



# Elevating Peer Professionals: A Novel Approach to Paraprofessional Role Preparation in New Hampshire

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## Report Prepared By:

This report was created in collaboration with the NH Peer Advisory Council (PAC), the NH rural Community Colleges (River Valley, White Mountains, Lakes Region), and the NH Division of Behavioral Health. The report was authored by the NH Behavioral Health Workforce Center ([www.bhnh.org](http://www.bhnh.org)) with leadership and staffing support from Dartmouth Health and Integration Sciences.

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## Introduction

2023 was a catalyzing moment for behavioral health paraprofessional roles in New Hampshire. A surge in demand for behavioral health services, a workforce crisis, and a recognition of the value of Peer Support Specialists locally and nationally created the conditions for elevating peer paraprofessional roles in NH behavioral health settings. With a great deal of detailed collaboration among peer professionals, healthcare providers, state government leaders, educators, and the NH BH Workforce Center, a new entry point and career pathway for healthcare paraprofessionals was established within the Community College system. This brief was written to showcase learning in NH to help other leaders establish behavioral health paraprofessional training programs and career pathways and to build upon this foundational work.

## Guiding principles for the behavioral health paraprofessional role

The NH Behavioral Health Workforce Center leadership team discovered and refined several guiding principles for BH paraprofessional roles which are reflected in this new program:

1. **Dual mandate for Peer roles:** Peer Support Specialists are valued by the individuals they serve and by their work colleagues for their abilities to connect and empathize, for their talents with de-escalating crisis situations, for their intimate knowledge of recovery pathways, and for their positive lived example. At the same time, Peer Support Specialists derive a lot of value from meaningful employment as they work through their own recovery. Meaningful employment is a strong protective factor.
2. **Career pathways, supported transitions, and role mobility:** While some Peer Support Specialist stay in their roles for many years, long term retention is not an overarching goal for roles based on 'lived experience.' Rather, lived experience is an entry credential that helps an individual transition from a period of recovery to a period of resiliency through meaningful work in line with personal hopes, dreams, and career goals. Career pathways [rather than just jobs] provide credentialing, experience, meaningful work, and financial stability over time. Supported career pathways can guide individuals through the vulnerable period of transition away from 'benefits traps' and toward independence. Healthcare paraprofessional and Peer roles must not be 'dead end' jobs, instead, these roles should open opportunities for upward and lateral growth within and beyond healthcare.
3. **Peer role destigmatization:** Peer Support roles may be destigmatized by broadening the role titles to 'paraprofessionals,' by positioning training alongside many other professional roles, and by fully valuing the profession within organizations and teams. Paraprofessional preparation programs within training and education settings rather than in mental health agencies can further help normalization and destigmatization.
4. **Local talent preparation and retention:** Rural communities have more success retaining workers who are trained locally and have roots and connections to their communities. Community colleges are ideally positioned to deliver local training and role preparation programs.

## Laying the foundation: Role preparation and credentialing

In March 2024, the first cohort of 24 students completed the Peer Support Specialist course at Lakes Region Community College, completed the Community of Practice facilitated by On the Road to Wellness, and received their Peer Support Specialist Certification from the State of NH! This milestone was a result of a rapid 6-month collaboration among the NH Peer Advisory Council, the NH rural Community Colleges (River Valley, White Mountains, Lakes Region), On the Road to Wellness (a peer support agency), the NH Department of Health and Human Services - Division of Behavioral Health, Bureau of Mental Health Services, and the NH BH Workforce Center. The NH BH Workforce Center lead the effort and the structure of the collaboration is illustrated in the figure below.

Figure 1: NH Peer Support Specialist – Collaborative program to elevate peer paraprofessionals in NH



**NH BH Workforce Center:** The program was conceived, designed and managed by the NH Behavioral Health Workforce Center housed at Dartmouth Health. Core work included convening Peer advisors and partner organizations, creating the core curriculum, designing the course, building the asynchronous course modules, creating the assessments, and connecting the course modules to the Community College learning management system. The curriculum covers the high priority topics recommended by the Peer Advisory Council and the current *National Model Standards for Peer Support Certification and Core Competencies for Peer Workers in Behavioral Health Services* as released by the Substance Abuse and Mental Health Administration (SAMHSA).<sup>1</sup> The ~40-hour course is a series of asynchronous modules that are embedded in the Colleges' learning management systems (LMS) complete with learning objectives, instructional video from working Peers, written content, discussion boards, and assessment.

