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Building community collaborations to reduce the impact of substance abuse in our community through education, advocacy, and training

## **Certified Addiction Recovery Empowerment Specialist (CARES)**

**Training Overview**  
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The Georgia Council on Substance Abuse  
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## CARES Training Description

This training introduces participants to the key concepts, fundamental skills and core functions of peer recovery support services delivered within a recovery-oriented system of care. The *Certified Addiction Recovery Empowerment Specialist (CARES)* is uniquely qualified by lived experience credentials to provide peer support that promotes progressive health, sustainable happiness, and prosocial living, also known as long-term recovery from alcohol and other drug use. Peer recovery support is the process of giving and receiving non-professional, non-clinical assistance that is fundamentally strengths-based, delivers or assertively links to individually tailored and culture-specific services, and, most importantly, demonstrates hope. These distinct services enhance the utilization and effectiveness of prevention and treatment across the continuum of care from professional services to mutual aid/recovery support groups and the recovery community.

The mission of the *CARES* training is to **facilitate each participant's progress toward mastery-level competence as a recovery coach**. The goal is for participants to leave the training with a "can-do" comfort level for delivering recovery peer support services within a team of addiction treatment service providers who, along with the CARES, the peers with whom CARES engage, and CARES' employers, highly value the peer-based recovery support services. In addition to confidence, participants take away from the training a concrete assessment of her or his recovery coach knowledge and skills plus a plan for further developing their abilities to support others' recovery. Lastly, participants develop a network of peers who give and receive ongoing support that promotes progressively higher levels of competence and visibility.

This transformational recovery coach training begins with recognizing the experience, strength and hope brought by each participant. Building on that, participants have opportunities to assess various fundamental areas for growth and development and participate in activities that accomplish their respective recovery coach goals. Mirroring the process that is used with peers we assist, we periodically re-assess our growth and progress and set new goals, always with the end in mind: promoting sustainable recovery in oneself and others. Accomplishing this requires time for learning concepts, practicing skills, receiving feedback, and reflecting on and incorporating the feedback, practicing, feedback, practicing, feedback....

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## CARES Training Safety and Respect Guidelines

1. Turn off cell phones, pagers, etc. when we are in session.
2. Do not leave the room without notifying someone before you leave.
3. Share what recovery activities have worked for you. Use "I..." statements.
4. "Ouch": If someone makes a statement you find offensive, assume that the offense was unintentional and say "Ouch."
5. "Stretch": People who are quiet or, at the other extreme, folks who tend to dominate discussions may be asked by the trainer to try to "stretch" out of that role, even if for only a short period of time.
6. Other guidelines that will help make this a safe and respectful place that maximizes every participant's learning?

## Daily Schedule

8:30 - 9:00	Daily Opening
9:00 - 10:30	Session 1
10:30 - 10:45	Break
10:45 - 12:00	Session 2
12:00 - 1:00	Lunch
1:00 - 2:30	Session 3
2:30 - 2:45	Break
2:45 - 4:30	Session 4
4:30 - 5:00	Daily Closing

*Daily Opening:* Set the Tone & Re-Acquaintance (30 min) - Each day begins with reviewing our safety and respect guidelines, addressing issues that may have arisen over the night and complete a pre-training survey.

- A. Review Training Safety and Respect Guidelines (5 minutes)
- B. Review Improvement Questions/Challenges (IQs) & Performed Examples of Recovery Kindness or Strength (PERKS) (5 minutes)
- C. Burning Questions from yesterday's session (5 minutes)
- D. Pre-Training Survey (15 minutes)

*Daily Sessions:* Sessions 1 - 4 are designed to build upon each preceding topic so that participants are introduced to new concepts and ideas with increasing comfort and confidence. The sessions encourage participation and trust-building and facilitate each participant's level of comfort regarding using their recovery coach skills and stories to help others.

*Daily Closing:* (30 minutes) - At the close of each day we check-in with all participants and give some time to reflection about the day.

