International Certification & Reciprocity Consortium

Peer Recovery Credential Job Analysis Report 2013

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Introduction

Survey Overview: The Content Validation Model

The foundation of a valid, reliable, and legally defensible professional licensing/certification program is a well-constructed job analysis (JA) study. The JA study establishes the link between test scores achieved on licensing exams and the competencies being tested; therefore, pass or fail decisions correlate to competent performance. When evidence of validity based on examination content is presented for a specific professional role, it is critical to consider the importance of the competencies being tested. The Joint Standards for Educational and Psychological Testing (AERA, APA, and NCME, 1999) state:

> *Standard 14.10*
> When evidence of validity based on test content is presented, the rationale for defining and describing a specific job content domain in a particular way (e.g., in terms of tasks to be performed or knowledge, skills, abilities, or other personal characteristics) should be stated clearly.
>
> *Standard 14.14*
> The content domain to be covered by a credentialing test should be defined clearly and justified in terms of the importance of the content for the credential-worthy performance in an occupation or profession. A rationale should be provided to support a claim that the knowledge or skills being assessed are required for credential-worthy performance in an occupation and are consistent with the purpose for which the licensing or certification program was instituted.

Purpose of the Job Analysis Study

In order to meet the aforementioned standards, it is essential that examination outlines be constructed systematically and examined comprehensively to ensure that essential knowledge, skills and abilities (KSAs) are covered for competent practice in the occupation or profession of interest. To this end, the International Certification & Reciprocity Consortium (IC&RC), worked with Schroeder Measurement Technologies, Inc. (SMT), to conduct a job analysis for the new Peer Recovery (PR) credential program.

The job analysis included establishing and implementing an online survey instrument that described the performance activities and KSAs required for a PR credential. This report provides an overview of the survey design, analysis, and results. Survey results of demographic data are displayed graphically. In addition, the implications of these results on examination development are discussed.

Survey Methodology

Survey Development

The online survey was developed using results from preliminary research conducted by SMT and input from a panel of IC&RC subject matter experts (SMEs). Together, the panel and SMT developed the following survey parts in a job analysis (JA1) meeting held from September 27 to September 28, 2012:

1. Task element list
2. Survey rating scale
3. Demographic questions

A copy of the survey appears in Appendix A and the list of JA1 participants appear in Appendix B.

Task Element List and Survey Rating Scale

The following performance and importance rating scale for the job domains section of the survey were used:

Performance:
0 = Not Performed

Importance:
1 = Of No Importance
2 = Of Little Importance
3 = Moderately Important
4 = Very Important
5 = Extremely Important

The following instructions were provided to respondents:

This survey should take approximately 30 minutes to complete. You may revisit your survey record at any time during the survey administration period of February 18 – March 25, 2013.

There are three sections in this survey:
Section 1. Demographic Questions: Demographic questions help us develop a profile of a peer and the environment in which you practice.

Section 2. Job Domains: This section lists tasks and knowledge elements performed or used by a peer in his or her work. You are asked to indicate whether or not you perform the element and the importance of each to competent provision of peer services and public protection.

Section 3. Post-Survey Questionnaire: In this section, you are asked to consider the four job domains and assign the distribution of questions for the PR examination. You will also have the opportunity to specify any tasks or knowledge elements you feel may have been overlooked in this survey.

Rating Scale

How important is this task or knowledge element to the provision of peer services? Please select "Not Performed" if you do NOT perform the element in your role as a peer. For those elements you perform, provide an importance rating using the scale range from "Of No Importance" to "Extremely Important."

Demographic Questions

In order to determine whether the resultant respondent sample is representative and reflective of the working peer population, a demographic questionnaire was included in the survey. These demographic questions gathered the following information:

1. Number of years providing peer services
2. Number of years certified
3. Geographical region of practice
4. Primary work setting as a peer
5. Primary role at workplace
6. Education level
7. Age
8. Gender
9. Ethnicity

Sampling Methodology, Data Collection and Analyses

In January 2013, a call for participation in the online survey was made to member boards of the IC&RC. The online survey was available to respondents from February 18 to March 25, 2013, a period of five weeks. After the close of the administration window, SMT collected the data and analyzed respondent demographics, task element importance ratings, and percentage of task elements not performed using SPSS© version 20.0 and Microsoft Excel® 2010 computer programs. A total of 352 individuals responded to the survey; the responses of 45 individuals were removed due to incomplete data. Consequently, results are based on a sample of 307 respondents.

Survey Results

Results are divided into the following three sections:

1. Survey adequacy and reliability information
2. Demographic results
3. Importance ratings

Survey Adequacy and Reliability Information

Survey Adequacy

At the end of the survey, respondents were asked to rate the effectiveness of the survey in identifying essential task elements performed by a peer. Approximately 99% (292 of 307) of respondents indicated that the survey either adequately or completely covered the essential tasks performed by a peer (Figure 1 and Table 1). Thirteen respondents did not provide a response to this item.

> *How well did this survey cover the essential elements of knowledge, skills, abilities, and tasks required of a competent peer?*
>
> *Options:* *Completely*
> *Adequately*
> *Inadequately*

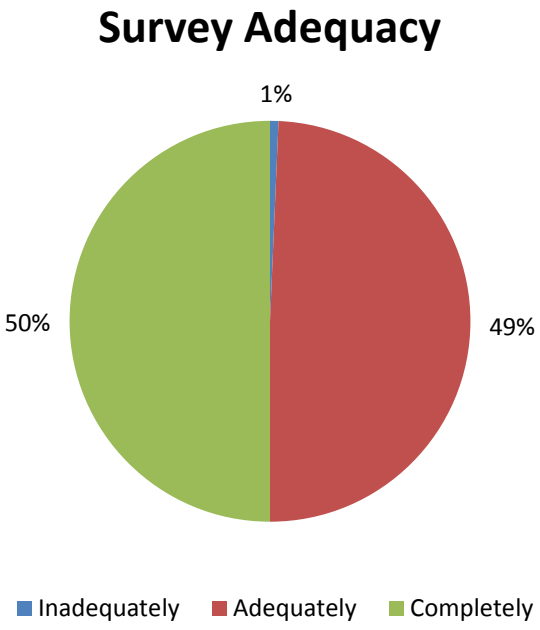

FIGURE 1. ***Survey adequacy.***

TABLE 1. ***Survey Adequacy***

Response	Frequency	Percent
Completely	147	50%
Adequately	145	49%
Inadequately	2	1%

If survey respondents selected "Inadequately" for this question, they were asked to indicate why they selected that option. They were provided with a text field to provide comments. These free-text responses are shown below:

1. Lacks dimensions of wellness; whole health; trauma; self-awareness (multiple dimensions); supervisory/co-worker relationships, conflict resolution; mediation; shared-decision-making; ethics based on recovery and self-determination rather than clinical protocol; avoiding burn-out; awareness of secondary trauma.... and more.....

2. too clinical

Missing Task Elements and KSAs

At the end of the survey, respondents were asked for feedback on task and knowledge elements that they felt were missing in the survey.

> *In the space provided below, please specify the job tasks or competencies that are important for a peer to perform or understand but you feel were not covered in this survey.*

These free-text responses, without any edits, can be found in Appendix C.

Reliability Estimate

The Cronbach's Alpha reliability estimate was calculated to evaluate the internal consistency of the task element ratings. This statistic is bound between 0 and 1, with higher values indicating higher reliability, meaning that ratings obtained from the survey are reliable and consistent. As a rule of thumb, reliability estimates above 0.7 are considered acceptable. For this survey, Cronbach's Alpha was 0.95 for the importance ratings, indicating that the ratings obtained were reliable.

Demographic Results

Years of Experience

The experience of respondents as peers ranged from 0 to 36 years, with an average of 5.5 years. Approximately one third of respondents (32%, 96 of 303) have more than 5 years of experience; Figure 2 shows a frequency distribution of the number of years of experience. Four respondents did not provide a response to this item.

