RECOVERY TO PRACTICE
Resources for Behavioral Health Professionals

RECOVERY TO PRACTICE

NEXT STEPS:

Continuing Education for Peer Support Providers

Disclaimer:

This is not an 'entry level' or basic skills training. It is designed for those who have been working (or volunteering) as a peer support provider for at least 1000 supervised hours (equivalent of one year half-time or six months full-time) prior to attending this training.

PARTICIPANT WORKBOOK

Created for the SAMHSA-Funded Recovery to Practice Project by

iNAPS

DBSA
Depression and Bipolar Support Alliance

International Association of Peer Supporters (iNAPS)
www.inaops.org

In partnership with the Depression and Bipolar Support Alliance (DBSA)
www.dbsalliance.org

RECOVERY IS THE GOAL

We are the evidence that recovery is real
and our very presence scrambles decades of academic
theories about the course of mental disorders.
We are the evidence that it is possible to live our lives,
not just our diagnoses.

Just by showing up at work
we raise the bar on service outcomes.
Mere maintenance in the community
or a life in handicaptivity is not a good outcome
and represents systemic failure, not success.

Recovery is the goal.

—Pat Deegan
Peer Staff: Disruptive Innovators.
2012 Alternatives Keynote, Portland, OR
Used with permission

CONTENTS

Recovery to Practice Training Modules (in separate chapters)

INTRODUCTION

Purpose

The purpose of the Recovery to Practice *Next Steps* training is to bring together peer support providers from a variety of places (geography, philosophy, training, lived experiences, educational backgrounds, and perspectives) to share the richness of their lived experiences as peer providers, learn with and from each other, and come to a common understanding of how to support people in recovery through some of the current best practices in peer support.

Scope

The training was developed under a subcontract from the Substance Abuse and Mental Health Services Administration (SAMHSA) Recovery to Practice (RTP) initiative to provide continuing education for experienced "working" peer supporters. In this context, the term "working" refers to a peer (someone in recovery themselves) who provides peer support services as paid staff or as an authorized volunteer.

The full training includes a collaborative learning experience that was designed for peer support providers who have a minimum of 1000 hours of supervised experience in the peer workforce. This workbook is a self-paced study guide to prepare participants through knowledge and self-reflection for the full collaborative experience.

The training was originally developed for peer support providers in the *mental health system*. However, peer support skills and recovery principles that are practiced in this training apply when supporting someone who is dealing with the effects of trauma, substance use, poor physical health, or multiple conditions.

Because the practice of peer support in treatment and service settings is still new and evolving, the real experts are those who are learning with each individual they support about what works and what doesn't work. The training activities draw on those experiences and allow participants to share within the group context what they are finding to be most helpful. In this way, the training becomes an "incubator" for best practices in peer support.

Recovery to Practice Overview

Recovery to Practice (RTP) is a Substance Abuse Mental Health Services Administration (SAMHSA)-funded project to bring recovery practices more fully into behavioral health care settings.

Five professional associations were awarded contracts to develop training about recovery for their members:

- American Psychiatric Association (ApA) in partnership with the American Association of Community Psychiatrists (ApA/AACP)
- American Psychological Association (APA)
- American Psychiatric Nurses Association (APNA)
- Council on Social Work Education (CSWE)
- National Association of Peer Specialists (NAPS), which became the International Association of Peer Supporters (iNAPS) in 2013.

A sixth professional association, the Association for Addiction Professionals (NADAAC) received a contract in the 3rd year of the project to develop training for its membership.

The Inter-National Association of Peer Specialists (iNAPS) in partnership with the Depression and Bipolar Support Alliance (DBSA) received a contract to create training on recovery practices for the peer specialist discipline. iNAPS/DBSA followed a five-year process to analyze training needs and to design, develop, and field-test (pilot) the training.

The situational analysis for the training can be accessed on the iNAPS RTP website: *http://rtp4ps.org/curriculum/naps-deliverables/*

The website for the overall Recovery to Practice project is located at: *www.samhsa.gov/recoverytopractice*

TRAINING OVERVIEW

The Recovery to Practice training consists of the following parts:

- Participant Workbook
- In-Person Training Sessions
- Post-Training Assessment of Skills and Knowledge

Recovery to Practice Modules

Module 1: The Transforming Power of Recovery
Module 2: The Complex Simplicity of Wellness
Module 3: The Effects of Trauma on Recovery
Module 4: Multicultural Awareness and Recovery
Module 5: From Dual Diagnosis to Recovery of the Whole Person
Module 6: Peer Support Values and Guidelines
Module 7: Strengthening Workplace Relationships
Module 8: Supportive Recovery Relationships

Training Materials

Workbook – A series of eight self-paced modules with readings and assignments to complete before each training session. The assignments cover core concepts for each session and prepare you to maximize your time in the training. Questions for reflection help you transfer skills from the reading to the training to the real world.

