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ADVOCACY • RECOVERY • PEER SUPPORT

2024 PEER TOOLKIT FOR WORKPLACE SUCCESS

SACRAMENTO COUNTY

2024 PEER TOOLKIT FOR WORKPLACE SUCCESS

Welcome

Welcome to the 2024 Cal Voices Peer Toolkit for Workplace Success (Toolkit). This Toolkit provides a handy reference guide for Peers to help them achieve workplace success in the Public Behavioral Health System (PBHS). The Toolkit provides tools, resources, best practices, and workplace supports related to maintaining peer employment in the PBHS. Both certified and non-certified peers will be able to use these vital resources to succeed in their current positions.

In this toolkit, you will find information on the following topics:

- California's Medi-Cal Peer Support Specialist Certification Background
- Peer Support and Recovery-Oriented Care
- Core Competencies for Certified Medi-Cal Peer Support Specialists (CMPSS)
- Ethics, Boundaries, and Confidentiality
- Tools and Tips for Maintaining Employment
- Self-Care for Certified Medi-Cal Peer Support Specialists (CMPSS)

This toolkit will be revised on an annual basis through 2026 based on feedback and reflections received and observed by Peer Support Specialists and Peer Employers. To provide feedback or to share training and informational needs, please email us at peerleadership@calvoices.org.

Overview

The Mental Health Services Act (MHSA) requires Counties to utilize funding to establish peer support and family education support services or expand these services to meet the needs and preferences of clients and/or family members (9 CCR § 3610(d)). Despite the MHSA's mandate to employ peers throughout the PBHS, consumers and family members are starkly underrepresented amongst the staff of county behavioral health departments and their contracted Community Based Organizations. Peers who are fortunate enough to gain employment in the PMHS are often marginally employed, relegated to stagnant entry-level positions, and struggling to make a living wage. Current training approaches have focused primarily on the peer role and the values/goals of the consumer movement, which do little to provide peers with practical skills and hands-on training experiences. Nor do these courses address systemic barriers to peer job placement and career advancement. Peers are often left to chart their own courses in low paying positions with little or no professional development, which is essential to peers' lasting professional success.

To elevate the peer role throughout the PBHS and help peers accomplish long-term career objectives, peers require comprehensive training and support to build and reinforce the core competencies, work-related skills, and foundational knowledge necessary to the effective practice of peer support. While peer support is a recognized evidence-based practice, it only works when done correctly. Peers need access to quality educational resources to ensure they are well prepared to perform the duties of their

positions, while PMHS organizations and their supervisory staff require ongoing evaluation, guidance, strategies, tools, and support to achieve a truly integrated workforce that welcomes and values peers' unique contributions.

About Cal Voices

Founded in 1946, Cal Voices is California's oldest Peer-run mental health advocacy agency. Cal Voices has worked in County Behavioral Health Systems for over four decades, employing peers in a variety of programs including wellness centers, warmlines, county operated clinics, and advocacy and training programs.

Cal Voices is a proud recipient of the Platinum Mental Health America's Bell Seal for Workplace Mental Health. The Bell Seal for Workplace Mental Health is a distinction awarded by Mental Health America (MHA) to companies that meet mentally healthy workplace standards. Cal Voices' status as a Platinum Bell Seal-certified organization demonstrates Cal Voices' outstanding commitment to employee mental health and well-being. To learn more, visit: mhanational.org/bestemployers.

Over 95% of our staff identify as consumers, family members, and/or parents/caregivers including our entire Executive Leadership team and all of our program managers. Since 2015, Cal Voices has trained, coached, and mentored thousands of Peers in California to build their knowledge and expertise. We have conducted key informant interviews, organizational assessments, training, and technical assistance for hundreds of counties and Peer providers in California's Public Behavioral Health System (PBHS).

Certified Peer Support Specialists Leadership Liaison Program
The Certified Peer Support Specialist Leadership Liaison Program is for Sacramento County BHS service providers. The Program works to:
- Expand the number of diverse Certified Medi-Cal Peer Support Specialists (CMPSS)
- Increase the tools and resources available to support Medi-Cal Peer Support Services in Sacramento County
- Increase the knowledge of CMPSS staff relating to the evidence-based practice of peer support
- Increase BHS providers' knowledge about developing, expanding, and retaining a diverse peer workforce.

Glossary of Terms

Client
A general term for consumer or family member/caregiver who receives peer support services.

Consumer
An adult living with a behavior health challenge.

California Department of Health Care Services (DHCS)
Finances and administers a number of individual health care service delivery programs, including Medi-Cal, which provides health care services to low-income people.

California Mental Health Service Authority (CalMHSA)

CalMHSA is a Joint Powers of Authority (JPA) formed in 2009 by counties throughout the state to work on collaborative, multi-county projects that improve behavioral health care for all Californians. By pooling resources, forging partnerships, and leveraging technical expertise on behalf of counties, CalMHSA develops strategies and programs with an eye toward transforming community mental health; creates cross-county innovations; and is dedicated to addressing equity to better meet the needs of our most vulnerable populations. CalMHSA is also the certifying entity for Medi-Cal Peer Support Specialist Certification.

Family Member/Caregiver

A family member or caregiver of someone who has a behavioral health challenge. The family member or caregiver may provide/receives support from other family members or caregivers.

Lived Experience

Refers to an individual's first-hand experience with a mental health and/or substance use challenge.

Certified Medi-Cal Peer Support Specialist (CMPSS)

A peer certified by the State of California who provides reimbursable peer support services.

Mental Health Service Act (MHSA)

The MHSA was passed by California voters in 2004 and is funded by a one percent income tax on personal income in excess of $1 million per year. It is designed to expand and transform California's behavioral health system to better serve individuals with, and at risk of, serious mental health challenges, and their families. MHSA addresses a broad continuum of prevention, early intervention, and service needs and the necessary infrastructure, technology, and training elements that effectively support the public behavioral health system.

Peer

For this Toolkit, a peer refers to someone who has experienced the healing process of recovery from psychiatric, traumatic and/or substance use challenges and, as a result, can offer assistance and support to promote another peer's own personal recovery journey. The peer support volunteers to share portions of his or her recovery experience in an appropriate and effective manner.

Peer Support

Peer support is the process of giving and receiving non-clinical assistance to achieve long-term recovery from severe psychiatric, traumatic or addiction challenges. This support is provided by peer supporters - people who have "lived experience" and have been trained to assist others in initiating and maintaining long-term recovery and enhancing the quality of life for individuals and their families. Peer support services are inherently designed, developed, delivered, evaluated and supervised by peers in long-term recovery.

Peer Support Relationship

The qualities that make an effective peer supporter are best defined by the individual receiving support, rather than by an organization or provider of care. Matching peer supporters with peers often encompasses shared cultural characteristics, such as age, gender, ethnicity, language, sexual orientation, co-occurring challenges, and experience in the military or with the criminal justice system or any other

identity-shaping life experience that increases common language, mutual understanding, trust, confidence and safety.

Peer Support Services
Peer Support Services are provided by Peer Support Specialists. A Peer Support Specialist is an individual with a current State-approved Medi-Cal Peer Support Specialist Certification Program certification and who meets all other applicable California state requirements, including ongoing education requirements.

Public Behavioral Health System (PBHS)
Publicly-funded behavioral health programs/services and entities that are administered, in whole or in part, by the County. It does not include programs and/or services administered, in whole or in part, by federal, state, county or private correctional entities or programs and/or services provided in correctional facilities. The facility must be contracted or sub-contracted with the County.

Substance Abuse and Mental Health Administration (SAMHSA)
SAMHSA is the agency within the U.S. Department of Health and Human Services that leads public health efforts to advance the behavioral health of the nation and to improve the lives of individuals living with mental and substance use challenges, and their families.

MEDI-CAL PEER SUPPORT SPECIALIST CERTIFICATION

Background

Peers became eligible for certification in California with the with the passage of SB 803 in 2020. SB 803 recognized Certified Medi-Cal Peer Support Specialists as a distinct Medi-Cal provider type. It also established that Peer Support Specialist Services delivered by CMPSS workers to Medi-Cal clients were eligible for federal reimbursement.

The California legislature had specific goals in mind when introducing SB 803. Through this legislation, they intend to achieve all of the following[1]:

(a) Support the ongoing provision of services for individuals experiencing mental health care needs, substance use disorder needs, or both, by certified peer support specialists.

(b) Support coaching, linkage, and skill building of individuals with mental health needs, substance use disorder needs, or both, and to families or significant support persons.

(c) Increase family support by building on the strengths of families and helping them achieve a better understanding of mental illness in order to help individuals achieve desired outcomes.

(d) Support collaboration with others providing care or support to the individual or family.

(e) Assist parents, families, and individuals in developing coping mechanisms and problem-solving skills in order to help individuals achieve desired outcomes.

(f) Promote skill building for individuals in the areas of socialization, recovery, self-sufficiency, self-advocacy, development of natural supports, and maintenance of skills learned in other support services.

(g) Encourage employment under the peer support specialist certification to reflect the culture, ethnicity, sexual orientation, gender identity, mental health service experiences, and substance use disorder experiences of the individuals the peer support specialists serve.

Additionally, establishing the CMPSS certification in California has potential to improve the experience of those working in CMPSS roles:

• Legitimizes Peer Support Services

• Elevates the role of Peer Support workers

• Creates a distinct category of paraprofessionals that can collectively advocate for better pay, benefits, and working conditions for all Peers

• Improves effectiveness of services and supports:

    o Diversifies behavioral health workforce

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[1] *California Legislative Information. Senate Bill SB-803 Mental Health Services: Peer Support Specialist Certification, 2020.*

- o Expands availability of Peer services (and job opportunities for consumers)
  - o Provides consistent core competencies, education standards, code of ethics, and scope of practice/services for Peer professionals
- Generates greater revenue for services that already exist
- On the other hand, certification may mean higher wages and greater opportunities for advancement. Consider the trade-offs and your long-term career goals when considering certification.

The State defines Peer Support Services provided by CMPSS workers as culturally competent individual and group services that promote recovery, resiliency, engagement, socialization, self-sufficiency, self-advocacy, development of natural supports, and identification of strengths through structured activities such as group and individual coaching to set recovery goals and identify steps to reach the goals. Services aim to prevent relapse, empower beneficiaries through strength-based coaching, support linkages to community resources, and to educate beneficiaries and their families about their conditions and the process of recovery.

Specifically, CMPSS Peer Support Services include the following service components[2]:

- **Educational Skill Building Groups**: Providing a supportive environment in which beneficiaries and their families learn coping mechanisms and problem- solving skills in order to help the beneficiaries achieve desired outcomes. These groups promote skill building for the beneficiaries in the areas of socialization, recovery, self-sufficiency, self-advocacy, development of natural supports, and maintenance of skills learned in other support services.
- **Engagement**: Peer Support Specialist led activities and coaching to encourage and support beneficiaries to participate in behavioral health treatment. Engagement may include supporting beneficiaries in their transitions between levels of care and supporting beneficiaries in developing their own recovery goals and processes.
- **Therapeutic Activity**: A structured non-clinical activity provided by a Peer Support Specialist to promote recovery, wellness, self-advocacy, relationship enhancement, development of natural supports, self-awareness and values, and the maintenance of community living skills to support the beneficiary's treatment to attain and maintain recovery within their communities. These activities may include, but are not limited to, advocacy on behalf of the beneficiary; promotion of self-advocacy; resource navigation; and collaboration with the beneficiaries and others providing care or support to the beneficiary, family members, or significant support persons. Non-certified are funded to provide these services by other means, such as grants or MHSA funding.

Certified Medi-Cal Peer Support Specialists are able to bill for Peer Services using two Procedure Codes:
- Behavioral Health Prevention Education Services (Educational Skill Building Groups – see description above)
- Self-Help/Peer Services (Engagement and Therapeutic Activities – see description above)

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[2] *Department of Health Care Services.* [Behavioral Health Information Notice No. 22-026](#)*: Drug Medi-Cal(DMC), Drug Medi-Cal Organized Delivery System (DMC-ODS) and Specialty Mental Health Services (SMHS) Peer Support Services, 2022.*

The California Mental Health Services Authority (CalMHSA) is the certifying body in California for the CMPSS Certification. Although each County may develop their own peer support specialist certification program, the California Behavioral Health Directors Association voted to appoint CalMHSA as the administrator of the Certification program for counties to ensure consistency statewide.

Peers interested in certification must complete the Initial Certification process. Certification is administered by CalMHSA through established policies, procedures, and documents specific to the certification program. Peer Support Specialists certified through the certification program administered by CalMHSA will be recognized as Medi-Cal Peer Support Specialists by all counties who elect to participate in the Medi-Cal Peer Benefit under agreement with the Department of Health Care Services.

Eligibility Requirements

1. Be at least 18 years of age.
2. Possess a high school diploma or equivalent degree.
3. Be self-identified as having experience with the process of recovery from a mental health or substance use challenge, either as a consumer of these services or as the parent, caregiver or family member of a consumer.
4. Be willing to share their experience.
5. Have a strong dedication to recovery.
6. Agree, in writing, to adhere to the Code of Ethics.
7. Successfully complete the 80-hour training requirements for a peer support specialist (must be from an approved training vendor)
8. Pass the certification examination.

Peers should apply for certification once they meet all of the above eligibility requirements and have documentation proving they meet all eligibility requirements (e.g., certificate proving you have successfully passed the 80-hour training requirement). If CalMHSA approves an application they let candidates know they are eligible to take the Certification Exam. Once a Peer passes the Certification Exam, CalMHSA will issue a Medi-Cal Peer Support Specialist Certification to them.

Fees

There are a number of fees related to the CMPSS Certification:
- Certification Application: $100.00
- Certification Exam: $150.00
- Certification Exam retake: $150.00
- Certification Renewal Application Fee (every two years): $80.00

Certification must be renewed every two years. CalMHSA will send a notification of renewal via email to eligible individuals 90 days prior to date of expiration. CalMHSA will use the email address on file. Expired, suspended, and revoked certifications are not considered in good standing and therefore not eligible for renewal.

