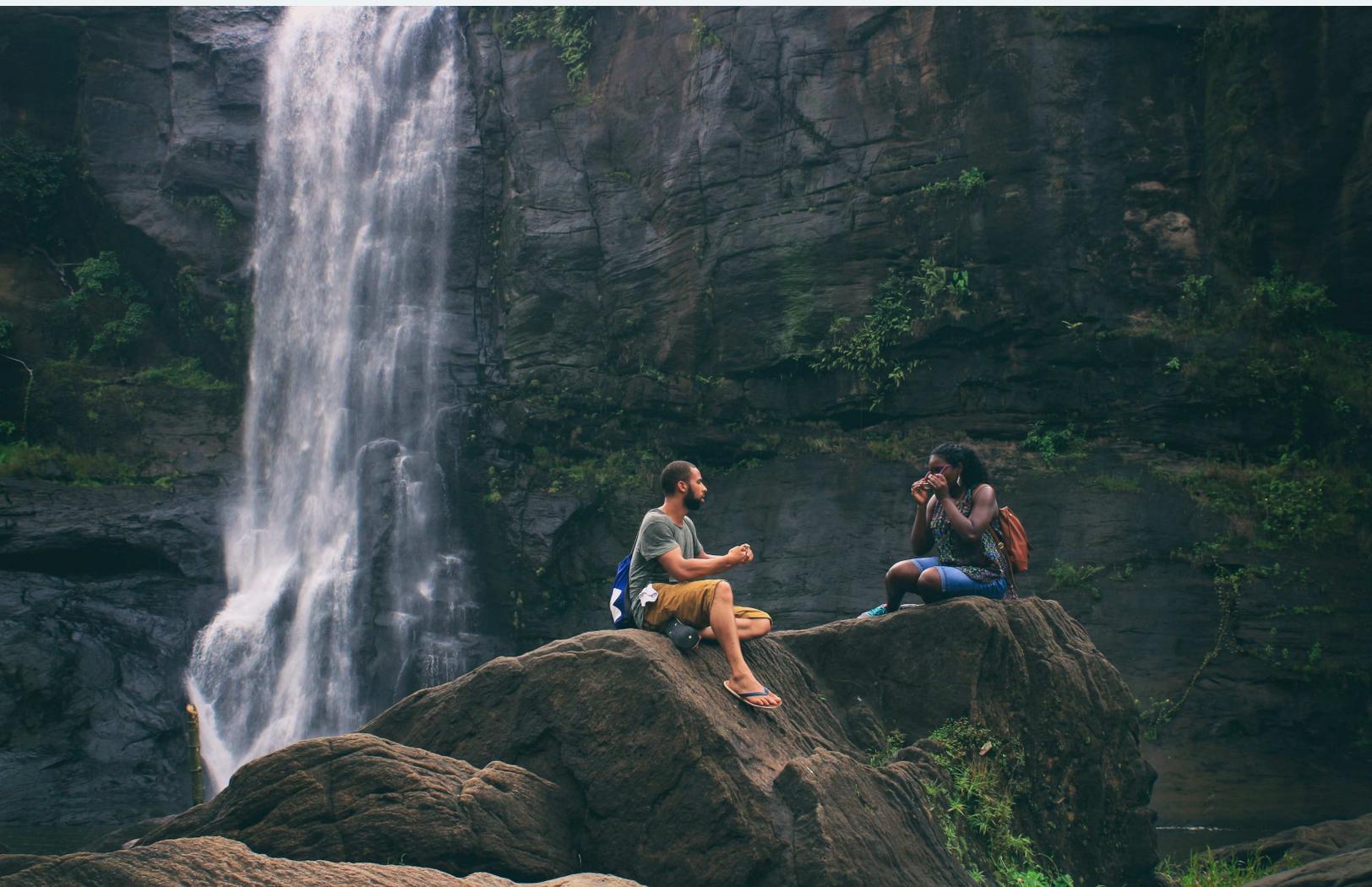




BEST PRACTICES: A guide for peers



Introduction

Congratulations on the opportunity to make a difference in the lives of your peers! YPR is built on the peer support services model, which means we encourage you to embody recovery and offer hope to others by leveraging your own lived experience.

