSS can consist of a limitless array of services depending on the agency providing the services, the funding source for the services, the training of the peers within the agency, and the individual, family, or community being served. The different kinds of activities have been divided into four service categories: emotional support, informational support, instrumental support, and affiliational support (SAMHSA, 2009a). Table 1 identifies and describes the types of support and provides a brief number of examples for each support type.

### Table 1-Type of Social Support and Associated Peer Recovery Support Services

Type of Support	Description	Peer Support Service Examples
<b>Emotional</b>	Demonstrate empathy, caring, or concern to bolster a person’s self-esteem and confidence.	<ul style="list-style-type: none"> <li>• Peer mentoring</li> <li>• Peer-led support groups</li> </ul>
<b>Informational</b>	Share knowledge and information and/or provide life or vocational skills training.	<ul style="list-style-type: none"> <li>• Parenting class</li> <li>• Job readiness training</li> <li>• Wellness seminar</li> </ul>
<b>Instrumental</b>	Provide concrete assistance to help others accomplish tasks.	<ul style="list-style-type: none"> <li>• Child care</li> <li>• Transportation</li> <li>• Help accessing community health and social services</li> </ul>
<b>Affiliational</b>	Facilitate contacts with other people to promote learning of social and recreational skills, create community, and acquire a sense of belonging.	<ul style="list-style-type: none"> <li>• Recovery centers</li> <li>• Sports league participation</li> <li>• Alcohol- and drug-free socialization opportunities</li> <li>• Faith-based</li> </ul>

(SAMHSA, 2009b)

Using the four SAMHSA types of support as a basis, an enhanced list of broad-ranging activities that peers could provide has been compiled. Although this list is meant to be as thorough as possible, other activities may be identified. As long as these activities fit the definition of PRSS, as stated earlier in this document, they would be appropriate to add to this compilation. Table 2 provides the expanded compilation of activities by the earlier identified types of support.

**Table 2 - Activities by Service Categories and Types of Support**

type of Support	Service Category
<b>Emotional</b>	Listening to problems (identify resources to meet the need) Leading/mentoring/coaching Leading support groups Relating stories Offering hope Validating client experience Supporting self-assessment (identify where an individual is and where they want to go) Walking with the individual (find out the comfort level to complete a task or attend an event) Advocating Empowering

type of Support	Service Category
<p><b>Informational</b></p>	<p>Peer-led resource connector programs</p> <p>Health and wellness classes and workshops</p> <p>Education and career planning classes and workshops</p> <p>Leadership development classes and workshops</p> <p>System navigation (assisting someone to work through the layers/regulations of a system to obtain services that are needed)</p> <p>One-on-one teaching</p> <p>Recovery plan development</p> <p>Personal (individual) development</p> <p>Problem-solving</p> <p>Pursuing education</p> <p>Life-skills classes, workshops, and trainings including:</p> <ul style="list-style-type: none"> <li>➤ Dental</li> <li>➤ Mental health</li> <li>➤ Physical health</li> <li>➤ Nutrition</li> <li>➤ Legal</li> </ul> <p>Keep recovery first (the importance of working one’s own recovery path needs to be of paramount importance)</p> <p>Various groups for instruction:</p> <ul style="list-style-type: none"> <li>➤ Parenting</li> <li>➤ 12-Step Literacy</li> <li>➤ Navigating the 12-Steps</li> <li>➤ Stress management</li> <li>➤ Conflict resolution</li> <li>➤ Trauma</li> <li>➤ Job skills</li> <li>➤ Social skills in recovery</li> <li>➤ Others as needed</li> </ul>

type of Support	Service Category
<b>Instrumental</b>	<p>Direct instrumental services (connections to get a person’s most basic needs met, i.e., food banks, clothing banks, housing/shelter)</p> <p>Make warm connections to services and referrals (making an in-person introduction or on-sight delivery to a site for needed services/support)</p> <p>Open doors for an individual (making face-to-face contact with a person or organization on behalf of the individual seeking assistance)</p> <p>Hands-on advocating (taking responsibility to take another’s banner and push for them so that systems can bend or change to meet that person's needs)</p> <p>Navigate community resources (teaching individuals about the who, what, where, and why of community services, so that they understand where to turn, where to go and who to talk with)</p> <p>Follow up on referrals</p> <p>Outreach – recovery checkups</p> <p>Arrange regular (weekly, etc.) meetings with individuals</p>
<b>Affiliational</b>	<p>Alcohol- and other drug-free social/recreational activities</p> <p>Recovery centers</p> <p>Engagement centers</p> <p>Drop-in centers</p> <p>Recovery community connections</p> <p>Social/recreational activities</p> <p>Cultural activities – music, arts, theatre and poetry, picnics, networking, etc.</p> <p>Faith-based recovery supports</p>

