

## **Peer Run Recovery House Continuum of Care Model Training:**

### **Outline 2020**

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#### **The right attitude toward management:**

1. Understanding that the residence is the residents' home and you just are there to support them
2. Treating residents as equals with respect and empathy
3. Leave personal issues/feelings aside and putting the resident first

#### **Introductions to clients:**

1. Setting the tone early
2. Reminding the resident of expectations early and often
3. Remind the resident that they are cared about

#### **Setting up a basic Treatment Plan:**

1. Resident's goals
2. Resident's recovery path
3. Resident's idea/recommendation from residential treatment (aftercare plan)
4. Peer suggestions
5. Setting up an *Individualized Treatment Plan* for each resident. (See pg. 3-4 for two examples)

#### **Providing resources:**

1. Employment
2. Recovery peer/professional
3. Mental healthcare
4. Domestic violence
5. Healthcare
6. Food/other help
7. Economic services

#### **Positive reinforcement:** Day to day behaviors

1. Open ended questions rather than demands
2. "I" messages/peer experience
3. Affirmations
4. Compliments
5. Settings boundaries in a kind way
6. Putting foot down after at least two positively framed warnings
  - a. We suggestion, "Can we try"
  - b. "I would like you to \_\_\_\_ and these could be the consequences"
  - c. Implementing the consequence
7. Choosing battles

**Peer 5-stages change:** Harmful behaviors before confrontation/along with resident's  
*Individualized Treatment Plan*

1. Open ended questions
2. Peer support
3. Providing resources
4. Check-ins
5. Transitions/new goals/relapse

**Confrontation:** Harmful behaviors

1. Use an "I-message"
  - a. This is what I see
  - b. This is how I see it effecting you/others
  - c. Do you have any ideas to address this?
    - i. If no, "can I share an idea" and give a suggestion for change

**SOP for relapse:**

1. Points of contact by county/residence
2. Coordinating with FSU/Probation and Parole/U.S. Probation
3. House meeting while the resident is at PIP to discuss how to support the resident who has relapsed throughout their continued recovery

**Crisis management:**

1. Respond quick
2. Be there for resident
3. Focus on positive things, liked/shared interests and future goals
4. Set time next day to visit or call

**Use SAG if resident seems to be at risk for suicide:**

1. **S-** Show you care
2. **A-** Ask if they are going to hurt themselves or someone else
3. **G-** Get help

**Basic trauma informed care:**

1. Avoidance of potentially traumatizing subjects
2. Changing the subject
3. What has the person done before to get through the trauma?
4. Peer support
5. Calling crisis services

**Proper substance use language:**

1. How does the resident like to identify?
2. Person first language
3. Clinical diagnoses: substance use disorder, opioid use disorder, alcohol use disorder
4. "Continued Recovery", "Person in Recovery", or "Peer in Recovery" in a professional setting
5. "engaged in a MAT program/tapper"

6. “slip” rather than “relapse”
7. Hub rather than clinic
8. Recovery house/residence

**Peer support:**

1. How are we framing our experience? support vs. “war story”
2. Boundaries with professional vs. peer support
3. When to share and what is appropriate to share

**Getting better at what we do:**

1. Intention list
2. A review at the end of the shift/day, or a 10<sup>th</sup> step for 12-steppers

**Treatment Plan Examples**

**Resident #1**

- 1) Goals:
  - a. Stay sober
  - b. Get a job
  - c. Open a bank account

Response to goals:

- a. Set up *Individualized Treatment Plan* for resident
  - b. Provide resources to local employment agencies
  - c. Give peer support
- 2) Recovery Path:
    - a. Resident wants to utilize 12-step self help
  - 3) Ask the resident what their idea of a 12-step recovery path might look like:
    - a. Provide resources/utilized after care plan
      - i. 12-step meeting list
  - 4) Peer suggestions:
    - a. “This is what worked for me as a 12-step member, or this is what I have seen work for others in a 12-step program.”
  - 5) Setting up an *Individualized Treatment Plan*: Plan is crafted with representative based on the resident’s goals with other recovery supports in mind
    - a. Find a 12-step sponsor (at the discretion of sponsor):
      - i. Check-in with them
      - ii. Work steps with them
    - b. Attend 12-step meetings daily for 30 days and then 4 per week
    - c. Find a “home group” to attend weekly

**Resident #2**1) Goals:

- a. Stay engaged in MAT plan
- b. Get a job
- c. Open a bank account

Response to goals:

- a. Set up *Individualized Treatment Plan* for resident
- b. Provide resources to local employment agencies
- c. Give peer support

2) Recovery Path:

- a. Resident wants to use IOP and MAT programming

3) Ask the resident what their idea of their recovery path might look like:

- a. Provide resources
  - i. IOP/MAT Hub Brochure

4) Peer suggestions:

- a. “This is what worked for me in IOP and with my MAT plan, or this is what I have seen work for others in similar paths to recovery.”

5) Setting up an *Individualized Treatment Plan*: Plan is crafted with representative based on the resident's goals with other recovery supports in mind

- a. Be engaged in MAT plan (at discretion of HUB/Spoke Clinician, or provider):
  - i. Attend compass groups
  - ii. Meet with clinician
  - iii. Meet with provider
- b. Attend IOP
  - i. Three times per week at discretion of IOP clinician