

# PEER SUPPORT **TOOLKIT**

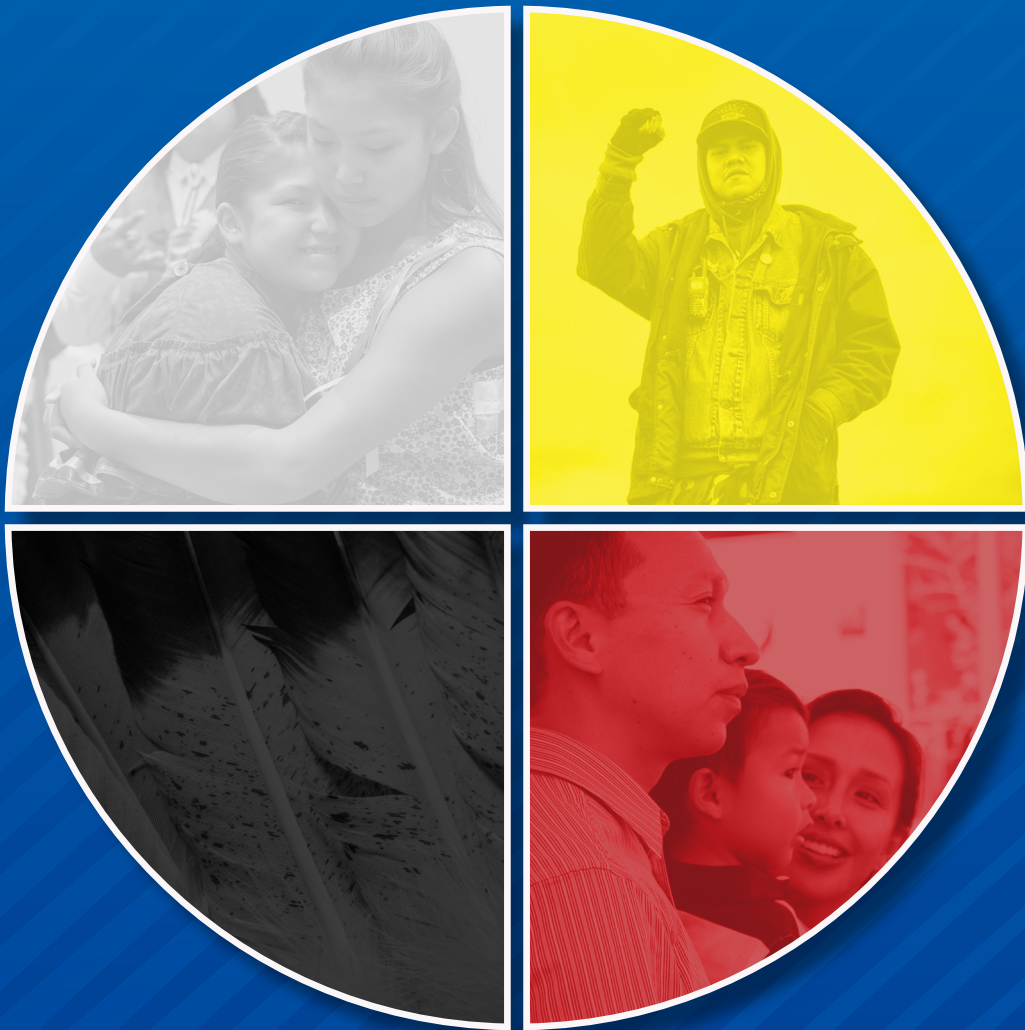




Image credit: Justin Klinekole

*Peer specialists are an integral part of recovery support, but challenges to implement their role continue to impact tribes and tribal organizations.*

*This toolkit emphasizes the importance of peer roles, values, and recommendations on how to implement a Peer Program.*

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# OVERVIEW

## Purpose

Southern Plains Tribal Health Board developed this toolkit to assist tribal programs in determining how peer specialists can best serve their tribal organizations and communities. The information contained in this document provides an overview about the effectiveness of peer support programs, important core roles, and items to consider for implementing a successful peer program. Readers should keep in mind that program objectives of each tribal community are unique and should be adapted to accommodate the needs of the community.

## Definition of Peer Specialist

“A peer specialist is a person who uses his or her lived experience of recovery from mental illness and/or addiction, plus skills learned in formal training, to deliver services in behavioral health settings to promote mind-body recovery and resilience. Peer support services are considered as a core community mental health service” (SAMHSA, 2018). Although the term “peer” and “peer specialist” are often used interchangeably, this toolkit will use the term, peer specialist to refer to the person providing services.

## Background

One of the most difficult health disparities encountered in Indian Country is addiction; however, the role of the peer specialist

is not new to Indian Country (ODAPCA, 2020). “American Indian populations were among the first people to use concepts of peer recovery support through abstinence-based revitalization movements and ceremonies, including the Native American Church (Coyhis & White, 2006), societies, kinship systems, collectivism, and living values that support recovery” (Kelley, Bingham, Brown, & Pepion, 2017). For generations, Native Americans have shared examples, lessons, traditions, and stories that focus on supporting others through their recovery experience (ODAPCA, 2020).

In the 1970’s, personal recovery was deemphasized, and many programs prohibited recovering counselors from sharing that status with their clients. The emergence of the recovery specialist’s role in the past decade has emerged from the recognition of the need to reconnect addiction treatment to the more enduring process of addiction recovery, to effectively link clients from treatment institutions to indigenous communities of recovery, and to address complex co-occurring problems that inhibit successful recovery (White, 2006). This recognition allows peer specialists to be an important part of the treatment process and offer support in methods that are unique to indigenous communities.



## Who Are Peer Specialists?

Peer specialists are people who have been successful in the recovery process who help others experiencing similar situations. They provide diverse recovery support activities that highlight the self-directed nature of the concept of “many paths to recovery” (Kelley, Bingham, Brown, & Pepion, 2017). Through shared understanding, respect, and mutual empowerment, peer specialists help people become and stay engaged in the recovery process and reduce the likelihood of relapse. Peer support services can effectively extend the reach of treatment beyond the clinical setting into the everyday environment of those seeking a successful, sustained recovery process (SAMHSA, 2020). Peer specialist services are a viable option for American Indian populations because they incorporate culture, spirituality, and connections (Kelley et al., 2017).

## Value of Peer Specialists

Peer specialists add value to the tribal community and organization by enhancing the many aspects of a person’s recovery. They provide integral services that impact present and future generations, while paying respect to their ancestors.

Culture is an important value included by indigenous peer specialists to people in recovery. Being able to share their story, peer specialists engage with the community through a deepened connection with not only their own culture but with those traveling the road to recovery.



Peer specialists increase the health of the community as a whole. They serve as role models for wellness, responsibility, and empowerment (University of Colorado, 2015). Working as a peer specialist allows people to be part of creating a healthier community in which future generations will thrive. Peer-delivered services recognize the traditions of cooperation and caring for the community (Coyhis, 2009).



Peer specialists reduce staff burnout and workload (SAMHSA, 2018).



