

Submitting Provider Name: _____

Are you submitting, with permission, a curriculum with no revisions owned by another entity that has previously submitted to DBHDID? Yes ___ No ___

908 KAR 2:220 Adult Peer Support Specialists
KY Department for Behavioral Health, Developmental and Intellectual Disabilities
Thirty (30)-Hour Core Curriculum Criteria Rubric
to Satisfy Training Recommendations

The KY Department for Behavioral Health, Developmental and Intellectual Disabilities (DBHDID) recommends use of this rubric and related forms to ensure providers' submission of all necessary materials. This will allow the DBHDID staff to review the curricula in their entirety and make an approval decision or request supplementary materials in an efficient manner, within the period specified.

The following curriculum rubric details the core competencies to be included in the 30 hour Core Competency Curriculum for the training of Adult Peer Support Specialists. The curriculum submitted for approval should be reflective of services for adults with mental health disorders, substance use disorders or co-occurring mental health/substance use disorders.

Overview of Core Competency Recommendations

- Core Competencies recommended as in-person, face to face training include:
 - Core Competency 1. Problem Solving
 - Core Competency 2. Wellness Recovery Action Plan
 - Core Competency 3. Stages in the Recovery Process
 - Core Competency 4. Effective Listening Skills
 - Core Competency 5. Establishing Recovery Goals
 - Core Competency 6. Using Support Groups to Promote and Sustain Recovery
- Any video or other media to be used should be submitted with the curriculum.
- Interactive teaching strategies should be used for the core competencies.
- Trainers should include at a minimum, two (2) Adult Peer Support Specialists (who have previously been trained and passed the written and oral examination). There is a place on the APSS Single Curriculum Submission Summary to list trainer names.
- Trainers should include at least one (1) Agency staff member, to assist with some training topics and answer specific questions about job requirements. There is a place on the APSS Single Curriculum Submission Summary to list trainer names.
- Trainees who do not pass the test with a “passing aggregate assessment score of at least seventy (70) percent” (as required in 908 KAR 2:220) should be allowed to retest by the provider of the training. It is suggested that a trainee could take the test up to a total of three (3) times in a one (1) year period. After the one year period, trainees could retake the training.

Directions for Curriculum Rubric Completion:

Include the submitting provider's name in the upper right corner on the first page. Provide the document file name of the corresponding core competency and then provide the page number for that specific item in the core competency as indicated in the following curriculum rubric. Please see the sections highlighted in yellow below. Once the information is completed on this rubric, save as a Word or PDF document. The curriculum submitted should be saved as a Word, Power Point and/or PDF document(s). For information on submitting the curriculum, please go to the Kentucky Department for Behavioral Health, Developmental and Intellectual and Disabilities website at <http://dbhdid.ky.gov>.

		Completed by Submitter of the Curriculum Provide document file name of the corresponding core competency and then provide the page number for each specific item in the core competency.	Completed by the Reviewer		
Core Competencies of the Quality Curriculum	Specifics for the Curriculum	Example: Core Competency 1 (is the file name), Page 3	Does not Meet	Partially Meets	Meets
Core Competency 1. Problem Solving (7 hours) <i>Recommended as In-person, face to face format</i>	Problem Solving				
	Identify and describe a problem solving process that when applied to many problems can be helpful in assisting others in finding their own solutions. (i.e. PICBA process...Problem, Impact, Cost/Benefits, Brainstorm, Actions)	File Name: Page No.:			
	Provide worksheets that potential adult peer support specialists can utilize to assist other individuals in recovery in their own problem solving.	File Name: Page No.:			
	Power, Conflict and Integrity in the Workplace				
	Identify at least three (3) potential areas of conflict in the workplace for adult peer support specialists. (i.e. administration, supervisors, co-workers) (see below)				
	• Example 1	File Name: Page No.:			
	• Example 2	File Name: Page No.:			
	• Example 3	File Name: Page No.:			
	Describe at least ten tips for effective communication in the workplace. (_1 _2 _3 _4 _5 _6 _7 _8 _9 _10)	File Name: Page No.:			
	Identify at least three (3) beliefs that do not promote effective communication. (see below)				
• Example 1	File Name: Page No.:				
• Example 2	File Name: Page No.:				