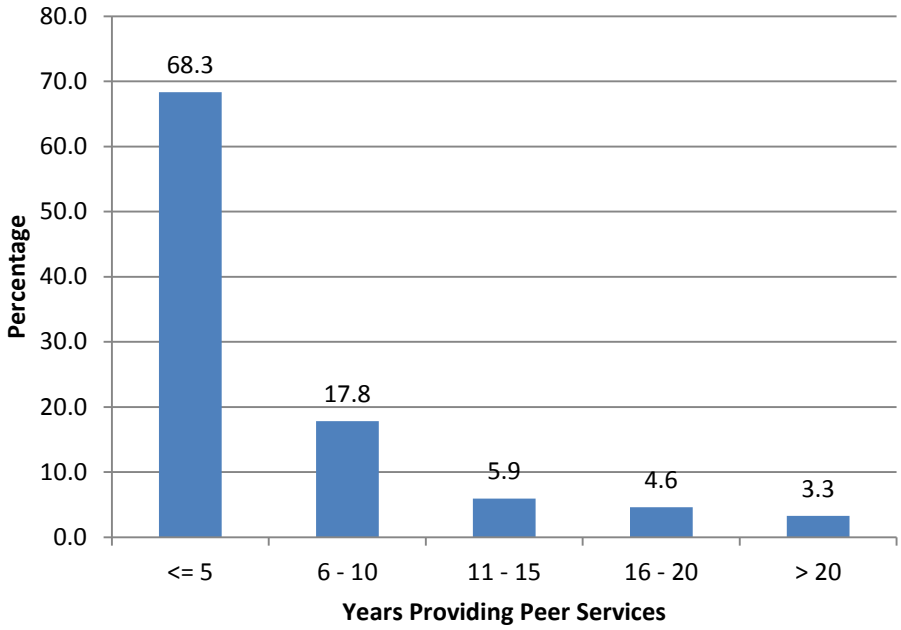

FIGURE 2. ***Years Providing Peer Services.***

Years Certified as a Peer

Of the 307 respondents, 174 (57%) provided a response to this question. The number of years certified as a peer ranged from 0 to 17 years, with an average of 2.8 years. Over half of the respondents (88%, 153 of 174) have been certified as a peer for 5 years or less; Figure 3 shows a frequency distribution of the number of years certified. 135 respondents indicated that they are currently pursuing certification as a peer.

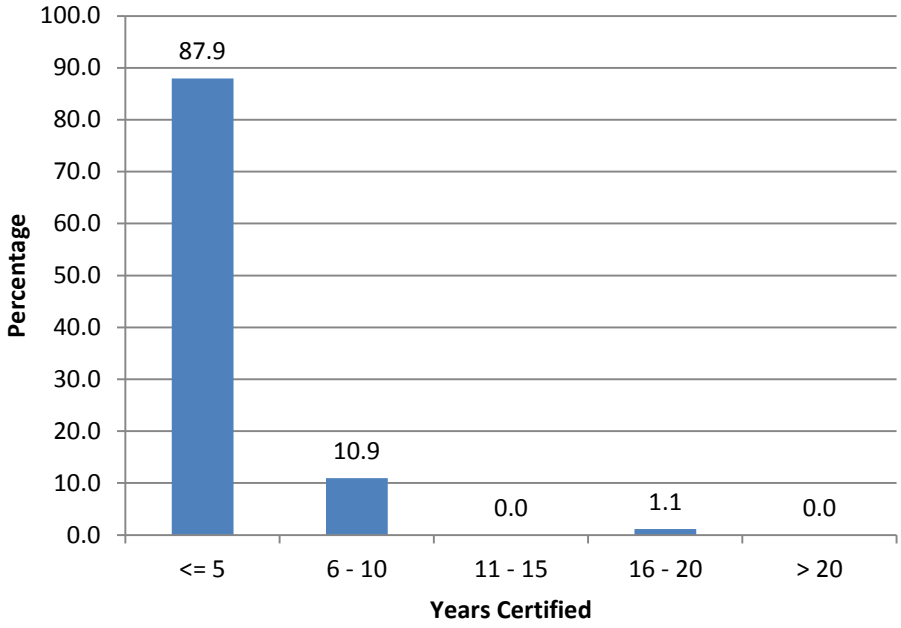

FIGURE 3. ***Years Certified as a Peer.***

Geographical Region

Respondents were asked to indicate the state or U.S. territory in which they currently practice. Table 2 shows a breakdown of respondents by state. Figure 4 shows a frequency distribution of the results grouped by the U.S. geographic census regions: *Northeast, South, Midwest, and West.* Twelve respondents did not provide a response to this item. The majority of respondents (77%, 228 of 295) practice in the Midwestern and Southern states. Other practice regions indicated by respondents are Europe and Oceania.

TABLE 2. ***Respondent Breakdown by State***

State	Frequency	Percent
Alaska	2	0.7
Alabama	3	1.0
California	1	0.3
Colorado	1	0.3
Illinois	45	15.3
Kansas	1	0.3
Louisiana	21	7.1
Massachusetts	1	0.3
Maryland	51	17.3
Maine	1	0.3
Michigan	74	25.1
North Carolina	2	0.7
New Hampshire	1	0.3
New Mexico	8	2.7
New York	3	1.0
Ohio	12	4.1
Oregon	9	3.1
Pennsylvania	31	10.5
Tennessee	1	0.3
Texas	9	3.1
Virginia	3	1.0
Vermont	9	3.1
West Virginia	6	2.0

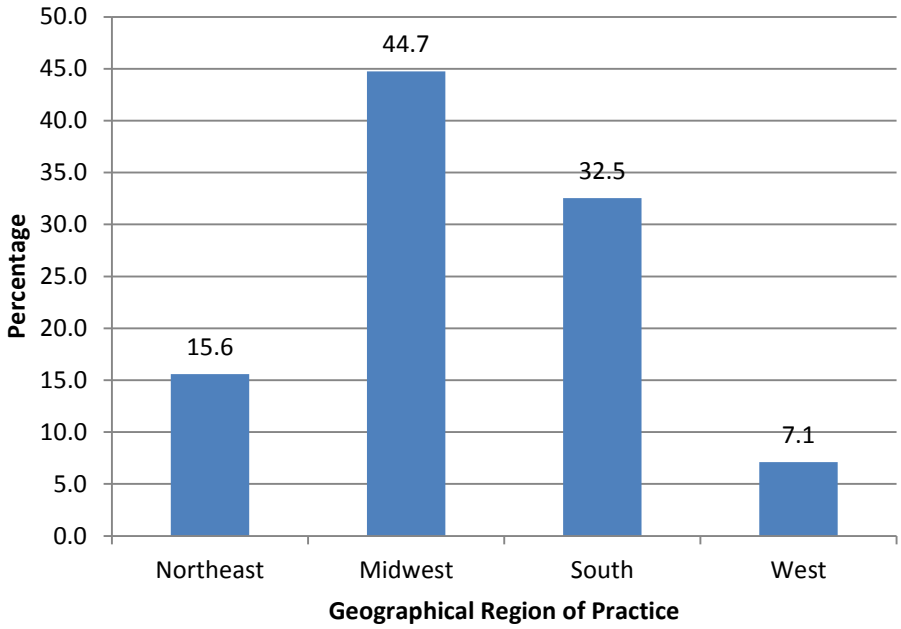

FIGURE 4. ***Geographical Region.***

Primary Work Setting

Respondents were asked to describe their primary work setting as a peer; they could select from a list of 18 options including "Other" to identify their primary work setting. The possible options are listed below; the distribution of work settings is shown in Figure 5. Figure 5 shows that the majority of respondents work in mental health (24%) and nonprofit organizations (20%); a substantial proportion of respondents operate in treatment settings (18%). Other practice settings are shown in Appendix D. Thirty-two respondents did not provide a response to this item.