Peer specialists build trust within organizations by bridging gaps to recovery resources.



Individuals in recovery report an increased sense that treatment is responsive and inclusive of needs (Davidson, et al., 1999; Salzer, 2002).



Peer support services decrease hospitalizations.



*I bring an open mind, heart, and I'm nonjudgemental. I add value to my tribal facility and community by meeting people where they are. I love teaching Wellbriety to people in recovery. Our talking circles connect us to our Native American traditions.*

**-Sharon M.**



## Common Myths About Peer Support Specialists

### Myth # 1: Peer Specialists will relapse

**Fact:** People in recovery have worked hard to reach recovery are resilient and strong. There is no evidence that delivering peer specialist-led services contributes to relapse. In fact, working as a peer specialist can help strengthen one's own recovery journey (Salzer et al., 2013). Peer specialists are committed to their own recovery and should be afforded the same privacy in managing their health and time off due to illness as other employees (University of Colorado, 2015).

### Myth #3: Peer specialists and mental health therapists perform the same role

**Fact:** Professional counselors and peer specialists offer different services, each having its own benefits. Peer specialists offer support through lived experience of recovery from addiction. Unlike professional counselors, peer specialists do not diagnose and determine treatment for mental health conditions (ODMHSAS, 2018). Peer specialists establish a unique relationship with individuals in recovery that connects them differently, often more deeply, than the therapist-client relationship. Individuals may disclose differently to peer specialists than therapists and may even connect more quickly (University of Colorado, 2015).

### #2: Peer specialists do not maintain appropriate boundaries relapse

**Fact:** While peer specialists may have a different relationship with their clients, unlike behavioral health providers, they are still trained to maintain appropriate boundaries and expectations with their clients (ODAPCA & SPTHB, 2020). Peer specialists are no more likely to violate boundaries than other members of a treatment team (University of Colorado, 2015).

### Myth #4: People should not work as peer specialists if they have criminal charges or convictions

**Fact:** Recovery often involves profound personal changes. Employees should assess each situation individually and with an open mind. Peer specialists who have previous convictions can help individuals with criminal records navigate life and the court system. A criminal record is often one of the biggest challenges for people trying to achieve recovery (DBHIDS, 2017).

## Titles for Peer Specialists

While peer specialist is a term often used in behavioral health settings, there are many titles for individuals who work in the peer support role. Use the title that best fits your tribal facility

1. Native Peer Recovery Specialist
2. Peer Recovery Support Specialist
3. Peer Mentor
4. Recovery Coach
5. Peer Support Worker
6. Peer Advocate
7. Whole Health Coach
8. Peer Supporter

## CORE ROLES & RESPONSIBILITIES

While the roles of peer specialists vary and are unique to each setting, this section describes common activities typically engage in. Tribal facilities often expand upon these activities to include their cultural beliefs, values, and traditions.

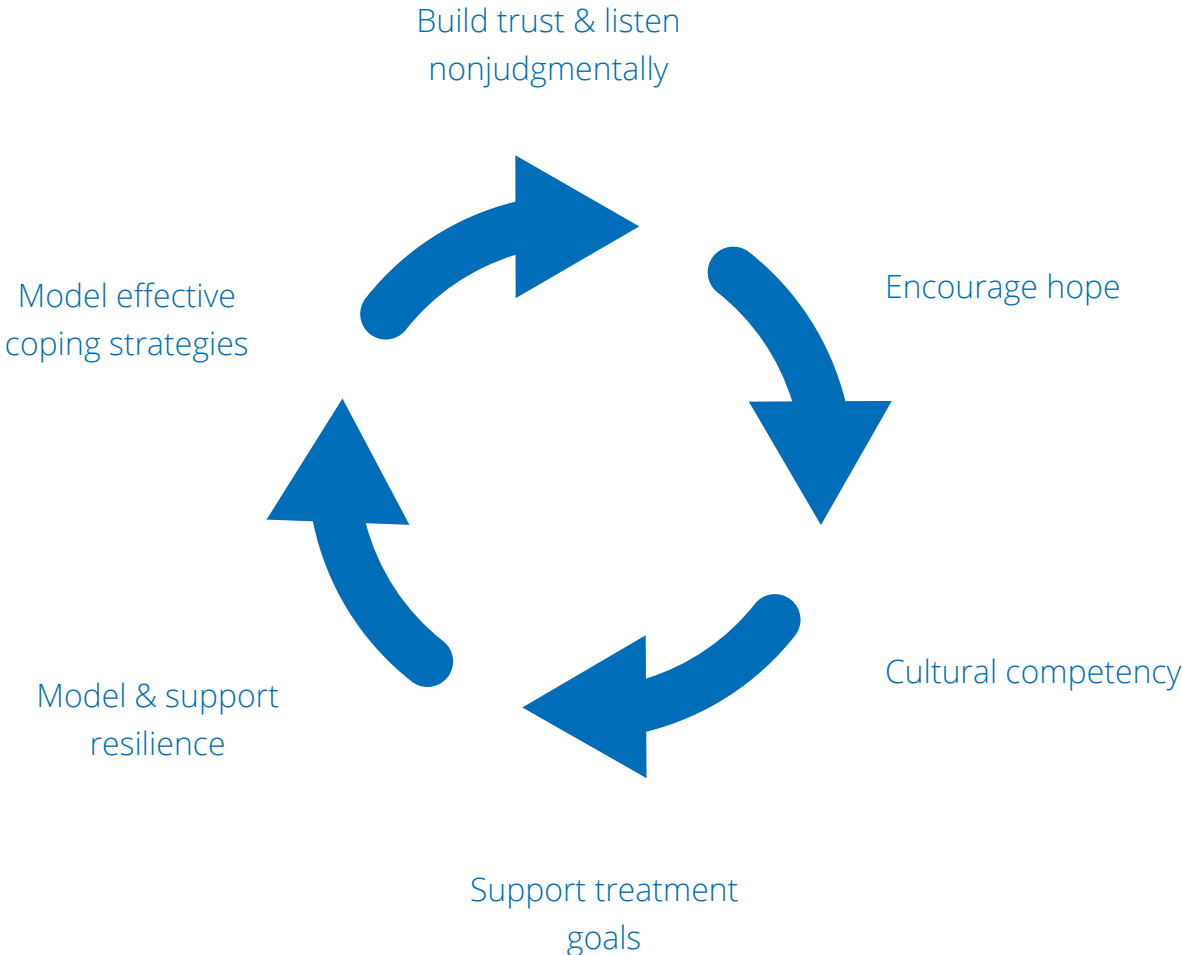
### Support Recovery

Peer specialists provide a variety of recovery options and support services. It begins with a relationship between a peer specialist with the lived experience of recovery and a person who seeks recovery (Kelley et al., 2017).

The recovery process for American Indian populations is unique. Recovery often includes the entire community or family, as opposed to the individual (Jilek-Aall, 1981). In one longitudinal study, Navajos cited family support, religion, and spirituality as the key factors in supporting long-term sobriety (Kelley et al., 2017). Participation in cultural activities, traditional activities, and spiritual practices are protective against alcohol and substance misuse (Hazel & Mohatt, 2001; Stone et al., 2006).

