

# Recovery Guide Manual

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## HISTORY AND BACKGROUND

By the 1990s, treatment for mental illness and addictions experienced a shifted to an acute care model in an effort to control costs. In this acute care model, individuals received intense, brief episodes of treatment followed by discharge with few, if any, connections made to recovery supports. Access to affordable care caused many individuals with mental health or addiction concerns to not receive treatment or be connected with supports. Therefore, the trend of incarcerating those struggling with mental illness or addiction continued. Soon, jails and prisons became overcrowded with individuals struggling with mental illness and/or substance misuse.

The continued criminalization of mental illness and addiction, in combination with a host of other factors served to further stigmatize individuals and families affected by mental illness and/or addiction. For those individuals and families who sought help

for their concerns, the reality of recovery was separate from treatment; and, until recently, treatment and recovery were largely viewed as two separate entities.

Now, in Hancock County, the entire care system is gradually shifting to become a recovery-oriented system of care, or ROSC. In a ROSC, recovery from mental illness and/or substance misuse is viewed as a unique, personal, journey that looks different for each person. In ROSC, there is no “one-size fits all” mentality, but rather the viewpoint that every individual’s or family’s definition of recovery, as well their journey to and through recovery will be unique. A ROSC views the individual or family as experts and seeks to support their self-directed recovery in the most natural environment possible.



## OVERVIEW OF THE RECOVERY GUIDE PROGRAM

An integral part of a recovery-oriented system of care (ROSC) is the use of peer recovery supports. Recovery Guides, through the Recovery Guide Program provide this peer recovery support. Recovery Guides engage in a one-on-one relationship with a peer (participants) seeking to establish or maintain their recovery and use their experience in recovery to encourage, motivate, and support the peer.

There are five unifying principles of peer recovery support services (White, 2009).

- The Wounded Warrior - those who are struggling are not abandoned, “recovery by any means necessary under any circumstances”
- The Wounded Healer - experiential knowledge is valuable, sharing of personal experience and storytelling provides hope and strength
- Community and the Helper Principle – helping benefits both the participant and the Recovery Guide, communities are important for healing, a peer support relationship must be non-hierarchical, mutual, available, inclusive, stable, and non-commercialized
- Peer Voice – authenticity is vital, emphasizes the importance of giving back and being involved in the community, “nothing about us without us”
- Professional Collaboration - peer recovery supports do not replace professional services, but add to them, combinations of peer and professional services may help some individuals initiate and maintain recovery, but it is up to the individual.

Recovery Guides will follow the five principles listed above to help participants in their recovery. The Recovery Guide program will be offered to anyone who utilizes Focus on Friends, the peer-led recovery center. Consistent with the philosophy of choice, individuals must choose to participate in the program and complete an application and screening before being matched with a Recovery Guide.

## DEFINITION OF RECOVERY: PREAMBLE FOR BUILDING RECOVERY IN HANCOCK COUNTY

Recovery is a process of change through which individuals improve their health and wellness, live a self-directed life, and strive to reach their potential as delineated over four measured dimensions: health, home, purpose and community (SAMHSA, 2012). Recovery from alcohol and drug problems is a process of change through which an individual achieves abstinence and improved health, wellness, and quality of life (SAMHSA, 2012).

### 12 Principles of Recovery

- There are many pathways to recovery
- Recovery will be self-directed and empowering
- Recovery involves a personal recognition of the need for change and transformation
- Recovery is holistic involving the body, mind, relationships and spirit
- Recovery has cultural dimensions
- Recovery exists on a continuum of improved health and wellness
- Recovery emerges from hope and gratitude
- Recovery is a process of healing and self-definition
- Recovery involves addressing discrimination and transcending shame and stigma
- Recovery is supported by peers and allies
- Recovery is (re) joining and (re) building a life in the community
- Recovery is a reality.

To implement a recovery focused model of care a philosophical framework of recovery management is best used. A **Recovery management** approach organizes services to provide pre-recovery identification and engagement, recovery initiation and stabilization, long-term recovery maintenance, and quality of life enhancement for individuals and families affected by substance use.

To attain this philosophy of care a Recovery Oriented System of Care (ROSC) will be designed.

A **recovery oriented system of care** is a coordinated network of community based services and supports that is person-centered and builds on the strengths and resiliencies of individuals, families, and communities to achieve abstinence and measured improved health, wellness and quality of life for those with or at risk (SAMHSA, 2011)

The recovery-oriented system of care will be guided by **17 Elements of Care**. In addition to being evidenced based care all care shall be:

- Strength based
- Person-centered
- Individualized and comprehensive and capable of services across a life-span
- Culturally responsive
- Responsive to personal belief systems
- Inclusive of family and other ally involvement
- Committed to peer recovery support systems
- Inclusive of the voices and experiences of recovering individuals and their families
- Integrated with other needed services
- Open to System-wide education and training
- Anchored in the community
- Be capable of providing a continuity of care over time
- Reflect a partnership-consultant relationship of the provider with the individual, family and community
- Capable of providing ongoing monitoring and outreach of the client
- Outcomes driven
- Research and science based
- Adequately and flexibly financed

The recovery-oriented system of care will include prevention, intervention, treatment and continuing care (e.g. post-treatment check-ups). It will lead to a community where people have a stake in designing and improving the quality of life for all in the community. Benchmarks and measures of outcomes (e.g. White, 2008) with documented progress will be designed and monitored by the community.