To be eligible for renewal, peers must complete 20 hours of Continuing Education every two years from the date of the initial certification and thereafter for biennial renewal. Courses may be taken in various ways, including asynchronous, in-person, and online and through a variety of trainers.

- Six hours of law and ethics training are required during each two-year cycle.
- Applicants are responsible for taking CE courses within their scope of practice.
- Training courses must be non-repetitive (e.g., the same CE course cannot be claimed more than one time during each certification period, even if the course was taken annually).

Training Topics within the CMPSS Scope of Practice

- Courses fundamental to the understanding or practice of peer support;
- Courses of the discipline of peer support in which significant recent developments have occurred;
- Courses of other disciplines that enhance the understanding of the practice of peer support specialists; and
- Courses related to the treatment of the client population being served (e.g., theoretical frameworks of recovery and wellness; intervention techniques with individuals, families, and systems of care).
- Medi-Cal Peer Support Specialist certification training and training in areas of specialization (CalMHSA-approved training providers).
- Courses that cover pragmatic aspects of clinical practice (e.g., legal or ethical issues, consultation, recordkeeping, supervision training).

Law and Ethics

CalMHSA identifies the following topic areas related to Law and Ethics:

- Law and ethics relevant to California
- Treatment of minors
- State and federal confidentiality laws
- Record keeping
- Crisis support
- Client access to records
- Dual relationships
- Child abuse
- Elder and dependent adult abuse
- Telehealth services
- Insurance reimbursement
- Civil liability
- Disciplinary actions and unprofessional conduct
- Ethics complaints and ethical standards
- Standards of care
- Relevant family law
- Disclosures to clients
- The application of legal and ethical standards in different types of work settings, etc.

Continuing Education Providers

For continuing education (CE) hours towards renewal of certification, CalMHSA will accept CE hours for the following:

- CalMHSA CE approved [training providers](#)
- The following pre-approved courses taught by CalMHSA-approved training providers
  - [Medi-Cal Peer Support Specialist Core Competency Training](#)
  - [Peer Services Specialized Training](#)
- Training that is offered by the County Behavioral Health Departments, and its contracted network providers.
- Training courses completed through accredited schools, including vocational education.
- Training courses by professional certification and licensing boards (i.e., CAADE, CADTP, CAMFT, BBS, APA).

Specialization

Certified Peers may choose to also obtain an area of specialization. The CalMHSA Guidelines, Standards and Procedure Manual states that these areas of specialization "will build on the knowledge, skills, and abilities of Medi-Cal Peer Support Specialists" (p. 16)[3].

Currently, there are only 4 areas of specialization:

- Parent, Caregiver, and Family Member Peers
- Crisis Services
- Forensic (Justice Involved)
- Homelessness

Specialization trainings take 40 hours to complete. When choosing whether to obtain an area of specialization, consider whether your employer requires you to be trained in an area of specialization and if they will provide you with the time and financial support to complete a specialization training.

Peers apply for specialization through CalMHSA and must have a current Medi-Cal Peer Support Specialist Certification in good standing. Peers must complete a specialization registration form and specialization training. Specialization training must be taught by a [CalMHSA approved training vendor](#). There is no specialization exam and peers do not have to complete biennial Specialization CE hours.

Specialization areas were determined by the Department of Health Care Services (DHCS).[4]

Any supplemental areas of specialization must be approved by DHCS. A Medi-Cal Peer Support Specialist Certification Program (CalMHSA) may add supplemental areas of specialization at their own discretion; however, they must first submit the curriculum and core competencies for the area of specialization to DHCS by May 1 prior to the start of the State Fiscal Year (SFY) (July 1 – June 30) in which the area of specialization will start. Medi-Cal Peer Support Specialist Certification Programs are the only entities that can submit curriculum and core competencies for a supplemental area of specialization. This process will occur every SFY for any new areas of specialization.

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[3] https://www.capeercertification.org/guideline-standards-procedure-standards/
[4] Department of Health Care Services, Behavioral Health Information Notice 22-061, 2022

Stay up-to-date on California's Medi-Cal Peer Support Specialist Certification Program:

- **California Mental Health Services Authority (CalMHSA)**
  County behavioral health plans selected CalMHSA to implement a single, standardized Medi-Cal Peer Support Specialist certification program, including: creating and implementing the certification program; approving training entities; certifying individuals; conducting investigations and collecting data; administering and disbursing scholarships; monitoring program activities, evaluation and quality assurance; and processing complaints and appeals.
  Email: PeerCertification@calmhsa.org | Phone: (279) 234-0699 | Web: www.californiapeers.org

- **CalMHSA Medi-Cal Peer Certification Stakeholder Advisory Council**
  The Advisory Council serves as an avenue for ongoing stakeholder feedback related to the Medi-Cal Peer Support Specialist Certification Program. Email: PeerCertification@calmhsa.org
  Phone: (279) 234-0699 | Web: https://www.calmhsa.org/peer-certification/

- **Department of Health Care Services (DHCS)**
  DHCS has statutory authority to establish Medi-Cal statewide certification program standards. DHCS ensures adherence to all federal and state requirements.
  Email: Peers@dhcs.ca.gov | Phone: (916) 440-7800
  Web: https://www.dhcs.ca.gov/services/Pages/Peer-Support-Services.aspx

- **California Association of Peer Professionals**
  The California Association of Peer Professionals (CAPP) is a program of Cal Voices. The membership-based program provides services and benefits to both certified and non-certified behavioral health peer professionals in California, with an emphasis on education, practice guidelines, professional standards, working conditions, career development, and competent supervision.
  Email: capp@calvoices.org | Web: www.californiapeers.org

PEER SUPPORT AND RECOVERY-ORIENTED CARE

Overview of Peer Support

To understand peer support it is helpful to understand what is meant by common terms.

Peer

In this toolkit a peer refers to someone who has experienced the healing process of recovery from psychiatric, traumatic and/or substance use challenges and, as a result, can offer assistance and support to promote another peer's own personal recovery journey. The peer support volunteers to share portions of his or her recovery experience in an appropriate and effective manner.

Others also refer to peers as someone living with a psychiatric, traumatic and/or substance use challenge.

Peer Support

Peer support is a system of giving and receiving non-clinical assistance to achieve long-term recovery from severe psychiatric, traumatic or addiction challenges.

Lived Experience

Peers are two people who have similar life experiences or come from similar backgrounds; they have Common Lived Experience. Lived Experience is the circumstances, situations, and events someone has directly (not vicariously) gone through that carry a particular meaning or significance for them. Peer Support is a system of giving and receiving help based on key principles that include shared responsibility, and mutual agreement of what is helpful. It's not uncommon for people with similar Lived Experiences to offer each other practical advice and suggestions for strategies that other professionals may not offer or even know about.

How is Peer Support Different?

The primary distinction between Peer Support services and other behavioral health services is that Peers draw upon their personal Lived Experience and experiential knowledge in their approach to helping others. It is a relationship of equals. Peers support is grounded in the fact that there are many pathways to recovery and that progress is determined based on client achievement of self-defined goals.
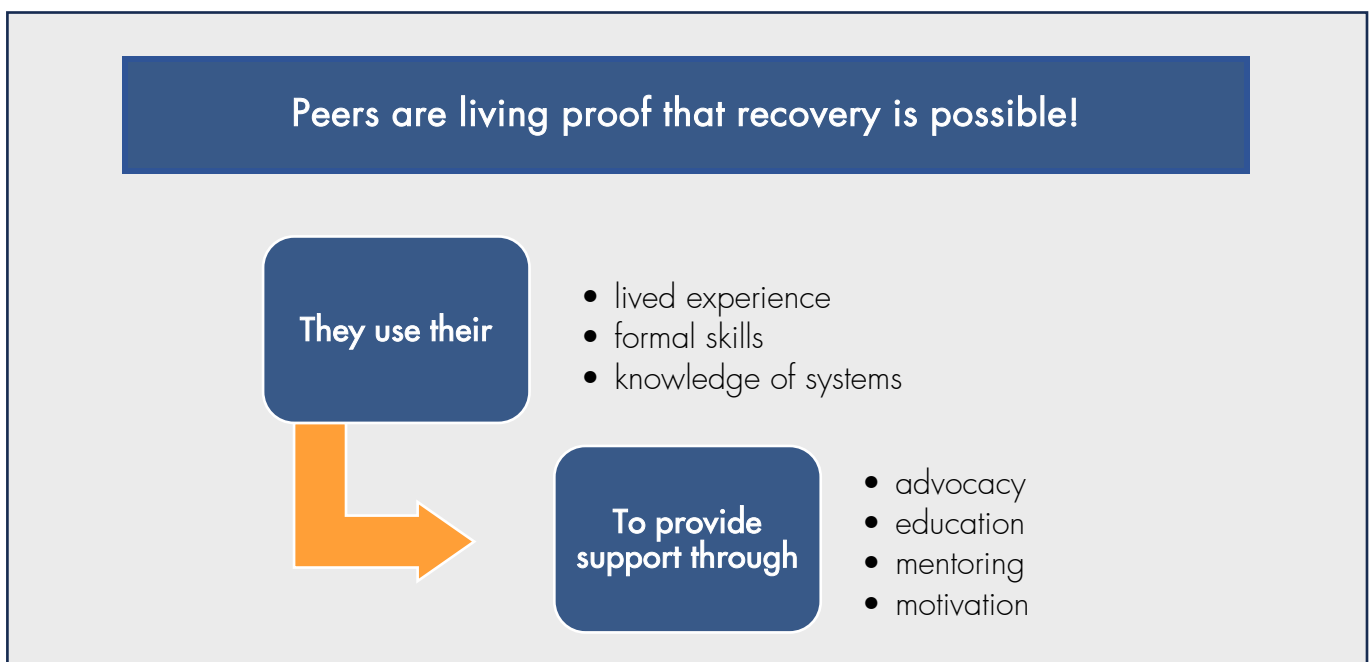
Peers can play many roles in supporting people living with mental health and/or substance use challenges:

- Support groups
- Peer counseling
- Advocacy
- Personal plan creation
- Wellness Recovery Action Plan Facilitator
- Engagement
- Socialization
- Cultural brokerage
- Service referrals
- Health education/ navigation
- Systems navigation
- Benefits acquisition
- Crisis intervention
- Natural support development

The Peer Formula

Peers share their Lived Experience with others experiencing a similar life challenge. They **use** their Lived Experience to create an authentic connection and **model** how they overcame their challenge(s) to **inspire** and **motivate** others who are now going through it. Peers must have the same Lived Experience as the clients they are serving.

1. Lived Experience of a specific life challenge
   a. Consumers: Having a behavioral health condition
   b. Family Members: Caring for someone with a behavioral health condition

2. Lived Experience of overcoming this life challenge
   a. Consumers: Recovering from a behavioral health condition
   b. Family Members: Achieving resiliency and self-care

Peers are living proof that recovery is possible!

They use their
- lived experience
- formal skills
- knowledge of systems

To provide support through
- advocacy
- education
- mentoring
- motivation

Evidence shows Peer Support reduces:
- Number of admissions and days spent in hospitals
- Use of acute services (e.g., ERs/detox centers)
- Substance use
- Depression and demoralization
- Average service costs per person

Evidence shows Peer Support increases:
- Time in the community
- Engagement in outpatient treatment
- Active involvement in care planning and self-care
- Hope, quality of life, and satisfaction with life
- Rates of family reunification
- Social functioning
- Chances for long-term recovery

What is Recovery?

In the general sense, recovery refers to the regaining of something that was lost or taken away. There are a number of other generic definitions of recovery that apply in many contexts, but each definition implies the <u>loss</u> of something that is later **restored or regained**. In the behavioral health context, we talk about recovery as alleviation of the ongoing mental or emotional distress, or the undesired symptoms and impacts of a behavioral health challenge. What recovery from a behavioral health challenge looks like is different for different people. It is a process and an outcome.

The Substance Abuse and Mental Health Services Administration (SAMHSA) is the agency within the U.S. Department of Health and Human Services that leads public health efforts to advance the behavioral health of the nation. SAMHSA's mission is to reduce the impact of substance use and mental health challenges on America's communities. Congress established the SAMHSA in 1992 to make substance use and health information, services, and research more accessible. It is SAMHSA's mission to reduce the impact of substance use and mental health challenges on America's communities.

SAMHSA developed the following working definition of recovery by engaging key stakeholders in the mental health consumer and substance use recovery communities:

Recovery is a process of change through which individuals improve their health and wellness, live self-directed lives, and strive to reach their full potential.[5]

Throughout this Toolkit, the term "recovery" refers to this definition. This definition does not describe recovery as an end state, but rather as a process. Complete symptom remission is neither a prerequisite of recovery nor a necessary outcome of the process. According the SAMHSA Working Definition of Recovery, recovery can have many pathways that may include "professional clinical treatment; use of medications; support from families and in schools; faith-based approaches; peer support; and other approaches."[6]

The goal of the Recovery Model is to improve lives. Fundamentally, recovery is subjective. A person's recovery is driven by their personal lived experience of mental health and/or substance use challenges and wellness. It is a journey. Recovery outcomes include empowerment, hope, self-advocacy, choice, self-identified goals, healing, well-being, and control of symptoms. Care is person-focused and one's diagnosis is not permanent. It can be cured.

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5 Substance Abuse and Mental Health Services Administration. *SAMHSA's Working Definition of Recovery. PEP12-RECDEF, Rockville, MD: Center for Mental Health Services, Substance Abuse and Mental Health Services Administration, U.S. Department of Health and Human Services, 2012.*

6 Substance Abuse and Mental Health Services Administration. *SAMHSA's Working Definition of Recovery. PEP12-RECDEF, Rockville, MD: Center for Mental Health Services, Substance Abuse and Mental Health Services Administration, U.S. Department of Health and Human Services, 2012.*

4 Major Definitions of Recovery

SAMHSA also identified 4 major dimensions that contribute and support a life in recovery. These are Health, Home, Purpose and Community.