“Substance abuse also increases overall healthcare costs in tribal communities, where recovery treatment is largely unavailable and access to primary care is limited” (National Congress of American Indians, n.d.). “The belief that recovery is possible for all who experience psychiatric, traumatic, or substance use challenges is fundamental to the practice of peer support. The likelihood of long-term recovery is increased with effective support. Many people benefit from a personal guide who facilitates disengagement from the culture of illness and addiction and engagement in a culture of recovery” (ODMHSAS, 2018). Below is a graphic of core methods to support recovery.

## Core Methods to Support Recovery





## Strategic Storytelling

Storytelling is a living tradition among indigenous people. Kay Ionataiewas Olan, Mohawk Tribe describes the “Story Bag” as constantly growing fuller. Mohawk states, “It includes stories that have been passed down from generation to generation. It also contains the stories that come from our own family histories and from our personal experiences. We all have stories to tell. We need to make the time to tell them, so they won’t be forgotten. We need to tell them in order to maintain our connections to one another. We need to stay connected so that we will remember that we are all related.”

“Why should we encourage storytelling? When we take the time to sit together and tell our stories, we discover that we have more in common than we have differences. We find that we have similar hope and dreams for the future generations. We remember that we can accomplish much more if we learn to communicate and work together” (Olan, 2020). The importance of storytelling for peer specialists allows them to connect, engage, and empower those who are walking in their recovery journey.

## What Does Strategic Storytelling Mean?

Strategic storytelling is described as the ability for peer specialists to know when and how much of their story to share. It requires vulnerability and transparency while keeping the individual’s needs at the center. It is recommended that peer specialists maintain a healthy lifestyle in order to share their story in a productive and safe manner. Some peer specialists often refer to this as selling hope or extending the hand of hope.



## Reduce Stigma

Since peer specialists freely identify as being in recovery, they actively work to reduce stigma and inspire others in the process of recovery (University of Colorado, 2015).

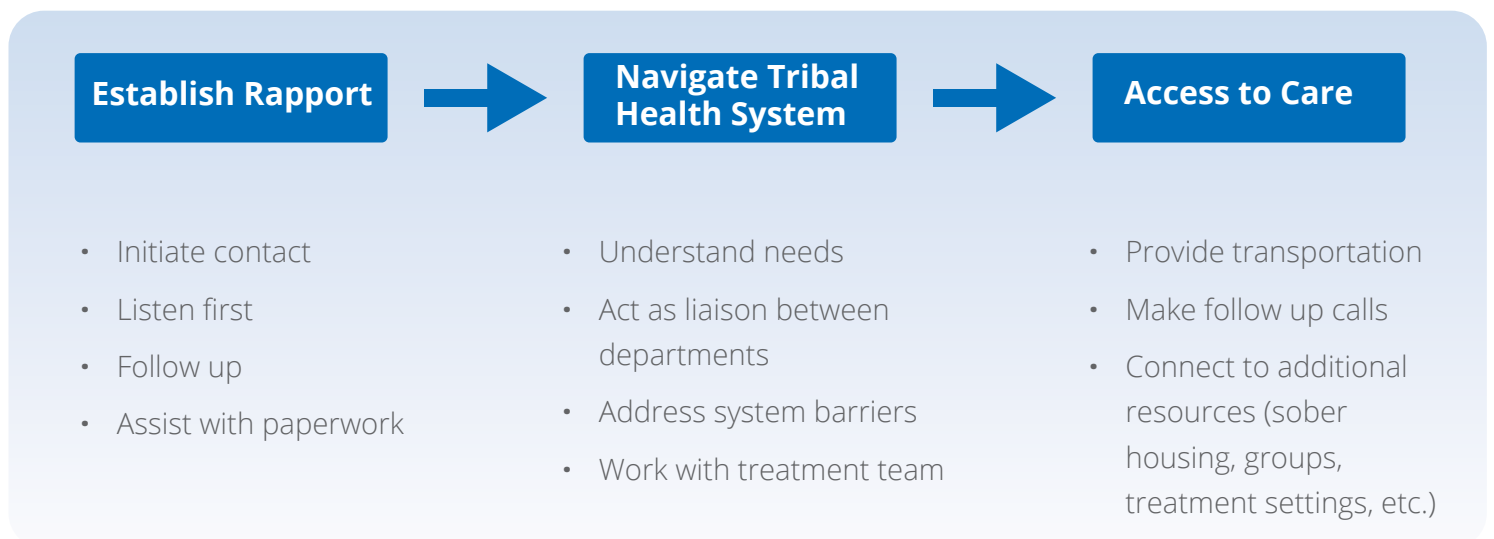
Stigma involves implicit and explicit stereotypes that people have toward individuals. These stereotypes can lead to prejudice and, ultimately, discrimination. There are two types of stigma for people in recovery: public stigma and self-stigma. Stigma held by the general public

towards people in recovery is associated with avoidance, discriminatory practices, withholding help, coercive treatment, and segregated institutions. Self-stigma involves one's self-belief of a negative stereotype related to his or her condition. This can negatively affect self-esteem, empowerment, relationships, and the ability to pursue meaningful goals and engage in effective treatment. The most effective way to reduce stigma is through direct, personal contact with the stigmatized group. Peer specialists help reduce stigma through their peer support role, as well as through advocacy and outreach efforts (University of Colorado, 2015).

## Advocacy

Peer advocacy is a stepping stone to recovery. It supports self-determination and empowers others to express their views and concerns, access information and services, defend and promote their rights and responsibilities, and explore choices and options. The role of the advocate is to listen, to understand the person's wishes and views, and to support them to speak for themselves or to speak on their behalf. The ideal form of advocacy is self-advocacy: the person speaking up for themselves and able to take back control and work towards their goals (Machin & Newbigging, 2016).

It is important for peer specialists serving tribal communities to advocate for cultural and traditional methods of recovery services. Integrating these methods ensures Natives are receiving holistic approaches that weave threads of their cultural identity into their recovery. Erica Brown states, "I seek to advocate for integrating culture-based programming wherever traditional Western techniques and approaches fall short of providing holistic, culturally responsive services for indigenous people" (Kelley et al., 2017). Below is a diagram of advocacy examples.



## Motivate and Mentor

Due to their lived experience in recovery, peer specialists can empathetically connect with their clients in a very powerful way. As a mentor, a peer specialist establishes and maintains healthy roles and expectations for the peer-client relationship (ODAPCA & SPTHB, 2020). They draw upon their similar experiences and circumstances to provide effective mentorship to their clients, which motivates clients to reach long-term recovery (Tracy & Wallace, 2016).

They motivate individuals and support their desired behavior and lifestyle changes. Peer specialists demonstrate “bold faith” in an individual’s and family’s capacity to change (ODMHSAS, 2018). It is essential for individuals to have a peer specialist believe in their abilities and validate their recovery journey.