## Recovery can only be defined and claimed by the person seeking recovery.

Some may view recovery from mental illness and recovery from addiction or substance misuse as two entirely unrelated things. There are several themes recovery from mental illness and recovery from addiction have in common. These common themes are summarized in the chart below:

Goal	To reduce the impairment and disability, and improve quality of life
Role of person	Person is agent of recovery. Active involvement is necessary for recovery.
Principles	<ul style="list-style-type: none"> <li>-Focus on person and environment</li> <li>-Long-term perspective</li> <li>-Recovery is a process and nonlinear</li> <li>-Family involvement is helpful</li> <li>-Peer support is important</li> <li>-Spirituality may be critical component of recovery</li> <li>-Multiple pathways to recovery</li> </ul>
Values	<ul style="list-style-type: none"> <li>-Person-centered</li> <li>-Partnership (person involvement)</li> <li>-Growth</li> <li>-Choice</li> <li>-Strengths perspective</li> <li>-Focus on wellness and health</li> </ul>
Strategies to Facilitate Recovery	<ul style="list-style-type: none"> <li>-Treatment i.e.: Crisis intervention, medication, therapy, illness management education</li> <li>-Community support</li> <li>-Skills for valued roles</li> <li>-On-going, flexible recovery-enhancing services</li> <li>-Advocacy</li> </ul>

The Preamble for Building Recovery in Hancock County lays the groundwork for Recovery Guides. Recovery is not a straightforward formula of “a+b= recovery”. Rather, recovery from a mental illness and/or addiction is a deeply personal journey that involves reclaiming things that were lost and discovering one’s ability to move beyond limitations. Recovery can be a messy process that involves taking risks, making mistakes, and learning from experiences. These things are important for growing both in recovery and as a person. Recovery impacts every aspect of a person’s life including the physical, intellectual, emotional, relational, personal, and spiritual aspects of their life. Recovery can only be defined and claimed by the person seeking recovery; this is important for Recovery Guides to remember. How an individual or family view their recovery identity can also vary, from negative, to neutral, to positive. This recovery identity may change over time, and that is all part of the unique journey of recovery. Recovery Guides should remember that a participant’s feelings about and identification with recovery might be different than their own.

A Recovery Guide does not have all the answers, but they are able to listen, share experiences, and provide advice.

### **DEFINITION OF A RECOVERY GUIDE**

*A Recovery Guide is a volunteer who uses strength-based support to promote recovery by removing barriers and building recovery capital.*

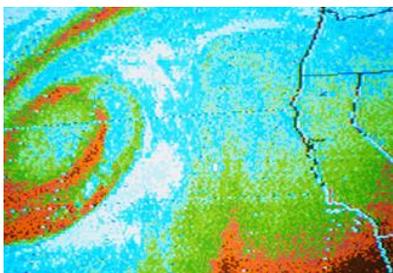
A Recovery Guide works with individuals to make positive changes in their life. Recovery Guides help, by providing hope and serving as a role model. Recovery Guides show that recovery is a reality.

Recovery Guides are individuals with personal experience of mental illness and/or substance misuse or loved ones who have journeyed with someone who experiences or has experienced mental illness and/or substance misuse.

As such, each Recovery Guide is actively engaged in their own recovery pathway, whatever that pathway may look like for them or their family. For example, for a Recovery Guide in long-term recovery from depression, their recovery pathway may involve the NAMI Peer-to-Peer Program, regular phone calls to their brother, and involvement in their church choir. The recovery pathway of a Recovery Guide who is the mother of an individual in recovery from an opiate addiction may involve attending the You Are Not Alone support group, working her job at Marathon, and completing a daily meditation. A Recovery Guide does not have all the answers, but is able to listen, acknowledge what the individual is going through, share the benefits and challenges of recovery, relate their own experiences in a helpful way, and provide practical advice.



## RECOVERY GUIDE ROLES AND RESPONSIBILITIES



A Recovery Guide has a clear set of roles to play in their interactions with participants. The role(s) the Recovery Guide serves in may change as the needs of the participant change. As a Recovery Guide, you may serve in any or all of the following roles: motivator and cheerleader, role model and mentor, ally and confidant, advocate, educator, community organizer, outreach worker, truth teller, and guide.

### LISTENING

One of your most important roles as a Recovery Guide is to listen. An empathetic ear and the ability to have a healthy detachment to the current circumstances of the participant are valuable skills. You do not need to have the answers and you should not solve the problems of the participant. However, you should listen and empower the participant to resolve their own problems and discover the answer to their own questions. As a Recovery Guide, you should point the participant in the right direction. You may be able to share parts of your story, when it is appropriate, to create hope and help the participant realize change is possible. Another part of listening is empowering and allowing the participant to develop his or her own recovery narrative.

The participant's recovery narrative helps the participant to make sense of the past, look at the present, and plan for the future. If a Recovery Guide is able to listen well, participants will often respond by sharing more. This may lead the participant to identify unresolved concerns or identify previously unknown strengths. Through listening, you, as a Recovery Guide, are able to reflect the challenges currently faced by the participant. This can help a participant gain a new perspective on their situation. Through active listening, paraphrasing, and acknowledging what participants say, Recovery Guides can help participants to recognize inconsistencies or misperceptions in their thinking that may prevent participants from reaching their goals. If or when you notice these things, it is important to share these observations constructively with participants. Throughout this entire process, a Recovery Guide should share their experiences, strength, and hope, and help the participant to identify their own potential for recovery. As a Recovery Guide you are tangible evidence of being able to overcome challenges and establish long-term recovery.

### ADVOCACY

Sometimes, as a Recovery Guide, you may act as an advocate for the participant you are working with. This advocacy most often takes the form of calling, speaking with, or writing a letter to potential landlords, employers, probation or parole officers, a treatment agency, etc. ***It is very important to consult with your supervisor before agreeing to or engaging in any advocacy on behalf of the participant.*** Your supervisor will be able to provide you with information, help you determine if the proposed advocacy is appropriate, and help develop advocacy strategies that are likely to be successful.

Advocacy is important to address stigma and misunderstanding about mental illness and addiction. However, done in the larger community by a Recovery Guide is never done on the behalf of a participant and should not be confused with individual advocacy.

Community advocacy is important to ensure access to resources that are needed by those pursuing and maintaining recovery, and as a Recovery Guide, you are in a unique position to be a community advocate. When advocating or sharing your story, be careful of the language you use. It is recommended to use the language provided in the Recovery Messaging Training by Faces and Voices of Recovery to ensure your message is received by the public in the best way possible.

