ARKANSAS MODEL

PEER RECOVERY SUPPORT SPECIALIST ADVANCED TRAINING

PARTICIPANT MANUAL

Introductions & Overview of the Training

Session 1

Session Overview

1. Introductions
2. Agenda
3. Comfort Contract
4. Arkansas Peer Recovery Specialist
5. Review Questions

Learning Objectives

- Identify the different Peer Specialist roles in the group.
- Explain and agree to follow the comfort contract.
- Understand how the Advanced certification fits into the state model.

Welcome to the Peer Recovery Specialist Advanced Training Program.

This training is designed to examine how you have used the skills gained from the Peer Recovery Specialist Core Training Program and expand upon your peer skills. This training is intended to build upon your skills by introducing you to some new tools. We will be presenting an overview and key points of each topic. Each session could be its own two-day training. We encourage you to further research any of these topics for more information.

What kinds of environments do people here work in?

You all have different “jobs”. What would you say is the purpose of your work as a Peer Recovery Specialist?

What has been the most exciting thing about your work?

What has been the most disappointing thing?

What would you tell a new peer?

What do you wish someone had told you?

Part 2 – Agenda

Day 1

Session 1-Introductions

Session 2-Review skills

Session 3 -Recognizing Peer Drift

Session 4 - Motivational Interviewing Skills

Day 2

Session 5 -Stages of Change

Session 6 -Group Facilitation

Session 7 – Ethics and Boundaries

Session 8 - The Role of Culture

Day 3

Session 9 - Documentation

Session 10 – Community Collaboration

Session 11 - Public Speaking

Session 12 -Advocacy

Each day starts at 9:00 and runs until 4:00.
We will break around noon each day for a 1-hour lunch.
There will be regular breaks.

Part 3 – Comfort Contract

We are going to be spending the next 3 days together, let's create our own comfort contract so that everyone can feel free to participate and feel respected.

This Comfort Contract can be changed at any time based on group needs and consensus.

Feel free to add or change as your group feels is right for them.

Part 4 – Review Questions-

1. List 2 unique places where Peer Recovery Specialists work.

2. Name two elements common in a comfort contract.

Review Peer Skills

Session 2

Session Overview

6. Peer Recovery Specialist Unique Skills
7. 5 Stages in the Recovery Process
8. Review Questions

Learning Objectives

- Identify the unique skills of a Peer Recovery Specialist.
- Identify the 5 Stages of the recovery process.
- Explain how to support a person in each stage.

Part 1-Peers Recovery Specialist Unique Skills

Peer change agent – A change agent within an agency or system enables others to look at beliefs underlying behavior. Due to their experiences, peer specialists are very sensitive to the power of negative beliefs. Being encouraged to point these out helps move the agency toward creating a recovery culture.

In what ways do you play this role as a Peer Specialist?

In what ways do you wish you could play a bigger role?

Peer bridge builder – A bridge connects two entities that are separated. Because of the peer specialist's experience as both "client" and "staff", she provides a bridge of understanding between the two.

In what ways do you play this role as a Peer Specialist?

In what ways do you wish you could play a bigger role?

Peer mentor - A mentor is a person who has experience in a given area and uses that experience to help another person advance in a particular area of life. A peer specialist uses his recovery experience to help a peer learn the needed skills to move beyond the disabling power of his mental health or substance use condition and create the life the peer wants.

In what ways do you play this role as a Peer Specialist?

In what ways do you wish you could play a bigger role?

Peer supporter - A supporter is a person who does what is necessary to enable another person to do what she feels she wants or needs to do. A peer specialist is a person who has the ability to help a peer set and achieve the goals that will move the peer's life in the direction the peer wants it to go.

In what ways do you play this role as a Peer Specialist?

In what ways do you wish you could play a bigger role?

Peer recovery advocate – An advocate is a person who speaks for or pleads the cause of another. A peer specialist is a recovery advocate who believes in a peer's potential for recovery even when that potential might not be so obvious to others. The peer specialist advocates for what the peer wants.

In what ways do you play this role as a Peer Specialist?

In what ways do you wish you could play a bigger role?

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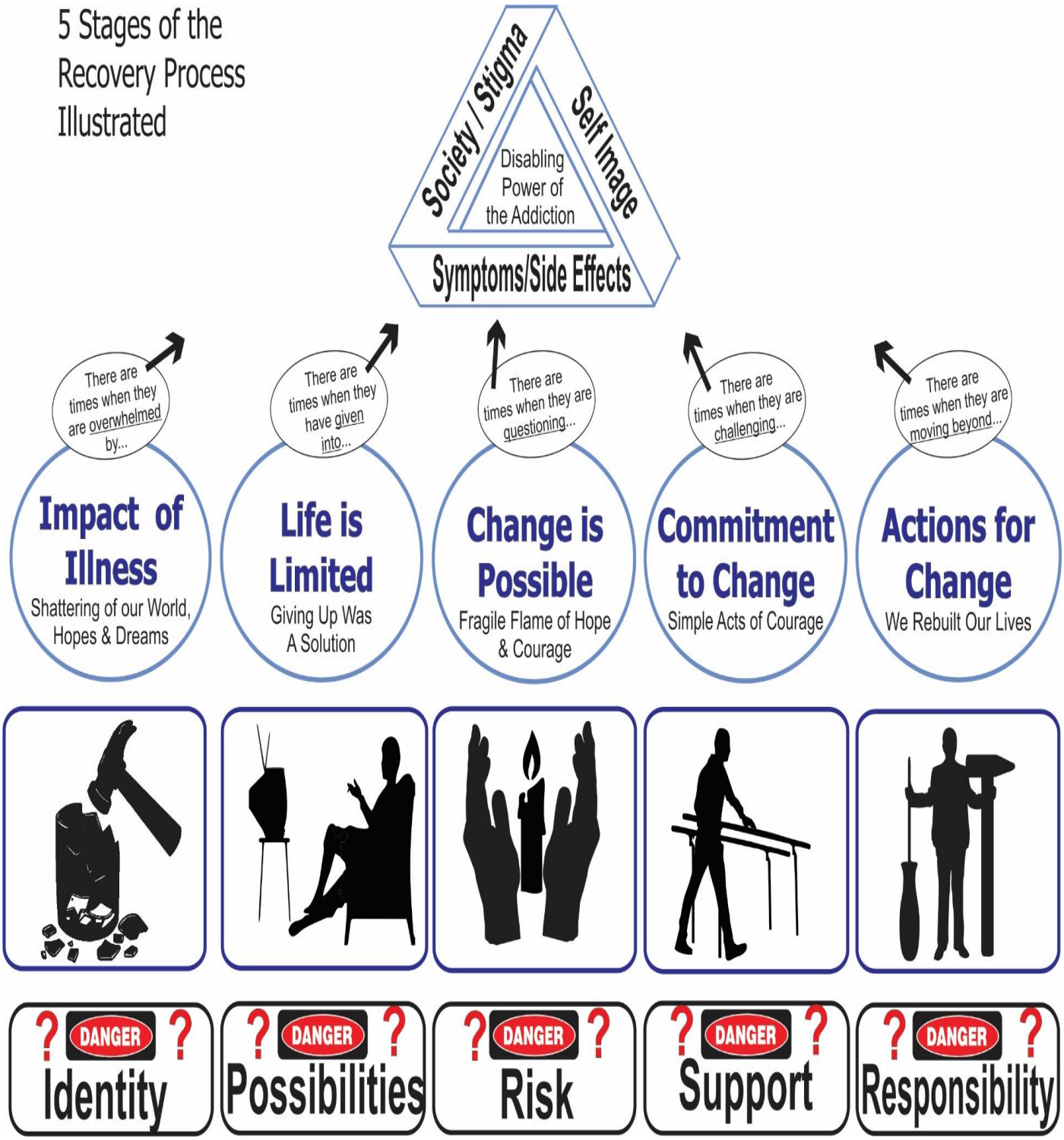
Part 2- 5 stages of the Recovery Process



Impact Of Illness		**Notes –**
Feel	The person is overwhelmed by the disabling power of the illness. Usually, at this stage, the person is overwhelmed by the symptoms of the illness or addiction, the behavior brought on by the symptoms and the impact that both of these are having on life. The illness or addiction is the central focus of life, and the impact is the dominant experience. So called "denial" can be part of this stage. This is a coping mechanism to deal with what feels like a shattering of their life. The person doesn't understand what is happening and can often turn to drugs and alcohol for some relief.	
Sound	"This is BS" "I don't have a problem" "I don't want to change" "I don't know why I am here"	
Relating to the Disabling power		
Stigma	"What will people think of me" The person's behavior may have burnt bridges or got them in trouble with the law.	
Symptoms	The person may be so depressed that they cannot get out of bed or they may be so manic that they not in control or their main pursuit is to seek out their substances. They may have behaved in such a way that they have cut themselves off from many former significant supportive relationships.	
Self Talk	"There is something wrong with me", "I will never be able to have a normal life" There may be shame and embarrassment for not being who that person and others thought they should be. There may be a sense of hopelessness in that they will never be able to be who they dreamed they could be.	
Supports	The role of services is to decrease emotional distress by reducing the symptoms and communicate that there is life after diagnosis. -Create an empathic atmosphere -Accept the person where they are -Begin to develop a trusting relationship (remember they have no reason to trust) -Listen and acknowledge the person's perspective, values, and reality.	
Danger	The danger is that the person will see that there only option is to redefine their identity as being sick or broken, unable to function in society.	

What are ways you have been able to connect with a person in this stage?

What is the biggest challenge when connecting with a person in this stage?

Life is Limited		**Notes – What would you add**
Feel	The person has given in to the disabling power of the illness. The person often begins to experience a sense of hopelessness, helplessness, uselessness, being frightened, ashamed, and filled with self-pity. In this stage, the person may not like their life but believes that it is the only life they can have. They do not see any possibility that they can do anything that will make their future any different from the present. There is oftentimes a deep sense of resignation, if not despair. The person reduces his expectations and blames it on his illness. By reducing the expectations, the person reduces their dissatisfaction. Then they are able to replace despair with resignation. We would all rather live in resignation than despair.	
Sound	"Hi, I am bi-polar." "I can't do that. I am mentally ill." "I have been sick for a very long time."	
Relating to the Disabling power		
Stigma	The system may see this person as a "good" patient (they do everything they are told) or a "hopeless case" (they don't do anything). Their internal hopelessness can often cause others to treat them as if they are unable. This only strengthens their hopelessness.	
Symptoms	The symptoms may be under control or the person may be going from treatment center to treatment center, the person feels that they have no ability to do anything with their life.	
Self Talk	The person sees no possibility of having a different life. At some deep level, the person has been told, been convinced, has come to believe, that because they have a behavioral health condition, they are not able to, nor should they be expected to, do anything for himself.	
Supports	The role of services is to instill hope, a sense of possibility, and to rebuild a positive self-image. -Listen for the persons' values -Listen for dislikes -Role model possibilities	
Danger	The danger is that the person will get stuck in a place where they feel that they cannot have a life of meaning. They give up any hope of having anything.	

What are ways you have been able to connect with a person in this stage?

What is the biggest challenge when connecting with a person in this stage?

Change is Possible		**Notes – What would you add**
Feel	The person <u>is questioning</u> the disabling power of the illness. This stage is more about 'awareness of possibility' than taking action. The person is realizing that there may be something they can do that will make a difference. It is important in this stage to recognize the fears of taking risks and not jump to taking action. Learning to negotiate these fears is an important part of the journey.	
Sound	"My case manager says I am not ready." "I am afraid I might relapse." "Maybe I could..."	
Relating to the Disabling power		
Stigma	The system and others, often see the person as "not ready" and hesitates about allowing or supporting the person to take risks.	
Symptoms	Facing fears can often cause anxiety that can be confused with symptoms or anxiety that can stress symptoms.	
Self Talk	"I am not as sick as everyone has led me to believe!" "I don't even know where to start."	
Supports	The <u>role of services</u> is to help the person see that they are not so limited by the illness and in order to move on they will need to take some risks. -Establish trust (remember they have no reason to trust) -Inquire about what fears they have -Examine the pros and cons -Advocate for supported risk-taking	
Danger	The danger is that the person may get frozen in a place where they cannot take any risks.	

What are ways you have been able to connect with a person in this stage?

What is the biggest challenge when connecting with a person in this stage?

Commitment to Change		**Notes – What would you add**
Feel	The person begins to challenge the disabling power of the illness. In this stage, the person is willing to take the risks necessary to make a change. This is because the belief that they are powerless over their situation has begun to shift. The person does not necessarily have a plan of action that is going to move them toward a long-range or even short-range goal. The person just feels that they have to do something. They cannot tolerate their life the way it is. The key at this point is to do something that breaks the pattern of doing nothing. This stage should never be seen as a baby or small steps. This fails to acknowledge the immense strength it takes to step out of your comfort zone and take new risks.	
Sound	"I am sick and tired of being so sick and tired." "Maybe I could…"	
Relating to the Disabling power		
Stigma	They no longer feel that their diagnosis is the only thing that identifies them.	
Symptoms	Some symptoms are likely to still be a part of the person's life but they are maintaining less control over the person. They are no longer dictating what they can and cannot do.	
Self-Talk	Self-doubts remain but a willingness to try has begun to grow.	
Supports	The role of services is to help the person take the initial steps by helping to identify their strengths. Help the person identify what skills, resources and supports they have and which they will need to expand in order to make and sustain change.	
Danger	The danger is that the person may not know where or how to find the supports they need.	

What are ways you have been able to connect with a person in this stage?

What is the biggest challenge when connecting with a person in this stage?

Actions for Change		**Notes – What would you add**
Feel	The person is moving beyond the disabling power of the illness. Life takes on a sense of direction. There is a major shift in focus from the illness and its limitations to life and its possibilities.	
Sound	"I know what I want to do with my life." "I am joining the choir at church." "I picked up the paperwork to go to school."	
Relating to the Disabling power		
Stigma	Not only has the shame of being "mentally ill" or "an addict" faded, but a pride for their inner strength has grown in its place.	
Symptoms	The person is relating to their symptoms through self-management. It may include meds or it may not. They have discovered that not everything in life is a symptom or a trigger.	
Self Talk	The persons trust in themselves has grown to a point that their negative self-talk (even though it may still be there) no longer stops them from pursuing life.	
Supports	The role of services is to help the person use the skills, resources, and supports. Working to continue building trust in her own decision-making ability and ability to take on more responsibility for her life.	
Danger	The danger is that the person may begin to fear that they cannot handle this new responsibility. They may forget to use the supports and skills they have gained.	