Health
Overcoming or managing one's disease(s) or symptoms—for example, abstaining from use of alcohol, illicit drugs, and non-prescribed medications if one has an addiction problem—and for everyone in recovery, making informed, healthy choices that support physical and emotional wellbeing.

Home
A stable and safe space to live

Purpose
Meaningful daily activities, such as a job, school, volunteerism, family caretaking, or creative endeavors, and the independence, income and resources to participate in society

Community
Relationships and social networks that provide support, friendship, love, and hope

Recovery in Mental Health and Substance Use

Mental health and substance use prevention and treatment services are becoming more integrated under the single category of "behavioral health". These services have historically had different definitions of recovery that predate this merger. Each arose from shared understandings of the nature of illness reinforced over time within their respective fields, and the systems, institutions, paradigms, and consumer cultures that grew up around these fields

The culture is different!

Mental Health Culture	Substance Use Culture
Psychosocial factors, social determinants, trauma	Individual behaviors, personal decisions
Mental illness is something that happens to you	Substance misuse is something you cause to happen
"You are product of your environment"	"You are a product of your choices and actions"
"Client/Consumer"	"Addict/User"

The traditional approach to substance misuse treatment and recovery falls somewhere between the Medical Model and Recovery Model. SAMHSA's Working Definition of Recovery applies equally to mental health and substance misuse challenges. These recovery principles, concepts, and definitions are universal in that recovery-oriented services focus on clients' individual goals, strengths, challenges, and barriers, not their diagnosis.

SAMHSA's 10 Guiding Principles of Recovery[7]

SAMHSA developed 10 Guiding Principles of Recovery essential to recovery from a behavioral health issue. These principles promote healing and positivity during one's recovery journey.

Hope

Hope is the catalyst of the recovery process. People can and do overcome internal and external challenges, barriers, and obstacles. Hope is fostered by peers, family members, providers and allies.

Person-Driven

Recovery is based on self-determination and self-direction. Clients define their own life goals and unique paths towards these goals. They exercise choice over services and treatments.

Many Pathways

Recovery occurs via many pathways. It is highly personalized and may include different treatments, services, and supports. The recovery process is not linear and may involve setbacks.

Holistic

Recovery encompasses whole life, including mind, body spirit and community

Peer Support

Recovery is supported by peers and allies. Peers encourage one another and provide a vital sense of belonging, supportive relationships, valued roles and community.

Relational

Recovery is supported through relationships and social networks. Positive relationships help clients engage in new roles, achieve a greater sense of belonging, and find new strategies for change.

Culture

Recovery is culturally based and influenced. Culture or background keys in determining a person's unique pathway to recovery. Services should be culturally grounded, attuned, sensitive, congruent, and competent, as well as personalized to meet each individual's unique needs

Addresses Trauma

Recovery is supported by addressing trauma. Trauma is often a precursor to or associated with mental health challenges and related issues/ Services and supports should be trauma-informed to foster safety (physical and emotional) and trust, as well as promote choice, empowerment, and collaboration.

Strengths/Responsibility

Recovery involves individual, family, and community strengths and responsibility. Individuals, families, and communities have strengths and resources that serve as a foundation for recovery.

Respect

Community, systems, and societal acceptance and appreciation for people affected by mental health and substance use challenges—including protecting their rights and eliminating discrimination—are crucial. Taking steps towards recovery often requires great courage

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[7] Substance Abuse and Mental Health Services Administration. SAMHSA's Working Definition of Recovery. PEP12-RECDEF, Rockville, MD: Center for Mental Health Services, Substance Abuse and Mental Health Services Administration, U.S. Department of Health and Human Services, 2012.

PEOPLE RECOVERING FROM MENTAL ILLNESSES SAY IT FEELS LIKE:

A great big sigh of relief

A fog lifts from your mind and you can see the end of a thought

Having your motivation back

Freeing to realize that you don't always have to engage with what is going on around you, because not everything really matters

A weight being lifted from your shoulders, your muscles loosen, and you can focus

Happiness and joy can be a part of your life again

It's a little scary at first, because happiness and relief are so different than the hard times you've gotten used to. But you also don't want those hard times to come back

The more you face your illness, the easier it is to talk about it

Accepting your feelings and illnesses is a way of respecting and helping others who are struggling

There is hope for your life

Being alive again

You've made it out of a dark forest

Celebrating small victories

Getting a piece of your old self and your life back

Realizing that you aren't as miserable as you were, but the same amount as everyone else

Your life and your goals are worth fighting for

You can be satisfied with normal things

Having energy to do things again

You can let go of the small things and relax enough to live life

Ups and downs

Your soul has been rejuvenated

Image Credit: Mental Health America National

CORE COMPETENCIES FOR PEER SUPPORT SPECIALISTS

What are Core Competencies

Core competencies are often described as clusters of the knowledge, skills, and attitudes a person needs to have in order to successfully perform a role or job or as the ability to integrate the necessary knowledge, skills, and attitudes. Training, mentoring, and supervision can help people develop the competencies needed to perform a role or job.[8] [9]

Why do We Need Core Competencies for Peer Workers?

Peers have become increasingly central to people's efforts to live with or recover from mental health and substance use challenges. Community-based organizations led by people who have lived experience of mental health conditions and/or who are in recovery from substance use challenges are playing a growing role in helping people find recovery in the community. Both the mental health consumer and the substance use recovery communities have recognized the need for Core Competencies and both communities actively participated in the development of these Peer Support Specialist competencies.

Potential Uses of Core Competencies

Core Competencies have the potential to guide delivery and promote best practices in peer support. They can be used to inform peer training programs, assist in developing standards for certification, and inform job descriptions. Supervisors will be able to use competencies to appraise peer workers' job performance, and peers will be able to assess their own work performance and set goals for continued development of these competencies. Core Competencies are not intended to create a barrier for people wishing to enter the peer workforce. Rather, they are intended to provide guidance for the development of initial and on-going training designed to support peer workers' entry into this important work and continued skill development.

California's Core Competencies for Peer Support Specialists

1. The concepts of hope, recovery, and wellness.
2. The role of advocacy.
3. The role of consumers and family members.
4. Psychiatric rehabilitation skills and service delivery, and addiction recovery principles, including defined practices.
5. Cultural and structural competence trainings.
6. Trauma-informed care.
7. Group facilitation skills.
8. Self-awareness and self-care.
9. Co-occurring disorders of mental health and substance use.
10. Conflict resolution.
11. Professional boundaries and ethics.
12. Preparation for employment opportunities, including study and test-taking skills, application and résumé preparation, interviewing, and other potential requirements for employment.
13. Safety and crisis planning.
14. Navigation of, and referral to, other services.
15. Documentation skills and standards.
16. Confidentiality.
17. Digital literacy.

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[8] Hernandez, R.S., O'Connor, S.J. (2010). Strategic Human Resources Management in Health Services Organizations. Third Edition. Delmar Cengage Learning. P. 83.
[9] Sperry, L. (2010). Core Competencies in Counseling and Psychotherapy: Becoming a Highly Competent and Effective Therapist. Routledge. P. 5.

Each core competency is reviewed over the next several pages.

- Learn about each core competency
- Understand skills needed for each competency
- Learn about resources to help expand skills in each core competency

Principles and Values

Core Competencies for peer workers reflect certain foundational principles identified by members of mental health and substance use recovery communities. These are:

- **Recovery-Oriented:** Peer workers hold out hope to those they serve, partnering with them to envision and achieve a meaningful and purposeful life. Peer workers help those they serve identify and build on strengths and empower them to choose for themselves, recognizing that there are multiple pathways to recovery.

- **Person-Centered:** Peer recovery support services are always directed by the person participating in services. Peer recovery support is personalized to align with the specific hopes, goals, and preferences of the individual served and to respond to specific needs the individuals has identified to the peer worker.

- **Voluntary:** Peer workers are partners or consultants to those they serve. They do not dictate the types of services provided or the elements of recovery plans that will guide their work with peers. Participation in peer recovery support services is always contingent on peer choice.

- **Relationship Focused:** The relationship between the peer worker and the peer is the foundation on which peer recovery support services and support are provided. The relationship between the peer worker and peer is respectful, trusting, empathetic, collaborative, and mutual.

- **Trauma Informed:** Peer recovery support utilizes a strengths-based framework that emphasizes physical, psychological, and emotional safety and creates opportunities for survivors to rebuild a sense of control and empowerment.

Core Competency 1: The concepts of hope, recovery, and wellness

Peers support services are founded on hope, recovery and wellness. They are person-focused, self-determined and voluntary.

Skills that can be assigned to this core competency include:

- The ability to promote hope, the potential for change, and personal empowerment.
- The ability to create healing relationships based on respect, compassion, open and honest communication, active listening, and cultural humility.
- How to foster individual choice and self-determination.
- How to establish and maintain relationships based on mutuality, respect, acceptance, and compassion.
- Understand the peer experience.
- Demonstrate consistent support to individuals during times of wellness as well as during challenging times.
- Demonstrate non-judgmental behavior.
- Apply principles of empowerment.
- Define the concept of a wellness-focused approach to recovery.
- Address internal and external stigma.
- Know the basic five stages in the recovery process and what is helpful and not helpful at each stage.
- Know the role of peer support services at each stage of the recovery process.
- Know the basic definition and dynamics of recovery.

- Identify beliefs and values individuals hold that work against recovery.
- Be Strengths-Based.
- Know the difference between treatment goals and recovery goals.
- Know the difference between focusing on the symptoms of mental health and substance use challenges and focusing on their impact on individuals and families.
- Understand the role of culture in recovery.
- Be trauma informed.
- Promote a wellness-focused approach to recovery.
- Be able to identify the beliefs and values an individual holds that support and enrich their recovery.
- Be able to identify the beliefs and values an individual holds that works against their recovery.
- Know the five stages in the recovery process, what is helpful and not helpful at each stage and the role of peer support services at each stage of the recovery process.
- Know the ten guiding principles of recovery as defined by the federal Substance Abuse and Mental Health Services Administration (SAMHSA).

Resources:

The 4 Pillars of Recovery

Self-Determination

The Role of Peer Workers (SAMHSA)

Recovery and Recovery Support (SAMHSA)

Assessment of Practitioner's Values, Beliefs, and Biases

SAMHSA's Working Definition of Recovery Brochure

Core Competency 2: The role of advocacy

Peers encourage individuals to make their own choices (self-advocacy) and help clients develop communication and decision-making skills. Peers also advocate for the needs and desires of individuals in treatment team meetings, community services, living situations, and with family. In addition, participate in efforts to eliminate prejudice and discrimination towards people who have behavioral health conditions and their families.

Skills that can be assigned to this core competency includes:

- Develop a working knowledge of the terms "peer support", "peer", and "recovery" as established by the Substance Abuse and Mental Health Services Administration (SAMHSA) and the International Association of Peer Supporters (NAPS).

- Develop a working knowledge of the SAMHSA and NAPS guiding principles, practice guidelines, and core values of peer support.

- Understand the basic structure of the state Mental Health System (MHS) and how it works.

- Know the civil and human rights foundations from which the peer support movement arose, including issues related to prejudice, discrimination, and stigma associated with behavioral health.

- Know strategies to address internal and external stigma.

- Understand how peer support is shifting care from an illness model to a recovery model.

- Use knowledge of legal resources and advocacy organizations to help an individual build an advocacy plan.

- Help Peers develop self-advocacy skills.

- Advocate for multiple pathways to recovery/wellness.

- Know how to teach advocacy strategies that promote self-determination.

- Model how to self-advocate.

- Have a basic knowledge of empowerment and the goals and objectives of the consumer movement.

- Understand relevant rights and laws (ADA, HIPAA, Olmstead, etc.) to ensure that peers' rights are respected.

Resources:

SAMHSA Core Competencies for Peer Workers

NAPS National Practice Guidelines for Peer Supporters

Personal Bill of Rights

Advocacy Toolkit

10 Reasons Why Advocacy is Important

Disability Rights California: Mental Health

Your Employment Rights as an Individual with a Disability

Health Information Privacy (HIPPA)

Olmstead v. L.C.

Sacramento County Patients' Rights & Privacy Rights

Patients' "Rights for Individuals in Mental Health Facilities" Handbook

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Core Competency 3: The role of consumers and family members

The role of consumer peer support specialists is to support other consumers through shared lived experience. Family peer support specialists support other family members through shared lived experience. Both use their experience to role model resiliency and recovery to their peers.

Skills that can be assigned to this core competency include:

- The role of consumers or family members is to give permission to recognize when self-care is needed and to practice it.

- Use personal stories of lived experience to support and empower the person receiving services.

- To build community and a sense of meaning and fulfillment.

- Advocates for the needs and desires of individuals in treatment team meetings, community services, living situations, and with family.

- Connect people to independent social support networks particularly self-help support groups.

- Recovery involves individual, family, and community strengths and responsibility.

- Individuals, families, and communities have strengths and resources that serve as a foundation for recovery. In addition, individuals have a personal responsibility for their own self-care and journeys of recovery. Individuals should be supported in speaking for themselves.

- Relate to the individual as an advocate

- Advocate within systems to promote person-centered recovery/wellness support services.

- Describe the individual's rights and responsibilities.

- Explain importance of self-advocacy as a component of recovery/wellness.

- Differentiate between the levels of advocacy.

- Demonstrate a working knowledge of relevant rights and laws to ensure that the individual's rights are maintained.

- Use knowledge of relevant rights and laws (ADA, HIPAA, Olmstead, etc.) to ensure that individuals' rights are respected.