Primary Work Setting Options:

Not currently providing peer services	*Treatment setting*
Tribal	*Mental health*
Military	*Healthcare organization*
Community coalition	*Criminal justice*
Prevention organization	*Faith-based organization*
Government agency	*Business*
Elected official	*Public health agency*
Nonprofit	*Welfare agency*
Education	*Other*

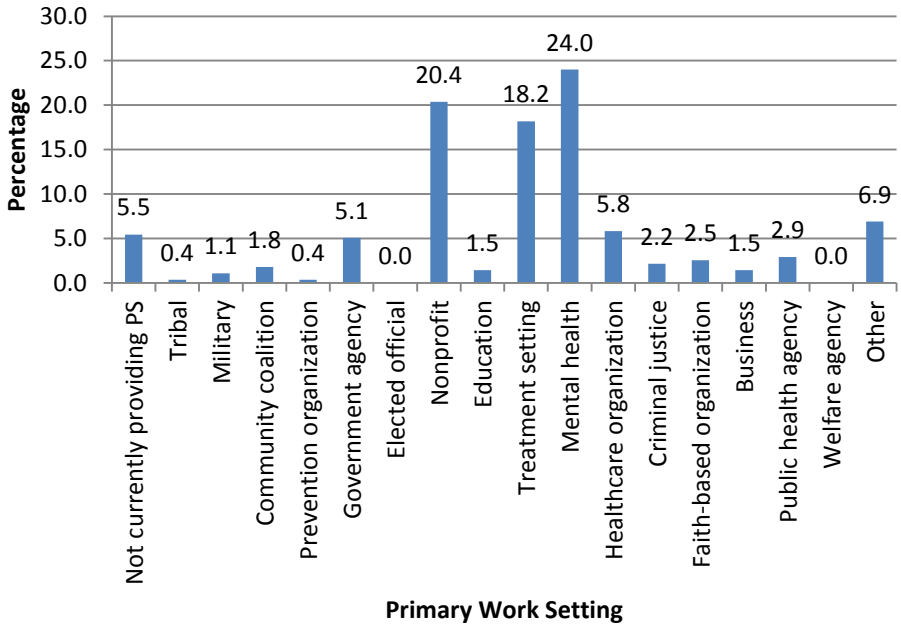

FIGURE 5. ***Primary Work Setting.***

Primary Role at Workplace

Respondents were asked to describe their primary role at their workplace. The frequency of different primary roles is detailed in Table 3. From Table 3, it can be seen that most respondents operate as peer specialists (47%), recovery support specialists (40%), and recovery coaches (39%); other primary roles with substantial frequencies include peer advocates (34%), peers (33%), outreach workers (21%), recovery mentors (19%), and case managers (15%). As some respondents perform multiple roles in their workplace, a distribution of the number of primary workplace roles is shown in Figure 6. The majority of respondents have only one role at their workplace (42%, 129 of 307), while 22% (66 of 307) have more than five roles. Other workplace roles are detailed in Appendix E.

TABLE 3. ***Primary Role.***

Primary Role	Frequency	Percent
Not currently providing peer services	7	2.3
Peer Specialist	143	46.6
Recovery Coach	121	39.4
Outreach worker	64	20.8
Case manager	47	15.3
Continuing care worker	18	5.9
Peer	102	33.2
Recovery support specialist	123	40.1
Recovery manager	20	6.5
Recovery Mentor	57	18.6
Peer Advocate	103	33.6
Peer support practitioner	40	13.0
Volunteer	36	11.7
Supervisor	44	14.3
Office staff	26	8.5
Admissions clerk	3	1.0
Other	44	14.3

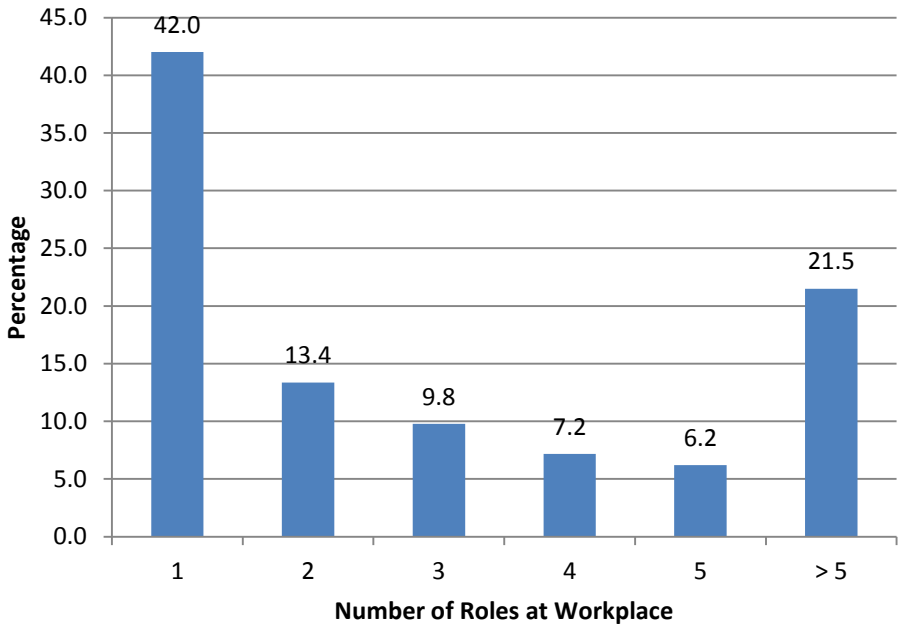

FIGURE 6. ***Number of Roles at Workplace.***

Level of Education

Figure 7 shows a distribution of the education level of respondents. About 30% have attended some college. Approximately 14% have associate's degrees while a quarter of respondents have bachelor's degrees; about 16% of respondents hold postgraduate (Master's or doctoral) degrees.

Options: *Technical or trade school certificate/degree*
High school diploma or equivalent
Some college
Associate's degree
Bachelor's degree
Master's degree
Doctoral degree (PhD or equivalent)
Other

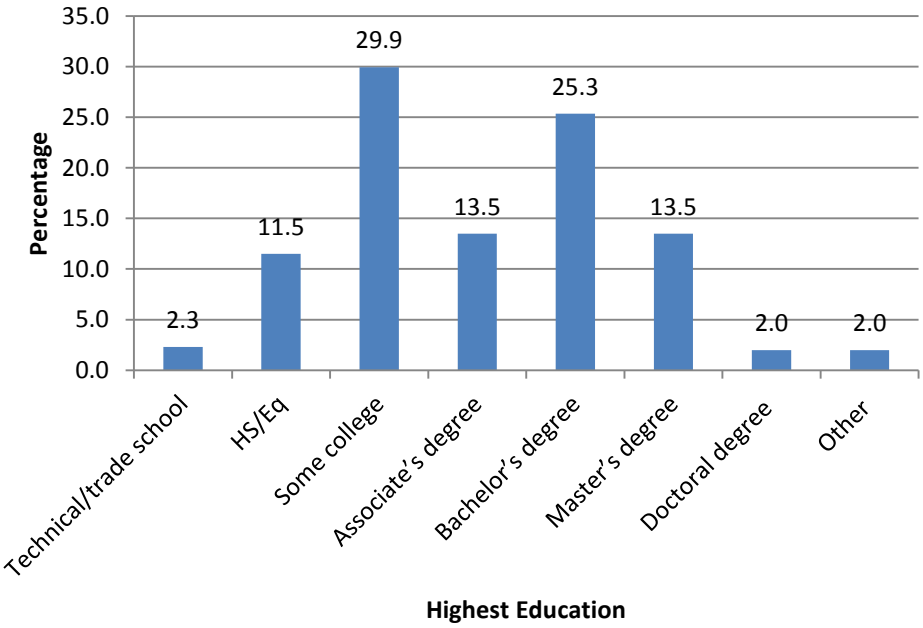

FIGURE 7. ***Level of Education.***

Age

The age of respondents ranged from 23 to 77, with an average of 49 years. The majority of respondents were at least 45 years old (87%, 258 of 307, Figure 8). Nine respondents did not respond to this item.

