

Clarifying Certified Peer Specialist Services

Informal Peer Support / Certified Peer Specialist / Clinical Role

Is this a professional role?	Usually not	Yes	Yes
Do they utilize self-disclosure?	Yes	Yes and always with the needs of the peer in mind	Generally discouraged
How mutual is the relationship?	Can be truly mutual	Strives towards mutuality and mitigating inherent power imbalances (one's being paid, the other isn't)	Little mutuality and usually seen as an expert or authority figure
What models are used in training?	Varied and often informed by the community or program in which they are providing peer support. May or may not have formal training.	Peer support model with emphasis on trauma-informed practices, strengths-bases approaches, person-centered planning, etc.	Medical model with emphasis on diagnoses, treatment, medication, clinical intervention, etc.
How do they engage with the person	Varied. Stress tends to be placed on the	Meets the peer where they are at, seeks	Prioritizes treatment plans specific

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<p>receiving support?</p>	<p>shared lived experience above other components of a peer relationship.</p>	<p>connection, supports self-determination and harm reduction.</p>	<p>to diagnoses, compliance-focused, engagement varies via level of care, individual approaches vary.</p>
<p>What is their scope of practice?</p>	<p>No clearly defined scope of practice. May provide support or advice in many areas of life.</p>	<p>Peer principles and guiding documents guide the support offered. Explores options with peers regarding other professional services that might be beneficial</p>	<p>Provides professional medical or clinical services - may make referrals for other specialties</p>
<p>How are resources provided?</p>	<p>Resource and information sharing can be done various ways, from one-size-fits-all approaches to more person-centered models.</p>	<p>Peer Specialists share resources in a person-centered way. They support empowering relationships and do “with” not “for” the peer.</p>	<p>Referrals for resources are made in order to support the treatment plan. Formation of treatment plans can rely on varying levels of input from the service recipient.</p>

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<p>How is feedback given or progress measured?</p>	<p>Entirely dependent on the framework of informal peer support.</p>	<p>“Progress” is measured and defined by the peer. Peer specialists do not focus on fixing or evaluating.</p>	<p>Clinicians review clients’ progress by measuring markers of engagement, “functionality,” compliance, and data collection.</p>
<p>How are goals and priorities determined?</p>	<p>Goals and priorities are determined based upon the framework in which support is provided. This may be done in a collaborative manner with the peer or in a predetermined manner based upon the program.</p>	<p>Supports the peer in developing and defining their own goals on their own terms. Validates and supports the peer in working towards their goals regardless of how “realistic” they may be.</p>	<p>Goals and priorities are determined partly by the client, the treatment team, insurance stipulations, and treatment method. Level of input from client varies upon restrictiveness of setting and treatment method.</p>
<p>How is recovery modeled?</p>	<p>Recovery is usually defined and modeled by the people providing support.</p>	<p>Peer specialists seek to inspire hope. They do not pretend that recovery is pretty or simple. They demonstrate resilience and</p>	<p>Though individual clinicians may have varying definitions of recovery, healing is still seen through the</p>

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		model options for pursuing wellness.	lens of a treatment plan and therapy model.
How are services documented?	Rarely.	Differs from program to program. When required, peer specialists must complete documentation in a collaborative, strengths-based, respectful manner.	Required by all clinicians. Must complete regular progress notes, evaluating progress towards goals established by the treatment plan.