**National Ethical Guidelines and Practice Standards**

# National Practice Guidelines for Peer Supporters

*Recovery is a process of change through which*

 *individuals improve their health and wellness, live a self-directed life, and strive to reach their full potential.*

*~~SAMHSA Working Definition of Recovery (Last updated in 2011).*

The belief that **recovery is possible** for all who experience psychiatric, traumatic, or substance use challenges is fundamental to the practice of peer support. The likelihood of long-term recovery is increased with effective support. Peer support has been demonstrated through research and practical application to be highly effective.

In addition to the SAMHSA Working Definition and Guiding Principles of Recovery, the following core values have been ratified by peer supporters across the country as the core ethical guidelines for peer support practice:

1. Peer support is voluntary
2. Peer supporters are hopeful
3. Peer supports are open minded
4. Peer supporters are empathetic
5. Peer supports are respectful
6. Peer supporters facilitate change
7. Peer supporters are honest and direct
8. Peer support is mutual and reciprocal
9. Peer support is equally shared power
10. Peer support is strengths-focused
11. Peer support is transparent
12. Peer support is person-driven

The peer support workforce is at a critical time in its development. Research reveals that peer support can be valuable to those overcoming mental health and substance addiction challenges and their families. Thousands of peers have been trained and are working in a wide variety of settings, but questions remain regarding peer roles, duties and philosophies.

 In an effort to create broader understanding, reduce workplace tensions and frustrations and develop effective peer support roles, a universal set of practice standards is necessary. Such standards will enable peer support workers, non-peer staff, program administrators and developers, systems administrators, funders, researchers and policymakers to better understand peer supporter values, and the appropriate roles and tasks that can and should be carried out by peer support workers in a manner that benefits all.

 Professional practice standards generally have three basic components: 1) practice guidelines, 2) identification and description of core competencies and 3) ethical guidelines or a code of ethics. This project focused on practice guidelines, which are being shared with other organizations with the intention of having them provide the remaining two components.

 A consortium of stakeholder organizations, led by the International Association of Peer Supporters, has developed a draft of practice guidelines for peer supporters. The guidelines acknowledge the diverse settings in which peer supporters work and the wide variety of tasks peers are asked to perform, offering direction to an emerging peer support workforce and universally accepted guidance that is built upon the strengths and recovery principles peer supporters embody.

 Vital to this process is a diverse advisory group that includes representatives from mental health and addictions fields as well as family support and cultural organizations.

 The standards are value based; that is, they are directly derived from the values peer supporters agree on and hold most dear. The process to gather the values and develop these standards is intentionally inclusive and includes: 1) website solicitations for input, 2) newsletter and e-mail communication to solicit input and report progress, 3) focus groups, 4) surveys, 5) informal gatherings of peer supporters and 6) a literature search and review. Representatives from many stakeholder organizations are acting in an advisory or steering capacity.

 Six focus groups have been conducted across the U.S. and more than 800 people have responded to surveys. Surveys have been translated into Spanish with outreach to the mental health, substance abuse, Latino, African-American and Military Veteran communities. Respondents have been remarkably consistent (98%) in their approval of key values for practice standards development. From these values, draft guidelines were written by members of the advisory group.

The draft guidelines were reviewed by peer supporters and underwent yet another review by the advisory group. The “solid” draft of practice standards is part of this document. The process, however, will remain dynamic for some time as ongoing review will likely result in modifications over time.

 In addition to a value-based product, the guidelines will be framed in a human rights context. Below is a passage from the World Health Organization’s (WHO) QualityRights tool kit.

*In many countries, the quality of care in both inpatient and outpatient facilities is poor or even harmful and can actively hinder recovery. The treatment provided is often intended to keep people and their conditions ‘under control’ rather than to enhance their autonomy and improve their quality of life. People are seen as ‘objects of treatment’ rather than human beings with the same rights and entitlements as* *everybody else.*

*They are not consulted on their care or recovery plans, in many cases receiving treatment against their wishes.[[1]](#footnote-1)*

 The preceding statement supports the need for change and also provides a framework for understanding the roles and functions of peer supporters. Ultimately, quality behavioral health care is a matter of social justice and peer supporters are playing a vital role in ensuring that quality.

Although the roles of peer supporters are many and diverse, within primary and behavioral healthcare, there are common values and practices for all. While language and some practice aspects may differ, fundamental values cut across all peer support.