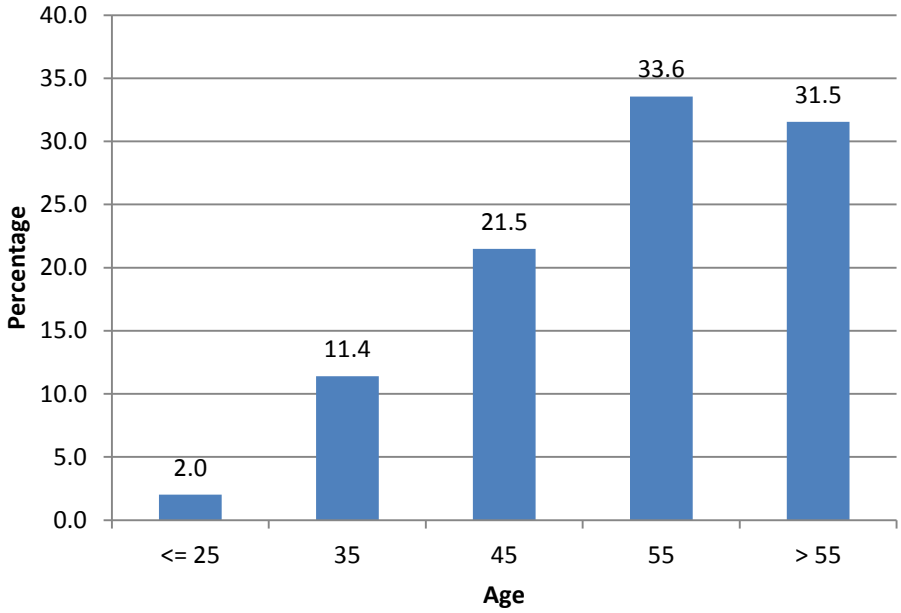

FIGURE 8. ***Age.***

Gender

The respondent group was 59% male (181 of 305) and 41% female (124 of 305). Two respondents did not respond to this item.

Ethnicity

64% (193 of 302, Figure 9) of respondents identified themselves as White and Non-Hispanic. The next largest ethnic group was Black or African American, which comprised 27% (82 of 302) of the sample. Five respondents elected not to provide this information.

Options: *White, Non-Hispanic*
Black or African American
Hispanic or Latino
Native American or Native Alaskan
Native Hawaiian or other Pacific Islander
Asian or Indian subcontinent
Two or more races
Other

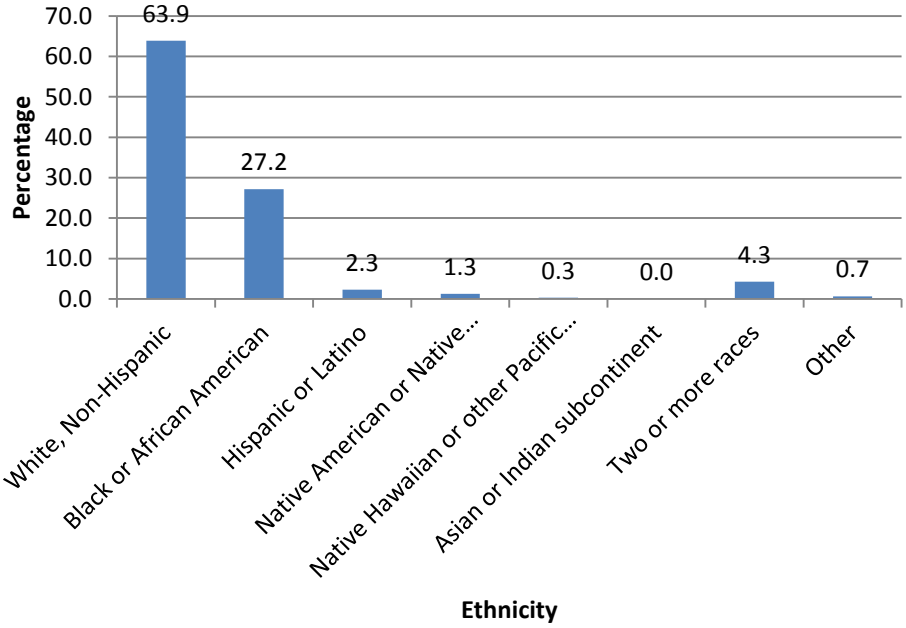

FIGURE 9. ***Ethnicity.***

Demographic Summary

The respondent group had slightly more males than females, with the majority identifying themselves as White and Non-Hispanic. Also, most respondents have less than 5 years of experience as peers. The majority of respondents practice in the Southern and Midwestern states and have at least attended some college. The current respondent sample also exhibits a diverse range of practice settings and work roles.

Importance Ratings

After answering the demographic section, survey respondents were asked to rate the importance of task elements to the role of a peer. The importance scale ranged from 1 to 5 with a "1" indicating the task was "Of No Importance" and a "5" indicating the task element was "Extremely Important." Respondents rated tasks they do not perform as "0." Appendix F shows the number of respondents who do not perform each task element, while Appendix G shows the mean importance ratings of task elements and its associated standard deviations.

All task elements had nonperformance percentages of less than 8% (Appendix F); a total of four task elements had nonperformance percentages of at least 5%, these were:

- Mentoring and Education: Provide assistance to family members, service providers, agencies, schools, and other community groups/organizations (7.82%)
- Mentoring and Education: Apply appropriate technologies to deliver education, training, technical assistance and other information (6.58%)
- Mentoring and Education: Apply instructional strategies and materials that reflect the needs of the target audience (6.25%)
- Recovery/Wellness Support: Apply basic group facilitation techniques (5.92%)

The task elements shown above had relatively low average importance ratings compared to other task elements in the survey (ranging from 4.19 to 4.29).

All task elements had average importance ratings of at least 4.00 ("Very Important", Appendix G). The task element which had the lowest average importance rating of 4.05 was "Advocacy: Differentiate between the levels of advocacy." This indicates that respondents believe that all the task elements covered in the survey were, at the very least, very important to competent practice as a peer.

Domain Weights

Survey respondents were asked to assign a percentage to each of the four content domains of the peer's job area, reflecting the proportion of examination content that should be written to each domain. Table 4 contains descriptive statistics of content domain weights.

TABLE 4. ***Descriptive Statistics of Content Domain Weights.***

Domain	N	Minimum	Maximum	Mean (%)
Advocacy	292	5	80	21.87
Ethical Responsibility	291	0	80	23.5
Mentoring and Education	293	2	50	25.4
Recovery/Wellness Support	293	0	80	29.46

Decision Criteria for Determining Examination Blueprint

SMT conducted a second job analysis (JA2) meeting on April 23, 2013, to present the survey results to an SME panel (Appendix B). The purpose of the meeting was to review the IC&RC Peer survey results, determine the weights for each content domain and its associated subdomains, and to finalize the examination blueprint.

Inclusion Criteria

Based on results of the survey, the panel decided that individual task elements are required to satisfy two criteria in order to be included in the PR examination:

Minimum Average Importance Rating

First, individual task elements are required to have an average importance rating of at least 4.4 to be included in the examination.

Maximum Percent of Nonperformance

Second, individual task elements are required to be performed by at least 94% of peers in order to be included in the examination. This is equivalent to a maximum average nonperformance rating of 6%.

The following KSAs did not satisfy the aforementioned inclusion criteria:

Domain 1: Advocacy

- Differentiate between the levels of advocacy.

Domain 2: Ethical Responsibility

- Communicate personal issues that impact ability to perform job duties.

Domain 3: Mentoring and Education

- Describe the skills needed to self-advocate.
- Provide assistance to family members, service providers, agencies, schools, and other community groups/organizations.
- Apply instructional strategies and materials that reflect the needs of the target audience.
- Apply appropriate technologies to deliver education, training, technical assistance and other information.

Domain 4: Recovery/Wellness Support

- Apply basic group facilitation techniques.

SME Panel Decisions

The SME panel proceeded to review the above list of eliminated KSAs. After additional deliberation on the essential competencies that are required of a peer, the panel made the decision to include the following KSAs even though they did not satisfy the minimum inclusion criteria:

Domain 1: Advocacy

- Differentiate between the levels of advocacy.

