Part I. Peer Support

What is peer support?

"Peer support is a system of giving and receiving help founded on key principles of respect, shared responsibility, and mutual agreement on what is helpful. Peer support is not based on psychiatric models and diagnostic criteria. It is about understanding another's situation empathetically through the shared experience of emotional and psychological pain."
—Shery Mead, Founder of Intentional Peer Support

Peer support is a form of support in which individuals with similar experiences or challenges provide mutual assistance and encouragement to one another. It is a non-clinical, recovery-oriented approach that focuses on building relationships, sharing experiences, and providing emotional support. Peer support can take many different forms, including peer-led support groups, one-on-one peer mentoring, and peer-run recovery centers.

Peer support is important because it offers a unique type of support that is often more accessible and relatable than traditional forms of treatment. Peers can offer a level of understanding and empathy that is based on similar experiences and challenges, rather than on professional training or expertise. This can be particularly valuable for individuals who may feel isolated, stigmatized, or unsupported in other settings.

The role of a peer supporter is to listen, validate, and offer empathy and understanding to the individual seeking support. Peer supporters can also offer guidance and help the person develop strategies for managing their challenges, but the ultimate goal of peer support is to empower the individual to make their own decisions and take control of their own lives.

The focus of peer support is on building relationships and creating a sense of community, rather than on fixing specific problems. The emphasis is on creating a safe and supportive space where individuals can share their experiences, learn from one another, and feel supported and understood. It is focused on moving toward something rather than away from something.

Why is peer support helpful for those we work with?

Peer support is important for people in re-entry because it can provide a sense of community, belonging, and validation. Individuals who are transitioning from incarceration back into the community may feel isolated or stigmatized and may not have a strong support network in place. Peer support can help fill this gap by providing a safe and supportive space for individuals to share their experiences and receive support from others who have been through similar challenges. Peer support is also important for people with family members incarcerated because it can provide a sense of community, validation, and understanding. Having a loved one incarcerated can be a difficult and isolating experience, and many individuals may not have a

support network in place to help them cope. Peer support can help fill this gap by providing a safe and supportive space for individuals to share their experiences and receive support from others who are going through similar challenges.

What are the roles and responsibilities of peer support workers?

The primary role of a peer support worker is to provide emotional support, share lived experiences, and help their peers navigate the mental health, substance use, and/or criminal justice systems. The roles and responsibilities of a peer support worker can vary depending on the setting and the needs of the peers they are working with. However, some common responsibilities of a peer support worker include providing emotional support, sharing lived experiences, providing information and education, advocating, collaborating, maintaining boundaries, documenting interactions, and participating in professional development.

Peer support is not a substitute for clinical medical or mental health treatment. Peers should not attempt to provide these services or diagnoses but rather should be aware of when and how to refer a peer to professional or emergency services when needed. Peer support workers do not hold the role of 12-step sponsor, recovery coach, therapist, or caseworker. It is an equal, collaborative partnership between individuals who have shared experiences. Peer support is not focused on fixing people's problems. It is focused on providing emotional and social support to individuals who are facing challenges or difficulties. It is wellness-focused not problem-focused.

SAMHSA Core Competencies

In the peer support model, we uphold SAMHSA's definition of recovery. This definition helps us see recovery as a process and move toward wellness rather than away from a problem. This applies not just to mental health and substance use but rather anytime somebody is seeking to change and improve their life to achieve well-being.

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.

We adhere to the 12 core competencies for peer support workers:
1. Category I: Engages peers in collaborative and caring relationships
2. Category II: Provides support
3. Category III: Shares lived experiences of recovery
4. Category IV: Personalizes peer support
5. Category V: Supports recovery planning
6. Category VI: Links to resources, services, and supports
7. Category VII: Provides information about skills related to health, wellness, and recovery
8. Category VIII: Helps peers to manage crises
9. Category IX: Values communication
10. Category X: Supports collaboration and teamwork
11. Category XI: Promotes leadership and advocacy

