



*Mental Health & Addiction
Certification Board of Oregon*

Research-based Addiction Peer Competencies

adapted from
IC&RC Peer Scientific Role Delineation Analysis Examination Blueprint©
Core Competencies for Peer Workers in Behavioral Health, SAMHSA



Research-based Peer Core Competencies

IC&RC Peer Support Scientific Role Delineation Analysis Examination Blueprint©

DSW Core Competencies, Centers for Medicaid & Medicare Services (CMS)

Core Competencies for Peer Workers in Behavioral Health Services, SAMHSA

Purpose: This document contains an empirically-based competency blueprint that is intended to guide professionals who are preparing for the certified recovery mentor credential.

The following sources are nationally-recognized authorities on professional competencies for behavioral healthcare workers. Their publications are based on significant research and consensus opinions among panels of experts in the primary care, mental health, and addiction sectors. The MHACBO guide is a conglomeration of the standards put forth by these authorities.

Multi-site Qualitative, Psychometric, and Validated Research

1. Core Competencies for Integrated Behavioral Health & Primary Care, SAMHSA-HRSA

In 2014, the SAMHSA-HRSA Center for Integrated Health Solutions released the publication titled, *Core Competencies for Integrated Behavioral Health and Primary Care* (Hoge, Morris, Laraia, Pomerantz, & Farley, 2014). The following competency categories were finalized upon analysis of data gathered through review of scholarly publications, review of other competency sets, and semi-structured interviews with experts on integrated care: (1) interpersonal communication, (2) collaboration and teamwork, (3) screening and assessment, (4) care planning and care coordination, (5) intervention, (6) cultural competence and adaptation, (7) systems oriented practice, (8) practice-based learning and quality improvement, and (9) informatics (Hoge, Morris, Laraia, Pomerantz, & Farley, 2014).

2. DSW Core Competencies, Centers for Medicaid & Medicare Services (CMS)

In 2014, the Centers for Medicaid and Medicare Services (CMS) released the publication titled, *National Direct Service Workforce (DSW) Resource Center: Final Competency Set* (CMS, 2014). This report included a detailed summary of empirically-based findings drawn from a multi-phased research study involving a large sample of workforce stakeholders, competency development experts, direct service workers, service recipients, and family members (CMS, 2014). Analysis of the data yielded the following general competency categories: (1) communication; (2) person-centered practices; (3) evaluation and observation; (4) crisis prevention and intervention; (5) safety; (6) professionalism and ethics; (7) empowerment and advocacy; (8) health and wellness; (9) community living skills and supports; (10) community inclusion and networking; (11) cultural competency; and (12) education, training, and self-

development (CMS, 2014).

3. CES Behavioral Health Peer Scientific Role Delineation Analysis Examination Blueprint©

Comprehensive Examination Services (CES) is a research-based testing company that is contracted with the Substance Abuse and Mental Health Association Services Administration (SAMHSA) Gather, Assess, Integrate, Network, and Stimulate (GAINS) Center and Mental Health America. CES provides examination preparation guides (“blueprints”) for the mental health associate and mental health professional examinations. Content from the *Behavioral Health Scientific Role Delineation Analysis Examination Blueprint©* (CES, 2018) was evaluated by the MHACBO research team and included in this MHACBO guide. This MHACBO guide has been formatted to align with that in the CES Examination Blueprint.

This MHACBO competency guide has been formatted to align with the CES Examination Blueprint for the peer exam.



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CONSUMER ADVOCACY

1. Peers strive to create safe spaces when meeting with consumers, acting to address distress or a crisis by using knowledge of local resources, treatment, services and support preferences of peers.
2. Peers assist consumers in developing advance directives and other crisis prevention tools.
3. Peers convey consumer's point of view when working with colleagues.
4. When they arise, peers strive to resolve conflicts in relationships with consumers and others in their support network.
5. Peers explain the importance of self-advocacy as a component of recovery/wellness.

PROFESSIONAL RESPONSIBILITIES & ETHICS

6. Peers document information as required by program policies and procedures.
7. Peers complete and submit documentation of services on time.
8. Peers recognize and address personal and institutional biases and behaviors.
9. Peers follow laws and rules concerning confidentiality and respects others' rights for privacy (CFR 42 Part 2 and HIPAA).
10. Peers comply with all applicable laws regarding the delivery of services (Civil Rights, Fair Housing, ADA, Olmstead Decision, Duty to Warn, Medicaid Fraud, etc.).
11. Peers can describe consumer rights, responsibilities, informed consent, and obligations of mandatory reporting.
12. Peers recognize and maintain professional and personal boundaries.
13. Peers comply with agency specific policies regarding peer-consumer practices and boundaries, social media rules, financial policies, smoking policies, etc.
14. Peers comply with their professional Code of Conduct.
15. Peers show professionalism by being on time, dressing appropriately for the job, and being responsible in all work tasks.
16. Peers work together with other colleagues and professionals to enhance the provision of services and supports, assertively engaging providers from mental health services, addiction services, and physical medicine to meet the needs of consumers.
17. Peers coordinate efforts with health care providers to enhance the health and wellness of consumers.
18. Peers recognize the limits of their knowledge and seeks assistance from others when needed.
19. Peers exercise appropriate self-care.
20. Peers recognize and respond to risk, crises and emergency indicators affecting consumer welfare and safety. They seek consultation and supervision in crisis and emergency situations.
21. Peers recognize and respond to the traumatic experiences of vulnerable populations (cultural/ethnic minorities, sexual minorities, people in poverty, people experiencing homelessness, those with a history of military service, etc.).
22. Peers educate consumers about health, wellness, recovery and recovery supports.
23. Peers recognize various crisis and emergency situations.
24. Peers recognize signs of distress and threats to safety among consumers and in their environments.
25. Peers provide reassurance to consumers in distress and instill hope for survival and recovery.
26. Peers recognize risk indicators that may affect consumers' welfare and safety.
27. Peers respond to personal risk indicators to assure the protection of consumers' health, safety, and welfare.