The peer specialist’s role as a motivator and mentor aligns well with Native American traditions. As a Muscogean story tells us, there was once a girl who lost her sight, and, as a result, felt useless. Her grandma then taught her about balance in the world. The girl then began to show a “second sight,” in which she began to see people’s hearts and souls. She became a healer; people came to her for knowledge and for guidance on their problems. The grandmother had taught the girl that those who show seemingly great weakness are often given great strengths to balance out the world. The peer specialist draws upon his or her own unique strengths to mentor and motivate those who seek their help (Harjo, personal communication, April 24, 2020).



A peer specialist does not pressure individuals to follow the peer specialist’s exact recovery path; instead, as a mentor, a peer assists in building the individual’s confidence and problem-solving skills, provides concrete and practical knowledge gained from lived experience, and empowers clients to continue their own unique recovery journey.

## Trauma-Informed Approach

Providing trauma-informed services is an important role for peer specialists in tribal communities. “Individual trauma results from an event, series of events, or set of circumstances



“As Transitional Recovery and Culture Program (TRAC) program director, I have come to understand my own recovery better. I once felt alone struggling with addictions and trauma; now I am proud to be part of the recovery movement. The best part of recovery is being centered in spirituality, healing and acceptance.

**-Dyani Bingham, Project Director Blackfeet/Assiniboine/Little Shell/Gros Ventre**



experienced by an individual as physically or emotionally harmful or life-threatening with lasting adverse effects on the individual’s functioning and mental, physical, social, emotional, or spiritual well-being” (SAMHSA, n.d.). Due to the lasting effects of historical and intergenerational trauma among Native people, it is imperative for peer specialists to be trauma informed. “Historical trauma is cumulative emotional and psychological wounding over the lifespan and across generations, emanating from massive group trauma experiences. Historical trauma response (HTR) is the constellation of features in reaction to this trauma” (Brave Heart, 2003).

Peer specialists inevitably and instinctively deliver trauma-informed services in which he or she assists the “whole person,” while being mindful of past trauma and subsequent coping mechanisms (Withers, 2017). An important part of recognizing trauma is to begin healing from it and reclaiming traditional cultural practices (Brave Heart, 2003). Trauma-informed care is an approach to engaging people with histories of trauma that recognizes the presence of trauma symptoms and acknowledges the role that trauma has played in their lives. It seeks to change the paradigm

from one that asks, “What’s wrong with you?” to one that asks, “What has happened to you?” A trauma-informed approach includes key principles listed below.

Substance abuse can be a way to cope with many types of trauma, including historical trauma. “The after-effects on a group of people who have been inflicted with cultural trauma and mandated educational policies have contributed to the intergenerational trauma that still exists today” (Brave Heart, 2003). Due to the significant correlation between trauma and substance abuse, peer specialists will have a considerable proportion of clients who have experienced some form of trauma. With this, peer specialists diligently ensure they provide individuals with physical, emotional, spiritual, cultural, and psychological safety (SAMHSA, 2018).

## Cultural Competency

Providing trauma-informed services indicates the peer specialist is sensitive and understanding to the culture of individuals in recovery. Native Americans are a diverse people, with diverse cultures, languages, lifestyles and locations. Each American Indian and Alaskan Native tribe and village is unique (Tall Bear, Snider & Wahpepah, 2018). “Cultural competency is a set of behaviors and attitudes and a culture within the business or operation of a system that respects and takes into account the person’s cultural background, beliefs, and values, and incorporates it into the way healthcare is delivered to that individual” (Tall Bear, et al., 2018).

Recognizing, acknowledging, and valuing these cultural differences and similarities encompass parts of what cultural competency is. Being culturally competent will help peer specialists deliver services that are respectful of and responsive to the health beliefs, practices, and cultural and linguistic needs of diverse individuals.

Knowing what values, attitudes, and spiritual beliefs another person considers important can provide peer specialists with a greater understanding of how they may support what an individual says or does. This includes being open to how others heal, embracing the different spiritual practices, and respecting various ways of how people are in tune with nature, the Creator, their tribal community, and traditions. It is the capability to shift perspective and adapt or bridge behavior and attitudes to cultural commonality and difference.

Resilience does not happen in isolation. Cultural resilience among American Indians and Alaskan Natives is often equated with community resilience (Fleming & Ledogar, 2008a; Kirmayer et al., 2009). According to Healy (2006, p. 12, as cited in Fleming & Ledogar, 2008a, p. 10), “[indigenous] community or cultural resilience is the capacity of a distinct community or cultural system to absorb disturbance and reorganize while undergoing change as to retain key elements of structure and identity that preserve its distinctness. Peer specialists can help foster the strength and resilience of the Native community in order to help establish healthy futures and families.



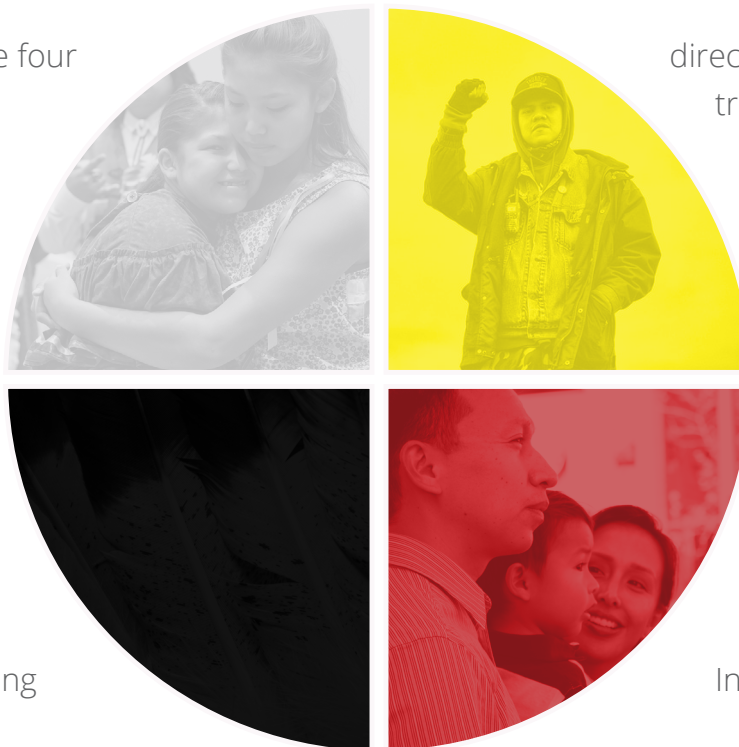
## Healing

The road to healing is not a linear path but one that has turns and detours on the way. Blending Native teachings with evidence-based practices are found to be more effective (ODAPCA, 2020). Reconnecting with one's spirituality has a tremendous healing impact. Tapping into the history, not the trauma, of thousands of years of strength, spiritual direction, inherent resiliency, and the discovery of positive identity has been a source of strength and healing for Natives (Tall Bear et al., 2018). Peer specialists can ensure continual healing for themselves and those served by including traditional healing methods. Managing health, identifying symptoms of stress, and maintaining effective coping skills are also helpful methods.