The Substance Abuse and Mental Health Administration (SAMHSA) defines recovery as: *A process of change through which individuals improve their health and wellness, live self-directed lives, and strive to reach their full potential. Recovery is built on access to evidence-based clinical treatment and recovery support services for all populations.* This definition is the overall foundation of these training materials, which will deepen your understanding of health and wellness, teach you how to empower others through motivational interviewing, and highlight the importance of inclusive services so recovery can be accessible to *“all populations.”*

This Best Practices for Peers Toolkit is designed to help foster peer support, and includes reading material, videos and written engagement activities. Please speak with your YPR Program Manager or Regional Chapter Coordinator if you need ADA accommodations. The Americans with Disabilities Act (ADA) protects individuals with disabilities by requiring that employers provide reasonable accommodations as needed. For example, a person with visual impairment could receive an audio version of written text.

***This Best Practices for Peer Toolkit is not in itself a program of recovery, nor is it intended to be relied upon as a means of treating substance use disorder.

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Section 1: Substance Use Disorder & Recovery Supports

What is Substance Use Disorder?

Substance use disorders fall under the mental health disorder category in the DSM V, a diagnostic manual for medical professionals. This language affirms that addiction is a diagnosable and treatable mental health condition, which is why it is important to avoid terms like substance abuse or alcoholism and replace them with substance use disorder, substance misuse, dependence, etc.

Substance use disorders may include:

- Use of alcohol or other drugs that leads to problems at work, school, or home; or to legal problems, or damage to health
- Dependence on alcohol or other drugs, or rather, needing increased amounts over time to get the same effect, difficulty in controlling or reducing use, being unable to cope without using the substance, and giving up reducing important social, occupational, or recreational activities because of substance use

What might you notice if a young person has substance use problems? They may:

- Show a decline in grades or work performance
- Have difficulty maintaining focus and concentration
- Spend more time with friends who use substances rather than those who do not
- Seem to have a different personality when using substances compared with their usual self
- Use more substances than what is considered usual in their social setting

Co-occurring disorders

- Among young people who are diagnosed with a drug problem, up to 82 percent also have a conduct disorder; approximately half have a mood disorder; and 6-38 percent have an anxiety disorder
- Since most people in recovery from S.U.D. experience other mental health challenges, it's important to recognize that recovery ought to be holistic. The process is multi-faceted, and many individuals may require additional supports

Note: It is not your responsibility as a peer to diagnose anyone with a S.U.D. or any other mental health disorder. This information is intended to help you recognize the signs and symptoms so that you can connect your peers to resources and support they might need.

Recovery Supports - Overview From SAMHSA

The process of recovery is highly personal and occurs via many pathways. It may include clinical treatment, medications, faith-based approaches, peer support, family support, self-care, and other approaches.

The process of recovery is supported through relationships and social networks. This often involves family members who become the champions of their loved one's recovery. They provide essential support to their family member's journey of recovery and similarly experience the moments of positive healing as well as the difficult challenges. Families of people in recovery may experience adversities in their social, occupational, and financial lives, as well as in their overall quality of family life. These experiences can lead to increased family stress, guilt, shame, anger, fear, anxiety, loss, grief, and isolation. The concept of resilience in recovery is also vital for family members who need access to intentional supports that promote their health and well-being. The support of peers and friends is also crucial in engaging and supporting individuals in recovery.

Recovery support is provided through treatment, services, and community-based programs by behavioral health care providers, peer providers, family members, friends and social networks, the faith community, and people with experience in recovery. Recovery support services help people enter and navigate systems of care, remove barriers to recovery, stay engaged in the recovery process, and live full lives in communities of their choice.

Recovery support services include culturally and linguistically appropriate services that assist individuals and families working toward recovery from mental and/or substance use problems. They incorporate a full range of social, legal, and other services that facilitate recovery, wellness, and linkage to and coordination among service providers, and other supports shown to improve quality of life for people in and seeking recovery and their families.

