Today’s webinar is being recorded and you will find the recording and PPT posted at www.nyaprs.org

We are offering CEs for today’s webinar for LMSW, LCSW, CPRP, LMHC and OMH certified Peers.

In order to qualify for CEs, you must:
  - Be in the zoom room and not just dialed in on the phone
  - Return the evaluation form within 48 hours

Please use the chat feature to communicate with our presenters

Time for Q&A
Our Presenters

- Ben Riker, Program Coordinator
- Theresa Knorr, Director of Recovery Education and Training
SUD Peer Professional Roles and Competencies

Peer Services Engagement Improving Treatment and Recovery Outcomes

PRESENTED BY: THERESA KNORR & BEN RIKER, FRIENDS OF RECOVERY - NY
People as Objects
The basis of this attitude is that one person or group of people “knows what’s best” for another person or group of people. Or the first person or group may decide they have a right to determine the circumstances under which the second person or group will exist. The person being viewed and treated as an object usually knows it.

People as Recipients
Here the first person or group still believes that know what is best for the other, but they give the other the opportunity to participate in decision-making because it will be “good” for the other person or group. Thus, the other is supposed to receive the benefits of what the first person gives to them.

People as Resources
Here there is an attitude of respect by the first person or group toward what the other person or group can do. This attitude and the behaviors that follow it can be closely associated with two matters of great concern: self-esteem and productivity. Creating a culture in which people are viewed as resources is a worthy goal!
Recovery Defined

- SAMHSA: A process of change through which individuals improve their health and wellness, live a self-directed life, and strive to reach their full potential.
- CCAR: You are in recovery when you say you are.
Choose supportive, nonjudgmental words that treat people with respect and compassion.

**SAY THIS**
- 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

**NOT THAT**
- 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
Guiding Principles of Recovery

- Self-Directed – What the person in recovery wants, desires and can accomplish; not what the provider imparts to the person
- Strengths-based – Focus on strengths, capacities, talents and skills
- Empowerment – Providing the tools needed to empower the person
- Basic Needs – Recovery is not possible without meaning, purpose, goals, housing, work and personal development
Guiding Principles (cont’d)

- Hope – People do recover and change is possible
- Optimism – You can do it, many do
- Positive Self-Identity - Recovery focused, not disorders focused
- Being of Service – Giving back
Recovery Core Values

Premise #1
All individuals are unique and have special needs, goals, health attitudes and behaviors and expectations for recovery.

Premise #2
Persons in recovery with mental illness, alcohol or drug addiction, and/or gambling, share some similarities; however, management of their own lives and mastery of their own futures will require different pathways at times.

Premise #3
All persons should be offered equal access to recovery and have the opportunity to participate in their recovery process.
Ten Components of Recovery

- Self-direction
- Individualized and person-centered
- Empowerment
- Holistic
- Non-linear
- Strength-based
- Peer supported
- Respect
- Responsibility
- Hope
Recovery Coaching

Four Goals

- Promote recovery
- Remove barriers
- Connect recoverees with recovery support services
- Encourage hope, optimism and healthy living
Recovery Coach

Roles & Responsibilities

- Motivator and Cheerleader
  - Believes in the capacity for change
  - Encourages
  - Celebrates

- Ally and Confidant
  - Loyal
  - Cares for recoveree
  - Actively listens
  - Trustworthy
  - Stable and consistent
Recovery Coach

Roles & Responsibilities (Cont’d)

Problem Solver
- Identifies potential problem areas
- Does not tell the recoveree the right way but helps the recoveree discover options
- Non-judgmental

Resource Broker
- Provides linkages to recovery community, treatment and other supports
- Knows the system of care and how to navigate that system
- Has established contacts and recovery partnerships in the community
Recovery Coach
Roles & Responsibilities
(Cont’d)

► Truth Teller
  ► Provides honest and helpful information
  ► Offers suggestions
  ► Helps identify patterns of behavior
  ► Does not “sugar-coat” things

► Role Model
  ► Offers one’s own life as an example
  ► Walks the walk
  ► Provides stage-appropriate recovery information
Recovery Coach

Roles & Responsibilities (Cont’d)

- **Advocate**
  - “A” = Advocate for the Recovery Community
  - “a” = Advocate for the Recoveree
  - Assists the Recoveree with protecting their rights
  - Acts as a representative for the Recoveree when requested

- **Community Organizer**
  - Helps establish a support network for the Recoveree
  - Serves as a connector
Recovery Coach
Roles & Responsibilities
(Cont’d)