Training Sessions – Consist of a series of eight cooperative learning modules that are designed to facilitate trust, interaction, and shared wisdom that builds both knowledge and skill through a series of transformational exercises.

Assessment of Skills and Knowledge – A self-test is provided at the end of the training to ensure the learning objectives were met and the key concepts understood.

IMPORTANT POINT

Certification varies from state to state. In some locations, simply taking lessons online or attending training and passing a test satisfies the requirement. In other locations, additional requirements, such as a performance review of skills and competencies, must be met.

If you are seeking certification, it is important to check with officials in your state – or local authorities - for details about what is required for certification (or recertification) in your location.

Note: Completing the self-study workbook and passing an open-book knowledge test of the contents of the self-study workbook is highly recommended prior to attending the in-person training. That way, everyone in the training is starting with a common foundation and in-class time can be devoted to ways of applying what was learned.

What to Expect

Workbook assignments

This workbook contains reading assignments and questions for self-reflection to prepare you for the collaborative learning activities and discussions in the training. Because others will rely on you to be prepared and contribute, plan to spend a minimum of one hour prior to each class session to complete the associated workbook assignments for each module.

IMPORTANT POINT

This workbook is just one component of a collaborative experience. Reading is helpful for learning new concepts and building on previous knowledge, but reading is not a substitute for what you can learn from and share with other experienced practitioners to apply what you have learned.

If you only read this workbook without taking the experiential training, you are not receiving the full benefit of the group wisdom and best practices that arise from a true Recovery to Practice training.

Format of the training

The in-person training relies on active participation from every member of the group.

Rather than lecture or give presentations, the role of the facilitator is to briefly introduce a topic and engage the whole group in an immersion activity that is intended to get *everyone* interacting with–and learning from – each other.

Sessions progress from a check-in or go 'round through brainstorming (or heartstorming), demonstrations, role plays, collaborative activities and interactive group discussions, small group exercises, sharing in pairs, and a variety of energizing exercises that create a transforming experience related to the topic of the session.

The basic format or structure for each module is:

- ***A check-in or gathering question*** – to hear from each member of the group and to facilitate trust and bonding
- ***An immersion experience and debrief session*** – to interact, reflect, gain self-awareness, and discover deeper meaning behind the experiences
- ***A practice demonstration or role play*** – to try out new knowledge and skills, and to share effective practices with each other
- ***A participant-led summary*** – to reinforce key points, answer questions, and ensure learning objectives were met as participants volunteer to increase their own skills and confidence in group facilitation
- ***A closing activity*** – to bring closure to the learning and integrate key learning

Desired outcomes

Desired outcomes are for ***all*** participants to be comfortable in sharing what they already know, get positive (affirming) feedback for trying new things, and gain confidence to speak up and share what they've learned in creative ways back on the job with supervisors, co-workers, and those who receive peer support services. Elements of the training that directly transfer back to the job and support these desired outcomes include the daily check-in, energizing exercises, closing, and follow up activities.

Daily check-in

Each day of the training starts on time with a check-in. Each person briefly shares a self-care technique or something related to the topic of the day. It is a way for the group to build trust and help everyone in the group to get to know each other. It also provides an opportunity to let the group know if there is anything a person might need extra help or support with during that session.

IMPORTANT POINT

Self-care *ideas are shared during the check-in and emphasized throughout the training because, like many who selflessly devote their lives to helping others, self-care is an area <u>many</u> peer supporters find challenging and can always use new ideas to put into practice.*

Daily closing

Each training session ends with a creative and collaborative closing, which is a fun way to reinforce and integrate what has been learned, or to share something people have found to be meaningful. We encourage everyone to be open to these light-hearted and heart-centered activities. Learning can—and should—be fun!

Self-reflection, journaling, and further study

Throughout the workbook there are questions for self-reflection. It is a good idea to answer the questions as you complete each workbook assignment and bring your answers to the training so you are prepared to participate in related discussions and activities.

Some modules also contain journal activities and follow-up assignments to reflect on experiences and reinforce what was learned in the training. Each module also contains resources for further self-study beyond the training.