## MENTORING

As a Recovery Guide, you may also serve as a mentor for the participant. Recovery Guides are individuals who are farther in their recovery than the participant. This gives you unique experience and insight. Using your recovery expertise, you can share practical information and experiences that may benefit participants.

Helpful tips:

- **Remember** the participant decides what their recovery pathway is and what recovery looks like for them
- Take the approach that the participant can take what they will of the information shared – it is up to them. They will make the choice regarding what tasks are completed and which are left undone.
- Listen and be supportive; avoid passing any judgment
- Remember that information and opinions are two different things.
- Focus on strengths and solutions, avoid stigma

Another role you may have as a Recovery Guide is consultant. As a consultant, you can help the participant create recovery goals, including objectives, milestones, strategies to achieve goals, and back-up plans. As a Recovery Guide, you do not do these tasks for the participant, but help the participant to develop clear recovery goals.

**Recovery is the responsibility of the participant.** In the role of a Recovery Guide, you can also help support the participant develop the skills and knowledge needed to make their recovery goals a reality. As a Recovery Guide in the role of a consultant, you are able to assist the participant to look at their progress and analyze what went well, what did not go well, and what goals should be continued, discontinued, or modified. To help participants on their recovery pathway, you can share your knowledge of local resources, both formal and informal resources, as well as present alternative viewpoints. These skills help a participant be successful.

## WHAT A RECOVERY GUIDE IS NOT

A very important part of being a Recovery Guide is being able to understand where the role of a Recovery Guide begins and ends. Knowing and staying within the role of Recovery Guide protects the participant, Recovery Guide, and organization. Maintaining boundaries and staying within your role creates a good relationship between the Recovery Guide and participant that allows the participant to be self-directed in their recovery. Allowing the participant to choose their own pathway of recovery will lead to greater success in establishing or maintaining long-term recovery. **Remember, every individual is an expert on their life and every individual has the capacity to heal and recover.**

A Recovery Guide is not a professional counselor, social worker, marriage counselor, case worker, psychologist, judge or lawyer, pastor, priest or spiritual advisor, sponsor, doctor or nurse, financial adviser or loan officer, landlord or roommate, or best friend. It cannot be emphasized enough how important it is for you to stay in your role as a Recovery Guide. It may be helpful to think of the Recovery Guide as a link between the participant and resources. If the participant you are working with decides they would benefit from the services of a spiritual advisor, it is not your role or responsibility to provide spiritual guidance. Rather, you should explore and clarify what the participant is seeking, and then seek to connect them to someone who is qualified to provide those services. If at any time you are unsure what your role is you can consult the Code of Ethics for Recovery Guides, and/or meet with your supervisor.

A Recovery Guide is different from a professional helper, such as a case manager, social worker, counselor, Ohio Peer Supporter, and sponsor in many ways. One way a Recovery Guide is different from these other positions is in the source of their knowledge. A professional helper's knowledge comes from their education. In their work, professional helpers are ethically bound to refrain from sharing personal experience. An Ohio Peer Supporter's knowledge comes from both experience and through 52 hours of training and continuing education. The service of the Ohio Peer Supporter is bound by their specific code of ethics and the organization they are employed by. A sponsor, like a Recovery Guide, has experiential knowledge. However, unlike a Recovery Guide, a sponsor works only within a specific program of recovery and they are encouraged to promote their own recovery program, rather than encouraging the individual to choose their own recovery pathway. A Recovery Guide possesses experiential knowledge and skill. This knowledge is combined with training. A Recovery Guide works as a volunteer representative of an organization and as such receives training, and is bound by rules, obligations, and accountabilities that are not present or are different from those found in a counselor/Ohio Peer Supporter-client or sponsor-sponsee relationship.

The Recovery Coach is NOT a:	You are moving beyond the boundaries of the recovery coach role if you:
Sponsor (or equivalent)	-perform NA/AA or other mutual-aid group service work in your recovery coach role -guide someone through the steps or principles or a particular recovery program
Therapist/counselor	-diagnose -provide counseling or refer to your support activities as "counseling" or "therapy" -focus on problems/"issues"/trauma as opposed to recovery solutions
Nurse/Physician	-suggest or express disagreement with medical diagnoses (including psychiatric diagnoses) -offer medical advice -make statement about prescribed drugs beyond the boundaries of your training and experience
Priest/Clergy	-Promote a particular religion/church -Interpret religious doctrine -offer absolution or forgiveness (other than forgiveness for harm done specifically to you)

White, W. (2006). *Sponsor, recovery coach, addiction counselor: The importance of role clarity and integrity*. Philadelphia, PA: Philadelphia Department of Behavioral Health and Mental Retardation Services

A Recovery Guide also differs from other positions in what and how they do what they do. A Recovery Guide recognizes there are many pathways to and of recovery. As such, a Recovery Guide works across multiple frameworks of recovery, guided by choices made by the participant. A Recovery Guide does not persuade or dissuade a participant from pursuing or maintaining their chosen path or framework of recovery. Rather, Recovery Guides provide support across many religious, spiritual, secular, and non-traditional frameworks of recovery. Recovery Guides also can provide services to a wide variety of people, including those who do not yet desire to, or are not ready to, begin their recovery and those who are seeking recovery, but do not want to participate in a particular recovery program. A Recovery Guide can also continue to provide support to those who experience a lapse or relapse and can maintain contact with individuals after they have disengaged from formal service. Ultimately, a Recovery Guide supports the individual as they anchor their life in their natural environment or an alternative environment that is able to sustain a life in recovery and build recovery capital.

## THE RECOVERY GUIDE –PARTICIPANT RELATIONSHIP

The relationship between a Recovery Guide and a participant is unique. As a Recovery Guide, you provide support within the participant's world, working from a position of equal power. You serve as a more experienced equal to the participant, simply someone who is farther along in their recovery journey, not a source of authority. The relationship between you and a participant is generally personal and informal, guided by a code of ethics unique to Recovery Guides. The Recovery Guide's relationship with the organization is more formal, typically involving documentation, supervision, and meetings with other Recovery Guides. Within a Recovery Guide – participant relationship, you focus only on the present, on what can or needs to be done today to strengthen the participant's recovery. As a Recovery Guide, you do not focus on past issues or traumas. You can strategically use your own story to support the participant and provide a regular role model of recovery. Overall, your role as a Recovery Guide is to support the participant to identify and pursue their unique pathway to and through recovery, while empowering them to address present needs, develop goals, solve current problems, and enhance their overall health.