What are ways you have been able to connect with a person in this stage?

What is the biggest challenge when connecting with a person in this stage?

Part 3 – Review Questions

1. Name some of the unique skills of a Peer Recovery Specialist.

2. Name the 5 stages of the Recovery Process and how you can support a person at each stage.

Notes:

Recognizing Peer Drift

Session 3

Session Overview

9. Conversation on Experience
10. Peer Drift
11. Signs you may be drifting away from your true sense of peer support
12. Categories of work that are not consistent with peer roles
13. Areas where a Peer Specialist may drift
14. Review Questions

Learning Objectives

- Identify Peer Drift
- Explain the role of a peer in challenging settings

Part 1 – Conversation on Experience

It was the hope of the Peer Recovery Specialist program that hiring peers into the system would establish a culture change within the traditional behavioral health service system. Although this has happened in some ways, it also seems that Peer Recovery Specialists are often expected to conform to the existing, traditional system.

Notes on discussion:

Part 2 – Peer Drift

Peer Support is a specialty discipline. Just as a physician, a nurse or a social worker interacts with an individual from the perspective of their education, a Peer Recovery Specialist utilizes their lived experience and training in their interactions.

Peer drift is when the Peer Recovery Specialist acts in a role that differs from that which is intended. Protecting role integrity for the Peer Recovery Specialist is an important consideration. Role confusion and uncertainty around the duties and functions of a Peer Recovery Specialist is common and may lead to peer drift.

There are three broad types of peer drift:

Drifting towards a clinical role
This form of peer drift may occur when Peer Recovery Specialists' tasks inadvertently take on characteristics of their colleagues. Peer Recovery Specialists who work in traditional behavioral health care or medically oriented settings may adopt a more clinical approach to service provision.

Drifting toward an informal or casual role
Peer Recovery Specialists are perceived as a form of other support by the individuals with whom they work. For example, because peer support services are rooted in the concept of mutuality and voluntary support, boundary issues may arise between peer support workers and those they support. Over time, this relationship may become less structured and more casual, which can cause the individual they are working with to view them as a sponsor, friend, or informal therapist.

Drifting towards a marginalized role
Peer Recovery Specialists are often assigned duties that can be done just as well by a person without lived experience. These duties may include transporting peers, filing, doing what other staff members don't have time to do, etc.

Part 3 - Signs you may be drifting away from the true sense of peer support:

Peer Drift Signs

- Not sharing recovery story
- Sees the role of peer support as an opportunity to instruct
- Focuses on barriers, symptoms & diagnoses
- Assess and treat an individual
- Becomes the only support for an individual
- Primary job responsibility entails transportation
- Uses clinical language

What would you add?

Drift can be seen in approach, language, outcomes, and proficiency.

The Peer Recovery Specialists' language can begin to drift toward more technical or clinical concepts. For instance, when Peer Recovery Specialists begin to use words like "validation" with a peer this is not natural human language. This use of technical and clinical language loses opportunities to make information more relatable.

Over time Peer Recovery Specialists can begin to shift their focus from positive changes in people.

Part 4 – Areas of work that are not consistent with peer roles

When peer work falls into the following categories it is not consistent with a Peer Recovery Specialist role:

Busy Work: Is the Peer Recovery Specialist doing busy work because they don't know what else to do with the Peer Recovery Specialist and/or there is no one else who wants or has time to do a particular task? Are they not recognizing the special skills and training the Peer Recovery Specialist has, and giving them the tasks that anyone could do?

Agenda: Is the Peer Recovery Specialist expected to focus on a particular agenda? Is the Peer Recovery Specialist being used mainly as a way to get information for the rest of the team? Is the Peer Recovery Specialist seeing their job as defined by provider paperwork like treatment plans?

Power Imbalance: Is the Peer Recovery Specialist asked to do something that will increase the power imbalance (or perception of a power imbalance) between the Peer Recovery Specialist and the person they're supporting?

Part 5 - Areas where a Peer Specialist may drift

Below are areas where a Peer Recovery Specialist may drift into a role other than a peer role. Each area has a role consistent with the peer role and roles that do not.

Medications	
Consistent with Peer Role	Not Consistent with Peer Role Busy Work- Agenda- Power Imbalance
• Supporting someone to evaluate and communicate their concerns and desires regarding medications; • Supporting someone who is withdrawing from medications to come up with other supports; • Supporting someone to gather information/resources pertaining to medications; • Supporting someone to come up with a plan toward independence with medication management, changes, etc.	• Administer medications; • Become certified in the Medication Administration Program (MAP); • When the peer recovery specialist uses lived experience to encourage someone to comply with their medication orders; • Report back as to whether or not someone is taking their medications, etc.

Group - 1

Money Management	
Consistent with Peer Role	Not Consistent with Peer Role Busy Work- Agenda- Power Imbalance
Giving Rides	
Consistent with Peer Role	Not Consistent with Peer Role Busy Work- Agenda- Power Imbalance

Group - 2

Reading Files	
Consistent with Peer Role	Not Consistent with Peer Role Busy Work- Agenda- Power Imbalance
Court Ordered Treatment	
Consistent with Peer Role	Not Consistent with Peer Role Busy Work- Agenda- Power Imbalance

Group - 3

Attending therapy appointments or 12-step meetings	
Consistent with Peer Role	Not Consistent with Peer Role Busy Work- Agenda- Power Imbalance
Treatment Planning	
Consistent with Peer Role	Not Consistent with Peer Role Busy Work- Agenda- Power Imbalance

Group - 4

Crisis Situations	
Consistent with Peer Role	Not Consistent with Peer Role Busy Work- Agenda- Power Imbalance
Assessments	
Consistent with Peer Role	Not Consistent with Peer Role Busy Work- Agenda- Power Imbalance

Part 6 – Review Questions

1. Explain what peer drift means.

2. Describe three types of peer drift.

3. List three areas not consistent with the Peer Recovery Specialist role.

Notes:

Motivational Interviewing Skills

Session 4

Session Overview

1. Understanding Motivational Interviewing
2. Motivational Interviewing Intent
3. Four Foundational Motivational Interviewing (MI)Processes
4. Hindrances to initiating intrinsic motivation.
5. Open-ended questions, Affirmations, Reflections, Summaries (OARS)
6. Change Talk/Sustain Talk
7. Decision Balance
8. A Plan of Action
9. Role-Play
10. Review Questions

Learning Objectives

- Explain the concept of Motivational Interviewing.
- Describe hindrances to motivation.
- Define OARS.
- Utilize decisional balance tools.

Part 1 – Understanding Motivational Interviewing

Motivational interviewing is a person-centered, evidence-based, directive method for enhancing built-in (or intrinsic) motivation to change by exploring and resolving ambivalence with the peer.

There are far more tools involved in motivational interviewing than we will be able to cover in this session. We will focus on some of the key concepts and tools.

Motivational interviewing was initially a clinical intervention tool but that does not mean that there are not tools, concepts, and skills that can be used by a peer specialist. There is a danger that the peer specialist can shift into a clinical perspective if they lose the focus of peer specialist recovery values. This is a similar dilemma faced by clinicians if not using motivational interviewing in a person-centered manner.

What does this mean exactly?

- "Person-centered" refers to a collaborative approach to the peer specialist/peer relationship (reflective listening). The peer specialist follows the feelings and perceptions of the person they are serving and responds with reflective statements. It reflects a less clinical, more equalizing relationship. Person-centered recognizes that the person is the expert in their own life and the peer specialist serves as a guide.
- "Reflective statements" are those possible meaning(s) behind the person's statement and reflection of the person's possible feelings.
- "Evoking" strategies and interventions that may facilitate the peer to move toward exploration, change talk, resolving ambivalence/ uncertainty, or the decision to change.
- "Intrinsic motivation" is the motivation that comes from within the person. It is internally motivated choices.
- "Ambivalence" refers to the person's experience of conflicting thoughts and feelings about a particular behavior or change, in other words, advantages and disadvantages.

Part 2 – Motivational Interviewing Intent

Motivational Interviewing intends to evoke a spirit of:

Collaboration: The peer specialist draws out and conveys respect for the peer's ideas and opinions. Collaboration is non-authoritarian, ever-present, supportive, and exploratory.

Evocation: The peer specialist works to draw out a peer's ideas, opinions, reasons to change, and confidence that change is possible. The peer specialist facilitates change from within the person based on the peer's own reasons and motivation.

Acceptance: The peer specialist accepts the peer for who they are and what they are doing. Components of acceptance include non-judgment, empathy, autonomy, and affirmation.

Respect: The peer specialist maintains an attitude of respect for the peer, no matter what the peer is saying or doing, and expresses it through words and deeds.

Compassion: The peer specialist maintains and expresses compassion for the peer's situation. They let the peers know they understand through the reflections used.

Part 3 – Four Foundational Motivational Interviewing (MI)Processes

Four fundamental processes guide MI interactions: Engaging, Focusing, Evoking, and Planning. They are somewhat linear.

- **Engaging**, by necessity coming first,
- followed by **Focusing** (identifying change goals),
- **Evoking** (ideas, opinions, reasons for change) and
- **Planning** (goal setting).

The goal of Motivational Interviewing

The goal of MI is to create and amplify differences between present behavior and broader goals. This involves creating cognitive dissonance (feelings of discomfort caused when beliefs run counter to behaviors or new information) between where one is and where one wants to be.

The Four Principles of Motivational Interviewing

1. **Express Empathy** refers to the peer specialist's genuine effort to understand the peer's perspective and to convey that understanding to the peer. This is an important element of reflective listening. It embodies the spirit of MI.
2. **Develop Discrepancy** involves the peer specialist listening for or using strategies that help the peer identify those discrepancies in a particular behavior or situation. Discrepancy may result in the peer experiencing uncertainty or doubt. Areas of discrepancy may include past versus present and behaviors versus goals. Evoking change talk is one way to develop discrepancy.
3. **Dance with Discord** refers to the peer specialist's ability to side-step or decrease resistance and to connect with the peer to move in the same direction. It also refers to avoiding arguments.
4. **Support Self-Efficacy** is the peer specialist's ability to support the peer's hopefulness that change or improvement is possible. This also includes identifying and building upon a peer's strengths and previous successes and supporting the peer's hope and confidence.

Change comes from the peer's intrinsic motivation. When employing MI, peer specialists should avoid trying to change the peer's behavior or make things right.

Part 4 - Hinderances to initiating intrinsic motivation.

- **Assessment**
  The concept of an assessment automatically assumes making a judgment of the person's abilities, qualities, skills, or needs.
- **The expert**
  The peer specialist must always be aware of not coming across as the expert even if the peer is looking for them to be.
- **Premature focus**
  It can be a trap to jump into change before the person is truly ready.
- **Blaming**
  Blaming serves no one and never fosters change.
- **Chat**
  The role of the peer specialist is not to be a friend. Aimless chatting does not motivate change.
- **Cheerleading**
  People need to hear more than "you can do it" they need to develop a plan to be able to do it.

Thomas Gordan's 12 roadblocks

- Ordering, directing, or commanding.
- Warning, cautioning, or threatening.
- Giving advice, making suggestions, or providing solutions.
- Persuading with logic, arguing, or lecturing.
- Telling people what they should do, moralizing.
- Disagreeing, judging, criticizing or blaming.
- Agreeing, approving, or praising.
- Shaming, ridiculing, or labeling.
- Interpreting or analyzing.
- Reassuring, sympathizing, or consoling.
- Questioning or probing.
- Withdrawing, distracting, humoring, or changing the subject.

Why might these things be a hindrance?

The guiding **RULE** – Philosophy of Motivational Interviewing

R Reject the righting reflex Trying to fix problems can reduce the likelihood of change.

U Understand the person's motivation We don't motivate people. We find the motivation that lies within them and help them recognize it.

L Listen to the person. Communicate empathy.

E Empower the person. Change occurs when people are actively engaged.

When to use Motivational Interviewing

The key cue to use MI is whenever a person expresses ambivalence about taking an action.

Part 5 – OARS

Four strategies employed throughout Motivational Interviewing are represented by the acronym OARS which stands for:

- Open-Ended Questions,
- Affirmations,
- Reflections, and
- Summaries.

Open-Ended Questions facilitate a peer's response to questions from his or her own perspective and from the areas they deem as important or relevant. This provides the opportunity for peers to express their points of view. And it allows the peer specialists to discover and follow the peer's perspective. This is in contrast to closed questions that are leading, target specific information, and give the peer very little room to move.

- Closed Questions limit the peer's answer opinions and may:
- Have short or yes/no answers. "Did you drink this week?"
- Ask only for specific information. "What is your address?"
- Be multiple choice. "What do you plan to do: quit, cut down, or keep smoking?"

Open-Ended Questions encourage the person to talk and open up by allowing them more opportunity for how they respond.

Affirmations are actively listening for the peer's strengths, values, aspirations, and positive qualities. This listening also includes reflecting those things to the peer in an affirming manner. For example: a peer discusses many previous efforts to change a particular behavior from the position of feeling like a failure or hopelessness. The Advanced Peer Specialist then reframes the peer's statement (from a negative to a positive perspective) and affirms, "What I am hearing is that it is very important to you to change this behavior. You have made numerous efforts over a long period of time. It seems that you have not found the way that works for you." This reframe accomplishes both affirming the peer's efforts and perseverance. It also provides a framework for the peer and the Advanced Peer Specialist to explore solutions that will work for the peer.

Affirmations include:

- Commenting positively on an attribute. "You're a strong person, a real survivor."
- Statements of appreciation. "I appreciate your openness and honesty today."
- Catching the person doing something right. "Thanks for coming in today."
- Compliments. "I like the way you said that."

Reflections are:
Is a process of:

- Hearing what the speaker is saying.
- Making a "guess" at what they mean.
- Verbalizing the "guess" in the form of a statement.

Reflections with successively deeper levels of empathy are:

Repeating: Restate what the peer has said.

Example: Peer - "I don't want to quit smoking."
Peer specialist -"You don't want to quit smoking."

Rephrasing: Slightly alter what the peer says to provide the peer with another point of view.

Example: Peer - "I really want to quit smoking."
Peer specialist -"Quitting smoking is very important to you."

