

MODULE 6:

PEER SUPPORT VALUES AND GUIDELINES

Doing the right thing because it is the right thing to do.
--Dick Kovacevich

Introduction

The goal of this module is to explore the values of peer support, how boundaries based on these values may differ from the boundaries of other mental health providers, and how to use these values as the basis for ethical decisions related to our peer support practice and our own self-care.

Objectives

The learning objectives for this assignment are for you to be able to:

- Recall *at least* ten of the twelve core values of peer support.
- Identify *at least* three roles of peer supporters.
- Describe *at least* two types of boundaries and why they may be different for peer supporters than for other professions.

What to complete

Your assignment is to read this workbook module and complete the self-check questions prior to coming to the training for this topic.

Plan about one hour to complete this section of the workbook.

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Values and ethics

The belief that **recovery is possible** for all who experience mental health, trauma, or substance use challenges is fundamental to the practice of peer support. In an earlier module, you learned about SAMHSA's Working Definition of Recovery and ten Guiding Principles of Recovery (see Appendix A).

SAMHSA's working definition and ten guiding principles, provide a well-established set of principles to guide decisions about what is right or wrong in a given situation. Peer support, in particular, has been highly effective in helping people to achieve long-term recovery. But what is it about peer support that makes it so effective? What are the fundamental values of peer support?

What are values¹?

First, what do we mean by values? Values are our core beliefs about what is important and guide our decisions about what is right and what is wrong. Values are the internal rules that guide our behavior.

There are individual values, cultural (group) values, and societal values.

One can identify the values of a society by noting which people they respect (or don't respect). In the United States, for example, celebrities are highly respected, while the poor, elderly, and disabled are poorly regarded or ignored altogether.

What are ethics²?

If values are our core beliefs, then ethics are the behaviors – the ways in which we act based on our values. Ethics are generally rules or principles that guide us in determining what behavior is helpful or harmful in a given situation. An ethical decision is the best solution of the given options on the basis of common sense.

Ethics³ is also a branch of philosophy dealing with values relating to human conduct with respect to the rightness and wrongness of certain actions and to the goodness and badness of the motives and ends of such actions.

¹ Wikipedia (08/19/2013) [http://en.wikipedia.org/wiki/Value_\(personal_and_cultural\)](http://en.wikipedia.org/wiki/Value_(personal_and_cultural))

² Wikipedia (08/19/2013) <http://en.wikipedia.org/wiki/Ethics>

³ Dictionary.com (08/19/2013) <http://dictionary.reference.com/browse/ethics>

What is integrity⁴?

Integrity is acting according to the values, beliefs, and principles one holds. Having integrity means demonstrating our core values in our actions, methods, measures, principles, expectations, and outcomes.

The degree to which one's actions (behaviors) match one's values (beliefs) is the perceived level of integrity. Hypocrisy is when one's behaviors contradict (oppose) or fail to match one's core beliefs.

Core values of peer support

The following core values of peer support were ratified through focus groups, individual interviews, and surveys by over 1000 peer supporters:

- 1) Peer support is voluntary
- 2) Peer supporters are hopeful
- 3) Peer supporters are open-minded
- 4) Peer supporters are empathetic
- 5) Peer supporters are respectful
- 6) Peer supporters facilitate change
- 7) Peer supporters are honest and direct
- 8) Peer support is mutual and reciprocal
- 9) Peer support is equally shared power
- 10) Peer support is strengths-focused
- 11) Peer support is transparent
- 12) Peer support is person-driven

Source: <http://inaops.org/national-standards>.

Assignment #1: Questions for reflection (no writing required)

Read the list of core values of peer support and consider the following questions.

- (1) Do you agree with the twelve core values of peer support?
- (2) Are there any values you would add, remove, or change?
- (3) Do these values help to clarify your practice of peer support?

Be prepared to share your thoughts at the training.

⁴ Wikipedia (08/19/2013) <http://en.wikipedia.org/wiki/Integrity>

What is a code of ethics?

A code of ethics⁵ is a written document that outlines the basic values and principles of a practice discipline and offers guidance in understanding the difference between “right” and “wrong” related to that practice discipline.

This document is sometimes referred to as a “code of conduct” or “professional guidelines.” Each organization usually develops a code of ethics that is suited to the culture of the organization and the needs of the people who receive services.