12. Category XII: Promotes growth and development

Practice Guidelines

- ★ Peer support is voluntary
- ★ Peer support is trauma-informed
- ★ Peer supporters are hopeful
- ★ Peer supporters are open-minded
- ★ Peer supporters are empathetic
- ★ Peer supporters are respectful
- ★ Peer supporters facilitate positive change
- ★ Peer supporters are honest and direct
- ★ Peer supporters are mutual and reciprocal
- ★ Peer support is an equally shared power
- ★ Peer support is strength-focused
- ★ Peer support is transparent
- ★ Peer support is results driven

Key Ethical Principles

Ethical principles are a critical component of peer support work. Peer support workers must be aware of and adhere to ethical guidelines in order to maintain the integrity of the peer support relationship and promote the well-being of their peers. Some key ethical principles in peer support include confidentiality, respect, boundaries, empowerment, cultural competency, and professional development.

Confidentiality
Confidentiality is an essential aspect of peer support, which involves keeping information shared by peers private and not disclosing it to third parties without their explicit consent in the form of a signed Release of Information from Hinda. This includes not sharing the names, stories, or identifying information about your peers with people outside of Hinda. Confidentiality is crucial to building trust and creating a safe and supportive environment for individuals seeking support. You are able to discuss your peers in group and individual supervision settings as long as everyone in attendance has signed a confidentiality agreement and is affiliated with Hinda. Names, notes, and details about your peers should not be kept in public areas or unsecured digital locations. Documentation and notes should only be stored in the shared Peer Support Google Drive folder that you have been added to.

However, confidentiality has some limitations in peer support. You must disclose certain information in situations where it is required by law and agency policy. When beginning with a peer, it is important to discuss your obligations as a mandated reporter and inform them of the

limits to confidentiality. Examples of required disclosure are suspicions of child abuse or neglect or imminent risk of harm to an individual. See *Mandated Reporting* section for more information.

Respect

Respect is a core principle in peer support that emphasizes the importance of treating peers with dignity, empathy, and acceptance. It means acknowledging and valuing the unique experiences, strengths, and challenges of each individual, and working to build relationships based on trust, non-judgment, and shared experiences. It involves actively listening to peers without interrupting or imposing one's own views, beliefs, or values, and avoiding assumptions or stereotypes about their experiences or background. It also means recognizing the autonomy and self-determination of peers and supporting them in making their own decisions and choices about their lives and recovery journey.

Respecting individual pathways means acknowledging that there is no one-size-fits-all approach to recovery and that each person's recovery journey may look different. Peer support workers must be prepared to support their peers in the recovery pathway that works best for them, even if it differs from their own experiences or beliefs.

Boundaries

Boundaries refer to the clear and ethical limits that peer support workers establish with their peers to ensure a safe, respectful, and professional relationship. They help to maintain appropriate roles, responsibilities, and expectations, and prevent any potential harm or exploitation. Peer support workers should set clear boundaries with their peers around issues such as confidentiality, physical touch, personal relationships, and financial transactions. For example, they should avoid becoming romantically involved with their peers or giving money or gifts to them. Peer support workers also should avoid taking on responsibilities or providing advice outside their area of expertise. They should be prepared to have open and honest conversations with their peers about boundaries and work collaboratively to establish a safe and supportive relationship that meets the needs and goals of both parties.

Empowerment

Empowerment refers to the process of supporting individuals to gain control over their lives, make informed decisions, and take actions to improve their health and well-being by fostering a sense of self-efficacy, autonomy, and resilience, and promoting the development of skills and resources that can support long-term recovery. Peer support workers seek to empower their peers by providing them with information, resources, and support to make informed decisions about their health and well-being, and by helping them to build their own skills and capacity to manage their recovery. It is based on the principles of mutual respect, collaboration, and shared decision-making. Peer support workers work in partnership with their peers to identify their goals and aspirations, and to develop strategies and plans to achieve them. They support their peers to recognize their own strengths and abilities and to build upon them to achieve success.