## Sacred Hoop

The medicine wheel has been used for generations as a source of health and healing. This wheel embodies the four directions as well as father sky, mother earth and spirit tree (U.S. National Library of Medicine, n.d.). Each compass direction offers lessons and gifts that support the development of a balanced individual (Rogers, Native Wellness and Healing Institute, 2004).

The meaning of the four directions are interpreted differently by each tribe but share a common theme of human development within the wheel as a guide while by encouraging their journey. These themes can serve helping clients balance during the stages of and ceremonial important aspects and can aid in the healing process in individual or group sessions (Rogers, Native Wellness and Healing Institute, 2004).



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Below is a list of Native traditions that can be considered while serving individuals in recovery. It should be considered that each tradition is respectful to a specific tribe.

traditions that can be considered in recovery. It should be considered

## Accountability

To be accountable means to take responsibility for one's actions and behaviors. Accountability can be difficult for some but plays an important role in recovery success. It is one of the main aspects we need in order to live a healthy life and experience total freedom. People who are working to overcome addiction may struggle to stay on track. Breaking the physical, emotional, and thought patterns related to addiction can be very difficult. People in recovery sometimes have trouble being patient with themselves and struggle to keep their focus on the benefits of recovery. Experiencing guilt, shame, and other feelings, may also result in avoidance of facing the truth about the individual's problem with drugs or alcohol. Some may even avoid getting professional help because they are unsure of how to confront their struggle. It is difficult to come to terms with the truth of addiction (Wellness Retreat Recovery Center, 2019).

Because peer specialists have lived experience, they understand how important it is to not only hold others in recovery accountable, but to allow others to hold them accountable. The peer relationship promotes an honest method of communication by helping the individual recognize harmful and unhealthy patterns during the recovery process. This empowers the person to identify problems and gain a better understanding of relapse prevention. Having a peer specialist as an accountability partner can help maintain a person's recovery success.

## Ethical Conduct

One important role in the position of a peer specialist is to adhere to a code of ethics while serving others through their recovery journey. The guidelines are presented not to hinder, but to protect the well-being of the peer specialist and those served. A code of ethics is a set of principles designed to help professionals conduct business with honesty and integrity. Peer specialists must sign and adhere to the code of ethics required by their certification and organization.



*"Walking the Walk"*

"I have to admit that at first, I wasn't sure if I wanted to be a peer specialist because of the stigma of being an addict, alcoholic, and having traumatic childhood experiences. This was something I didn't want to share with others, but I have to say, being a peer specialist has been an experience of a lifetime and my hopes and prayers are that if I can help one person to get clean and well, I have done a lifetime of work."

**-Sharon M.**



Peer specialists have a responsibility to help individuals in recovery attain their personal recovery goals by promoting determination, personal responsibility, and the empowerment inherent in self-directed recovery. Peer specialists should conduct themselves in a manner that supports their own recovery and serve as advocates for those they serve (National Certification Commission for Addiction Professionals, 2020).

1. **Recovery First and Do No Harm** - Peer specialists keep in mind to always put their recovery first. Due to the nature of the peer specialist role, one may become triggered from past trauma by listening to the traumatic stories told by individuals in recovery, as well as retelling their own story. It is important peer specialists serve as an agent in the individual's healing, and keep in mind that peer-support service is voluntary and determined by the individual. (Refer to ODMHSAS PRSS Training Manual for additional information on ethical conduct and boundaries).
2. **Boundaries and Conflicts of Interest** - Boundaries are an important part of life that help promote healthy relationships, set a standard for behavior, and protect the peer specialist. Boundaries include what an individual determines are permissible, safe, and reasonable ways for others to treat them. Setting healthy boundaries increases individuals' self-efficacy to voice their concerns when limits are crossed. Peer specialists often include the following methods to maintain ethical and professional conduct:



# CERTIFICATIONS



Certified Peer Specialists have completed training that has given them the concrete skills, knowledge, core competencies, and set of ethics needed to excel. For centuries, individuals in recovery have been helping others achieve recovery; however, peer certification enhances the skills of peer specialists. There are different types of certifications available to peers. Below is information pertaining to Oklahoma certifications and is not a comprehensive list.

## **Peer Recovery Support Specialist (PRSS) Certification**

The 40-hour training is free and includes storytelling and a post-exam. However, there is \$50 application fee. Certification is required to bill Medicaid for peer-delivered services in Oklahoma. To find more information on the PRSS certification, qualifications, and guidelines, visit: [www.ok.gov/odmhsas/Mental\\_Health/Certified\\_Peer\\_Recovery\\_Support\\_Specialist/](http://www.ok.gov/odmhsas/Mental_Health/Certified_Peer_Recovery_Support_Specialist/) or review the ODMHSAS Chapter 53 Standards and Criteria for PRSS.

## **Native American Peer Recovery Specialist Certification (PRSC)**

This certification is currently being developed by the Oklahoma Drug and Alcohol Professional Counselor Association (ODAPCA) and Southern Plains Tribal Health Board (SPTHB). It is designed for peer specialists who are members of a federally recognized tribe, or currently employed and/or volunteer with a tribal program or tribal serving organization. More information on the Peer Recovery Support Certification can be found by contacting SPTHB at [info@spthb.org](mailto:info@spthb.org)

## **National Credentialing**

Currently, a national credentialing without first having state certification for peer specialists does not exist, and states have differing requirements for peer providers. Organizations should investigate the requirements of their particular state and be certain all peer specialists receive proper training (Colorado University, 2015).

## **Kansas Certification**

[www.kdads.ks.gov/commissions/behavioral-health/training-registration-and-surveys/peer-support-training](http://www.kdads.ks.gov/commissions/behavioral-health/training-registration-and-surveys/peer-support-training)

## **Texas Certification**

<https://www.viahope.org/programs/peer-specialist-training-and-certification/certified-peer-specialist-cps-training-certification/>

# CONTINUING EDUCATION & TRAINING

After certification, peer specialists are required to obtain a specific amount of continuing education units (CEUs) per year based on the state certifying agency. According to ODMHSAS guidelines, peer specialists must complete the following:

## 12 Hours of CEU's

ODMHSAS determines approval of acceptable CEU courses

- Must be completed each year and submit documentation of attendance to ODMHSAS.

## 3 Ethics CEU's

ODMHSAS determines approval of acceptable CEU courses

- At least 3 of the 12 CEU hours must be in ethics.

## Document Retention

Verify attendance for all CEUs claimed

- An official continuing education validation form or certificate must be provided by the presenter indicating the number of CEUs given for the course and/or a copy of the agenda showing the content and presenter for the course.
- Failure to complete CEU requirements and submit required documentation by the renewal date results in suspension, and results in the loss of all rights and privileges of a Certified PRSS.
- A reinstatement period of no longer than six months after suspension date is permissible. If not reinstated, the certification shall become null and void.

## Annual Renewal

- Certification for PRSS must be renewed annually prior to December 31st of the renewal year.
- A \$25 renewal fee must be submitted with the CEU documentation.
- Certification not renewed by December 31st deadline will be suspended.