## TYPES OF SUPPORT A RECOVERY GUIDE MAY PROVIDE

There are four types of support commonly provided by Recovery Guides – emotional, instrumental, informational, and companionship.

Type of Support	Goal for the Participant	Recovery Guide Skills Needed
Emotional	Increase participant's self-esteem and confidence	Empathy, ability to express caring and concern
Instrumental	Help the participant accomplish specific tasks	Ability to interpret, fill out and explain documents/forms, ability to know where to find answers/assistance
Informational	Increase participant's knowledge and skills	Ability to share knowledge and teach skills
Companionship	Increase participant's connection with others including friends, family members, community	Ability to teach and develop interpersonal skills, knowledge of healthy relationships

The type of support a Recovery Guide provides may change and evolve over the time as the needs of the participant evolve. It is important to remember that what the participant needed to initiate recovery may not be what they need to maintain recovery.



## RECOVERY CAPITAL

As a Recovery Guide, you help participants build recovery capital. Recovery capital entails all the resources the participant and are able to use to help establish or maintain recovery. Recovery capital includes both internal and external resources. Internal recovery capital are those aspects the participant has inside of themselves such as hope, skills of any kind, personal goals, a sense of self-efficacy, experiences, or a willingness to ask for help. External recovery capital include positive family relationships, stability in school or work, safe and stable housing, connection to the community, recovery groups, participation at a recovery center, etc.

There are three broad categories of recovery capital: social, physical, and human.

- Social capital - relationships and connections with others that can be used for support, guidance, belonging, purpose and hope. Includes family, support group members, church activities, community involvement, etc.
- Physical capital - tangible resources. Includes safe and stable housing, a recovery center, income, transportation, food, clothing, etc.
- Human capital - Internal human capital includes skills and knowledge gained by working with professionals and/or peers in treatment or other recovery processes. External human capital includes individuals who are directly involved in supporting the participant's recovery; also includes the Recovery Guide, sponsors, clergy, case workers, professional helpers, teachers, and possibly members of the judicial system.

As a Recovery Guide, you can help participants build a broad and diverse base of recovery capital. Building and keeping recovery capital is an important task no matter what recovery pathway the participant has chosen. You can help the participant to use the recovery capital they already possess to build up areas where they lack recovery capital. Focusing on areas of strengths empowers participants and allows them to take ownership of building recovery capital to meet their goals. However, as always, it is important for you, as a Recovery Guide, to recognize that while you can help the participant identify recovery capital and provide tools to help the participant use it, it is the participant who will choose whether or not to actually use their recovery capital.



## CODE OF ETHICS

Core Values, Obligations, and Ethical Guidelines for Recovery Guides:

1. **Service:** Help provide hope to individuals, families, and communities. Offer your experience, strength, and hope to serve others and promote recovery.
2. **Recovery:** Recovery is first and foremost. Continue to work on your own recovery path, seek support as necessary. You may request inactive status for medical reasons for so long as is necessary. Recognize that working on your own recovery is crucial to being an authentic and genuine role model for participants.
3. **You and Your Voice:** Know yourself, including your strengths and your weaknesses. Know when it is appropriate to tell your story. Be the face and voice of recovery.
4. **Capability:** Give your best in all that you do. Seek out opportunities to improve yourself and your skills. Engage in continuing training and education. Continually expand your knowledge of recovery and its many pathways.
5. **Credibility:** Be a role-model of recovery. Be the face and voice of recovery; be an example of what recovery can add to one's life. Walk what you talk.
6. **Honesty and Authenticity:** Be honest. Know how to separate fact from opinion. When you are wrong, admit it. Be genuine in your interactions – be real, be present. Represent yourself accurately, including your role and your recovery experience.
7. **Fidelity:** Keep your promises and honor your commitments.
8. **Humility:** Know the limitations of your experience and role as a Recovery Guide. Handle disagreements respectfully, seek help when needed. When a participant's problems are beyond your training and expertise as a Recovery Guide, seek out assistance from your supervisor.
9. **Resilience, Perseverance, and Hope:** Don't give up. Offer multiple chances; be an ally for the person, but while you can carry the message of recovery to the person, you cannot carry the person. Do not give up on a participant who has lapsed or relapsed; instead follow your training as a Recovery Guide to reach out to them. Above all, offer hope. Remember, you are living proof of recovery and resilience.
10. **Strength:** Focus on the good things of the person – their strengths, talents, assets, and potential. Believe that every individual has the ability to learn and grow. Focus on the present and the next steps, not on past issues.
11. **Dignity and Respect:** Respect the imperfections and potential of others and yourself. Act with compassion and treat everyone with honor and dignity. Remember, everyone is a person first – they are not defined by their diagnosis, problems, or situation.
12. **Tolerance:** There are many pathways to and of recovery. Take the time to learn about diverse pathways and styles of recovery. Be accepting of all pathways of recovery, even those opposite of your own.
13. **Autonomy and Choice:** Recovery is voluntary and is a self-directed, unique, and personal process. Foster an environment of self-determination and choice by establishing a mutually empowering relationship with the participant. Encourage exploration of alternatives and options. Avoid giving advice or making assumptions, rather ask open-ended questions.
14. **Advocacy:** Be a voice for the voiceless. Help others find their own voice and support them to advocate for themselves.
15. **Safety:** Strive to create a relationship with the participant that is a sanctuary of safety. Understand there are many variables that can impact a person and the relationships they form. Endeavor to be culturally-competent and trauma-informed to help participants feel safe.
16. **Discretion and Privacy:** Respect the privacy of everyone. Don't gossip. Do not take a photograph or video of, or making statements regarding participants in any medium (print, online, verbally, etc.) without their written permission.
17. **Protection:** Do not harm, exploit, devalue, manipulate, abuse, neglect, or ignore a participant. If you become aware that a condition of clear and imminent danger exists that a participant may inflict serious bodily harm on another person or persons and/or to himself or herself, report this to the appropriate personnel. Avoid dual relationships and conflicts of interest. Accepting or giving gifts must be directly related to the participant's recovery and must not be of significant value. Do not loan anything to or borrow anything to or from a participant, including money. Do not hire a participant you are supporting to work for you. Do not establish or engage in romantic, intimate, or sexual activity with a participant.
18. **Documentation:** Document contacts, activities, and critical incidents in provided forms using person-centered language at all times.
19. **Stewardship:** Use and create resources in the wisest way possible to provide those things participants need to achieve and sustain recovery.
20. **Integrity:** Report any violation of the Code of Ethics to your supervisor. Always honor the rules and regulations of the organization you are representing.