- A. Post-Training Survey (15 minutes)
- B. Review Improvement Questions/Challenges (IQs) & Performed Examples of Recovery Kindness or Strength (PERKS) (5 minutes)
- C. Recovery Journey Reading/Journal time (10 minutes)

## Overall Training Objectives:

1. Confidently deliver peer recovery support services within a team of addiction treatment service providers
2. Fill a role that is valued by myself, the peers with whom I engage, and your employer
3. Assess my recovery coach knowledge and skills
4. Identify my recovery coach development goals and tasks for moving toward a mastery level of competence
5. Engage a network of peers with which I give and receive ongoing support that promotes our work, recovery coach development and on-going recovery

### ***Objectives and key learning elements***

**The CARES curriculum is facilitated over five days. The objectives for each day are described; and one or two key learning elements described to highlight the content covered.**

#### **ETHICAL BEHAVIOR CODE**

*Certified Addiction Recovery Empowerment Specialists (CARES) acknowledge and follow these ethical statements:*

1. My primary obligation and responsibility is my recovery. I will immediately contact my supervisor if alcohol, drug use, or anything else gets in the way of my recovery.
2. Recovery is guided by self-determination. I assist others in achieving their needs and goals. This includes advocating for the decisions of the peers regarding professional and other services.
3. I will support the Faces and Voices of Recovery Bill of Rights for each person that I serve.
4. I advocate for the integration of peers into self-selected recovery communities and will promote the individual's inherent value to those communities.
5. I act in accordance with the law.
6. I affirm the dignity of each person that I serve.
7. I provide recovery services regardless of someone's age, gender, race, ethnicity, national origin, sexual orientation, religion, marital status, political belief, language, socioeconomic status, or mental or physical condition. If differences that impact the motivation for recovery occur, I seek consultation and, if necessary, make a referral to another recovery support.
8. I never use physical force, verbal abuse, emotional abuse, intimidate, threaten, harass, or make unwarranted promises of benefits.
9. I share my lived experiences to help others identify resources and supports that promote recovery.
10. I respect the privacy of those I serve and I will abide by confidentiality guidelines as required by law.
11. I never engage in sexual or intimate relations with peers that I serve.
12. I do not accept gifts of significant value from people that I serve.
13. I do not lend to, or borrow from, the peers that I serve.
14. I improve my recovery service knowledge and skills through ongoing education, training and supervision as determined by the CARES program.

## DAY 1

### CARES - Vision, Mission, Principles, Core Functions and the Science of Addiction & Recovery (SOAR), "What's Right with You"

#### Objectives:

At the end of the day participants will be able to:

1. Create a group agreement regarding guidelines for making this a safe and respectful place that promotes every participant's learning and development.
2. Recite the CARES mission statement.
3. Define recovery peer support services and recovery.
4. Distinguish between the tasks that move beyond the helping role of a recovery coach into those of a 12-step sponsor, counselor, nurse/physician, and priest/chaplain/clergy.
5. List the three core functions of a CARES.
6. Recognize the 11 principles of recover-oriented, person-directed and outcome informed services.
7. Define and demonstrate each of the relationship OARS.
8. Begin to construct a personal recovery message that includes your "elevator speech."
9. Explain the research-based elements that should not be included in a CARES elevator speech.

#### **CARES Vision Statement**

We envision a recovery-oriented system of care which supports multiple pathways of self-directed approaches to build on the strengths and resilience of individuals, families and communities to take responsibility for their sustained wellness & recovery from alcohol and drug problems.

#### **CARES Mission**

The mission of Georgia CARES's is to promote long-term recovery from substance use disorders by providing experienced peer support and advocating for self-directed care.

#### **CARES Values**

Hope demonstrated through the lived experience

Wellness of mind, body and spirit

Integrity by showing

- ◆ Positive regard
- ◆ Respect
- ◆ Openness

Commitment to recovery & wellness and living with

- ◆ Compassion
- ◆ Dignity
- ◆ Stability

## Day 2

### Relationship Enhancement and Motivational Interviewing; Co-supervision

#### Objectives:

At the end of the day participants will be able to:

1. Build rapport and create authentic engagement with different diverse groups.
2. Use direct, empathetic communication to create an effective relationship
3. Negotiate goal setting with peers.
4. Provide advice and information collaboratively.
5. Identify the types of issues that are appropriate for supervision; describe the types and functions of supervision; and recognize personal strengths and challenges as they relate to being supervised in a CARES position

#### Eight Stages in Learning MI

1. The spirit of Motivational Interviewing
2. Open-ended Questions; Affirmations; Reflective listening; Summarization (OARS)  
Peer-centered counseling skills
3. Recognizing and reinforcing change talk
4. Eliciting and strengthening change talk
5. Rolling with resistance
6. Developing a change plan
7. Consolidating peer commitment
8. Shifting flexibly between MI and other methods

*Definition:* Motivational interviewing is a peer-centered, evidence-based, directive method for enhancing intrinsic motivation to change by exploring and resolving ambivalence with the individual.

