

Peer recovery support:  
Individual and group services

George S. Braucht  
LPC, CPCS & CARES Academy Co-founder



**Peer Recovery Support:  
Individual and Group Services**

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Co-founder of the  
Certified Addiction Recovery Empowerment (CARES) Academy

**Promoting professional growth and career development**

- ✓ M.S. in Experimental/Physiological Psychology then Community Psychology; taught 1+ psychology class at Georgia College in 1979
- ✓ 14,000+ hours of supervised psychotherapy experience as a Licensed Professional Counselor and Certified Professional Counselor Supervisor: Crisis, AOD & MH recovery; Social justice; Recovery residences & Peer services
- ✓ Co-founder and Faculty, **Certified Addiction Recovery Empowerment Specialist (CARES) Academy**
- ✓ Lead Faculty, **RecoveryPeople's** Recovery Residence Manager Training and the **Recovery Outcomes Institute's** Recovery Navigation Support using the REC CAP Training
- ✓ **Georgia Association of Recovery Residences** Board & Charter Board Member, **National Alliance for Recovery Residences**
- ✓ Certified Trainer in the Partners for Change Outcome Management System with Dr. Barry Duncan's **Heart and Soul of Change Project**

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**"I just want to help people."** **My peer support introduction**



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**"It's never too late to be who you might have been."**

George Eliot, *Middlemarch*  
(Mary Ann Evans, 1819-1880)

**Objectives**

Upon completion of this session participants will:

1. Explain the four research-based factors that are associated with effective helping relationships.
2. Introduce yourself to peers in less than 1 minute by explaining: a) your role and goal as a peer recovery support service provider and CARES; b) the essential role of the peer's goals, pathways, and feedback.
3. Assess your proficiency using three \*PCOMS-informed services skills and five relationship enhancement skills after facilitating individual check-ins and/or recovery groups.

 \*PCOMS = Partners for Change Outcome Management System


**Objectives (cont.)**

Upon completion of this session participants will:

4. Use the Outcome Rating Scale (ORS), Relationship Rating Scale (RRS, for individual interactions), Group Session Rating Scale (GSRS) and Self-Completed Overview of Recovery Experiences Board (SCORE Board) to illustrate each peers' progress.
5. Participate in performance support using the \*PCOMS to determine which peers: A) are not making progress, B) achieve reliable change, and C) achieve clinically significant change.

\*PCOMS = Partners for Change Outcome Management System





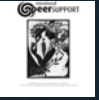
## Gone Green

Training journals/handouts:  
[brauchtworks.com/training\\_handouts](http://brauchtworks.com/training_handouts)

Participate in this session's audience polls by logging your smart phone, tablet or computer web browser into [responseware.com](http://responseware.com)  
Enter as a "Guest"  
with Session ID: **pcoms**

## What is peer support?

Three Peer Support Guidelines  
Adapted from Mead, S. (2015). *Intentional peer support*.




1. Support: **mutually supportive relationships?**
2. Challenge: **mutually beneficial relationships**
3. Practice intentionally not knowing (PINK)

## What is peer support?

Three Peer Support Guidelines (cont.)


1. Support: No wrong statements or answers.  
The primary question: Was "it" effective for promoting a **mutually supportive relationship?**  
My last response  
My last session  
My service/program



## What is peer support?

Three Peer Support Guidelines (cont.)

2. Challenge: Stretch into **mutually beneficial relationships**.



- ✓ a) Clarify your understanding of what your peer said is needed, b) Express what you need, and c) Negotiate with measured judgement
- ✓ Communicate in ways that encourage both you and your peer to step out of your current worldviews and re-write your stories and their temporary endings


## What is peer support?

Three Peer Support Guidelines (cont.)

3. Practice intentionally not knowing (PINK)
  - ✓ To "meet them where they are" and "walk beside" to where the peer wants to go
  - ✓ With curiosity, intuition, and wonder: PINK, solicit feedback, PINK, solicit feedback,....

"All you need is the ability to be challenged, to stick with the process, and to express your needs while negotiating the needs of others."