# STARTING A PEER PROGRAM

Prior to implementing a peer specialist program, it is important to assess the needs of your organization, employees, and tribal community. Leadership should consider the following:  
Prior to implementing a peer specialist program, it is important to assess the needs of your organization, employees, and tribal community. Leadership should consider the following:

## Rationale for Peer Program

- Why is a peer specialist program important to our organization?
- What are the benefits?
- What are the needs of our community?
- Are there adequate resources for people in recovery?
- Are there gaps?

## Funding

- Where will funding come from?
- How will funding be sustained?
- Will we bill for peer services?
- What are external sources for funding, including grants?

## Scope of Work for Peer Specialists

- What will be the peer specialist's role?
- Are there gaps in services a peer specialist can fill?
- How will this role support other team members?
- Will direct-care services be provided?
- Can the applicant have a criminal record?

## Structure

- How many specialists need to be hired?
- How will specialists be integrated into existing teams?
- How can we support this role for success?
- Who will supervise?
- What training and other resources are needed to support
- Will there be anonymity among staff to maintain?

For additional funding information, visit: <https://www.samhsa.gov/brss-tacs/recovery-support-tools-resources> (Financing Recovery Support Services, SAMHSA, 2010)

# PROGRAM PLANNING CHECKLIST

Provide your responses to the questions below. This activity will help you determine current supports and areas needing additional consideration (University of Colorado, 2015). Check the box when you have completed each section.

(-v)	CONSIDERATIONS	COMMENTS
	Is your leadership team supportive of implementing a peer specialist program?	
	In what ways do you believe a peer specialist can have a positive effect within your organization and the population you serve?	
	Is a peer specialist program consistent with your organization's mission and values?	
	Does your organization have identified champions of peer support?	
	Is there a willingness to incorporate traditional teachings and adapt to best practices, including trauma-informed practices?	
	Do the benefits of implementing a peer specialist program currently outweigh the perceived barriers?	
	Would a peer specialist program benefit your organization's finances?	

# CULTURAL COMPETENCY ASSESMENT

Being aware of how your program is meeting the needs of people from diverse cultures and groups is important. This includes multicultural individuals, two-spirited, women, elders, people with physical disabilities, etc. Determine if you believe the items below are true of your program (Center, 2010).

## Items Listed Below True of Your Program?

- People who run the program receive cultural competency training relative to the population served.
- People who attend the program have chances to learn about their tribe and different tribal practices or groups.
- The program regularly assesses whether its activities are valued by people from different tribal and non-tribal affiliations.
- The program has formal policies prohibiting discrimination on the basis of race, ethnicity, culture, gender, age, sexual orientation, religion, disability, etc.
- People in the program are aware of alternate or traditional healing resources in the community for people of diverse American Indian or Alaska Native backgrounds.
- The program gathers information about the diversity and language needs of its members.
- The program knows how to handle bias and discrimination.
- The racial/ethnic/gender composition of our team has been assessed.



# OBTAINING BUY-IN

When developing a peer program and integrating peers into your existing services, one of the first steps should be to obtain buy-in from key stakeholders. It is imperative that tribal leaders, elders, other community leaders, clients, clinicians, and administrators understand the importance and value of implementing peer-delivered services in your community (SAMHA-HRSA, n.d.). There are a few unique areas to consider when obtaining buy-in for peer specialist programs:

- **Be prepared to face the conscious and unconscious biases some people have towards people in recovery.** There is still stigma and shame around addiction. Some people may question if peer specialists are at risk for relapse or can handle the demands of the job (University of Colorado, 2015). Others may question their ability and skills, as some do not have college degrees (DBHIDS, 2017). See our “Myths and Facts” and “Reducing Stigma” sections for a starting point in confronting stigma and biases.
- **Give Elders opportunity to comment on the plan for peer-delivered services.** Out of respect for tribal elders, it is important to consider their perspective and ideas about recovery support and implementing a peer program. It is important to give them space to comment on changes in the community (Harjo, personal communication, April 24, 2020; Tall Bear et al., 2018).
- **Include existing staff and clinicians in conversations about onboarding peer specialists.** Some providers may be concerned that peer specialists will be able to provide some of the same services at a lower cost to the organization and therefore, replace them (University of Colorado, 2015). It is important to ensure staff that peer-delivered services complement, but do not replace, clinical treatment services (DBHIDS, 2017). Allowing staff to learn and ask questions about peer specialists can increase buy-in and create a welcoming environment for the newly hired peer specialists (DBHIDS, 2017).
- **Educate and talk to the community about peer-delivered services.** This will help ensure that the community truly understands what a peer is, and it will help the peer connect with clients quickly and be welcome into the community.

# TRAINING YOUR PEER SPECIALIST: CORE CURRICULUM

Peer specialist training programs are unique to each state and tribal community. Determine the topics most beneficial to the program and people in recovery. A core curriculum should consider the following training:

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<p><b>The Peer Specialist Role</b></p> <ul style="list-style-type: none"> <li>• Recovery and Wellness</li> <li>• Story sharing</li> <li>• Advocacy</li> <li>• Resiliency</li> </ul>	<p><b>Basic Work Skills</b></p> <ul style="list-style-type: none"> <li>• Teamwork</li> <li>• Time Management</li> <li>• Communication</li> <li>• Problem-Solving</li> <li>• Professionalism</li> <li>• Supervision</li> <li>• Documentation</li> </ul>	<p><b>Interpersonal Skills</b></p> <ul style="list-style-type: none"> <li>• Verbal and Nonverbal Communication</li> <li>• Active Listening</li> <li>• Barriers to Communication</li> <li>• Conflict Resolution</li> </ul>	<p><b>Assessing &amp; Dealing with Risk</b></p> <ul style="list-style-type: none"> <li>• Confidentiality</li> <li>• Danger to Self/Others</li> <li>• Duty to Warn/Protect</li> <li>• Mandated Reporting</li> </ul>

**Cultural Competency**

**Healthy Boundaries**

**Ethical Guidelines for Peer Specialists**

**Shadowing**

**Motivational Interviewing**

**Screening & Assessment**

**Goal Setting**

**Group Facilitation**

**Health Education**

**Behavioral Health Conditions**

**Substance Abuse & Addiction/Recovery Monitoring**

**Trauma**

**Coping Strategies**

**Healing/Self-Care**

**Termination**

**White Bison Wellbriety Certification**

*(contact [info@spthb.org](mailto:info@spthb.org) for more information)*



# PEER SUPERVISORS

In order to sustain your Peer Specialist Program, it is imperative to put systems in place that will allow staff to thrive and ensure long-term success. One of these systems includes the provision of supervision. The role of supervision is to observe, evaluate, and direct the work of another person in order to increase that person’s productivity in relation to the organization’s mission statement.

Good supervision allows peer specialists to identify and grow their unique strengths, effectively address areas for improvement, and truly flourish in their professional lives. Research also reveals that it contributes to staff retention (University of Colorado, 2015).