Paraphrasing: Infer meaning and amplify. Understating what the peer has stated.

Example: Peer - "I don't drink that much."
Peer specialist - "You hardly drink at all, and it's hard to imagine what the fuss is about."

Double-Sided: Acknowledge both sides of the peer's ambivalence.

Example: Peer - "Smoking helps me reduce stress."

Peer specialist - "On the one hand smoking helps you to reduce stress. On the other hand, you said previously that it also causes you stress because you have a hacking cough, have to smoke outside, and spend money on cigarettes."

Metaphor: Create an image that can clarify a peer's position.

Example: Peer - "Everyone keeps telling me that I have a drinking problem, and I don't feel it's that bad."

Peer specialist - "It's kind of like everyone is pecking on you about your drinking, like a flock of crows pecking away at you."

Shifting Focus: Provide an understanding of the peer's situation and reduce resistance.

Example: Peer - "What do you know about quitting? You probably never smoked."

Peer specialist - "I know how it feels to make changes.'

Reframing: Offer new meaning to help peers think about their situations differently.

Example: Peer - "I've tried to quit and failed many times."

Peer specialist - "You are persistent even in the face of discouragement. This change must really be important to you."

Emphasizing Personal Choice: Reflect peer's autonomy.

Example: Peer - "I've been considering quitting for some time now because I know it's bad for my health."

Peer specialist - "You're worried about your health and want to make different choices."

Siding with the Negative: Encourage peers to argue less and elicit the other side of their ambivalence.

Example: Peer - "My smoking isn't that bad."

Peer specialist - "There's no reason at all for you to be concerned about your smoking."

Part 6 – Change Talk/Sustain Talk -

Change talk is any speech that signifies a movement toward change. From the beginning, a guiding principle of MI is to have the peer, rather than the peer specialist, voice the argument for change. Change talk refers to peer statements that indicate an inclination or reason for change. The peer specialist actively listens for change talk in its various strengths (from weak to strong or committed).

Commitment talk has been shown to correlate with actual behavior change. Motivational modifiers include preparatory change talk represented by the acronym **DARN**, which stands for:

D: Desire to change

- "I wish things were different."
- "I am hoping things will change."
- "This is not the person I want to be."
- "I want to..."
- "I wish..."

A: Ability to change

- "I know what I have to do, I just need to do it."
- "I can make a change, I just need to commit myself to it."
- "I am going to prove everybody wrong."
- "I can..."
- "I could"...

R: Reasons to change

- "My family might be closer to me if..."
- "Maybe I'll have more energy if..."
- "I probably would feel a lot better if..."
- "It would be nice if I didn't have to worry so much about _____."
- "This is important..."

N: Need to change

- "I've got to make things better."
- "I need to get a handle on things."
- "My health can't go on like this."
- "This is more serious than I thought."
- "I can't do this anymore."
- "I really need to..."

CAT represents how to ask questions about implementing change:

C: Commitment talk, Statements about the person's intention and decision.

Questions to ask: What do you intend to do?

Listening for statements such as:

- I'm going to…
- I will…
- I plan to…

A: Activation statements about willingness, readiness, or preparation.

Questions to ask: What do you think you can do?

Listening for statements such as:

- I looked into…
- I am going to call…

T: Taking steps to change. Anything that breaks the pattern and begins a new direction.

Questions to ask: What are some things that you have done??

Listening for statements such as:

- I started…
- I had an appointment with…

The peer specialist uses specific strategic methods to engage and strengthen change talk (self-motivational statements). Use open questions targeted to change talk areas. For example, the peer specialist may ask: "In what ways does this concern you?" Or, "What do you see as a problem?" If the peer responds, change talk has been elicited.

Sustain Talk

Sustain talk is another side of ambivalence and uncertainty. It refers to the peer's reasons not to make a change or to continue with the status quo. Sustain talk can stall change talk, but it is different than resistance. Everyone has a reason to want things to stay just the way they are. They may feel unable to change or do not see any benefit in changing.

Listening for statements such as:

- "But you don't understand what I'm going through."
- "I am not ready to go there yet, if ever."
- "Yes, but I tried that before."
- "I'm prepared to accept the risks."

Roll with Resistance

If the person is struggling to change, they may resist potential solutions or the peer specialist's guidance. In motivational interviewing, the peer specialist avoids becoming defensive or argumentative if they encounter resistance. It takes at least two people to not cooperate.

Increasing or highlighting negative consequences from the outside at best will only promote short-term change. Long term, people will lack the ability/skills to sustain the change or double down on not changing because they do not see any benefit to the change.

Instead, help the person identify the problem and solution for themself. Until you understand what the person believes about themselves and their situation you are only making an assumption about the person. The peer specialist doesn't impose their viewpoint on the person but helps the person consider multiple viewpoints.

How have you been able to roll with resistance when working with a peer?

Part 7 - Decision Balance

Decision balance is a form of identifying pros and cons, in other words, the positive and negative experiences a peer may have regarding a particular behavior. This technique may be useful when the peer is in early readiness to change. Or it could be helpful when very little in the form of change talk is offered. This may be the case when the peer specialist does not want to influence a peer's choice.

Decision balance:

- Recognizes that ambivalence is a normal part of the change process.
- Uses ambivalence to promote positive change.
- Weighs the pros and cons of behavior.
- Increases discrepancy.

An example of a decision balance exercise would include answering the following questions:

~ What are some good things about…? (benefits of continuing)
~ What are some not so good things about…? (costs of continuing)
~ What are some good things about changing…? (benefits of changing)
~ What are some not so good things about changing…? (cost of changing)

This technique provides a reflection of both sides in the peer's own words.

Continuing behavior.		Changing behavior.	
Benefits	Costs	Benefits	Costs
This column often represents our automatic habits.			This column often represents our fears, apprehensions and even our automatic negative thoughts.

Ask the person what life in the future looks like using their answers in the middle 2 columns.

Part 8 - A Plan of Action

The peer determines goals and priorities, weighs options, and together with the peer specialist works out the details of a plan. The peer specialist will also ask about what the peer already knows or has done about the desired change. The peer specialist will discuss any ideas the peer is willing to consider.

The peer specialist must always ask permission before giving options or providing information. Either the peer asks for options, or the peer specialist asks permission to give options. The peer and peer specialist will also collaboratively identify and agree to a menu of options (alternatives) to include in a change plan. This menu specifically refers to the identification of at least several actions. Emphasis is placed upon the peer's willingness to pursue an identified action.

When giving information and options the peer specialist must:

> Always ask for permission: "Other peers have found _____ to be helpful. Are you interested in knowing more about that or is there something else we should discuss first?"
>
> Offer alternatives (menu of options): "We could find you a recommended diet or set up a session with a nutritionist."
>
> Provide more information according to the interest of the peer: "You mentioned _____. Would you like to know more about_____?"
>
> Express concern when indicated: "Would it be all right if I tell you one concern I have about this plan?"

Part 9 – Role-Play

Learning Activity – Role-Play

Motivational Interviewing Instructions:

Use the following script to practice motivational interviewing with another person. The setting is that you are meeting a new peer. Once you find out his or her goal, skip getting to know your peer and focus on the questions geared towards motivating your peer to change. Your job with motivational interviewing is to ask questions, listen with empathy, and use affirmations, reflections, and summaries to let the person know that you understand them.

Why is (insert goal) most important to you?

If you don't make these changes and things stay the way they are, how would that affect your life? What consequences would occur?

When you do successfully reach your goal, in what way(s) will life be different? What benefits are important to you?

On a scale of 1-10, how important is it for you to make these changes right now? Why is it not a 2 or 3? What would make it a __? (insert higher number)

Do you believe you can make these changes?

On a scale of 1-10, how confident are you? What would make your confidence one number higher?

Are you ready and willing to change at this time? On a scale of 1-10, how ready are you to make this change?

In what ways do you believe I can help you?

Part 10 – Review Questions

1. What is Motivational Interviewing?

2. What does OARS stand for?

3. What is the difference between “Change Talk” and “Sustain Talk?”

4. What is decision balance?

Stages of Change

Session 5

Session Overview

1. Stages of change
2. Case studies
3. Review Questions

Learning Objectives

- Identify the stages of change
- Identify supports in each stage

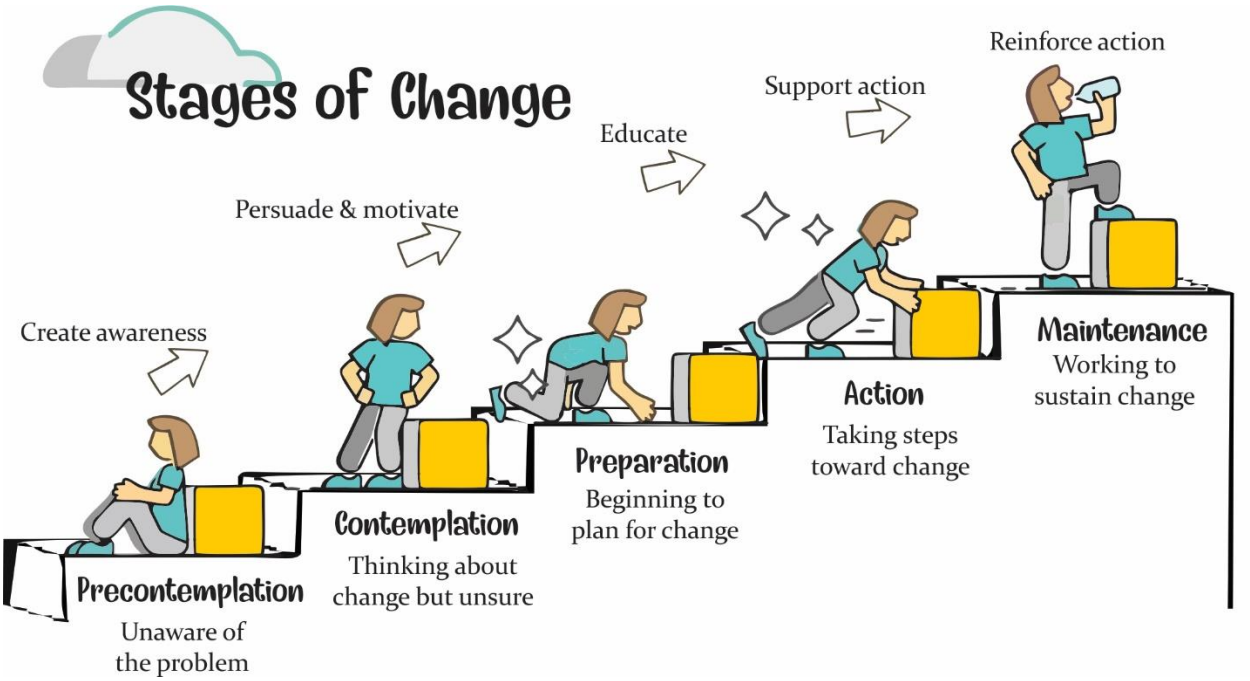
We learned about the 5 Stages in the Recovery Process that can help to understand where a person is at in their recovery and the dangers and barriers they can face. In this section, you will learn some strategies and skills that may enhance another person's motivation to change behaviors that are causing problems in their life. A person's readiness for change is key to being able to set and achieve recovery goals.

As peers, we use strategies too:

- Meet the person where they're at.
- Support the person and identify the reason for making a change.
- Recognize that the responsibility for change resides with the person you're supporting.
- Demonstrate empathy and understanding empathy is the key to motivating change.
- Provide guidance and support on how to change.
- Provide a menu of treatment strategies and options.
- Convey that change is possible.

Understanding the stages of change helps peers meet a person where they're at and to select the right type of support and information to enhance the person's motivation for change.

Part 1 – Stages of change



Stage – Precontemplation – Unaware of the problem

Description

The individual has not even considered the prospect of change and is unlikely to perceive a need for change. They are likely unaware of any problems related to their behavior.

It is usually someone else who perceives a problem.

At this stage, a person is not likely to respond positively to anyone (family, friends, or professionals) being confrontive or demanding change.

The person is unaware of their issues, they are not ready.

What was it like for you at this stage?

Indicators

- Total resistance to doing anything.
- No willingness to meet, talk to anyone about their behavior, or get assessed.
- Angry at any indication from another that there is a problem.
- Blaming others
- Everything is okay" statements.
- Willingness to work on other things, but not the specific problem.
- Refuse to let a professional/peer in and work with them
- Lack of awareness

Peer Specialist Focus – Create awareness

- Build a relationship.
- Diffuse the crisis.
- Consider any safety concerns.
- Show empathy and caring.
- Provide needed services and resources in other areas
- Affirm the individual's strengths and capacity to learn and grow
- Provide information and feedback on the possible risks of behavior to raise awareness.
- Listen for windows of opportunity where the person talks about problems, concerns, and a need to change.
- Ask questions, listen, and provide unbiased information.

Additional factors:

- Before you raise the topic of change with people who are not thinking about it, establish rapport and trust.
- Ask the person for permission to address the topic of changing behaviors.
- Explain that you will not tell the person what to do, how to change, and whether to change.
- Asking the person to tell you why they came in for services, mentioning what you know some of the reasons, but you are interested in their version.
- Avoid referring to the person's "problem" because this may not reflect the person's perspective.

List things you would do to engage a peer at the pre-contemplation stage.

Stage – Contemplation – Thinking about change but unsure	
Description	
The individual both considers change and rejects it. They may doubt any long-term benefits of change. The person may be thinking about making a change but is not quite ready or doesn't know how to get started. **What were some reasons you did not want to make changes in your life?**	
Indicators	
• Saying one thing, doing another • Rationalizing, minimizing.	• Anxiety rises while trying some things that do not work. • Both talking about change and arguing against it
Peer Specialist Focus – Encourage & motivate	
• Help tip the balance to favor change. • Evoke reasons to change and risks of not changing. • Continue to strengthen the person's belief in their own abilities.	• Strategically use open-ended questions, affirmations, and summarizing. • Have the person voice the problem, concern, and intention to change. • Have the person self-assess values, strengths, and needs.

Additional factors:

- Stress to the person that ambivalence is a normal part of the process.
- Support the person to examine how they will look, act, and feel when making this change.
- Examine what life looks like if the person does not make the change that they are contemplating.
- Support the person to identify the discrepancies. Is their behavior in line with what they want out of life?