Recovery support services also include access to evidence-based practices such as supported employment, education, and housing; assertive community treatment; illness management; and peer-operated services. Recovery support services may be provided before, during, or after clinical treatment or may be provided to individuals who are not in treatment but seek support services. These services, provided by professionals and peers, are delivered through a variety of community and faith-based groups, treatment providers, schools, and other specialized services.

Multiple Pathways & Styles to Recovery

Recovery is not a “one-size-fits all” process. Sharing our similarities and connecting over lived experience is normal, but we enter dangerous territory when we assume our solutions are identical across the board.



“The phrase styles of recovery depicts variations in beliefs and recovery support rituals that exist within particular pathways of recovery. For example, Twelve-Step programs constitute one of the major pathways of recovery from addiction, but the close observation of several Twelve-Step groups would reveal wide variation in styles of ‘working the program,’ e.g., patterns of meeting attendance, approaches to ‘Step work,’ conceptualizations of ‘Higher Power,’ and utilization of sponsors.”

- William White

Recovery pathways may include (but are not limited to):

- Professional clinical treatment
- Use of medications
- Support from families and in schools
- Faith-based approaches
- Peer support

Your role as a peer is to be a living example of hope to individuals in or seeking recovery - not to dole out specific advice or push an agenda. Through positive messaging, you can take ownership of your personal recovery journey and encourage others to do so as well. Helping others find their individualized path should be our goal.

How to encourage multiple pathways:

- Become familiar with multiple support groups in your area so you can suggest a variety of options for services
- Ask others about the kinds of support services that have worked for them in the past, who inspires and encourages them, and the activities they enjoy
- When speaking about your experience, remember to highlight how your process is highly individualized too
- Avoid definitive statements about the “right” way to recovery and instead talk about how recovery applies to you

These are common messages and misperceptions regarding recovery pathways and examples of possible alternatives:

I'm a real alcoholic.

Alternative: "I had the opportunity to access recovery through clinical treatment, which was a positive experience for me."

I went 'back out' for three years after I relapsed because I wasn't doing the work."

Alternative: "My recovery pathway wasn't a good fit, which led to a reoccurrence of use. Fortunately, three years later, I found what worked for me."

Activity - Write your own alternative of the following phrase:

Methadone is a cop-out. I got sober on my own, and if I can do that, anyone can.

Alternative: _____

Recovery Messaging

There is great power in how a person shares their recovery story to friends, family, media and public policymakers. A positive recovery message focuses on the empowerment of individuals.

YPR adapted and modified this training from Faces & Voices of Recovery to fit the needs of youth, young adults, allies, family, and friends.

Grounded in research:

- 88% believe it is very important for the American public to see that thousands get well every day
- A majority of Americans (63%) have been affected by addiction
- A majority (67%) believe that there is a stigma toward people in recovery
- A majority (74%) say that attitudes & policies must change

It's clear that the majority of people who are impacted by substance use disorder want the stigma to change, yet the stigma still exists. Our goal through this training is to change nomenclature and culture so it reflects people's real experiences.

Many people do not believe recovery is possible. Discriminatory policies still exist. The public and policymakers often don't understand recovery. Putting a young person's face and voice to the recovery movement helps break down misperceptions and stigma in order to change attitudes.

Activity - Reflection:

What does the word recovery mean to you?

How do you support recovery? (This could apply to your personal recovery, and/or the recovery of others)

Activity - Personal reflection: The graphic on the following page outlines a few examples of negative words and phrases we can replace with positive ones. Circle which positive words/phrases you already use, add a star next to the words/phrases that are new to you, and underline the negative words/phrases that you think will be most challenging for you to change.

Language Matters

Language is powerful – especially when talking about addictions.
Stigmatizing language perpetuates negative perceptions.

“Person first” language focuses on the person, not the disorder.

When Discussing Addictions...

SAY THIS

NOT THAT

Person with a substance use disorder
Person living in recovery
Person living with an addiction
Person arrested for drug violation
Chooses not to at this point
Medication is a treatment tool
Had a setback
Maintained recovery
Positive drug screen

Addict, junkie, druggie
Ex-addict
Battling/suffering from an addiction
Drug offender
Non-compliant/bombed out
Medication is a crutch
Relapsed
Stayed clean
Dirty drug screen



Recovery Messaging

Changing our language:

The process of unlearning is a challenge. Your language might not change overnight, and that's okay. Be patient and correct yourself when you slip back into old language habits. Remember that the best way to create new habits is to practice!