28. Peers recognize risk; they work to prevent a consumer's crisis in a way that meets the consumer's needs, abilities, and preferences.
29. Peers use positive behavior supports to prevent crisis and promote health and safety.
30. Peers use appropriate and approved intervention approaches to resolve a crisis, within their scope of practice, and seek help from other staff and supervisors when needed during a crisis.
31. Peers monitor situations and communicate with the consumer, family members, and the support team to reduce risk and prevent crisis situations.
32. Peers report incidents according to federal, state, local, and agency requirements.
33. Peers maintain the safety of consumers and the public in the case of an emergency.

RECOVERY-ORIENTED PERSON-CENTERED MENTORING & EDUCATION

34. Peers initiate contact with consumers across the continuum of recovery: pre-treatment, concurrent treatment, and post-treatment.
35. Peers engage consumers in varied settings (community, home, recovery centers, courts, hospitals, treatment centers, probation/parole offices, etc.).
36. Peers explain services and service terms to the individual being supported and his or her family members.
37. Peers apply engagement skills within scope of practice, including active listening and rapport-building strategies.
38. Peers demonstrate genuine acceptance and respect.
39. Peers demonstrate understanding of the consumer's experiences and feelings.
40. Peers demonstrate capacity to be non-judgmental and listen actively to confirm an accurate understanding of the consumer's experiences and feelings.
41. Peers use positive and respectful verbal, non-verbal, and written communication in a way that can be understood by the individual.
42. Peers respond to consumers in a respectful, professional, and caring manner.
43. Peers use person-centered, recovery-oriented language in written and verbal interactions with consumers, family members, community members, and others.
44. Peers clarify their understanding of information when in doubt of the meaning.
45. Peers demonstrate skill in motivational enhancement.
46. Peers understand the stages of change and demonstrate capacity to engage consumers in "quit talk," give affirmations, develop discrepancy, and honors consumer's self-efficacy, self-determination, and consumer choice.
47. Peers use and model recovery-oriented principles with consumers by using person-first language, navigating multiple pathways to recovery, prioritizing consumers' self-determination rights and choice, obtaining informed consent, using empowerment strategies, practicing and teaching self-advocacy skills, fostering independence, etc.

48. Peers validate and normalize consumer recovery experiences and feelings.
49. Peers propose strategies to help a peer accomplish tasks or goals, and provide concrete assistance to help consumers accomplish goals, and then celebrates consumer efforts and accomplishments.
50. Peers inspire hope through the sharing of recovery stories, recognizing when to share experiences and when to listen.
51. Peers instill hope through self-disclosure and facilitating self-disclosure of recovery successes.
52. Peers use self-disclosure only in service of the consumer's best interest.
53. Peers recognize and respond to the complexities and uniqueness of each consumer's process of recovery, tailoring services and supports to meet the preferences and unique needs of peers and their families.
54. Peers help consumers to function as a member of their treatment/recovery support team (versus being a passive recipient of services).

ONGOING RECOVERY & WELLNESS SUPPORT

55. Peers encourage and assist consumers in connecting with others and developing social and/or work roles based on the consumer's choice.
56. Peers support the consumer in connecting with friends.
57. Peers support the consumer in living and being included in the community of the consumer's choice.
58. Peers help the consumer to transition between services and adapt to life changes, including moving into home and community-based settings.
59. Peers respect the role of family members in planning and providing services.
60. Peers describe personal recovery practices and help consumers to discover recovery practices that work for consumers.
61. Peers are open to exploring many paths to recovery with their consumers.
62. Peers appreciate and respect the cultural and spiritual beliefs and practices of consumers and their families, demonstrating an understanding of peer's own personal values and culture and how these may contribute to biases, judgments and beliefs.
63. Peers assist and support consumers to set goals and to dream of future possibilities.
64. Peers participate in maintaining up-to-date information about community resources and services, assisting peers to search out, select, and use needed resources and services of the consumer's choice.
65. Peers accompany consumers to community activities and appointments when requested and participate in community activities with peers when requested.
66. Peers assist consumers in system navigation (traditional institutions of care, criminal justice, child welfare, SNAP, TANF, WIC, ICWA, etc.)

67. Peers assist consumers in learning disease prevention and maintaining good health and proper self-care.
68. Peers assist consumers in using infectious control procedures and illness prevention.
69. Peers educate family members and other supportive individuals about recovery and recovery supports.
70. Peers coordinate efforts with consumers' family members and other natural supports.
71. Peers use approaches and recommend community resources that match consumers' needs and preferences.
72. Peers partner with community members and organizations to strengthen opportunities for consumers.
73. Peers assists consumers in finding social, learning, and recreational opportunities valued in his or her culture.

Resources

Centers for Medicaid and Medicare Services (CMS, 2014). National Direct Service Workforce Resource Center: Final Competency Set. Retrieved from <https://www.medicaid.gov/medicaid/ltss/downloads/workforce/dsw-core-competencies-final-set-2014.pdf>

Comprehensive Examination Services (CES, 2018). *CES Behavioral Health Scientific Role Delineation Analysis Examination Blueprint*.

Hoge, M. A., Morris, J. A., Laraia, M., Pomerantz, A., & Farley, T. (2014). *Core competencies for integrated behavioral health and primary care*. Washington, DC: SAMHSA - HRSA Center for Integrated Health Solutions. Retrieved from https://www.integration.samhsa.gov/workforce/integration_competencies_final.pdf