List things you would do to engage a peer at the contemplation stage.

Stage – Preparation – Beginning to plan for change	
Description	
The person is ready to change. This is a window of opportunity when the person resolves the ambivalence enough to look at making change. They are more decisive, confident, and committed. The person is beginning to develop a plan and may have already taken small steps.	
Indicators	
• Admitting the need for change • Accepting responsibility for their behavior	• Asking for help • Starting to look at alternatives
Peer Specialist Focus - Educate	
• Facilitate the development of a vision for their future. • Provide information on all available options. • Explore all available options, and the benefits and consequences of each. • Build on confidence. • Identify a support network.	• Support the person to set specific goal(s). • Support the person to develop a plan. • Support the person to choose strategies to use. • Support the person to identify the resources needed. • Develop a plan for addressing potential barriers.

Additional factors:

- People can get stuck at this stage.
- Sometimes people can be impatient and jump into a change before lining up resources and support.
- Begin with small, short-term goals to build confidence.

List things you would do to engage a peer at the preparation stage.

Stage – Action – Taking steps toward change	
Description	
The person engages in actions that intend to bring about change. People may be modifying their problem behavior or acquiring new healthy behaviors.	
Indicators	
• Starting to work out a plan. • Making changes in behavior • Asking for support.	• Moving out of their comfort zone. • Trying new things.
Peer Specialist Focus – Support change actions	
• Introduce and practice coping strategies. • Identify triggers and conditions that could lead to problem behavior. • Help evaluate the effectiveness of coping skills. • Keep steps small and incremental. • Teach skills.	• Access resources for the specific target behavior. • Reward small steps of progress. • Assess success. • Make necessary changes in planning as the person continues to progress. • Engage in 'what if…' planning.

Additional factors:

- There will always be setbacks to any plan, so preparing for possibilities is vital.
- The person's old behavior was most likely their coping strategy and they may not know others.

List things you would do to engage a peer at the action stage.

Stage – Maintenance – Working to sustain change	
Description	
A person in the maintenance stage has managed to stay in action mode for some time. The person identifies and implements strategies to maintain progress. They have successfully avoided or overcome the obstacles that could have caused them to slip back into old behaviors.	
Indicators	
• Making long-term life changes. • Focusing less on refraining from old behavior and more on a "recovery" lifestyle.	• Utilizing healthy coping skills. • Focusing less on refraining from old behavior and more on a "recovery" lifestyle
Peer Specialist Focus – Reinforce action	
• Assist in sustaining changes accomplished by the previous actions. • Help the person to develop the skills and self-efficacy to build a new life. • Build relapse roadmaps. • Prepare crisis plans for when a relapse might happen. • Review warning signs of a possible slip or relapse. • Help the person connect to other support systems for a healthier lifestyle.	

Additional factors:

- The person may have replaced their old coping mechanism or unhealthy behavior with a new seemingly healthy one. Work, relationships, etc.
- When people are doing 'good' they can forget to use the supports that keep things good.

List things you would do to engage a peer at the maintenance stage.

There are 2 additional factors often identified in the stages of change that we will look at separately because they can occur at any stage.

Factor – Relapse Return to old behaviors- replace all
Description
This stage is when people slip back into their old behaviors and habits. A relapse is a form of regression to an earlier stage. It is not a stage in itself, but a failure to maintain the existing position in behavioral change, either as a result of inaction or the wrong action.
Indicators
• Repeating behavior that they are trying to change. • Engaging in different, but equally problematic behavior. • Feeling shame about behavior.
Peer Specialist Focus
• Assist in processing the emotions resulting from the slip. • Help the person understand what happened to lead to another slip. • Help the person process the experience and use the slip as a learning experience. • Review the plan and encourage commitment to continue. • Adjust the plan as needed. • Implement the plan (as adjusted).

Additional factors:

- Relapse means that the person forgot something about staying in recovery.
- It does not mean starting over.
- Relapse is more than just a return to use, it is a return to behavior.
- Relapse is a major hit to a person's self-esteem.

List things you would do to engage a peer who has experienced a relapse.

Factor – Worry/Fear	
Description	
Change always invokes fear of the unknown. Life is not always predictable during times of change.	
Indicators	
• Hesitant to set goals. • Resistance. • The person may be stuck. • Rigid to routine. • Isolating.	• Heighten level of anxiety. • Feeling overwhelmed. • Procrastinating. • Need to be dependent on others.
Peer Specialist Focus	
• Identify strengths. • Support the person to find healthy coping skills. • Normalize the anxiety of change. • Support the person to plan for 'worst case scenarios"	• Set small goals to maintain momentum. • Support the person to recognize and define the fear. • Remind the person of why they were seeking to change in the first place.

Additional factors:

- The person may not be aware of their sense of worry.
- If they are aware they may not share their fears.

List things you would do to engage a peer who is experiencing worry or fear.

Part 2 - Scenarios

Scenario 1

Kelly is an 18-year-old woman you have been working with. She is in a relationship with a 40-year-old man Greg who she has mentioned, is occasionally violent with her. She is six months sober and active in the recovery community her boyfriend often becomes jealous of the time she spends at meetings and with friends. He drives her to and from meetings, which Kelly appreciates. She is currently hoping to marry Greg someday soon though he hasn't proposed.

Kelly is in different stages of change in different areas of her life. Identify which stages she is in in which parts of her life.

What would you do to support Kelly to move forward in the stages of change?

Scenario 2

You are a Peer Specialist working in a integrated health agency (addressing both behavioral health and physical health conditions) George has recently quit smoking and has gained about 50 pounds. He is at a high risk for developing diabetes he is very worried about acquiring diabetes because his mother died of that disease, he has tried several diets on his own but has never been successful at keeping the weight off he is looking for a program to help him lose weight and reduce his risk for diabetes.

What stage of change is George at?

How would you support George?

Scenario 3

You have been working with Jackie for the past 2 years. She is about to start a new job. She is very excited about it but also nervous because she has been fired from most jobs in the past. This is a full-time job so it will be a big change for her.

What stage of change is Jackie at?

How would you support Jackie?

Scenario 4

You are meeting with Chuck for the first time. Chuck keeps getting ticketed by the police for panhandling. They have told him that if he gets one more ticket, he will have to serve some jail time. He is very frustrated because he does not see a problem with pan handling and states “it isn’t hurting anyone”. The money helps supplement his income.

What stage of change is Chuck at?

How would you support Chuck?

Part 3 - Review Questions

1. List the stages of change.

2. List indicators for each stage.

3. List supports for each stage.

Group Facilitation

Session 6

Session Overview

This session has four parts:

1. Conversation on Facilitation Experience
2. Review of Skills and Techniques
3. Facilitation Challenges
4. Review Questions

Learning Objectives

By the end of this session, you should be able to:

- Understand skills and techniques needed to improve group facilitation.
- Demonstrate skills and techniques learned.

Part 1 – Conversation on Facilitation Experiences

What kinds of groups have you facilitated?

What do you think are the 3-4 most important group facilitation skills?

Notes:

Part 2 – Review of Skills and Techniques

This session describes desirable leader traits and behaviors, along with the concepts and techniques vital to facilitating groups. Many of the ideas can apply to other types of groups, too.

Facilitating is no easy task. You're responsible for securing productive participation from all the individuals in the room. And you are tasked with guiding those individuals with different personalities and work styles to a common outcome. You are probably getting sweaty palms just thinking about it.

1. It is good to be prepared.

Most skilled facilitators spend about three to four times as long preparing for a session than the amount of time they spend on giving the actual session. Teachers, especially new teachers, know this reality best. But why spend so much time preparing?

As a facilitator, it's your job to guide a group through a process. You are making it easier for participants to accomplish the goal at hand. Having a structure and general idea of what direction you're going will help accomplish this. However, as we've all learned in our lived experience, sometimes things don't happen the way we planned. You need a plan, a backup plan, and possibly a few more plans just in case your other plans don't work or something breaks. Having options to pull from will provide you with flexibility and allow you to change things up based on the group's needs.

How do you practice this skill? Start your facilitation preparation with at least a two-to-one investment of time. Here are important details that will help you prepare and plan:

- Review the session objective. What will success look like?
- Does the group need to do any "pre" work before the meeting?
- How long do you have to run the session? Is the time allotted realistic to meet the goals of the session?
- What do you know about the group in the room? What personalities and dynamics are at play?
- What will the session space look like? How can you best prepare for this?
- What materials do you need to achieve the meeting goals?

2. Know the group participants.

While definitely connected to preparation, knowing who's in the room is an essential skill for effective facilitation. Find out as much as you can about who will be in the room before you get there. The more you know about the group, the individual personalities, and the dynamics at play, the better you are able to plan for a successful session and a positive experience. Most groups work well together but don't actually know each other. Introduce new members.
Spend a small amount of time encouraging opportunities for a group to get to know one another. This always adds great value.

3. Create an inclusive environment.

Place all participants on an equal playing field. Finding ways for everyone to participate is a key component of facilitating the group. This can be done in many ways. One way involves how the group room is set up. It could be as simple as designing a seating plan where everyone is on the same eye level, in a circle, and with no one's back to anyone else. Consider designing a session with structures and activities that appeal to different learners and personality types.

4. Set effective guidelines.

As a facilitator, you need to help set a tone for the behaviors and attitudes of the session. You can think about these guidelines yourself. Another way is to simply ask the group what behaviors and attitudes will help them get the most out of the experience.

Try to push for concrete ideas and clear guidelines. If someone says, "Be respectful," ask what respect looks like. Then ask how the group would know if they saw it. This is also a good time to talk about focus—especially cell phone etiquette—and ways to manage distractions that might pull the meeting off track.

You'll need to get agreement from the group that they're all on board with the guidelines. You can just ask the group directly. If you get head nods, you're good to go! And you can always return to the guidelines to make sure you're still on track. Or you can edit the guidelines if needed to make them fit the group's needs better.

5. Give clear and specific instructions.

Clear instructions make it easier for your group to get to the outcome you're looking for. It works best if you break down the steps of the activity clearly and explain what the end goal will look like. Some easy tips may include having the directions pre-written on flip-chart paper or a PowerPoint slide. Then ask the group to repeat the steps back to you to make sure everyone understands the activity.

- How do you want to present this information to the group?
- What topics of conversation do you want them to cover?
- Whether you want them to take notes.
- How much time they'll have for this activity?

6. Active listening is a favorite workout.

In an effective group session, everyone will walk out aligned; in other words, on the same page and speaking the same language. To achieve this, make sure everyone has a chance to be heard and to hear each other. The best way to do that is to use your active listening skills and encourage your group to do the same.

Mirroring, paraphrasing, and tracking are three tools you can leverage to help with active listening. Mirroring is when you repeat back the speaker's words verbatim. It helps speakers hear what they just said, shows neutrality, and establishes trust. Remember, with mirroring you're keeping your tone warm and accepting and using the speaker's words, not your own.

Paraphrasing, on the other hand, is a straightforward way to show the speaker and group that their thoughts were heard and understood. Paraphrasing, unlike mirroring, is when you use your own words to say what you think the speaker said, "It sounds like you're saying…Is that what you mean?"

And lastly, tracking is when you keep track of various lines of thought that are going on simultaneously within a single discussion. This helps summarize the different perspectives and shows that multiple ideas are equally valid. You may want to keep notes. If you do, let the group know that you are going to do so.

7. Keep track of time.

Group activities have time limits. There are only so many hours in a day. You'll need to plan out how long the different components of your session will take and how long your group will have to reach the session's goals.
There are a few different ways to keep track of time:

- Use a watch or phone and let people know how much time is passing.
- Use a large clock that the whole group can see.
- Delegate timekeeping to individuals or smaller breakout groups. Choose a method that will let you pay attention to what's going on in the room and allow your group to easily track the time for each task.

Whatever method you choose, consider giving people warnings as the time for each activity draws to a close. You can say it out loud or hold up a sign, like "2 minutes left" or "1 minute left." This method will avoid interrupting the group's workflow or conversation.

8. Gauge the energy.

Sometimes a group of people walks into a room and conveys an energy. Maybe the energy is tired, lethargic, excited, hyper, silly, negative, shy, or nervous. Sometimes the activity needs to match the energy of the group. Sometimes you need to find ways to boost a low-energy group's enthusiasm and excitement.

Prepare a few energizer activities ahead of time to get people moving, bring the energy up, focus the group, lighten the mood, and get people thinking creatively. No one does their best work when feeling low or tired. A few fun activities can go a long way toward bumping the mood of the room up to a fun, productive level.

9. Be flexible and able to adapt.

Part of your job as a facilitator involves checking in with your group about their progress and process. Think about how often they might need a break. Make a point to periodically ask how everyone is doing and whether it's time for a break. Maybe you originally planned on taking a break in 30 minutes, but the group needs it now. So, give it to them! It's about taking care of your group to help them operate at their best. Think about your agenda. Are you on track to accomplish everything you planned? If you're off track let the group know.

10. Know your role.

Be mindful about what your role is in each session. Are you a neutral party there to facilitate the process? Or are you actively invested in the outcome? Then adjust your participation to fit.

Like most things worth doing, becoming an effective facilitator takes practice. The good thing is that all of these skills are totally learnable. Just get out there and try them out! Each group is different. As you work on these skills, you'll figure out what works best for your team and your organization. With your expert-level facilitation, all those different learning styles and personalities can come together to produce awe.

Part 3 – Facilitation Challenges

Even the best facilitators can encounter challenges when facilitating groups. We are going to allow you to problem solve some of those challenges.

What have been some of the difficulties you have encountered when facilitating a group?

What have you learned about handling some of those difficulties?

Example

Challenge	Impact	Solutions
No agenda	• The group wanders off track. • Participants see no value in the group because no progress is made. • Participants do not engage. • The group can be taken over by strong personalities. • Difficult to maintain the timeline.	• The facilitator prepares a topic or agenda for the meeting ahead of the meeting. • The facilitator can ask for ideas for the next from the participants at the end of each meeting. • Use a formatted meeting process.