<sup>1</sup> Substance Abuse and Mental Health Services Administration, National Model Standards for Peer Support Certification. Publication No. PEP23-10-01-001. Rockville, MD: Office of Recovery, Substance Abuse and Mental Health Services Administration, 2023 <https://www.samhsa.gov/about-us/who-we-are/offices-centers/or/model-standards>

**Peer Advisory Council:** The project was guided by a volunteer PAC which is comprised of currently working Peer Support Specialist and Peer Supervisors. The PAC provided the high priority competencies that all Peers need in their first 3 months of work. The PAC reviewed and provided guidance on the draft curriculum and repeated their guidance with the draft course modules.

**NH Rural Community Colleges:** The student-facing course is now offered by 3 rural Community Colleges (Lakes Region, River Valley, and North Country). Course go live included launching the asynchronous course through the colleges' learning management systems, enrolling students, facilitating instruction, and assessing student progress and experience.

**Community of Practice (CoP):** A Community of Practice accompanies the asynchronous learning. The CoP is peer-led and facilitated by one of NH's Peer Support Agencies, On the Road to Wellness, through pre-scheduled virtual weekly meetings. Drawing on concepts of clinical supervision and co-reflection, the CoP provides a supportive space for Peers to discuss learning and its application in real world situations. On the Road to Wellness has since expanded its facilitation capacity to support more students.

**Credentialing:** The Division of Behavioral Health certifies students who successfully complete the course, pass the assessments, and attend the COP. The certification and re-certification processes are fluid in the early years of the program and are designed to be formalized under the NH Office of Professional Licensure as the role matures. Given the novelty of certification of the Peer Specialist role, alignment with the National Model Standards will help the NH curriculum and certification to be portable to other states in anticipation of state-to-state reciprocity and/or national certifications.

## Reflection on the inaugural course by students of Cohort 1

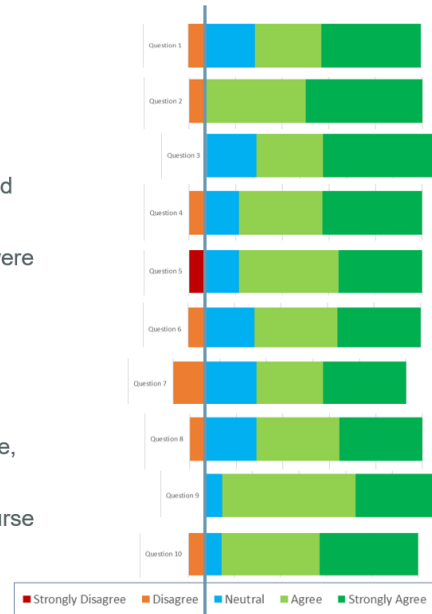
The 24 students who made up Cohort 1 reflected upon their training experience from January – March 2024 through an end-of-course survey. The feedback was very positive with most of the students supporting course organization, teaching, and materials. Most notably, students agreed that *the course resulted in useful improvements in my knowledge, skills, and abilities* and that *my professional career will be enhanced from taking this course*.