Domain 2: Ethical Responsibility

- Communicate personal issues that impact ability to perform job duties.

Domain 3: Mentoring and Education

- Describe the skills needed to self-advocate.

Domain 4: Recovery/Wellness Support

- Apply basic group facilitation techniques.

Also, the panel decided that it was appropriate to reword three of the above KSAs for greater clarity:

Domain 1: Advocacy

- Differentiate between the levels of advocacy.
  - ***Reworded as: Differentiate between the types and levels of advocacy.***

Domain 2: Ethical Responsibility

- Communicate personal issues that impact ability to perform job duties.
  - ***Reworded as: Communicate to support network personal issues that impact ability to perform job duties.***

Domain 4: Recovery/Wellness Support

- Apply basic group facilitation techniques.
  - ***Reworded as: Apply basic supportive group facilitation techniques.***

Respondent Comments

The SME panel reviewed the feedback and comments provided by respondents and decided to add two new KSAs to the content outline. The following KSAs were added to Domains 3 and 4:

Domain 3: Mentoring and Education

- Provide resource linkage to community supports and professional services.

Domain 4: Recovery/Wellness Support

- Recognize and understand the impact of trauma.

Final Examination Content Outline

Based on the above inclusion criteria, deliberations of the SME panel, and a review of the feedback provided by survey respondents, the panel determined the final PR content outline and weight distribution. The weight distribution of the content areas for the new PR examination is shown below in Table 5 and the final content outline appears in Appendix H.

TABLE 5. ***Final PR Examination Weight Distribution.***

Domain	Weight (%)
Advocacy	22.5
Ethical Responsibility	30
Mentoring and Education	25
Recovery/Wellness Support	22.5

Final Examination Test Length

The IC&RC and SME panel also decided that the new PR examination will have a total of 65 scored items.

Appendix A: IC&RC PR JA Survey

IC&RC PR JA Survey

Demographic Section

1. How many years have you been providing peer services?

2. a. If you currently hold a peer credential, please state the number of years that you have been certified in the box below and proceed to Question 3. If you are not certified as a peer, please skip this question and proceed to Question 2b.

   b. Are you currently pursuing a peer certification such as a Peer, Peer Coach, Recovery Support Specialist, or similar certification?

3. In which geographic region do you currently provide peer services?

4. Which of the following best describes the primary setting where you provide peer services?

5. Which of the following best describes your primary role at your workplace? (Select all that apply)

6. Which of the following best describes your highest level of formal education?

7. What is your age?

8. What is your gender?

9. Which of the following best describes your race or ethnicity?

Job Section

Domain I: Advocacy

1. Relate to the individual as an advocate.
2. Advocate within systems to promote person-centered recovery/wellness support services.
3. Describe the individual's rights and responsibilities.
4. Apply the principles of individual choice and self-determination.
5. Explain importance of self-advocacy as a component of recovery/wellness.
6. Recognize and use person-centered language.
7. Practice effective communication skills.
8. Differentiate between the levels of advocacy.
9. Collaborate with individual to identify, link, and coordinate choices with resources.
10. Advocate for multiple pathways to recovery/wellness.
11. Recognize the importance of a holistic (e.g., mind, body, spirit, environment) approach to recovery/wellness.

Domain II: Ethical Responsibility

1. Recognize risk indicators that may affect the individual's welfare and safety.
2. Respond to personal risk indicators to assure welfare and safety.
3. Communicate personal issues that impact ability to perform job duties.
4. Report suspicions of abuse or neglect to appropriate authority.
5. Evaluate the individual’s satisfaction with their progress toward recovery/wellness goals.
6. Maintain documentation and collect data as required.
7. Adhere to responsibilities and limits of the role.
8. Apply fundamentals of cultural competency.
9. Recognize and adhere to the rules of confidentiality.
10. Recognize and maintain professional and personal boundaries.
11. Recognize and address personal and institutional biases and behaviors.
12. Maintain current, accurate knowledge of trends and issues related to wellness and recovery.
13. Recognize various crisis and emergency situations.
14. Use organizational/departmental chain of command to address or resolve issues.
15. Practice non-judgmental behavior.

Domain III: Mentoring and Education

1. Serve as a role model for an individual.
2. Recognize the importance of self-care.
3. Establish and maintain a peer relationship rather than a hierarchical relationship.
4. Educate through shared experiences.
5. Support the development of healthy behavior that is based on choice.
6. Describe the skills needed to self-advocate.
7. Assist the individual in identifying and establishing postive relationships.

8. Establish a respectful, trusting relationship with the individual.
9. Demonstrate consistency by supporting individuals during ordinary and extraordinary times.
10. Support the development of effective communication skills.
11. Support the development of conflict resolution skills.
12. Support the development of problem-solving skills.
13. Provide assistance to family members, service providers, agencies, schools, and other community groups/organizations.
14. Apply instructional strategies and materials that reflect the needs of the target audience.
15. Apply appropriate technologies to deliver education, training, technical assistance and other information.
16. Apply principles of empowerment.

Domain IV: Recovery/Wellness Support

1. Assist the individual with setting goals.
2. Recognize that there are multiple pathways to recovery/wellness.
3. Contribute to the individual's recovery/wellness team(s).
4. Assist the individual to identify and build on their strengths and resiliencies.
5. Apply effective coaching techniques such as Motivational Interviewing.
6. Recognize the stages of change.
7. Recognize the stages of recovery/wellness.
8. Recognize signs of distress.
9. Develop tools for effective outreach and continued support.
10. Assist the individual in identifying support systems.
11. Practice a strengths-based approach to recovery/wellness.
12. Assist the individual in identifying basic needs.
13. Apply basic group facilitation techniques.

Post Survey Questionnaire

Please consider the relative importance of the four (4) major job domains covered in this survey and the composition of the IC&RC PR examination. Using the fields below, indicate what percentage of examination questions you would assign to each domain. (Sum must equal 100.)

1. Advocacy ____
2. Ethical Responsibility ____
3. Mentoring and Education ____
4. Recovery/Wellness Support ____

In the space provided below, please specify the job tasks or competencies that are important for a peer to perform or understand but you feel were not covered in this survey.

Free text response.

How well did this survey cover the essential elements of knowledge, skills, abilities, and tasks required of a competent peer?

1. Completely
2. Adequately
3. Inadequately (If you feel survey coverage was inadequate, please specify why.)

Appendix B: JA SME Participants

Job Analysis Participants

Name	Location	Years of Experience	Meeting(s) Attended
Carroll Conquest	Baltimore, MD	7	JA1, JA2
Megan Rockwell	Cumming, GA	3	JA1, JA2
Mary Keough	Etobicoke, ON, Canada	5	JA1
Kevin McLaughlin	Middleville, MI	9	JA1, JA2
Joseph Loyal	Baltimore, MD	1	JA1, JA2
Kristie Schmiege	Flint, MI	30	JA1, JA2
Victor Braatz	Charlotte, MI	15	JA1, JA2
Nanette Larson	Peoria, IL	13	JA1
Joe Powell	Dallas, TX	20	JA1, JA2
Ronald Lopez	San Antonio, TX	7	JA1, JA2
Clint Rayner	Pensacola, FL	22	JA1
AJ French	Alton, IL	5	JA2
Jane Furtner	Dunwoody, GA	28	JA2
Margaret Mitchell	Baton Rouge, LA	10	JA2
Rhonda Keck	Anna, IL	25	JA2
Cheryl Floyd	Harrisburg, PA	19	JA2
Mary Jo Mather	Harrisburg, PA	IC&RC Staff	JA1
Terri Wray	Harrisburg, PA	IC&RC Staff	JA1
Rachel Witmer	Harrisburg, PA	IC&RC Staff	JA1

Note: Demographic Worksheets and Affidavits of IC&RC SMEs were not provided in this report due to the confidential and private nature of these materials. This information is on file at Schroeder Measurement Technologies, Inc.