Challenge	Impact	Solutions

Part 4 – Review Questions (5 minutes)

1. Which skills and techniques did you find most helpful to you?

2. What is one weakness you have when facilitating groups?

3. What is one of your strengths when facilitating groups?

Ethics and Boundaries

Session 7

Session Overview

1. Arkansas Peer Recovery Support Specialist Code of Ethics
2. Recognizing unavoidable power dynamics
3. Confidentiality
4. Mandatory reporting
5. Professional Boundaries
6. Addressing boundary crossing
7. Review Questions

Learning Objectives

- Identify the Peer Recovery Support Specialist Code of Ethics.
- Recognize the unavoidable power dynamics within a peer support relationship.
- Understand the importance of confidentiality.
- Identify mandatory reporting requirements.
- Recognize and address professional boundaries.

Part 1 – Arkansas Peer Recovery Support Specialist Code of Ethics

Handout

What elements are you glad to see in the Code of Ethics?

What are the top one or two elements that you think peer specialists struggle with the most?

Have you ever had to inform your supervisor or someone in authority about possible abuse or someone's ethical violation? If so, what was that experience like?

Share a time when the Code of Ethics gave you direction or helped inform you about what to do, or what not to do.

Part 2 – Recognizing unavoidable power dynamics

The role of a Peer Recovery Specialist is a profession. Working as a peer specialist there is an expectation of responsibility that comes with the job.

The Code of Ethics provides us with guidelines as we work with the people we serve. We call ourselves peers because we share in the "lived experience" - the experience of living with a behavioral health condition and walking our paths toward recovery. Our professional Code of Ethics prevents us from abusing that peer relationship for personal gain. People are in services in order to focus on their own recovery and on their own needs and wants – not on what we want or on what we assume to be best for the person.

When any ethic of our code is violated, we compromise our role and risk hurting the people we are hired to support, educate, and empower. As peer support specialists, we must uphold the ethical standards that we expect from the rest of the behavioral health system. Peers who violate the Code of Ethics give a black eye to all peer specialists. It can sometimes be difficult because we care so much for the people we serve, but if your actions require you to justify or make excuses for violating an ethical code you are not providing peer support.

You should always be evaluating and asking yourself.....

"How is what I am doing really about peer support?"

As a peer specialist, you will always be in a position of power with respect to the people you serve. We strive to minimize this power relationship in every way we can, but we must admit that that power dynamic always exists.

- The person is meeting with you because they believe that you have a level of knowledge and experience that will support their recovery.
- The peer specialist has a title representing a specific role.
- The peer specialist has access to resources, space, and traditional providers in ways that the peer does not. (access to documentation, office space, etc.)
- The peer specialist has the right to refuse services to the person.

What other power dynamics are there in the peer specialist peer relationship?

Part 3 – Confidentiality

As peer specialists, we must treat and share entrusted information responsibly. A person's wishes, decisions and personal information should be treated with respect. Ignoring a person's right to confidentiality would lose their trust and might prevent people from seeking help when needed. Confidentiality preserves individual dignity.

The concept of confidentiality is outlined by legal protections in both HIPAA and 42 CFR part 2. Many people are familiar with or have at least heard of HIPAA and not so many with 42 CFR part 2.

Both CFR Part 2 and HIPAA protect patient privacy by regulating the way that patient information can be shared and disclosed. CFR Part 2 applies specifically to federally funded substance use disorder treatment records. HIPAA applies to many types of patient information, not just substance use disorder information. CFR applies a stricter set of privacy standards.

Why is confidentiality important to people seeking treatment?

What are some of the negative consequences people may experience as a result of breaks in confidentiality?

What are some ways people inadvertently break confidentiality?

Have you ever known someone accused of breaking confidentiality at an agency where you worked? If so, what was the result?

Part 4 - Mandatory reporting

Many peer specialists work in areas where they are mandated reporters. Mandatory reporting laws establish a legally enforceable duty for those who have contact with vulnerable populations to report to state and local authorities when mistreatment or abuse of those populations is suspected or confirmed.

Matters that generally require mandatory reporting fall into the following areas.

- Threats of **harm to self** (suicidal) The peer specialist generates concern from what the person says and/or how the person acts.
- Threats of **harm to others** (homicidal) The peer specialist generates concern from what the person says and/or how the person acts.
- The person discusses situations where there is suspected child **abuse**, elder abuse, or other vulnerable individuals including, physical abuse, emotional abuse, sexual abuse, or neglect.

Are you a mandatory reporter?

Who is the person you would report to?

Have you ever had to make a report? What was that like?

Mandated Reporter Guidelines

Mandated Reporter Guidelines Peer support workers become Mandated Reporters for most situations the minute they become employed. Being a Mandated Reporter means that you MUST report to the authorities should you learn about or suspect any of the following situations. Reporting is, as the title implies, not optional. Once you are employed in a behavioral health agency, you have this obligation even in your personal life; when you are at work, at home, out in the community—all the time. Your obligation as a mandatory reporter ends only when you cease to work in this field. Here are the guidelines.

Abuse or Neglect of a Child: Any known or suspected abuse of a child must be reported. Keep in mind that you may see evidence of abuse or neglect at work, at home, or out in the community. You must report even if that means reporting a family member. Child Protective Services will follow up on your report by investigating and offering services to the family. You may consult your supervisor when in doubt. To report suspected abuse or neglect of a child, call 800-482-5964 or (844) SAVEACHILD. In an emergency, call 911.

Abuse or Neglect of a Vulnerable Adult: A "vulnerable adult" is more than just an adult with a disability. To qualify as a vulnerable adult, a person must be unable to leave the situation: for example, when the person abusing or neglecting an adult is a family member living in the home, or a paid caretaker, or a fiscal agent who keeps the person's money. If the adult is unable physically, cognitively, or financially to leave the situation, they are considered vulnerable. To report suspected abuse or neglect of a vulnerable adult, call 1-800-482-8049 – Adult Maltreatment Hotline

Duty to Warn, or Intent to Harm: The definition for this has changed in recent years. The first requirement to warn when a person threatens to harm another was for a specific threat against an identifiable individual, when the threatening person has the means to carry out that threat. Now we are required to report any threat, including vague threats to "kill someone" or "hurt someone." If you believe the threat to harm is imminent, call 911 first and then attempt to notify any identifiable intended victim. If the harm is not imminent, speak to your supervisor and then decide how to report.

Reporting others with a Department of Health Credential: Once you have your certification, you are obligated to report any other person holding a similar credential, if you believe they are practicing unethically or they are incompetent to practice (dementia, drug or alcohol use, etc.).

More information about mandatory reporting can be found at the Arkansas Mandated Reporter Portal https://mandatedreporter.arkansas.gov

Part 5 - Professional Boundaries

Boundaries are guidelines, expectations, and standards that set limits for safe, acceptable, and effective professional behavior. We define boundaries as limits you do not cross. They serve as the divide between acceptable and unacceptable behavior. Boundaries exist beyond ethics or policies. Professional boundaries are also separate from personal boundaries.

The ability to set and maintain professional boundaries is critical because the quality of the services we provide is determined by our ability to work within our professional boundaries.

Good boundaries serve to:

- Establish a safe, supportive relationship.
- Ensure good practice and standards.
- Build and maintain trust with the people we serve.
- Ensure consistent service delivery.
- Ensure team coherence.
- Provide a framework for the relationship.
- Keep the relationship on a professional level.
- Avoid feeding into the vulnerability of the people we serve.
- Ensure health and safety.
- Prevent burnout.
- Teaches boundaries.
- Role models good boundaries to those we serve.
- Reduce the risk of mistreatment or abuse.
- Prevent role confusion.
- Build independence for those we serve.

What are some additional benefits of good boundaries?

Quiz to assess your professional boundaries - Adapted from an article in Personnel Today

Managing the boundaries between you and the people you serve is a difficult juggling act. This self-assessment tool aims to help you think about yourself and the professional boundaries that underpin your work. Choose the answers that are closest to how you think you would respond in real life, then check the scores and see how tight or loose your professional boundaries are.

Q1 - You are walking down the street with your partner and see a person you are currently working with walking towards you.
Do you:

a. Ignore them.
b. Make eye contact and see what they want to do.
c. Nod a brief hello to them.
d. Stop and chat with them.
e. Stop them and introduce your partner.

Q2 - Your work cell phone is broken and one of the people you serve needs to be able to contact you about the outcome of a custody case on a day that you are working out of the office.
Do you:

a. Give them your personal number but tell them it is a one-off and not to use it again.
b. Give them your personal phone number but tell them it is a new work number.
c. Tell them to call the office and leave a message.
d. Say your phone is broken and blame the lack of resources.

Q3 - One of the people you are working with notices you are reading a book by their favorite author. You have just finished the book and can tell they would love to read it.

Do you:

a. Give them the book.
b. Hurriedly put the book away.
c. Discuss the ideas and themes of the book with them.
d. Suggest they join the local library.
e. Offer to lend them the book.

Q4 - A person you are working with asks if you have a partner and children.
Do you:

a. Give a totally honest answer.
b. Tell them it's none of their business.
c. Acknowledge your situation without giving too much information away.
d. Get out your family photos.
e. Moan about your partner/lack of a partner.

Q5 - A person you are working with confides in you that they smoke cannabis to help them deal with their issues. They are not a 'chronic' user, it does not appear to be doing them any harm, and they feel it helps them relax.

Do you:

a. Suggest that they keep an eye on any side effects on their mental or physical health.
b. Warn them strongly about the dangers of cannabis.
c. Suggest that they attend a drug rehabilitation program.
d. Ask further questions about their use.
e. Say that it seems that cannabis is the least of their problems.
f. Say that many people do self-medicate with cannabis and, as long as they don't smoke too much, they should be fine.

Q6 - A person you have been working with stops engaging with you and rejects your attempts to support them.

How do you feel?

a. Sad.
b. Annoyed.
c. Disappointed.
d. Angry.
e. Not bothered.

Q7 - A person you are working with tells you that you really "get" them, that no one else understands them, and that they think you are a wonderful person.

Do you:

a. Thank them and say that they are a special person too.
b. Act pleased but modest.
c. Explain that you are just doing your job.
d. Tell them to stop being soft.
e. Hug them.

Q8 - A person you are working with gets engaged and promises to invite you to their wedding, saying they would really like you to be there after everything you have been through together.

Do you:

a. Say you will start looking for an outfit.
b. Tell them that you don't think it is appropriate for you to go.
c. Tell them you would love to go but professional boundaries mean that you can't.
d. Be vague, but intend not to go.

Q9 - You are working with a person who is unable to leave the house. At the end of a home visit, they ask you to go to the store for them because they have no food in the house. It is outside your job description and your hours of work.

Do you:

a. Take the money offered and go to the store for them "just this once".
b. Say you are unable to go for them.
c. Offer to do the shopping on a regular basis for them.
d. Ring your organization and get clearance to do the shopping.
e. Don't do the shopping this time but arrange adequate support for the future.

Q10 - You are working with a person who flirts with you in one-to-one sessions. You believe they are becoming sexually attracted to you.

Do you:

a. Speak to your manager about the situation.
b. Play along with them so you don't hurt their feelings.
c. Tell them this is a professional relationship and that they should not be over-friendly.
d. Get them transferred to another worker.
e. Stop booking one-to-one sessions with them.
f. Book a home visit to discuss the situation.

Q11 - One of the people you are working with used to be a financial adviser. While chatting, they tell you about some stocks and shares you should buy now to make lots of money. You currently have some money you are looking to invest.

Do you:

a. Tell them that you are here to advise them, not the other way around.
b. Tell them you don't invest in the stock market, but follow their advice secretly.
c. Be polite but disinterested and ignore the advice.
d. Ask them for more details so you can check it out later.

Q12 - A new person you serve spontaneously hugs you at the end of a particularly positive session.

Do you:

a. Hug them back and tell them what a positive session it was.
b. Let them hug you but don't really engage.
c. Avoid the hug and tell them that it is not appropriate.
d. Accept the hug and tell them it is not appropriate.
e. Tell them to never touch you.

Q13 - You turn up for a home visit and the person answers the door wrapped in a towel.
Do you:

a. Refuse to enter the house or to start the session.
b. Tell them to put some clothes on and wait outside while they do.
c. Laugh it off and go in anyway.
d. Suggest they need to put some clothes on before starting the session.

Q14 - You turn up to meet your friends for dinner at a bar/restaurant. You see someone you are working with there with some of her friends and she looks slightly drunk.
Do you:

a. Ignore your person all night.
b. Speak to the person and suggest they leave and go somewhere else.
c. Ask your friends to leave with you and go somewhere else.
d. Have a word with the person and suggest that you ignore each other.
e. Buy the person a drink.

Q15 - One of the people you have been working with is moving on from the program. They bring you an expensive bottle of perfume/aftershave as a gift to thank you for all you have done to support them.
Do you:

a. Accept the gift with thanks.
b. Refuse the gift as inappropriate.
c. Accept the gift but say you will have to share it with the team.
d. Accept the gift, document it, and report it to your manager.

Q16 - While chatting with a person you serve, they mention your favorite band/musician and talk about how much they love them
Do you:

a. Listen and ask them questions.
b. Say how much you like the artiste.
c. Start chatting in depth about the music/lyrics.
d. Talk about the time you saw them play live.
e. Change the topic of conversation.

Q17 - You are chatting with a group of peers when one of them tells a racist joke. All the other people laugh and, although tasteless, the joke makes you want to giggle.
Do you

a. Smile to yourself but walk away.
b. Keep a straight face and say nothing.
c. Challenge the person directly about the implicit racism.
d. Say that you find the joke offensive.
e. Remind them of the rules about racist language.
f. Laugh (but not too loud).

Score yourself using the following grid.

	A	B	C	D	E	F
Q1	1	2	3	4	5	
Q2	5	3	2	4		
Q3	4	1	3	2	4	
Q4	3	1	2	4	5	
Q5	3	2	1	2	4	5
Q6	3	3	3	5	1	
Q7	4	3	2	1	5	
Q8	5	2	4	3		
Q9	3	1	4	2	1	
Q10	3	4	2	1	2	5
Q11	1	3	2	5		
Q12	4	3	2	3	1	
Q13	1	2	5	3		
Q14	4	1	2	3	5	
Q15	5	2	3	3		
Q16	2	3	4	5	1	
Q17	3	4	2	2	2	5

Your Score _____

21-33: Your boundaries are very tight. Try seeing things from the point of view of the person you serve.

34-52: You are nice and safe.

53-70: You are treading a fine line. If you do it with enough consideration, judgment, and caution, you will be fine. If you are not careful enough you will cause problems for the person you serve, yourself, and the agency.