*“This course was like on-the-job training as I could use what I learned in real time”*

Figure 2: Student feedback from Cohort 1

**Peer Support Specialist – Student feedback from Cohort 1 Jan-Mar 2024 (n=14)**

1. The course was well organized
2. Course learning objectives were clearly defined and understandable
3. The instructor was a knowledgeable and capable teacher
4. The instructor chose approaches and activities that enhanced learning
5. The classroom as well as associated technology and tools were conducive to learning
6. Class Materials, such as visual aids, handouts, texts, online components, if any, enhanced my learning
7. The instructor provided helpful feedback on my performance
8. The course resulted in useful improvements in my knowledge, skills and/or abilities
9. My professional career will be enhanced from taking this course
10. I would recommend this course to a colleague or friend



Students found the following things most helpful for their learning:

- *“The community of practice meetings were the best in my opinion. It was a great time to converse with others in the class about what we learned and ask questions.”*
- *“I thought this course covered everything it needed to and was very educational”*
- *“The zoom meetings helped but I really liked being able to do it at home at my own speed and not in a classroom.”*
- *“How to help my peers, safely!”*
- *“Talking with other peer supports”*
- *“The weekly zoom classes were most helpful to me”*
- *“Networking with other peers”*
- *“Clear decisive groups where information is exchanged fluidly”*
- *“The discussions and relating them back to the content”*
- *“I thoroughly enjoyed the Community of Practice sessions - being able to interact with and hear the perspectives of the other members of my cohort was a very effective tool.”*
- *“The handouts to external resources”*

Students offered constructive feedback and improvements for future courses:

- *“This course went well, however I'm not technically savvy and I could have used more direction on how to navigate the program”*
- *“Some stuff was unclear but as it's the first run of this I think the kinks will work themselves out”*
- *“Some of the modules were very vague and references sources that were not included”*
- *“I wish we received handouts”*

- *“The instructors were wonderful and knowledgeable and made the course work well. That said, I feel that there can be many improvements made to the course. Certain topics could have used more in-depth training and discussion. There was little to no discussion about a Peers responsibility for documentation when out in the workforce.”*
- *“The curriculum was the same format every week, not much variation which made it difficult to follow at times. I also felt like there was not a lot of understanding and flexibility around the fact that many of us are working full-time while doing this class.”*

One important lesson learned that led to program improvement was when Community College leadership followed up with students and identified that at least one student had technical access issues that led to many of the negative ratings above. This learning led to offering additional technical support to the next Cohort in week 1 where students are new to course login, instructor communication, and online discussion board participation.

## What is next? Scaling the CPSS course and adding ‘stackable credentials’

Now that the core course for Peer preparation is in place, the NH BH Workforce center is turning attention to scaling the foundational CPSS course while developing specialty courses to support training of paraprofessionals in high need areas.

**Scaling the program:** There are an estimated 400 working Peer Support Specialist in NH that need initial training and expectation that employers will hire many more paraprofessionals in the coming years. Initially, the Community Colleges capped capacity at ~24 students for Cohort 1. They are now scaling along 2 dimensions: Adding more students to each cohort (cohort 2 has ~30); and, Offering the course through multiple Community College sites. The synchronous Community of Practice is the most challenging program component to scale. On the Road to Wellness, the CoP facilitator, has risen to this challenge and has been expanding their staffing to support expansion of the program.

**Building on the foundational course with specialty courses and ‘stackable credentials:’** The first 2 asynchronous online specialty courses are currently under development for launch in the Fall of 2024. A *Certified Older Adult Peer Support* specialty course will help paraprofessionals address the under-met needs of isolated older adults. A *Digital Peer Support* specialty course will help paraprofessionals teach individuals to access healthcare services that require technical access and knowhow. Specialty courses are initially being launched as standalone asynchronous classes and do not yet include a CoP or State credential. The courses will earn learners modern forms of ‘stackable credentials’ or ‘digital badges’ so that Peers may demonstrate specialty competencies with their employers and the individuals they serve.