## QUALITIES OF RECOVERY GUIDES

Recovery Guides should have at least some of the qualities listed below to be effective in working with participants. However, please note that no one is perfect, and no Recovery Guide is expected to be perfect. All of the qualities listed below can be nurtured and developed. The ideal qualities of a Recovery Guide are:

- Authentic and humble, able to empower others and offer support from a position of moral equality.
- Focus on the participant's self-determination in all things and are open-minded.
- Believe in long-term, full, and holistic recovery and health for both the participant and/or their family.
- Focus on the participant's potential, always looking for and identifying strengths.
- Have a solid sense of boundaries and ethics, and an understanding of one's own limitations in knowledge and/or skill
- Place focus on developing interpersonal skills and building recovery capital of all forms.
- Engage and motivate participants using assertive communication.
- Are knowledgeable in lapse and relapse intervention, and community resources.
- Have the ability access mainstream institutions.
- Focus on the present and the next steps for the participants, not past experiences.
- Are an example of hope, have patience, and have a passion for recovery.
- Focus on what recovery can add to one's life rather than on what painful consequences can be escaped.
- Strategically use their stories when they will be of benefit to the participant.
- Advocate for recovery and promote community education and development.

## SKILLS OF A RECOVERY GUIDE

Recovery Guides possess several core skills that enable them to work effectively with participants seeking to establish and/or maintain recovery from mental illness and/or substance misuse. A Recovery Guide does not need to possess advanced skills in all of these areas. Rather, it is important to continually build on current skills. Some skills that Recovery Guides need are:

- Empathetic listening
- Non-judgmental acceptance
- Clear communication
- Practical problem-solving
- Ability to recognize personal limitations and maintain appropriate boundaries
- Ability to separate oneself from the outcomes the participant experiences (i.e. avoiding self-blaming)
- Ability to build and maintain healthy relationships with others



It is OK to not have all the answers. It is OK to say, “I don’t know.”

### KNOWLEDGE NEEDED BY RECOVERY GUIDES

The knowledge of self and experiential knowledge brought by Recovery Guides is invaluable and irreplaceable. The knowledge of a Recovery Guide serves as the basis for the relationship between the Recovery Guide and the participant. There are several things a Recovery Guide should know or understand, including:

- Understand your own recovery path. This allows you to share it in a way that is helpful.
- Knowledge of diverse pathways of recovery, or at the very least openness to learning about and supporting other recovery pathways.
- Understand or be willing to learn about of mental illness and/or addiction and recovery and its impact on the individual and family.
- Know and understand the boundaries and ethics related to your role as a Recovery Guide.
- Have/gain knowledge of both formal and informal resources in the community.

You do not need to know everything and will be able to build knowledge of community resources with time and through meeting with your supervisor and other Recovery Guides. Working as part of a team with you supervisor and other Recovery Guides is very important and allows sharing of knowledge and skill development.

### READINESS RULER

Entering and maintaining recovery requires many changes to take place. The Readiness Ruler is a tool you may find helpful to measure how ready a participant is for a particular change. The Readiness Ruler can help you and a participant clarify the participant’s feelings regarding change. The Readiness Ruler asks two questions that the participant answers on a scale of one through ten.

The first question is “How important is it for you to make this change?” One is not important, five is important, and ten is very important. The second question is “How confident are you that you can make the change?” Here, one is not confident, five is confident, and ten is very confident. The participant’s answer to these questions can help start a conversation about recovery capital, strengths, and change. For a Readiness Ruler Worksheet, please see the forms at the back of this manual.



## MOTIVATIONAL INTERVIEWING

As a Recovery Guide, it is helpful to have some knowledge regarding motivational interviewing. Motivational interviewing can be used when a participant is unsure about making change or is inconsistent between what they do and where they want to be in their life. Motivational interviewing involves five major principles or techniques.

Principle/Technique	Definition	Recovery Guide Skills Needed
1. Express Empathy	Truly and genuinely understanding the participant's situation and feelings	Active listening, reflecting statements accurately and concisely, non-judgmental acceptance of the person <sup>1</sup>
2. Avoid argument	Avoid challenging the participant's position to avoid creating defensiveness	Ability to have the participant discuss why they want to change <sup>2</sup>
3. Support self-efficacy	Support the participant's ability to make a change	Be encouraging but realistic, recognize their strengths
4. Roll with Resistance	If the participant is resistant to change, roll with it, don't challenge them	Ask questions, clarify things that don't make sense, offer new perspectives
5. Develop discrepancy	Help the participant see contradictions in their thinking to motivate change	Ability have positive, directed discussions and constructively point out irregularities

<sup>1</sup> As a Recovery Guide, try to separate the person from their actions. You can disapprove of a participant's actions, but should never disapprove of the participant as a person.

<sup>2</sup> It is best to try to get the participant to state why they want to change in their own words. Avoid telling the participant why they should change, instead lead the conversation in a way that lets them to state those reasons.