Cultural competency

Cultural competency refers to the ability of peer support workers to understand and respect the cultural backgrounds, beliefs, and values of their peers, as well as intersecting social identities, and to adapt their support accordingly. This means recognizing that each person's experiences and pathway may be influenced by their cultural context and being sensitive to the unique challenges and strengths that may arise as a result. This requires an ongoing commitment to learning, reflection, and self-awareness, as well as a willingness to modify one's approach as needed to meet the unique needs and experiences of each individual peer.

Professional development

Professional development refers to the process of enhancing one's knowledge, skills, and expertise through ongoing education, training, and practice. It is critical for ensuring that peer support workers remain current with industry trends, best practices, and ethical standards. Peer support workers may participate in professional development activities such as attending conferences, workshops, or online courses, receiving supervision, and engaging in peer-to-peer learning. It is an expectation that you participate in Hinda supervision and courses as well as strengthen and maintain your skills through outside professional development opportunities.

All Hinda peer support workers agree to uphold and live out the values and principles outlined in the DBSA Model Code of Ethics for Peer Specialists (Addendum A) and the Recovery Bill of Rights (Addendum B).

Trauma-Informed Peer Support

Being trauma-informed means that the peer support worker has an understanding of trauma and its impact on individuals. Trauma is a common experience among individuals who have been incarcerated or have a family member who is incarcerated. Peer support workers need to be aware that individuals they are working with may have experienced trauma and may be triggered by certain topics, situations, or environments. It is important for peer support workers to approach their work in a trauma-informed way, recognizing the potential for triggers and re-traumatization. This includes acknowledging that many people who have been affected by incarceration have experienced trauma, which can manifest in a variety of ways including anxiety, depression, and post-traumatic stress disorder (PTSD).

Subsequently, peer support workers should be aware of these issues and work to create a supportive environment where their peers feel heard, understood, and empowered. They should also understand the impact of systemic issues such as racism and poverty on the trauma experienced by individuals who have been impacted by the criminal justice system. Peer support workers should aim to create a safe and supportive environment for their peers, where their trauma is acknowledged and respected. Trauma-informed peer support involves active listening, showing empathy, and building trust, as well as understanding that each person's experience of trauma is unique and may require different types of support.

To minimize the risk of triggering, peer support workers should create a safe and supportive environment for their peers. They should be mindful of the language they use and avoid making assumptions about their peer's experiences. Peer support workers should also be aware of their own triggers and reactions and take steps to manage them in a professional manner.

Part II. Agency Policies

Contract

As a peer support worker with Hinda, you are a contracted employee with an hourly rate of $15 per hour. To begin, you must read and sign the Peer Support Worker Manual, agree to the Code of Ethics and Recovery Bill of Rights, sign a confidentiality agreement, and complete training in mandated reporting and suicide prevention. On the 15th of each month, a timesheet should be submitted with the days and hours worked and the initials of the peer support. It should be emailed to   administration@hindahelps.com   admin@hindahelps.com   lauren@hindahelps.com   and abigail.rabinowitz@hindahelps.com and documentation submitted in the Peer Support folder. A sample timesheet can be found in Addendum F.

Scheduling

You should plan approximately one hour per week for each peer. This includes time in meetings and time documenting. Based on individual peer needs, more or less time may be required. At our organization, we understand that flexibility is important, and we strive to accommodate the scheduling needs of our peer support staff. You may work on a schedule that is convenient for you and your peers. However, we ask that staff members respect the Jewish religious observances. No staff should work on Shabbat (sunset Friday to sunset Saturday) or on major Jewish holidays except in cases of crisis intervention.

Supervision

The primary supervisors of the peer support program are Lauren, who is CIPSS-certified and manages the casework program, and Abigail, who is the program manager for casework, education, and family services. Group supervision sessions will be held biweekly to support and discuss your peer support work. Supervision is an essential part of peer support that ensures the quality of services provided to individuals. It provides opportunities for reflection, growth, and ongoing learning to improve your practice and address challenges.