Are new rules about ethics needed for peer staff?

In the mental health workplace, there can be confusion about the role of peer support staff, especially if the peer staff member receives services from the same organization (both client and staff). *The following is an excerpt from: Consumers in the Workforce: A Handbook for Providers (Townsend, 2008)*

People often think the terms boundaries and ethics have the same meaning. They don't.

Boundaries are the formal and informal understanding of how people interact with each other. In mental health settings, boundaries commonly exist between staff and service recipients, between staff members and their colleagues, among agency consumers and their peers, and between consumers and their family members.

Work boundaries may involve issues of power and control, professional distance, self-disclosure, after-hours involvement, and friendship vs. friendly behavior.

On the other hand, ethics are formally stated rules of conduct. Ethics are non-negotiable expectations that all staff must uphold. Often an agency's code of ethics encompasses the agreed-upon rules developed to address boundary concerns.

All staff members - consumer and non-consumer alike – are expected to abide by the agency's code of ethics and follow agency guidelines on maintaining boundaries.

⁵ Wikipedia (08/19/2013) http://en.wikipedia.org/wiki/Ethical_code

Is there a universal code of ethics for peer supporters?

Many states have developed a code of ethics for the peer supporters in their state, often as part of a state-wide peer support certification process. At this time, however, there is not a universal code of ethics for peer supporters.

Assignment #2: National practice standards for peer supporters

There is an effort underway, through a consortium of stakeholders, including the International Association of Peer Supporters, to develop nationally-recognized practice standards. These practice standards would include a national code of ethics, core competencies, and guidelines for practice.

Developing practice standards is one step in the process of formalizing and bringing greater credibility to the peer support field. Updates on this effort will be posted continuously on the iNAPS website: <http://inaops.org/national-standards>.

Read about the National Practice Standards project (access at the link above) and bring any questions you have about this project to the training.

Boundaries

Boundaries help us to define what is okay and not okay in *any* relationship. There are *personal* and *professional boundaries* that help to protect both the service provider (including peer specialists) and the person who is receiving services.

Personal boundaries

A personal boundary is a dividing line you create between you and anyone else to define how others can and cannot treat you. It can be physical or emotional or both.

- Boundaries set expectations so people know how to behave around you.
- Boundaries make you feel safe and healthy.
- Boundaries make others feel safe around you.
- Boundaries help build trust.
 - *Physical example: It is not okay to hit or grab me.*
 - *Emotional example: It is not okay to swear or yell at me.*
 - *Mental example: It is not okay to belittle me.*
 - *Spiritual example: It is not okay to pressure me to convert.*

Personal Limits

Limits are ‘situation specific’ rules that tend to be more flexible and negotiable than boundaries. Boundaries are clearly communicated as ‘right’ or ‘wrong.’ Limits are set as needed.

- Limits can be negotiated.
- Limits can change as the situation or relationship changes.

Example: *It is not okay to interrupt me during my lunch break at work because I need that personal time to get things done for myself during the work day, but it is okay to schedule time to get together right after lunch.*

Work boundaries

In the context of peer support, the concept of “professional boundaries” is often interpreted to mean the “professional distance” many licensed professionals in the traditional mental health system put between themselves and the people who receive their services.

Professional distance is not what we mean when we refer to professional boundaries. In the context of this training, we will use “work boundaries” vs. “personal boundaries” to make it clear that we’re talking about the rules that we establish for ourselves (personal) or need to follow (work) because the rules have been established for us in our work environment.

Recovery roles

Part of what makes the ethical delivery of peer support services so challenging is that peer supporters perform so many roles. For example:

Recovery Role ⁶	✓
Outreach worker (identifies and connects with hard-to-reach individuals; offers living proof of transformative power of recovery)	
Motivator and cheerleader (exhibits faith in capacity for change; encourages and celebrates recovery achievements; encourages self-advocacy and economic self-sufficiency)	
Confidant (genuinely cares and listens; can be trusted with confidences)	

⁶ Adapted from *Ethical Guidelines for the Delivery of Peer-based Recovery Support Services* by William L. White, MA and PRO-ACT Ethics Workgroup. (08/21/2013): <http://www.bhrm.org/recoverysupport/EthicsPaperFinal6-8-07.pdf>