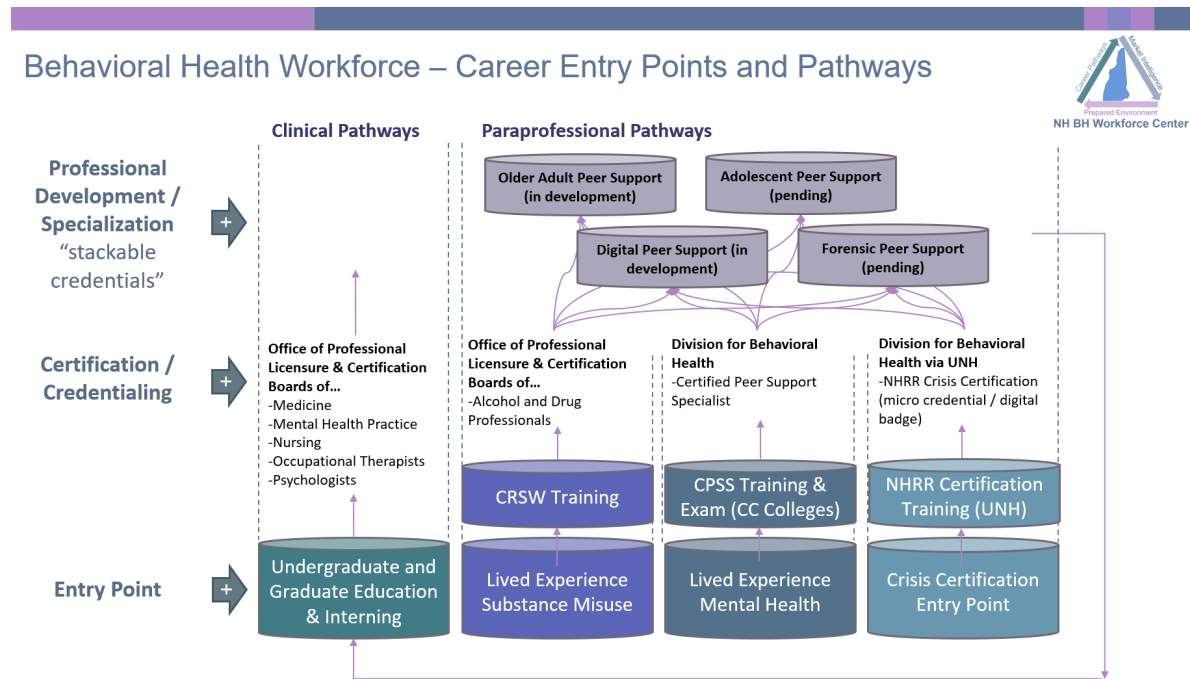
Two additional specialty courses are in demand and being considered for development. An *Adolescent Peer Support* course will help paraprofessionals meet the unique needs of teenagers in crisis. A *Forensic Peer Support* course will help paraprofessionals meet the needs of individuals who are or have been involved in the criminal justice system.

In parallel to this program, NH DHHS and the University of New Hampshire are currently developing a course to prepare paraprofessionals to enter mobile crisis support work. This is an exciting development

as more and more complementary training and certification opportunities support paraprofessionals through their career growth.

In response to the behavioral workforce crisis, NH now has opened several paraprofessional entry points and career pathways alongside traditional clinical role preparation and careers as illustrated below.

Figure 3: NH BH Workforce career entry points and pathways



We have in place a rich and diverse ecosystem for preparing and credentialing a workforce that is fit for the challenges we face as a state. This labor model is intentionally flexible and there is plenty of room for new collaboration, new partners, growth, specialization, individual career mobility, and eventual standardization / reciprocity with other states.

## Acknowledgements

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## Appendix A: Peer Support Specialist foundational course and mapping to SAMHSA core competencies

The following modules make up the foundational peer support specialist course.

**Introduction to Roles and Settings for the Peer Support Specialist:** This module familiarizes students with the Peer Specialist role, the job duties they perform, and the settings where they work. Students will review real NH-based job descriptions and will look at the websites of the NH organizations that currently employ Peer Support Specialists.

**Introduction to Behavioral Health Recovery:** This module introduces the concept of recovery. Students will review the four major dimensions that support a life in recovery as well as the 10 guiding principles of recovery, according to SAMHSA's working definition of recovery. Students will be challenged to use recovery-friendly language in their work. Students will seek to understand recovery as a pathway that is unique to each individual.