Documentation & Record-Keeping

Documentation is an important aspect of peer support because it helps to ensure that information is accurately recorded and shared among the peer's team. This information can include details about the peer's history, goals, progress, and any issues or concerns that arise during the support process. Documentation also helps to ensure continuity of care by providing a record of previous

interactions and interventions, which can be useful in determining the most effective approach to supporting the peer client. Additionally, documentation can help to identify areas where additional support or resources may be needed, and it can be used to evaluate the effectiveness of the peer support program. Furthermore, documentation is essential for maintaining professional and legal standards, as it provides a record of the peer support worker's actions and decisions.

A note must be kept for all interactions with your peers. Ideally, it should be completed within 24-48 hours but no later than the next group supervision meeting (biweekly). It should include:

- Peer support worker and peer's name
- Date and start and end time
- Location (e.g. in-person at ___, phone call, Zoom, etc.)
- Service provided (e.g. general peer support, crisis intervention, resource research, etc.)
- Purpose of the meeting
- Summary of the meeting, steps taken by the peer support worker, and peer response
- Next steps and next meeting

Documentation can be brief and should not take long to complete for general peer support. In cases of crisis intervention or more in-depth peer support work, additional details should be provided to explain what steps you took and why.

Records are kept in the Charity Tracker database, which you will be trained on. You will only be given access to your peers' files to make updates to.

Peer Support Record Example	
Peer support worker: Jane Doe	**Peer**: John Smith
Date: Monday, May 15, 2023	**Time**: 3-4 PM
Location: Zoom	Service provided: General peer support
Purpose of the meeting: Weekly check-in	
Summary of the meeting, steps taken by the peer support worker, **and peer response**: Peer support worker Jane discussed with peer John his recent completion of substance use treatment. John is feeling proud of his accomplishment but afraid of relapsing. Jane discussed with John strategies for coping with cravings and strategies to avoid using them again. He was motivated and encouraged for all his progress thus far. He talked about wanting to find a new apartment as his current roommates are pressuring him to use again. Jane offered to look at available apartments together, and John expressed interest in this support.	

> **Next steps/next meeting**:
> The next meeting is scheduled for Monday, May 23, 2023, at 3 PM. Jane and John will look at available apartments together and discuss how his week went.

Communication

You must set up a free Google Voice phone number to use with your peers. You can communicate via text, phone call, WhatsApp, Skype, or video conference platforms like Zoom. If you live in the same city, you may also meet in person in public places in the community. You may establish boundaries around what time of day it is okay to contact you. Establishing healthy boundaries and limits on communication is important for the protection of the peer support worker and the relationship with the peer.

It is not recommended practice for peer support workers and their peers to be in touch on social media, as it can blur the boundaries between a professional relationship and a personal relationship. In addition, it can make it more difficult to maintain confidentiality and privacy. With this in mind, Hinda does not permit peer support workers to connect with peers through social media platforms like Facebook, Instagram, Snapchat, or TikTok.

Mandated Reporting

Mandated reporting involves the legal obligation to report any suspected cases of abuse, neglect, or harm that one becomes aware of during interactions with individuals they support. Peer support workers must be familiar with the reporting guidelines specific to their jurisdiction and the populations they serve. All Hinda staff must complete training on [mandated reporting for child abuse and neglect](#) to recognize the signs of abuse, know how to contact, how to provide a report, and what to document. In these cases, the peer support worker should immediately contact Abigail and Lauren who will assist in submitting a report to the Illinois Department of Children and Family Services hotline (1-800-252-2873) or the department closest to the peer. In imminent crisis situations, contact 911 first.

Crisis Intervention

Crisis intervention in peer support refers to the support and assistance provided to an individual who is experiencing an immediate crisis or emergency. This can involve providing emotional support, safety planning, helping the individual access necessary resources, and providing practical assistance if needed. Crisis intervention may also involve taking steps to ensure the safety of the individual, such as contacting emergency services or a crisis hotline.

Crisis intervention requires the peer support worker to be prepared to respond to crisis situations in a calm and empathetic manner. Peer support workers should be aware of their own limitations and know when to seek additional support or involve emergency services. It is important for them to assess the situation and determine the appropriate level of intervention. Peer support workers

should be trained in crisis intervention techniques, well-versed in risk factors for suicide, and able to distinguish between a mental health emergency and crisis.