Additionally, we ought to avoid telling others how they should identify. Each individual has the right to decide for themselves.

Activity - Create your own recovery message:

Use Recovery Messaging to create your personal introduction. In the space below, highlight your unique life experiences to personalize the message in a way that makes you feel empowered.

Components of an effective recovery message:

- Your definition of recovery
- What recovery has given you
- Why you're speaking out
- What you've accomplished because of recovery, and hope/goals for the future

Tips:

- Make your message personal to build credibility and break down misperceptions/stigma
- We encourage people in recovery to focus on their story of success rather than sharing solely about their struggles
- Remember that this message isn't set in stone and doesn't have to be a strict script - your message can be adapted to fit your new experiences and knowledge

Examples:

For a person in recovery:

'm a young person in long-term recovery, which means...

- My health and wellness are my top priorities in life.
- I've been able to restore relationships with my family and friends, creating a solid support system for my recovery.
- I'm speaking out to show others that recovery is possible.
- Now, I'm enrolled in school and plan to complete my undergraduate degree by next year. Reconnecting with my passion for learning is something I never could've predicted.

Note: If a person is just beginning to enter or seek the recovery lifestyle, encourage them to focus on what want their recovery to look like and the future goals they hope to achieve.

Section 2: Cultural Competency

What is Cultural Competence?

Cultural competence is the ability to interact effectively with people of different cultures. In practice, both individuals and organizations can be culturally competent.

It includes:

- The capacity for people to increase their knowledge and understanding of cultural differences
- The ability to acknowledge cultural assumptions and biases
- The willingness to make changes in thought and behavior to address those biases

“Culture” is a term that goes beyond just race or ethnicity. It can also refer to characteristics such as age, gender, sexual orientation, disability, religion, income level, organizations and affiliations, education, geographical location, profession and more. It is within a cultural context that views toward substances use and misuse are formed.

To ensure that recovery is accessible to all populations, our programs and chapters need to be as culturally inclusive as possible. Creating a safe space for everyone is our priority. Cultural competence is an ongoing process of examination and change, and to move toward cultural competence, peers need to constantly contemplate what life is like for people different from themselves. A culturally competent program demonstrates empathy and understanding of cultural differences in treatment design, implementation, and evaluation.

Overall, it’s your job as a leader to set a tone for inclusivity so that your community can thrive.

Culturally competent treatment is characterized by:

- Staff knowledge of or sensitivity to the first language of clients
- Staff understanding of the cultural nuances of the client population
- Staff backgrounds similar to those of the client population
- Treatment methods that reflect the culture-specific values and treatment needs of clients
- Inclusion of the client population in program policy making and decision making

Culturally -sensitive treatment involves:

- Recognizing & expressing existence of cultural differences between client & clinician
- Knowledge & learning about client’s culture
- Distinguishing between culture & pathology in assessment phase
- Modifying treatment as necessary to accommodate client’s culture

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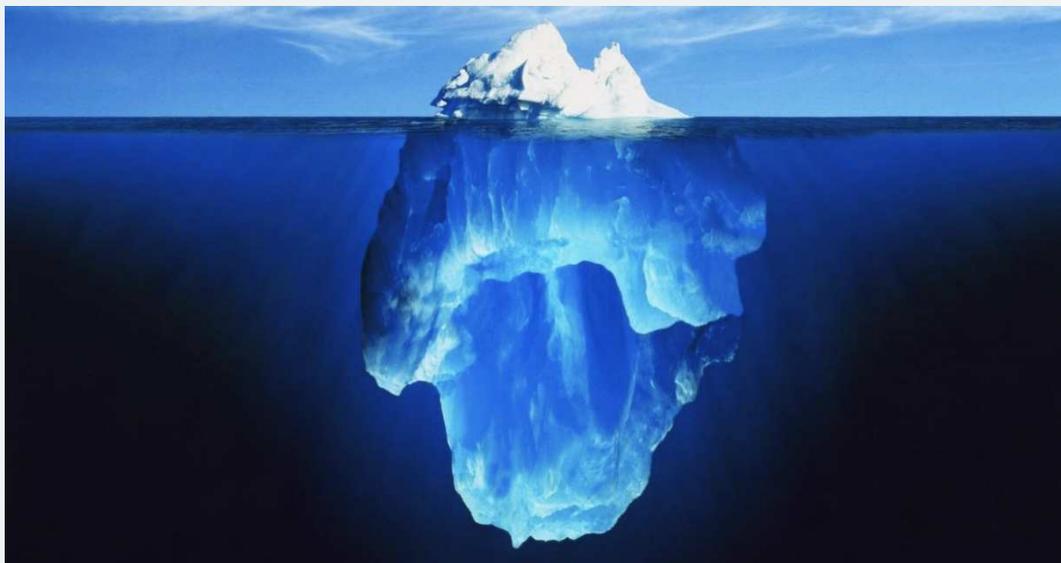
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Activity:

