Developing the Peer Workforce through Training, Internships and Job Placement

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Moderated by Len Statham, NY Association of Psychiatric Rehabilitation Services

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Working with communities to address the opioid crisis.

- SAMHSA’s State Targeted Response Technical Assistance (STR-TA) grant created the *Opioid Response Network* to assist STR grantees, individuals and other organizations by providing the resources and technical assistance they need locally to address the opioid crisis.

- Technical assistance is available to support the evidence-based prevention, treatment, and recovery of opioid use disorders.
Working with communities to address the opioid crisis.

✧ The Opioid Response Network (ORN) provides local, experienced consultants in prevention, treatment and recovery to communities and organizations to help address this opioid crisis.

✧ The ORN accepts requests for education and training.

✧ Each state/territory has a designated team, led by a regional Technology Transfer Specialist (TTS), who is an expert in implementing evidence-based practices.
Contact the Opioid Response Network

✧ To ask questions or submit a technical assistance request:

- Visit www.OpioidResponseNetwork.org
- Email orn@aaap.org
- Call 401-270-5900

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Meet the Presenters
Our Presenters

Yvette A. Thomas
Employment Support Services Coordinator, Unity Recovery

George S. Braucht
Co-founder, Certified Addiction Recovery Empowerment Specialists (CARES) Academy with the Georgia Council on Substance Abuse and the Forensic Peer Mentor Ready4Reentry Training with the Georgia Mental Health Consumer Network

Lisa Conlan Lewis
Executive Director, Parent Support Network of Rhode Island
Training Objectives

✧ Review how peer support workers assist people to start and sustain long-term recovery
✧ Describe what competencies are covered in peer support trainings and certification programs
✧ Identify ways to offer paid and unpaid internship opportunities for newly-trained peers to practice their skills and build confidence
✧ Discuss the value of partnerships between RCOs and other organizations to provide trained peer support specialists in various settings
Becoming a Peer Specialist

- Certification
- Additional Training
  - Storytelling
  - Family Storytelling
  - WRAP
- Job Search and Getting Hired
- Continued Professional Development
  - Never Stop Learning
Positive Experiences

- Experience in the field
- Learning opportunities
- Building a network
- Supportive Supervision
What was missing?

- Proper usage of CPS Skills
- Training Availability and Ability to Attend Training
- Workplace Environment and Supportive Supervision
Career Advancement

- Success as a Peer in the workforce - Being the best at whatever you do.
- Overcoming adversity - Being resilient and always ready for change.
- Professional Development and Training
- Resume Building - Add new skills learned to resume and keep up to date.
- Using skills from previous careers.
- Lived Experience Matters!
From Direct Support to Peer Supervision

- Shift in Perspective
- Providing Support
- Using CPS skills in Peer Supervision
Who’s on First, What’s on Second, I Don’t Know’s on Third

- **Core skill**: Engage in compassionate conversations for mutually beneficial and mutually challenging relationships

- **Core role**: Enhance, not replace, acute care with chronic social model peer services (ROSC)

- **Core challenge**: Sustain connections with people and organizations that are different
Compassionate Conversations

(Behavior (=) is always a function of the (X) interaction among (P)eople and (E)nvironments: \( B = P \times E \)

- First, learn about with whom you are speaking and explore her/his experience using:

  **Practice**

  **Intentionally**

  **Not**

  **Knowing**

  = PINK, or curiosity


[Compassionate Conversations logo] 

[Image: Brauchtworks.com]
# Six Relationship Enhancement Skills

1. **P** - **P** erception: Actively listen and observe
2. **I** - **I**nvolved: Show interest in the other person's experience
3. **N** - **N**ation: Seek clarification and understanding
4. **K** - **K**nowledge: Share information and insights
5. **S** - **S**upport: Offer encouragement and validation
6. **I** - **I**ncorporate: Use the other person's words and phrases

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<thead>
<tr>
<th>Type</th>
<th>Description</th>
<th>Number</th>
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<tbody>
<tr>
<td>Open-ended question</td>
<td>Express curiosity, interest, concern, etc. Who, What, When, Where, How, and maybe Why</td>
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<tr>
<td>Closed question</td>
<td>Solicit a simple, short answer, often &quot;Yes&quot;, &quot;No&quot;, or specific information</td>
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<td>Affirmation/Validation</td>
<td>Build feelings of empowerment and self-efficacy - may or may not be questions; be sure it is based on observed strengths or behaviors.</td>
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<td>Acknowledgment</td>
<td>Stay warm or open or what the other person has said</td>
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<tr>
<td>Simple</td>
<td>Repeat the other person’s words or phrases; communicate attention, following, and interest</td>
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<tr>
<td>Complex</td>
<td>Extend what the other person has said; cognitively reframe the content or reflect the emotion expressed, infer greater meaning; move the conversation forward</td>
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<td>Amplified</td>
<td>Over- or understate an absolute statement to ensure that is an accurate statement or prompt reconsidering a statement; avoid sarcasm - typically leads to anger or a counter-argument</td>
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<td>Double-sided</td>
<td>Highlight both sides of an issue; Use &quot;and&quot; not &quot;but&quot;. &quot;On the one hand... and on the other...&quot;</td>
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<td>Metaphor</td>
<td>Use a word or phrase that relates to the other person’s experience</td>
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<td>Summary</td>
<td>Summarize, organize, what has been said; highlight change in tone and contrast and volatility stated in the moment or previously; transition to new topic or focus; always end with a summary by you and/or the other person(s) “What are your thoughts regarding this? (Q)&quot;</td>
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<tr>
<td>Information-giving</td>
<td>Use OARS first, ask for permission; use 3rd person references - add personal experience if clarification needed, share as potential options; state how you feel and what you need for this to be a mutually-beneficial relationship; discuss interest, confidence, and commitment levels</td>
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Develop Recovery-oriented Systems of Care (ROSC)

Paradigm Shift:

Enhancing Acute Care with Chronic Peer Support and Social Model Recovery Programs (Borkman, Kaskutas et al)

Acute Care: Bio-psych-social model
- Focus: Disease Process
- Disease Experts & Treatment
- Teach: What’s wrong with you?