	<ul style="list-style-type: none"> • Example 3 	File Name:			
		Page No.:			
	Provide at least three (3) possible scenarios and their respective mediation methods that illustrate conflict resolution between an adult peer support specialist and their supervisor. (see below)				
	<ul style="list-style-type: none"> • Example 1 	File Name:			
		Page No.:			
	<ul style="list-style-type: none"> • Example 2 	File Name:			
		Page No.:			
	<ul style="list-style-type: none"> • Example 3 	File Name:			
		Page No.:			
	Provide at least three (3) scenarios and their respective mediation methods that illustrate possible conflict resolution between an adult peer support specialist and individuals other than their supervisors (i.e. co-workers; landlords of individuals they work with; family members of clients) (see below)				
	<ul style="list-style-type: none"> • Example 1 	File Name:			
		Page No.:			
	<ul style="list-style-type: none"> • Example 2 	File Name:			
		Page No.:			
	<ul style="list-style-type: none"> • Example 3 	File Name:			
		Page No.:			
Ethics and Professional Boundaries					
Define Ethics, with regards to the behavioral health profession.	File Name:				
	Page No.:				
Describe the following four (4) ethical dilemmas in which an adult peer support specialist may cause harm or injury to an individual with whom they are working or their family and give an example of each: (see below)					
<ul style="list-style-type: none"> • Example 1 - situations with good intentions and example 	File Name:				
	Page No.:				
<ul style="list-style-type: none"> • Example 2 - situations because of a position/perceived position of power and example 	File Name:				
	Page No.:				
<ul style="list-style-type: none"> • Example 3 - situations that could increase intimacy and example 	File Name:				
	Page No.:				
<ul style="list-style-type: none"> • Example 4- situations that could impact parties outside of the peer support relationship) and example 	File Name:				
	Page No.:				
Identify and describe at least 5 core recovery values for delivering adult peer support specialist services. (Example as in the “Ethical Guidelines for the Delivery of Peer-based Recovery Support Services” by William White http://www.williamwhitepapers.com/pr/2007EthicsofPeer-basedServices.pdf) (see below)					
<ul style="list-style-type: none"> • Example 1 	File Name:				
	Page No.:				

	<ul style="list-style-type: none"> • Example 2 	File Name:			
		Page No.:			
	<ul style="list-style-type: none"> • Example 3 	File Name:			
		Page No.:			
	<ul style="list-style-type: none"> • Example 4 	File Name:			
		Page No.:			
	<ul style="list-style-type: none"> • Example 5 	File Name:			
		Page No.:			
	Describe the following five (5) questions each adult peer support specialist should ask themselves when faced with an ethical dilemma.	File Name:			
		Page No.:			
	<ol style="list-style-type: none"> 1. Why am I questioning myself? 2. Is there an agency policy regarding this situation? 3. Is this something I need to discuss with my supervisor? 4. Does this in any way complicate or negatively impact my relationship with this peer? 5. Out of all the options, why this one? 				
	Provide an Ethical Code of Conduct for all peer support specialists to follow.	File Name:			
		Page No.:			
Suicide Prevention					
Identify and describe at least three (3) possible emotional reactions that could interfere with assisting someone with suicidal thoughts. (e.g. reluctance to get involved, fear and denial, shock and anger) (see below)					
<ul style="list-style-type: none"> • Example 1 	File Name:				
	Page No.:				
<ul style="list-style-type: none"> • Example 2 	File Name:				
	Page No.:				
<ul style="list-style-type: none"> • Example 3 	File Name:				
	Page No.:				
Identify and describe at least four (4) warning signs or clues to possible suicide. (e.g. direct verbal clues, indirect verbal clues, behavioral clues, and situational clues) (see below)					
<ul style="list-style-type: none"> • Example 1 	File Name:				
	Page No.:				
<ul style="list-style-type: none"> • Example 2 	File Name:				
	Page No.:				
<ul style="list-style-type: none"> • Example 3 	File Name:				
	Page No.:				

	<ul style="list-style-type: none"> • Example 4 	File Name:			
		Page No.:			
	Provide an overview of state and national statistics regarding suicide high risk groups including causes and complicating factors such as substance use and depression.	File Name:			
		Page No.:			
	Provide at least two (2) concrete examples of how to ask others about possible suicidal thoughts (e.g. directly and indirectly) (see below)				
	<ul style="list-style-type: none"> • Example 1 	File Name:			
		Page No.:			
	<ul style="list-style-type: none"> • Example 2 	File Name:			
		Page No.:			
	Provide at least two (2) examples of how NOT to ask others about possible suicidal thoughts. (e.g. “You’re not going to do something stupid?”, “You’re just joking, right?”) (see below)				
<ul style="list-style-type: none"> • Example 1 	File Name:				
	Page No.:				
<ul style="list-style-type: none"> • Example 2 	File Name:				
	Page No.:				
Provide the written protocol for working with someone who is possibly having suicidal thoughts/actions which includes how the adult peer support specialist should go about getting help in this situation.	File Name:				
	Page No.:				
Who are Adult Peer Support Specialists?					
Describe the adult peer support service in terms of a recovery partnership.	File Name:				
	Page No.:				
Define and describe “lived experience” for the adult peer.	File Name:				
	Page No.:				
Describe the concepts of hope and hopelessness in the context of importance to work as an adult peer support specialist.	File Name:				
	Page No.:				
Core Competency 2. Wellness Recovery Action Plan (WRAP) (3 hours) <i>Recommended as In-person, face to face format</i>	Creating a Wellness Recovery Action Plan (WRAP)				
	Provide an overview of Mary Ellen Copeland’s Wellness Recovery Action Plan (WRAP), and demonstrate how it systematizes one’s learning about their illness and developing plans to deal with the effects of the illness. http://nrepp.samhsa.gov/ViewIntervention.aspx?id=208 (general info.)	File Name:			
		Page No.:			
Define the components of a WRAP plan which includes:	File Name:				
<ul style="list-style-type: none"> • Developing a maintenance plan ____ • Triggers ____ • Early warning signs ____ • When things are breaking down ____ 	Page No.:				