The goals of national practice guidelines include:

* The identification of guidelines for developing appropriate and meaningful job descriptions.
* Providing a foundation upon which peer support core competencies can be identified.
* Creating a basis for peer support ethical guidelines.
* Creating a foundation for a potential national credential.
* Facilitating reciprocity policies (recognized in multiple states).
* Providing information that could be used to examine peer supporter training curricula.

## PRACTICE GUIDELINES

With nearly 1,000 peer supporters responding to surveys and participating in focus groups, 12 key values were identified and validated as a basis for this work. Those values include:

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| **ETHICAL GUIDELINES**  | **PRACTICE GUIDELINES**  |
| **Peer support is voluntary** Recovery is a personal choice. The most basic value of peer support is that people freely choose to give or receive support. Being coerced, forced or pressured is against the nature of genuine peer support. The voluntary nature of peer support makes it easier to build trust and connections with another.  | **Practice: Support choice**  1. Peer supporters do not force or coerce others to participate in peer support services or any other service.

 1. Peer supporters respect the rights of those they support to choose or cease support services or use the peer support services from a different peer supporter.
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| **ETHICAL GUIDELINES**  | **PRACTICE GUIDELINES**  |
|  |  1. Peer supporters also have the right to choose not to work with individuals with a particular background if the peer supporter’s personal issues or lack of expertise could interfere with the ability to provide effective support to these individuals. In these situations, the peer supporter would refer the individuals to other peer supporters or other service providers to provide assistance with the individuals’ interests and desires.

 1. Peer supporters advocate for choice when they observe coercion in any mental health or substance abuse service setting.

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| **Peer supporters are hopeful** Belief that recovery is possible brings hope to those feeling hopeless. Hope is the catalyst of recovery for many people. Peer supporters demonstrate that recovery is real—they are the evidence that people can and do overcome the internal and external challenges that confront people with mental health, traumatic or substance use challenges. As role models, most peer supporters make a commitment to continue to grow and thrive as they “walk the walk” in their own pathway of recovery. By authentically living recovery, peer supporters inspire real hope that recovery is possible for others.  |  **Practice: Share hope**  1. Peer supporters tell strategic stories of their personal recovery in relation to current struggles faced by those who are being supported.

 1. Peer supporters model recovery behaviors at work and act as ambassadors of recovery in all aspects of their work.

 1. Peer supporters help others reframe life challenges as opportunities for personal growth.

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| **Peer supporters are open minded** Being judged can be emotionally distressing and harmful. Peer supporters “meet people where they are at” in their recovery experience even when the other person’s beliefs, attitudes or ways of approaching recovery are far different from their own. Being nonjudgmental means holding others in unconditional positive regard, with an open mind, a compassionate heart and full acceptance of each person as a unique individual.   | **Practice: Withhold judgment about others**  1. Peer supporters embrace differences of those they support as potential learning opportunities.

 1. Peer supporters respect an individual’s right to choose the pathways to recovery individuals believe will work best for them.

 1. Peer supporters connect with others where and as they are.

 1. Peer supporters do not evaluate or assess others.

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| **Peer supporters are empathetic** Empathy is an emotional connection that is created by “putting yourself in the other person’s  |  **Practice: Listen with emotional sensitivity**  1) Peer supporters practice effective listening skills that are non-judgmental.  |

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| **ETHICAL GUIDELINES**  | **PRACTICE GUIDELINES**  |
| shoes.” Peer supporters do not assume they know exactly what the other person is feeling even if they have experienced similar challenges. They ask thoughtful questions and listen with sensitivity to be able to respond emotionally or spiritually to what the other person is feeling.  |  2) Peer supporters understand that even though others may share similar life experiences, the range of responses may vary considerably.  |
| **Peer supporters are respectful** Each person is valued and seen as having something important and unique to contribute to the world. Peer supporters treat people with kindness, warmth and dignity. Peer supporters accept and are open to differences, encouraging people to share the gifts and strengths that come from human diversity. Peer supporters honor and make room for everyone’s ideas and opinions and believe every person is equally capable of contributing to the whole.  |  **Practice: Be curious and embrace diversity** 1. Peer supporters embrace diversity of culture and thought as a means of personal growth for those they support and themselves.

 1. Peer supporters encourage others to explore how differences can contribute to their lives and the lives of those around them.

 1. Peer supporters practice patience, kindness, warmth and dignity with everyone they interact with in their work.

 1. Peer supporters treat each person they encounter with dignity and see them as worthy of all basic human rights.

 1. Peer supporters embrace the full range of cultural experiences, strengths and approaches to recovery for those they support and themselves.