Appendix C: Missing Task Elements and KSAs

Missing Task Elements and KSAs

I think that the survey is perfect.
Be careful to remember that what you say can affect a persons life and be considerate of that. Never forget what you have been through because it does matter.
good survey
I think that the survey was very well thought out and acknowledged almost everything that I do in my daily work experience.
Timely documentation
good job
Self-Acceptance, changing Thinking First, that will change Attitude, so you can display a re-newed Behavior, that will give You a Better Perception of Self & Life
none
All appears to be covered.
Its all good !!!
One addict helping another is without parallel. I truly believe that the ways in which we are able to relate to one another cannot be taught. No training will ever be able to replace or adequately describe empathy or hope. Likewise, any "test" or "certification" on the subject WILL ALWAYS FALL SHORT of capturing the essence of one addict helping another. Its not anybodys fault. Its just the way it is. Its like trying to put words to a wordless language. We either speak it... Or we dont.
I think all is covered.
Professional etiquette
lived experience; listening techniques; sharing knowledge with other PM
The importance of community resources that may not be available or assistance helpful for healthy and sustained recovery
I want to add the importance of addressing spiritual and existential issues. Also, Id like to ensure that peers are familiar with 12-Step programs; including the strengths and possible roadblocks to participation on the part of the mentee. Finally, I believe that a deep commitment to understanding and appreciating not only cultural differences, but also the impact of socioeconomic and ethnic factors, is critical to person-specific mentoring.
I can not think of anything to add. This survey seemed to cover alot of ground.
There wasnt too much mention on the Topic of ways to acquire Mental Health Wellness, that plays an important role in Peer Support/ Recovery.....Wellness Recovery Action Planning.....WRAP
understanding, patience, resources, the ability to relate, no certain time frame
n/a
universal precautions for trauma and substance use; awareness of power dynamics - ability to reduce or avoid abuse of power (in peer to peer relationships or make others aware of oppression and abuse of power); education recovery principles; rights; responsibilities; moving a person from dependence to healthy interdepences; interpersonal coaching; skill development; motivational interviewing - motivational support; awareness of ones own culture and how it impacts peer - peer support relationshi
Knowledge of Substance Abuse and 12 Step Recovery concepts and principles.
There were eight items I was unable to adequately rank due to how the question was asked. My lower scores were often due to poor wording. For example... ; ; DOMAIN II; evaluate individuals satisfaction with recovery progress (we can & should have a conversation asking individuals how they evaluate their recovery progress, but it should never be our role to measure someone elses recovery.; ; Unfortunately, this survey tool will not give me any more room to type the other examples.
crisis management and de escalation as well as safety planning.
I believe all the elements were covered.

this survey give all that is need!
Assist in development and implemention of holistic wellness programs. Advocate for education and employment opportunities for clients and peer staff. Promote peer involvement at all levels of the agency. Promote better communications between staff and clients.
I dont remember if it was covered but it is important to always remember that everyone moves forward at their own rate. Remebering this will help with keeping true to the non-judgmental attitude. It will also help with compassion fatigue and feeling like youre not being effective. Even if you are falling flat on your face, you are still moving forward. I also feel that a person who is in this position should have a strong history of recovery and resiliency.
Getting them to comply with standards; Give them lists of topics needed to understand.
MUST BE KIND GENEROUS AND LOVE TO HELP PEOPLE NO MATTER WHAT SITUATION IS
caring
Link RSS with continuing education with a community college to receive credientials needed for working in mental health field. Require basic MHP certification then CRSS credentials. ; Need more intern-CRSS positions with mental health agency
none
Contacts in recovery community
Culture change within an agency.
Trainings of: WRAP; Mental Health First Aid; Peer Support and to have first hand knowledge of, through Lived experience.
none
Inspire and motivate client (beyond use of motivational interviewing techniques) through positive reinforcement
I think it is important to understand teh value of identifying where the person is at in their ability and willingness to choose recovery. Sometimes the person is learning about recovery and while desirous of it, not yet ready to make the commitment at a certain level. It takes time and encouragement to make the bigfer steps of recovery and a peer specialist would need to be sensitive to how well the person is able to follow through on the steps tehy want to take. need more space
work experience and or volunteer experience
Being a role model to staff - language, interaction with people we serve...
modeling behaviors
Help prepare Peer Speciliasts for dealing with work stress, symptom recurrence, and burn out.
n/a
The facillitation of WRAP,the introduction of self help groups such as AA,NA,CA.
Working within a multidisciplinary team
Trauma-Informed practices
Family inclusion when applicable; WRAP and the 5 Key Concepts of Recovery
All appear to cover
Confidentiallity
Working with resistant or reluctant clients, understanding of community resources and agencies
it was covered
More case management,
Spirituality
n/a
We should be able to explain the latest research on the physiology of addiction
FAMILY ENCOURAGED TO FIND OWN PATH TO RECOVERY,OUTSIDE SUPPORT GROUPS.EDUCATE ON ADDICTION

Listening without being judgmental as to how an individual is feeling at that time. Validate their feellings but also work at their speed to make choices that will enable them to cope with lifes struggles with having either a mental health disability or stuggling with addiction or both. Letting them know they are not alone in their stuggle and that I am a support for them.
The importance of helping peers identify and seek out the resources they need to assist them in their recovery is underrated on this survey. Helping peers empower themselves through education and self-advocacy is, to me, the most fundamental peer support skill.
active listening skills; specific knowledge of issues pertinent to LGBT clients; small group facilitation competencies; high prevalence of co-occurring conditions, often undiagnosed
very thorough
It was very complete I believe winning there confidence giving right info with correct training and really caring for your consumers
Its my opinion that a simple true understanding of where the recoveree is and what leg them there is fundamental in helping them "turn the page". Everything else will fall into place. Some of the complexities look good, do nothing.
PMs should know their own strengths, weaknesses, and limitations.
All were covered
Encourage self determination. Connect to outside recovery support
Your description seem to emphasize navigation but its not as important as active nonjudgemental listening, learning together (see Sherry Mead, Intentional Peer Support), empowerment, etc.; Collaborative Problem Solving; knowledge of evidence based & promising practices / evaluating validity of information; more about recovery, service array, emotional regulation
DEMONSTRATION! Its important for peers to see that it works!! When they work with someone who like themselves are in recovery. They SEE that there life can be different! Also Peer trainings!
communaction and an open mind and build one up
How to reconcile specific job responcibilities that an employer may require, but a peer may not think are part of peer centered services
How important it is to listen to the peer and allow them to come up with their own solutions and goals.
all covered
It is vital for peers to practice self-care and take care of their own mental health.
N/A
Building Raport
Understand diagnosis criteria
How important it is to build a trusting relationship with Peers from the very beginning.
Listening to the client; Instill hope
The job task relates to recovery and mentoring
Focusing on PMS gifts and talents, strengths and creativity to provide 1. job satisfaction; 2. good fit with client(s) and/or facilitating groups; 3. greater sense of collaboration with all other agency members/workers including doctors, therapists, receptions, cleaning personell; Knowledge of a Recovery Oriented System of Care (ROSC)
Interaction with criminal justice system.; ; Contingency planning.; ; Parenting skills, support resources.; ; Assisting clients in changing their social contacts.; ; Methods for well-ness support.; ; Basic science and psychology of addiction and mental illness.
These were covered, but I wanted to highlight:; 1) When appropriate we share personal stories from our lives to offer hope and to help others in their recovery. ; 2) We encourage people to reach their goals and promote that there are no bounds to their recovery, ; 3.We provide recovery education on a wide variety of subjects ranging from mental illnesses to housing and supportive services. ; 4) We provide emotional support in a number of ways such as utilizing communication and listening skillls
mental health