## PATHWAYS OF RECOVERY

There are numerous pathways to and through recovery, making each individual's recovery a unique and personal journey. Some individuals begin their recovery journey on their own (sometimes referred to as natural or self-initiated recovery), some enter recovery through the assistance of treatment, and still others find recovery through peer assistance (like mutual aid groups). These variations highlight the diversity of individuals seeking recovery. It is helpful to remember and respect this diversity by offering participants a menu of ideas, techniques, etc. The recovery framework a participant follows will typically fall into one of three main categories – religious, spiritual, and secular.

Framework	Definition	Problems Are Solved Through...
Religious, or faith-based	Follows particular beliefs and rituals	Religious experiences, beliefs, rituals, tenets for daily living and community support
Spiritual	Has a core set of values and connects person to internal and external resources	Authentic living and the search for and creation of meaning in one's life
Secular	Does not rely on religious or spiritual principles	Self-direction, rational problem-solving, and self-efficacy

Individuals seeking or maintaining recovery may use any or all of these frameworks. They may use one framework, use two frameworks at the same time to meet different needs, or start with a single framework and then switch to another. An individual may use one framework to initiate recovery, but another framework to maintain it.

## SOURCES OF LIFE MEANING AND PURPOSE

There are four primary sources of life meaning and purpose that are shared across religious, spiritual, and secular recovery frameworks: survival, self-reclamation, connection to community, and service to others. It is helpful for you, as a Recovery Guide, to keep these aspects in mind as you are assisting participants. Here, survival means to understand one's greater purpose and destiny, including experiencing hope and gratitude. It involves reclaiming or rebuilding one's self. This self-reclamation includes identifying negative aspects (selfishness, resentment) and forming new values (i.e. honesty, patience). Connection to community is important in recovery and involves identification with a specific recovery community and identification with the larger community. Service to others is a common theme in recovery and typically occurs in three ways:

1. Service to those who were injured or neglected while the individual experienced symptoms.
2. Service to those seeking recovery from mental illness and/or substance misuse.
3. Service to the larger community, typically through volunteer work



## CULTURAL COMPETENCY

Cultural competency in regards to recovery and being a Recovery Guide moves beyond those things we usually associate with culture like race and ethnic heritage. Cultural competency in regards to recovery adds the diversity found among recovery pathways and in the recovery community. The recovery community alone is made up of a diverse group of individuals including those in treatment, those who have completed treatment, those searching for recovery, parents, siblings, children, significant others, recovery allies, individuals in 12-step groups, those following a faith-based or medication-assisted recovery pathway, those engaged in some other mutual support group, etc. The list could go on and on.

As a Recovery Guide, you not only need to have the skills to be able to be sensitive to a diverse group of participants, but you also need to develop knowledge and skills to assist participants whose recovery pathways are different than your own. Being open-minded to the diverse pathways of recovery from mental illness and/or substance misuse can help to expand your understanding of recovery. By acknowledging and accepting a participant's recovery pathway, you are better able to help them navigate their chosen path to long-term recovery. Perhaps one of the most important aspects of cultural competency for you as a Recovery Guide is to acknowledge that no recovery pathway is more or less valid than others.

## USING YOUR QUALITIES, SKILLS, AND KNOWLEDGE AS A RECOVERY GUIDE

### THE FIRST MEETING

The first meeting between you and a participant in the Recovery Guide program is important. Your supervisor will attend this first meeting to help you and the participant get off to a good start. During this first meeting, you and the participant lay the groundwork for your relationship. The key is to create an environment where the participant views you, the Recovery Guide, as an equal, not an expert. Remember to meet the participant where they are. You should not go into this first meeting with any assumptions. Some questions that might be helpful for you to ask the participant at this first meeting are:

- “What does recovery mean to you?”
- “What are things in your life you’d like to work on?”
- “What questions do you have about how we will be working together?”
- “Are there any preferences or needs you think it would be helpful for me to know?”

During the first meeting, it is important to clarify expectations between you, the Recovery Guide, and the participant. It is also important to spell out what commitments are being made by both parties as well as the limits of the Recovery Guide-participant relationship. Taking time to review and complete all the necessary forms may provide a way to begin this discussion. However, it is important not to overwhelm the participant, as filling out multiple forms can be stressful for some people.

There is no set limit for the length of the relationship between the Recovery Guide and the participant. However, it is a good idea set a goal for the end of the relationship at the beginning. Perhaps when the participant achieves certain goals, the relationship can be discontinued. It is important for you and the participant to have an end point in sight. When in doubt, you can ask your supervisor for guidance.

### DAILY ACTIVITIES OF A RECOVERY GUIDE

As a Recovery Guide, your goal is to support the recovery of the participant. This support takes a variety of forms including helping the participant identify recovery capital and develop recovery goals. You help to empower the participant, provide nonjudgmental feedback, and help support the participant find their recovery pathway. As a Recovery Guide, you can use your knowledge, skills, and training to encourage participants to seek greater self-knowledge, including increasing awareness of triggers, strengths, vulnerabilities, etc. Again, you are not an expert and you are not expected to be an expert. Instead, you can listen empathetically as you are an individual or family member who is able to understand what the participant is going through on a level others cannot.

As a Recovery Guide, you must remember that the relationship you have with the participant is the foundation for everything the participant does. To be successful, the relationship must center on the participant and their goals. During the first meeting, you should explain that achieving and maintaining recovery is the participant’s responsibility. As a Recovery Guide, you are there to assist and advise, but recovery requires a commitment by the participant. You should never ask a participant to do something you would not do yourself. Remember, as a Recovery Guide, it is OK to make mistakes as long the mistake is honestly recognized and lessons are learned. If you make a mistake, it may provide an excellent learning experience for the participant in how to positively and effectively handle real-life situations. If you ever doubt your skills or have questions, you should speak with your supervisor.