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| **Peer supporters facilitate change** Some of the worst human rights violations are experienced by people with psychiatric, trauma or substance use challenges. They are frequently seen as “objects of treatment” rather than human beings with the same fundamental rights to life, liberty and the pursuit of happiness as everyone else. People may be survivors of violence (including physical, emotional, spiritual and mental abuse or neglect). Those with certain behaviors that make others uncomfortable may find themselves stereotyped, stigmatized and outcast by society. Internalized oppression is common among people who have been rejected by society. Peer supporters treat people as human beings and remain alert to any practice (including the way people treat themselves) that is dehumanizing, demoralizing or degrading and will use their personal story and/or advocacy to be an agent for positive change.  |  **Practice: Educate and advocate**  1. Peer supporters recognize and find appropriate ways to call attention to injustices.

 1. Peer supporters strive to understand how injustices may affect people.

 1. Peer supporters encourage, coach and inspire those they support to challenge and overcome injustices.

 1. Peer supporters use language that is supportive, encouraging, inspiring, motivating and respectful.

 1. Peer supporters help those they support explore areas in need of change for themselves and others.

 1. Peer supporters recognize injustices peers face in all contexts and act as advocates and facilitate change where appropriate
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| **ETHICAL GUIDELINES**  | **PRACTICE GUIDELINES**  |
| **Peer supporters are honest and direct** Clear and thoughtful communication is fundamental to effective peer support. Difficult issues are addressed with those who are directly involved. Privacy and confidentiality build trust.  Honest communication moves beyond the fear of conflict or hurting other people to the ability to respectfully work together to resolve challenging issues with caring and compassion, including issues related to stigma, abuse, oppression, crisis or safety.  |  **Practice: Address difficult issues with caring and compassion**  1. Peer supporters respect privacy and confidentiality.

 1. Peer supporters engage, when desired by those they support, in candid, honest discussions about stigma, abuse, oppression, crisis or safety.

 1. Peer supporters exercise compassion and caring in peer support relationships.

 1. Peer supporters do not make false promises, misrepresent themselves, others or circumstances.

 1. Peer supporters strive to build peer relationships based on integrity, honesty, respect and trust.

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| **Peer support is mutual and reciprocal** In a peer support relationship each person gives and receives in a fluid, constantly changing manner. This is very different from what most people experience in treatment programs, where people are seen as needing help and staff is seen as providing that help. In peer support relationships, each person has things to teach and learn. This is true whether you are a paid or volunteer peer supporter.  |  **Practice: Encourage peers to give and receive**  1. Peer supporters learn from those they support and those supported learn from peer supporters.

 1. Peer supporters encourage peers to fulfill a fundamental human need -- to be able to give as well as receive.

 1. Peer supporters facilitate respect and honor a relationship with peers that evokes power-sharing and mutuality, wherever possible.
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| **Peer support is equally shared power**  By definition, peers are equal. Sharing power in a peer support relationship means equal opportunity for each person to express ideas and opinions, offer choices and contribute. Each person speaks and listens to what is said. Abuse of power is avoided when peer support is a true collaboration.  |  **Practice: Embody equality**  1. Peer supporters use language that reflects a mutual relationship with those they support.

 1. Peer supporters behave in ways that reflect respect and mutuality with those they support.

 1. Peer supporters do not express or exercise power over those they support.

 1. Peer supporters do not diagnose or offer medical services, but do offer a complementary service.

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| **ETHICAL GUIDELINES**  | **PRACTICE GUIDELINES**  |
| **Peer recovery support is strengths-focused** Each person has skills, gifts and talents they can use to better their own life. Peer support focuses on what's strong, not what's wrong in another’s life. Peer supporters share their own experiences to encourage people to see the “silver lining” or the positive things they have gained through adversity. Through peer support, people get in touch with their strengths (the things they have going for them). They rediscover childhood dreams and long-lost passions that can be used to fuel recovery.  |  **Practice: See what’s strong not what’s wrong**  1. Peer supporters encourage others to identify their strengths and use them to improve their lives.

 1. Peer supporters focus on the strengths of those they support.

 1. Peer supporters use their own experiences to demonstrate the use of one’s strengths, and to encourage and inspire those they support.

 1. Peer supporters encourage others to explore dreams and goals meaningful to those they support.

 1. Peer supporters operate from a strength-based perspective and acknowledge the strengths, informed choices and decisions of peers as a foundation of recovery.