	<ul style="list-style-type: none"> WRAP crisis plan ____ http://www.workingtogetherforrecovery.co.uk/Documents/Wellness%20Recovery%20Action%20Plan.pdf (general information) 			
	Provide evidence that the adult peer support specialist participates in an activity to understand the WRAP plan form. (Developing a Maintenance Plan; Triggers; Early Warning Signs; When Things Are Breaking Down; and a WRAP Crisis Plan) http://www.workingtogetherforrecovery.co.uk/Documents/Wellness%20Recovery%20Action%20Plan.pdf (general information)	File Name:		
	Provide the WRAP plan form as an attachment to the curriculum.	Page No.:		
	Advance Directive for Mental Health Treatment			
	Provide legislative information for Advance Directives for Mental Health Treatment (ADMHT) including legal ramifications and legally binding portions in Kentucky. (KRS 202A.420) http://www.lrc.ky.gov/statutes/chapter.aspx?id=38119	File Name:		
	Describe the components of an advance directive for mental health treatment and how to complete the advance directive for mental health treatment. (Components: medicines, electroconvulsive therapy ECT, preferences for preferred procedures for emergency interventions and surrogate information) http://www.lrc.ky.gov/statutes/chapter.aspx?id=38119 .	Page No.:		
	Provide evidence that the adult peer support specialist participates in an activity to understand the advance directive for mental health treatment form, as incorporated in KRS 202A.420, for peer support specialists to use in assisting others in completing their directive. http://www.lrc.ky.gov/statutes/chapter.aspx?id=38119	File Name:		
	Provide the Advance Directives for Mental Health Treatment form as an attachment to the curriculum.	Page No.:		
	Self-Care and Wellness			
	Make available the 2006 study by the National Association of State Mental Health Program Directors (NASMHPD) titled, "Morbidity and Mortality in People with Serious Mental Illness". http://nasmhpd.org/sites/default/files/Mortality%20and%20Morbidity%20Final%20Report%208.18.08.pdf	File Name:		
Identify and generally describe at least three (3) physical health disorders that may be commonly diagnosed in individuals with serious mental illness. (e.g. heart disease, diabetes, HIV/AIDS) http://nasmhpd.org/sites/default/files/Mortality%20and%20Morbidity%20Final%20Report%208.18.08.pdf	Page No.:			
<ul style="list-style-type: none"> Example 1 	File Name:			
	Page No.:			

	<ul style="list-style-type: none"> • Example 2 	File Name: Page No.:			
	<ul style="list-style-type: none"> • Example 3 	File Name: Page No.:			
	Identify and generally describe at least three (3) preventable risk factors as listed in this study. (e.g. tobacco use, obesity, IV drug use) http://nasmhpd.org/sites/default/files/Mortality%20and%20Morbidity%20Final%20Report%208.18.08.pdf	File Name: Page No.:			
	<ul style="list-style-type: none"> • Example 1 	File Name: Page No.:			
	<ul style="list-style-type: none"> • Example 2 	File Name: Page No.:			
	<ul style="list-style-type: none"> • Example 3 	File Name: Page No.:			
	Describe stress and at least two effective stress management techniques; one being relaxation exercises.	File Name: Page No.:			
	Provide didactic information regarding common wellness practices which includes: positive effects of drinking water regularly, negative health/medication ramifications of caffeine and nicotine, and exercise.	File Name: Page No.:			
Core Competency 3. Stages in the Recovery Process (7 hours) <i>Recommended as In-person, face to face format</i>	Five Stages in the Recovery Process				
	Provide detailed definitions of the five (5) stages in the recovery process, including what individuals are experiencing in each stage, what the dangers are for individuals in each stage and the role of the peer support specialist services in working with individuals in each stage. (Impact of Illness, Life is Limited, Change is Possible, Commitment to Change, Actions for Change) as provided in the 2009 article by Ike Powell titled, "What is this thing called Recovery? A look at Five Stages In the Recovery Process", from the Appalachian Consulting Group: http://acgpeersupport.com/wp-content/uploads/2013/07/WhatisthisthingcalledrecoveryGPeditsAugust2013.pdf (See below)				
	<ul style="list-style-type: none"> • Impact of Illness <ul style="list-style-type: none"> ○ What individuals are experiencing ○ Dangers for individuals in this stage ○ Role of the PSS 	File Name: Page No.:			
	<ul style="list-style-type: none"> • Life is Limited <ul style="list-style-type: none"> ○ What individuals are experiencing ○ Dangers for individuals in this stage ○ Role of the PSS 	File Name: Page No.:			
<ul style="list-style-type: none"> • Change is Possible <ul style="list-style-type: none"> ○ What individuals are experiencing ○ Dangers for individuals in this stage 	File Name: Page No.:				