- Use knowledge of legal resources and advocacy organization to build an advocacy plan.

- Describe the civil and human rights foundations from which the peer support movement arose, including issues related to prejudice, discrimination, and stigma associated with behavioral health.

Resources

Mental Health Peer Support Workforce Designline

Person and Family-Centered Care and Peer Support

The Power of Sharing Lived Experience

Sharing Your Story

Making Effective Use of Your Recovery Story in Peer Support Relationships

Share Your Story: A How-to Guide for Digital Storytelling

Why Consumers and Advocates Must Work Together

Core Competency 4: Psychiatric rehabilitation skills and service delivery, and addiction recovery principles, including defined practices

Peer recovery support services are always directed by the person participating in services. The primary responsibility of Certified Peer Specialists is to help individuals achieve their own needs, wants, and goals. Certified Peer Specialists will be guided by the principle of self-determination for all. Participation in peer recovery support services is always contingent on peer choice. Psychiatric Rehabilitation Skills and Service Delivery utilizes a strengths-based approach.

Skills that can be assigned to this core competency include:

- Recognize the stages of change, recovery, and wellness.
- Recognize signs of distress.
- Understand the basic philosophy and principles of psychosocial rehabilitation and substance use recovery strategies.
- Be able to use dissatisfaction as an Avenue for Change.
- Be able to help a Peer articulate, set and accomplish his/her goals, including whole health and wellness goals.
- Understand the role of healthcare professionals that may be members of an individual's care team, including psychiatrists, psychologists, therapists, primary-care doctors/nurses, specialty-care doctors/nurses, community health workers, case managers, and other professionals.
- Support individuals in defining spirituality on their own terms.
- Certified Peers Specialists will keep current with emerging knowledge relevant to recovery, and openly share this knowledge with their colleagues.
- Know how to assist other healthcare team members to learn about the process of recovery, the concept of resiliency, and the relationship between person-centered, self-directed care and achievement of whole health goals.
- Social Development

- Recovery Management skills.
- Knowledge of Addiction and the Stages of Recovery.
- Knowledge of Addiction and Brain Chemistry / Pharmacology.
- Recovery Management skills.
- Understanding of Co-occurring Disorders.
- Understand the Harm Reduction model.
- Lapse/Relapse Prevention tools.
- Motivational Enhancement tools.
- Identifying one's own strengths and help individuals identify theirs.
- Distinguishing between sympathy and empathy.
- Understand learned helplessness; what it is, how it is taught and how to assist others in overcoming its effects
- Understand the benefits of addressing mental health symptoms and substance use challenges at the same time.
- Know how to facilitate groups.
- Recognize that there are multiple pathways to recovery/wellness.
- Be able to help individuals combat negative self-talk, overcome fears, and solve problems.
- Be able to help individuals create a Person-Centered Plan.

Resources

SAMHSA's Working Definition of Recovery Principles

What is a Recovery Oriented Approach

What is Psychosocial Rehabilitation?

Motivational Interviewing, A Theory for Change (client centered)

Wellness Recovery Action Plan

Action Planning for Prevention and Recovery

Whole Health Action Management: Training Participant Guide

Understanding Treatment of Substance Use Disorder (CDC)

The Science of Addiction (National Institute of Drug Abuse)

About Harm Reduction for Substance Use Disorder (SAMHSA)

Stages of Change

Addictionary: Destigmatizing Language

The Importance of Patient Preferences in Treatment Decisions

Core Competency 5: Cultural and structural competence trainings

Learn how to be responsive to the unique cultural identities of others. Being responsive to others requires an understanding of your own cultural identities. Apply multicultural interaction skills to all your interpersonal interactions. These skills include being able to help people express and utilize positive aspects of their cultural identity to promote recovery.

Skills that can be assigned to this core competency include:

- Cultural humility.

- Recognize and understand your own personal values, culture, and spiritual beliefs; how they may contribute to your own judgments, biases, and beliefs about others; and how to respond if they inhibit your ability to effectively serve another individual.

- Knowledge of cultural sensitivity and practice.

- Define culture, elements of culture, and its impact.

- Ability to communicate utilizing person first and person-centered language.

- Recognize different types of cultures.

- Explain key recovery language and culture concepts.

- Knowledge of the influence of cultural heritage on individuals and groups.

- Knowledge of and sensitivity to how cultural identity can influence the dynamics in communication.

- Knowledge of and sensitivity to how cultural identity shapes the helping process.

- Appreciate, recognize, and respect the personal values, cultural, spiritual beliefs, and practices of peers and their families and how these play a role in achieving their whole health goals.

- Recognize the importance of a holistic (e.g., mind, body, spirit, environment) approach to recovery/wellness.

- Be able to describe successful multicultural interactions and explain why the topic is important to peer services.

- Understand the concept of 'seeking out common ground'.

- An understanding of structural racism and how it creates disparities in Wealth, Employment, Education, Housing Discrimination, Government Surveillance, Incarceration, Drug Arrests, Immigration Arrests, and Infant Mortality.

- An understanding of how structural racism impacts health and recovery outcomes for people of color.

- Recognize the Connections between Behavioral Health Conditions and Trauma, Health Disparities, and Social Inequity

Resources

Behavioral Health Equity (SAMHSA)

How Does Implicit Bias Influence Behavior?

Structural Racism and Health Inequities

Structural and Cultural Competency

Building Bridges: Cultural Humility Toolkit

Understanding Transference and Countertransference

Core Competency 6: Trauma-informed care

Trauma-informed peer support can counter the impact of trauma on people in recovery by reducing the effects of unresolved and secondary trauma and supporting healing.

Skills that can be assigned to this core competency include:

- Understand the core principles of trauma-informed care.

- Understand the prevalence of trauma and its impact on physical, behavioral, and emotional wellness.

- Be familiar with the ACE (Adverse Childhood Events) model.

- Understand cultural considerations and the effect of trauma on how we view our cultural experiences and the lens in which we view the world.

- Recognize signs of distress.

- Assist the individual in identifying basic needs.

- Recognize risk indicators that may affect the individual's welfare and safety. Respond to personal risk indicators to assure welfare and safety.

- Identify examples of traumatic events and individual responses.

Resources

What are ACES?

How Childhood Trauma Affects Health Across a Lifetime (Video)

Maslow's Hierarchy of Needs Explained

Signs and Symptoms of Distress

Trauma Informed Peer Support

Trauma Informed Peer Support: Center for Excellence in Peer Support

Fundamentals of Trauma Informed Care

Trauma-Informed Care Champions: From Treaters to Healers

Engaging Women in Trauma-Informed Peer Support: A Guidebook

Trauma-Informed Care Model for Immigrant Hispanic and Latino Clients

Core Competency 7: Group facilitation skills

Understand how to facilitate peer support/self-help groups.

Skills that can be assigned to this core competency include:

- Understand the difference between treatment goals and recovery goals and be able to create and facilitate a variety of group activities that support and strengthen recovery.

- Describe, select, and appropriately use strategies from accepted and culturally appropriate models for group counseling.

Resources

Facilitation Skills: Definitions and Examples

Tools for Support Group Facilitators

Support Group Facilitation Guide (2016)

The Ultimate Guide To Facilitating A Peer Support Group

Using Group Agreements in Engaging Events

Difference Between Therapy Groups and Support Groups

Keep It Up, You're Doing Great!

Recovery Goals

Recovery Oriented Language Guide

Active Listening – 7 Techniques

Core Competency 8: Self-awareness and self-care

Develop self-care skills and coping practices for helping professionals. Know resources to promote personal resilience; and, understanding burnout and using self-awareness to prevent compassion fatigue, vicarious trauma and secondary traumatic stress.

Skills that can be assigned to this core competency include:

- Recognize the importance of self-care.
- Develop self-care skills and coping practices for helping professionals.
- Know the importance of ongoing supports for overcoming stress in the workplace.
- Know resources to promote personal resilience.
- Understand burnout and using self-awareness to prevent compassion fatigue, vicarious trauma and secondary traumatic stress.
- Strengthen social skills and healthy social networks including peer and natural support systems.

- Be able to discuss their own tools for taking care of themselves.
- Learn to respond appropriately to personal stressors, triggers and indicators.
- Understand the concept of dual/complex relationships.
- Understand the dynamics of power, conflict and integrity in the workplace.
- Anticipate and avert or safely manage any re-experience of symptoms of their own challenge(s) to ensure continued wellness.
- Develop a working knowledge of the concepts of "activation" and "self-management" of whole health goals.

Resources

Compassion Fatigue and Self-care for Crisis Counselors

How and Why to Practice Self-Care

The Importance of Wellness in Peer Support

Burnout Prevention and Treatment

Self-Care During Compassion Fatigue

Family Peer Support: Self-Care

RecoveryU: Self-Care and Recovery

Wellness Recovery Action Plan

Action Planning for Prevention and Recovery

Whole Health Action Management: Training Participant Guide

Creating a Healthier Life: A Step-By-Step Guide to Wellness

"In dealing with those who are undergoing great suffering, if you feel 'burnout' setting in, if you feel demoralized and exhausted, it is best, for the sake of everyone, to withdraw and restore yourself. The point is to have a long-term perspective."

– Dalai Lama

Core Competency 9: Co-occurring disorders of mental health and substance use

Understand co-occurring disorders of mental health and substance use and the methods used to treat both conditions.

Skills that can be assigned to this core competency include:

- The ability to promote hope, the potential for change, and personal empowerment.
- The ability to create healing relationships based on respect, compassion, open and honest communication, active listening, and cultural humility.
- How to foster individual choice and self-determination.
- Use active listening skills.
- Use empathic listening skills.
- Communicate genuine emotion.
- Recognize and use person-centered language.
- Define the concept of a wellness-focused approach to recovery.
- Have a basic knowledge of treatment approaches such as Medication Assisted Treatment (MAT) and Medication Assisted Recovery (MAR).
- Understand the prevalence of trauma in the lived experience of people with co-occurring disorders.
- Meet people where they are.

- Understand Harm Reduction.
- Be able to communicate their lived experience in a way that is supportive.
- Peers support Peers in whatever their goal is.
- Understand the Stages of Change.
- Understand Recovery Capital
- Understand Recovery Action Planning.
- Have a basic understanding of the Disease Model of Addiction and the difference between prevention, treatment, and recovery.
- Understand Recovery Management Planning to support individuals with life domains.
- Know the science of addiction and the history of addiction.
- Embrace all pathways to recovery.
- Be active in your own recovery.
- Identify your own triggers and actively manage your recovery.
- Develop and maintain your own support system.
- Conduct yourself in a manner that fosters your own recovery.

Resources

Overcoming the Stigma of Dual Diagnosis

Positive Self-Talk

Understanding Recovery Capital

Stages of Change

The Science of Addiction (National Institute of Drug Abuse)

Substance Use and Co-Occurring Mental Disorder (NIMH)

Understanding Treatment of Substance Use Disorder (CDC)

About Harm Reduction for Substance Use Disorder (SAMHSA)

Core Competency 10 Conflict resolution

Be able to personally deal with conflict and difficult interpersonal relations in the Workplace. Also be able to resolve conflicts in relationships with peers and others in their support network.

Skills that can be assigned to this core competency include:

- Develop effective communication skills.
- Develop conflict resolution skills.
- Develop problem-solving skills.
- Be able to use de-escalation techniques

- Understand the dynamics of power, conflict, and integrity in the workplace,
- Understand the concept of seeking out common ground.

Resources

De-Escalation Techniques

Conflict Resolution Skills

Emotional Intelligence

The Center for Nonviolent Communication

Effective Communication

How to Navigate Conflict with Coworkers

Building Bridges: A Guide To Conflict Resolution in Peer Support

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Core Competency 11: Professional boundaries and ethics

Perform all job duties in accordance with federal and state rules and regulations and published code of ethics and professional conduct for certified peer support specialists.

Skills that can be assigned to this core competency include:

- The role of consumer peer support specialists is to support other consumers through shared lived experience.

- The role of family peer support specialists is to support other family members through shared lived experience.

- The role of peers or family members is to use their experience to role model resiliency and recovery to their peers.

- Recognize situations outside the competencies of a Peer Support Specialist.

- Understand how to establish, negotiate, and maintain appropriate interpersonal limits and boundaries that are necessary to promote effective peer support services.

- Understand the Peer Support Specialists' scope of service (i.e., know what you can and cannot do as a credentialed Peer Support Specialist).

- Conduct self-evaluations of professional performance applying ethical, legal, and professional standards to enhance self-awareness and performance.

Resources

A Recovery-Oriented Approach to Professional Boundaries (YouTube Video)

Boundary Issues in Peer Support

California Code of Ethics for Peer Support Specialists and Ethics Violation Guidelines

NAPS National Practice Guidelines for Peer Supporters

Peer Support: A Theoretical Perspective

A Framework for Ethical Decision Making

The Essential Role of Informed Consent in Peer Support

Core Competency 12: Preparation for employment opportunities, including study and test-taking skills, application and résumé preparation, interviewing, and other potential requirements for employment

Learn employment skills such as study and test-taking skills, application and résumé preparation, interviewing, and other potential requirements for employment. Utilize employment development resources such as job centers, community colleges, and others. Teach, coach, and model the skills and attributes needed to attain and maintain long-term, stable employment and housing.

Skills that can be assigned to this core competency include:

- Know community resources for employment skills development.

- Be familiar with how to transition from Social Security and other disability benefits.

- Peers assist, guide, and support in developing education and employment skills as a Peer.

- How to use shared experience to leverage social capital and networking.

- Preparation for employment opportunities, including study and test-taking skills, application and résumé preparation, interviewing, and other potential requirements for employment.