- Lifestyle Consultant
  - Offers feedback on recovery lifestyle
  - "How’s that working for you?"
  - Focuses on recovery and wellness

- Friend and Companion
  - An equal
  - Peer-to-Peer
  - Reduced power differential
A Recovery Coach is **NOT**:

- Sponsor
- Counselor
- Nurse/Doctor
- Attorney
- Priest/Minister/Rabbi, etc.
Addiction Recovery &
Prochaska & DiClemente’s
The Six Stages of Change

Termination
Relapse

Pre-
Contemplation
Making Excuses

Maintenance
Support

Contemplation
Weighing Options

Action
Initial Sobriety

Preparation
Begin Looking For Treatment

The Treatment Center
Lifelong Addiction Recovery
Stages of Recovery

A Framework Illustrating the Ongoing Progressive Nature of Recovery
Stage 1: Stabilization

- learning about addiction
- physical detox and stabilization
- learning to socialize in a group setting
- learning to break the pattern of isolation
- developing role models for healthy recovery
- anxiety management
- staying away from risky places, situations and people
- developing self-responsibility
- learning to ask for help and support
Stage 2: Deepening

- identifying old behaviors that don’t feel right anymore
- emotional detox
- changes in verbal attitude, feeling and behavior
- increase in the quality of physical health
- increase in the ability to tolerate feelings
- beginning to make distinctions between and among feeling states
- increased commitment to working on recovery
Stage 3: Connectedness

- the depth of joy and misery can be profound
- the need to go back and redo some earlier tasks in recovery
- learning to avoid the creation of drama in one’s life
- the outer world of the person is beginning to reflect the inner world
- connections are made to a wider circle of people both in and out of recovery
- there is an increase in honesty
Stage 4: Integration

- relationships based on love rather than need
- avoiding “stuckness”
- the automatic use of tools of recovery
- an ability to act on knowledge and insight and follow through
- self-forgiveness
- having fun and finding joy in life
Stage 5: **Fulfillment**

- discovering and following through on life purpose
- living within an aura of peace/serenity
- dramatic reduction in worry
- acceptance
- high level of morality, integrity
- confidence balanced with humility
- embracing the concept of being both precious AND insignificant at the same time
- gratitude penetrates all actions
- celebration
Types of Recovery

Abstinence-Based
Complete and sustained cessation of one’s primary drug(s), any other non-medical psychoactive drug and/or gambling (with nicotine and caffeine historically excepted)

Moderation-Based
Sustained deceleration of alcohol, other drug use and/or gambling to a sub-clinical level, that is, a level that no longer meets diagnostic criteria

Medication-Assisted
The use of medically monitored pharmacological drugs to support recovery from addiction
Pathways of Recovery

**Clinical**
Recovery processes aided by the services of a healthcare provider, clinician, or other credentialed professional.

**Non-Clinical**
Recovery processes that do not involve a trained clinician, but are often community-based and utilize peer support.

**Self-Management**
Recovery processes that involve no formal services, sometimes referred to as “natural recovery.”
Social Determinants of Health

Economic Stability
- Income
- Health insurance

Education
- Literacy
- Access

Health & Healthcare
- Medical health status and needs
- Behavioral health status and needs
- Care access

Social & Community
- Social network
- Housing conditions
- Transportation
- Safety
- Geography

Intrinsic Factors
- Age
- Genetics
- Language
- Culture

OUTCOMES
ROSC
We are the navigators!
(And the definers!)
How Effective Are Recovery Support Services Provided By Other People in Recovery?

• For individuals & families seeking recovery: The take home message was that peer-led recovery support services are a helpful addition to traditional professional services.

• For Treatment professionals and treatment systems: This review suggests more formal recovery support services are helpful clinical referral resources that enhance your patients’ outcomes.

Study of recovery community organization participants over time shows peer-based recovery support activities are associated with improvement in recovery capital.

For treatment professionals and treatment systems: Connecting individuals to supports and resources which address their most immediate needs is vital to building recovery capital and ensuring their continued motivation and success in recovery. Providers and systems should be part of the bridge that connects patients to needed services. By linking an individual to a recovery community organization, providers may help expand one’s recovery resource network beyond what the formal treatment system can offer. Yet,

• For Treatment professionals and treatment systems: Peer Support interventions that target social network changes are likely to help your patients. Although research in real world treatment settings is needed before a recommendation to roll Network Support out on a large scale can be made, results to this point are positive, and suggest it is likely to provide an advantage relative to case management and cognitive behavioral therapy (CBT) alone.
