



**Arkansas
Peer Recovery Specialists
Working In Justice Involved Settings**

Session 1 - Welcome, Introductions, and Overview of the Training

Outline of the Day

Session 1 - Welcome, introductions, and Overview of the training
- What is a Peer Recovery Specialist in a justice-involved setting?
Introduction of SAMHSA's Sequential Intercept Model (SIM)
SAMHSA SIM - Questions, Discussion, and breakout groups

BREAK

Session 2 - Review of Effective Listen and the Art of Asking Questions
Justice System Values and Expectations
Review of Power, Conflict, and Integrity in the Workplace

Session 3 - The Role of a PRS in the Sequential Intercept Model
Role plays

LUNCH

Session 4 - Barriers to engagement
Seven domain areas where a PRS can support a person

BREAK

Session 5 - Courtroom Etiquette
Preparing for the Unexpected
Taking Care of Oneself
Seeking out Colleagues

Session 6 - Final Reflections, Evaluation, and Next Steps

Comfort Contract

- Nothing said in the group leaves the group.
- Speak briefly.
- No side conversations.
- Speak from your experience.
- No crosstalk/feedback except when requested.
- Silence is OK.
- No personal attacks.

Session 1 –

What is a Peer Recovery Specialist in a justice-involved setting?

A Peer Recovery Specialist meets the needs of jail diversion/re-entry programming initiatives by the following:

The Peer Recovery Specialist connects individuals with shared experiences, foremost with justice involvement, and often with mental illness, substance use problems, socioeconomic, and/ or further challenges that affect their ability to successfully reintegrate into their communities (Davidson & Rowe, 2008; Rowe et al., 2007)

What would that look like? Give some examples.

What do Peer Recovery Specialists in justice-involved settings actually do?

The PRS encompasses a variety of roles and specific duties, and job requirements, training, and qualifications vary across settings.

Many justice programs engage trained Peer Recovery Specialists who are qualified to address the individual needs of individuals seeking support, emanating from their own experiences with the justice system and barriers against recovery.

Peer Recovery Specialists working in justice-involved settings support positive engagement in the justice system but do not enforce compliance. Peer Recovery Specialists provide aid, support, and motivation for meeting required mandates attached to any processes in the entire continuum of justice involvement. Peer Recovery Specialists can be involved during first responder crisis encounters, detention, arraignment, jail, court dates, sentencing, and supervision encounters in order to minimize continuing sanctions as individuals progress in recovery and meet justice obligations. Peer Recovery Specialists are not justice system agents and do not act as “compliance officers,” or “junior probation officers.

What is your role?

The sequential Intercept Model (SIM) details how individuals with mental health and substance use challenges come in contact with and move through the criminal justice system. SAMHSA lists six points - called Intercept Points - where there might be resource gaps and interventions that are needed. This training will focus on PRS interventions.

Intercept 0 - Community services

- Connects people who have mental, and substance use disorders with services before they come into contact with the criminal justice system.
- Supports law enforcement in responding to both public safety emergencies and mental health crises.
- Enables diversion to treatment before an arrest takes place.

Intercept 1 - Law enforcement involvement through arrest

- Begins when law enforcement responds to a person with mental or substance use disorders.
- Ends when the individual is arrested or diverted into treatment.

Intercept 2 - Intake, booking, and initial court hearing.

- Involves people with mental and substance use disorders who have been arrested and are going through intake, booking, and an initial hearing with a judge or magistrate.
- Supports policies that allow bonds to be set to enable diversion to community-based treatment.
- Includes post-booking release programs that route people into community-based programs.

Intercept 3 - Time in jail, trial period, and possible incarceration

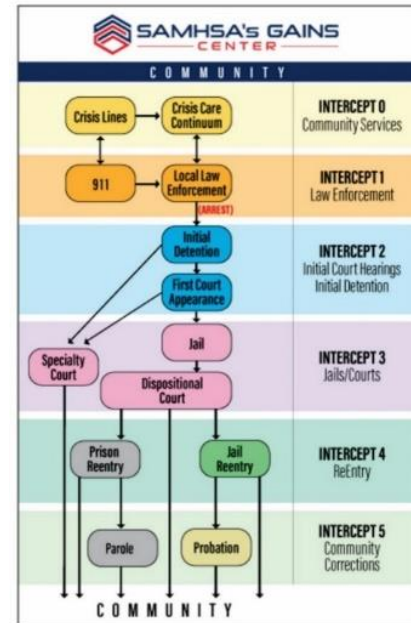
- Involves people with mental and substance use disorders held in jail before and during trials.
- Includes court-based diversion programs that allow the criminal charge to be resolved while taking care of the defendant's behavioral health needs in the community.
- Includes services that prevent the worsening of a person's mental or substance use symptoms during their incarceration.