Recovery Role⁶	✓
Truth-teller (provides honest feedback on recovery progress)	
Role model and mentor (offers his/her life as living proof of the transformative power of recovery; provides recovery education)	
Planner (facilitates the transition from a professional treatment plan to a person-driven recovery plan)	
Problem-solving coach (helps the person to think through and resolve personal and environmental obstacles to recovery)	
Resource broker (helps the person to connect with sources of housing, employment, health and social services, and community support including support groups/meetings)	
Observer (watches for opportunities to increase the effectiveness of services/supports and facilitates the development of a person's long-term, support network; provides periodic face-to-face, telephonic or email-based contact and, when needed, the re-initiation of recovery services)	
Tour guide (introduces newcomers to the culture of recovery; provides an orientation to recovery roles, rules, rituals, language, and etiquette; opens opportunities for broader community participation)	
Advocate (helps individuals and families navigate complex service systems and as they are ready, encourages them to advocate for themselves)	
Educator (provides each person with information about the changing nature of recovery; informs professional helpers, the community, and potential service consumers about the prevalence, pathways, and styles of long-term recovery)	
Community organizer (helps develop and expand available recovery support resources; enhances cooperative relationships between professional service organizations and local recovery support groups; cultivates opportunities for people in recovery to participate in volunteerism and other acts of service to the community)	
Lifestyle consultant/guide (assists individuals/families to develop recovery-focused rituals of daily living; encourages activities (across religious, spiritual, and secular frameworks) that enhance life meaning and purpose), and	

Recovery Role⁶	✓
Companion (acts as a temporary social bridge from the care and culture of a person with an illness to the care and culture of a person in recovery).	

Other roles:	

Assignment #3: Questions for reflection

Read through the previous roles and answer the following questions.

- (1) Do you agree with the roles that are listed?
- (2) Would you add, remove, or change any of the roles?
- (3) Put a check mark next to any role that is also performed by other helping professions, like doctors (including psychiatrists), nurse practitioners, counselors, therapists, social workers, case managers, clergy, family members, or other people who provide assistance to those with psychiatric, traumatic, or substance use conditions.

Be prepared to discuss your thoughts at the training.

A peer support provider is not⁷...

The fact that there is overlap with roles performed by other helping professions raises the potential for role ambiguity, confusion, and conflict. These are topics that will be covered more in-depth in later lessons.

There are, however, some roles that cross a boundary that is (normally) beyond the role of a peer support provider. These include:

- 12-step sponsor
- Nurse/psychiatrist/physician
- Psychologist/therapist
- Judge/lawyer/parole officer

⁷ Adapted from McShin Foundation. (2010). Recovery Coaching Training Manual (08/21/2013).

<http://mcshinfoundation.org/sites/default/files/pdfs/Recovery%20Coach%20Manual%20-%202012-2010.pdf>

- Pastor/priest/rabbi/clergy/spiritual advisor
- Fiduciary/loan officer/financial adviser
- Family/marriage counselor
- Landlord/roommate/best friend

Assignment #4: Crossing a work boundary

Read through the list of roles that should not be performed by peer support providers and answer the following questions.

- (1) Do you agree with the roles that are listed?
- (2) Are there any roles you would add, remove, or change?
- (3) How might peer supporters find themselves in these roles?
- (4) What can peer supporters do to avoid taking on these roles?

Be prepared to discuss your thoughts at the training.

Intimacy continuum

The relationship between service providers and those receiving services can be viewed as an intimacy continuum.

Action or behavior with person receiving services ⁸	Service Provider	Never ok	Maybe ok	Always ok
		Abuse	Depends	Safe
Giving a hug	Psychiatrist			
	Therapist/Counselor			
	Nurse/Practitioner			
	Social Worker			
	Peer Supporter			
Receiving a hug	Psychiatrist			
	Therapist/Counselor			
	Nurse/Practitioner			
	Social Worker			
	Peer Supporter			

The black column represents never ok - when an action or behavior is clearly wrong (abuse) and the white column represents always ok – when an action or

⁸ Adapted from McShin Foundation. (2010). Recovery Coaching Training Manual (08/21/2013).