Supervisors should be mindful of their own biases about peer specialists. They should be certain to not overstep supervisory boundaries through caretaking and/or the provision of therapy. Any symptoms experienced by peer specialists must be treated similarly to any other medical or behavioral health condition, and they should be afforded the same level of privacy and trust in their ability to manage their health concerns. There are two types of distinct supervision that should be considered, though at times they may be blended together. Refer to Table 1 below

TASK-ORIENTED SUPERVISION	PROCESS-ORIENTED SUPERVISION
Administrative tasks	Provide emotional and professional support
Didactic (teaching) instruction	Allow peer specialists to explore personal reactions to their work
Documenting peer contacts	Allow peer specialists to gain understanding of their experience
Manage a task list	Allow peer specialists to develop new approaches
Complete timesheets	Focus on the working relationship with peer specialists
Discuss roles of team members	Encourage peer specialists to connect with other peer specialists as needed
Address clinical issues	Understand and promote recovery
Provide guidance on resources & referrals	Promote professional growth
Engage in performance reviews	Set realistic measures

It may be beneficial for supervisors of peer specialists, particularly those new to this field, to share and process their supervision experience and address any issues that arise. “Supervision of supervision” can be a valuable tool that allows supervisors to identify problematic assumptions and patterns that interfere with the provision of quality supervision.

# BILLING

The billing information provided in this section pertains to Certified Peer Recovery Support Specialists (C-PRSS) only. The C-PRSS works in a supportive role to the treatment process and performs a wide range of tasks to assist individuals in the recovery process. Information in this section derives from documents developed by ODMHSAS and the Oklahoma Healthcare Authority (OHCA).

All peer specialist services are only reimbursable if the identified service(s) are available in the selection supported by the tribal organization's behavioral health contract with ODMHSAS and OHCA. There must be an existing contract between the organization and OHCA, and a second SoonerCare contract between the C-PRSS and OHCA. Both the peer provider and rendering location need separate contracts with OHCA.

This allows fee-for-service payment to an outpatient behavioral health agency. The C-PRSS would need to be employed by the behavioral health agency or at a facility under a specific contract with ODMHSAS to be paid fee-for-service rates. Organizations who do not have existing contracts can go to: [http://www.okhca.org/providers.aspx?id=45&parts=7437\\_7439\\_7443\\_7455](http://www.okhca.org/providers.aspx?id=45&parts=7437_7439_7443_7455).

## Specific Certified Peer Recovery Support Services (Funded by ODMHSAS & OHCA)

*Service Names, Code, and Rate Information:*

### ODMHSAS

Community Recovery Support/Recovery Support Specialist (Individual)  
Community Recovery Support/Recovery Support Specialist (Group)  
Screening and Referral

The billing codes and rates can be located in the ODMHSAS Service Manual located at [www.odmhsas.org/arc.htm](http://www.odmhsas.org/arc.htm) under the [Documents](#) tab.

### OHCA

Peer Recovery Support Services (Individual & Group)

The billing codes and rates can be located at [http://www.odmhsas.org/picis/BillingInfo/arc\\_Billing\\_info.htm](http://www.odmhsas.org/picis/BillingInfo/arc_Billing_info.htm) under the Support Services section.

## Screening

Certain screening tools require specific education, certifications, or licensure. A C-PRSS is only allowed to provide this service if the screening tool(s) being utilized fall within the educational background. OHCA does not allow for this service to be provided by phone. The ODMHSAS allows phone administration only if the specific screening tool permits it.

## Utilizing Ongoing Training, The C-PRSS May...

- Conflict Resolution
- Proactively engage and possess communication skills/ability to transfer new concepts, ideas, and insight to others
- Facilitate peer support groups
- Assist in setting up and sustaining self-help (mutual support) groups
- Provide support by using a wellness plan
- Assist in creating a crisis plan/Psychiatric Advanced Directive as instructed in the PRSS ODMHSAS training
- Utilize and teach problem solving techniques
- Teach methods to identify and combat negative self-talk and fears
- Support vocational choices and assist in overcoming job-related anxiety
- Assist in building social skills in the community that will enhance quality of life
- Support the development of natural support systems
- Assist other staff in identifying program and service environments that are conducive to recovery
- Attend treatment team and program development meetings to ensure the presence of the client's voice and to promote the use of self-directed recovery tools

## Office of Management and Budget (OMB) vs Fee for Service Rates

Currently, SPTHB is collaborating with partners to determine how tribes and tribal organizations can qualify to receive Office of Management and Budget (OMB) rates which pay at a higher rate than fee-for service rates. Upon resolution, updates to this toolkit as well as information disseminated to tribes will be provided by SPTHB.

In the interim, the SPTHB Opioid Overdose Prevention in Tribal Communities project, provides funding for C-PRSS's employed at tribes and tribal health clinics. The purpose is to provide support and technical assistance for the duration of the grant while encouraging tribal C-PRSS sustainability. Contact SPTHB at [info@spthb.org](mailto:info@spthb.org) for assistance with billing information.

# MEET OUR PEERS

Southern Plains Tribal Health Board would like to acknowledge their dedicated team of Certified Peer Recovery Support Specialists. Each one of our peer specialists brings his or her own unique skillset, recovery story, passion, and wisdom in order to support those who are in recovery. If you would like to connect with our peer specialists, email: [info@spthb.org](mailto:info@spthb.org).



**Jim W., C-PRSS, CM1, BHWC, Perkins Family Clinic  
Behavioral Health Services—Iowa Tribe of Oklahoma**

“Peer support adds an element of personal and cultural connection for clients that perhaps conventional therapy cannot add. One of my favorite things about being a peer specialist is being able to share language and culture. Being able to share my own experience of how ancestral culture and language can aid in healing from historical trauma added a deeper dimension to my recovery journey.”



**Sharon M., C-PRSS, BHWC**

“PRSS services are a vital component to meeting the needs of the tribal members who are dealing with mental health issues along with drug/alcohol/domestic violence and intergenerational trauma. Peer specialists can offer extra resources that can be like a helping hand of making tribal members feel that they are not alone. Working together we will build a stronger tomorrow!”



**Summer C., C-PRSS,  
Wichita and Affiliated Tribes**

"I have been in sobriety for four years and counting. I love my job because I get to share my run in addiction and my walk in recovery. I get to show people that it is possible. My job is to be a support system for those who are seeking recovery or those maintaining recovery. I am working on offering peer support groups. My focus at this time is to provide tools to maintain sobriety, whether that be encouraging our native community to engage in culture by way of beadmaking, native artwork, moccasin making classes, etc. The role of a peer specialist alone is amazing and unique. If a peer specialist were available at every tribe I believe it would make all the difference. Each tribe would have the ability to help their own people. That makes it more personal. Tribal members would have more confidence in recovery and they would feel the safeness and connection rooted from home where it should be. My favorite thing about being a Peer is knowing that people's lives will be changed for the good. Not everyone will change but even if one recovers my job will be fulfilled."