Resources

Interview Skills

Resume Builder

Sacramento Works

Department of Rehabilitation

Qualities of a Good Employee

Test Taking Strategies

Study Less Study Smart

How to Learn Faster with the Feynman Technique

CalMHSA Medi-Cal Peer Support Specialist Certification Preparation Guide

How to Beat Test Anxiety and Take on Exams Without Stress

Your Employment Rights as an Individual with a Disability

Clearing a Criminal Record - Expungement

Core Competency 13: Safety and crisis planning

Recognize various crisis and emergency situations and signs of distress and threats to safety among peers and in their environments. Recognize risk indicators that may affect the individual's welfare and safety. Respond to personal risk indicators to assure welfare and safety.

Skills that can be assigned to this core competency include:

- Understand basic de-escalation techniques.

- Recognize various crisis and emergency situations.

- Recognize and respond to risk indicators to assure welfare and safety.

- Recognize signs of distress and threats to safety among peers and in their environments.

- Understand basic suicide prevention concepts and techniques

Resources

Peer Support Services in Crisis Care

Emotional CPR

Mental Health First Aid

Navigating a Mental Health Crisis: A NAMI Resource Guide

Practice Guidelines: Core Elements in Responding to Mental Health Crises (SAMHSA)

Suicide Prevention Interventions and Treatments

Safety Plan Template

How to Create a Relapse Prevention Plan

Wellness Recovery Action Plan

Action Planning for Prevention and Recovery

Psychiatric Advance Directive

California's Mandated Reporter Law

Risk and Protective Factors for Suicide

A Comprehensive Approach to Siocide Prevention

988 Suicide and Crisis Lifeline

Core Competency 14: Navigation of, and referral to, other services

Develop a working knowledge of available community resources, services and healthcare benefits for individuals living with debilitating behavioral health conditions in order to help the individual navigate and choose between options.

Skills that can be assigned to this core competency include:

- Develop and maintain up-to-date information about community resources and services.

- Have a basic understanding of mental health and substance use challenges and the behavioral health system.

- Develop tools for effective outreach and continued support.

- Have the ability to assist in establishing support systems and interfacing with agencies, organizations, and groups.

- Collaborate with individual to identify, link, and coordinate choices with resources.

Resources

SacMap

Sacramento County Resource List: Substance Use Prevention and Treatment Services

Sacramento County Resource Lists: Mental Health Providers

211 Sacramento

Greater Sacramento Resource Guide

Findhelp.org

California Network of Care

Findtreatment.gov

Supporting Patients' Decision-Making Abilities and Preferences

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Core Competency 15: Documentation skills and standards

Demonstrate a basic knowledge of medical language and chart/record documentation standards to communicate effectively with members of the care team and help the individual understand clinical situations and/or terminology

Skills that can be assigned to this core competency include:

- Understand current documentation requirements for submitting bills to Medi-Cal.
- Understand the concept of accountability.

- Understand and follow Mandatory Reporting requirements.

Resources:

Strengthening Peer Support Documentation Practices

Using Strength-Based Language

What is Strength-Based Documentation?

Guide to Equity Terminology: Promoting Behavioral Health Equity through the Words We Use

How to Write Progress Notes

Clinical Documentation Guide for Certified Peer Support Specialists

Sacramento County Documentation Training (Video Series)

Sacramento County Progress Note Policy

Mandated Child Abuse Reporter Training

Elder and Dependent Mandated Reporter Training

Core Competency 16: Confidentiality

Understand basic federal, state, employer regulations regarding confidentiality.

Skills that can be assigned to this core competency include:

- Understand the Health Insurance Portability and Accountability Act (HIPAA)
- Understand Substance Abuse Confidentiality rules (42 CFR Part 2).
- Understand basic federal, state, employer regulations regarding confidentiality.

Resources

Health Information Privacy (HIPPA)

HIPPA for Professionals

Patient's Rights and Privacy Rights: Sacramento County

Sacramento County Privacy Practices

Substance Use Confidentiality Regulations (42 CFR Part 2)

Understanding Confidentiality and Minor Consent in California

California Minor Consent and Confidentiality Laws

Core Competency 17: Digital literacy

Be able to apply appropriate technologies to deliver peer support services education, training, technical assistance and other information.

Skills that can be assigned to this core competency include:

- Understand digital platforms that can be used for service delivery, benefits acquisition, and resource connections.

- Understand digital privacy protections.

Resources

What is Digital Literacy

Assessment: Basic Computer Skills (38 questions)

Assessment Internet Basics (34 questions)

Assessment: Information Literacy (32 questions)

More free online digital literacy assessments

Northstar Digital Literacy

GCF Global E-Learning

Health Policy and Privacy Challenges Associated With Digital Technology

Why Health Privacy Online is a Myth

My Social Security Online Account

Apply for Medi-Cal Coverage

ETHICS AND BOUNDARIES

What are ethics?

Ethics are moral principles that govern personal behavior. Ethical and legal issues arise in the performance of Peer Support Specialist services just like in any other behavioral health profession.

Why do Peer Support Specialists need a code of ethics?

We are all vulnerable to errors in judgment, particularly when we find ourselves in situations we have not faced before. Ethics are moral principles that govern personal behavior. They are also ethical and legal issues that arise in the performance of Peer Support Specialist services.

Peers need a Code of Ethics in order to:

- Set professional standards and expectations
- Increase confidence in and legitimizes Peer profession
- Define acceptable behaviors
- Identify core values of Peer Support
- Create accountability through self-reflection and self-evaluation
- Establish and reinforce Peers' occupational identity

When peers adhere to strong ethical standards, they:

- Prevent negative impacts to clients, providers, the system, Peers, and the Peer Profession;
- Support the competent delivery of Peer services; and
- Improve clients' wellness, recovery, and resilience outcomes

Medi-Cal Code of Ethics for Peer Support Specialists in California[10]

The California Department of Health Care Services (DHCS) has developed principles in the Code of Ethics for Medi-Cal Peer Support Specialists. All Medi-Cal Peer Support Specialist agree not to violate, or assist in or abet the violation of, or conspire to violate, any provision or term of this Code of Ethics. Certified peers who are found in violation of this Code of Ethics are subject to sanctions. All peers, regardless of certification, should follow these principles when they are providing peer support services.

1. Values Hope
2. Person-Driven
3. Family Driven and Child-Centered
4. Holistic Wellness
5. Authenticity
6. Cultural Responsiveness and Humility
7. Respect
8. Integrity
9. Advocacy
10. Confidentiality
11. Safety and Protection
12. Education
13. Mutuality
14. Reciprocity
15. Strengths-Based
16. Wellness, Recovery, and Resiliency

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[10] Code of Ethics and Violation Guidelines, https://www.capeercertification.org/code-of-ethics/, CalMHSA, 2023,

Ethical Standard	Description
1. Values Hope	1. Inspire hope in those engaging in services by living a life of Recovery and/or Resiliency.
2. Person Driven	1. Support individuals receiving services and their support network within the context of the individual's worldview, to achieve their goals based upon their needs and wants.
	2. Focus on self-determination, as defined by the person engaging in services, and support the person's participation in their own recovery.
	3. Inform others about options, provide information about choices, and then respect peers' decisions.
	4. Encourage people to look at the options, take risks, learn from mistakes, and grow toward healthy interdependence with others.
	5. Uphold the principle of non-coercion as essential to recovery and encourage those engaging in services to make their own decisions, even when the person engaging in services is under mandated treatment.
	6. Assist those they support to access additional resources.
	7. Disclose lived experiences of recovery in a way that maintains the focus on and is beneficial to the person engaging in services.
	8. Support the recovery process for the peer, allowing the person to direct their own process
	9. Shall not force any values or beliefs onto the person engaging in services.
	10. Recognize there are many pathways to recovery that can be very different than their own journey.
3. Family Driven and Child-Centered	1. Promote the family member's ethical decision-making and personal responsibility consistent with that family member's culture, values, and beliefs
	2. Respect and value the beliefs, opinions, and preferences of children, youth, family members, parents, and caregivers in service planning.
	3. Promote the family members' voices and the articulation of their values in planning and evaluating behavioral health related challenges or concerns.
	4. Support other family members as peers with a common background and history.
	5. Disclose personal lived experiences of building resiliency in a way that focuses on and is beneficial to the child, youth, family member, parent, or caregiver engaging in services.
	6. Build supports on the strengths of the child, youth, family, or caregiver.
	7. Build partnerships with others who are involved in the care of our children, youth, or adult family members.

Ethical Standard	Description
	8. Communicate clearly and honestly with children, youth, family members, and caregivers
4. Holistic Wellness	1. Promote the family member's ethical decision-making and personal responsibility consistent with that family member's culture, values, and beliefs. 2. Practice in a holistic manner that considers and addresses the whole health of those engaging in services. 3. Recognize the impact of co-occurring challenges (substance use, developmental and physical challenges) in the recovery resiliency journey and provide supports sensitive to those needs. 4. Recognize the impact of trauma on the recovery/resiliency journey and provide the support specific to those challenges. 5. Honor the right of persons engaging in services to choose alternative treatments and practices, including culturally specific traditional methods, healing arts, including acupuncture and meditation, spiritual practices or secular beliefs, and harm reduction practices.
5. Authenticity	1. Practice honest and direct communication in a culturally relevant manner, saying what is on their mind in a respectful way. Difficult circumstances are addressed with those who are directly involved. Direct communication moves beyond the fear of conflict or hurting other people to the ability to work together to resolve challenges with caring and compassion. 2. Share own lived experience to provide hope and inspiration for recovery. 3. Practice healthy disclosure about their own experience focused on providing hope and direction toward recovery and/or resiliency. 4. Work within their scope of practice as defined by this Code of Ethics and their employing agency. 5. Remain aware of their skills and limitations, and do not provide services or represent themselves as an expert in areas for which they do not have sufficient knowledge or expertise. 6. Know that maintaining the authenticity and integrity of their role is critical to the effectiveness of peer support services. 7. Seek supervision, peer support services, and/or other contact with peer colleagues or other supports to stay within their scope of practice.

Ethical Standard	Description
6. Cultural Responsiveness	1. Acknowledge the importance of language and culture, intersecting identities, knowledge, and acceptance of dynamics of cultural differences, expansion of cultural knowledge, curiosity, and adaptation of services to meet culturally unique needs. 2. Strive to provide culturally responsive and relevant services to those they support. 3. Respect cultural identities and preferences of those engaging in services and their families and respect the right of others to hold opinions, beliefs, and values different from their own. 4. Shall not discriminate against others on the basis of gender, race, ethnicity, sexual orientation or gender identity, age, religion, national origin, marital status, political belief, or mental or physical differences. 5. Shall not discriminate against others on the basis of any other preference, personal characteristic, condition, state, or cultural factor protected under Federal, State or local law. 6. Seek further information, education, and training in cultural competence as necessary to assist those they support.
7. Respect	1. Provide a welcoming environment for persons engaging in services. 2. Approach each person, youth, parent or family member with openness, genuine interest, and appreciation. 3. Accept each person/family and situation as unique. 4. Provide empathy and be able to "put oneself in the other person's shoes." 5. Will make an honest effort to empathize with the emotional connection and cultural context that the persons engaging in services bring to the recovery /resiliency relationship. 6. View everyone as having something important and unique to contribute. 7. Value and treat others with kindness, warmth, dignity, and without judgment. 8. Accept each other and are open to sharing with people from many diverse backgrounds including ethnicity, educational levels, socio-economic background, sexual preference, and religion/spirituality. 9. Honor and make room for everyone's opinions and see each other as equally capable of contributing. 10. Demonstrate respect toward those supported, colleagues and the community. 11. Use language that is respectful, "person-first," and culturally mindful to, and with, those supported, colleagues and the community. 12. Never use language that could be construed as, or is, derogatory, insulting, or demeaning in written, electronic, or verbal communications.

Ethical Standard	Description
	13. Communicate with co-workers and colleagues in ways that promote hope, compassion, and solution-focused interactions.
8. Integrity	1. Act in accordance with the highest standards of professional integrity.
	2. Avoid relationships or commitments that conflict with the interests of persons engaging in services, impair professional judgment, imply a conflict of interest, or create risk of harm to those supported.
	3. Conduct themselves in a way that does not jeopardize the integrity of the peer relationship.
	4. Seek supervision to handle any real or potential conflicts when and if a dual relationship is unavoidable.
	5. Follow organizational policies and guidelines regarding giving and receiving gifts.
	6. Consider the cultural context and other potential considerations related to gifts.
	7. Do not lend, give, or receive money or payment for any services to, or from, persons they support.
	8. Demonstrate accountability in fulfilling commitments.
	9. Resist influences that interfere with professional performance.
	10. Shall not commit fraud, waste or abuse in the delivery of Medi-Cal services.
	11. Cooperate with complaint investigations and supply information requested during complaint investigations unless such disclosure of information would violate the confidentiality requirements of Subpart 2, Title 42, Code of Federal Regulations.
	12. Shall not provide services under the influence of any amount of alcohol, marijuana, or illicit drugs. "Illicit drugs" means any substance defied as a drug in Section 11014, Chapter 1, Division 10, Health and Safety Code, except: • Drugs or medications prescribed by a physician or other person authorized to prescribe drugs, in accordance with Section 4036, Chapter 9, Division 2, Business and Professions Code, and used in the dosage and frequency prescribed; or • Over-the-counter drugs or medications used in the dosage and frequency described on the box, bottle, or package insert.
	13. Shall not secure a certification by fraud, deceit, or misrepresentation. This includes, but is not limited to: • Making a false statement on any application for certification. • Withholding material information on any application for certification.