<http://mcshinfoundation.org/sites/default/files/pdfs/Recovery%20Coach%20Manual%20-%202017-22-2010.pdf>

behavior is clearly right (safe). The gray column represents actions or behaviors that may or may not be ok – depending on the situation.

Assignment #5: Where are the boundaries?

- (1) Based on your own experience, indicate in the intimacy continuum where members of each of the helping professions would rate the acceptability of giving a hug to or receiving a hug from a person who is receiving services.
- (2) Are there any differences in what is or is not acceptable?

Be prepared to discuss your thoughts at the training.

Ethical Violations vs. Ethical Issues

The following table gives a quick comparison of the difference between ethical (boundary) violations and issues.

Ethical Violations	Ethical Issues
<ul style="list-style-type: none">• Abuse• Sexual relationships• Illegal activities (such as drugs/alcohol)• Ignore policies, procedures, rules• <i>Fail the evening news test</i>	<ul style="list-style-type: none">• Situational (it depends - no clear right or wrong)• Organizational (protocol)• Can have cultural dimensions• May be related to trauma•are inevitable

Ethical violations

Ethical (boundary) violations are any behavior or interaction that damages the person who is being served, the provider, and/or the integrity of the service relationship.

Violations involve the victimization and exploitation of a person who is receiving services from a provider. A violation is a betrayal of the sacred covenant of trust. Boundary violations are actions or behaviors all agree are never ok. This is true whether we are a traditional service provider or a peer support provider. *Examples might include:*

- Having a sexual relationship with a person who is receiving services.
- Using illegal drugs or alcohol with people who are receiving services.
- Venting personal problems with people who are receiving services.

- Intimidating, threatening, harassing, using undue influence, using physical force and/or verbal abuse, or coercing people who are receiving services.
- Sharing personal or confidential information without permission in any instances other than a threat of harm to self (including domestic abuse) or others.

Situational boundaries

Questions about what's right or wrong in a given situation depend on many things. Sometimes it depends on the upbringing or background of the person who is receiving the support services (as in cases of someone who has experienced a lot of trauma or was raised in a specific culture) or the location where the person is receiving support, or the relationship of the family.

For example, when you look at the example of “giving a hug,” many people who come for services are “touch starved.” The issue of appropriate touch comes up often with peer supporters, with whom the bond is distinctly different than with other professional providers. For some people, a hug can restore a sense of belonging and worth. For others, a hug or even a pat on the shoulder can trigger past trauma. ***It is always appropriate to ask permission.***

Ethical issues

“Problems arise when boundaries are unclear, unspoken, not agreed-upon or shifting. Supervisors should routinely provide opportunities for staff to discuss and gain clarity about their boundary concerns, including confidentiality and dual-relationships.”

When boundary issues occur, it is important for people not to be viewed as insensitive, careless, irresponsible, unreliable, or wrong. Often, these issues are simply an indication that further communication and supervision is required. *(Townsend, 2008)*

In the instance of “giving a hug,” the peer supporter may also need to consider others’ (including other peer supporters and non-peer co-workers) feelings/comfort in regard to touch. It is one of many issues that are appropriate for work group discussion and agreement about what is acceptable or not acceptable for individual peer supporters as well as the group.

Boundary management

Boundary management includes the kinds of decisions that increase or decrease intimacy within any relationship (personal or professional). This can be an area of potential conflict between peer supporters and traditional service providers.

Traditional or institutional service providers emphasize hierarchical boundaries (expert vs. non-expert, helper vs. helpless) and professional distance in the service relationship. Peer supporters, on the other hand, rely on equality, reciprocity, and minimizing social distance between the peer supporter and those who are receiving support services.

While traditional service providers and peer supporters may agree there are boundaries of what is inappropriate they may differ considerably in where those boundaries should be drawn. (*McShin, 2010*)

Organizational Code of Ethics

Service organizations usually create their own internal *ethical standards*, to guide good practice specifically for the culture and environment of the organization. These standards determine if disciplinary action is required.

Violations of professional and ethical standards can be—but are not always—a crime. But if there is a civil lawsuit, they can be used as persuasive evidence to show whether or not a decision or behavior falls within the professional standards.