If any of these terms are unfamiliar to you, research their definitions and write them in your own words. (You can use the notes section on the last page):

- Privilege
- Race versus ethnicity
- Cultural appropriation
- Profiling • Discrimination
- Prejudice
- Acculturation versus assimilation
- Ethnocentrism
- Historical trauma and historical guilt
- Cultural humility
- Institutional racism

Self-reflection - The first step to cultural competence**The iceberg analogy:**

The visible part of an iceberg only makes up about 20% of its mass. Most of the iceberg lies below the surface. When people talk about “culture” they usually focus on the small portion of qualities that can be seen by looking at a person (i.e. gender expression, race, etc.). However, these traits only make up a fraction of who we are. It’s easy to assume we know someone based on what we can see, but we need to dig deeper in order to truly understand.

Activity:

Brainstorm some qualities of your own that lie “below the surface.” What might someone not know about you just by looking at your appearance? Write down 4-5 examples (i.e. *I’m Catholic, I’m the oldest of five children, I speak Portuguese*)

Activity:

Every human is multidimensional because of the countless aspects that shape our identities. Take a few minutes to reflect on your own cultural identity: Where did your family originate and how did your family arrive in the United States?

Where were you born? _____

How would you describe yourself ethnically & culturally?

What gender(s) do you identify with? What is your sexual orientation?

Who raised you? In what ways have you, and do you still, turn to your family for help?

Does religion/spirituality play a role in your life? If so, what role does it play?

Have you experienced discrimination and/or prejudice due to gender identity, sexuality, disability, mental health, race, religion, etc.?

What do your cultural beliefs tell you about how to cope with difficult life events, losses or prejudices?

Is it culturally acceptable to discuss emotional issues with your family and friends?

What does your culture believe about mental health treatment/substance use disorder treatment and recovery? _____

Biases, stereotypes, and how to address them:

Activity:

Click this [link](#) to watch Yassmin Abdel-Magied's TED Talk called "What does my headscarf mean to you?"

Activity:

List three tangible "action steps" you can take to address your biases:

Person-centered care:

Communication styles can make or break an opportunity to develop a relationship, especially among people who are very different from each other.

Think of a time when you have not felt heard by someone - a salesperson, doctor, friend, etc. How could you tell that they weren't really listening?

Have you ever made an assumption about a person or their culture, only to be proven wrong later? Write about that experience:

The opposite of assuming is listening. We can learn what our peers need from us by trusting that each individual is the expert of their own experience, and truly hearing them out. Building successful rapport and engagement can be summed up by the acronym “AROSE”

- Affirmations - to support strengths, convey respect and appreciation, deflect resistance
- Reflective listening – to explore concerns, convey understanding, deflect resistance; elicit change talk
- Open-ended questions – to explore concerns, promote collaboration, understand client’s perspective
- Summaries - to organize discussion, clarify motivation •
- Elicit change talk – get the client to tell you what the target problem is

Critical issues in mental healthcare faced by multicultural communities:

- Less access to treatment
- Less likely to receive treatment
- Poorer quality of care
- Higher levels of stigma
- Culturally insensitive health care system
- Racism, bias, homophobia or discrimination in treatment settings
- Language barriers
- Lower rates of health insurance

Bottom line: biases and stereotypes lead to discrimination in mental healthcare, cutting people off from the services they need. Becoming culturally competent means creating opportunities to save more lives.