Ethical Standard	Description
	• Impersonating another Medi-Cal Peer Support Specialist or permitting or allowing another person to use their certification for the purpose of providing peer support services. 14. Shall not engage in gross negligence or incompetence in the performance of peer support services. This includes: • Failing to maintain records consistent with sound judgement, the standards of the profession, and the nature of the services being rendered.
9. Advocacy	1. Support the formulation, development, enactment, and implementation of public policies of concern to the profession. 2. Demonstrate and promote activities that respect diversity. 3. Support and defend human rights and freedoms regardless of nationality, national origin, gender identity, ethnicity, religion or spiritual persuasion, language, disability, sexual identity, or socio-economic status. Human rights include civil and political rights, such as the right to life, liberty, and freedom of expression; social, cultural, and economic rights including the right to cultural expression, the right to have basic needs met, and the right to work and receive an education. 4. Advocate for inclusion of those supported in all aspects of services. 5. Advocate for the full involvement of those supported in the communities of their choice and will promote their value to those communities. 6. Understand, encourage, and empower self-advocacy. 7. Recognize that all individuals/families have the right to live in the safest and least restrictive, culturally congruent environment. 8. Strive to eliminate stigma and discrimination.
10. Confidentiality	1. Respect the rights, dignity, privacy, and confidentiality of persons engaging in services at all times. 2. Respect the right to privacy of those supported and shall not solicit private information from those supported unless it is essential. Once private information is shared, standards of confidentiality apply. 3. Respect confidential information shared by colleagues in the course of their professional relationships and interactions unless such information relates to an unethical or illegal activity. However, confidentiality should be honored when Peers are supporting clients with a substance use disorder where the illegal activity is limited to personal use of substances.

Ethical Standard	Description
	4. Comply with all applicable federal and state confidentiality laws and guidelines. (In accordance with Part 2, Title 42, Code of Federal Regulations and HIPAA requirements). 5. Discuss with persons engaging in services, and other interested parties, the nature of confidentiality and limitations of the right to confidentiality.
11. Safety and Protection	1. Never engage in romantic or sexual/intimate activities with the persons engaging in services. 2. Shall not provide services to individuals with whom they have had a prior romantic or sexual relationship. 3. Shall not engage in exploitive relationships with coworkers or those they support to further their personal, religious, political, or business interests. 4. Follow applicable federal, state and local laws in the prevention of harm. 5. Inform appropriate persons when disclosure is necessary to prevent serious, foreseeable, and imminent harm to persons served or other identifiable persons. In all instances, Peer Support Specialists should disclose the least amount of confidential information necessary to achieve the desired purpose. 6. Never intimidate, threaten, harass, use undue influence, physical force, or verbal abuse, or make unwarranted promises of benefits to persons engaging in services. 7. Recognize the unique nature of the peer relationship and seek supervision and/or peer support services, as necessary, to maintain appropriate boundaries with persons engaging in services. 8. Treat colleagues with respect, courtesy, fairness, and good faith, and uphold the Code of Ethics. Strive to provide a safe environment that is respectful of the impact of trauma on persons engaging in services.
12. Education	1. Remain current regarding new developments in recovery, resiliency and wellness theories, methods, and approaches of related disciplines/systems with whom those who are engaging in services interface. 2. Accept responsibility for continuing education and professional development as part of their commitment to provide quality services. 3. Become familiar with local resources for self-sufficiency, including benefits and employment opportunities and supportive resources for families, parents, and caregivers
13. Mutuality	1. Engage in a relationship of mutual responsibility where power is shared and the Peer Support Specialist and the persons engaging in services are equally responsible for maintaining a peer relationship that is mutually beneficial. 2. Take responsibility for voicing their own needs and feelings.

Ethical Standard	Description
	3. Make decisions in collaboration with persons served and do not make decisions for persons engaging in services.
	4. Ensure that people give and take the lead in discussions, everyone is offered a chance to speak, and decisions are made in collaboration with one another.
14. Reciprocity	1. Ensure that the relationship is reciprocal. Every participant in the peer relationship both gives and receives in a fluid, constantly changing dynamic.
	2. Belief that peer relationships are not hierarchical; no one is more qualified, advanced, or better than another.
	3. Learn from each other.
	4. View asking for help as reaching across (not up nor down).
15. Strengths-Based	1. Provide strength-based services acknowledging that every person has skills, gifts, and talents they can use to better their lives.
	2. Focus on what is strong, not what is wrong.
	3. Assist others to identify these strengths and explore how those identified strengths can be used for their benefit.
16. Wellness Recovery, and Resiliency	1. Engage in and model regular self-care activities.
	2. Communicate and behave in ways that promote wellness, recovery, and resiliency.
	3. Use language that reflects wellness, recovery, and resiliency principles.
	4. Shall not impose limitations on the possibility for wellness, recovery, and resiliency of those engaging in services.
	5. Recognize the importance of supportive relationships and community in wellness, recovery and resiliency and encourage persons to identify and develop natural supports.
	6. Promote self-sufficiency in the wellness, recovery, and resiliency journey.

A Peer Support Specialist MAY NOT:

1. Practice outside of their scope of competence

2. Engage in any services requiring a license

3. Falsify any documentation related to application, training, testing, certification, or services provided.

4. Retaliate against any person who, in good faith, makes a complaint against the peer support specialist regarding services provided.

5. Engage in conduct that is prohibited by state, federal, or local law, including laws prohibiting the use, possession, or distribution of drugs and alcohol.

6. Participate in, condone, or promote discrimination on the basis of race, creed, color, national origin, gender identity, sexual orientation, religion, age, physical disability, or economic status in the performance of responsibilities as a peer support specialist.

7. Violate law, rule, or policy related to a recipient's privacy and confidentiality.

8. Have a dual relationship with a recipient of services.

Violation Guidelines

The **Code of Ethic Violation Guidelines** are used to address violations of the Medi-Cal Code Ethics for Certified Peer Support Specialists in California by the California Mental Health Services Authority. The guidelines will be used by the certifying entity for the determination of sanctions. The guidelines are not considered all-inclusive as there may be violations not addressed or sanctions that have not yet been described for a specific violation. The certifying entity reserves the right to make modifications under circumstances in the absence of sanctions.

When sorting through the complexity of a situation and determining the best course of action that one could take in that situation, ask four questions:

1. Who has the potential of being harmed in this situation, what is the possible harm, how great is the risk for harm?
2. What is the goal with the client? What is your role in helping to reach that goal?
3. Are there any core recovery values that apply, and what course of action would these values suggest be taken?
4. What laws, organizational policies, or ethical standards apply and what actions would they suggest or dictate?

Clients, community members, relevant communities and you, yourself can be harmed by what you do or fail to do. It is important to identify who may be harmed by the choices you make. When you have identified those who will be harmed think about the worst-case scenario and how likely or unlikely it is to happen. If you can foresee a negative consequence, look for ways to avoid or mitigate it.

If a Peer is supporting the client's wellness/recovery/resiliency their actions and behaviors must align with these goals. The actions of a peer must also reflect core recovery values and principles, as well as federal, state and local laws, standards and ethics for peer support workers, and any organizational policies and procedures.

Remember that ethical standards apply outside the peer relationship. Peer should conduct themselves as ethical employees, coworkers, citizens, and human beings. This includes off-duty and non-scope activities that may harm the reputation of the worker, their employer, or the profession.

Consider whether you can justify your actions:

- Would you behave this way in front of your parent, supervisor, religious leader, a judge, or someone else you hold in high regard?

- Could you easily explain your behavior if required to?

- Would you tell your child, younger sibling, or someone who looks up to you that it's ok to behave this way?

- If the answer to any of these is "no," don't do it!

Use the Ethical Decision-Making worksheet on the next page to guide your decisions.

Certified Peer Support Specialist Leadership Liaison Program (CPS-LLP)
Ethical Decision-Making Worksheet

A model of ethical decision-making is simply a guide to sorting through the complexity of a situation and an aid in determining the best course of action that one could take in that situation. Those providing recovery support services ask five questions to guide their decision-making.

Question 1: Who is vulnerable to harm in this situation and what is the degree of such harm?

Use this matrix to identify who is vulnerable to harm, what might be the harm, and the degree of such harm possible.

Vulnerable Party	Significant Risk of Harm (√)	Moderate Risk of Harm (√)	Minimal Risk of Harm (√)
Client			
Client's Family/Friends/Loved Ones			
Peer Support Specialist (You)			
Peer Support Specialist's Employer			
Peer Support Profession			
Recovery Community			
Community at Large			

Question 2: What core recovery values and principles apply to this situation and what action would they suggest be taken? (Note: Refer to SAMHSA's Working Definition of Recovery.)

☐ Health (making informed, healthy choices that support physical and emotional well-being).

☐ Home (A stable and safe place to live).

☐ Purpose (Meaningful daily activities; income and resources to participate in society).

☐ Community (Relationships/social networks that provide support, friendship, love, and hope).

☐ Hope (Recovery is real; message of a better future).

☐ Person-Driven (Self-determination and self-direction, autonomy, independence).

☐ Many Pathways (Distinct needs, strengths, preferences, goals, culture, background).

☐ Holistic (Whole life, mind, body, spirit, and community).

☐ Peer Support (Sharing of experiential knowledge & skills; sense of belonging; linkage).

☐ Relational (Involvement of people who believe in the person's ability to recover).

☐ Culture (values, traditions, and beliefs).

☐ Addresses Trauma (foster safety and trust; promote choice, empowerment, and collaboration).

☐ Strengths/Responsibility (Individuals, families, and communities; foster inclusion).

☐ Respect (Acceptance and appreciation; protecting rights, eliminating discrimination)

Question 3: What Medi-Cal Peer Support Specialist core competencies apply to this situation and what action would they suggest be taken?

(Note: Refer to the Landscape Analysis for Peer Certification Training Curriculum Core Competencies.)

☐ The concepts of hope, recovery, and wellness.

☐ The role of advocacy.

☐ The role of consumers and family members.

☐ Psychiatric rehabilitation skills and service delivery, and addiction recovery principles, including defined practices.

☐ Cultural and structural competence trainings.

☐ Trauma-informed care.

☐ Group facilitation skills.

☐ Self-awareness and self-care.

☐ Co-occurring disorders of mental health and substance use.

☐ Conflict resolution.

☐ Professional boundaries and ethics.

☐ Safety and crisis planning.

☐ Navigation of, and referral to, other services.

☐ Documentation skills and standards.

☐ Confidentiality.

☐ Digital literacy.

Question 4: What Medi-Cal Peer Support Specialists ethical guidelines apply to this situation and what action would they suggest be taken? (Note: Refer to the Code of Ethics and Violation Guidelines.)

- ☐ Hope.
- ☐ Person Driven.
- ☐ Family Driven and Child-Centered.
- ☐ Holistic Wellness.
- ☐ Authenticity.
- ☐ Cultural Responsiveness.
- ☐ Respect.
- ☐ Integrity.

- ☐ Advocacy.
- ☐ Confidentiality.
- ☐ Safety and Protection.
- ☐ Education.
- ☐ Mutuality.
- ☐ Reciprocity.
- ☐ Strengths-Based.
- ☐ Wellness, Recovery, Resiliency.

☐ A Peer Support Specialist May Not:

1. Practice outside of their scope of competence
2. Engage in any services requiring a license
3. Falsify documentation related to application, training, testing, certification, or services […].
4. Retaliate against any person who, in good faith, makes a complaint […].
5. Engage in conduct that is prohibited by state, federal, or local law, including laws prohibiting the use, possession, or distribution of drugs and alcohol.
6. Participate in, condone, or promote discrimination […] as a peer support specialist.
7. Violate law, rule, or policy related to a recipient's privacy and confidentiality.
8. Have a dual relationship with a recipient of services.

Question 5 What laws, standards, or historical practices could guide our conduct in this situation?

_____

_____

_____

_____

_____

_____

_____

Follow up: Where the risk of injury is great to multiple parties, document:

What I considered:

_____

_____

_____

_____

_____

_____

Who I consulted:

_____

_____

_____

_____

_____

_____

What I decided and did:

_____

_____

_____

_____

_____

_____

The outcome of the decisions I made and actions I took:

_____

_____

_____

_____

_____

(adapted from Cal Voices' WISE U Medi-Cal Peer Support Specialist Program)

Boundaries what is or is not okay in a given situation. These are the limits Peers set for themselves within the peer support relationship. Healthy boundaries allow Peers to say "no" to others when appropriate, and allow others "in" when appropriate. Appropriateness depends on the type of relationship, setting, context, and cultural norms/expectations. Having good boundaries with clients helps you protect yourself and your clients, set clear roles and rules in the peer support relationship and create a safe and respectful environment.

Boundaries are governed by:
- Federal, state, and local laws
- Professional codes of ethics
- Organizational rules of conduct, policies, and procedures

Boundaries are also informed by your own personal values, beliefs, comfort, context, norms, and lived experience.

Peers must recognize that it is their responsibility for managing and modeling healthy boundaries. Healthy boundaries are where most professional interactions should occur. A person with healthy boundaries
- Values their own opinions
- Doesn't compromise values for others
- Share personal information in an appropriate way (does not over or under share
- Knows their personal wants and needs, and can communicate them
- Accepts when others say "no" to them (UC BERKELEY/THERAPIST AID, LLC, 2016)

While client relationships with traditional service providers are more hierarchical and detached, peer support relationships rely on reciprocity and minimizing social distance. [11] In peer support relationships boundaries of inappropriateness may differ considerably. The relationship between a Peer and their clients exists on an intimacy continuum, with three zones of safety. The three zones of safety are:
- A zone of safety in which actions are always okay
- A zone of vulnerability in which actions are sometimes okay and sometimes not okay
- A zone of abuse in which actions are never okay

Peers and their clients must have open and honest conversations about boundaries, and what is okay and not okay. Peers are responsible for managing boundaries.

The Old Worldview Hides in Our Language

Because the illness worldview still predominates, we need to be very intentional with our language: It is how we best express our new worldview. Now is a good time to start rethinking how you refer to yourself and others. Although we will not prescribe terms or language that we all must use, we will challenge each other to consider language that strengthens our wellness worldview and avoid language that may undermine it. Old habits die hard and so do old worldviews, so let's challenge each other respectfully, but challenge each other nonetheless.