Confidentiality vs. safety

Confidentiality is an almost universal rule that serves to keep feelings or experiences private. In most agencies, confidentiality rules extend to all clinical personnel, including peer support providers. Often, people do not feel comfortable sharing their experiences with everyone. As a peer supporter, the ability to assure confidentiality is essential to build a trusting relationship with the people who are being served.

Laws, rules, and guidelines about confidentiality often involve difficult decisions for mental health workers. Often the questions, “What can I say to a family member?” or “What should I say to law enforcement?” can become extremely difficult or frustrating.

Each service organization has its own policies regarding confidentiality. In many states there are laws to protect the identity and disclosures made by peers.

However, there are exceptions:

- A disclosure of child or elder abuse
- A disclosure of a plan to harm self or others
- A disclosure by someone while incarcerated of a plan to harm someone

These exceptions, which require some form of disclosure - usually to someone in a supervisory role, fall under the category of ***“duty to warn”*** in which harm may come to the person who is receiving support services or someone in immediate relationship to that person if action is not taken. (Harrington, 2011)

Assignment #6: Questions for reflection (no writing required)

- (1) What feelings came up for you with this topic?
- (2) Did this bring up any challenges you have faced in your own work?
- (3) How important is good supervision?
- (4) How important is it for a peer supporter to have a discussion in the beginning of a new support relationship, and periodically throughout, about the role and limitations of peer support services?

*For example*⁹:

- To talk about what peer support is, so people receiving support do not confuse wellness tips with medical advice, or a sympathetic ear with psychotherapy.
- To be clear about the amount of time and energy you can give, especially if you will or will not be available outside of normal working hours.
- To periodically remind people of any program requirements that limit the duration of support.

⁹ Adapted from Peer Support for HIV Treatment Adherence: A Manual for Program Managers and Supervisors of Peer Workers (8/21/13)

[http://hdwg.org/sites/default/files/resources/Peer%20Adherence%20Support%20Manual%20\(HIV\)1.pdf](http://hdwg.org/sites/default/files/resources/Peer%20Adherence%20Support%20Manual%20(HIV)1.pdf)

Without a clear discussion and mutual agreement about the extent and limits of peer support service, the relationship can be misunderstood, break down, and even become a detriment to the person’s recovery.

Note: You will practice this conversation at the training, so be prepared to share what you normally say to someone who is coming for the first time to receive peer support through your organization or program.

The ethics of recovery

If you are working in a more traditional (medical model) organization, you may find there are members of the team who do not understand recovery values and the situational ethics that go with establishing and building peer relationships. An action taken to build trust and mutual respect in a peer relationship might be viewed as a violation of ethics by a more traditional service provider. Following is a three-step process (and chart) that can help to identify—from a recovery perspective—what’s ‘right’ and what’s ‘wrong’ in a given situation.

Step 1: Could this action result in a risk of harm to self or others? Does it pass the “evening news test?” In other words, what would happen if the action you are about to do ended up on the evening news?

Step 2: Do SAMHSA’s guiding principles of recovery or the core values of peer support offer guidance about this action?

Step 3: Are there any organizational policies, practice standards, or laws that might apply to this action? If so, are they consistent with the spirit of human rights and recovery?

Recovery-focused ethical decision-making chart¹⁰

Step 1: Use the following chart to identify who has the potential for being harmed and how severe the risk of harm might be for the situation. *Duty to warn* falls in this category.

Who is at risk of harm	Severity of Harm		
	High	Medium	Low
Individual being supported			
Family member of individual being supported			
Peer supporter			
Peer supporter field			
Organization			
Mental health care field			
Community			

Step 2: Use the chart to identify relevant recovery principles or values of peer support.

X	Recovery Principle	X	Core Values of Peer Support
	Hope		Voluntary
	Person-driven		Hopeful
	Many pathways		Open-minded
	Holistic		Empathetic
	Peers and allies		Respectful
	Relationships		Facilitates change
	Culturally-influenced		Honest and direct
	Addresses trauma		Mutual and reciprocal
	Strengths and resources		Shares power
	Respect		Strengths focused
			Transparent
			Person-driven

Step 3: Use the chart below to identify any relevant policies, procedures, or laws.