71-76: Your boundaries are very loose. You are setting yourself or the peer you serve to fail. Have a good think about your motives and personal boundaries.

77-82: Your boundaries are non-existent. You need to tighten them fast before you cause serious problems.

Healthy boundaries fall in between weak and tight boundaries. Healthy boundaries allow for connection, without over involvement, and allow for detachment without disconnection.

Part 6 – Addressing boundary crossing.

Even with the most diligent boundary management and very focused work, boundaries will get crossed at some point or other. The measure of a good peer specialist is spotting them soon enough and dealing with them effectively.

Boundary crossings occur for a variety of reasons:

- As a result of an action by a peer specialist. This could be the result of forgetfulness or a mistake, poor training, poor decision making, lack of information, a deliberate but well-intentioned decision, or in some cases a malicious and intentioned piece of boundary-breaking and abuse.
- As a result of an action by a person receiving services. Through a lack of understanding of boundaries, an inability to keep within boundaries, intoxication, or a deliberate breaking of boundaries.
- Accidentally. There are many situations where a boundary can be crossed through no fault of the peer specialist or person receiving services. For example, they both visit the same place on the same night, or both get invited to the same wedding.
- Organizational failure/negligence. Mismanagement or lack of agency guidelines can lead to boundaries being crossed.

The reality is that you need to spot boundary crossings when they occur and then react appropriately to manage the situation.

Addressing boundary crossings

There are three distinct actions to take when boundaries have been violated:

1. **Awareness**. To be able to deal with broken boundaries appropriately you need to spot that they have occurred. In the hustle and bustle of the working day while concentrating on your main purpose this is not always easy.

2. **Examination**. Next, you need to identify the implications and potential harm caused by the situation.

3. **Responsibility**. You need to take some corrective or preventative action to try to minimize any harm caused and prevent further broken boundaries.

How have you become aware of crossing boundaries?

How have you examined your own boundary crossing?

How have you taken responsibility for your boundary crossing?

Managing Boundaries

We manage boundaries by:

- treating people respectfully
- respecting and looking after ourselves
- keeping within our role
- managing interpersonal relationships
- managing our own emotions
- managing our own behavior
- having clear and regular communication (with the people we serve/ supervisors/team)

In what ways do you manage your boundaries?

Part 7 - Review Questions

1. What are some unavoidable power dynamics in a peer specialist relationship?

2. List 3 reasons confidentiality is important.

3. What are the 3 general areas that require mandatory reporting?

4. Define professional boundaries.

The Role of Culture

Session 8

Session Overview

8. Culture
9. Intersectionality
10. External Culture
11. Internal Culture
12. Exercise
13. Cultural humility
14. Review Questions

Learning Objectives

- Understand what culture is.
- Explain intersectionality.
- Identify internal and external culture.
- Understand cultural humility.

Part 1 - Culture

Culture can be defined as the body of learned beliefs, traditions, language, symbols, principles, and guides for behavior. Culture serves as a roadmap for both perceiving and interacting with the world.

Another way we can define culture is to say that culture is the behavioral software "that programs us all."

- Culture determines our behavior and attitudes.
- No one is culture-free.
- Most cultural rules are never written.
- We interpret other people's behavior through our own "cultural software."

It is important to recognize that because each of us is different we are constantly telegraphing our cultures while at the same time, we see and interpret others through our own cultural filters.

Cultural Competency

Cultural competence is the ability to interact effectively with people from different cultures. Specifically, it is awareness and acknowledgment that people from other cultural groups do not necessarily share the same beliefs and practices or perceive, interpret, or encounter similar experiences in the same way.

The danger is that — while well-intended — the idea of cultural competence implies that people of a certain background are all alike. It treats them, in essence, as a stereotype.

Part 2 - Intersectionality

Intersectionality can be a more complete way of looking at the role of culture. It emphasizes our individual identity rather than on group identity. In the core training, we learned -

"If we do not understand reality as the person sees it and what they see as possible, we are not relating to them. We are instead relating to our assumptions about them."

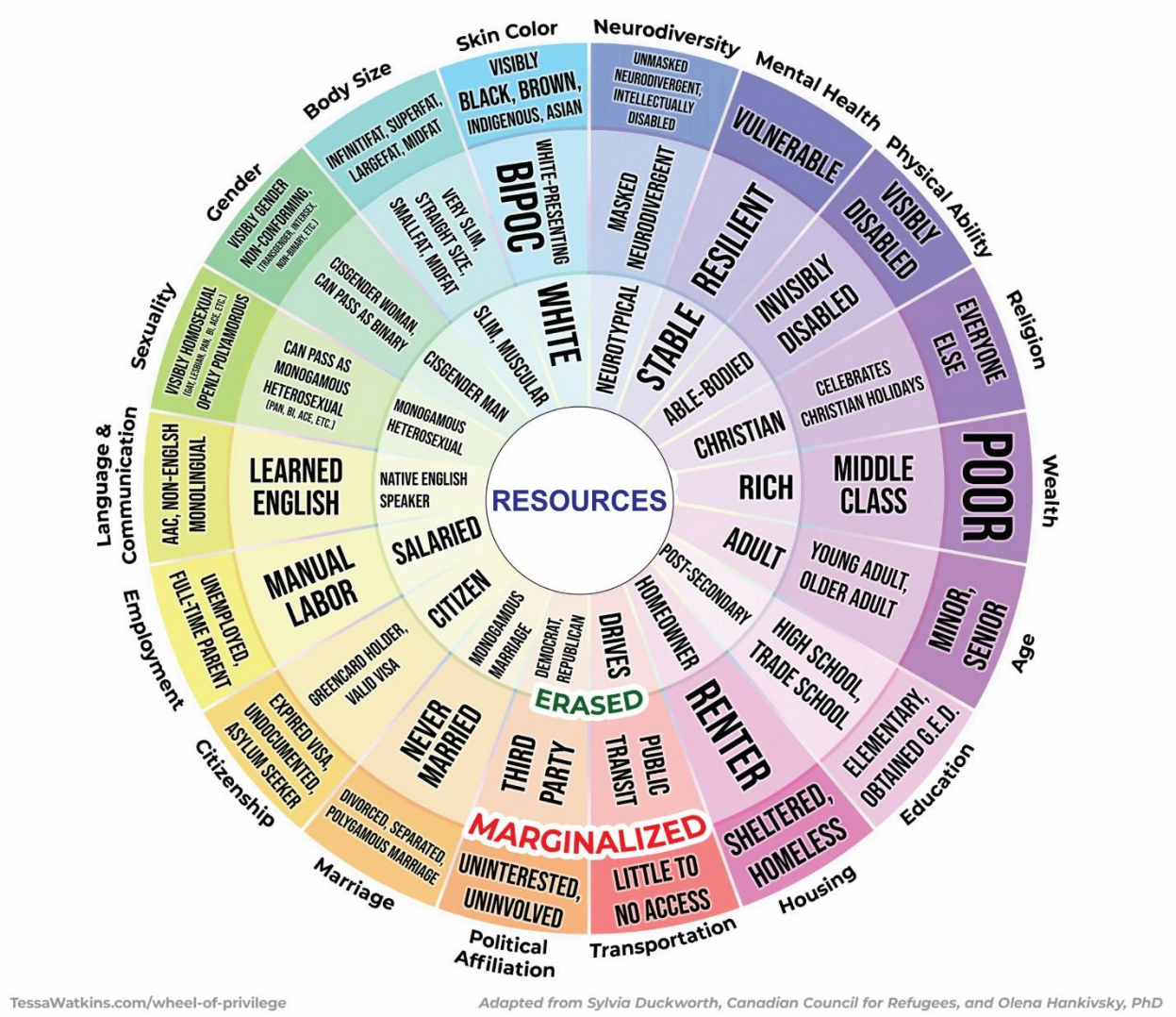
Intersectionality challenges the traditional understanding of social categorizations and highlights how different forms of identity intersect and interact with one another. It acknowledges that people's identities and experiences cannot be reduced to a single dimension. Instead, intersectionality emphasizes the complex ways in which different aspects of identity can compound and influence one another, creating unique and varied experiences.

At its core, intersectionality acknowledges that individuals possess multiple social identities and that these identities can intersect and influence their experiences and access to power, privilege, and resources. These identities can include but are not limited to race, gender, class, sexual orientation, disability, religion, and nationality. Rather than considering these identities as separate and distinct, intersectionality recognizes that they operate simultaneously, shaping and influencing a person's social, economic, and political realities.

Part 3 - External Culture

Intersectionality recognizes that our cultural identity is more than just race, religion, and gender.

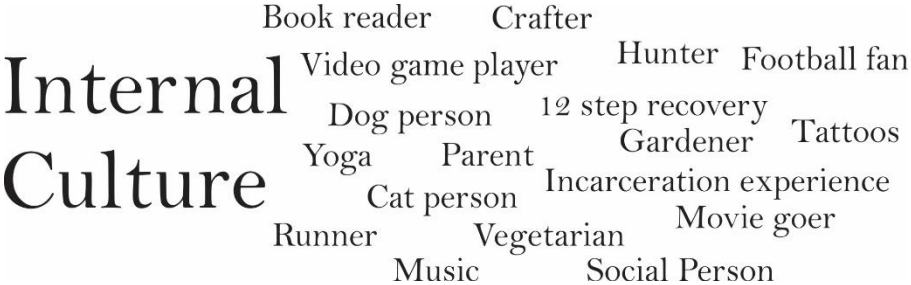
Below is a wheel representing external factors that can influence a person's access to resources, how they perceive themselves, and how others perceive them.



Based on the experiences within the US

What are some of your external cultures?

Part 4 – Internal Culture



We all also have our own individual internal culture that represents how we define ourselves. These are often unseen cultures. Witness two people with tattoos talking about their tattoos, two parents talking about their children, or two dog owners together and you can see the expression of internal culture. They share many of the same beliefs and practices and perceive, interpret, or encounter similar experiences in similar ways.

Recovery itself is a culture that influences our view of the world.

How has the culture of recovery influenced your perceptions of yourself and the world?

What are some of your internal cultures?

Part 5 - Exercise

Select two external and two internal cultures to which you belong and answer the questions. Use the worksheets on the next 2 pages to examine your culture. You will be sharing this information in small groups.

The external culture I belong to -
How does it influence how you see the world?
What do you expect from others?
What do they expect from you?
Who do you trust?
Who do you not trust?
Where do you find connections?
What values do you have from this culture?
The external culture I belong to -
How does it influence how you see the world?
What do you expect from others?
What do they expect from you?
Who do you trust?
Who do you not trust?
Where do you find connections?
What values do you have from this culture?

The internal culture I belong to -
How does it influence how you see the world?
What do you expect from others?
What do they expect from you?
Who do you trust?
Who do you not trust?
Where do you find connections?
What values do you have from this culture?
The internal culture I belong to -
How does it influence how you see the world?
What do you expect from others?
What do they expect from you?
Who do you trust?
Who do you not trust?
Where do you find connections?
What values do you have from this culture?

What did you learn about the person's external culture?

What did you learn about the person's internal culture?

Part 6 - Cultural humility

Culture — especially one that's not yours — isn't something that you can master.

Cultural humility means admitting that one does not know and is willing to learn from other people about their unique experiences while being aware of one's own cultures and how they may influence our perceptions. While competence suggests mastery, humility refers to an internal and external approach that cultivates person-centered interactions that include self-awareness and curiosity.

When you cultivate cultural humility, you enter conversations with others in an open, curious manner. This curiosity isn't directed towards the other person as much as it is at yourself and where our own shortcomings in perception might be a barrier to effective communication and building a trust-based relationship.

The keys to cultural humility are:

- Becoming aware of your beliefs and attitudes
- Expanding your beliefs
- Interest in another person's experience
- Gaining knowledge
- Developing communication skills

Part 7 – Review Questions

1. What is culture?

2. What are some external cultures?

3. What are some internal cultures?

4. What is cultural humility?

5. How can a person become more culturally aware?

Documentation

Session 9

Session Overview

1. Documentation
2. Dos and Don'ts of Documentation
3. Documentation Requirements
4. Sample Individual Progress Note
5. Examples of Peer Specialist interventions
6. Practice progress note
7. Collaborative Documentation
8. Review Questions

Learning Objectives

- Explain the importance of documentation.
- Identify components of a progress note.
- Skills for writing progress notes

Part 1- Documentation

Documentation is not an inherent skill–it must be learned and practiced. In this session, you will be able to identify best practices in documenting your work.

Documentation is an essential process for creating and maintaining records of the peer support services you provide.

It is a way to:

- demonstrate professionalism and credibility,
- enhance communication and collaboration with other service providers,
- supports your own learning and development,
- provides evidence of the outcomes and impact of peer support,
- protects yourself and those you support from legal or ethical issues,
- meets the requirements of your organization, funding source, or accreditation.

Progress Notes and the Power of Documentation

What is a Progress Note?

Progress notes have multiple functions. First and foremost, progress notes are used as a basis for planning care and treatment among practitioners and across programs. Progress notes are communication tools; therefore, each progress note should be understandable when read independently of other progress notes. This means documentation should provide an accurate picture of the person's condition, treatment provided, and response to care at the time the service was provided. Secondly, progress notes are considered a legal record describing treatment provided for reimbursement purposes. The progress note is used for verification of billed services for reimbursement. As such, there must be sufficient documentation of the intervention, and what was provided to or with the person, to justify payment.

Progress Note as a communication tool

A progress note is used for health professionals (including peer specialists) who access the health records to see what type of services have been provided to the person, and to document continuing services or new services for the person.

Progress notes provide:

- Quality assurance
- Continuity of care
- Demonstration of outcomes
- Ensure professionalization.
- To provide a roadmap for services
- A method to track progress in recovery
- Validation for the amendment to an individual plan of service (IPOS) when warranted.
- A record of what has or has not been done

They also serve the following functions.

- Documentation to receive payment for services funded through Medical Assistance
- Compliance with legislation & organizational policies
- Support level of care coordination required.
- Protection from liability, both for workers & organization
- Reporting to funders
- Licensing
- Credentialing
- Used as evidence (audits, court subpoenas)

A Progress Note is a legal record

So, the progress note needs to….

- To clearly document encounters
- Demonstrate medical necessity
- Can be upheld by state / County audits.

Progress notes need to be….

- Accurate and concise
- Connect the individual's recovery goals to the services provided. (Auditors will look for the goal connected to each service; make it easy for them to find)

Remember if it isn't documented … it didn't happen!