Chronic Care: Social model
- Focus: Recovery Process
- Recovery Experts & Service
- Learn: What’s right with you?

Expect relapse!
Stigma & discrimination
Contagious hope & redemption

Expect recovery/resilience!
Paradigm Shift:

Enhancing Acute Care with Chronic Peer Support and
Social Model Recovery Programs (Borkman, Kaskutas et al)

Expect relapse!

Connections!

Stigma & discrimination

Contagious hope & redemption

ROSC’s involve both/and because the opposite of addiction is
Asset-based Community Development (ABCD) Domains

- MUTUAL AID & FAITH
- VOLUNTEERING, EDUCATION AND EMPLOYMENT
- RECREATION AND SPORT OR FUN!
- PEER AND RECOVERY COMMUNITY

Appreciative Inquiry (AI)
1. What’s working well?
2. Opportunities for improvement?
3. What keeps us hopeful (objectives)?
Certified Peer Recovery Specialists
Rhode Island Statewide Workforce

✧ **Statewide Community-Street Outreach & Education – Opioid Hotspots – Rapid Response** (emergency rooms, safe stations, clinics coordination, transport, crisis assessment center (BHLink), detox and treatment settings)

✧ **Recovery Community Centers in Newport County and Washington County** (individual peer recovery support and assistance, mutual aid groups, recovery and wellness activities and events, training, and community collaboration & partnership-public awareness, prevention, intervention, and response activities)
Certified Peer Recovery Specialists
Rhode Island Statewide Workforce

❖ **Statewide Peer Recovery Support Services** – Individualized face to face services with individuals with mental health, opioid addiction, substance use and co-occurring mental health and substance use diagnoses and WHAM and WRAP groups - Medicaid Reimbursement

❖ **HRSA, Opioid Impacted Family Support Program - Family Support Partners** - pregnant and parenting women who have peri-natal substance exposure and neonatal abstinence syndrome (NAS) - Fathers in Recovery - Parents, children and families impacted opioid addiction or other substance use disorders and at risk or involved with child welfare, justice system, child support, etc.
Rhode Island Certification

- High School Diploma, GED or College Transcripts
- 46 Hour – Integrated Behavioral Health Peer Recovery Specialist Training – endorsed by RI Certification Board
- 500 hours “on the job” peer recovery work experience with job description and supervisor oversight
- 25 hours of individual CPRS Supervision to ensure meeting core competencies across the domains of ethics, advocacy, mentoring and education, recovery and wellness
- Submit RI Certification Board Application, with Felony Justification, $175, and then passage of Formal Exam
- Every 2 Years must renew, 6 hours ethics training and 14 other peer recovery specialist training hours (total 20 hours) -$75

https://www.ricertboard.org/certifications
Certified Peer Recovery Specialist Internship & Federal Apprenticeship

- Paid 20 hour per week paid internship at PSN or a PSN placement partners– 24 Weeks
- New Family Support Partner –Stipend Internship OIFSP Program each candidate gets a $3000 program scholarship and $5000 stipend –received incrementally over 24 weeks
- Agencies who employed Peer Recovery Specialists participate in our Federal Registered Apprenticeship Program for Dual Certified Peer Recovery Specialists and Community Health Workers -144 hours of Certificate/Specialty Training/2000 on the job work experience hours - Full-time -1 Year –pay increase commitment-Agency Incentives
Peer Recovery Collaboration & Partnership

 '>' **Rhode Island Peer Recovery Council** – Over 20 agency partners committed to building a strong statewide peer recovery specialist workforce for behavioral health – Homeless Services, Recovery Housing, Hospitals, Community Behavioral Health Centers, Centers of Excellence (MAT Clinics), Federal Qualified Health Centers, NAMI, OASIS, RICARES

 '>' **Collaboration between Recovery Community Centers** – Providence, West Warwick, East Bay-Bristol/Warren, Newport County, and Washington County and projects and activities – Recovery Rally/Month

 '>' **Partnership with Health Equity Zones (HEZ) and Regional Prevention Coalitions**

 '>' **Participation on State Policy Boards** – Governor’s Council for Behavioral Health and Governor’s Overdose & Intervention Task Force – subcommittees and workgroups
Discussion/Q&A
Resources

- Philadelphia Peer Support Toolkit
- Recovery Friendly Workplace (NH) Checklist
- Recovery Friendly Workplaces PA
- Recovery LIVE: Cultivating Resilience and Supporting Recovery at Work (recorded October 20, 2020 – 60 min)
Join us for the final Fall Recovery webinar

Tuesday, December 8, 2020
2:00 – 3:15 pm ET

Reimbursement for Peer Support Services through Medicaid

**Presenters:** Judy Fox, Anita Bradley, Denise Holden

**Moderator:** Steven Samra
Links to Previous Webinars in Series

**Sustainability Ideas for RCOs During Economic Crisis**

[https://youtu.be/FeN8pFwD8mk](https://youtu.be/FeN8pFwD8mk)

**Increasing Racial Equity in Recovery**

[https://youtu.be/9UAfb1IbQmY](https://youtu.be/9UAfb1IbQmY)

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