X	Standard or Law	Required Action / Recommended Action
	HIPAA	Consent to share private information – exceptions
	Mandated child abuse	Reporting of child abuse is mandated by law
	ADA	Help determine reasonable accommodation
	Policies	Review organizational policies and procedures
	Supervision	Talk to supervisor about decisions that impact people being served or the organization's reputation
	Other (specify):	

¹⁰ Adapted from the McShin Foundation (2010). Recovery Coach Manual. Ethical Guidelines for the Delivery of Peer-based Recovery Support, pp. 19-170. <http://mcshinfoundation.org/sites/default/files/pdfs/Recovery%20Coach%20Manual%20-%202010.pdf>

Note: What is legal is not always ethical and vice versa. While laws and policies need to be respected, it is important to use strong advocacy to change laws, policies, or standards that violate human rights and the principles of recovery.

The ethics of self-care

Work boundaries and ethical guidelines typically focus on protecting the person who is receiving services, but a mutual peer relationship needs to work for both people. As a peer support provider you need to set limits that will work in both your professional and personal life.

Assignment #7: Questions for reflection (no writing required)

Consider each of the following situations and whether or not it is an appropriate action for a peer supporter with someone who is receiving peer support services.

Action or behavior with person receiving services	Never ok	Maybe ok	Always ok
Giving a hug			
Receiving a hug			
Giving the person your cell phone number			
Connecting with the person in social media			
Attending a support group meeting together			
Attending a social event together			
Having a drink together			
Deciding what is best for the person			
Narrowing choices and offering the best option for the person			
Giving the person a gift or money			
Accepting a gift or money from the person			
Inviting the person to your home			
Accepting an invitation to go to the person's home			
Having a sexual relationship with the person			
Having a sexual relationship with a member of the person's family			
Disclosing private information shared in confidence (not abuse or life threatening)			
Protecting the person from harmful consequences			
Offering an opinion about a prescribed medication			
Offering an opinion about alternatives to treatment			
Voicing skepticism about recovery			
Talking about personal struggles			

Action or behavior with person receiving services	Never ok	Maybe ok	Always ok
Talking about personal successes			
Being in multiple relationships with the person (sponsor and peer specialist)			
Breaking confidentiality because of a suicide plan			
Being a friend			

Be prepared to share your thoughts about these actions at the training.

Cultural considerations

Trust is essential to developing recovery-oriented relationships and trust is facilitated by having or sharing common backgrounds and experiences.

Peer support providers are often hired to match a particular demographic that is representative of the people being served by a particular geography or organization. However, as we know, every person is unique. Even when there are ethnic or racial similarities, it is unlikely a peer supporter will be an exact match in all aspects of culture, which can include: age, sex, sexual orientation, religion, national origin, marital status, political belief, mental or physical abilities, and a multitude of personal preferences.

Trauma considerations

Separate from culture, are the residual effects of violence, abuse, neglect, bullying, or other inflicted traumas that forever change an individual's tolerance of those who have power and control over their lives.

Cultural and trauma influences must be factored into ethical decisions related to people receiving services and their families and communities of choice.

Assignment #8: For further study (optional)

There are many guidelines for peer support that have been established within individual organizations and at the local, state, and in some cases national level.

- (1) Review the current draft of the National Practice Guidelines on the iNAPS website <http://inaops.org/national-standards/> and compare this document to other Peer Support Codes of Ethics. (Enter the search term

'Peer Code of Ethics' in your favorite search engine and review the top 5 codes of ethics that are listed. Notice the similarities and differences.)

- (2) Review the Pillars of Peer Support 2009 report, starting on page 18 to become familiar with the guidance this group has given to states that are establishing peer support service programs. Source:

<http://www.pillarsofpeersupport.org/final%20%20PillarsofPeerSupportService%20Report.pdf>

- (3) Read the Principles of Peer Support in chapter 3 in Engaging Women in Trauma-informed Peer Support.

Source: <http://www.nasmhpd.org/publications/engagingWomen.aspx>

SUMMARY CHECKLIST

After completing this workbook assignment are you able to...

- Recall *at least* ten of the twelve core values of peer support.
- Identify *at least* three roles of peer supporters.
- Describe *at least* two types of boundaries and why they may be different for peer supporters than for other professions.

Based on what you've learned in this workbook assignment, what questions would you like to have answered at the training?

Thank you for completing this workbook assignment!

We look forward to your participation at the training!

