

Peer Support Accreditation and Certification (Canada)

PSACC KNOWLEDGE MATRIX

FOR PEER SUPPORT TRAINING ORGANIZATIONS

This Knowledge Matrix provides an overview of the topics and learning that are considered critical by PSACC. It is designed to help training organizations create training that meets the Knowledge component of the PSACC Standards of Practice.

Hope : Empowerment : Recovery

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PART I - INTRODUCTION TO THE PSACC KNOWLEDGE MATRIX

PSACC Knowledge Matrix for Peer Support Training Organizations

This Knowledge Matrix is designed to assist in the design of a training program that prepares prospective peer supporters for writing the PSACC Knowledge Assessment and participating in a practicum in preparation for certification by PSACC, and for the work of peer support.

This Knowledge Matrix is based on the Knowledge Standard of the PSACC Standards of Practice.

The PSACC Knowledge Standard

The PSACC Standards of Practise for peer support include a Code of Conduct and standards for Lived Experience, Knowledge, Competencies, and Acquired Experience. The PSACC Knowledge Standard identifies the type of information that a peer supporter will need to know in order to be certified as a PSACC Certified Peer Supporter. Refer to the PSACC Certification Handbook for more information.

Standards for Knowledge

A Certified Peer Supporter Understands:

- I. Fundamental Concepts of Peer Support
- II. Historical and Social Context of Peer Support
- III. Concepts and Methods to Promote Effective Peer Support Relationships

I. Fundamental Concepts of Peer Support

A Peer Supporter will:

- 1. Understand the recovery paradigm in mental health and how to apply it
- Understand the key concept of selfdetermination and how to apply it
- Understand the basic principles of traumainformed care and how to apply it in practice
- 4. Understand how the PSACC Values and Principles of Practice promote an authentic recovery-based peer support relationship
- 5. Understand the components of the PSACC Code of Conduct and the necessity to maintain this code while practicing peer support

II. Historical and Social Context of Peer Support

A Peer Supporter will:

1. Be familiar with the historical context in which



- mental health peer support has arisen
- 2. Understand the effects of prejudice, discrimination, and stigma related to mental illness and ways to mitigate their impact
- Understand the social determinants of health and their impact on mental health and wellbeing
- 4. Be familiar with the range of settings in which peer support may be offered, and understand how to be effective within the teams or workgroups of various work place environments

III. Concepts and Methods to Promote Effective Peer Support Relationships

A Peer Supporter will:

- 1. Understand the principles of interpersonal communication and be familiar with methods which facilitate empathic communication
- 2. Understand methods of building supportive, recovery-oriented peer support relationships
- 3. Understand processes of recovery and change and the role of peer support in these processes
- 4. Understand personal and role-oriented limits and boundaries in peer support and how to negotiate and communicate them
- 5. Understand various types of crisis situations that peers may encounter and be familiar with strategies for supporting peers in crisis
- 6. Be familiar with the elements of a self-care plan and understand the importance of having a self-care plan for themselves and their peers
- 7. Understand how to support peers to identify their needs and rights to make informed choices in obtaining social support and advocacy services when necessary

Becoming Familiar with the Knowledge Matrix

The Knowledge Matrix in Part II includes all 16 elements of the Knowledge Standard. For each, Performance Objectives (PO) and Enabling Objectives (EO) are provided.

Each PO states a behaviour or understanding that will be demonstrated when peer support is provided, (or in other words, when peer support is "performed"). This behaviour or understanding will be observable in peer support interactions whether they take place in a practicum and on into the future.

Each EO states the learning objectives that will enable the performance of that PO behaviour.

For example, the first Performance Objective states that:

"A peer supporter will . . . Incorporate the essential characteristics of mental health recovery into the practice of peer support."

The two Enabling Objectives for this Performance Objective are following. Having knowledge of these two items will enable a peer supporter to "perform" the PO stated above.

"A peer supporter will be able to . . .

- Describe recovery in a manner that is consistent with PSACC's peer support methodology as described in the PSACC Standards of Practice; and
- Identify guiding principles of recovery that are consistent with the above description/definition of recovery."