The Power of Worldview: The power of how we see things is sadly revealed in the way people interpret a person's behavior simply on the basis of their perception of that person as normal or diagnosed:

You as "Normal"	Me as "Diagnosed"
If you are overly excited, you're happy.	If I'm overly excited, I'm manic.
If you imagine the phone ringing all day, you're just stressed out.	If I imagine the phone ringing, I'm psychotic.
If you're crying and sleeping all day, you're sad and need some time off.	If I'm crying and sleeping all day, I'm depressed and need to get up.
If you're afraid to leave the house at night you're cautious.	If I'm afraid to leave the house at night, I'm paranoid.
If you speak your mind and express your opinions, you're assertive.	If I speak my mind and express my opinions, I'm aggressive.
If you don't like something and mention it, you're being honest.	If I don't like something and mention it, I'm being difficult.
If you get angry, you're upset.	If I get angry, I'm dangerous and need to get medicated or restrained.
If you overreact to something, you're sensitive.	If I overreact to something, I'm out of control.
If you don't want to be around other people, you're taking care of yourself and relaxing.	If I don't want to be around other people, I'm isolating and avoiding.
If you talk to strangers, you're being friendly.	If I talk to strangers, I'm being inappropriate.
If you speak bluntly to others, you're being rude.	If I speak bluntly to others, I have a behavior problem.
If you don't follow orders, you don't like being told what to do.	If I don't follow orders, I'm being noncompliant.
If your house is messy, you probably don't like housework.	If my house is messy, I need to learn some ADLs (Activities of Daily Living).
If you ask someone out, it's a date.	When I ask someone out, it's an outing to learn social skills.
For all these behaviors you are considered to be a human being having a normal emotional response.	**For many of these behaviors, I'm told to take a pill, or hospitalized.**

The difference between **You** and **Me** is our labels.

The Power of Language: Language has the power to stigmatize and demean, or respect and uplift. Some people who receive mental health or substances use services use the term "consumer" to refer to themselves and others, while others prefer to be called "survivors." Some people now prefer the term "peer" while others simply prefer to be referred to as a "person" or a "person who receives services" or "individual living with a mental health condition."

However, as people who are truly seeking wellness, let's consider the power that language has before we make our personal choices. Let's look at words that can hurt or help people.

Words that stigmatize, demean and pathologize and invite discrimination:	Words that uplift us. Words that recognize and respect our shared humanity and strength:
Manipulation	Survival mode; overwhelmed and trying to get needs met
Low functioning, under developed	Coping, fighter flight
Case, Patient, client consumer	Person receiving services, person, individual living with a mental health condition
Decompensating	Becoming ill, things are breaking down; things aren't working
Non-compliant (or compliant)	Independent, autonomous, taking personal responsibility, freely exercising rights
Frequent flyer	Trying to get it right. Giving lots of opportunities to help
Unmotivated	Not ready, not helpful
"A _____." (fill in the blank with any diagnosis)	"A person who has been given the diagnosis of _____."
Depressed	Sad, down in the dumps, worn out, need time to get well, anger/ fear
Symptomatic	Experiencing big feelings, intense feelings
Cutter	Experiencing pain through self-harm
Grandiose	Thinking big, expressing hopes and dreams, ambitious

(Thanks to Elaine Popovic and Debbie Sesula)

MAINTAINING EMPLOYMENT

Why do we work?

Working provides protective factors, and supports recovery and the maintenance of personal wellness. By getting a job and staying employed, you are contributing to your own recovery. Working provides the following benefits:

- **Routine:** It provides us with a reason to get up in the morning. Now sometimes we may not wish we didn't have to work, but actually, this routine keeps us healthy.

- **Activity:** Work gives us something to do each day. The very act of saying to one's self: "I have something to do today" protects our mental health.

- **Purpose, Contribution:** Our work may also be something that meets our needs for purpose and contribution. These are protective factors for mental health.

- **Connection and Social Support:** We spend more daylight hours with the people we work with than those we live with. We are social animals who connect to each other and when we are away from work, we miss the social interaction. When people are away from work, they are socially isolated. Isolation is both a predictor and risk factor for mental challenges.

- **Identity:** I could ask each one of you what you do and you would answer without thinking, either your title or what you do. If you are off work, say for a year or more, and someone asks you, "So what do you do?" you find it difficult to answer, difficult to define yourself to the other person in terms that are true… by society's values and standards, you are a nothing because you are not "doing" something.

- **Resources, Independence:** Maintaining gainful employment allows people to get off disability and provide for themselves financially, allowing them to become independent and fully participate in society. In addition to financial resources, it provides individuals with important skills and access to information, both of which can be used to improve their own lives. In building healthy relationships, working allows people to build social capital as well, giving them access to opportunities they may not have had before.

Key reminders

- You were hired to do a job
- Your employer expects you to do this job consistently and to the best of your ability
- If you don't do your job (or don't meet the required standards and expectations), your job is at risk
- Your job security is directly tied to the value of your contributions and ability to prevent/avoid problems

- You're there to make your boss's job easier, not harder
- Know how to do your job well
- Do your job to the best of your ability, every day, without reminders, threats, or cajoling
- Consistently show up and step up when needed
- Don't create more problems or unnecessary work for your boss or anyone else

Peers experience barriers to workplace success. Specifically, they experience role confusion, stigma, isolation, co-optation, and challenging work conditions. In this section, we cover each barrier and provide strategies to overcome these barriers.

Working Conditions

When Peer leadership roles are lacking and Peers are relegated to the confines of their assigned programs without representation in management or a voice at the table when important matters are decided, their workplace needs go unaddressed. Many peers experience low pay, non-existent or unaffordable benefits, job stagnation – lack of career growth, and job insecurity. Additional structural barriers include human resource departments that have rigid hiring practices for Peer positions, and institutionalized stigma that results in different treatment and practices applicable only to Peer staff (prohibiting Peer access to client data; walling off Peers from important activities and information because Peers are more "risky;" facing unsaid discrimination when applying for other non-Peer positions, etc.).

To address the working conditions for peers, it is important that peers receive training, skill building and professional development opportunities, and are able to network and explore different careers. Moreover, peers can advocate on their behalf for improved conditions.

Role Confusion

Peers may experience role confusion if there is uncertainty about the peer role in general. Either the peer is uncertain about what they should be doing or the supervisor is unsure. Peers also experience a desire to fit in like anyone else and they may be viewed as different, in part, because they may be transitioning roles. For example, they may be moving from recipient to provider, from client to coworker, or acquaintance to mentor.

To overcome role confusions, Peers should:
- Model recovery at all times
- Educate others about your role
- Review your job description
- Review the Medi-Cal Code of Ethics
- Maintain appropriate interpersonal boundaries
- Understand the principles of peer support and key recovery concepts

Stigma

Peers may experience stigma in the workplace due to mentalism, macro/micro-aggressions, low expectations, marginalization, and tokenism. To overcome these challenges, Peers can:
- Model recovery and strength-based language at all times
- Raise consciousness
  o Name mentalism and microaggressions when they happen
  o Strategically respond to stigma, whether or not intentional
  o Inform and educate others about the Peer role
- Support and validate one another

Isolation

Our sense of belonging on a team has a direct impact on our commitment to task, sense of role clarity, and collaborative effectiveness. One implication of feeling lonely at work is that we may intentionally conceal parts of our authentic identity and start to pretend to be someone else. And when we pretend to be someone other than who we are, we emotionally withdraw. Isolation can occur when a peer is the only peer on a team, not asked to share opinions and not encouraged to participate. Isolation can occur also when there is a lack of support for the peer role and there are no mentoring or networking opportunities. To overcome isolation peer workers should:

- Get out of your own head
- Engage in self-empathy and self-care
- Initiate interaction; make small gestures
- Speak up in group settings
- Seek out supportive coworkers
- Participate in group activities and community events
- Find support from Peers in other programs and agencies
- Participate in County Peer Committees

Co-optation

Co-optation refers to the "Professionalization" of the peer role. As peers become acculturated into the treatment environment, they can drift towards more traditional (medical model) practices. They may adopt the values, attributes, and style of personal interactions associated with clinical providers.

Examples of co-optation may include:
- Not telling your story
- Going with the flow; not "rocking the boat"
- Using clinical language
- Not advocating for client/family member interests
- Misusing your position with clients/family members to push clinical agenda

Peers can overcome cooptation by creating a strong peer identity. Create a bubble that insulates you from clinical orientation. Organizations can limit cooptation by:
- Having more than one peer in the organization,
- Supervision of peers by peers,
- Educating clinical and treatment staff about the peer role
- Using recovery-based language
- Creating career ladders for peers

There are many sources for information on how to be a great employee. There are also a number of sources of traits of good/great employees. In this section, we share our favorite traits that we have found for individuals to be successful peer workers.

Four Traits of Great Employees

Our favorite traits of great employees are Smart, Reliable, Work Hard, and Plays Well with Others. In this section we will provide tips on how to achieve each of these traits in your current position.

How to be Smart

Be Smart Tip #1: Get to Know Your Agency

- Mission, vision, values
- Programs, services, activities
- Key people and partnerships
- Organizational structure
- Organizational culture

Be Smart Tip #2: Figure Out Your Role in the Bigger Picture

- What your program does
- What your position does
- What is your role in the program
- Why it matters to the agency
- Why it matters to you
- Your unique contributions
- Understand the Behavioral Health Ecosystem

Be Smart Tip #3: Always Meet or Exceed Expectations*

- Performance
- Attitude
- Behavior

*Expectations can be found in your job description, performance evaluations, employee handbook, the Core Competencies and Code of Ethics for Medi-Cal Peer Support Specialists. Expectations also come from your boss, coworkers, and organizational culture. It is important to understand each expectation and meet or exceed those expectations.

Be Smart Tip #4: Demonstrate Enthusiasm and Take Initiative

- Show interest in your agency and what it does
- Understand the issues that impact your organization
- Stay informed about developments in mental health and peer support
- Don't grumble!

Be Smart Tip #5: Develop digital literacy

- Know computer basics
- Be proficient with email, word processing, printing
- Practice proper email etiquette
- Know how to maintain client confidentiality
- Understand digital platforms that can be used for service delivery, benefits acquisition, and resource connections.
- Understand digital privacy protections.
- Be able to find, evaluate, and communicate information using typing or digital media platforms

Be Smart Tip #6: Use Technology Appropriately

- Nothing on work equipment is private
- Maintain client confidentiality

How to be Reliable

Be Reliable Tip #1: Maintain regular attendance and punctuality

- Minimize unplanned absences
- Show up on time, ready, willing, and able to work
- Request time off or schedule changes as far in advance as possible
- Keep a minimum balance of leave/PTO

Be Reliable #2: Create Trust

- Keep your word
- Under-promise and over-deliver
- If you said you'd do it, do it
- Be honest with yourself and others
- Don't hide your mistakes
- Take personal responsibility
- Ask for help if you need it

Be Reliable Tip #3: Remain Consistent

- Commit to quality work
- People will learn what to expect from you – leave them with a good impression
- Meet your deadlines
- Step up when you are needed
- Accept new tasks and responsibilities
- Do the little things, every day, that add up in the long run
- Pace yourself and try not to burn yourself out

How to be a Hard Worker

Work Hard Tip #1: Stay Motivated

- Eat the frog first (least favorite activities)
- If you can't avoid it, learn to love it
- Spend your effort where it counts
- Focus on the outcome
- Find an external motivator
- Avoid distractions/time-wasting activities
- Break up big projects into smaller tasks
- Just start!

How to Play Well with Others

Play Well Tip #1: Maintain Basic Etiquette

- Stay positive
- Assume good intent
- Ask questions
- Be nice
- Avoid gossip
- Enforce healthy boundaries
- Offer compassion, empathy, and support
- Use your personal wellness plan!

The Bare Minimum

Remember that you were hired to do a job. Your employer expects you to do this job consistently and to the best of your ability.

- Know how to do your job well
- Do your job to the best of your ability, every day, without reminders, threats, or cajoling
- Consistently show up and step up when needed
- Don't create more problems or unnecessary work for your boss or anyone else
- Reduce unproductive friction

With the increasing use of electronic health records, telehealth, and digital communication, the ability to use computers and other electronic devices has become an essential skill necessary for all professions in the behavioral health field. Digital literacy is a Core Competency for Certified Medi-Cal Peer Support Specialists. All Peers – regardless of position type or certification status – need basic digital literacy skills and familiarity with common workplace technology. Digital literacy is "the ability to find, evaluate, utilize and create information using digital technology," and involves:

- Using multiple forms of technology (computer, cell phone, printer, etc.)
- Finding, using, and critically evaluating online information
- Curating data and media sources
- Communicating, collaborating, and participating in online environments
- Managing data security and privacy
- Creating online content (not just consuming it)

Ask yourself the following questions about your own digital skills.

- Do you know how to use a computer?
- Can you use a tablet and a smartphone?
- Do you know basic computer functions, such as emailing and word processing?
- Do you know how to write professional emails and digital communications?
- How well can you use Microsoft Office programs (Word, Excel, PowerPoint), web-based apps, and virtual meeting platforms (like Zoom, Teams, etc.)?
- Do you know how to save digital files, retrieve them, navigate files on a server, convert file types, attach documents to emails, and share files with others?
- Can you perform basic online research?
- Can you use social media (responsibly)?
- Do you understand digital data security?
- Can you use a printer, copier, fax?

Digital Skills Assessment

Take this brief assessment to determine where you think your skills are now. Consider what you need for your current employment. If you are needing additional training to accomplish your work tasks, ask your employer if they can pay for and/or provide time during your working hours to obtain training.