SELECTED REFERENCES

- Blanch, A., Filson, B., Penney, D. & Cave, C. (2012). *Engaging Women in Trauma-Informed Peer Support: A Guidebook. Chapter 3: Peer Support Fundamentals*. National Center for Trauma-Informed Care. <http://www.nasmhpd.org/publications/engagingWomen.aspx>. pp. 13-17.
- Federici, M. (2009) *Boundaries/Ethics & Peer Specialist Services*. Presentation given for the Institute for Recovery & Community Integration. Mental Health Association of Southeastern Pennsylvania. Downloaded 4/4/2012. <http://www.mhrecovery.org/var/library/file/205-Boundaries%20dec%204%202009.ppt>.
- Harrington, S. (2007). *Peer Specialist Training Manual (Third Edition), Chapter on Ethics and Boundaries*. National Association of Peer Specialists. Ada, MI. p. 157.
- International Association of Peer Supporters (2013). *National Practice Guidelines for Peer Supporters*. Downloaded 10/01/2013. <http://inaops.org/national-standards>.
- Harlem Adherence to Treatment Study (2003). *Peer Support for HIV Treatment Adherence: A Manual for Program Managers and Supervisors of Peer Workers*. Downloaded on 08/21/2013. [http://hdwg.org/sites/default/files/resources/Peer%20Adherence%20Support%20Manual%20\(HIV\)1.pdf](http://hdwg.org/sites/default/files/resources/Peer%20Adherence%20Support%20Manual%20(HIV)1.pdf).
- McShin Foundation (2010). *Recovery Coach Manual*. Downloaded on 08/21/2013. <http://mcshinfoundation.org/sites/default/files/pdfs/Recovery%20Coach%20Manual%20-%2007-22-2010.pdf>. pp. 165-170.
- Substance Abuse and Mental Health Services Administration (SAMHSA). (2011). *Working Definition of Recovery: 10 Guiding Principles*. Department of Health and Human Services (DHHS). Rockville, MD. <http://store.samhsa.gov/product/SAMHSA-s-Working-Definition-of-Recovery/PEP12-RECDEF>.
- Townsend, W., & Griffin, G. (2006). *Consumers in the mental health workforce: A handbook for practitioners*. National Council for Community Behavioral Health Care. p. 24.
- White, W. (2007). *Ethical Guidelines for the Delivery of Peer-based Recovery Support Services*. Philadelphia Department of Behavioral Health and Mental Retardation Services (DBHMRS) & Pennsylvania Recovery Organization – Achieving Community Together (PRO-ACT). <http://www.bhrm.org/recoverysupport/EthicsPaperFinal6-8-07.pdf>.

RESOURCES FOR FURTHER STUDY

Articles and Books

Center for Substance Abuse Treatment. (2009). *What are Peer Recovery Support Services?* HHS Pub. No. (SMA) 09-4454. Rockville, MD.

Chinman, M., Hamilton, A., Butler, B, Knight, E. Murray, S. & Young, A. (2008). *Mental Health Consumer Providers: A Guide for Clinical Staff*. RAND Corp., Arlington, VA. Downloaded from <http://www.RAND.org>.

Copeland, M. E. (2002). *Values and Ethics of WRAP*. Peach Press. Brattleboro, VT. <http://www.mentalhealthrecovery.com/about/values.php>

Daniels, A. S., Tunner, T. P., Bergeson, S., Ashenden, P., Fricks, L., Powell, I., (2013), *Pillars of Peer Support Summit IV: Establishing Standards of Excellence*, January 2013. www.pillarsofpeersupport.org .

Ma Adame, A., Leitner, L. (2008). Breaking out of the Mainstream: The Evolution of Peer Support Alternatives to the Mental Health System. *Ethical Human Psychology and Psychiatry*. Vol. 10, Issue 3.

Mowbray, Carol T., & Moxley, David R. (1997). *Consumers as providers: Themes and success factors. Consumers as providers in psychiatric rehabilitation*. Columbia, Md.: International Association for Psychosocial Rehabilitation Services. pp. 504–517.