	<ul style="list-style-type: none"> ○ Role of the PSS 			
	<ul style="list-style-type: none"> ● Commitment to Change <ul style="list-style-type: none"> ○ What individuals are experiencing ○ Dangers for individuals in this stage ○ Role of the PSS 	File Name:		
		Page No.:		
	<ul style="list-style-type: none"> ● Actions for Change <ul style="list-style-type: none"> ○ What individuals are experiencing ○ Dangers for individuals in this stage ○ Role of the PSS 	File Name:		
		Page No.:		
	Define the importance of recovery including that it is a non-linear process.	File Name:		
		Page No.:		
	The Shift from Maintenance to Recovery			
	<p>Provide an overview of the history of behavioral health recovery describing the shift from maintenance to recovery and system transformation. http://acgpeersupport.com/wp-content/uploads/2013/07/WhatisthisthingcalledrecoveryGPeditsAugust2013.pdf</p> <p>Notes for this item: This overview should include beliefs before 1980 that individuals with behavioral health disorders could not recover, and should be in supervised environments and monitored closely so they can maintain without deterioration. This overview should also include evidentiary information that provided for new beliefs that individuals with behavioral health disorders can and do recover and new recovery oriented methodology including peer support specialist services.</p>	File Name:		
	Page No.:			
<p>Describe at least five (5) studies/reports/research articles that influenced the behavioral health system in a recovery oriented way. Include in the curriculum each of the studies/reports/research articles used as a handout for the adult peer support specialist.</p> <p>Examples that could be used are: Courtenay Harding’s 1987 longitudinal study following individuals diagnosed with schizophrenia who were released from institutionalization in the 60’s.; writings of Patricia Deegan/Judi Chamberlain showing recovery; 2003 President’s New Freedom Commission Executive Summary on Mental Health; William Anthony’s 1990 publication, “Recovery from Mental Illness: The Guiding Vision of the Mental Health Service System in the 1990’s”; 2005 Transforming Mental Health Care in America/Federal Action Agenda. (See below)</p>				
<ul style="list-style-type: none"> ● Example 1 	File Name:			
	Page No.:			
<ul style="list-style-type: none"> ● Example 2 	File Name:			
	Page No.:			

	<ul style="list-style-type: none"> • Example 3 	File Name:			
		Page No.:			
	<ul style="list-style-type: none"> • Example 4 	File Name:			
		Page No.:			
	<ul style="list-style-type: none"> • Example 5 	File Name:			
		Page No.:			
The Role of the Peer Support Specialist in the Recovery Process					
	Define peer support.	File Name:			
		Page No.:			
	Define formal peer support services and describe how informal peer support is different.	File Name:			
		Page No.:			
	Define the <i>unique role</i> of the peer support specialist and how that role differs from the role of traditional clinical/non-clinical staff.	File Name:			
		Page No.:			
	Define recovery-oriented system of care (ROSC) as given by Substance Abuse and Mental Health Services Administration (SAMHSA). Source may include: http://www.samhsa.gov/sites/default/files/rosc_resource_guide_book.pdf	File Name:			
		Page No.:			
	Describe how recovery oriented behavioral health services differ from traditional/medical model behavioral health services.	File Name:			
		Page No.:			
An Overview of Behavioral Health					
	Define the term “behavioral health”. (mental health + substance use disorders)	File Name:			
		Page No.:			
	Describe the significance of the Diagnostic and Statistical Manual of Mental Disorders (DSM)	File Name:			
		Page No.:			
	Provide an overview of <i>adult behavioral health diagnoses</i> (psychotic disorders, mood disorders and substance use disorders) as defined in the most current =edition of the APA’s Diagnostic and Statistical Manual of Mental Disorders-DSM. (see below)				
	<ul style="list-style-type: none"> • Psychotic disorders 	File Name:			
		Page No.:			
	<ul style="list-style-type: none"> • Mood disorders 	File Name:			
		Page No.:			
	<ul style="list-style-type: none"> • Substance use disorders 	File Name:			
		Page No.:			
	Define the meaning of co-occurring mental health and substance use disorders.	File Name:			
		Page No.:			