Suggestions for continued education:

- Learn from the strengths of your participants
- Experience diverse food & music
- View media/foreign language films with subtitles
- Attend cultural psycho-educational meetings
- Experience Diversity Celebrations (Native Peoples, LGBTQ)
- Travel within community, state, nation, world
- Visit Community Cultural Centers (Japanese, etc.)
- Have discussions with peers, consultants and supervisors
- Discover spiritual centers, churches and synagogues

Section 3: Mental Health Considerations

Mental Health First Aid:

We highly encourage all Program Managers, Peers and Chapter Leads to obtain their certification in Mental Health First Aid with their teams. Please visit mentalhealthfirstaid.org to find a course near you. Youth Mental Health First Aid is the most applicable, but the general course works fine too.

Trauma-Informed Care:

Please watch [this video](#) about trauma-informed approaches by Project Amp (start at 42:00) and follow along with this [handout](#).

Reflection:

How might experiences of trauma impact your peers' recovery?

List 3 ways you can apply what you've learned about trauma-informed care:

Suicide Prevention:

Activity:

Review the [warning signs](#), learn how to create a [safety plan](#), know the [risk factors](#), and take [action steps](#).

Trauma Stewardship & Self Care:

What is trauma stewardship?

Daily practice through which individuals, organizations, and societies tend to the hardship, pain, or trauma experiences by others⁹ Self-care is a critical component of work-life balance in the recovery field. When we encounter people experiencing pain and trauma but neglect our own wellbeing, we put ourselves at risk. Self-care prevents burnout and will actually increase your capacity to help others.

Terms

Secondary Traumatic Stress and Related Conditions: Sorting One from Another

Secondary Traumatic Stress refers to the presence of PTSD symptoms caused by at least one indirect exposure to traumatic material. Several other terms capture elements of this definition but are not all interchangeable with it.

Compassion fatigue, a less stigmatizing way to describe secondary traumatic stress, has been used interchangeably with the term.

Vicarious trauma refers to changes in the inner experience of the therapist resulting from empathic engagement with a traumatized client. It is a theoretical term that focuses less on trauma symptoms and more on the covert cognitive changes that occur following cumulative exposure to another person's traumatic material.

Compassion satisfaction refers to the positive feelings derived from competent performance as a trauma professional. It is characterized by positive relationships with colleagues, and the conviction that one's work makes a meaningful contribution to clients and society.

Burnout is characterized by emotional exhaustion, depersonalization, and a reduced feeling of personal accomplishment. While it is also work-related, burnout develops as a result of general occupational stress; the term is not used to describe the effects of indirect trauma exposure specifically.

Trauma Exposure Response (TER):

TER is a transformation that takes place within us as a result of the exposure to the suffering of others.

Think back to a time when a friend, family member or client told you about a major struggle of theirs. Do you remember how you processed that experience? Some common reactions to others' hardships, also known as "trauma exposure responses," are shown in the graphic on the following page.