PSACC suggests that peer support training programs facilitate the learning of these EO's in order to prepare participants for peer support. When/If a prospective peer supporter chooses to take the PSACC Knowledge Assessment, questions will be asked to assess their knowledge of the Enabling Objectives.

Note Regarding the Resources Provided by PSACC

Throughout this Knowledge Matrix there are suggested resources for various topics. The intent of these resources is to provide a sample of the type of knowledge that is being referred to. We do not wish to give the impression that the resources provided are the only possibility.



PART II – KNOWLEDGE & TRAINING OBJECTIVES

Fundamental Concepts of Peer Support

1. A Peer Supporter will....
Understand the recovery paradigm in mental health and how to apply it¹

Performance Objectives A peer supporter will	Enabling Objectives A peer supporter will be able to
1.1 Incorporate the essential characteristics of mental health recovery into the practice of peer support	 1.1(a) Describe recovery in a manner that is consistent with PSACC's peer support methodology as described in the PSACC Standards of Practice. One example is the SAMHSA working definition, "a process of change through which individuals improve their health and wellness, live a self-directed life, and strive to reach their full potential." ² 1.1(b) Identify guiding principles³ of recovery that are consistent with the above description/definition of recovery. A good example is the set of guiding principles found within the SAMHSA working definition of recovery (with the exception of the call for abstention).

The phrase "how to apply [the recovery paradigm]" in the knowledge guidelines refers both to a conceptual application, as in a situational example which can appear on the certification exam, and a practical application, which can be observed in the practicum. This will be the case for most, if not all, of the knowledge standards. We want peer supporters to understand the theories, principles and skills as they are listed in the standard, and also be able to apply them. It's impossible to separate the two (understanding and application) when designing an experiential training, which is the recommended approach to training peer supporters.

³ SAMHSA working definition, see footnote above. Please note that while this is a consensus definition, there is one aspect of the guidelines that PSACC does not necessarily endorse, and that is the prescriptive definition of a recovery approach for those with substance use disorders which calls for abstinence.



² SAMHSA working definition (12/22/2011), available from: http://www.samhsa.gov/newsroom/advisories/1112223420.aspx

Performance Objectives A peer supporter will	Enabling Objectives A peer supporter will be able to
1.2 Differentiate between the recovery paradigm and the traditional biomedical approach to mental health	 1.2(a) Describe the difference between a person-centred approach to recovery and an illness-centred, more traditional biomedical approach Possible resources include: The Ragins Recovery Model ⁴ and the "Three Paradigms in Mental Health and Wellness" chart from the Copeland Center. ⁵ 1.2(b) Describe examples of recovery-oriented approaches that could be offered to peers who are showing signs of emotional distress

An article that could be considered for additional reading is: Agrawal, S., Edwards, M. (Apr. 2013) "Upside Down: The Consumer as Advisor to a Psychiatrist". http://journals.psychiatryonline.org/article.aspx?articleid=1671283



⁴ Ragins, M. The Recovery Model, Handouts and Reference Materials. (not dated). http://ibhp.org/uploads/file/Recovery%20model%20paper-Ragins.pdf

2. A Peer Supporter will.... Understand the key concept of self-determination and how to apply it

Performance Objectives A peer supporter will	Enabling Objectives A peer supporter will be able to
2.1 Recognize self- determination as a fundamental underlying principle of peer support and apply the concept of self- determination within peer support relationships	 2.1(a) Describe the principles of a self-determination approach found in peer support Possible resource: "Self Determination and Peer Support." ^{6,7} Hardaker, D. 2.1(b) Identify potential challenges and describe advantages of using a self-determination approach while supporting peers through growth and change 2.2(a) Describe strategies for promoting self-determination in the peer support relationship One possible strategy utilizes self-awareness.⁸

One approach to achieving this self-awareness is by asking questions such as: Am I being present? Am I staying connected to my peer and his or her perspective? Am I giving advice? Am I trying to fix the peers I support? Do I think I have all the answers? Am I being directive? Am I trying to meet my needs and objectives or my peer's?



[&]quot;Everyone has the right and ability to determine the course of their lives, regardless of illness or disability. Peers have the right to direct their own services, make decisions concerning their health and well-being, and have support from others of their choosing. They have the right to be free from involuntary treatment, and to have meaningful roles in the design, delivery and evaluation of services and supports. Self-determination includes supportive social, cultural and environmental conditions." Hardaker, D. (Feb. 2012) "Self Determination and Peer Support". This is an unpublished paper belonging to the MHCC and CMHA York region. Contact the author for a copy.

Sunderland, Kim, and Mishkin, Wendy for the Mental Health Commission of Canada (2013). Guidelines for the practice and training of peer support.

See the quotes by Deegan, Claxton, and Amir following the Principles of Practice, pg 22.

3. A Peer Supporter will.... Understand the basic principles of trauma-informed care and how to apply it in practice ^{9, 10}

Performance Objectives A peer supporter will	Enabling Objectives A peer supporter will be able to
3.1 Be aware of the prevalence and the impact	3.1(a) Define/Describe trauma; recognize the impacts of trauma across a person's lifespan
of trauma on people with mental health challenges	An example definition of trauma is, "Trauma is the result of external events that overwhelm a person's coping resources, resulting in specific symptoms of psychological or emotional distress, and/or affecting many aspects of the person's life over a period of time." 11
	3.1(b) Describe the prevalence of trauma in the population and the high rates of psychiatric diagnoses and misdiagnoses related to trauma; recognize gender and cultural differences in trauma
3.2 Be aware of the implications trauma has on recovery and healing	3.2(a) Discuss the various ways that individuals cope with and manage trauma (including both positive and negative coping strategies)
	3.2(b) Identify the potential for and causes of re-traumatization in general and within the peer support relationship
3.3 Apply basic trauma- informed principles to peer support practice ^{12, 13}	3.3(a) Describe how to: Create a safe and welcoming environment in which peers can disclose if they wish; Interact with a peer in a manner that does not re-traumatize; Make sensitive enquiry about current abuse without triggering a peer
NOTE: The PSACC Principles of Practice are consistent with the principles of trauma informed care. These	3.3(b) Describe the importance of focusing on what happened to an individual rather than what is wrong with them
informed care. These items are specific to trauma informed care.	3.3(c) Describe how to: Recognize the effects of vicarious trauma, including possible indicators; Utilize strategies to support the management of vicarious trauma ¹⁴

Richardson, J. (2001). "Guidebook on Vicarious Trauma: Recommended Solutions for Anti-Violence Workers" http://www.mollydragiewicz.com/VTguidebook.pdf



⁹ see Adverse Childhood Experiences (ACE) Study, Centers for Disease Control http://www.cdc.gov/ace/index.htm

¹⁰ http://www.theannainstitute.org/

Blanch, A.; Filson, B.; Penney, D. (2012). Engaging Women in Trauma-Informed Peer Support: A Guidebook; National Center for Trauma-Informed Care. http://www.ncdsv.org/images/NCTIC_EngagingWomenInTrauma-InformedPeerSupportAGuidebook_4-2012.pdf

[&]quot;Trauma Informed Response and Intentional Peer Support" presentation by Shery Mead Consulting, 2010, downloaded from http://www.peersnet.org/resources/articles/trauma-informed-response-and-intentional-peer-support/

Note that PSACC Certified Peer Supporters are expected to have a basic understanding of trauma-informed support. PSACC Certified Mentors will achieve a higher level of expertise and knowledge about this topic.

4. A Peer Supporter will.... Understand how the PSACC Values and Principles of Practice promote an authentic recovery-based peer support relationship

Performance Objectives A peer supporter will	Enabling Objectives A peer supporter will be able to
4.1 Model the PSACC Values and Principles of Peer Support Practice and understand their implications for the peer supporter's role	 4.1(a) Define/explain each of the eight Core Values 4.1(b) Explain, or describe an application of, each of the Principles of Practice 4.1(c) Describe an authentic, recovery-based peer support relationship An example definition that is consistent with PSACC's Values and Principles of Practice is from Shery Mead. 15 4.1(d) Describe how their own personal values align with PSACC Core Values

Mead, S., Hilton, D. & Curtis, L. (ND) "Peer Support: A Theoretical Perspective". Retrieved online at http://www.mentalhealthpeers.com/pdfs/peersupport.pdf



[&]quot;Peer support is a system of giving and receiving help (sic) founded on key principles of respect, shared responsibility, and mutual agreement of what is helpful. Peer support is not based on psychiatric models and diagnostic criteria. Peer support is about understanding another's situation empathically through the shared experience of emotional and psychological pain."

NOTE: We substitute the word "support" for "help" in this sentence to convey the nature of our role: we do not "help" people in their recovery journey so much as "support" them in it. A fine distinction with the implication that we do not do things for people but help them identify their own strengths to support them in doing things themselves.

5. A Peer Supporter will.... Understand the components of the PSACC Code of Conduct and the necessity to maintain this code while practicing peer support

Performance Objectives A peer supporter will	Enabling Objectives A peer supporter will be able to
5.1 Uphold the PSACC Code of Conduct and understand why it is necessary to do so	5.1(a) Recognize all ten elements of the PSACC Code of Conduct and explain the meaning of each
	5.1(b) Describe the potential impact on the peer and the peer relationship if any element of the Code of Conduct were not upheld
	5.1(c) Describe those element of the Code of Conduct where challenges and uncertainties may arise

History and Context of Peer Support

6. A Peer Supporter will....

Be familiar with the historical context in which mental health peer support has arisen ¹⁶

Performance Objectives A peer supporter will	Enabling Objectives A peer supporter will be able to
6.1 Understand the origins of the mental health peer support movement	6.1(a) Identify some of the negative historical treatments of mental illness that provide the legacy out of which mutual support and self-help grew
	6.1(b) Identify early mental health reforms in North America, including those led by or involving former patients and/or family members
	6.1(c) Describe the Psychosocial Rehabilitation and Recovery movements which form the underpinning of current-day practice in peer support
6.2 Understand the history of peer support in the Canadian context	6.2(a) Summarize the Consumer/Survivor/Ex-patient movement in Canada
	6.2(b) Summarize early efforts in the development of peer support
	6.2(c) Summarize developments in the peer support movement since the 1990s, up to and including the Mental Health Commission of Canada's efforts to support its growth ¹⁷

See also O'Hagan Mary, Cyr Céline, McKee Heather and Priest Robyn, for the Mental Health Commission of Canada (2010). Making the case for peer support: Report to the Peer Support Project Committee of the Mental Health Commission of Canada



Having an understanding of this history empowers peer supporters (and in turn peers) to overcome internalized stigma by recognizing that all forms of stigma are a historical legacy of social injustices against people with mental health challenges. It's not that there is something wrong with us; it's something wrong with society. There is a history and people who have gone before us and left us a legacy.

See Mental Health Commission of Canada. (2012). Changing directions, changing lives: The mental health strategy for Canada. Calgary, AB. Note in particular PRIORITY 3.4: "Recognize peer support as an essential component of mental health services." (p. 51) This recommendation grew out of two MHCC projects: Making the Case for Peer Support and the Peer Project.

7. A Peer Supporter will.... Understand the effects of prejudice, discrimination, and stigma related to mental illness and ways to mitigate their impact

Performance Objectives A peer supporter will	Enabling Objectives A peer supporter will be able to
7.1 Understand the impact of prejudice, discrimination and social stigma	7.1(a) Identify various factors that are a source of discrimination, such as race, culture, class, gender, age, dis/ability, sexual orientation, sexual identity, and citizenship
	7.1 (b) Identify systemic barriers within community and clinical resources that exist for some individuals
	7.1(c) Describe the three types of stigma: public, internalized and stigma-by-association, and explain their differing effects
	7.1(d) Describe why social stigma ¹⁸ can be difficult to recover from and how it impacts mental health recovery
	7.1 (e) Explain the impact of social inclusion (and social exclusion) on an individual's recovery
7.2 Support peers to mitigate the impact of prejudice, discrimination and social stigma, and to become engaged in community life	7.2 (a) Describe personal experience overcoming social stigma; Describe strategies for assisting peers to overcome the impacts of social stigma
	7.2 (b) Describe how internalized stigma can affect one's role as a peer supporter and know what to do about it
	7.2 (c) Describe strategies for supporting peers to become engaged in community life which may include housing, employment, and social activities
7.3 Understand the importance of, and approaches to, respecting diversity and cultural	7.3 (a) Describe how to value and support a peer who chooses to integrate cultural and spiritual practices or beliefs that differ significantly from the peer supporter's culture or belief system
differences within a peer support relationship	7.3 (b) Identify personal attitudes and biases within themselves that may pose a challenge when supporting a peer, and strategize how to ensure that the peer still receives support

[&]quot;Social stigma" is used to further underline the concept that the "stigma" of mental illness has a societal origin and a context of prejudiced attitudes and discriminatory behaviour against people with mental illnesses, taking the focus away from the person with the illness and placing it in a social context.



8. A Peer Supporter will.... Understand the social determinants of health and their impact on mental health and wellbeing

Performance Objectives A peer supporter will	Enabling Objectives A peer supporter will be able to
8.1 Recognize the complexity of social determinants of health and their impact on mental health and well-being	8.1(a) Identify the social determinants of health ¹⁹ and describe which are most relevant to the peer support relationship and how they are inter-related
Hoditi and Won Boing	8.1(b) Describe why social determinants of health are a social justice issue and how they relate to mental well-being

See also Social Determinants of Health: The Canadian Facts: http://www.thecanadianfacts.org/



[&]quot;Toward a healthy future: second report on the health of Canadians" 1999, Health Canada: Ottawa ON. http://www.phac-aspc.gc.ca/ph-sp/report-rapport/toward/over-eng.php or http://www.virtualcurriculum.com/N4210/toward_a_healthy_english.pdf

Be familiar with the range of settings in which peer support may be offered, and understand how to be effective within the teams or workgroups of their workplace environments

Performance Objectives A peer supporter will	Enabling Objectives A peer supporter will be able to
9.1 Be aware of the wide range of community and workplace environments in which peer support can take place	9.1(a) Identify the various settings in which peer support practices take place ²⁰
	9.1(b) Identify challenges that might occur within each type of setting, (i.e., clinical, workplace and community settings), and possible strategies to overcome these challenges
	9.1(c) Describe how the PSACC defined Values and Principles of Practice are common to all peer support settings; Identify how the underlying philosophy and practice of peer support is the same even though diverse settings may require different skills and approaches
9.2 Understand principles of effective teamwork	9.2(a) Identify, and give examples of how to utilize, principles of effective teamwork
	A possible response includes: active cooperation to achieve group goals; mutual support to facilitate team cohesiveness and effectiveness; active participation and sharing knowledge; good communication skills; consideration for the feelings and needs of others; awareness of the effect of one's behaviour on others; adherence to workplace-specific guidelines and protocols ²¹

 $http://www.performancesolutions.nc.gov/staffing initiatives/selection/docs/selection_interview formats_behavior based interview questions.pdf\\$



Questions; downloaded from:

Peer support practices occur within: Clinical/hospital/ACT teams; Community-based mental health organizations, including those that are peer-run and peer-directed; Workplace programs; socially and culturally diverse communities
Paraphrased from North Carolina State Government, Office of State Personnel (2008). Behavior-Based Interview

Concepts and Methods that Promote Effective Peer Support Relationships

10. A Peer Supporter will....

Understand the principles of interpersonal communication and be familiar with methods which facilitate empathic communication

Performance Objectives A peer supporter will	Enabling Objectives A peer supporter will be able to
10.1 Apply empathic interpersonal communication within peer support relationships	10.1(a) Describe various types of non-verbal communication ²² and explain the relationship between non-verbal communication and empathic communication
	10.1(b) Explain the value of, and how to use, open ended questions, affirming responses, reflective listening, and summarizing, (also known as OARS) ²³
	 10.1(c) Describe, and explain how to accomplish, the following elements of compassionate communication:²⁴ observation without judgement attention on needs rather than behaviour noticing the difference between feeling and thoughts
	10.1(d) Describe barriers to communication ²⁵ and how to avoid or overcome these barriers
	10.1(e) Describe potential drawbacks or risks to communicating by phone, in writing, or by virtual means, and know how to avoid or overcome them
10.2 Share elements of his/ her personal lived experience in a manner that promotes empathy and keeps the focus on the peer's experience	10.2(a) Describe how sharing his/her own story of recovery from pain and illness serves as a mirror which reflects possibility and instils hope in the peer ²⁶
	10.2(b) Recognize at what points in the interaction that the peer would benefit from hearing more about the peer supporter's lived experience, and know which elements and what level of detail to share

²² Items relating to physical presence include: facing the other person, appropriate eye contact, maintaining open posture, leaning slightly forward, relaxed/comfortable position, noticing distance between yourself and the other person (too close/too far).

The "mirror effect" from Cargnello, J. (nd). Peer Helper Training: A Trainer's Manual; National Centre for Operational Stress Injuries, Veteran's Affairs Canada.



Miller, Rollnick. (2002) Motivational Interviewing: Preparing People for Change. Guilford Press. Retrieved from http://www.amhd.org/About/ClinicalOperations/MISA/Training/MI%20H2%20Strategies%20and%20Principles.pdf
Rosenberg, M. B. (2003). Nonviolent Communication: a language of life (2nd ed.). Encinitas: Puddle Dancer Press.

Barriers to open communication include (but are not limited to): anticipating a response by applying preconceived ideas, assuming a statement's meaning and not asking for clarification, proposing a plan of action too soon rather than spending more time listening to better understand

11. A Peer Supporter will.... Understand methods of building supportive, recovery-oriented peer support relationships

Performance Objectives A peer supporter will	Enabling Objectives A peer supporter will be able to
11.1 Use strategies to promote recovery-oriented peer support relationships	11.1(a) Identify factors to consider when meeting a peer in order to create a welcoming, safe, and trusting environment ²⁷
	11.1(b) Describe practical strategies to create effective peer interactions ²⁸
	11.1(c) Describe the importance of remembering that each peer is unique and therefore the evolution of the relationship must also be unique
11.2 Promote and maintain trust in a relationship	11.2(a) Describe the importance of confidentiality to build trust; Describe how to discuss a peer's situation with another person (if necessary) without breaking confidentiality; Identify if/when it is necessary to break confidentiality (as required by law)
	11.2(b) Explain how non-judgemental acceptance of a peer promotes trust and impacts recovery
	11.2(c) Identify when it would be challenging to not be judgemental as a peer supporter (requires self-awareness) and describe how to ensure that a peer still receives support when these challenges occur
	11.2(d) Describe the importance of balancing the use of effective strategies with authentic and empathetic listening and kindness

Strategies for effective interactions include: knowing how and when to use self-help tools such as goal setting, problem solving, action plans; knowing how and when to self-disclose for the purpose of mirroring hope for recovery while keeping focus on the peer; knowing how and when to ask for help when needed



Meeting considerations include: discussing practicalities like when and where to meet; selecting an environment that is quiet, without interruptions, and comfortable/safe for both peer and supporter; clarifying limits of peer support role and negotiating expectations and mutual boundaries; discovering the issues/problems a peer might have what he/she wants support with; discussing confidentiality and when the law requires that it be broken