More information on crisis intervention can be found in Addendum C.

Wellness Planning & Tools

Peer support workers help their peers improve wellness in all eight dimensions. A wellness plan is an important tool for both peer support workers and their peers to prioritize their well-being and achieve their goals. It is recommended that peer support workers complete a wellness plan with their peer client during the second or third meeting and update it every three months to ensure that they are staying on track and making progress toward their goals. A wellness plan is not a diagnostic assessment, treatment plan, or clinical tool but a strength-oriented approach focusing on moving toward multidimensional wellness rather than moving away from a problem or obstacle. Other helpful tools to consider using are recovery capital scales, self-care inventories, and check-in forms. Links can be found in Addendum D.

Language

Language is incredibly important in peer support because the words we use can have a significant impact on how individuals feel and how they view themselves and their experiences. The right words can help to create a safe and supportive environment where individuals feel valued, heard, and understood. On the other hand, the wrong words can be stigmatizing and hurtful and can perpetuate negative stereotypes and attitudes. It's important to use language that is respectful, non-judgmental, and person-centered. This means using language that emphasizes the individual's strengths, experiences, and preferences, rather than focusing on their challenges or limitations. This person-centered approach helps to shift the focus away from the condition and onto the individual as a whole person. For example, instead of "mentally ill," which can be stigmatizing, it's better to say, "a person with a mental health condition."

Words that are stigmatizing, derogatory, or disrespectful should be avoided. This includes words that are based on stereotypes or assumptions. It's also important to avoid language that defines individuals solely by their condition or experience, such as "addict" or "ex-convict." Instead, it's better to use language that emphasizes the individual's humanity, such as "person with a substance use disorder" or "person with a criminal record." In peer support, it's important to avoid using the terms "client" or "patient" to refer to the individuals seeking support. This is because these terms can be stigmatizing and can reinforce a power dynamic that is inconsistent with the peer support approach. The individual providing support is referred to as the "peer support worker" or "peer support specialist" and the individual receiving support as the "peer."

Wellness, Self-Care, and Risks

Wellness, self-care, avoiding burnout, and recognizing compassion fatigue and vicarious trauma are essential components for the well-being of both the peer support worker and the person receiving support. Peer support workers are often exposed to intense emotions, challenging situations, and potentially triggering experiences, which can take a toll on their mental and emotional well-being with a risk of burnout, compassion fatigue, and vicarious trauma.

- *Wellness*: Peer support workers should prioritize their own wellness in order to be effective in their work. This includes practicing healthy habits such as getting enough sleep, eating nutritious food, and engaging in physical activity. Additionally, peer support workers should be aware of their own mental health and seek support when needed.

- *Self-care*: Peer support workers should engage in regular self-care practices in order to maintain their emotional well-being. This may include hobbies, spending time with loved ones, or engaging in activities that promote relaxation and stress reduction as well as being mindful of their own boundaries and practicing saying no when necessary.

- *Avoiding burnout*: Burnout can occur when individuals are experiencing chronic stress without adequate support or self-care. Peer support workers should be aware of the signs of burnout, such as emotional exhaustion, cynicism, and a decreased sense of accomplishment. To avoid burnout, peer support workers should prioritize self-care, seek support from their peers and supervisors, and practice healthy work-life balance.

- *Compassion fatigue* refers to the emotional and physical exhaustion that can occur when supporting others, while *vicarious trauma* refers to the emotional and psychological impact that can occur as a result of exposure to the traumatic experiences of others. To prevent and manage these challenges, peer support workers should prioritize their own self-care and wellness, seek support from colleagues or supervisors, set boundaries, and attend supervision and training.

It's recommended that all peer support workers complete a Compassion Satisfaction and Compassion Fatigue self-assessment as a baseline to monitor their well-being (e.g. ProQOL) which can be found in Addendum E.