President’s New Freedom Commission on Mental Health; *Achieving the Promise: Transforming Mental Health in America*, July, 2003. <http://store.samhsa.gov/shin/content/SMA03-3831/SMA03-3831.pdf>

Substance Abuse and Mental Health Services Administration. (2013). SAMHSA Recovery Resource Library. <http://store.samhsa.gov/resources/term/Recovery-Resource-Library>

Townsend, W., WLT Consulting, Schell, B., Thomas, T., Gouge, C., & PHB Waiver Oversight Team, (2010). *North Carolina Peer Support Specialist Training Manual*. North Carolina PBH Consumer Affairs and Network Management. Peer Support Specialist Participants Training Manual. Downloaded on 3/17/2012 <http://www.pbhsolutions.org/pubdocs/upload/documents/PSS%20Manual%20Master-3.pdf>.

White, W. (2009). *Peer-based Addiction Recovery Support. History, Theory, Practice, and Scientific Evaluation*. Great Lakes Addiction Technology Transfer Center (ATTC), Philadelphia, PA. Downloaded on 3/17/12 from <http://www.williamwhitepapers.com/pr/2009Peer-BasedRecoverySupportServices.pdf>.

Videos and Webinars

Magellan Resiliency and Recovery E-Learning Center: <http://www.magellanhealth.com/training>.

SAMHSA Bringing Recovery Supports to Scale Technical Assistance Center Strategy (BRSS TACS):
<http://samhsa.gov/brss-tacs/webinars.aspx>.

SAMHSA Center for Integrated Health Care: <http://www.integration.samhsa.gov/about-us/webinars>.

WRAP and Recovery Books: <http://www.mentalhealthrecovery.com/e-learning/webinars.php>.

Training Activities

AVP Education Committee. (2002). Alternatives to Violence Project (AVP) Basic Course Manual. AVP Distribution Services, St. Paul, MN. <http://avpusa.org>.

AVP Education Committee (2005). Alternatives to Violence Project (AVP) Manual for Second Level Course. AVP Distribution Services, St. Paul, MN. <http://avpusa.org>.

AVP Education Committee USA / International (2013). Alternatives to Violence Project (AVP) Facilitators Training Manual with Continuing Learning Material. AVP Distribution Services, St. Paul, MN. <http://avpusa.org>.

Mattingly, B. (2009). Help Increase the Peace Program Manual (Fourth Edition). Middle Atlantic Region, American Friends Service Committee. <http://www.afsc.org/hipp>.

McShin Foundation (2010). Recovery Coaching Manual. <http://mcshinfoundation.org/sites/default/files/pdfs/Recovery%20Coach%20Manual%20-%20207-22-2010.pdf>.

Motivational Interviewing Network of Trainers (2008). Motivational Interviewing Training for New Trainers (TNT) Resource for Trainers. <http://www.motivationalinterview.org>.

Pollet, N. (2013). Peace Work: Activities inspired by the Alternatives to Violence Project (AVP). www.heartcircleconsulting.com.

Rosenberg, M. (2005). Non-Violent Communication. www.radicalcompassion.com.

Weinstein, M. & Goodman, J. (1980). *Playfair: Everybody's guide to non-competitive play*. Impact Publishers. San Luis Obispo, CA.

APPENDIX A: TRAINING HANDOUTS

Working Definition and Guiding Principles of Recovery¹¹

The working definition of recovery from mental disorders and/or substance use disorders is a process of change through which individuals improve their health and wellness, live a self-directed life, and strive to reach their full potential. (SAMHSA, 2012)

Four major dimensions support a life in recovery:

Health	Purpose
Home	Community

Ten guiding principles of recovery:

Hope	Relationships
Person-Driven	Culture
Many Pathways	Addresses Trauma
Holistic	Strengths/Responsibility
Peer Support	Respect

Core Values of Peer Support¹²

Twelve core values of peer support

Voluntary	Honest and Direct
Hopeful	Mutual and Reciprocal
Open-Minded	Equally Shared Power
Empathetic	Strengths-Focused
Respectful	Transparent
Facilitates Change	Person-Driven

¹¹ Substance Abuse and Mental Health Services Administration (SAMHSA). (2012) *Working Definition of Recovery and 10 Guiding Principles*. <http://store.samhsa.gov/product/SAMHSA-s-Working-Definition-of-Recovery/PEP12-RECDEF>.

¹² International Association of Peer Supporters.(2013). *National Practice Guidelines for Peer Supporters*. <http://inaops.org/national-standards>