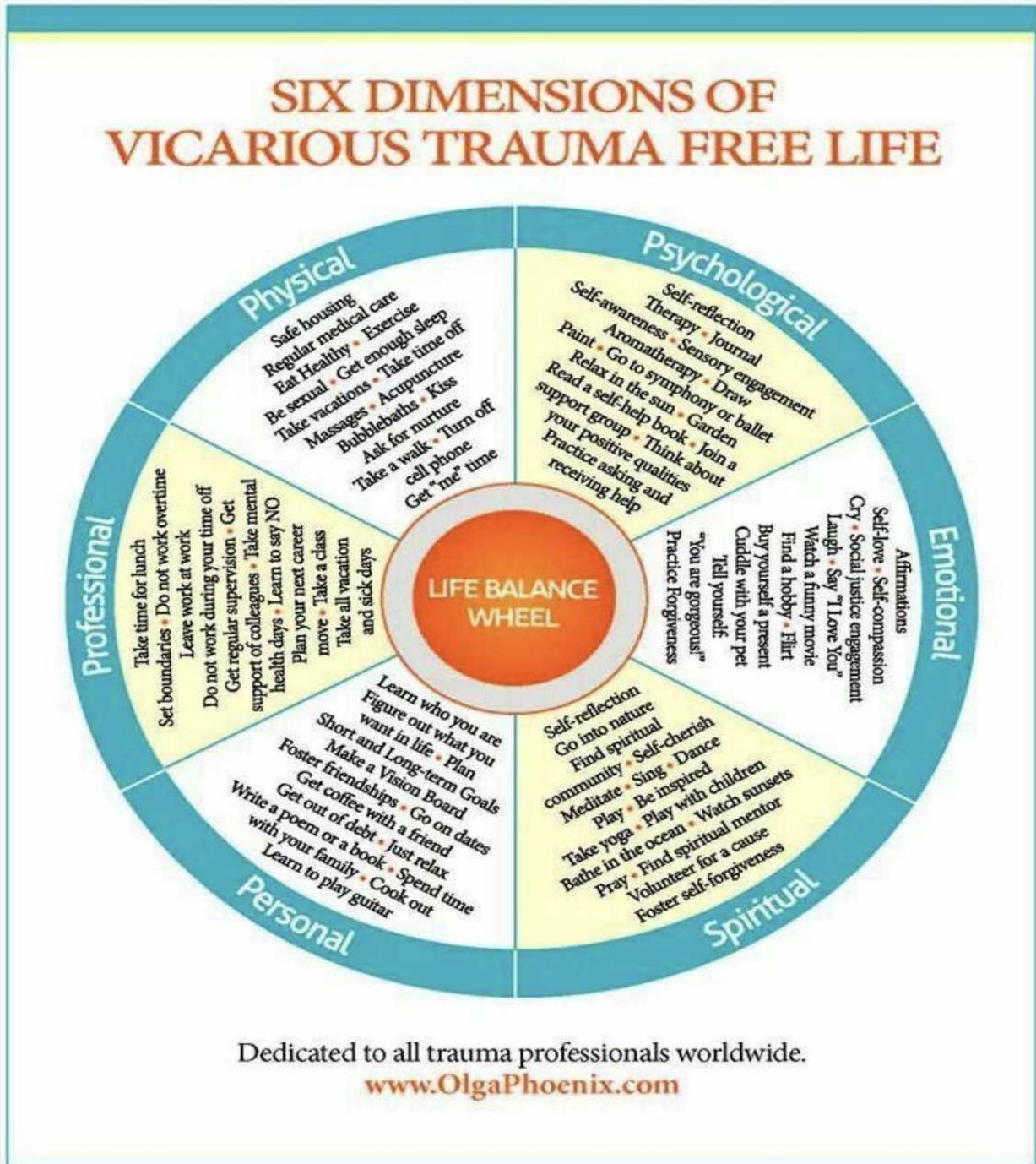


Reflection:

Which of these do you notice in yourself?

Self Care:

It is possible to take care of others and yourself simultaneously! Self-care should be incorporated into all areas of our lives. We'll focus on six in particular: physical, psychological, emotional, spiritual, personal and professional. The "life balance wheel" below lists ideas for self-care methods within each of these six dimensions.



Activity:

Write down one thing you're already doing within each of these areas:

- **Personal:** _____
- **Professional:** _____
- **Physical:** _____
- **Psychological:** _____
- **Emotional:** _____
- **Spiritual:** _____

Now, write down one new thing from each of these dimensions that you'd like to try:

- **Personal:** _____
- **Professional:** _____
- **Physical:** _____
- **Psychological:** _____
- **Emotional:** _____
- **Spiritual:** _____

Consider sharing this list with someone you trust and ask them to hold you accountable!

Section 4: Motivational Interviewing & Group Facilitation

Motivational Interviewing

Please watch this [video](#) about motivational interviewing by Project Amp.

Group Facilitation

Effective communication skills and supportive group dynamics are necessary in program facilitation.

Using presentation tools:

Phoenix PowerPoint slides and facilitator guides are designed to help you, but be mindful, as these tools can become burdensome or distracting. It's critical to familiarize yourself with all material prior to facilitation.