(SAMHSA, 2009b)

**Michigan’s Two Types of Peer Support Roles**

Michigan will utilize two types of peer roles in the provision of PRSS. They are:

- 1) Peer Recovery Coach:

- Receives a specialized level of training around a specific variety of skill sets designed to support an enhanced level of interaction with the individuals with whom they work.
- Receives training most often outside of the given work environment.
- Operates and works effectively within any of the four types of support activities – emotional, informational, instrumental, and affiliational.

2) Peer Recovery Associate:

- Receives a more generalized training typically provided by the entity in which they will ultimately work.
- Provides the types of interactions designed to meet more immediate needs and facilitate access to generalized community services.
- Operates typically within affiliational and instrumental types of activities, may include limited emotional support.

As a recovery associate gains comfort working with peers, and strengthens their skill level regarding effective interaction and boundary identification, this individual may consider training to become a recovery coach.

Peers can be employed full- or part-time with an agency or volunteer to provide support services. All peer recovery associates, whether they are paid employees or volunteers, should have some basic training in order to assure the provision of quality services, and to assure that their activities “do no harm” to either themselves or the individuals being served. All peer recovery coaches will be required to participate in a designated peer recovery coach training.

### **Training Peer Recovery Coaches and Peer Recovery Associates**

In order to provide services, a peer recovery coach or a peer recovery associate must meet certain qualifications based on experience and education. In Michigan, peer recovery associates must receive training appropriate to the tasks in which they will engage. Associates will be selected by the agencies in which they will provide support services. The nature of the services to be provided will directly influence the selection of the peers and the content of training that the peers will receive. The actual training and its content will be at the discretion of the hiring agency. However, there are minimum criteria that should be included in the training, such as:

- Gaining knowledge of community resources.
- Listening skills.
- Taking a non-judgmental stance (the ability to respond positively and provide assistance to an individual regardless of personal opinions, experiences, and choices).
- Understanding of confidentiality.
- Establishing boundaries.

- Possessing an attitude that there are many paths to recovery – none any better than another.

In order to be a peer recovery coach, individuals will need to complete a designated training. To accomplish the goal of training and preparing peer recovery coaches, a model curriculum, the Connecticut Community for Addiction Recovery (CCAR) Peer Recovery Coach Training course, has been identified. The CCAR training will provide individuals with the desired standard of preparedness to become a peer recovery coach and provide the tools necessary to perform the job. The CCAR training has a sound curriculum, good outcomes and high acclaim from the state of New York, Iowa, and Georgia, who all have been using the CCAR training and curriculum. Upon conclusion of this training, participants will receive a certificate indicating that they have successfully and satisfactorily completed the designated training and are qualified as a peer recovery coach to provide PRSS in Michigan. If the CCAR training is not utilized, the certifying program that is used must minimally include the same key focal elements found in the CCAR training.

To complete the entire scope of these elements, an average training would encompass 40 hours. The following elements from the CCAR training are to be incorporated into all peer recovery coach trainings:

- Comprehensive overview of the purpose and tasks of a recovery coach.
- Tools and resources useful in providing recovery support services.
- Skills needed to link people to needed supports within the community that promote recovery.
- Basic understanding of substance use and mental health disorders, crisis intervention, and how to respond in a crisis situation.
- Skills and tools for effective communication, motivational enhancement strategies, recovery action planning, cultural competency, and recovery ethics.
- Clarity regarding the fact that recovery coaches do not provide clinical services. They do, however, work with people experiencing difficult emotions and physical states.

The training must help the individual:

- Describe the roles and functions of a recovery coach.
- List the components of a recovery coach.
- Build skills to enhance relationships.
- Discuss co-occurring disorders and medication-assisted recovery.
- Describe stages of changes and their applications.
- Address ethical issues.
- Experience wellness planning.
- Practice newly acquired skills.

Training modules must include:

- How to create a safe environment.
- What recovery is (components of recovery, recovery core values, and guiding principles of recovery).
- Skills to enhance relationships.
- Listening and communication skills.
- Values and differences.
- Skills to address transference/countertransference.