Intercept 4 - Re-Entry into the community after incarceration

- Provides transition planning and support to people with mental and substance use disorders who are returning to the community after incarceration in jail or prison.
- Ensures people have workable plans in place to provide seamless access to medication, treatment, housing, health care coverage, and services from the moment of release and throughout their reentry.

Intercept 5 - Community-based criminal justice supervision

- Involves individuals with mental or substance use disorders who are under community corrections supervision.
- Addresses the individuals' risks and needs.
- Partnerships between criminal justice agencies and community behavioral health, mental health, or social service programs.



Each group will discuss the level they are assigned and answer the following questions.
We are only looking at what happens for the person, not what the PRS does.

What does this intercept level look like for the individual?

What is happening for the person at this level?

Notes:

Intercept 0

Intercept 1

Intercept 2

Intercept 3

Intercept 4

Intercept 5

Session 2 –

Review of Effective Listen and the Art of Asking Questions (ELAAQ)

Effective listening has to do with knowing what we are listening for.

If I am going to help someone make positive changes, I need to understand two things –

- 1) How do they see their current situation and
- 2) what they see as their options.

These two things are key elements of their story. If I do not understand their reality and what they see as possible, I am not relating to them. I am relating my assumptions about them. What part of their story is not working for them and needs to change? Change the story – change the person.

When working with a peer, you are always asking yourself the following questions –

- ...what do they believe about themselves and their current situation?
- ...what do they want?
- ...what do they see as options or possibilities?

**What are ways a person might express their beliefs about their current situation?
(People express themselves in both verbal and nonverbal ways)**

What are ways a person may express what they see as their options?

Notes:

Justice System Values and Expectations:

What we are calling the justice system in this training is one of the oldest social service systems and is made up of many entities – the courts, police/law enforcement, jails and prisons, emergency responders, and child protective services to name a few. Their common denominator is that their ‘clients’ have violated the law in some way.

Most of these entities and individuals operate out of some common values and expectations.

Some common values of the justice system include:

- 1) They see themselves as ‘in charge’;
- 2) They have developed a way of operating and are resistant to change;
- 3) Tend to see punishment as a way to control and /or change behavior;
- 4) Want to help people, but also want to protect society;
- 5) Expect compliance;
- 6) Treatment focuses on behavior change via willpower – ‘just do it!’
- 7) Prefer the stick rather than the carrot;

It is easy to see how these values and expectations might contradict the values and expectations of PRSs who see their peers as the priority and strive for engagement rather than compliance.

What are 3 values shared by both the criminal justice system and a PRS?

- 1)
- 2)
- 3)

Notes:

Review of Power, Conflict, and Integrity in the Workplace

Step 1) Observe and affirm the other's position, values, and concerns.

Until the person knows that you hear and understand where they are coming from, they are unable to hear your perspective. "I understand that you see....."

Step 2) Relate the other's position, values, and concerns to your experiences as a peer.

Your recovery experience is important to traditional providers as well as your peers. Remember you are the evidence that recovery works. Use your recovery story to illustrate what supports and does not support recovery.

Step 3) Offer a "we" statement that acknowledges the common ground and promotes partnership in creating another way of doing things.

Bring a plan that shows you are incorporating the other persons' concerns and presents another way of looking at the situation.

Notes:

Session 3 –

The Role of a Peer Recovery Specialist (PRS) in the Sequential Intercept Model

Intercept 0: Community Services

Involves opportunities to divert people into local crisis care services. Resources are available without requiring people in crisis to call 911, but sometimes 911 and law enforcement are the only resources available. Connects people with treatment or services instead of arresting or charging them with a crime.

What might keep a person from engaging in the recovery process at this intercept point?

How could a PRS connect with a peer at this intercept point?

Intercept 1: Law Enforcement

Involves diversion performed by law enforcement and other emergency service providers who respond to people with mental and substance use challenges. Allows people to be diverted to treatment instead of being arrested or booked into jail.