Mead, S. (2015). *Intentional Peer Support: An Alternative Approach*



## Journaling: Peer support is...

In 4 minutes, write what you would say in 30 seconds to explain peer support to someone who knows nothing about it

- ★ First draft: Not to be shared



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### Journaling: My worldview

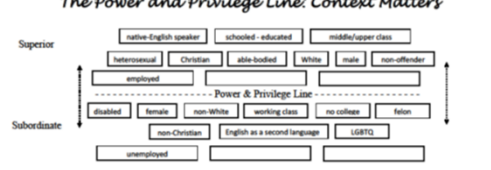
1. List 10 groups to which you belong that are important to your identity
2. 2<sup>nd</sup> column: Write your Not-Mes, the opposites of each your 10
3. ✓ the three most important groups to you

Who(se) am I

|     |        |
|-----|--------|
| Me  | Not Me |
| 1.  |        |
| 2.  |        |
| 3.  |        |
| 4.  |        |
| 5.  |        |
| 6.  |        |
| 7.  |        |
| 8.  |        |
| 9.  |        |
| 10. |        |



### The Power and Privilege Line: Context Matters




**B = P X E**

[Lewin, K. (1939). *A dynamic theory of personality.*]

**Behavior is a function of (-) the interaction of (X) People and Environment**

Fundamental Attribution Error: Tendency to overuse internal/dispositional causes (P) to explain others' behavior while using external/situational causes (E) to explain one's own behavior [Jones & Harris, (1967) and Ross, L. (1977)] thereby reducing affective-cognitive dissonance



**Everything that we do occurs in a cultural context and is a cross-cultural enterprise**



### My peer support introduction



1. My worldview is based on my experience
  - ☺ My assumptions about how people are similar to and different from me influence what I talk about

"I like working with people who are new to recovery because it reminds me of myself back then. I meet them where they are."

### My peer support introduction (cont.)



2. My and the peer's assumptions contribute to expectations about our roles and power based partly on thinking that I am similar to other "helpers", and therefore s/he "knows" what my reactions and expectations will be

### My peer support introduction (cont.)

#1 Lesson: Be aware of your first impressions and reactions

- Remember, maintain PINK (practice instantly not knowing) with curiosity, intuition, and wonder; PINK, solicit feedback, PINK, feedback,...

### My peer support introduction (cont.)

For example ...







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### Journaling: My peer support introduction (cont.)

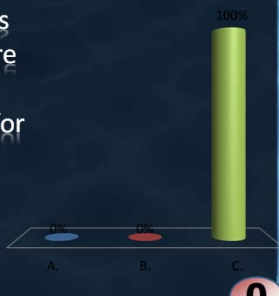

Write a 2nd-draft peer support introduction based on your experience-credentials **without** clinical or medical terms

- ⊖ No "...ic's", "...ism's", "...ia's", "...ion's", etc.
- ⊕ Instead of what you are in recovery from, focus on: 1) describing what you experienced, 2) what helped, 3) what peer support is and 4) your goal as a peer service provider
- ⊕ 5 minutes

Empathy, genuineness and positive regard are the necessary and sufficient conditions for change.

A. Agree  
B. Disagree  
C. Not sure



### Empathy, Genuineness & Positive Regard

Rogers, C. (1957). The necessary and sufficient conditions of therapeutic personality change. *The Journal of Consulting Psychology*, 25, 95-103.


Lambert (2013) meta-analysis

- **Empathy:** 57 studies found  $r$  of .31
- **Positive Regard:** 18 studies found  $r$  of .27
- **Genuineness:** 16 studies found  $r$  of .24

⊖ Each is **more powerful** than any technique that you can ever wield as model differences have a  $d$  of .20






Lambert, M. (2013). Outcomes in psychotherapy: The past and important advances. *Psychotherapy*, 50 (1), 42-51.



### Relationship Enhancement Skills to Solicit and Provide Feedback (PINK OARS)

1. P Practice Intentionally Not Knowing or Curiosity
2. Open-ended questions
3. Affirmations/validations
4. Reflections/paraphrases
5. Summaries
6. Information-giving

Relationship Enhancement Skills: PINK OARS  
©2011 George S. Braucht, LPC & CPCS, brauchtworks.com