	Describe at least five (5) situations that occur more commonly with individuals diagnosed with co-occurring disorders. (i.e. homelessness; incarceration; victimization; serious medical illnesses; suicide) (see below)				
	• Example 1	File Name:			
		Page No.:			
	• Example 2	File Name:			
		Page No.:			
	• Example 3	File Name:			
		Page No.:			
	• Example 4	File Name:			
		Page No.:			
	• Example 5	File Name:			
		Page No.:			
	Describe at least five (5) commonalities between adults diagnosed with mental illness and substance use disorders. (i.e. both need hope to recover; both want to manage or eliminate symptoms; both want meaning and purpose in their lives; both want to be a part of their communities; both want valued relationships)		File Name:		
		Page No.:			
	Describe the stages of change as defined by Prochaska and DiClemente.		File Name:		
	Page No.:				
Principles of Recovery					
Define the concept of Behavioral Health Recovery including the four major dimensions. SAMHSA's working definition may be included http://www.samhsa.gov/newsroom/press-announcements/201112220300 (see below)					
Concept of Behavioral Health Recovery including SAMHSA's working definition	File Name:				
	Page No.:				
Four major dimensions:	File Name:				
	Page No.:				
1. Health	File Name:				
	Page No.:				
2. Home	File Name:				
	Page No.:				
3. Purpose	File Name:				
	Page No.:				
4. Community	File Name:				
	Page No.:				
Describe the ten guiding principles of behavioral health recovery. SAMHSA's information on the ten guiding principles: http://www.samhsa.gov/newsroom/press-announcements/201112220300 (see below)					

	1 Recovery emerges from hope	File Name: Page No.:			
	2 Recovery is person-driven	File Name: Page No.:			
	3 Recovery occurs via many pathways	File Name: Page No.:			
	4 Recovery is holistic	File Name: Page No.:			
	5 Recovery is supported by peers and allies	File Name: Page No.:			
	6 Recovery is supported through relationship and social networks	File Name: Page No.:			
	7 Recovery is culturally-based and influenced	File Name: Page No.:			
	8 Recovery is supported by addressing trauma	File Name: Page No.:			
	9 Recovery involves individual, family and community strengths and responsibility	File Name: Page No.:			
	10 Recovery is based on respect	File Name: Page No.:			
Spirituality in the Recovery Process					
Describe at least three (3) common themes in spirituality. (i.e. a sense of purpose; some level of transcendence; a belief in higher beings) (see below)					
	• Example 1	File Name: Page No.:			
	• Example 2	File Name: Page No.:			
	• Example 3	File Name: Page No.:			
	Define the term spirituality including the common themes (i.e. a sense of purpose; some level of transcendence; a belief in higher beings).	File Name: Page No.:			
	Describe some differences between religion and spirituality.	File Name: Page No.:			
	Describe the importance of spirituality in the process of behavioral health recovery.	File Name: Page No.:			

	Define the “ethic of reciprocity”. (i.e. do unto others as you would have them do unto you; giving and receiving)	File Name:				
		Page No.:				
	Peer Support as an Evidence Based Practice					
	Define and describe the concept of an “evidence based practice”.	File Name:				
		Page No.:				
	Describe adult peer support as an evidence based practice.	File Name:				
		Page No.:				
Describe at least three (3) other evidence based practices utilized with adults being served by behavioral health agencies. (i.e. Supported Employment, Supportive Housing, Assertive Community Treatment, Illness Management and Recovery) (See below)						
	• Example 1	File Name:				
		Page No.:				
	• Example 2	File Name:				
		Page No.:				
	• Example 3	File Name:				
		Page No.:				
Core Competency 4. Effective Listening Skills (6 hours) <i>Recommended as In-person, face to face format</i>	Effective Listening and the Art of Asking Questions					
	Define the concept of “effective listening” to include open ended questions, honest questions and questions from deep attentiveness. Give an example of each in the definition.(open ended, honest and deep attentiveness) (see below)					
		• Effective listening defined to include open ended question and example given	File Name:			
			Page No.:			
		• Effective listening defined to include honest questions and example given	File Name:			
			Page No.:			
		• Effective listening defined to include questions from deep attentiveness and example given	File Name:			
			Page No.:			
	Describe the following three (3) concepts a peer specialist will be listening for when working with an individual: 1. What a person believes about himself. (self-image) 2. What a person believes would make his life better. (goals) 3. Why a person believes he can’t have that life. (barriers)	File Name:				
		Page No.:				
	Describe the concept of inner truth for the client and its importance in behavioral health.	File Name:				
		Page No.:				
Describe at least three (3) things a peer specialist could do that might inhibit effective listening. (i.e. interrupt with criticisms; interrupt with judgments; give advice) (see below)						
	• Example 1	File Name:				
		Page No.:				