Helpful Resources

- ❖ 988 for mental health or addiction crises 24/7/365
- ❖ Text HELLO to 741741 for the Crisis Text Line
- ❖ 911 for mental health or general emergencies in need of police, fire, or EMS
- ❖ 211, 211.org, or the Hinda website for community resources
- ❖ 1-866-359-7953 for the Illinois peer support line (Monday to Saturday 8 AM to 8 PM)
- ❖ 1-800-799-7233 for domestic violence situations
- ❖ 1-800-252-2873 to report child abuse or neglect in Illinois
- ❖ 1-833-234-6343 for the Illinois Helpline for Opioids and Other Substances

❖ 1-800-622-4357 for the Substance Abuse and Mental Health Services Administration National Helpline with confidential treatment referral and information 24/7/365

Contact Information

Lauren, Hinda Casework Supervisor
617-752-1944 lauren@hindahelps.com

Abigail, Hinda Program Manager
708-990-7849 abigail.rabinowitz@hindahelps.com

Updates

Agency policies and procedures may update in-line with emerging research on best practices, legal considerations, grant requirements, or other additional factors. You will be updated in writing if there are any updates.

Professional Development

There are various professional development opportunities available for peer support workers to be regularly engaged in to strengthen their skills. Some of these resources offer free training and networking opportunities, while others are fee-based. These are not endorsed or specifically approved by Hinda but are to be noted as potential options to explore.

SAMHSA offers on-demand video training on new knowledge areas, relevant topics, and programs, including peer support services: https://www.samhsa.gov/brss-tacs/video-trainings

National Association of Peer Supporters provides webinars and other educational resources: https://www.peersupportworks.org/education/

Wisconsin Peer Specialists has a database of continuing education opportunities for peer support workers: https://www.wicps.org/continuing-education/

Behavioral Health Springboard offers 18 free hours of training in four courses: https://bhs.unc.edu/nccpss/dashboard

BPA Health has a database of peer support training opportunities: https://www.bpahealth.com/idaho-peer-family-support-certification-continuing-education/

Peer Support Academy has a variety of continuing education programs: https://www.peersupports.academy/services-4

North Carolina Peer Support Specialist Program offers free webinars on topics related to peer support: http://bhs.unc.edu/nccpss-program-webinar-series

Magellan Health offers free online continuing education courses for peer support: http://www.magellanhealth.com/training-site/education/continuing-education.aspx

Health Knowledge offers a variety of free online courses that relate to behavioral healthcare: http://www.healtheknowledge.org

Relias Learning offers a variety of online courses that relate to human services: https://www.reliaslearning.com/courses

NAADDAC has a free webinar series on bimonthly live webinars and pre-recorded webinars on topics in addiction: https://www.naadac.org/webinars

Quantum Units Education offers mental health and substance abuse online courses: http://www.quantumunitsed.com/

Wildflower Alliance is a grassroots peer support, advocacy, and training organization: https://wildfloweralliance.org/trainings/

Via Hope provides training on general peer support, trauma, and other relevant topics: https://www.viahope.org/events/

NC AHECs provides continuing education courses covering a variety of evidence-based topics in substance use and mental health: https://www.wakeahec.org/courses-and-events

Mental Health First Aid is to help learn more about helping people in a mental health crisis of problem: https://www.mentalhealthfirstaid.org/take-a-course/

National Alliance on Mental Illness and each state chapter offer a variety of training opportunities, support groups, and networking opportunities.

Copeland Center offers training on wellness, recovery, community inclusion, and peer support, as well as the Wellness Recovery Action Plan model: https://copelandcenter.com/

Online learning platforms like **Coursera**, **Udemy**, and **LinkedIn Learning** have free training on a wide range of topics that may be of interest.

Part III. Addendums

Code of Ethics

A Model Code of Ethics for Peer Specialists
DBSA Peer-to-Peer Resource Center, 2004

The primary responsibility of the peer specialist is to help those they serve to achieve self-directed recovery, advocating for the full integration of individuals into communities of their choice. The following principles guide peer specialists in their various professional roles, relationships, and areas of responsibility.