*Spirit:* Collaboration; evocation; autonomy; respect; compassion

*Empathy:* "...being empathic is to perceive the internal frame of reference of another with accuracy and with the emotional components and meanings which pertain thereto ... it means to sense the hurt or the pleasure of another as he senses it and to perceive the causes thereof as he perceives them..." ~Carl Rogers

- Empathy is not:
  - Having had the same experience or problem
  - Identification with the peer
  - Let me tell you my story
- Empathy is:
  - The ability to accurately understand the peer's meaning
  - The ability to accurately reflect that understanding back to the peer

## Day 3

### Cultural Competence: Self-Awareness - Cultural Identity; Stigma and Labeling; and Recovery-Oriented Systems of Care

#### Objectives:

At the end of the day participants will be able to:

1. Identify and acknowledge one's own cultural and spiritual heritage, including one's cultural values, biases and subjectivity and how it impacts the provision of care and support.
2. Understand that culture goes beyond racial and ethnic differences.
3. Explore the historical and generative impact of power, privilege, and health inequities; and how increased cultural competence can address these disparities.
4. Identify culturally competent recovery oriented activities and pathways needed for the local populations who are in your community.
5. Assess your cultural competence for delivering peer support to people in your community, and identify ways to enhance your skills and awareness's for supporting peers in your community.
6. Identify how stigma and labeling hinder recovery and learn strategies that can help in overcoming issues related to stigma and labeling for people in recovery.
7. Describe the various components of cultural competence, cultural sensitivity, spirituality and other relevant terms

#### **Prior to Session:**

##### *Homework exercise:*

- Go to the *Implicit Association* website - <https://implicit.harvard.edu/implicit/demo/> - take at least two tests. We will discuss the experience and implications in the next session. This should take less than 15 minutes, but use 30 minutes to take notes on your experience of taking the tests.
- Review the Heritage and Getting to know you - interview tools, part of your tool box of resources.

##### *A summary of key working definitions:*

- *Preference:* can be benign, causing no harm. "I prefer vanilla ice cream." When it becomes "I prefer that those people stay over there!" - then we start to cross a line.
- *Prejudice:* an emotional commitment to a particular point of view, not swayed by contradictory evidence.
- *Power:* the element in all "isms" to affect another person's life. Power and privilege are linked; for example, one's ability to make a decision without being challenged. If you are a police officer, real estate agent or health care provider, you make decisions about another person's life- sometimes just by what information you share with them, write in their chart, give a ticket, invite to a social networking function, etc.

## Day 4

### CARES Ethics; The Science of Addiction and Recovery (SOAR) TOT ; Peer Recovery Group and Individual Services

#### Objectives:

At the end of the day participants will be able to:

1. Follow the Peer Recovery Group and Recovery Check-In protocols
2. Use the CARES ethical principles for decision-making and setting personal boundaries. Discuss ethics, boundaries and roles in serving as a Certified Addiction Recovery Empowerment Specialist and their importance in protecting oneself and those one serves.
3. Recognize when self-disclosure is appropriate in the helping relationship.
4. Describe the eight components of a recovery-oriented system of care and identify at least five pathways to recovery;
5. Based on brain adaptation explain three key brain-mind-behavior changes - tolerance, withdrawal, craving - that account for:
  - a) why addicts can't just quit and stay quit, and
  - b) the scientific basis of the message of hope for long-term recovery; and
6. Explain the comparable recovery rates for addiction and other chronic health conditions.

*BOUNDARIES* refer to acting within one's role as a peer specialist. A peer specialist must be able to recognize, maintain and balance boundaries that establish appropriate relationship limits. If we lose our ability to be objective, we tend to become too involved in a person or situation. Healthy and appropriate boundaries are the distance and emotional detachment that is needed to ensure an effective perspective on a situation. Maintaining personal boundaries is indicative of a well-trained, experienced peer supporter.

*Self-Disclosure* needs to be a thoughtfully considered intervention based on the relationship the peer has with each individual whom they work with. While it is understood that CARES are self-identified people in recovery who have experiential credentials plus specialized training, a person's individual recovery story is theirs alone to share in the service of promoting a peer's recovery.