Below are some common tasks you may do as a Recovery Guide:

- Make/develop goals for recovery
- Discuss needs
- Explore housing options
- Obtain furniture or other household supplies
- Assist in obtaining, clothing, food
- Assistance completing forms
- Identify and engage recovery supports, perhaps including family members
- Work on interpersonal skills, friendships
- Work on time management
- Explore leisure and fun activities
- Assistance connecting to social activities/hobbies
- Support and rehearse social skills
- Helping/coaching in social situations
- Help maintain appointments related to physical and mental health
- Link to other services in the community related to physical and mental health
- Practice interviewing, searching for employment, or developing a resume
- Link to educational services, supporting the Participant's educational choices
- Helping identify sources of meaning/improve spiritual health

### WHAT TO DO WHEN THINGS AREN'T GOING AS EXPECTED

The qualities you have as a Recovery Guide, particularly as an empathetic listener, allow you to use active listening, paraphrasing, and questioning to mirror inconsistencies and increase the participant's awareness. When you notice inconsistencies in what the participant says and does, you should not use confrontation. Confrontation usually creates defensiveness and is not effective in motivating an individual to change. This does not mean that you sugar-coat, downplay, or enable the participant to continue with unhealthy behavior. Instead, you should be non-judgmental and honest.

There may be times a participant makes a choice that does not make sense to you. Discuss these situations with your supervisor, ask the participant questions, and suggest other options. Ultimately, however, your role as a Recovery Guide is to be supportive even when someone's course of action does not seem promising.

If you, as a Recovery Guide, notice the participant is not taking steps to achieve the recovery goals they created, mention it to the participant. Do not confront the participant, but rather, ask if their recovery goals are working for them or if they need to be changed. The Readiness Ruler or motivational interviewing techniques might be useful tools for you to use. Always discuss challenging situations with your supervisor and use your supervisor as a resource to help the participant.



## A lapse or relapse should be treated as a learning opportunity, not a failure.

### LAPSE/RELAPSE PROTOCOLS

In the event you experience a lapse or relapse, you will not be dismissed, but will be asked to suspend your interaction with the participant and inform your supervisor as soon as possible. Your supervisor will be supportive and help you to re-establish your recovery, seeking out formal and/or informal supports necessary. To prevent a lapse or relapse it is important for you to put your recovery first and practice self-care to avoid burnout. These are discussed in greater detail later.

In the event a participant experiences a lapse or relapse, you, the Recovery Guide, will inform your supervisor immediately. You should not retrieve the participant from a harmful environment, but can reach out to the participant through previously agreed-upon communication channels. It is appropriate for you to meet the participant in a recovery environment such as Focus on Friends, a hospital, etc. The choice to resume recovery must be made by the participant. If the participant chooses to continue on their pathway to recovery, you should review their recovery goals. In reviewing their recovery goals it can be helpful ask certain questions such as:

- “Were the steps outlined in their recovery goals followed?”
- “Do the recovery goals need to be changed, or modified?”
- “In the future, what could the participant do differently?”
- “Is there something the Recovery Guide might want to do differently in the future?”

A lapse or relapse should be treated as a learning opportunity, not a failure. It should also be emphasized that *relapse does not have to be a part of recovery*. If a participant experiences a lapse or relapse, do not blame yourself and maintain a healthy detachment from the situation, use your supervisor for guidance as necessary.

### SELF CARE

Your most important task as a Recovery Guide is to practice excellent self-care. You serve as a role model of recovery. Maintaining healthy, sustained recovery is a top priority. Part of being a role model of recovery and preventing a lapse or relapse is continuous effort to maintain recovery. One of the biggest mistakes a Recovery Guide can make is to replace work on their recovery with being a Recovery Guide.

## Being a Recovery Guide is not a replacement for a recovery program or pathway.

There are benefits to being a Recovery Guide, such as being able to give back to the community, but there is no replacement for active work on your or your family’s recovery. Failing to practice self-care puts you at risk for burnout, and puts you and the participant at risk for experiencing a lapse or relapse. Follow your own recovery pathway, take care of yourself, and always be open and honest with your supervisor about what is going on. Other thing you can do for self-care include participating in support groups, following your chosen spiritual path, eating a healthy diet, getting enough sleep, and exercising regularly.

## Health and Medical Emergencies: Dial 9-1-1 Mental Health Crises: 1-888-936-7116

### CONFIDENTIALITY

In the course of being a Recovery Guide, a participant may reveal sensitive information to you. Out of respect for the participant and the program, it is your responsibility to maintain the participant's confidentiality. However, there are limits to this confidentiality, including:

- Threatened or actual violence
- Child abuse, elder abuse, or abuse of a vulnerable population
- Threatened or actual self-harm

In these cases, you must discuss the situation with your supervisor as soon as possible and notify the appropriate authorities. If you are comfortable exploring the situation with the participant further, you may do so and attempt to find a positive resolution. If there is threatened harm or if you feel there is an imminent risk of violence, be honest; express your discomfort with their plan. State that to protect the participant and others, you are obligated to contact your supervisor and contact the appropriate authorities, including calling 9-1-1. In the case of threatened self-harm, it is best to try to engage the participant and encourage them to seek help. Offer to call the mental health crisis line and/or 9-1-1. Once the participant consents, call the crisis line and hand the phone to the participant, and stay with them. This type of approach is most empowering to the participant and is consistent with the Recovery Guide Program.

### CRITICAL INCIDENTS

A crisis may arise, such as intoxication/substance use, a mental health crisis, threats of harm to self or others, severe anxiety, anger or conflict. Critical incidents are defined as incidents that involve a Recovery Guide and/or a participant that is unanticipated and poses a problem, issue, or crisis. Examples of critical incidents include a mental health episode that is more severe than the participant's usual behavior, vandalism, destruction of property, aggression or severe disrespect toward a Recovery Guide, staff member, or other individual at Focus on Friends, etc. If the situation is an emergency and there is an immediate threat to the health and safety of the participant and/or others, call the appropriate emergency services. Other critical incidents will immediately be reported to your supervisor, who will work with you and the participant to resolve the situation. After the incident is over, immediately complete a Critical Incident form with your supervisor to ensure the safety and responsibility of all Recovery Guides and participants. The Critical Incident form must be completed within 24 hours of the incident.

