



Department of Behavioral Health Developmental Services
Office of Recovery Services

Practice Guidelines for Peer Recovery Specialists

Peer Recovery Specialists (PRS) provide non-clinical, person-centered, strengths-based, wellness-focused, and trauma-informed support while helping to ensure the person's wellness-recovery plan reveals the needs and preferences of the person being served to complete their measurable and personalized goals. PRSs serve adults with behavioral health challenges. Peer Recovery Specialists also serve parent peers and family members who provide support to parents and children who experience behavioral health challenges.

The type and intensity of services provided must be determined on an individual basis, taking into account the acuity of the situation for the person(s) receiving services, as well as the experience of the PRS. A foundational value is that Peer Recovery Specialist support is always received on a voluntary basis and must be the foundation of all relationships. PRSs share their first-hand experiences that inspire and support individuals in their responses, choices and management of behavioral challenges. They assist people in expressing and achieving personal goals for wellness, recovery, resiliency and self-advocacy. PRSs provide and advocate for effective recovery and wellness-oriented services.

Peer Recovery Specialists:

- 1) *Provide face to face interaction that supports an individual achieving their self-identified level of recovery, wellness, independence or personal strength.***
 - a. Serve as a role model for recovery and wellness and self-advocacy. Provide feedback and insight into the value of every individual's unique recovery experience.
 - b. Assist an individual or family receiving services with writing and communicating their personal recovery-wellness plans and to identify ways to reach those goals using a person-centered, individual recovery-wellness plan.
 - c. Increase the individual's resiliency by assisting them in recognizing and augmenting personal strengths in skill areas related to handling problems encountered in daily life; such as self-awareness, resource discovery, and self-responsibility. Assist in gaining/regaining control of their lives through recovery and/or wellness based activities, concepts, and understandings.
 - d. Share effective and positive strategies for developing coping skills and wellness tools related to overcoming the effects of having a trauma, a substance use disorder, or a mental health challenge.
 - e. Clarify and enhance self-advocacy skills. Encourage peers to develop independent behavior that is based on informed choice; assisting peers in developing empowerment skills through self-advocacy.
 - f. Establish and maintain a peer relationship based on mutuality rather than a hierarchical relationship. Partner with the other person to facilitate recovery dialogues and other evidence-based and/or best practice methods
 - g. Assist peers in selecting behavioral health services that suit each person's individual recovery and wellness needs; Inform peers about community based and natural supports and how to utilize these in the recovery process.
 - h. Provide education on wellness and/or recovery
 - i. Assist in developing a psychiatric advance directive
 - j. Assist individuals and families of children in creating crisis recovery response plans.
 - k. Accompany people through the behavioral health service intake process and the discharge process, with person to person, face-to-face follow up after discharge of person. Help people identify and implement service exit strategies.
 - l. Provide outreach to people who have frequent inpatient experiences. Provide outreach to people who have failed to engage with the behavioral health system.

2) *Provide trained peer-to-peer support in groups encouraging and supporting participation and self-directed participation.*

- a. Serve as a role model for recovery and wellness and self-advocacy. Provide feedback and insight into the value of every individual's unique recovery experience.
- b. Assist in developing skills needed to identify a variety of groups that may be helpful and available in the community.
- c. Facilitate peer-to-peer evidence-based practices or best practices, such as WRAP, Dual Recovery, 12-Step groups, WHAM, High Fidelity Wraparound, etc.
- d. Facilitate non-clinical peer to peer recovery education and wellness coaching through group activities in topics such as stress management, healthy leisure activities, wellness, alternative treatment options, recovery, focusing on individual health and wellness strengths and needs, self-affirmation, treatment management techniques, community involvement strategies, etc.
- e. Increase the individual's resiliency by assisting them in recognizing and augmenting personal strengths in skill areas related to handling problems encountered in daily life; such as self-awareness, resource discovery, and self-responsibility. Assist in gaining/regaining control of their lives through recovery and/or wellness based activities, concepts, and understandings.
- f. Share effective and positive strategies for developing coping skills and wellness tools related to overcoming the effects of having a trauma, a substance use disorder, or a mental health challenge.
- g. Clarify and enhance self-advocacy skills. Encourage peers to develop independent behavior that is based on informed choice; assisting peers in developing empowerment skills through self-advocacy.
- h. Establish and maintain a peer relationship based on mutuality rather than a hierarchical relationship. Partner with the other person to facilitate recovery dialogues and other evidence-based and/or best practice methods.
- i. Assist peers in selecting behavioral health services that suit each person's individual recovery and wellness needs; Inform peers about community based and natural supports and how to utilize these in the recovery process.
- j. Provide education on wellness and/or recovery.
- k. Assist in developing a psychiatric advance directive.
- l. Assist individuals and families of children in creating crisis recovery response plans.
- m. Accompany people through the behavioral health service intake process and the discharge process, with person to person face to face follow up after discharge of person. Help people identify and implement service exit strategies.
- n. Provide outreach to people who have frequent inpatient experiences. Provide outreach to people who have failed to engage with the behavioral health system.

3) *Mentor community integration activities (one-to-one or in groups)*

- a. Provide community networking and linkage with social, recreational, spiritual, volunteer, educational or vocational resources. Assist the person in identifying traditional and non-traditional community based supports that sustain a healthy life style. Provide opportunities to practice socialization, interaction and engagement abilities in the community. Support, encourage, and enhance the development of natural support systems and independent choice and participation.
- b. Assist in the development of a community integration plan that sets milestones for an increased independent community involvement, showing a decrease of dependency on the CPRS
- c. Support for day-to-day problem solving related to integration/reintegration into the positive community of choice.

- d. Enhance the person's/family's ability to navigate the systems of service delivery related to the person's written wellness-recovery plan or individual service plan. Provide, when available, time-limited transportation focusing on increasing the individual's transportation independence through access to natural or formal resources.
- e. Assist other behavioral healthcare service providers in identifying program and service environments that are conducive to recovery.

4) *Provide emotional support during the acquisition, exploration and sustaining of employment and/or educational services.*

- a. Support the vocational and educational choices of peers and assist them in developing strategies for overcoming educational or job-related behavioral health challenges that lead to independence.

5) *Attend treatment team and program development meetings.*

- a. Promote the use of self-directed recovery and wellness tools in individualized treatment planning. Facilitate the inclusion of the person being served in all meetings that relate to the delivery of services. Promote the inclusion of the individual in all treatment plans related to their healthcare.
- b. The CPRS will share his or her unique perspective on recovery from mental illness or substance use disorder with non-peer staff. Assist non-peer staff in identifying programs and environments that are advantageous to supporting recovery and wellness outcomes.