	<ul style="list-style-type: none"> • Example 2 	File Name:			
		Page No.:			
	<ul style="list-style-type: none"> • Example 3 	File Name:			
		Page No.:			
	Provide at least three (3) scenarios with role-playing in order for peer support specialists to practice asking open ended, honest questions, with deep attentiveness. (see below)				
	<ul style="list-style-type: none"> • Scenario 1 Open Ended 	File Name:			
		Page No.:			
	<ul style="list-style-type: none"> • Scenario 2 Honest Questions 	File Name:			
		Page No.:			
	<ul style="list-style-type: none"> • Scenario 3 Deep Attentiveness 	File Name:			
		Page No.:			
	Provide evidence that the three scenarios with role-playing for peer support specialists are practiced. (listed above)	File Name:			
		Page No.:			
	The Power of Negative Messages				
	Define and describe a negative message.	File Name:			
		Page No.:			
Describe the power of negative messages for individuals with behavioral health diagnoses.	File Name:				
	Page No.:				
Describe how people create and sustain personal belief systems.	File Name:				
	Page No.:				
Describe these two ways to change beliefs: 1. overpower the filter system and 2. conversion-change experiences to change beliefs.	File Name:				
	Page No.:				
Describe how the absence of negative messages is more important in creating a positive self-image than the presence of positive messages. (e.g. "a 100 praises to negate 1 criticism")	File Name:				
	Page No.:				
Describe at least five (5) ways that negative messages are communicated in the behavioral health system. (e.g. staff doing things for clients that they can do for themselves; condescending language; cookie cutter treatment plans; staff setting goals for clients; not permitting failure) (see below)					
<ul style="list-style-type: none"> • Description 1 	File Name:				
	Page No.:				
<ul style="list-style-type: none"> • Description 2 	File Name:				
	Page No.:				
<ul style="list-style-type: none"> • Description 3 	File Name:				
	Page No.:				

	<ul style="list-style-type: none"> Description 4 	File Name:			
		Page No.:			
	<ul style="list-style-type: none"> Description 5 	File Name:			
		Page No.:			
	Trauma Informed Services				
	Define and describe the concept of “trauma” in behavioral health including the concept of powerlessness.	File Name:			
		Page No.:			
	Define and describe the concept of “re-victimization” in behavioral health.	File Name:			
		Page No.:			
	Describe the prevalence rates of trauma as related to individuals seeking behavioral health services.	File Name:			
		Page No.:			
	Describe at least three possible modes of exposure to trauma and how trauma is internalized differently between individuals: 1. Direct physical, sexual or emotional abuse 2. Witnessing violence to others 3. War time experience.	File Name:			
		Page No.:			
	Define and describe the concept of trauma informed care in behavioral health to include the importance and impact of services that embrace asking “what happened to you” versus asking “what is wrong with you”.	File Name:			
	Page No.:				
Describe how seclusion and restraint may trigger trauma in individuals.	File Name:				
	Page No.:				
Define and describe the concept of “compassion fatigue” or “vicarious trauma”.	File Name:				
	Page No.:				
Describe at least four (4) things adult peer specialists can do when their own trauma background is triggered when working with an individual. (e.g. seek help for personal trauma issues; attend to self-care; work in teams; recognize compassion fatigue as an occupational hazard) (see below)					
<ul style="list-style-type: none"> Example 1 	File Name:				
	Page No.:				
<ul style="list-style-type: none"> Example 2 	File Name:				
	Page No.:				
<ul style="list-style-type: none"> Example 3 	File Name:				
	Page No.:				
<ul style="list-style-type: none"> Example 4 	File Name:				
	Page No.:				

Cultural Awareness				
Define the concept of culture.	File Name:			
	Page No.:			
Define the concept of diversity.	File Name:			
	Page No.:			
Define and describe at least five (5) dimensions of culture/diversity, <u>besides race and ethnicity</u> . (e.g. sexual orientation; socioeconomic status; gender; age; disability) (see below)				
• Example 1	File Name:			
	Page No.:			
• Example 2	File Name:			
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• Example 3	File Name:			
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• Example 4	File Name:			
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• Example 5	File Name:			
	Page No.:			
Describe at least five (5) behavioral health concepts that may be affected by culture/diversity. (e.g. conceptualization of need; assessment and diagnosis; expectations; adherence; willingness and attitude of seeking help; person centered recovery planning) (see below)				
• Example 1	File Name:			
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• Example 2	File Name:			
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• Example 3	File Name:			
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• Example 4	File Name:			
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• Example 5	File Name:			
	Page No.:			
Define the concept of cultural awareness with regards to acceptance, respect, appreciation and value.	File Name:			
	Page No.:			
Deciding the Life One Wants: Determining One's Recovery Goal				
Describe why goal setting is important in the process of behavioral health recovery.	File Name:			
	Page No.:			
Core Competency 5. Establishing				

Recovery Goals (6 hours) <i>Recommended as In-person, face to face format</i>	Use the below three ways that goals may be manifested and provide an example of each. 1. Getting rid of something you have because the presence is keeping you from having the life you want. Provide example. 2. Getting something you don't have because the absence is keeping you from having the kind of life you want. Provide example. 3. Identifying something to work for that would begin to symbolize the kind of life they would want. Provide example.	File Name: Page No.:			
	Describe at least five (5) questions peer specialists could ask to help an individual explore goal setting (wants and needs). (e.g. if you could wave a magic wand and change that part of your life into what you want it to be, what would that look like; if you were not diagnosed with a behavioral health diagnosis what would you be doing that you can't do now; describe what a perfect day would look like to you; what would be the benefits of making a change; what are the costs of not making a change; how would you be different if you made a change) (see below)				
	• Example 1	File Name: Page No.:			
	• Example 2	File Name: Page No.:			
	• Example 3	File Name: Page No.:			
	• Example 4	File Name: Page No.:			
	• Example 5	File Name: Page No.:			
	Describe at least three (3) questions peer specialists could ask to help an individual identify, more specifically, an area to target for goal setting. (e.g. What areas of your life/situation are you pleased with or feel good about; what areas of your life are you not pleased with or don't feel good about; are there any areas of your life you'd be willing to deal with) (see below)				
	• Example 1	File Name: Page No.:			
	• Example 2	File Name: Page No.:			
• Example 3	File Name: Page No.:				