letting client know they have a right to seek happiness and they have a wisdom that should never b e discounted
Challenges torecovery
I experienced poor communication with the program manager and the other PMs, especially since werent introduced, nor did the manager address this issue. I believe the PMs should have some sort of camaraderie, especially if theyre serving in the same institution. The program, The Baltimore Recovery Corp, no longer has a vendor or site, so I just excused myself from the program, because we were making service promises to clientele that we werent providing. The persons in charge screwed up.
Understanding transference and countertransference.
the training avaible and funds and grants a support group needs to perform to its best
Help with pre-vocational and or vocational coaching, mentoring, self-esteem and self-confidence building.
did not show building a postive relationship
none
peers highly stress recovery is possible and are always motivating peers to recovery
transportations
I feel that all were covered more than adequately.
none
I believe that empathy plays a major role in helping someone to acheive their goals as far as recovery.
Avocacy,Recovery.; support,mentoring,; ethical- ; responsibility-person first langrage
Going in to the commuity to the clients homes and assessing their daily living and stuggles
Relating to those we serve as humans: as you yourself would want to be treated.
N/A
1. understand stigma ways to address stigma; 2. Identify ones own values and respect the values of others; 3. Trauma-informed peer support
I currently work under a CPSWj and a Licensure in substance abuse LSSA. I see my greatest job task and greatest need in compentencies to be education.
HIPPA regulations
N/A I think you covered majority of tasks.
It is extremely important that the client understands that any information other than abuse of a minor or homocidal behaviors will be kept in the strictest of confidence.
connection client with other resources alos comnity base also training to enhance also enpower them stay well a wellness program take care of self first also get proper amount of rest to stay well , continue to educate yourself to stay up dated with trainings seminars also med, rep so you can be more fimialr with how the medication and there dosages can affect the client ability to functions so can be fimiliar with how to deal withe situiration
to be able to show a person how to have a personal relationship with themselfves to have a susscesful recovery
Staffing with clincial supervisor.
Their own personal recovery program.
Co-occurring; Trauma
case management treatment plan and goals transitioning services rural settings as well as urban and cities
The difficulty individuals will experience working as a team consultant along side other Clinical Team Members. Most do not understand the importance of our role.
Shared experience is the primary ingredient for engagement.
how offten do we communicte with the recovery ?
You must have a desire to help people as a peer- support or recovery coach by sharing your story that is possible to improve your quality of life.
None that I can think of at this time

informal connections with recovery community members
That recovery is different for each individual.
Cultural Compentcy
Spirituality
None.
To be treated equally with non peer staff but be able to be seen as a clinician that has been trained to give support to peers in a specific type of recovery/wellnes way.
communication is mentioned, however, I would place special emphasis on communication SKILLs and providing information/education
Its a bit difficult to narrow this down, since Peer can mean so many different things, based on setting, scale of pay, expectations, etc. The term is used rather loosely and interchangeably w/ Recovery Coach, Peer Support Specialist, Peer Counselor, Peer Recovery Support Specialist, etc. More context would be useful in order to come up w/ criterion. But, ability to communicate orally and in writing & use of techn.is quite important, and not explicitely specified in this survey (I think!)
All were covered.
Do clients identify with you as a peer or just another worker. Are supervisors committed to the peers they supervise?

Appendix D: Other Practice Settings

Other Practice Settings

out-reach
Peer Support Wellness and Recovery Center
Single County Authority (SCA)
Union Peer Program
PSH
interventionist
Mental Health AND Addictive Disorders Clinic
recovery center
Recovery Residence
Support Services with a Not-for-Profit Rental Agency
MMO/SMO
Recovery residence
NMSAS
12 step locations, one on one. homes, coffee shops, Stephan Ministry.
Volunteer through NMSAS
space donated by churches or community centers
co-occuring
OptumHealth New Mexico
Judicial

Appendix E: Other Primary Roles

Other Primary Roles

Drug and Alcohol counselor
care coordinator
program manager
employed as peer case manager - volunteer as peer recovery advocate
Curriculum Developer in University Addiction Studies Certificate
i was scedueled for ccdc1 credentialing in ohio. i have long since retired. i do all that is humanly posible. within recoverey guide lines.
Quality Assurance
Recovery Educator
Peer Support Education Specialist
Director of Statewide Network
peer support worker
Peer Recovery Crisis Counselor
Director of Recovery
program director
Coordinator of Alumni Services
Systems Navigator
Prevention Specialist
Program Manager
residential treatment counselor
Pastor
Chaplain
board member
outpatient counseling
Family Case Manager
Washington County State Care Coor/ATR
recovery specialist
union peer counselor
substance abuse educator
Executive Director
retired, I help outside te workplace
Coodinator
Job Coach
Im Retired/ No job
consultant
Psychosocial Rehab Specialist
Hospital Liaison
tutor-Supportive Education
State Government
Director

5yr exprience, case manager,homeless, housing,advocte,bridges faciltator, wrap facillator,
Statewide Trainer
Therapist
Executive Director of a peer run organization
Walk In Clinic Peer

Appendix F: Task Elements in order of Non-Performance

Task Elements in order of Non-Performance

No.	KSA	Frequency	Percentage
III13	Provide assistance to family members, service providers, agencies, schools, and other community groups/organizations.	24	7.82
III15	Apply appropriate technologies to deliver education, training, technical assistance and other information.	20	6.58
III14	Apply instructional strategies and materials that reflect the needs of the target audience.	19	6.25
IV13	Apply basic group facilitation techniques.	18	5.92
IV5	Apply effective coaching techniques such as Motivational Interviewing.	15	4.9
II5	Evaluate the individual's satisfaction with their progress toward recovery/wellness goals.	14	4.59
I8	Differentiate between the levels of advocacy.	12	3.97
II3	Communicate personal issues that impact ability to perform job duties.	11	3.63
II4	Report suspicions of abuse or neglect to appropriate authority.	11	3.63
II6	Maintain documentation and collect data as required.	9	2.94
IV3	Contribute to the individual's recovery/wellness team(s).	8	2.62
I3	Describe the individual's rights and responsibilities.	7	2.3
II8	Apply fundamentals of cultural competency.	7	2.29
II2	Respond to personal risk indicators to assure welfare and safety.	5	1.64
III11	Support the development of conflict resolution skills.	5	1.64
IV8	Recognize signs of distress.	5	1.64
IV6	Recognize the stages of change.	5	1.63
III16	Apply principles of empowerment.	4	1.33
II13	Recognize various crisis and emergency situations.	4	1.32
II11	Recognize and address personal and institutional biases and behaviors.	4	1.31
IV1	Assist the individual with setting goals.	4	1.31
IV4	Assist the individual to identify and build on their strengths and resiliencies.	4	1.31
IV11	Practice a strengths-based approach to recovery/wellness.	4	1.31
I19	Advocate for multiple pathways to recovery/wellness.	3	0.99
IV7	Recognize the stages of recovery/wellness.	3	0.99
I1	Relate to the individual as an advocate.	3	0.98
I4	Apply the principles of individual choice and self-determination.	3	0.98
II1	Recognize risk indicators that may affect the individual's welfare and safety.	3	0.98
III6	Describe the skills needed to self-advocate.	3	0.98
III7	Assist the individual in identifying and establishing positive relationships.	3	0.98
III19	Support the development of effective communication skills.	3	0.98

IV9	Develop tools for effective outreach and continued support.	3	0.98
I9	Collaborate with individual to identify, link, and coordinate choices with resources.	2	0.66
III9	Demonstrate consistency by supporting individuals during ordinary and extraordinary times.	2	0.66
I2	Advocate within systems to promote person-centered recovery/wellness support services.	2	0.65
IV12	Assist the individual in identifying basic needs.	2	0.65
I5	Explain importance of self-advocacy as a component of recovery/wellness.	1	0.33
I11	Recognize the importance of a holistic (e.g., mind, body, spirit, environment) approach to recovery/wellness.	1	0.33
II19	Recognize and maintain professional and personal boundaries.	1	0.33
III12	Support the development of problem-solving skills.	1	0.33
I6	Recognize and use person-centered language.	0	0
I7	Practice effective communication skills.	0	0
II7	Adhere to responsibilities and limits of the role.	0	0
II9	Recognize and adhere to the rules of confidentiality.	0	0
II12	Maintain current, accurate knowledge of trends and issues related to wellness and recovery.	0	0
II14	Use organizational/departmental chain of command to address or resolve issues.	0	0
II15	Practice non-judgmental behavior.	0	0
III1	Serve as a role model for an individual.	0	0
III2	Recognize the importance of self-care.	0	0
III3	Establish and maintain a peer relationship rather than a hierarchical relationship.	0	0
III4	Educate through shared experiences.	0	0
III5	Support the development of healthy behavior that is based on choice.	0	0
III8	Establish a respectful, trusting relationship with the individual.	0	0
IV2	Recognize that there are multiple pathways to recovery/wellness.	0	0
IV19	Assist the individual in identifying support systems.	0	0