1. Peer specialists believe that every individual has strengths and the ability to learn and grow.

2. Peer specialists respect the rights and dignity of those they serve.

3. Peer specialists openly share their personal recovery stories with colleagues and those they serve.

4. Peer specialists seek role-model recovery.

5. Peer specialists respect the privacy and confidentiality of those they serve.

6. Peer specialists never intimidate, threaten, or harass those they serve; never use undue influence, physical force, or verbal abuse with those they serve; and never make unwarranted promises of benefits to those they serve.

7. Peer specialists do not practice, condone, facilitate, or collaborate in any form of discrimination on the basis of ethnicity, race, gender, sexual orientation, age, religion, national origin, marital status, political belief, or mental or physical disability.

8. Peer specialists maintain high standards of personal conduct.

9. Peer specialists conduct themselves in a manner that fosters their own recovery, maintaining healthy behaviors.

10. Peer specialists do not enter into dual relationships or commitments that conflict with the interests of those they serve.

11. Peer specialists never engage in sexual/intimate activities with colleagues or those they serve.

12. Peer specialists do not accept gifts of significant value from those they serve.

13. Peer specialists keep current with emerging knowledge relevant to recovery and openly share this knowledge with their colleagues and those they serve.

Recovery Bill of Rights

The Recovery Bill of Rights
Faces and Voices of Recovery

We will improve the lives of millions of Americans, their families and communities if we treat addiction to alcohol and other drugs as a public health crisis. To overcome this crisis, we must accord dignity to people with addiction and recognize that there is no one path to recovery. Individuals who are striving to be responsible citizens can recover on their own or with the help of others. Effective aid can be rendered by mutual support groups or health care professionals. Recovery can begin in a doctor's office, treatment center, church, prison, peer support meeting or in one's own home. The journey can be guided by religious faith, spiritual experience or secular teachings. Recovery happens every day across our country and there are effective solutions for people still struggling. Whatever the pathway, the journey will be far easier to travel if people seeking recovery are afforded respect for their basic rights:

1. We have the right to be viewed as capable of changing, growing

2. We have the right-as do our families and friends-to know about the many pathways to recovery, the nature of addiction

3. We have the right, whether seeking recovery in the community, a physician's office, treatment center or while incarcerated, to set our own recovery goals

4. We have the right to select services that build on our strengths

5. We have the right to be served by organizations or health care and social service providers that view recovery positively

6. We have the right to be considered as more than a statistic

7. We have the right to a health care and social service system that recognizes the strengths and needs of people seeking recovery

8. We have the right to be represented by informed policymakers

9. We have the right to respectful, nondiscriminatory care from doctors

10. We have the right to treatment and recovery support in the criminal justice system

11. We have the right to speak out publicly about our recovery

Crisis Information

988: CRISIS

- Suicide prevention and mental health crisis line
- Specialized intervention by trained call-takers with advanced training in de-escalation and suicide prevention
- Confidential, free, and available 24/7/365
- Call or text for:
  - Thoughts or plans to harm oneself or others
  - Non life-threatening self-injury
  - Overuse of alcohol or drugs
  - Depression, anxiety, or other mental health problems

911: EMERGENCY

- Emergency line for public safety and medical emergencies to be connected to police, fire, or EMS
- Provides limited de-escalation or emotional support through safety dispatch workers
- May be able to dispatch a crisis intervention team
- Free and available 24/7/365
- Call for:
  - Active suicidal threats or threats of harm to others
  - Self-injury that needs medical attention
  - Suspected drug overdose

Suicide Warning Signs

TALK
Experiencing unbearable pain
Being a burden to others
Killing themselves
Feeling trapped
Having no reason to live

BEHAVIOR
Increased use of alcohol or drugs
Withdrawing from activities
Giving away prized possessions
Isolating from friends & family
Looking for a way to kill themselves, such as searching online for materials or means
Sleeping too little or too much
Visiting or calling people to say goodbye
Acting recklessly
Aggression

MOOD
Depression
Irritability
Loss of interest
Anxiety
Rage
Humiliation

afsp.org/signs

American Foundation for Suicide Prevention

Mental Health and Addiction Emergency or Crisis?