Part 2 - Dos and Don'ts of Documentation

Do use spell check and re-read your notes to make sure your documentation is grammatically correct!
Do re-read the document re: name, date, time, etc. before signing.
Do make sure that you complete and sign documents within 48 hours of providing the service.

Do not leave blanks in documents.
Do not indicate in the record that an incident report has been filed or completed.
Do not name other staff members or use the name of another person served in the record. If unavoidable, use initials, relationship, title, or case number
Do not remove anything that has already been documented.

What are the potential harms?

Case files can have tangible impacts, and could result in any of the following…

- Hospitalization, restraint, medical coercion.
- Impacts of labeling (e.g. Non-compliant)
- Employment discrimination
- Adoption, children taken into care
- Probation and Parole

They're never truly accurate…

- Shaped by the service provider's understanding
- May not align with the understanding of the person being served
- They are subjective

Who would be interested in reading your documentation?

What are the reasons that documentation is important to each of the people or groups you identify?

If the person or group is a payer of your services, identify one or two things that, if you were paying, would want to see before you would pay for this service.

What would happen if the documentation was incorrect, by intent, or by accident?

Part 3 - Documentation Requirements

The following information is required to be on all progress notes including those documenting Peer Support Services:

- Name of individual and where service was provided
- Type of Service Provided
- The specific goal or objective addressed
- The date service was provided
- The start and end times of the service
- Signature of the staff member providing the service

Any pertinent event or behavior relating to the individual's treatment that occurs during the provision of the service. The individual's response including the progress or challenges in achieving recovery plan goals and objectives. Include documentation of medical necessity.

Progress Notes must:

- Describe how the service or encounter related to the individual's goals, objectives, or interventions identified in the individual support plan (ISP)
- Summarize the purpose and content of the peer support session
- Specify the intervention utilized as related to the goal outlined in the ISP
- If contact cannot be made with the individual, the progress note will reflect attempts to contact the individual
- Include how the individual responded to the intervention
- Describe progress towards the goal
- Must be signed and dated by the peer specialist (the person providing the service)
- Best practice: the person in service signs as well

Progress vs. Contact note

Progress notes are the face-to-face contacts

Contact notes are: phone conversations, case conference conversations

Part 4 - Sample 1- Progress Note - Peer Specialist Documentation

Data/Service Type: Identify service type.
The peer specialist met with Kristy D. at her home on 3/20/2023 to provide Peer services.

Treatment Plan Objective: List the objective that is the primary focus/goal of the visit.
Healthy food and nutrition/Diversionary Activities

Method Used: List types of supports provided.
Wellness Recovery Action Plan, Modeling, Instruction, Demonstration, Support

Description of service: Clearly describe the intervention.
The peer specialist supported Kristy D. on the preparation technique for stir-fried vegetables, emphasizing the cleaning technique, as well as the chopping technique as requested by the individual. The peer specialist demonstrated preparation techniques and shared from her own lived experience how chopping vegetables and cooking has been a diversionary activity that she uses in her own life. The peer specialist supported Kristy D. as she prepped the vegetables and completed the recipe.

Response to services/Progress: Describe the person's response to the intervention.
Kristy D. shared that knowing her peer had difficulties cooking in the past and has since found that cooking is a wellness tool for her gave Kristy D. the confidence to attempt to make the stir fry that she wanted to try. Kristy D. stated "I did it, I really cooked a meal, and it was good vegetables really can be good, and the chopping was really soothing to do. I think I will try this again this week."

Plan for Follow-Up: State the steps the person plans to work on until the next contact.
Kristy D. states she will make this meal again this week and will identify another diversionary activity she wants to work on the next time we meet on 3/25/2023.

* **Always use recovery language and focus on strengths.**
A strengths-based approach should be reflected in the language of your documentation.

RECOVERY NOTES	CLINICAL RECORDS
Use the language of ordinary human experience	Use the language of diagnoses, symptoms, medications
Focus on recovery and resiliency	Focus on symptom management and compliance
Include the person's strengths	Include the problems
Use the person's goals for recovery	Use the provider's goals for compliance
It's all about the person!	Are often about compliance

Sample 2- Progress Note - Peer Specialist Documentation

Beth is a peer who has recently returned from inpatient substance abuse treatment. She is proud of completing treatment, but fearful of relapsing. She has three children, and she is concerned that they may be taken away from her. She is currently staying with a friend of the family, but she would like to have a place for both her and her children. She has a lot of outstanding debt that has ruined her credit score. She would also like to find a job, but she has not completed her GED.

Sample Note

Service Date: 08/26/23 **Travel Start/End Time:** 9:02 am-9:17 am **Service Start/End Time:** 9:17 am-10:12 am **Service Location:** Client's home	**Staff Name:** Lucy Adams **Client Name:** Beth Jones **Service Provided:** Peer Support

Summary of Service Provided:

The peer Specialist traveled from a previous appointment to Beth's home for a scheduled visit. Peer Specialist and Beth discussed Beth's recent completion of substance abuse treatment, and Peer Specialist congratulated Beth on the accomplishment. Beth talked with the Peer Specialist about her current life situation and explained that she is scared of relapsing. Beth also talked to Peer Specialist about wanting to find her own place to live with her children and getting a job. Beth stated she's afraid that her bad credit score will make getting her own place really difficult, and that she's worried that she won't be able to get a job without her GED.

Peer Specialist talked with Beth about her personal experience of being afraid of relapsing early in recovery, and reassured Beth that fear is normal and doesn't mean she will relapse. Peer Specialist reminded Beth to try to catch her negative thoughts when they happen and remind herself that she's working hard in her recovery and doing what she needs to do to avoid relapse. Peer Specialist encouraged Beth to focus on her next goal and think about whether she would like to work towards getting her GED. Peer Specialist provided information about local GED programs. Beth was excited to get the information and talked about how she might be able to have a friend watch her kids during some evenings so she could go to GED prep class. The peer Specialist and Beth set the next appointment date and time. Peer Specialist plans to follow up with Beth on signing up for the GED prep program and arranging childcare.

Location of service
Explains purpose of visit
Interventions
Person's response to intervention
Plan for next steps

Part 5 – Language that makes it a Peer note

Documentation is not only about what you write but also how you write it. To document peer support effectively and appropriately, it's important to use clear, concise, and respectful language that reflects the person-centered, strength-based approach. Additionally, use objective and factual descriptions that avoid judgments, assumptions, or interpretations. Quotes or paraphrases can help capture the voice and perspective of the person being supported.

Examples of Peer Specialist interventions:

~ The peer specialist listened to the peer's concerns about dangerous things happening in their neighborhood. The peer specialist helped the peer make a list of things they would need to do to find a new place to live.

~ The peer specialist shared their personal experience of taking medications to help in recovery. The peer specialist showed the peer how to research medications and their side effects and encouraged the peer to talk to her doctor about their concerns.

~ The peer specialist talked to the peer about what they could focus on to help them cope with their depressed moods. The peer said that spending time with their niece helps them cope. The peer specialist encouraged the peer to schedule a time to see their niece regularly.

~ The peer specialist followed up with the peer on their progress with cleaning and organizing their home. The peer specialist encouraged the peer and assisted them in creating 3 piles for their "stuff" – keep, throw away, donate.

~ The peer specialist showed the peer how to search for job listings on the internet at the local library. The peer specialist talked to the peer about the peer specialist's personal experience of going to job interviews and figuring out what information to share about the recovery process and what information to keep private.

~ The peer specialist talked to the peer about personal struggles with keeping up with exercise during their recovery and encouraged the peer to schedule a time for exercise because of the benefits exercise has for the peer.

Use verbs to describe the actions of the services you provide.

Modeled	Observed	Recommended	Suggested
Guided	Directed	Reviewed skills	Developed skills
Role played	Clarified	Supported	Reflected
Validated	Affirmed	Acknowledged	Role modeled
Demonstrated	Facilitated	Discussed	Reinforced
Provided	Cued	Explained	Partnered
Shared	Focused/refocused	Reframed	Collaborated
Informed	Practiced	Encouraged	Coached
Taught	Coordinated	Gave/provided feedback	Identified
Navigated	Problem-solved	Explored options	Followed up

Part 6 - Practice progress note

Using the following scenario write a progress note about a meeting with Ronald.

Scenario

Ronald is 35 and has been coming to "Day Treatment" for 10 years. He is not in a goals-oriented psychosocial rehabilitation program. When you ask him about his plans for the future or any goals, he wants to work on he typically says "You know that I have been sick for a long time. I'm schizophrenic. The medication helps. I don't hear voices or see things much now. I like coming to the program. I have some friends here. I don't know why you keep asking me what I want. Why do I have to set a goal? As long as I take my medications and come here every day, I'm ok." He explains that coming to the program gets him out of the house and gives him something to do. He adds that he doesn't do any cooking, but he gets a good meal here every day. He has his own apartment (even though he doesn't like his roommate). He has been getting increasingly angry and frustrated lately, especially during group. One day last week he stormed out of a group after a peer handed out information on a new advisory group. You've noticed he avoids reading newspapers and magazines but always asks others about what they are reading.

Progress Note

Service Date: 08/26/23 **Travel Start/End Time:** 2:02 pm-2:17 pm **Service Start/End Time:** 2:17 pm-3:12 pm **Service Location:** Client's home	**Staff Name:** Ronald Anderson **Client Name:** Carl Jones **Service Provided:** Peer Support

Summary of Service Provided:

Part 7 - Collaborative Documentation: Another Key to Honoring the Individual

Collaborative documentation is where the peer specialist and the peer receiving services work on the progress note together. This can be a wonderful empowering, strength, and trust-building activity. The individual is engaged in the documentation process by providing input and perspective on their progress.

What are ways you can collaboratively document alongside the person you are serving?

Tips

- Use the person's words whenever possible.
- Use human experience language while writing the note - remember we are in a peer provider role, we are not clinicians.
- Use peer support core value language and terms related to service description.
- Use collaborative documentation whenever possible.
- Stay connected with my experience of having notes written about me - the impact of reading them years later.
- Just the facts - stick to the facts of what occurred, with no judgment or assessment.
- Make sure I am meeting all the quality measures for a note that also meets the fiscal requirements of the agency.
- When in doubt, ask.

Challenges to documentation

- Finding time to keep up with documentation.
- Maintaining confidentiality of records.
- Avoiding biased reporting.
- Consistency in phrases, abbreviations, etc. to ensure understanding of the documentation.

Addressing documentation challenges

- Set a consistent time to do documentation –make it a habit!
- Use alerts and "tasks" on your calendar to remind you of deadlines and due dates.
- Use a cheat sheet to remind you of formatting, abbreviations, etc.
- Use the progress note format to take notes during visits.
- Use collaborative documentation.

Documentation is not an inherent skill–it must be learned and practiced.

Part 8 – Review Questions

1. List 3 purposes for documentation.

2. What is something we do not document?

Notes:

Community Collaboration

Session 10

Session Overview

This session has four parts:

1. Community Outreach and Education
2. Community Mapping
3. Presentations
4. Educating the Community
5. Review Questions

Learning Objectives

By the end of this session, you should be able to:

- Identify the elements of the community.
- Utilized community mapping tools.
- Identify resources in the community.

Part 1 – Community Outreach and Education

Community outreach and education involves peers accessing and educating the community for people living in recovery. It is also a way of gaining resources to help individuals in recovery and linking them back to the community.

Individuals in recovery have a variety of needs and very limited resources. Peers are in a unique position to assist individuals due to their personal experiences. By using recovery stories to educate the community, peers can break through the stigma surrounding behavioral health conditions.

Peers perform activities of community outreach and education. These include prevention, empowerment, and community coordination. Over time, successful peer community outreach and education identifies new resources and influences the community's outlook on behavioral health.

What are some community resources that have been helpful in your recovery?

What community resources do you currently use or enjoy?

What is the function of community resources and how might they be helpful to a person with behavioral health issues?

Part 2 - Community Mapping

Instruction:

The group will be divided up by region. Each small group will attempt to fill in the datasheet below. You will present the information from your community mapping to the class. The duration of the presentation will be determined by individual instructors.

(Ideally, this form would be filled out by traveling through a community in person. For this training, we will not be able to do that. You are highly encouraged to rebuild this community map when you return to your community)

Data Collection Form

Identify location:

- City
- Neighborhood
- Zip code

Boundaries

Identify the boundaries for the community and then specify the section of the community.

Are the boundaries geographical, political, or economic? _____

Do neighborhoods have names? _____

Are there sub-communities? _____

Community Boundary Limits

North _____ South _____

East _____ West _____

Housing:

What kind of family dwellings exist? Select all that apply.

Type of Housing	None	A Little	Some	A lot
Single-family				
Trailer/Mobile Homes				
Multiple Occupancy (2-6 units)				
Apartment building (7+ Units)				
Housing Projects				
New Construction				
Farms				

Describe the condition and appearance of housing in the area _____

How well are they maintained? _____

Are there vacant houses? _____

Is there an established community? _____

What was the overall condition of most homes and residential units? Select the best response.

- ☐ Excellent
- ☐ Good Condition /Well Kept
- ☐ Fair Condition
- ☐ Poor /Deteriorated
- ☐ Mixed Condition

Environmental Impacts

Identify if there is trash in streets, garbage-filled vacant land, etc. Describe any evidence of water, air, and or ground pollution.

_____

_____

Grocery Store Markets

Identify where people shop for food did you see any grocery stores? Food markets? Community gardens?

_____

_____

Schools

Describe the type of schools in this area etc. elementary, junior high, high school, colleges, and whether they are private or public.

_____

_____

Parks, Recreational areas, and open spaces

Describe what types of recreational areas or facilities are available to the residents of the community.

_____

_____

Transportation

What forms of transportation do you see people using? Check all that apply.

	Cars		Public transportation
	Bikes		Motorcycles
	Walking		Other

Describe what are the types of businesses in the community: Consider what types of stores, offices, and industries.

_____

_____

What are the major employers in the area?

_____

_____

Protective Services

What evidence do you see of police and Fire Protection?

_____

_____

Is safety a concern in the community?

_____

_____

Social Service Agencies

Describe what social service agencies are available.

_____

_____

Health Services

Identify the health care facilities. Include dental, pharmacies, urgent care, hospitals, primary care offices, and other nontraditional medicine centers.