**Introduction to Person-Centered Support:** This module introduces the concept of person-centered support. Students will be introduced to skills for helping individuals identify unmet needs (e.g., Maslow's hierarchy of needs, wellness circle). Students will learn skills to support discovery, co-learning, and personal goal setting (e.g., 'SMART' goals). Students will learn how Peers help link individuals to resources, services, and supports. Students will learn how Peers work with individuals to build skills in health, wellness, recovery and recovery supports and navigation of the system of care.

**Introduction to Recovery Planning:** This module introduces the concept of person-centered recovery planning. Students will be introduced to motivational interviewing (also known as change talk or motivational conversation). Students will become familiar with common recovery planning tools and methodologies such as Wellness Recovery Action Planning and Action Planning for Prevention and Recovery.

**Introduction to Sharing Lived Experience and Strategic Use of Self-Disclosure:** This module introduces how peer workers skillfully tell their own recovery stories as a way of establishing empathetic connection, inspiring hope, and modeling self-care and resilience. Students will be introduced to the Sharing Lived Experience Framework to help navigate self-disclosure in balance with self-care and vulnerability. Students will learn how Peers safely share personal lived experience in a way that relates to the individuals they serve, supports but does not 'overtake' or 'one up' the individual, and does not cause harm. Students will learn about 'compassion fatigue' and 'vicarious trauma,' how to practice self-care, and how to ask for help from supervisors and colleagues.

**Introduction to Crisis Support:** This module introduces behavioral health crisis care and the critical roles of Peers supporting individuals in distress. Students will be introduced to 9-8-8 and to NH Rapid Response, NH's statewide crisis response system, and how Peer Support Specialists help operate the program. Students will be introduced to suicide and become familiar with the concepts of protective and risk factors, warning signs, ideation, planning, means, and intent. Students will learn about crisis prevention planning, crisis de-escalation, and post-crisis follow up. Students will be introduced to planning tools used in crisis support.

**Introduction to Ethics and Boundaries:** This module focuses on ethics and boundaries that all Peer Support Specialists face as they navigate their jobs. Students will be introduced to the 'hard' guardrails

that are in place to protect staff and Individuals as well as the ‘professional friendship’ guardrails Peers use to balance personal connection and professionalism. Students will also be introduced to the laws and rules governing patient privacy and mandated reporting for abuse and neglect.

**Introduction to Co-Occurring Substance Misuse:** This module introduces substance misuse and how it often co-occurs with mental health challenges. Students will be introduced to alcohol and drug addiction and begin to explore approaches to supporting individuals with substance misuse challenges.

## Appendix B: Map of SAMHSA Core Competencies to NH CPP Course

SAMHSA Core Competency Category	SAMHSA Core Competency	NH CPP Course Module
<p><b>Category I: Engages peers in collaborative and caring relationships</b></p> <p>This category of competencies emphasized peer workers’ ability to initiate and develop on-going relationships with people who have behavioral health condition and/or family members. These competencies include interpersonal skills, knowledge about recovery from behavioral health conditions and attitudes consistent with a recovery orientation.</p>	<ol style="list-style-type: none"> <li>1. Initiates contact with peers</li> <li>2. Listens to peers with careful attention to the content and emotion being communicated</li> <li>3. Reaches out to engage peers across the whole continuum of the recovery process</li> <li>4. Demonstrates genuine acceptance and respect</li> <li>5. Demonstrates understanding of peers’ experiences and feelings</li> </ol>	Introduction to Person-Centered Support
<p><b>Category II: Provides support</b></p> <p>The competencies in this category are critical for the peer worker to be able to provide the mutual support people living with behavioral health conditions may want.</p>	<ol style="list-style-type: none"> <li>1. Validates peers’ experiences and feelings</li> <li>2. Encourages the exploration and pursuit of community roles</li> <li>3. Conveys hope to peers about their own recovery</li> <li>4. Celebrates peers’ efforts and accomplishments</li> <li>5. Provides concrete assistance to help peers accomplish tasks and goals</li> </ol>	Introduction to Person-Centered Support
<p><b>Category III: Shares lived experiences of recovery</b></p> <p>These competencies are unique to peer support, as most roles in behavioral health services do not emphasize or even prohibit the sharing of lived experiences. Peer workers need to be skillful in telling their recovery stories and using their lived experiences as a way of inspiring and supporting a person living with behavioral health conditions. Family peer support worker likewise share their personal experiences of self-care and supporting a family-member who is living with behavioral health conditions.</p>	<ol style="list-style-type: none"> <li>1. Relates their own recovery stories, and with permission, the recovery stories of others to inspire hope</li> <li>2. Discusses ongoing personal efforts to enhance health, wellness, and recovery</li> <li>3. Recognizes when to share experiences and when to listen</li> <li>4. Describes personal recovery practices and helps peers discover recovery practices that work for them</li> </ol>	Introduction to Sharing Lived Experience and Strategic Use of Self-Disclosure
<p><b>Category IV: Personalizes peer support</b></p> <p>These competencies help peer workers to tailor or individualize the support services</p>	<ol style="list-style-type: none"> <li>1. Understands his/her own personal values and culture and how these may contribute to biases, judgments and beliefs</li> </ol>	Introduction to Sharing Lived Experience and