Creating the Life One Wants: Accomplishing One's Recovery Goal				
Describe at least five (5) steps to accomplishing a goal. (e.g. state in a clear and positive way what you want to accomplish; state clearly why you want this; state clearly what you are going to have to change to get this; understand your strengths; understand your limitations; think of ways to care for yourself as accomplish this.) (see below)				
	• Example 1	File Name:		
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	• Example 2	File Name:		
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	• Example 3	File Name:		
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	• Example 4	File Name:		
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	• Example 5	File Name:		
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Describe at least four (4) facts about accomplishing goals. (e.g. accomplishing a goal always changes our current situation; sustaining change involves changing the way we think and act; our actions help create or sustain our current situation; become aware of how our external environment impacts our current situation.) (see below)				
	• Example 1	File Name:		
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	• Example 2	File Name:		
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	• Example 3	File Name:		
	Page No.:			
• Example 4	File Name:			
	Page No.:			
Facing One's Fears				
	Define the concept of "fear" with regards to behavioral health.	File Name:		
		Page No.:		
	Describe how fear and the feelings fear creates impedes an individual from being able to accomplish goals. (Building on the concept of "fear" with regards to behavioral health.)	File Name:		
		Page No.:		
	Describe at least five (5) questions a peer specialist could use to assist an individual in identifying their fears. (e.g. if you were not afraid what would you do; why would you like to do this; what are you getting out of staying in your comfort zone; what is it costing you to stay in your comfort zone; what would be the biggest benefit in moving through this fear) (see below)			
• Example 1	File Name:			
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	• Example 2	File Name:				
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	• Example 3	File Name:				
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	• Example 4	File Name:				
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	• Example 5	File Name:				
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	Describe at least five (5) questions a peer specialist could use to assist an individual in identifying and moving through the feelings that accompany the identified fears. (e.g. how does experiencing that fear make you feel; what are the specific emotions/physical sensations that you are experiencing; what are the thoughts that come to mind in that situation; what have you learned from past experiences about how to successfully address these thoughts and feelings; what are some small steps that may help you address these feelings/thoughts; what kind of support would you need to help you face this fear and move through it) (see below)					
	• Example 1	File Name:				
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	• Example 2	File Name:				
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	• Example 3	File Name:				
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	• Example 4	File Name:				
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	• Example 5	File Name:				
		Page No.:				
	Dissatisfaction as an Avenue for Change					
Describe at least five (5) situations that are important in overcoming ambivalence about making a change. (e.g. the greater the dissatisfaction, the more likely a person will want to make a change; the benefits of making change is what motivates a person to act; in order to see the possibilities a person needs to see that there is something they can do to start the process; there are always barriers or the change would have already happened; no one makes major changes by themselves) (see below)						
• Example 1	File Name:					
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• Example 3	File Name:					
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• Example 4	File Name:					
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	<ul style="list-style-type: none"> • Example 5 	File Name:			
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	Describe at least five (5) questions that a peer specialist could use to assist an individual in exploring their dissatisfaction. (e.g. what does this keep you from doing that you'd like to do; what would you need to get started; what might be getting in your way of doing this; who would support you in doing this; who would not support you in doing this; what would you need to learn to overcome these difficulties) (see below)				
	<ul style="list-style-type: none"> • Example 1 	File Name:			
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	<ul style="list-style-type: none"> • Example 2 	File Name:			
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<ul style="list-style-type: none"> • Example 4 	File Name:				
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<ul style="list-style-type: none"> • Example 5 	File Name:				
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Combating Negative Self Talk					
Define negative self-talk.	File Name:				
	Page No.:				
Describe at least three (3) characteristics of negative self-talk. (e.g. everyone has negative thoughts/negative self-talk; negative thoughts/negative self-talk is not the problem; problem is when it spirals downward and we end up defining ourselves in absolute negative language; thoughts create feelings so we can use our feelings as a cue to recognize what we are telling ourselves) (see below)					
<ul style="list-style-type: none"> • Example 1 	File Name:				
	Page No.:				
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Describe the connection between thoughts and feelings and the spiraling effect they can have with regards to behavioral health.	File Name:				
	Page No.:				
Describe how negative self-talk can make "facts" go quickly to "stories". (e.g. I failed my math test. I'm stupid is the story.)	File Name:				
	Page No.:				
Describe the power of absolute/permanent language such as "always" and "never".	File Name:				
	Page No.:				

