

People in recovery are coming together across the country as key individuals in the delivery of treatment and recovery services.

Session 1

Welcome, Introductions and Overview

provides an opportunity for the group to create the common understanding and guidelines for an effective training experience and discusses the major recovery definitions, concepts, beliefs and images that will be explored and explained more deeply throughout the training.

Comfort Contract (Some only apply to In-person Training)

1. Respect the confidentiality of those you serve. When talking about or using examples from your place of employment, do not use the actual names of any individual.
2. What is said in this room stays in this room. **Respect the confidentiality of classmates!**
3. No electronic devices during sessions unless it is an emergency.
4. Please do not smoke in the doorway — and pick up your cigarette butts, trash, etc., and discard it appropriately.
5. Speak from your own experience.
6. Nothing about me without me!
7. No personal attacks. Listen for what the person is trying to say or what they are saying their experience has been so far.
8. Mistakes are ok.
9. The question you think you are supposed to already know the answer to (but don't!) is the very question you should ask.
10. Speak even if your voice shakes!
11. Use good hygiene practices and go easy on aftershave and perfume (some of your classmates may be allergic).
12. If the training is on the virtual platform, it is required that you have your camera turned on. Please keep background distractions to a minimum. Be in a stationary location and keep your microphone muted unless speaking.
13. This comfort contract can be changed at any time based on group needs and consensus.

Feel free to add or change as your group feels is right for them.

Expectations of the Training

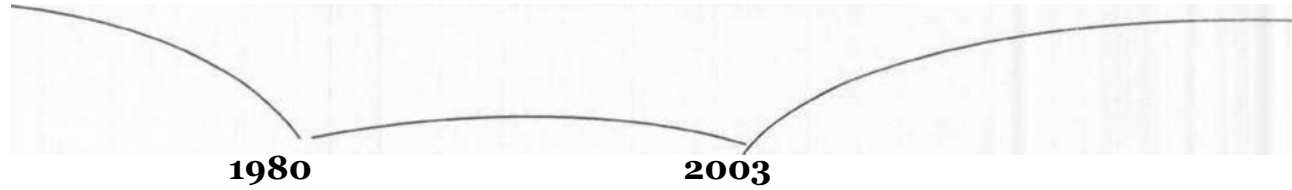
1. If you miss more than three hours, you are not eligible to receive a certificate of completion nor take the exam.
2. Participants must be engaged and attentive in the training to receive the certificate of completion.
3. Please sign-in on the forms provided (not applicable if taking on the Zoom platform).
4. Taking notes is beneficial and will help you to learn the material.
5. Review the Signed Participant Agreement.

Welcome and Introductions

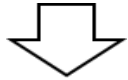
The purpose of this training is to help individuals in recovery learn skills to assist their peers in recovery from behavioral health disorders. No specific information related to types of mental health or substance use diagnosis is provided. The skills you will be learning are applicable to working with individuals in many settings and with diverse backgrounds. You are free to ask questions and relate personal experiences with mental health, substance use, or co-occurring disorders during this training.

Notes on Introductions:

The Shift from Maintenance to Recovery



Basic Belief: People Cannot Recover



Basic Task: Stabilize and Maintain



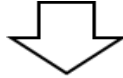
Basic Programs: What did programs designed to stabilize and maintain look like?

Up until around 1980 the belief that dominated the mental health system was that people diagnosed with a mental illness would not recover. More than likely the illness would get progressively worse. The best you could expect was to get people stabilized and then maintain them in supervised environments in which they would not be able to harm themselves or others and would not be causing too many problems. This usually involved high doses of medication, long stays in secure institutions and/or years in "day treatment programs" designed to entertain with TV, table games, recreation, trips, outings and other low stress activities. It is important that we understand the mindset and beliefs of "the old system."

People Can Recover



Introduce Recovery Concepts to Staff and Consumers



What do programs with this belief in recovery look like?

Around 1980 this began to change. Dr. William Anthony, director of the Center for Psychiatric Rehabilitation at Boston University, states that three things played a key role in enabling this change - the writings of peers like Judi Chamberlain and Patricia Deegan who were moving on with their lives, the longitudinal research of people like Dr. Courtney Harding and the emergence of the philosophy of psychosocial rehabilitation. By 1990, the concept of recovery had gained a foothold in many programs across the country. Anthony calls the 90's the 'Decade of Recovery'. Individual peers and staff were beginning to believe in the possibility of recovery, but as they began to creatively bring the concept of recovery into a variety of environments and program settings, they continued to run up against the constraints of the system.

System Promotes Recovery



Systematize Recovery



What are changes you would make in the behavioral health system to make it even more supportive of recovery?

The 2003 President's New Freedom Commission Report on Mental Health promotes the concept of recovery in its vision statement. If recovery is to take hold, staff alone could not do the job. The system itself will have to become even more supportive. In 2011 the Substance Abuse and Mental Health Services Administration (SAMHSA) announced a new working definition of recovery. The definition is the product of a yearlong effort by SAMHSA and a wide range of partners in the behavioral health care community and other fields to develop a working definition of recovery that captures the essential, common experiences of those recovering from mental disorders and substance use disorders, along with major guiding principles that support the recovery definition. Federal and state agencies continue to work toward cultivating a culture of recovery.

Definitions of Recovery and Hope

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

Hope is the belief that one has both the ability and the opportunity to engage in the recovery process.

The Framework of the Training

Helping another person move on with their life (to recover) involves:

- helping that person get in touch with what they think would improve the quality of their life (setting a recovery goal)
- helping them identify and remove the barriers to getting that life

Most often the barriers are:

- the symptoms and side-effects of medication or activators of a behavioral health disorder
- negative beliefs that others have about a person with a behavioral health disorder, and
- negative beliefs that the person diagnosed with a behavioral health disorder has about themselves

Everything in the Certified Peer Specialist Training is designed to help you do this by:

- creating a context that supports you doing this
- helping you think through your unique role in doing this
- giving you skills, resources and supports to do this

The Importance of Goals in the Recovery Process

Setting a goal that symbolizes that you are moving on with your life is the heart of the recovery process. Accomplishing a goal always involves changing the way you think and act. People are motivated to change the way they think and act when they see how their thinking and acting prevents them from creating the kind of life that they want.

**1 - Being aware
Of
Possibilities**

**3 - Achieving the Goal
you have chosen**

**2 - Choosing a Goal
from all of the
possibilities**

**4 - Maintaining the Goal
you have achieved**

Session 1 – Review Questions – Overview of the Training

1. Hope is the belief that one has both the _____ and the _____ to engage in the recovery process.

2. What do you believe are the 3 greatest barriers to a person's recovery and why?

3. What is the difference between a treatment goal and a recovery goal?