Self-Study

The topics in this workbook are extensive. Some have entire degree programs devoted to them. The goal of this workbook is to offer you a starting point for discussion and further learning beyond the training. Resources are provided at the end of each module for self-study on these topics. We encourage you to form study groups or look for people who have similar interests. Learning together can be fun!

There is a whole world of recovery and related topics to explore. The amount you can learn on your own is limited only by the time you have available and your own curiosity!

Credibility of information

As the body of knowledge about recovery continues to expand and grow, more and more information becomes available. It's hard to keep up!

There is already much information available about the topics in this curriculum. And more is coming out each day. Some is relevant and can be helpful in your peer support practice. Unfortunately, some information is not so helpful, and can even be misleading.

A few things to consider as you gather information to share with others. First, who is the audience and how credible is the source of the information? For instance, if you are sharing information with professional colleagues and the source of your information is a professional journal article by a well-respected researcher, your information is likely to be considered to be credible by your professional colleagues.

If you are sharing information with a peer support group and the source of your information is an article from the National Mental Health Consumers' Self-Help Clearinghouse, the information is likely to be considered credible by your peers because it is a recognized resource for that audience.

Again, the first thing to consider is who you are sharing information with and whether or not that individual or group will consider the source of your information to be credible.

Some examples of information that might not be considered credible could include research where one or more of the parties have a financial interest in the outcome, such as the ability to make a particular claim about a product or service.

Another example is those with strongly held social or political beliefs that will influence the accuracy of the information. For instance, many still reject the possibility of mental

health recovery. But your own personal experience and a growing body of research should demonstrate that recovery is possible, and can be expected with the right kinds of support.

As you study on your own, take time to learn about the financial, social, and political interests of the sources of the information and the fundamental beliefs of those you share the information with.

Social media as a source of information

Much of what is written in blogs and shared on social media sites is inspirational and uplifting and can be helpful in your personal recovery in a multitude of ways. It can also give hope and strengthen a connection with people you support. Just be aware that the information from these sources may lack credibility if you choose to share it in professional settings, beyond your personal use.

As you review blogs and social media, pay attention to the possibility of hidden (or perhaps not so hidden) agendas behind those who post information. What is their goal in writing? Does it promote the concept of wellness and recovery? Or is there a different message? Is there a product or service, or any kind of fee or advertising associated with the information?

If you plan to quote or share information from social media, the information may have been copied from a plagiarized source and it may be hard to know how reliable the original source of information was, how it may have been edited, or how much the person who posted it has imposed his or her values and beliefs into the information.

If you are evaluating the credibility of any resource, whether for work or for personal reasons, you can simply start by asking yourself the following questions:

- Does the material make sense?
- Does the information seem logical?
- Does it propose a different or unusual theory or conclusion?
- Does the information give a balanced perspective (different sides of an issue)?
- Are there citations to respected journal articles and studies?

Learning assessments

There are a series of learning assessments available for the training and they can be customized to match the requirements for continuing education in a particular state or through a particular organization. In general, the learning assessment consists of three parts:

- Pre-course self-study: completion of the participant workbook
- Pre-course exam: online open book questions to verify completion of the self-study
- Post-course evaluation: reflection on lessons learned in the self-study and collaborative in-person training – which may or may not include another exam

The training format is flexible and can be offered in a single week, or over a period of weeks or months. The learning assessments can be adapted to fit the chosen format.

Notes

COLLABORATIVE LEARNING

The following article by iNAPS executive director, Steve Harrington, describes the training approach used in the in-person Recovery to Practice (RTP) training sessions.

Traditional learning can be described as "I am the expert, I speak. You listen." This is the didactic (lecture) approach most of us experienced throughout school.

Performance-based learning moves the focus from "tell me" to "let me," providing the learner with practice in the skills needed to be successful. In this model, a teacher creates lessons with opportunities to practice these essential skills.

Collaborative learning is similar to a performance-based learning model where learners practice skills, but rather than a teacher pre-determining the lesson and its content, it is the participants who collectively self-determine (through shared experience) the intent and content of the learning experience.

In collaborative learning, there are facilitators but their focus is on creating a learning environment where collaboration can happen rather than being the source of learning. The job of the facilitator is to set up group experiences like exercises, energizers, group discussions, role plays and debriefing questions that help the group to deeply understand and synthesize what was learned. Ideally, there are several facilitators and they take turns between facilitating and participating as full members of the group.