**Andrea S., C-PRSS, Perkins Family Clinic  
Behavioral Clinic Behavioral Health  
Services—Iowa Tribe of Oklahoma**

"For so long we have said to ourselves, I want to help my people, I want to help our people, I want to do more than what is being done or offered. In other words, we were trying to look at ways to bridge those gaps where our people seem to be lost in or are unable to reach. By incorporating PRSS into their behavioral health field, diabetes program, Community Health Representative programs and clinics, tribes will be able to creatively, with an honor and respect perspective, connect with the people. Peer specialists are non-traditional employees, in the sense of 9am-5pm workers. They will be able to meet the citizen where they are at and greet them in a way that is welcoming and different in a respectful way. Essentially, outreach is the underlying mechanism for contacting the citizen with the ultimate goal of enhancing and enriching healthy outcomes for the citizen. This connection creates a preventative factor that can be duplicated and sustain itself, especially when recapturing our traditional way of community."

"My favorite thing about being a peer specialist is the opportunity to see hope in a person's eyes and then to see the motivation that they will be better, they will get better, everything will get better."

# RESOURCES

## TRIBAL RESOURCES

Indian Country ECHO and SPTHB's Peer Recovery Support Specialist ECHO

[www.indiancountryecho.org/program/peer-recovery-specialist/](http://www.indiancountryecho.org/program/peer-recovery-specialist/)

Indian Country ECHO's "Introduction to Peer Recovery Mentors" Presentation slides

[www.icechoprod.wpengine.com/wp-content/uploads/file-manager-uploads/Didactic%20Presentations/SUD/Introduction-to-Peer-Recovery-Mentors.pdf](http://www.icechoprod.wpengine.com/wp-content/uploads/file-manager-uploads/Didactic%20Presentations/SUD/Introduction-to-Peer-Recovery-Mentors.pdf)

White Bison Wellbriety Training Medicine Wheel & 12 Steps, Warrior Down/ Recovery Coach, Mending Broken Hearts

[www.whitebison.org/Training/TrainingPrograms.aspx](http://www.whitebison.org/Training/TrainingPrograms.aspx)

Email: [info@spthb.org](mailto:info@spthb.org)

First Nation's Health Authority's "Indigenizing Harm Reduction" Presentation slides

[www.med-fom-learningcircle.sites.olt.ubc.ca/files/2017/02/IndigenizingHarmReductionApril6FINAL.pdf](http://www.med-fom-learningcircle.sites.olt.ubc.ca/files/2017/02/IndigenizingHarmReductionApril6FINAL.pdf)

SAMHSA's Tribal Training & Technical Assistance Center

[www.samhsa.gov/tribal-ttac](http://www.samhsa.gov/tribal-ttac)

Native American Substance Abuse Prevention Skills Training (NASAPST)

[www.spthb.org/trainings/](http://www.spthb.org/trainings/)

SPTHB Free online Cultural Competency Course "Weaving the Threads of Culture, Working Effectively with American Indians and Alaska Natives"

[www.spthb.org/trainings/](http://www.spthb.org/trainings/)

ODAPCA & SPTHB Native American

Email: [info@spthb.org](mailto:info@spthb.org)

Behavioral Health Peer Certification

[www.ok.gov/odmhsas/Mental\\_Health/Certified\\_Peer\\_Recovery\\_Support\\_Specialist/](http://www.ok.gov/odmhsas/Mental_Health/Certified_Peer_Recovery_Support_Specialist/)

## OKLAHOMA PEER RESOURCES

ODMHSAS Peer Recovery Support Specialist Certification

[www.ok.gov/odmhsas/Mental\\_Health/Certified\\_Peer\\_Recovery\\_Support\\_Specialist/](http://www.ok.gov/odmhsas/Mental_Health/Certified_Peer_Recovery_Support_Specialist/)

ODMHSAS Training Institute Peer Training (Create free account and search for trainings. Examples include *Eight Dimensions of Wellness Coach, Motivational Interviewing, etc.*)

[www.registration.xenegrade.com/odmhsastraininginstitute/search.cfm](http://www.registration.xenegrade.com/odmhsastraininginstitute/search.cfm)

ODMHSAS PRSS Supervisory Training

*Training provides participants with core concepts and skills that will better support the peer workforce system wide.*

Contact Jill Amos: [jlamos@odmhsas](mailto:jlamos@odmhsas) or call (405) 248-9007

## NATIONAL PEER RESOURCES

National Association of Peer Supporters (INAPS)

<https://www.inaops.org/>

For supervision: [www.inaops.org/supervision](http://www.inaops.org/supervision)

SAMHSA Core Competencies for Peer Workers

[www.samhsa.gov/brss-tacs/recovery-support-tools/peers/core-competencies-peer-workers](http://www.samhsa.gov/brss-tacs/recovery-support-tools/peers/core-competencies-peer-workers)

SAMHSA's Bringing Recovery Support to Scale Technical Assistance Center Strategy (BRSS TACS)

[www.samhsa.gov/brss-tacs](http://www.samhsa.gov/brss-tacs)

[www.youtube.com/watch?v=v49QD-UaQK4&list=PLBXgZMI\\_zqfSRZVtxRBWg7cDja\\_qy2e-M&index=5](https://www.youtube.com/watch?v=v49QD-UaQK4&list=PLBXgZMI_zqfSRZVtxRBWg7cDja_qy2e-M&index=5)

SAMHSA'S Value of Peers Infographic

[www.samhsa.gov/sites/default/files/programs\\_campaigns/brss\\_tacs/peer-support-2017.pdf](http://www.samhsa.gov/sites/default/files/programs_campaigns/brss_tacs/peer-support-2017.pdf)

Copeland Center Peer Specialists State-level Information

[www.copelandcenter.com/peer-specialists](http://www.copelandcenter.com/peer-specialists)

Peer Support Resources

[www.psresources.info/](http://www.psresources.info/)

Peers for Progress

[www.peersforprogress.org/](http://www.peersforprogress.org/)

## MENTAL HEALTH & ADDICTION



Project ECHO's "The Language of Addiction" Presentation slides

[www.icechoprod.wpengine.com/wp-content/uploads/file-manager-uploads/Didactic%20Presentations/SUD/Language-of-Addiction-1.pdf](http://www.icechoprod.wpengine.com/wp-content/uploads/file-manager-uploads/Didactic%20Presentations/SUD/Language-of-Addiction-1.pdf)

Wellness Recovery Action Plan (WRAP)

[www.mentalhealthrecovery.com/wrap-is/](http://www.mentalhealthrecovery.com/wrap-is/)

Mental Health and Addiction Association of Oregon's Peerpocalypse Conference

[www.mhaoforegon.org/peerpocalypse-main-page](http://www.mhaoforegon.org/peerpocalypse-main-page)

National Association on Mental Illness (NAMI)

[www.nami.org/Home](http://www.nami.org/Home)  
[www.namioklahoma.org/](http://www.namioklahoma.org/)

National Coalition for Mental Health Recovery

[www.ncmhr.org/peer.htm](http://www.ncmhr.org/peer.htm)



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