What might keep a person from engaging in the recovery process at this intercept point?

How could a PRS connect with a peer at this intercept point?

Intercept 2: Initial Court Hearing/Initial Decision

Involves diversion to community-based treatment by jail clinicians, social workers, or court officials during jail intake, booking, or initial hearing.

What might keep a person from engaging in the recovery process at this intercept point?

How could a PRS connect with a peer at this intercept point?

Intercept 3 – Jail/Courts

Involves diversion to community-based services through jail or court processes and programs after a person has been booked into jail.

What might keep a person from engaging in the recovery process at this intercept point?

How could a PRS connect with a peer at this intercept point?

Intercept 4: Re-entry

Involves supported re-entry back into the community after jail or prison to reduce further justice involvement of people with mental health or substance use challenges. Involves re-entry coordinators, peer support staff, or community in-reach to link people with the proper mental health and substance use treatment services.

What might keep a person from engaging in the recovery process at this intercept point?

How could a PRS connect with a peer at this intercept point?

Intercept 5: Community Corrections

Involves community-based criminal justice supervision with added support for people with mental health and substance use challenges to prevent violations or offenses that may result in another jail or prison stay.

What might keep a person from engaging in the recovery process at this intercept point?

How could a PRS connect with a peer at this intercept point?

Role-play 1:

PRS working on an outreach team is meeting with a peer at a homeless encampment. The peer shares that they have a history of minor legal offenses and that he lives here because he has friends here and no one gets on his case about his drug use.

Role-play 2:

PRS meets with a peer arrested for a theft they did in an effort to support their substance use. The person is not interested in rehab. Just wants to do the time and get back on the street.

Role-play 3:

PRS talks to the peer about addiction focused diversion programs rather than going to jail. Peer is not sure they can be successful in the program, but if it will get them out of jail they will give it a try.

Role-play 4:

PRS meets with the jail administrator to advocate for a peer to receive mental health services in jail. The jail administrator doesn't understand mental health challenges, doesn't see the need, and does not see a way the jail can provide these services.

Role-play 5:

PRS meeting with a peer who is being discharged from 5 years in prison to talk about a re-entry support plan.

Role-play 6:

The probation officer asks the PRS to use their relationship to convince the peer to comply with probation.

Session 4-

Barriers to engagement

Reasons why individuals return to prison or jail

- Mental health issues have gone undiagnosed and untreated.
- Mental or physical trauma
- Changed behavior has not been accepted as a solution for healing.
- Loss of children to the “system”
- Legal issues
- Medication has been disrupted.
- Self-medicating

What would you add to this list?

Seven domain areas where a PRS can support a person

- Family/marital support from family, Unhealthy relationships
- Associates/social interaction—positive interaction with positive associates
- Substance use/ Mental Health—Services, Medication, Multiple Pathways
- Adjusting to a new environment—Home, Budgeting, Social Services, Leisure, Health
- Personal/emotional — coping skills, decision-making
- Values and beliefs— behavior, attitudes, spirituality
- Employment—work, training, vocation, education

Why might these domains be important?

Session 5 –

Courtroom Etiquette

List 3-5 processes or procedures that are important for a PRS to know.

- 1)
- 2)
- 3)
- 4)
- 5)

Notes:

What are ways you can learn more about courtroom etiquette?

What are 3-5 processes or procedures that are important for the peer you are serving to know?

- 1)
- 2)
- 3)
- 4)
- 5)

Notes:

How can you help the person you are serving to learn these things?

Preparing for the Unexpected –

List 3-5 things a PRS might experience in the work that might be traumatic, upsetting, or emotionally triggering.

- 1)
- 2)
- 3)
- 4)
- 5)

Notes:

Taking Care of Oneself –

List 3-5 things a PRS could do for self-care.

- 1)
- 2)
- 3)
- 4)
- 5)

Notes

Seeking out colleagues –

List 3-5 things a PRS could do to seek out people who understand your role and could support and advocate for you and the peers you are working with.

- 1)
- 2)
- 3)
- 4)
- 5)

Notes:

Session 6 - Final Reflections, Evaluation, and Next Steps

What were some of the highlights of the day for you?

What do you wish we had spent more time discussing?

What did we not discuss that you wish we had?

Notes on discussion: