

DRAFT NEW TRADE

PEER RECOVERY ADVOCATE (Competency-Based)

APPENDIX A

O*NET CODE 21-1093.00

This training outline is a minimum standard for Work Processes and Related Instruction. Changes in technology and regulations may result in the need for additional on-the-job training.

WORK PROCESSES

A. Workplace Orientation

1. Describe workplace organizational structure.
2. Adhere and uphold all company core values, policies, procedures, business ethic codes, information security policies, and HIPAA requirements/guidelines.
3. Demonstrate an understanding of general ideas regarding workplace ethics, interpersonal communication, and general management.
4. Ensure and/or remains in compliance with local, state, and federal regulation (ADA, HIPAA, Olmstead, etc.)

B. Recovery Orientation

1. Initiate contact with peers.
2. Listen to peers with careful attention to the content and emotion being communicated.
3. Reach out to engage peers across the whole continuum of the recovery process.
4. Demonstrate an understanding of peers' experiences and feelings by recognizing, respecting, and accepting their feelings as they happen.
5. Understand the importance of instilling hope, often facilitated through appropriate self-disclosure, and mutuality.
6. Use person-first language while simultaneously acknowledging the value of the substance use disorder recovery identity ("addict" and "alcoholic") for those who choose their own terms of self-identification.
7. Promote self-determination avoiding the culture of diagnosis and labeling.
8. Support concepts of self-efficacy and empowerment through having clients set goals, try new things and face challenges, and by accepting failure and criticisms positively.
9. Honor client's choice, many pathways to recovery, self-direction, and person-centered recovery planning.
10. Support fostering independence versus dependence, including employment assistance, and overcoming barriers to independent living.

11. Recognize the imperative of addressing discrimination, oppression, and stigma, and its transformative power in recovery.
12. Acknowledge the importance of client advocacy and that peer's staff are: "in" but not "of" the system.
13. Understand that recovery support services are non-linear services, occurring pre-treatment, during treatment, and post-treatment.
14. Recognize that individuals receiving peer services are active agents of change in their lives and not passive recipients of services.

C. Provide Support Services

1. Validate peers' experience and feelings by listening empathically, validate the emotion the person is experiencing, offer advice or encouragement, and validate the emotion once more.
2. Encourage the exploration and pursuit of community roles.
3. Convey hope to peers about their own recovery by providing support, respect, encouragement, and acceptance.
4. Celebrate peers' efforts and accomplishments.
5. Provide assistance to help peers accomplish tasks and goals by connecting them with need resources and providers.
6. Understand his/her own personal values and culture and how these may contribute to biases, judgements, and beliefs.
7. Appreciate and respect the cultural and spiritual beliefs and practices of peers and their families.
8. Recognize and respond to the complexities and uniqueness of each peer's process of recovery.
9. Tailor services and support to meet the preference and unique needs of peers and their families.

D. Support Recovery Planning

1. Assist and support peers to set goals and to dream of future possibilities.
2. Identify potential pathways to help a peer accomplish tasks or goals.
3. Support peers to use decision-making strategies when choosing services and supports.
4. Help peers to function as a member of their treatment/recovery support team.
5. Develop and maintain up-to-date information about community resources and services.
6. With supervision, assist peers to investigate, select, and use needed and desired resources and services.
7. Help peer, with supervision to find and use health services and supports.
8. Accompany peers to community activities and appointments when requested.
9. Participate in community activities with peers when requested.

E. Addressing Trauma, Social Inequity and Healthcare Disparity

1. Recognize and acknowledge the consequences of trauma on individuals, families, and communities, including physical health, psychological health and well-being, occupational performance, and parenting.
2. Understand models of trauma-informed care and best practices for varied populations.
3. Recognize the traumatic challenges faced by vulnerable populations (poverty, ethnic/cultural minorities, sexual minorities, disabilities, homelessness, military experience, or other vulnerabilities).
4. Become aware of specific health care disparity data of vulnerable populations in the local community and local systems of care.
5. Promote trauma awareness among peer staff, peer-delivered service programming, and the greater behavioral health system in which they work.
6. Address discrimination, stigma, and shame experienced by vulnerable populations, creating, and promoting a culture of safety within the agency and peer-delivered services environment.

F. Leadership and Advocacy

1. Advocate for the needs and desires of peers in treatment team meetings, community services, living situations, and with family.
2. Participate in the efforts to eliminate prejudice and discriminations of people who have behavioral health conditions and their families.
3. Educate colleagues in efforts to improve the organization.
4. Maintain a positive reputation in peer/professional communities.
5. Use technology to provide recommendations and more efficiently accomplish project goals.
6. Recognize the limits of their knowledge and seeks assistance from others when needed.
7. Use supervision (mentoring reflection) effectively by monitoring self and relationships, preparing for meetings and engaging in problem-solving strategies with supervisor.
8. Seek opportunities to increase knowledge and skills of peer support.
9. Reflect and examine own personal motivations, judgements, and feelings that may be activated by the peer work, recognizing signs of distress, and knowing when to seek support.

Approximate Total Hours

1000-2000

Apprentices in Competency-Based Programs shall participate in no fewer than 1,000 documented hours of on-the-job training, and until they have demonstrated competency for each Work Process, with the understanding competency will be demonstrated reasonably proximate to the maximum on-the-job training hours. Competency Assessment referenced in Appendix B.

Apprenticeship work processes are applicable only to training curricula for apprentices in approved programs. Apprenticeship work processes have no impact on classification determinations under Article 8 or 9 of the Labor Law. For guidance regarding classification for purposes of Article 8 or 9 of the Labor Law, please refer to <https://dol.ny.gov/public-work-and-prevailing-wage>

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RELATED INSTRUCTION

Workplace

General Workplace Safety

HIPAA, Privacy Training

Sexual Harassment Prevention Training – MUST comply with Section 201-g of the Labor Law

Job Skills and Theory

Introduction to Sociology

Introduction to Psychology

Human Development of the Family

Social Services Systems

Human Services Skills

Planning for Prevention and Recovery

Creating Person-Centered Service Plans

Motivational Interviewing

Professionalism in a Diverse Society

Documentation for Services

Human and Patient Rights

English Composition

Communication and Crisis

Public Speaking

Oral and Written Communication Skills

Independent and Collaborative Working

Customer Service Skills

Active Listening

Competency Assessment

Test Preparation

Written/Practical Proficiency Examination(s)

At least 144 hours of Related Instruction must be available for the apprentice at the time of his/her indenture. However, the apprentice may test out earlier if able to demonstrate competence for each topic on the Related Instruction outline.