#### *Outline of Recovery Check-In Contacts*

Issues brought up by the peer take precedence over any pre-determined interaction outline. Typically the flow of a recovery check-in follows these steps:

1. Acknowledge peer
2. Complete Progress Rating Scale
3. Complete and discuss Craving Ratings
4. Discuss Recovery Capital and Plan
5. Summarize Interaction
6. Schedule Next Recovery Check-In
7. Complete Relationship Rating Scale

## DAY 5

### Self-Care; Going Back to the Workplace; Work Place - Sharing Your Message; Bringing it all Together;

#### Objectives:

At the end of the day participants will be able to:

1. Identify self-care activities that you can begin using immediately.
2. Self-assess your recovery coach competence level and identify action steps for your recovery coach development plan
3. Understand and be prepared to address concerns that provider's may have about the role of CARES, the Recovery movement, and risks associated with supporting a peer's recovery journey.
4. Deliver a confident Recovery Story (including your own 'elevator speech')

#### The Importance of Recovery Coach Self-Care

Having a self-care plan allows coaches to:

- Maximize efficacy and productivity through heightened energy and presence
- Be a positive role model for those they serve
- Maintain appropriate boundaries in the work environment
- Effectively deal with stressors

#### Self-Care Assessment

Peer Specialist self-care is essential to maintain health, efficacy, and productivity in the work environment. It is essential to the nature of the CARES to actively practice positive role modeling. Peer Specialists regularly need to practice self-care strategies to maintain overall health and ability to perform. This assessment tool provides an overview of effective strategies to maintain self-care. After completing the full assessment, choose one item from each area that you will actively work to improve.

#### *Elevator Speech Practice - Successful Recovery Messaging*

#### Create and Deliver Your Own Recovery Message

"I'm in long-term recovery and for me that means I have not used alcohol or other drugs for <number> years. Long-term recovery has given me new hope and stability. I've created a better life for myself, my family and my community. I'm speaking out now so others will have the opportunity to achieve long-term recovery."

## Addiction Recovery Peer Support Services Seven Frequently Asked Questions

1. What are recovery peer support services?  
These are nonclinical, strength-based, and self-directed services designed and delivered by peers in recovery, commonly called recovery coaches. Recovery peer supporters assist individuals and/or their family members, significant others, and allies to initiate and/or sustain recovery from alcohol and other drug use and improve one's wellness.
2. Why is recovery peer support important?  
Peers can be a guide and role model for long-term recovery. A recovery peer has experienced similar trials and understands the realities of living with a chronic health condition but is inspirational and provides hope because of her or his recovery. Research shows that integrating this unique peer role into services significantly improves treatment and prevention program efficiencies and outcomes, enhances recovery communities, and bolsters individuals' sustainable recovery and progressive wellness.
3. What can recovery peer supporters do?  
Recovery peer supporters provide caring services to peers individually and/or in small groups. The specific services can vary based on an individual's interests, strengths and abilities. Fundamentally, recovery peer supporters help others choose their own recovery goals and associated steps, access culturally-appropriate resources, and continue a recovery community-supported yet self-directed wellness process. Recovery peer supporters may set up and run mutual-help groups, meet with people in their homes or other community settings, and interact via the telephone and/or internet.
4. Where do recovery peer supporters work?  
The need for message of recovery and hope exists in virtually limitless settings: private and public treatment centers, employee assistance programs, faith-based centers and institutions, physician's offices, hospital emergency rooms, schools, colleges, teen centers, recovery centers, recovery residences, homeless shelters, clothing and food banks, veteran centers and military installations, jails, courts, probation and parole offices, prisons, social services offices, government agencies, etc.
5. How is a recovery peer supporter different from a 12-step fellowship sponsor and an addiction counselor?  
Recovery peer supporters may be paid employees or volunteers. Allegiance is to the person seeking or in recovery and not to a particular route or path to recovery. This allows anonymity to be maintained if one so chooses. Similarly, recovery peer supporters do not provide clinical, counseling or case management services. In addition, recovery peer support services may be provided before, during, or after treatment or whether or not an individual enrolls in a particular program.
6. Is this the same as a Certified Peer Specialist?  
No. Although very similar, Georgia's Mental Health Consumer Network runs the Certified Peer Specialist program ([www.gacps.org](http://www.gacps.org)) for mental health consumer recovery peer services.
7. Who is a CARES?  
A Certified Addiction Recovery Empowerment Specialist (CARES) is a recovery peer support service provider who works as a treatment/intervention team member. CARES are supervised by an addiction or mental health professional after completing an initial 40-hour training that builds relationship skills, teaches how and when to tell one's recovery - not illness - story, and develops an understanding of confidentiality, ethics, and other abilities needed for employment. The CARES project is a collaborative of the Georgia Council on Substance Abuse and a coalition of addiction recovery peers from around the state. For more information contact Neil Kaltenecker at 404-523-3440 or [neil@gasubstanceabuse.org](mailto:neil@gasubstanceabuse.org).