	Describe at least three (3) questions a peer specialist could use to assist an individual in identifying their negative self-talk. (e.g. what are some negative thoughts or thought patterns that keep you from accomplishing some of the things you want to do; when you feel mad at yourself what have you been thinking; are your thoughts facts or are you telling yourself a negative story) (see below)			
	• Example 1	File Name:		
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	• Example 2	File Name:		
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	• Example 3	File Name:		
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	Identify and describe a method for recognizing negative self-talk and stopping it. (e.g. Catch It-learn to catch it early on, Check It-check it against what is really going on; Change It-change it to more appropriately reflect reality)	File Name:		
		Page No.:		
	Using Your Recovery Story as a Recovery Tool			
	Define and describe a recovery story as related to behavioral health.	File Name:		
		Page No.:		
	Define and describe an illness story as related to behavioral health.	File Name:		
		Page No.:		
	Describe how an adult peer support specialist's recovery story can be helpful to individuals receiving services, as well as help educate and inspire providers.	File Name:		
	Page No.:			
Describe and provide the process to be used to teach adult peer support specialists to tell their own recovery stories.	File Name:			
	Page No.:			
Provide evidence that the adult peer support specialist practices development of their recovery story and practices verbalizing their recovery story to others.	File Name:			
	Page No.:			
Describe at least five (5) questions peer specialist could use to assist individuals in recovery learn to tell their own recovery stories. (e.g. what were some early indications you were beginning to have difficulties; briefly describe yourself and your situation when you were at your worst; what helped you to move from where you are to where you are now; what have you overcome to get to where you are today; what are some strengths you have developed; what are some of the things that you do to keep you on the right path) (see below)				
• Example 1	File Name:			
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• Example 3	File Name:			
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	<ul style="list-style-type: none"> • Example 4 	File Name:			
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	<ul style="list-style-type: none"> • Example 5 	File Name:			
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Core Competency 6. Using Support Groups to Promote and Sustain Recovery (1 hour) <i>Recommended as In-person, face to face format</i>	Using Support Groups to Promote and Sustain Recovery				
	Define behavioral health support group.	File Name:			
		Page No.:			
	Describe at least four (4) ways support groups help to promote recovery. (e.g. people in the groups learn from each other; being in a group is not as intensive or demanding as one-to-one situations; learn we are not alone-not the only one with these situations; individual insights can build off one another) (see below)				
	<ul style="list-style-type: none"> • Example 1 	File Name:			
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	<ul style="list-style-type: none"> • Example 2 	File Name:			
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	<ul style="list-style-type: none"> • Example 3 	File Name:			
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	<ul style="list-style-type: none"> • Example 4 	File Name:			
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	Describe five (5) processes an adult peer support specialist must avoid doing when working with individuals. (e.g. no fixing; no saving; no advising; no setting a person straight; no judging) (see below)				
	<ul style="list-style-type: none"> • Example 1 	File Name:			
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	<ul style="list-style-type: none"> • Example 2 	File Name:			
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<ul style="list-style-type: none"> • Example 3 	File Name:				
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<ul style="list-style-type: none"> • Example 4 	File Name:				
	Page No.:				
<ul style="list-style-type: none"> • Example 5 	File Name:				
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Describe at least three (3) responsibilities of a group facilitator. (e.g. opening the meeting; keeping it tactfully going in between and closing the meeting) (see below)					
<ul style="list-style-type: none"> • Example 1 	File Name:				
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<ul style="list-style-type: none"> • Example 2 	File Name:				
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	<ul style="list-style-type: none"> • Example 3 	File Name:			
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	Describe and provide an example of meeting guidelines adult peer support specialists may use when facilitating support groups. (e.g. meetings begin and end on time; what is said in the group stays in the group; remember that everyone has an equal right to the time allotted; everyone is given the opportunity to speak as well as the right to decline to speak; regular attendance at meetings is not required, members may come and go as their needs change; we expect progress, not perfection)	File Name:			
		Page No.:			
	Provide at least four (4) scenarios for adult peer support specialists that demonstrate what an adult peer support specialists is to do when confronted with the following situations:				
	<ul style="list-style-type: none"> • Someone in group who is bored or disinterested; • Disruptive Behavior; • Silence; and • Someone who is monopolizing group time. (see below) 				
	<ul style="list-style-type: none"> • Example 1 - Someone in group who is bored or disinterested 	File Name:			
		Page No.:			
	<ul style="list-style-type: none"> • Example 2 - Disruptive Behavior 	File Name:			
		Page No.:			
<ul style="list-style-type: none"> • Example 3 - Silence 	File Name:				
	Page No.:				
<ul style="list-style-type: none"> • Example 4 - Someone who is monopolizing group time 	File Name:				
	Page No.:				
Describe at least two (2) behavioral health support groups and provide resource information for local meetings. (e.g. Alcoholics Anonymous; Double Trouble in Recovery; Narcotics Anonymous) (see below)					
<ul style="list-style-type: none"> • Example 1 	File Name:				
	Page No.:				
<ul style="list-style-type: none"> • Example 2 	File Name:				
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