What sometimes happens when groups attempt to adapt traditional training to be more interactive is that they simply insert activities into lectures.

While this approach is a move in the right direction, problems remain. Specifically, it is still the traditional, "I speak. You listen. You participate as I decide," which perpetuates the power dynamic (a "teacher" or "expert," remains at the head of the group and maintains power over the whole group). Even with an occasional activity, the result is still mostly passive learning with little development of skills that can be transferred to the job. People seldom leave this kind of experience with a clear understanding of how to apply what they have learned.

Collaborative learning is closer to self-directed learning. There is no teacher with "right answers." Instead, the process facilitators set up thought-provoking exercises and encourage open, candid, and frank discussion – and leadership is shared with all group members. Open-ended questions initiate the discussion and ensure key concepts are

addressed. As much as possible, facilitators sit among the group (not standing or at the head of the group) to demonstrate that everyone is equal with equal responsibility for the success of the training.

In our experience, challenges faced by facilitators include: 1) ensuring the learning environment is welcoming and comfortable, 2) ensuring key topics are understood by all, 3) ensuring time constraints are known and observed, 4) ensuring discussion is not "monopolized" by a few, and 5) ensuring all learners are respected.

During discussion, the facilitator must also be aware of opportunities for spontaneous experiential learning. For example, during a discussion, issues regarding a lack of cultural awareness may arise. The facilitator might ask some learners to assume roles in a hypothetical situation to demonstrate ways in which a greater awareness of discrimination and cultural differences can be addressed in practice.

After each experience, the facilitator thoroughly debriefs (and de-roles) the role players and the audience and brings it back to what it means to the practice of peer support. As the training unfolds, learners with specific challenges on the job may volunteer to create their own experiential learning process and engage members of the group to help find solutions to those real-world challenges. Again, through a thorough debrief, the whole group can give different perspectives and new ways to look at difficult challenges.

Participants catch on early in the training that the learning experience is theirs and the more they participate, the more the whole group benefits. Collaborative learning is based on the philosophy that:

- *Everyone is an expert in something regardless of formal or informal education.*
- *Expertise based on lived experience is sought, recognized and honored.*
- *Participation is maximized.*
- *Everyone is a learner.*
- *Power differentials are minimized.*
- *Group wisdom is more powerful than a single perspective.*
- *All participants and opinions are respected.*
- *Facilitator sharing and candor "permits" others to do the same.*
- *Key concepts/skills are addressed by the group through effective facilitation and the use of open-ended questions.*
- *Ample resource materials are readily available for all learners.*

HELPFUL RESOURCES

Recovery to Practice

The following links provide information about the Recovery to Practice project and the development of this peer support provider continuing education and training program.

Overall Project (RTP)
www.samhsa.gov/recoverytopractice

Peer Specialist Discipline (iNAPS)
www.inaops.org

Depression and Bipolar Support Alliance (DBSA)
www.dbsalliance.org

Questions
training@naops.org

Self-Help and Recovery-Oriented Organizations

Abraham Low Self Help Systems (formerly Recovery-Inc. www.recovery-inc.com)
American Foundation for Suicide Prevention (AFSP) (www.afsp.org)
American Self-Help Group Clearinghouse (www.selfhelpgroups.org)
Compeer (http://compeer.org)
Copeland Center (http://copelandcenter.com)
Depression and Bipolar Support Alliance (DBSA) (www.dbsalliance.org)
Mental Health America (www.nmha.org)
National Association of State Mental Health Program Directors (www.nasmhpd.org)
National Alliance on Mental Illness (www.nami.org)
National Coalition for Mental Health Recovery (NCMHR) (http://ncmhr.org)
National Empowerment Center (www.power2u.org)
National Mental Health Consumers' Self-Help Clearinghouse (http://mhselfhelp.org)
National Suicide Prevention Hotline (www.suicidepreventionlifeline.org)
Recovery Innovations (http://recoveryinnovations.org)
Recover Resources (www.recoverresources.com)
Substance Abuse and Mental Health Services Administration (www.samhsa.gov)
US Psychiatric Rehabilitation Association (www.uspra.org)
Veterans Administration (www.va.gov)

National Technical Assistance Centers

Bringing Recovery Supports to Scale - Technical Assistance Center Strategy (BRASS TACS) -- http://www.samhsa.gov/brss-tacs/

Bringing Recovery Supports to Scale Technical Assistance Center Strategy (BRSS TACS) is a SAMHSA-funded project to promote the widespread adoption of recovery concepts and practices throughout the United States. BRSS TACS serves as a coordinated effort to facilitate the adoption and implementation of recovery concepts, policies, practices, and services, leveraging previous and current accomplishments by SAMHSA and other leaders in the behavioral health recovery movement.