The impact of the workbook (for EPIC/Phoenix) programs): Every individual has a unique learning style. Some people process information best by listening; others prefer to process their ideas verbally. Some people learn by doing; others learn by watching. The act of writing is like brain glue - it brings multiple areas of the brain together and incorporates several learning/processing methods at one time. People are more likely to remember what they write down, not only because they can reference these notes later, but because writing itself is neurologically significant. Goal-setting is made more tangible by writing as well. **With that said, study the workbook with as much attention as the PowerPoint slides and facilitator guide.** A lull in a verbal group discussion often turns around if you ask participants to jot down their thoughts and then invite them to share what they wrote.

Steps to prepare for each program module or chapter workshop:

Closely study each module, take notes and identify resources:

- Compare the PowerPoint slides and workbook (for EPIC/Phoenix Programs) next to one another. Take note of where the workbook should be utilized (with page numbers too)
- Take note of where your personal experience can be referenced
- Take note of where local resources can be referenced. Here are some suggestions:
 - General: Visit capacitytype.com for asset maps in your local communities
 - Employment: • Find information about for your state workforce commission and mention it in the Criminal Records section
 - Education: Research local GED tutoring programs, technical colleges, community colleges and 4-year universities in your region so you can provide examples for each section - Visit collegiaterecovery.org to find out if any institutions in your area have established collegiate recovery communities
 - Finance: For continued learning, reference FDIC Money Smart program: FDIC.gov/consumers/consumer/moneysmart/young - See if there are other organizations in your area that offer free classes on financial literacy, credit, budgeting, etc.
 - Housing: Visit narronline.org and consider making a list of nearby certified recovery residences - If you can't find any NARR certified recovery residences in your area, use Capacitytype and findtreatment.samhsa.gov to identify the recovery residences that do exist, but make sure to advise participants to take a tour first, ask the manager about their policies on MAT if necessary, read all the fine print about house regulations, and to contact their city's housing authority if they're uncertain about the residence's legitimacy to avoid scams - Visit www.hud.gov/states for state-specific government housing resources
- Practice presenting the material
 - Consider using a timer to gauge how quickly or slowly you move through slides and engagement activities
 - Focus on smooth transitions
- If you have questions about the content, reach out to your Program Manager (for EPIC/Phoenix program modules) or Regional Chapter Coordinator (for chapter workshops)!
- Make a list of all the materials you need to bring to the site that week and make sure you have everything ready to go

A game plan for the first day (for EPIC/Phoenix programs):

- Introduce yourself:
 - *This may seem like an obvious first step when running a training or implementing a program module, but it's easy to get nervous and move straight into our agenda for the day. However, it's important to become familiar with one another to set the tone for the next several weeks. Take a few minutes at the beginning of the session to introduce yourself in an authentic way. Use your recovery message!*
- Ask participants an icebreaker question
- Give participants a brief overview of YPR, the program you're implementing, what they can expect, how often they'll be meeting, etc.
- Data collector gives overview of data collection process and participants' rights, gathers electronic signatures
- Begin the first module, and pause on the "Working Agreements" slide. Ask participants to add to this list and return to the expectations they brainstormed every time you meet. If you have a whiteboard handy, use it!

Keep the group engaged:

- Utilize their names when asking questions, and circle back to ideas/comments that individuals' have shared previously. This demonstrates that you are paying attention and that their input is valuable
- Thank individuals (by name) when they engage
- If participants are hesitant to answer questions, you can provide example answers, reframe the question, or take a few minutes so they can jot down their thoughts in the workbook
- Always circulate the room to answer questions and provide suggestions during activity time
- Create space for questions, clarifications and comments. A few moments of silence doesn't have to be negative - people might be using that time to gather their thoughts

Activity:

What are some other methods that aren't listed here? _____

WORKS CITED:

- American Psychiatric Association
- Youth Mental Health First Aid
- Substance Abuse and Mental Health Services Administration
- Peter D. Hart & Associates & Robert M. Teeter's Coldwater Corporation
- Center for Substance Abuse Prevention
- Center for Substance Abuse Treatment
- Burk & Lipsky, *Trauma Stewardship*