 1. Peer supporters don’t fix or do for others what they can do for themselves.

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| **Peer support is transparent** Peer support is the process of giving and receiving non-clinical assistance to achieve longterm recovery from severe psychiatric, traumatic or addiction challenges. Peer supporters are *experientially credentialed* to assist others in this process. Transparency refers to setting expectations with each person about what can and cannot be offered in a peer support relationship, clarifying issues related to privacy and confidentiality. Peer supporters communicate with everyone in plain language so people can readily understand and they “put a face on recovery” by sharing personal recovery experiences to inspire hope and the belief that recovery is real.  |  **Practice: Set clear expectations and use plain language** 1. Peer supporters clearly explain what can or cannot be expected of the peer support relationship.

 1. Peer supporters use language that is clear, understandable and value and judgment free.

 1. Peer supporters use language that is supportive and respectful.

 1. Peer supporters provide support in a professional yet humanistic manner.

 1. Peer supporter roles are distinct from the roles of other behavioral health service professionals.

 1. Peer supporters make only promises they can keep and use accurate statements.

 1. Peer supporters do not diagnose nor do they prescribe or recommend medications or monitor their use.

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| **ETHICAL GUIDELINES**  | **PRACTICE GUIDELINES**  |
| **Peer support is person-driven**  All people have a fundamental right to make decisions about things related to their lives. Peer supporters inform people about options, provide information about choices and respect their decisions. Peer supporters encourage people to move beyond their comfort zones, learn from their mistakes and grow from dependence on the system toward their chosen level of freedom and inclusion in the community of their choice.  |  **Practice: Focus on the person, not the problems**  1. Peer supporters encourage those they support to make their own decisions.

 1. Peer supporters, when appropriate, offer options to those they serve.

 1. Peer supporters encourage those they serve to try new things.

 1. Peer supporters help others learn from mistakes.

 1. Peer supporters encourage resilience.

 1. Peer supporters encourage personal growth in others.

 1. Peer supporters encourage and coach those they support to decide what they want in life and how to achieve it without judgment.

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**GLOSSARY**

**OF RELATED TERMS**

In addition to identifying values upon which practice standards could be developed, it was necessary to define “peer support,” “peer supporter,” “peer” “peer support relationship” and “practice standards.” Using surveys, literature reviews and consultations with the advisory group, the following definitions were developed:

### PEER SUPPORT

Peer support is the process of giving and receiving non-clinical assistance to achieve long-term recovery from severe psychiatric, traumatic or addiction challenges. This support is provided by peer supporters - people who have “lived experience” and have been trained to assist others in initiating and maintaining long-term recovery and enhancing the quality of life for individuals and their families. Peer support services are inherently designed, developed, delivered, evaluated and supervised by peers in long-term recovery.[[2]](#footnote-2)

### PEER SUPPORTER

A peer supporter is someone who has experienced the healing process of recovery from psychiatric, traumatic and/or substance use challenges and, as a result, can offer assistance and support to promote another peer’s own personal recovery journey. The peer support volunteers to share portions of his or her recovery experience in an appropriate and effective manner.

### PEER

In the context of peer support, a peer is a person who has lived experience with a psychiatric, traumatic and/or addiction challenge, and may benefit from peer support.

### PEER SUPPORT RELATIONSHIP

The qualities that make an effective peer supporter are best defined by the individual receiving support, rather than by an organization or provider of care. Matching peer supporters with peers often encompasses shared cultural characteristics, such as age, gender, ethnicity, language, sexual orientation, co-occurring challenges, and experience in the military or with the criminal justice system or any other identity-shaping life experience that increases common language, mutual understanding, trust, confidence and safety.

### PRACTICE STANDARDS

Practice standards are rules or guidelines used as the basis for informed decision-making about acceptable work performance and practices. They are established by an authoritative entity through a collaborative process with input from a wide range of people who perform the work. Standards are based on values, ethics, principles and competencies.

Having a core set of standards is one important way to legitimize a field of practice.[[3]](#footnote-3) Practice standards generally have three basic components: 1) practice guidelines, 2) identification and description of core competencies and 3) ethical guidelines or code of ethics.

1. WHO QualityRights tool kit to assess and improve quality and human rights in mental health and social care facilities. Geneva, World Health Organization, 2012.

 [↑](#footnote-ref-1)
2. Definition adapted from White, W. (2009). Peer-Based Addiction Recovery Support: History, Theory, Practice and Scientific Evaluation. [↑](#footnote-ref-2)
3. Adapted from Wilma Townsend, Presentation at Pillars of Peer Support (2012).

 [↑](#footnote-ref-3)