_____

_____

_____

_____

Places of Worship

Describe all the places of worship in the area taking special note of places that aid the community residents.

_____

_____

Billboards and Advertisements Describe billboards and or advertisements.

_____

_____

Reflections

What are the community strengths (Resources)?

_____

_____

What are community challenges?

_____

_____

What are some of the gaps in the community?

_____

_____

List five community resources that you utilize to support the people you serve.

1.

2.

3.

4.

5.

List five community resources that you think would help the people you serve if they could get connected to them.

1.

2.

3.

4.

5.

Using the information filled in on this form a member of your group will present the information to the full group.

Part 4 – Educating the Community

Stigma is one of the greatest challenges facing people with behavioral health issues. Educating the community about recovery is an important role for peer specialists. It not only serves to educate but also opens doors to resources.

Where, when, and how have you shared your recovery story to educate the community about recovery?

List five places you could share your recovery story in your community.

1.)
2.)
3.)
4.)
5.)

What are some of the challenges a person might face when trying to educate the community?

What are some ways you have overcome these challenges?

When planning community outreach and education, here are things to consider:

- How can you prioritize including community outreach in your work schedule?
- Who do you want to be involved in community outreach and education?
- What is the amount of time you will spend on community outreach and education?
- What will you be presenting? (Is it informational, recovery-focused, etc.?)

Part 5 - Review Questions

1. What is community mapping?

2. List three community resources useful to a person you serve.

3. List three community resources you would like to meet with and build a connection.

Public Speaking

Session 11

Session Overview

1. Public Speaking
2. Presenting ourselves when public speaking
3. Additional Tips
4. Purpose of the Speech
5. Seven Magic Phrases
6. Review Questions

Learning Objectives

- Identify good public speaking tips.
- Define the purpose of a speech.
- Utilize a public speaking outline.

Part 1 - Public Speaking

Whether we are speaking at a meeting or presenting in front of an audience, we all have to speak in public from time to time, and the outcome strongly affects the way that people think about us and our message. This is why public speaking causes so much anxiety and concern. Public speaking is often cited as the greatest anxiety-provoking activity.

Even if you don't make regular presentations in front of groups, there are plenty of situations where good public speaking skills can help you advance your career and share your message.

For example, you might have to talk about your organization at a conference, make a speech after accepting an award, or facilitate a group.

Good public speaking skills are important in other areas of your life, as well. You might be asked to make a speech at a friend's wedding, give a eulogy for a loved one, or inspire a group of volunteers at a charity event.

Worst Fears
Write on a sticky note the worst thing that could happen when you are public speaking. Then bring them up and place them on the flip chart.
What's your Worst fear?

How many of you could relate to some of these fears?
We are going to try to address some of these fears by learning some tips, tricks, and skills for public speaking.

Part 2 - Presenting ourselves when public speaking

Vocal Delivery.

Volume - Make sure you are loud enough that everyone can hear you. Vary your volume throughout your speech at appropriate times.

Pitch - Some people have high voices, some people have low voices, but we all have a range of pitches in our vocal range. Make sure you vary your pitch, not speaking in monotone.

Pace - Make sure you are not speaking too quickly for people to understand you. Otherwise, you can vary your pace throughout your speech when appropriate.

Tone - This is the mood you set to make sure your tone is appropriate to the subject matter. Don't have a light and cheerful voice when talking about Something emotional.

Body Language

Body Language communicates 55% of our message - more than our words and our vocal tones combined. These are some body language tips to keep in mind:

Posture – Think of a good "home base" position for you, where you are standing or sitting aligned, and your hands are in a natural place. Some people recommend standing straight with hands uncrossed on or near your stomach.

Gestures – Try not to use "closed" gestures like crossed arms or folded hands. They seem defensive. Use gestures to emphasize your points.

Movement – Move around when you speak – don't stand stock still. You can walk if you like and move your body in one place. Then you can return to your "home position" posture when you need to.

Facial Expressions – Don't "freeze" your face – keep it natural, and appropriate to the situation (e.g. no smiling when giving bad news).

Eye contact – Make brief eye contact with various people in the room and move on. Don't fixate on one person – it's unnerving for that person and makes everyone else feel ignored. Also, don't look past everyone, or that might make people feel ignored too.

Dress – Dress for the group you are speaking to. You want the group to see you as a part of them.

Part 3 - Additional Tips

Nervousness Is Normal. Practice and Prepare!

Being afraid does not mean that we can't do it. Sometimes we just have to do it afraid. Practicing your speech can help you to feel more comfortable but know what you need to do to calm yourself in the best way you can.

Pay attention to how you're speaking. If you're nervous, you might talk quickly. This increases the chances that you'll trip over your words, or say something you don't mean. Force yourself to slow down by breathing deeply. Don't be afraid to gather your thoughts; pauses are an important part of the conversation, and they make you sound confident, natural, and authentic.

Know Your Audience. Your Speech Is About Them, Not You.

Speak in a language that they will best hear. Think about what priorities they have. What are things that will connect with their interest?

Organize Your Material in the Most Effective Way to Attain Your Purpose.

A good story and a good speech all have a beginning, middle, and end. But most of all it needs to have a point. Be organized in your speech.

Watch for Feedback and Adapt to It.

Gage the response to your speech. Are people looking restless or are they not following? You may need to adapt your approach.

Handle Interruptions,

Interruptions can happen such as a sneeze, a cell phone ring, or a question that you weren't prepared for. Do not let your face show surprise, hesitation, or annoyance. Practice managing interruptions like these smoothly, so that you're even better prepared.

Let Your Personality Come Through.

Public speeches are more powerful than just reading about something because they bring that human connection. It builds credibility when you bring your passion.

Use Humor and Tell Stories.

Humor can keep the attention of the audience and make it an enjoyable experience. Telling stories can build images in the mind of the group that they can relate to. Be sure to add a personal touch.

Don't Read Unless You Have to. Work from an Outline.

There is nothing more boring than watching someone read their notes word for word. Bring an outline of notes that you can refer to so you can stay on track but don't just read word for word.

Don't just stand behind a podium if possible.

Walk around and use gestures to engage the audience. This movement and energy will also come through in your voice, making it more active and passionate.

Use Your Voice and Hands Effectively. Omit Nervous Gestures.

As we discussed, your voice and your body language are a part of your speech. Use them effectively.

Grab Attention at the Beginning, and Close with a Dynamic End.

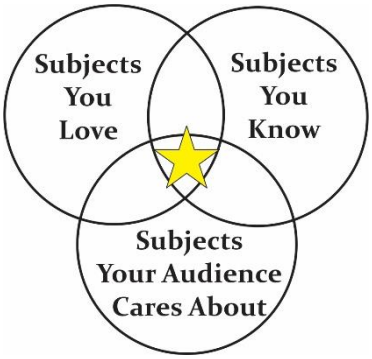
Grab the attention of the group from the start. Which is a more powerful start. "Today I am going to talk to you about suicide." Or "In 2021, 48,183 people died by suicide in the United States. That is 1 death every 8 minutes."

End your speech with an equally dynamic statement.

Use Audio/Visual Aids Wisely.

People hate 'death by PowerPoint'. Only use Audio/Visual Aids if they highlight or clarify the content of your message.

Part 4 - Purpose of the Speech



The sweet spot of a good speech lands in that sweet spot overlap. A subject you love, something you have passion about. A subject you know, you have knowledge or expertise. And a subject that your audience cares about.

There are three things they need to keep in mind when deciding what to say to your audience.

- What do you want them to think?
- What do you want them to feel?
- What do you want them to do?

Situation:
Pick from one of the themes below or select a subject you are passionate about and using the seven phrase prompts on the next page as lead-in lines, write a two-minute (no longer) speech. You have ten minutes to write your speech.

- A wedding toast.
- Request for donations.
- Why humans should colonize Mars.
- Why being lazy isn't always a bad thing.
- The need for increased support for behavioral health resources and services.
- The internet should be free for everyone.
- Turning setbacks into opportunities for growth.
- The importance of access to affordable healthcare.
- Why we need to support local businesses.
- Access to mental health services.
- Why the minimum wage should be raised.
- Why should every citizen vote.
- The joys and challenges of pet ownership.
- Importance of kindness.
- Technology and mental health.
- Overcoming fear and taking risks.

Part 5 - Seven Magic Phrases Task Sheet

1. Greeting:
   "Good…

2. State the subject:
   "As we all know…

3. Establish common ground:
   "We all…

4. Why are you speaking:
   "I've…

5. Bring the evidence:
   "Three examples are….

6. Call for action:
   "So let's all…

7. Get the idea to stick:
   "If there is one thing I would like you all to remember it is….

Part 6 - Review Questions

1. List 2 reasons why public speaking can be intimidating and how a person can manage the fear.

2. List 2 things that are important to do when presenting ourselves.

3. What are the 3 things you need to keep in mind when deciding what to say to your audience?

Notes:

Advocacy

Session 12

Session Overview

This session has four parts:

6. Three types of advocacy
7. Advocacy preparation
8. Targets of change and change agents
9. Where to target your advocacy efforts
10. Small group work
11. Review Questions

Learning Objectives

By the end of this session, you should be able to:

- Identify three types of advocacy.
- Understand methods of advocacy preparation.
- Utilized an outline of the issue.
- Identify targets of change and change agents.

Part 1 - Three types of advocacy

Advocacy involves promoting the interests or cause of someone or a group of people. An advocate is a person who argues for, recommends, or supports a cause or policy. Advocacy is also about helping people find their voice. There are three types of advocacy - self-advocacy, individual advocacy, and systems advocacy.

Self-Advocacy

Self-advocacy refers to a person speaking up for oneself. This includes the ability to effectively communicate, or assert their interests, desires, needs, and rights.

Individual Advocacy

In individual advocacy, the effort is to concentrate advocacy efforts on just one or two individuals.

Systems Advocacy

Systems advocacy is about changing policies, laws, or rules that impact the lives of large groups of people.

How have you participated in any of the above forms of advocacy?

What kinds of things did you do?

Part 2 – Advocacy preparation

Know exactly what you are advocating for.

Remember that knowledge is power. Educate yourself about the issue you will be advocating for.

Be specific about what you are advocating about. A message that is concise, specific, and to the point will make a more lasting impact.

Know why others may be against it. Understanding the reasons someone may oppose your efforts allows you to build a plan to address the opposition.

Use technology to your advantage.

Social media can be your friend. Social media can be a great way to get your message out and seek public support.

Use email. It can often be easier to contact those go-to people by email than in person or by phone.

Seek allies.

Identify people who may be able to help you. Create alliances with others like minded on the issue. What roles and responsibilities may they have?

You are not alone. Seek others who share your passion and can support your advocacy efforts.

Boil down your issue and focus on your message.

Have specific goals or things you would like to achieve. Be clear about what you are advocating for. (e.g., meet otherwise unmet needs; reverse or correct a situation; prevent the loss of a valued asset; change public opinion)?

Identify some possible solutions that you see as workable. Bring solutions.

If possible, identify what you are willing to accept if you cannot get exactly what you want. Prepare to compromise.

Show the audience that you care.

Identify the key issues or problems that you are encountering. What are the problems being faced? How is the issue impacting people?

Use your story. People relate to real-life human experiences.

Know who to talk to get things done.

Identify the people that you need to talk with to achieve results. Get to know the people in "power" and build relationships and communication avenues.

KEEP YOUR EYES ON THE PRIZE

Advocacy is a distance sport. Change, especially big change happens slowly. Continue to get your message out there even when it feels like no one is listening, no one cares or this change is never going to happen.

Outline the issue you are advocating about.

What is the issue you are advocating about?

Who is affected by the issue?

What factors contribute to the issue?

What are the consequences (e.g., social, economic, safety) of the issue?

What are the barriers (political, cultural, etc.) to addressing the issue?

What are the resources available for addressing the issue?

Part 3 - Know your targets of change and change agents

Targets of change are both what or who is impacted by the subject of your advocacy but also those whose actions or inaction you are looking to change. Advocacy involves changing the situation being experienced as well as changing what is creating the situation.
Example:

> If you are advocating for change in the speed limit. You are advocating for both the safety of the children in the neighborhood and also to change the behavior of drivers in the neighborhood.

Change agents are individuals, agencies, or groups that can support your advocacy efforts. Who might add to the voice of your advocacy? Who aligns with your advocacy efforts and has the power, resources, and/or connections to bring about change?
Example:

> If you are advocating for change in the speed limit. Change agents could be police officers, parents of small children, local schools, or city council members.

Part 4 - Know or learn where to target your advocacy efforts.

- Find out when the Board/Committee meets to discuss a topic or bill of interest to you.
- Attend town hall/Board/Committee meetings regularly.
- Attend rallies.
- Listen, take notes, and identify who speaks on what issues.
- Make a presentation (public testimony)
- Network.
- Write letters to your legislators.
- Build relationships.
- Share information.

Part 5 – Small group work

Scenario

A local community is deeply concerned about the increased drug use in the community. This predominantly low-income community includes many public housing units, along with single-family homes and small apartment buildings. The community faces a wide range of other health concerns, including high rates of asthma and diabetes. The neighborhood has a city-funded health center, schools, a park, several churches, and nonprofit agencies that provide social services. Many community members feel that city and state officials do not listen to their concerns.

Recently two teens have died from a drug overdose, over 200 community members attended the memorial service. The community wants to find a way to prevent further deaths from drugs, they want to reclaim their community and make it a safer place to live and raise their families.

Based on the situation described above:

- What are the communities' primary concerns?

- What other challenges does the community face?

- What resources does the community have?

- Who might be allies in advocating for change?

- As a peer specialist working in the community, how would you bring members together to talk about concerns and identify strategies to promote change?

- How could community organizing promote the health and safety of the community?

- As a peer, what are your roles and responsibilities in the community organizing process?

Part 6 – Review Questions

1. List three types of advocacy.

2. List ways to prepare for advocating.

3. What are targets of change?

4. What are agents of change?

Notes:

Final Reflections & Evaluation

Session 13

Part 1 – Individual Evaluation and Group Discussion

List 5-7 parts of the training that you found most helpful.

1.

2.

3.

4.

5.

6.

7.

What, if any, impact did the training have on you? How are you different?

What is the next step for you, either in your own recovery journey or in using this training to help others?

Part 2 – Training Evaluation Form

Part 3 – Discussion of Next Steps