Performance Objectives A peer supporter will	Enabling Objectives A peer supporter will be able to
11.3 Promote equality and mutuality within the relationship	11.3(a) Describe how a formal peer support relationship can challenge the degree of equality and mutuality experienced by the peer
	11.3(b) Describe how equality and mutuality can impact a peer's recovery
	11.3(c) Describe strategies for balancing this sense of power and privilege within the peer support relationship
11.4 End peer support relationships in a manner that promotes hope, autonomy, and continued recovery	11.4(a) Describe the importance of, and strategies for, preparing for the ending from the beginning of the relationship
	11.4(b) Describe how to identify when a relationship has come to a natural end
	11.4(c) Describe the importance of assisting a peer to identify steps for moving forward

12. A Peer Supporter will.... Understand processes of recovery and change, and the role of peer support in these processes

Performance Objectives A peer supporter will	Enabling Objectives A peer supporter will be able to
12.1. Recognize recovery as a non-linear process involving change and growth toward ever-increasing wellness, unique to each individual	12.1(a) Describe recovery as a process that relates to the phases on a wellness continuum12.1(b) Describe why it is important to interact in a manner that recognizes that there are many pathways to recovery and that each individual will travel their own unique path
12.2 Apply experiential and practical knowledge of recovery and the process of change to the practice of peer support	 12.2(a) Recognize and describe stages or phases that a peer may pass through on their path of recovery²⁹ 12.2(b) Determine a peer's readiness to change or adapt and interact in a manner that supports the peer at each stage while maintaining an authentic connection and non-prescriptive approach 12.2(c) Describe the importance of identifying with the peer the peer's strengths and celebrating with the peer his/her progress

BCSS (Victoria) includes "setbacks and relapses" with "impact of illness" and "on-going self-care, (WRAP)" with "actions for change" corresponding to the six Stages of Change.

Appalachian Consulting Group's Peer Specialist/Peer Support Training, Facilitator's Manual conceptualization of 5 phases incorporating the idea of a wellness continuum: Impact of Illness, Life is Limited, Change is Possible, Commitment to Change, Actions for Change. This is further illustrated with a story from Pat Deegan.



Examples of process of recovery or stages of change include:

Adaptations of the six Stages of Change from the Transtheoretcial Model of Behavior Change (Prochaska and DiClemente, 1983) is used by several Canadian training organizations to conceptualize the process of recovery and change.

Understand personal and role-oriented limits and boundaries in peer support and how to negotiate and communicate them

Performance Objectives A peer supporter will	Enabling Objectives A peer supporter will be able to
13.1 Understand the limits and boundaries of the peer support role, based on the setting in which it occurs (cultural, social, workplace)	13.1(a) Describe the limits/boundaries of the peer support role and clarify this in a way that is empathic and validating for the peer; Describe the value of negotiating rather than imposing relationship limits and boundaries (except where there are clear boundaries imposed such as those specified by a Code of Conduct)
	13.1(b) Clearly express own personal limits and boundaries recognizing the vulnerability of both the peer and the peer supporter in the relationship; Identify that a peer's boundaries may not be the same as his/her own
	13.1(c) Identify when a boundary has been crossed, or a boundary situation is ambiguous, and assess options for how to proceed
13.2 Respect and negotiate ³⁰ (when necessary) personal limits and boundaries within a peer support relationship	13.2(a) Describe the three types of limits / boundaries and how they may impact the peer supporter's role: code of conduct / ethical, workplace policy, and implicit boundaries (unwritten rules or sociocultural norms)
	13.2(b) Identify when a workplace policy or expectation contradicts the PSACC Code of Conduct, Values, or Principles of Practice; Negotiate a troubling workplace requirement or have strategies for proceeding in a manner that honours the PSACC Code, Values and Principles of Practice
	13.2(c) Differentiate between friendship, the peer support role, and other helping relationships recognizing the difference in interaction expectations

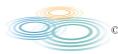
One reason that negotiation of relationship limits/boundaries may occur is due to the power imbalance that is inherent in the peer support relationship (in part due to the difference in degree of recovery and that one person is in a role of supporter while the other is seeking support).