Cafe TA Center

http://cafetacenter.net/

The CAFÉ TA Center is a program of The Family Café, a cross-disability organization that has been connecting individuals with information, training and resources for more than twelve years. The Center is supported by SAMHSA to operate one of its five national technical assistance centers; providing technical assistance, training, and resources that facilitate the restructuring of the mental health system through effective consumer directed approaches for adults with serious mental illnesses across the country.

NAMI Star Center

http://www.consumerstar.org/

The STAR Center provides Support, Technical Assistance and Resources to assist consumer-operated and consumer-supporter programs in meeting the needs of under-served populations. Specifically, the STAR Center's focus areas are cultural competence and diversity in the context of mental health recovery and consumer self-help and self-empowerment. Although we are a national technical assistance center, the following regions have been designated as STAR Center focus regions/states: Washington DC, Rhode Island, New Mexico, and Puerto Rico.

National Association of State Mental Health Program Directors

-- http://www.nasmhpd.org/TA/NTAC.aspx

The National Association of State Mental Health Program Directors (NASMHPD), is the only member organization representing state executives responsible for the $37.6 billion public mental health service delivery system serving 7.1 million people annually in all 50 states, 4 territories, and the District of Columbia. NASMHPD operates under a cooperative agreement with the National Governors Association.

National Center for Trauma-Informed Care

-- http://www.nasmhpd.org/TA/NCTIC.aspx

The National Center for Trauma-Informed Care (NCTIC) promotes trauma-informed practices in the delivery of services to people who have experienced violence and trauma and are seeking support for recovery and healing. They may or may not have a diagnosis of mental health or substance use disorders, and may experience traumatic impacts from the experiences of violence that have strained social connections in the family, in the workplace, in childrearing, in housing – and that may have led to consequent health problems – all of which need to be addressed in a trauma-integrated manner. NCTIC is guided by the following fundamental beliefs.

- People with lived experience of trauma can and do recover and heal;
- Trauma-informed practice is a hallmark of effective programs to promote recovery and healing through support from peers, consumers, survivors, ex-patients, and recovering persons and mentoring by providers; and
- Leadership teams of peers and providers charting the course for the implementation of Trauma-Informed Care are essential.

National Empowerment Center (NEC) Technical Assistance Center

http://www.power2u.org/

NEC staff bring unique experience in organizing and developing consumer-run organizations, and helping individuals and groups develop the knowledge and ability to transform the mental health service system toward a more recovery-oriented consumer and family-driven approach. Each has experience running organizations, nurturing the process of recovery in individuals and groups, and strong skills as educators. This team is available to individuals, organizations, service systems, and family members looking for a speaker or for technical assistance, training, and consultation.

National Mental Health Consumers' Self-Help Clearinghouse
http://www.mhselfhelp.org/

The Clearinghouse works to foster consumer empowerment through our website, up-to-date news and information announcements, a directory of consumer-driven services, electronic and printed publications, training packages, and individual and on-site consultation. We help consumers organize coalitions, establish self-help groups and other consumer-driven services, advocate for mental health reform, and fight the stigma and discrimination associated with mental illnesses. We also strive to help the movement grow by supporting consumer involvement in planning and evaluating mental health services, and encouraging traditional providers and other societal groups to accept people with psychiatric disabilities as equals and full partners in treatment and in society.

Peerlink National Technical Assistance Center
http://www.peerlinktac.org/

Peerlink National Technical Assistance Center is a project of Mental Health America of Oregon, a 501(c) (3) organization and is a federally funded national consumer/survivor technical assistance center through the Substance Abuse and Mental Health Services Administration (SAMHSA). Peerlink works to strengthen the capacity and infrastructure of peer-run programs and traditional mental health organizations. We also work with generic community agencies to increase their capacity to provide services to people diagnosed with mental illness that facilitate and promote social inclusion.

We offer training in organizational development, employment, financial self-sufficiency and wellness services to people who use/have used mental health services and generic community agencies. Peerlink facilitates peer-run programs to move beyond focusing on general support and advocacy to promoting social inclusion strategies. We believe that people diagnosed with mental illness are empowered by working, having financial resources, and participating in their communities as informed and healthy citizens.

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