Appendix G: Task Elements in order of Mean Importance

Task Elements in order of Mean Importance

No.	KSA	Mean	SD
II9	Recognize and adhere to the rules of confidentiality.	4.89	0.33
II15	Practice non-judgmental behavior.	4.81	0.41
II19	Recognize and maintain professional and personal boundaries.	4.75	0.49
III8	Establish a respectful, trusting relationship with the individual.	4.74	0.47
II13	Recognize various crisis and emergency situations.	4.72	0.53
IV8	Recognize signs of distress.	4.7	0.51
I7	Practice effective communication skills.	4.69	0.54
IV4	Assist the individual to identify and build on their strengths and resiliencies.	4.68	0.53
II4	Report suspicions of abuse or neglect to appropriate authority.	4.66	0.68
III2	Recognize the importance of self-care.	4.65	0.52
IV2	Recognize that there are multiple pathways to recovery/wellness.	4.64	0.58
II2	Respond to personal risk indicators to assure welfare and safety.	4.63	0.52
II1	Recognize risk indicators that may affect the individual's welfare and safety.	4.63	0.56
III3	Establish and maintain a peer relationship rather than a hierarchical relationship.	4.62	0.56
III16	Apply principles of empowerment.	4.61	0.56
IV11	Practice a strengths-based approach to recovery/wellness.	4.61	0.55
III1	Serve as a role model for an individual.	4.59	0.57
IV19	Assist the individual in identifying support systems.	4.59	0.59
III9	Demonstrate consistency by supporting individuals during ordinary and extraordinary times.	4.58	0.57
II7	Adhere to responsibilities and limits of the role.	4.58	0.61
III12	Support the development of problem-solving skills.	4.57	0.59
I4	Apply the principles of individual choice and self-determination.	4.56	0.61
III7	Assist the individual in identifying and establishing positive relationships.	4.56	0.61
III19	Support the development of effective communication skills.	4.56	0.61
IV3	Contribute to the individual’s recovery/wellness team(s).	4.55	0.58
III11	Support the development of conflict resolution skills.	4.55	0.6
IV12	Assist the individual in identifying basic needs.	4.55	0.64
III5	Support the development of healthy behavior that is based on choice.	4.55	0.61
IV1	Assist the individual with setting goals.	4.54	0.61
I2	Advocate within systems to promote person-centered recovery/wellness support services.	4.54	0.62
IV7	Recognize the stages of recovery/wellness.	4.53	0.64
IV9	Develop tools for effective outreach and continued support.	4.52	0.64
I11	Recognize the importance of a holistic (e.g., mind, body, spirit, environment) approach to recovery/wellness.	4.52	0.71
II11	Recognize and address personal and institutional biases and behaviors.	4.5	0.66
III4	Educate through shared experiences.	4.5	0.66

I9	Collaborate with individual to identify, link, and coordinate choices with resources.	4.49	0.69
II12	Maintain current, accurate knowledge of trends and issues related to wellness and recovery.	4.49	0.62
I19	Advocate for multiple pathways to recovery/wellness.	4.48	0.67
IV6	Recognize the stages of change.	4.47	0.71
I6	Recognize and use person-centered language.	4.47	0.69
II14	Use organizational/departmental chain of command to address or resolve issues.	4.47	0.69
I1	Relate to the individual as an advocate.	4.45	0.66
IV5	Apply effective coaching techniques such as Motivational Interviewing.	4.44	0.7
I5	Explain importance of self-advocacy as a component of recovery/wellness.	4.44	0.69
II6	Maintain documentation and collect data as required.	4.43	0.72
II8	Apply fundamentals of cultural competency.	4.43	0.66
II5	Evaluate the individual's satisfaction with their progress toward recovery/wellness goals.	4.42	0.68
I3	Describe the individual's rights and responsibilities.	4.42	0.71
III6	Describe the skills needed to self-advocate.	4.38	0.71
IV13	Apply basic group facilitation techniques.	4.29	0.75
II3	Communicate personal issues that impact ability to perform job duties.	4.27	0.84
III14	Apply instructional strategies and materials that reflect the needs of the target audience.	4.24	0.79
III15	Apply appropriate technologies to deliver education, training, technical assistance and other information.	4.2	0.84
III13	Provide assistance to family members, service providers, agencies, schools, and other community groups/organizations.	4.19	0.85
I8	Differentiate between the levels of advocacy.	4.05	0.88

Appendix H: Final PR Examination Content Outline

Final PR Examination Content Outline

Domain 1: Advocacy (22.50%)

1. Relate to the individual as an advocate.
2. Advocate within systems to promote person-centered recovery/wellness support services.
3. Describe the individual's rights and responsibilities.
4. Apply the principles of individual choice and self-determination.
5. Explain importance of self-advocacy as a component of recovery/wellness.
6. Recognize and use person-centered language.
7. Practice effective communication skills.
8. Differentiate between the types and levels of advocacy.
9. Collaborate with individual to identify, link, and coordinate choices with resources.
10. Advocate for multiple pathways to recovery/wellness.
11. Recognize the importance of a holistic (e.g., mind, body, spirit, environment) approach to recovery/wellness.

Domain 2: Ethical Responsibility (30%)

1. Recognize risk indicators that may affect the individual's welfare and safety.
2. Respond to personal risk indicators to assure welfare and safety.
3. Communicate to support network personal issues that impact ability to perform job duties.
4. Report suspicions of abuse or neglect to appropriate authority.
5. Evaluate the individual's satisfaction with their progress toward recovery/wellness goals.
6. Maintain documentation and collect data as required.
7. Adhere to responsibilities and limits of the role.
8. Apply fundamentals of cultural competency.
9. Recognize and adhere to the rules of confidentiality.
10. Recognize and maintain professional and personal boundaries.
11. Recognize and address personal and institutional biases and behaviors.
12. Maintain current, accurate knowledge of trends and issues related to wellness and recovery.
13. Recognize various crisis and emergency situations.
14. Use organizational/departmental chain of command to address or resolve issues.
15. Practice non-judgmental behavior.

Domain 3: Mentoring and Education (25%)

1. Serve as a role model for an individual.
2. Recognize the importance of self-care.
3. Establish and maintain a peer relationship rather than a hierarchical relationship.
4. Educate through shared experiences.
5. Support the development of healthy behavior that is based on choice.
6. Describe the skills needed to self-advocate.
7. Assist the individual in identifying and establishing positive relationships.

8. Establish a respectful, trusting relationship with the individual.
9. Demonstrate consistency by supporting individuals during ordinary and extraordinary times.
10. Support the development of effective communication skills.
11. Support the development of conflict resolution skills.
12. Support the development of problem-solving skills.
13. Apply principles of empowerment.
14. Provide resource linkage to community supports and professional services.

Domain 4: Recovery/Wellness Support (22.50%)

1. Assist the individual with setting goals.
2. Recognize that there are multiple pathways to recovery/wellness.
3. Contribute to the individual's recovery/wellness team(s).
4. Assist the individual to identify and build on their strengths and resiliencies.
5. Apply effective coaching techniques such as Motivational Interviewing.
6. Recognize the stages of change.
7. Recognize the stages of recovery/wellness.
8. Recognize signs of distress.
9. Develop tools for effective outreach and continued support.
10. Assist the individual in identifying support systems.
11. Practice a strengths-based approach to recovery/wellness.
12. Assist the individual in identifying basic needs.
13. Apply basic supportive group facilitation techniques.
14. Recognize and understand the impact of trauma.