Understand various types of crisis situations that peers may encounter and be familiar with strategies for supporting peers in crisis

Describe how they can tell when a peer is in crisis Use strategies, such as verbal and nonverbal cation, to calm stressful situations Describe the appropriate protocols for seeking assistance d be followed when a peer is in crisis and additional
Describe strategies for supporting a peer as they acquire rategies and abilities which the peer can use during times while recognizing the personalized preference of peers-strategies and approaches will appeal to different peers) in the personal strategies and approach is WRAP ³¹ as it provides advance on for developing personal strategies to deal with crises ³² . In dentify community resources and supports that may be management of a crisis (see Standard 16 for additional as relating to community resources and supports). Develop a plan for helping to resolve a crisis recognizing the personal individuals require different plans.

Wellness Recovery Action Plan® (WRAP®), Mary Ellen Copeland, http://www.mentalhealthrecovery.com/wrap/
If a peer supporter chooses to support others in developing a WRAP, it is essential that they first attend a WRAP group and have a WRAP themselves.



Be familiar with the elements of a self-care plan and understand the importance of having a self-care plan for themselves and their peers

Performance Objectives A peer supporter will	Enabling Objectives A peer supporter will be able to
15.1 Understand the importance of having a selfcare plan ³³ to achieve and maintain the best possible health and well-being	15.1(a) Define self-care and describe the relationship between self-care, recovery and well-being One possible definition of self-care is the ability to promote and maintain health, prevent disease, and cope with illness and disability ³⁴
15.2 Support a peer as he/she identifies the need for self-care and determines the approach that the peer considers most suitable for him/her	 15.2(a) Describe elements of a self-care plan³⁵ and discuss self-care resources or strategies 15.2(b) Describe strategies for assisting a peer as s/he develops and adopts a self-care plan 15.2(c) Collaborate with a peer to identify and address difficulties they may have with self-care

WRAP is a sample resource that includes many elements of self-care such as: identifying and doing things on a daily basis that contribute to health and well-being (such as paying attention to diet, sleep and exercise in addition to using other personal wellness tools), and identifying triggers and early warning signs and having plans to deal with them. Wellness Recovery Action Plan® (WRAP®), Mary Ellen Copeland, http://www.mentalhealthrecovery.com/wrap/



³³ Self-care plans are helpful for both the peer supporter and the peer, however the emphasis within this framework is for the peer supporter to understand the value of self-care for themselves as they carry out this important work.

Paraphrased from the WHO proposed working definition of self care:

[&]quot;Self care is the ability of individuals, families and communities to promote health, prevent disease, and maintain health and to cope with illness and disability with or without the support of a health-care provider." World Health Organisation (2009). Self-care in the Context of Primary Health Care: Report of the Regional Consultation, Bangkok, Thailand.

Understand how to support peers to identify their needs and rights to make informed choices in obtaining social support and advocacy services when necessary

Performance Objectives A peer supporter will	Enabling Objectives A peer supporter will be able to
16.1 Help peers to determine their needs and rights, and to make informed choices	16.1(a) Describe steps involved in problem-solving with a peer in regards to helping a peer consider advocacy and service options 16.1(b) Identify opportunities to support a peer to practice/develop
	self-advocacy and describe strategies to
	16.1(c) Identify potential barriers to access services and suggest strategies to assist the peer in overcoming barriers
16.2 Be aware of, and collaborate with, relevant support and advocacy services within their local community or region	16.2(a) Provide information about support and advocacy services in their community or region including details of how to access these supports and services ³⁶
	16.2(b) Describe how to initiate a collaborative relationship with community partners
16.3 Be aware of, or able to acquire information about, applicable mental health and human rights laws in their jurisdiction	16.3(a) Describe the applicable mental health act in their province or territory and describe its general purpose
	16.3(b) Describe the applicable Human Rights laws for their province or territory and describe their general purpose

The peer supporter will know if a support or service requires a referral, or if it can be accessed via self referral (by phone, internet, or face-to-face) and if there are any specific requirement that must be met. A peer supporter is expect to maintain an updated list of useful services in their community or region.





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