

**Summary -- National Association of Peer Specialists (NAPS)  
Recovery to Practice Caucus  
Alternatives Conference / October 27, 2011**

Twelve individuals from around the country attended the caucus, reviewed the curriculum topics, and engaged in a lively discussion on important information that should be considered for inclusion in the training modules. While NAPS recognizes that the 90-minute time frame for each training module will likely not allow us to address all recommended topics, this input will set the stage for future development of other training curricula, and for directing Peer Specialists to helpful topical resources. *[Note: some items are listed more than once when participants agreed that they could relate to more than one training module.]*

**Training module 1: Principles of recovery**

Include content on:

- a. Exploring and honoring different language people may use to talk about being “in recovery”
- b. Retaining a spirit of mutuality, mutual learning, and humility between Peer Specialist and peer
- c. Specific ways a Peer Specialist can communicate mutuality; for example, “I remember when I [Peer Specialist cites a similar experience to that of the peer]”, “This is what I [the Peer Specialist] learned from you today ... ”

**Training module 2: Acknowledging the effects of trauma on recovery**

Include content on:

- a. Building trust to set the stage for trauma talk; no matter what type of trauma a peer has experienced, s/he will only talk about it when feeling safe
- b. Techniques to reassure peers “you can get past this”
- c. Peer Specialists helping others develop coping skills to address the effects of trauma
- d. Make Peer Specialists aware of links between past trauma and current substance use, other behaviors that may have developed as a result of past trauma
- e. Underline that trauma can be experienced in many settings and forms; one person’s trauma may not be experienced as trauma by others
- f. Help Peer Specialists productively address clinician perceptions that “trauma is our department”
- g. How Peer Specialists can educate their co-workers and systems about the ways in which “business as usual” can traumatize or re-traumatize the people served; for example, how medication is administered, or aspects of the physical environment

### **Training module 3: Creating a culture of compassion**

Include content on:

- a. Native American culture as it relates to recovery from mental illness; the needs of this culture are often not understood
- b. Acknowledge peer work in diverse faith-based settings

### **Training module 4: Strengthening workplace relationships**

Include content on:

- a. Helping Peer Specialists talk clearly about their role
- b. Enhancing relationships with the treatment team
- c. Helping Peer Specialists describe how their ethical practice may be different than that of traditional clinicians (for example, the centrality of sharing their personal stories)
- d. How to help peers deal successfully with stigma
- e. How Peer Specialists can educate their co-workers and systems about the ways in which “business as usual” can traumatize or re-traumatize the people served; for example, how medication is administered, or aspects of the physical environment
- f. Make Peer Specialists aware of links between past trauma and current substance use, other behaviors that may have developed as a result of past trauma
- g. Differences in Peer Specialist practice in diverse work settings
- h. How to promote mutual learning among service providers; for example, all staff take part in training courses that sometimes are offered only to Peer Specialists, or only to clinical staff

### **Training module 5: Peer Specialist ethics**

Include content on:

- a. Building trust – if a client loses trust in the Peer Specialist, the relationship is broken
- b. Retaining a spirit of mutuality and mutual learning between Peer Specialist and peer
- c. Specific ways a Peer Specialist can communicate mutuality; for example, “I remember when I [Peer Specialist cites a similar experience to that of the peer]”, “This is what I [the Peer Specialist] learned from you today ... ”
- d. Techniques for peers to remember “where they came from” and avoid co-optation
- e. Differences in Peer Specialist practice in diverse work settings

### **Training module 6: Recovery and the whole person**

Include content on:

- a. Acknowledge peer work in diverse faith-based settings

### **Training module 7: From dual recovery to whole person recovery**

Include content on:

- a. Make Peer Specialists aware of links between past trauma and current substance use, other behaviors that may have developed as a result of past trauma
- b. Peer Specialists helping others develop coping skills to address the effects of trauma

### **Training module 8: Developing supportive relationships**

Include content on:

- a. Building trust – if a client loses trust in the Peer Specialist, the relationship is broken
- b. Retaining a spirit of mutuality and mutual learning between Peer Specialist and peer
- c. Specific ways a Peer Specialist can communicate mutuality; for example, “I remember when I [Peer Specialist cites a similar experience to that of the peer]”, “This is what I [the Peer Specialist] learned from you today ...”

### Other topics discussed and not classified by module topic:

- a. Training in documentation; for example, using language that is recovery-oriented and Medicaid-billable, documenting peer support sessions without violating peer confidentiality
- b. There is a need for a national Peer Specialist Code of Ethics

*Recorder: Lisa Goodale, for NAPS*