Mental Health and Addiction EMERGENCY
A mental health and/or addiction emergency is a life-threatening situation. An immediate response from law enforcement or medics is needed. A person may be actively trying to harm themselves or someone else. In other situations, a person may be out of touch with reality, be unable to function properly, or may be out of control.

Examples of mental health and addiction emergencies are:
- Active suicide threat.
- Threatening harm to self or others.
- Self-injury that needs medical attention.
- Severe intoxication.
- Inability to care for oneself.
- Apparent drug overdose.

If someone is having a mental health and/or addiction emergency, CALL 911.

What to expect when you call 911:
- A dispatcher will answer your call and ask about your emergency.
- Local law enforcement or paramedics will be sent to your location.
- In some cases, a crisis intervention team will accompany law enforcement.
- You will get help dispatched immediately.
- You may be transferred to 988, if appropriate.

911

Mental Health and Addiction CRISIS
A mental health and/or addiction crisis is not a life-threatening situation. Intervention may be possible without an immediate response by law enforcement or medics. A person may be thinking about hurting themselves or someone else or may be extremely emotionally upset or distressed.

Examples of a mental health and addiction crises are:
- Talking about suicide or planning to harm oneself.
- Talking about harm to self or others.
- Self-injury that doesn't need immediate medical attention.
- Overuse of alcohol or other drugs.
- Extreme depression, anxiety, or other mental illness symptoms.

If someone is having a mental health and/or addiction crisis, CALL 988.

What to expect when you call 988:
- A trained professional will answer your call.
- The professional will ask you to describe your crisis.
- In many cases, the professional will assist you over the phone and link you to additional care as necessary.
- In some cases, a mobile team will be sent to your location.
- If necessary, the person experiencing a crisis will be taken to a stabilization facility.
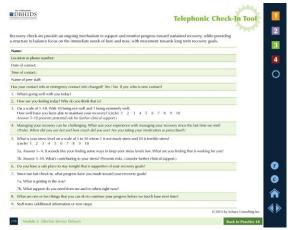- You may be transferred to 911, if needed.

988

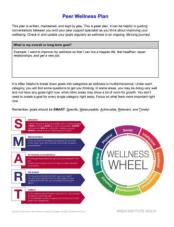**988 SUICIDE & CRISIS LIFELINE**   mha.ohio.gov/988   Ohio   RECOVERY Ohio

Helpful Tools for Peers

Check-in Tool (p. 229)

Recovery Capital Scale (p. 210-212)

Self-Care Assessment (p. 263-264)

Motivation to Change

Peer Wellness Plan

SMART Goals Worksheet

More resources can be found on the Hinda website and Peer Support Shared Drive, as well as peer support organizations and professional networks.

ProQOL Scale

[Professional Quality of Life Scale (p. 265-267)](#)

Sample Timesheet

[Sample Timesheet to be Submitted on the 15th of Each Month](#)

Acknowledgement and Acceptance

of Policies, Procedures, Responsibilities, Standards, and Ethical Principles

I acknowledge and understand that I must abide by the policies and procedures outlined in this manual and commit to upholding the ethical principles, values, and standards of the peer support profession. I acknowledge my understanding of the scope and limitations of my role as a peer support worker, my obligations as a mandated reporter, and how to respond in crisis situations. I agree to practice in a way that aligns with the SAMSHA core competencies for peer support, the Model Code of Ethics for Peer Support Workers, and in accordance with the values laid out in the Recovery Bill of Rights. I agree to view and treat all peers with a positive regard, regardless of criminal background, social identity, or recovery pathway. I understand as a peer support worker; I am charged to advocate for changes in the system to improve the lives of all people. I am aware of my responsibilities regarding documentation, wellness planning, timesheets, and supervision of conditions of my employment, and I know the appropriate resources to contact when I need assistance. I understand that ongoing compliance with these expectations is a requirement to provide support to Hinda clients as a peer support worker.

Name (signed) _____

Name (printed) _____   Date: _____