### REFERRAL PROTOCOL

If or when a participant needs more resources or assistance than you, as a Recovery Guide, can or should provide, discuss the situation with your supervisor. Your supervisor will then discuss the situation with the participant and complete the referral if necessary. The supervisor may ask for you to help make sure the referral is followed through.

## ROLE OF THE RECOVERY GUIDE SUPERVISOR

Each Recovery Guide will meet with their supervisor once per week for supervision. The purpose of this supervision will be to review any concerns, provide additional training in specific skills, or address current boundary or ethical concerns to improve the relationship between the Recovery Guide and the participant. Supervision may take place in a group setting, allowing for group problem-solving and support. The Recovery Support Supervisor will plan a monthly meeting with all Recovery Guides. These meetings can be used to resolve ethical dilemmas, develop and disseminate information, problem solve any issues, misconceptions, or barriers, or for Recovery Guides to support one another.

It is very important for you, as a Recovery Guide, to become comfortable with your supervisor. You will need to rely on your supervisor for advice and guidance when handling situations your training has not prepared you for. Do not hesitate to use your supervisor as a resource. If at any time you are unsure how to proceed with a situation, you are having difficulties, or are concerned about the participant, you should consult your supervisor. Communication between you and your supervisor should be continuous, not sporadic in relation to problems. Continuously checking in helps your supervisor be “in the loop” regarding the participant and may prevent problems before they occur.

The supervisor will work collaboratively with Recovery Guides and offer different perspectives on situations. The supervisor helps the Recovery Guide to remain strengths-focused, maintain appropriate boundaries, including staying within the role of a Recovery Guide and maintain confidentiality. The supervisor is responsible for matching Recovery Guides to participants, reviewing the progress of participants, conducting regular supervision of Recovery Guides, holding monthly Recovery Guide meetings, and overall management of the Recovery Guide program.

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## Readiness Ruler

**Readiness Ruler**  
*Importance*

How **important** is this change to you right now?

0 1 2 3 4 5 6 7 8 9 10

*Not* *Somewhat* *Very*

Produced by the Center for Evidence-Based Practices (CEBP) at Case Western Reserve University with support from the Ohio Departments of Health, Mental Health, and Alcohol & Drug Addiction Services.

**Readiness Ruler**  
*Confidence*

How **confident** are you about making this change?

0 1 2 3 4 5 6 7 8 9 10

*Not* *Somewhat* *Very*

[www.centerforebp.case.edu](http://www.centerforebp.case.edu)

 CASE WESTERN RESERVE UNIVERSITY EST. 1826

### Contact Form

Participant name \_\_\_\_\_

Date \_\_\_\_\_

Recovery Guide name \_\_\_\_\_

Start time: \_\_\_\_\_

End time: \_\_\_\_\_

How did the contact occur?

In person (list location below)

Email

Other (please describe below)

Phone

Texting

Specific goals addressed: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Summary of conversations/activities: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Other important information or notes: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Was a follow-up meeting or contact time established?  Yes  No

If yes, when? \_\_\_\_\_

Recovery Guide Signature \_\_\_\_\_

Date \_\_\_\_\_

Received by:

Supervisor's signature \_\_\_\_\_

Date \_\_\_\_\_

### Medical Event Report

Date \_\_\_\_\_ Time \_\_\_\_\_

Person(s) involved: \_\_\_\_\_

Witness(es) \_\_\_\_\_

Please describe incident fully and objectively:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Describe any injuries or illnesses related to the incident:

\_\_\_\_\_  
\_\_\_\_\_

Describe medical attention offered or refused:

\_\_\_\_\_  
\_\_\_\_\_

If First Aid was provided, it was administered by whom: \_\_\_\_\_

Any other person involved or who observed incident: \_\_\_\_\_

\_\_\_\_\_

Action taken and any other information regarding the incident or recommendation:

\_\_\_\_\_

Was the individual's Emergency Contact notified when the even occurred?  Yes  No

Report Completed by:

\_\_\_\_\_  
(Print Your Name Here)

\_\_\_\_\_  
(Your Signature)

\_\_\_\_\_  
(Date)

Focus on Friends Executive Director

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Date)

### Incident Report

Names of persons involved: \_\_\_\_\_

\_\_\_\_\_

Names of staff/volunteers involved: \_\_\_\_\_

\_\_\_\_\_

Date, time and location of incident: \_\_\_\_\_

Please describe the events that occurred as objectively as possible: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Action taken: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

What could have been done to prevent the incident: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Report Completed By:

\_\_\_\_\_

(Print Your Name Here)

\_\_\_\_\_

(Your Signature)

\_\_\_\_\_

(Date)

Report Reviewed By:

Focus on Friends Executive Director \_\_\_\_\_

(Signature)

(Date)

Board President \_\_\_\_\_

(Signature)

(Date)

Reported to the Board on the following date: \_\_\_\_\_

## Ethical Decision-Making Worksheet II Ethical Decision-Making Worksheet

Behavior or situation		Always okay	Sometimes okay	Never okay
	Participant/family being served			
Giving a gift				
Accepting a gift from a participant or their family/loved ones	Recovery Guide			
	Recovery Center (Focus on the individual)			
Borrowing or accepting (loans) from a participant or their family/loved ones				
	Recovery Support			
Lending a participant	Services only			
Giving a participant a hug	Image of the Recovery Community			
Receiving an invitation to a holiday or family dinner	Community at Large			
Sexual relationship with the participant				
<p>What core recovery values apply to this situation? Based on these core values, what course of action should be taken?</p> <p>Sexual relationship with a participant's family member/loved one</p> <p>What laws, policies or standards apply to this situation? What course of action is suggested by these?</p>				
Giving a participant your cell phone number				
Using profanity				
Using drug culture slang				
Addressing someone by their first name				
Attending a recovery meeting together				
Hiring a participant to do work at your home				
Hiring a participant's family member or loved one to do work at your home				
Stating, "You're a very special person."				
Stating, "You're a very special person to me."				

# Focus on Friends

509 West Trenton Avenue  
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