<p>provided to and with a peer. By personalizing peer support, the peer worker operationalizes the notion that there are multiple pathways to recovery.</p>	<ol style="list-style-type: none"> <li>2. Appreciates and respects the cultural and spiritual beliefs and practices of peers and their families</li> <li>3. Recognizes and responds to the complexities and uniqueness of each peer's process of recovery</li> <li>4. Tailors services and support to meet the preferences and unique needs of peers and their families</li> </ol>	<p>Strategic Use of Self-Disclosure</p>
<p><b>Category V: Supports recovery planning</b>  These competencies enable peer workers to support other peers to take charge of their lives. Recovery often leads people to want to make changes in their lives. Recovery planning assists people to set and accomplish goals related to home, work, community and health.</p>	<ol style="list-style-type: none"> <li>1. Assists and supports peers to set goals and to dream of future possibilities</li> <li>2. Proposes strategies to help a peer accomplish tasks or goals</li> <li>3. Supports peers to use decision-making strategies when choosing services and supports</li> <li>4. Helps peers to function as a member of their treatment/recovery support team</li> <li>5. Researches and identifies credible information and options from various resources</li> </ol>	<p>Introduction to Recovery Planning</p>
<p><b>Category VI: Links to resources, services, and supports</b>  These competencies assist peer workers to help other peers acquire the resources, services, and supports they need to enhance their recovery. Peer workers apply these competencies to assist other peers to link to resources or services both within behavioral health settings and in the community. It is critical that peer workers have knowledge of resources within their communities as well as on-line resources.</p>	<ol style="list-style-type: none"> <li>1. Develops and maintains up-to-date information about community resources and services</li> <li>2. Assists peers to investigate, select, and use needed and desired resources and services</li> <li>3. Helps peers to find and use health services and supports</li> <li>4. Accompanies peers to community activities and appointments when requested</li> <li>5. Participates in community activities with peers when requested</li> </ol>	<p>Introduction to Person-Centered Support</p>
<p><b>Category VII: Provides information about skills related to health, wellness, and recovery</b>  These competencies describe how peer workers coach, model or provide information about skills that enhance recovery. These competencies recognize that peer workers have knowledge, skills and experiences to offer others in recovery and that the recovery process often involves learning and growth.</p>	<ol style="list-style-type: none"> <li>1. Educates peers about health, wellness, recovery and recovery supports</li> <li>2. Participates with peers in discovery or co-learning to enhance recovery experiences</li> <li>3. Coaches peers about how to access treatment and services and navigate systems of care</li> <li>4. Coaches peers in desired skills and strategies</li> <li>5. Educates family members and other supportive individuals about recovery and recovery supports</li> <li>6. Uses approaches that match the preferences and needs of peers</li> </ol>	<p>Introduction to Person-Centered Support</p>
<p><b>Category VIII: Helps peers to manage crises</b>  These competencies assist peer workers to identify potential risks and to use procedures that reduce risks to peers and</p>	<ol style="list-style-type: none"> <li>1. Recognizes signs of distress and threats to safety among peers and in their environments</li> <li>2. Provides reassurance to peers in distress</li> </ol>	<p>Introduction to Crisis Support</p>