- Skills to manage sexual harassment.
- Crisis intervention.
- Stigma and labels.
- How to tell your own stories.
- Issues of self-disclosure.
- Referral skills.
- Pathways to recovery.
- Stages of change.
- Motivational interviewing.
- Cultural competence.
- Privilege and power.
- Spirituality and religion.
- Resources and programs.
- Self-care.
- Boundary issues and respect.
- Recovery wellness planning.

**Differences between a Peer Recovery Coach and a Peer Recovery Associate**

There are significant differences within many facets of the training, preparation, and work provided by a peer recovery coach versus a peer recovery associate. The table below highlights some of the variants:

Peer Recovery Coaches	Peer Recovery Associates
<b>Training</b>	
Coaches are expected to complete 40 hours of CCAR training, or another like course as previously defined in this TA.	Associates are to receive a shorter training provided by the organization that will utilize their assistance on more basic elements of service and interaction (see page 9 for list of potential training elements).
<b>Length of Time in Recovery</b>	
An individual who is a peer coach should have two to four years of stable recovery.	An associate position could be offered to someone with a minimum of six months in recovery. Due to being in early recovery, the individual should be actively working their own recovery process and have an established support system outside of this role.
<b>Level of Autonomy</b>	
A coach may engage in solo outreach efforts and client interaction.	An associate will receive oversight by a recovery coach or supervisor.

Peer Recovery Coaches	Peer Recovery Associates
<b>Breadth of Experience/Skill Level</b>	
A coach is expected to have a much wider variety of skills and knowledge base.	The associate may be very specific to a particular task within the agency – example: follow-up calls.
<b>Long Term Expectations</b>	
Coaches may view their position as a paraprofessional with or without aspirations of continuing on with a degree(s).	Associate may or may not have further expectations. It may be their desire to “give back” to the recovery community.
<b>Supervision Needs</b>	
A recovery coach will have weekly (or more) supervision.	An associate may not need the same extent of “supervision” due to their limited role/responsibility.

Additional similarities/overlaps which may exist between a peer recovery coach and peer recovery associate include:

- Knowledge of community resources (resource broker).
- Position may be paid or unpaid.
- Expectation of recovery background.
- Leadership of peer-run groups.
- Engagement in tasks: referring, linking, educating.
- Importance of honoring that there are many pathways to recovery.

**Unique Challenges to Peer Recovery Coaches and Associates**

Peers, because they are in recovery, may face a unique challenge that many in the SUD service workforce do not. Due to the nature of this work, peers may be placed into situations, while they are providing services, where they might encounter others from their past who were their “using friends” or “dealers.” Hence, it is important to understand how to act in situations when these negative encounters occur. Therefore, support for a peer who has a need because of these encounters should be available. Support can come from the supervisor, another more experienced peer, or other agency staff with whom the peer feels comfortable enough to discuss the issues.

The same is to be said for peer recovery coaches and associates with regard to the issue of relapse. It is well-known that addiction is a relapsing, chronic brain disease. Agencies that utilize peers, whether they are paid or unpaid, are therefore urged to recognize the nature of addiction and develop a non-punitive

policy in response to peer relapse. As a part of this advisory, the agency is further encouraged to work with the peer to develop a recovery re-engagement plan to facilitate the peer's return to recovery.

### **Supervision of Peer Recovery Staff**

The employment of peers as recovery coaches and recovery associates will place additional responsibilities on agencies and their staff. There are several factors that must be considered to allow and support peers to function in their jobs. Supervision is as important for peers as it is for clinicians. Peers need the support and expertise a supervisor gives to be effective as a coach or an associate.

Peer recovery staff needs to be respected as equal members of an agency's staff. They are as much a part of an agency/organization as are support, clinical, and executive staff. Intentional and purposeful acknowledgement, role delineation, and supervision are critical to the blending of roles, rules, and regulations among staff. Peers come with a unique amount of knowledge and personal experience in addictions and other co-occurring disorders. This experience makes them a valuable part of the organization. It is important for management to orient existing staff to the roles that peers will have within the agency. This will prevent or reduce misunderstandings for all staff. A resource that is helpful in this regard is a document entitled, *Manual for Recovery Coaching and Personal Recovery Plan Development* by David Loveland, Ph.D. and Michael Boyle, MA (2005).

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