Skills	Advanced	Intermediate	Beginner	None
Basic computer operations (using a desktop/laptop computer, accessing programs, saving and retrieving files, etc.)				
Internet searches and website navigation				
Digital record-keeping and documentation				
Electronic Health Record (EHR) systems				
Emailing/digital communications				
Typing/word processing				
MS Office (Word, PowerPoint, Excel)				
Copying, scanning, printing, faxing				
HIPAA/digital privacy and security practices				
Learning new devices/programs/apps				

Resources

NorthStar Digital Literacy Assessments

Microsoft's Digital Literacy Courses

Adobe Training and Tutorials

GCF Free Microsoft Office Learning

Coursera: Web based training site

Google Calendar (YouTube)

Google Drive (YouTube)

How to open multiple tabs in Google. (YouTube)

SELF-CARE FOR PEER SUPPORT WORKERS

Why Do Peers Need Self-Care

Self-care is incredibly important for individuals who care for others and who may overlook themselves in the process. Peers may experience compassion fatigue as the result of a progressive and cumulative stress that is caused by prolonged, continuous, and intensive contact with clients. This can lead to burnout and secondary traumatic stress. In addition, peer staff are more likely to be affected by an unhealthy work environment.

Peer Support Specialists may be overexposed to risks such as:

- Stigma and discrimination
- Limited career prospects
- Low pay and poor benefits
- Demand-control imbalance
- Role confusion and conflict

Dimensions of Self-Care

Self-care is about actively looking after your own mental health and wellbeing so that you can more effectively support the people you work with. It involves engaging in activities and practices that give you energy, lower your stress and contribute to your wellbeing. It is important to do these activities regularly before a crisis or stress at work. Make a commitment to your health and well-being so that you can properly support others.

- Emotional: Allow yourself to safely experience your full range of emotions
  - Examples: Journal, use affirmations, meditate, talk with friends or family, practice gratitude

- Physical: Activities to help you to stay fit, healthy, and energized to get through work and personal commitments
  - Examples: Regular sleep routine, exercise, eat healthy foods, drink lots of water, health check ups

- Intellectual: Activities that help stimulate your brain
  - Examples: Listen to a podcast, read a book, take a class, start a new hobby

- Social: Maintaining healthy, supportive relationships, and ensuring you have diversity in your relationships so that you are not only connected to work people
  - Examples: Prioritize close relationships in your life, attend special events for friends and family, snuggle your pet, call someone you care about

- Spiritual: Having a sense of perspective beyond the day-to-day of life.
  - Examples: Spend time in nature, pray or attend religious service, meditate, do yoga, listen to inspiring music

- Practical: Ensuring day to day activities are accomplished
  - Examples: Catch up on housework, get groceries, pay bills, meal prep

- Occupational: Activities and actions that support feeling balanced and fulfilled in your career.
  - Examples: Set manageable goals, engage in career planning, say no and unplug after hours, connect with coworkers

Self-Care at Work

It is important to take a little time throughout your workday to prioritize yourself. The following are self-care examples you can engage in at work:

- Practice deep breathing for at least 5 minutes each day
- Organize your workspace
- Complete a task you have been putting off
- Take an activity break every hour
- Attend workplace social events
- Build pauses into your work schedule
- Regular supervision with a supervisor
- Consultation with more experienced colleagues
- Attend or set up a support group with other peer workers
- Maintain boundaries with clients
- Read journals and articles about Peer Support work
- Engage in professional development opportunities

Creating a Self-Care Plan

Most people find it difficult to incorporate self-care into their lives. Barriers to self-care include

1. Lack of energy
2. Too many responsibilities
3. Fear of vulnerability
4. Not prioritizing self
5. Unrealistic expectations of self
6. Under-earning

Creating a self-care plan can help you what you need and value as part of your day-to-day life. There is no one size fits all self-care plan, but generally it is a commitment to attend to all the domains of your life. Self-care plans help you enhance your health and well-being, manage stress and maintain professionalism in the workplace.

At the start of creating your Self-Care plan you will:

- Take inventory
- Identify sources of stress
- Identify sources of positive energy
- Identify signs of when you may need help
- Identify personal resources and supports
- Take your time in developing your plan

After you complete your assessment, reflect on the following questions:

1. What areas do you want to work on?
2. What is the best possible outcome?
3. What is important about this to you?
4. What qualities do you need to bring out of yourself in order to accomplish this? What is the first step?

You will find a self-care assessment and a template to help you create a self-care plan on the next couple of pages.

Self-Care Assessment[1]

As a professional, you need to practice self-care in all aspects of your life so you can perform at your best when working with people. A good place to start is with assessing where you're at and then making a plan to improve your self-care. Complete the self-care assessment to find out how you're managing your self-care at the moment.

Physical Self-Care

Involves activities that help you to stay fit and healthy, and with enough energy to get through your work and personal commitments. Physical self-care includes getting adequate sleep, healthy and regular eating, and regular exercise. It also includes rest and nurturing yourself if you do get sick.

To what extent do you do these activities? Select "Never" if you have never thought about it or do not know what it is.

	Never	Rarely	Sometimes	Often	Always
Eat regularly (e.g., breakfast, lunch and dinner)					
Eat healthily					
Exercise regularly					
Access medical care when needed (both preventative and acute)					
Take time off when sick					
Regular physical activity that I enjoy					
Get enough sleep					

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[1] Self-Care Assessment | © ReachOut.com | Cal Voices' WISE U Surviving and Thriving Training (2022)

Emotional Self-Care

Involves activities that allow you to safely experience your full range of emotions. This means having work and non-work friends, doing enjoyable activities, debriefing at the end of challenging days, and prioritizing supportive relationships.

To what extent do you do these activities? Select "Never" if you have never thought about it or do not know what it is.

	Never	Rarely	Sometimes	Often	Always
Spend time with non-work friends, family and acquaintances					
Stay in contact with important people in your life					
Acknowledge when you have done well					
Value yourself					
Identify energizing/positive activities people and places, and actively seek them out					
Allow yourself to cry or be upset					
Find things that make you laugh					
Express your opinion on social issues outside of work					

Intellectual Self-Care

Involves activities that help you to feel clear-headed and able to intellectually engage with the professional challenges that are found in your work. It may also include strategies for your own personal life, outside work, but that remain relevant for your working career (e.g., if a partner, or your child, becomes ill).

To what extent do you do these activities? Select "Never" if you have never thought about it or do not know what it is.

	Never	Rarely	Sometimes	Often	Always
Take time out (trips out of town, to the beach or a weekend away)					
Take time away from telephones, email, social media and the internet					
Make time for self-reflection					
Notice your inner dialogue (listen to your thoughts and feelings)					
Have your own personal development and/or external supervision					
Write in a journal/diary					
Read, watch or engage with interests unrelated to work					
Do something at which you are not an expert or in charge (different to your work role)					
Actively minimize stress in your life					
Engage in new ways of thinking (e.g., attend a sports event, theatre, gallery, library, public talks)					
Be curious about life					
Say no occasionally					

Social Self-Care

Closely related to emotional self-care. It is about maintaining healthy, supportive relationships, and ensuring you have diversity in your relationships so that you are not only connected to work people.

To what extent do you do these activities? Select "Never" if you have never thought about it or do not know what it is.

	Never	Rarely	Sometimes	Often	Always
Schedule regular time with significant others (e.g., partner, kids, friends, family)					
Stay in contact with mates, acquaintances and networks					
Make time to reply to personal correspondence					
Allow others to do things for you					
Meet new people					
Ask for help when you need it					
Share your feelings: good, bad or other with someone you trust					
Maintain a healthy physical space or home					

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Spiritual Self-Care

Involves having a sense of perspective beyond the day-to-day of life. For some people this means engaging with organized religion, for others it is more about ensuring a sense of possibility and optimism.

To what extent do you do these activities? Select "Never" if you have never thought about it or do not know what it is.

	Never	Rarely	Sometimes	Often	Always
Do some form of reflective practice (meditate, pray or reflect)					
Spend time in natural environments					
Connect to a community or network with shared values					
Be open to feeling inspiration, awe and other positive emotions					
Nurture your optimism and hope					
Be open to not knowing					
Identify what is meaningful to you and notice it's place in your life					
Contribute to causes in which you believe in outside of work					

Practical Self-Care

Involves activities that fulfill core aspects of your life in order to prevent future stressful situations. Practical self-care includes catching up on chores, buying groceries, and paying bills.

To what extent do you do these activities? Select "Never" if you have never thought about it or do not know what it is.

	Never	Rarely	Sometimes	Often	Always
Catch up on chores					
Get groceries					
Fix things around the house					
Meal Prep					
Do laundry					
Pay bills					
Prepare for holidays or family events					
Get your vehicle serviced (if applicable)					

Occupational Self-Care

Involves activities that help you to stay focused, organized, and have enough energy to get through your work day. Occupational self-care includes taking your breaks, connecting with coworkers, and setting boundaries.

To what extent do you do these activities? Select "Never" if you have never thought about it or do not know what it is.

|	Never	Rarely	Sometimes	Often	Always
Take your breaks					
Organize/declutter your workspace					
Set manageable goals					
Say "no" and unplug after hours					
Connect with your coworkers					
Ask for help when you need it					
Schedule personal time off					
Do career planning					

Overall Balance

How well do you balance the demands of work life and your personal life?

To what extent do you do these activities? Select "Never" if you have never thought about it or do not know what it is.

	Never	Rarely	Sometimes	Often	Always
Strive for balance within your work-life and work-day					
Strive for balance among work, family, relationships, play and rest					

Now that you have completed your survey, identify areas where you would like to make a change.

DIMENSIONS OF SELF CARE

Emotional

Occupational

Physical

Practical

Intellectual

Spiritual

Social
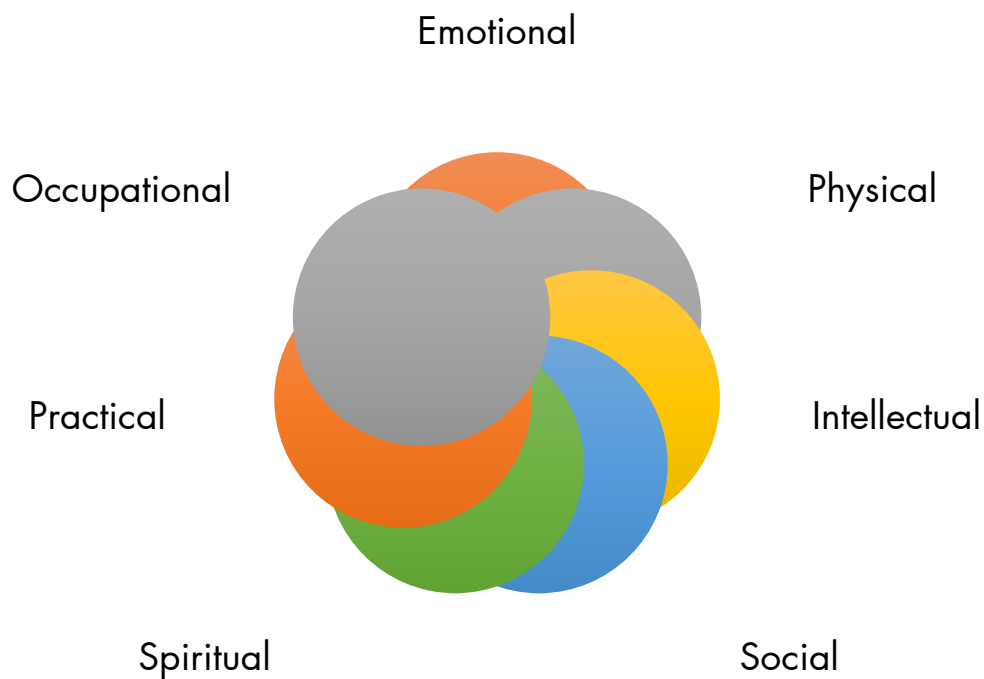
Self-Care Plan[12]

There is no one size fits all when it comes to self-care plans. Each one of us has different needs and strengths. Establishing a self-care plan may help you prevent burnout, build self-esteem, reduce anxiety and stress, and increase your productivity. Self-care may also help you prevent future diseases.

To complete your Self-Care plan, first complete the Self-Care Assessment. The Self-Care Assessment lets you know how you are currently managing your self-care at the moment. Then use what you learn from the assessment to help you complete your Self-Care plan.

Your Self-Care plan will focus on seven dimensions of self-care

1. **Emotional:** The actions we take to connect with our emotions and process them in a healthy way.

2. **Physical:** Any activities used to enhance your physical well-being.

3. **Intellectual:** Activities that help you understand and develop a loving relationship with your mind.

4. **Social:** Activities that nurture relationships with others.

5. **Spiritual:** Any activities that help you connect with and nurture your soul.

6. **Practical:** Any actions taken to fulfill your core needs and reduce stress.

7. **Occupational:** Activities and actions that support feeling balanced and fulfilled in your career.

My Self Care Plan

Area of Self-Care	Current Practices	Practices to Try	How Will Implementing These Practices Make You Feel?
Physical (e.g., eat regular and healthy meals, good sleep habits, regular exercise, medical check-ups, etc.)			
Emotional (e.g., engage in positive activities, acknowledge my own accomplishments, express emotions in a healthy way, etc.)			
Intellectual (e.g., listen to a podcast, watch educational videos, practice a new hobby, read a book, take a class, etc.)			
Social (e.g., healthy relationships, make time for family/friends, schedule dates with partner/spouse, ask for support from family and friends, etc.)			

Area of Self-Care	Current Practices	Practices to Try	How Will Implementing These Practices Make You Feel?
Spiritual (e.g., read inspirational literature, self-reflection, spend time in nature, meditate, explore spiritual connections, etc.)			
Practical (e.g., Do homework, catch up on chores, do some financial planning, get groceries, meal prep, etc.)			
Occupational (e.g., Take your breaks, set manageable goals, say no, unplug after hours, get support etc.)			

Identify barriers to maintaining your Self Care strategies.

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How will you overcome these barriers?

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Identify negative coping strategies you would like to target for change and how you will change them.

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