<p>others. Peer workers may have to manage situations, in which there is intense distress and work to ensure the safety and well-being of themselves and other peers.</p>	<ol style="list-style-type: none"> <li>3. Strives to create safe spaces when meeting with peers</li> <li>4. Takes action to address distress or a crisis by using knowledge of local resources, treatment, services and support preferences of peers</li> <li>5. Assists peers in developing advance directives and other crisis prevention tools</li> </ol>	
<p><b>Category IX: Values communication</b>          These competencies provide guidance on how peer workers interact verbally and in writing with colleagues and others. These competencies suggest language and processes used to communicate and reflect the value of respect.</p>	<ol style="list-style-type: none"> <li>1. Uses respectful, person-centered, recovery-oriented language in written and verbal interactions with peers, family members, community members, and others</li> <li>2. Uses active listening skills</li> <li>3. Clarifies their understanding of information when in doubt of the meaning</li> <li>4. Conveys their point of view when working with colleagues</li> <li>5. Documents information as required by program policies and procedures</li> <li>6. Follows laws and rules concerning confidentiality and respects others’ rights for privacy</li> </ol>	<p>Introduction to Person-Centered Support</p>
<p><b>Category X: Supports collaboration and teamwork</b>          These competencies provide direction on how peer workers can develop and maintain effective relationships with colleagues and others to enhance the peer support provided. These competencies involve not only interpersonal skills but also organizational skills.</p>	<ol style="list-style-type: none"> <li>1. Works together with other colleagues to enhance the provision of services and supports</li> <li>2. Assertively engages providers from mental health services, addiction services, and physical medicine to meet the needs of peers</li> <li>3. Coordinates efforts with health care providers to enhance the health and wellness of peers</li> <li>4. Coordinates efforts with peers’ family members and other natural supports</li> <li>5. Partners with community members and organizations to strengthen opportunities for peers</li> <li>6. Strives to resolve conflicts in relationships with peers and others in their support network</li> </ol>	<p>Introduction to Recovery Planning</p>
<p><b>Category XI: Promotes leadership and advocacy</b>          These competencies describe actions that peer workers use to provide leadership within behavioral health programs to advance a recovery-oriented mission of the services. They also guide peer workers on how to advocate for the legal and human rights of other peers.</p>	<ol style="list-style-type: none"> <li>1. Uses knowledge of relevant rights and laws (ADA, HIPAA, Olmstead, etc.) to ensure that peer’s rights are respected</li> <li>2. Advocates for the needs and desires of peers in treatment team meetings, community services, living situations, and with family</li> <li>3. Uses knowledge of legal resources and advocacy organization to build an advocacy plan</li> <li>4. Participates in efforts to eliminate prejudice and discrimination of people who have behavioral</li> </ol>	<p>Introduction to Ethics and Boundaries</p>

	<p>health conditions and their families</p> <p>5. Educates colleagues about the process of recovery and the use of recovery support services</p> <p>6. Actively participates in efforts to improve the organization</p> <p>7. Maintains a positive reputation in peer/professional communities</p>	
<p><b>Category XII: Promotes growth and development</b></p> <p>These competencies describe how peer workers become more reflective and competent in their practice. The competencies recommend specific actions that may serve to increase peer workers' success and satisfaction in their current roles and contribute to career advancement.</p>	<ol style="list-style-type: none"> <li>1. Recognizes the limits of their knowledge and seeks assistance from others when needed</li> <li>2. Uses supervision (mentoring, reflection) effectively by monitoring self and relationships, preparing for meetings and engaging in problem-solving strategies with the supervisor (mentor, peer)</li> <li>3. Reflects and examines own personal motivations, judgments, and feelings that may be activated by the peer work, recognizing signs of distress, and knowing when to seek support</li> <li>4. Seeks opportunities to increase knowledge and skills of peer support</li> </ol>	<p>Introduction to Sharing Lived Experience and Strategic Use of Self-Disclosure</p>