Intervention Analysis by: \_\_\_\_\_ Date: \_\_\_\_\_ Recording #: \_\_\_\_\_

| Type                     | Description   | Notes |
|--------------------------|---|-------|
| Open-ended questions     | Express concern, interest, curiosity, and "Who, What, When, Where, How (5Ws)"   |       |
| Closed questions         | Express simple, short answer: often "Yes" or "no" or specific information   |       |
| Affirmations/Validations | Basic language of respect and self-efficacy as the other person - may or may not be specific, observed strength or character they "wishes to talk" of what the other person says  |       |
| Reflections/Paraphrases  | Use the other person's exact words or phrases, communicate attention, difference and interest. Go beyond what the other person has said, cognitively reframe the content or reflect the emotion expressed, add greater meaning, move the conversation forward                               |       |
| Amplified                | Over or under state an absolute statement to ensure that it is an accurate mirror, present or considering a statement, avoid sarcasm - typically leads to more or a more engaged highlight both sides of an issue. Use "not" not "yes," "in the past," and "in the future"                  |       |
| Double-ended             | More beyond stated content, provide a new framework or model for understanding what was said, if double to the other person, the next step may introduce and operationalize when the operationalizing one all-around characteristics  |       |
| Summary                  | Relevant, organize what's been said, highlight change talk and contrast ambivalence stated in the moment or previously, reactions to same topic or focus, always end with a summary   |       |
| Information giving       | Use OARS to ask for permission, use "I" person reference - add personal experience of clarification needed, share as personal opinion, state how you felt and what you used for this to be a mutually beneficial relationship, determine level of confidence and obtain level of commitment |       |

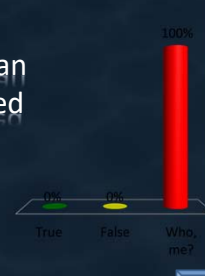


See *Relationship Enhancement Skills Overview: PINK OARS* at [brauchtworks.com/toolkit](http://brauchtworks.com/toolkit) under "Professional Tools"

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I know how effective my services are with each person that I serve and can show how I have improved over time


1. True  
2. False  
3. Who, me?


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Dr. Michael Lambert  
Brigham Young University



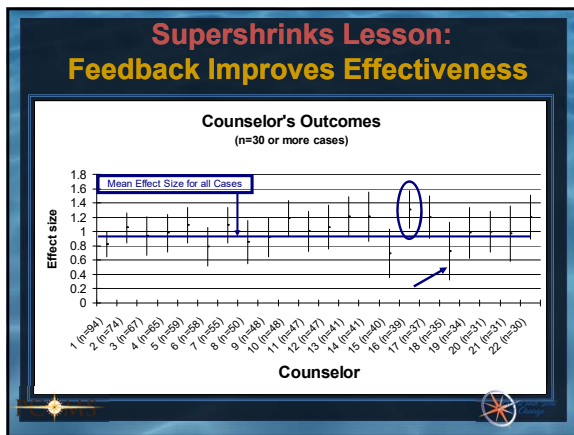
Look for:

1. What percentage of clients:
  - A. Don't change 40-61%
  - B. Deteriorate 3-14%
  - C. Improve 20-30%
  - D. Achieve recovery 9-20%
2. What to do about treatment failures?
  - A. Progress alarms
  - B. Clinical (sic) support tools
  - C. Patient (sic) feedback

[youtube.com/watch?v=5lalowDL-o](https://youtube.com/watch?v=5lalowDL-o)

Four Research-based Factors Responsible for Change Across Disciplines and Models

1. Genuineness
2. Empathy
3. Positive regard
4. Feedback ★

**First Interaction Roles and Goals: Self-assessment and Feedback**

First Interaction Roles and Goals: Self-assessment and Feedback

Step One: Introduce yourself and describe the agency/program mission in 2 minutes or less.

Step Two: Identify what the peer/client hopes to accomplish during interactions with you.

Step Three: Assess the peer/client's expectations and guidelines.

Step Four: Identify roles, discuss their roles, and clarify conformity expectations.

Step Five: Assess the peer/client's expectations and guidelines.

Step Six: Assess the peer/client's expectations and guidelines.

Step Seven: Summarize main learnings from this interaction using "agrees" and "disagrees" and discuss the rating.

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**First Interaction Roles and Goals: Self-assessment and Feedback**

*First Interaction Roles and Goals Self-assessment and Feedback*  
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**Overall Observations**  
What was the situation appropriate for this activity? (Yes/No)  Yes  No

1. Strengths: What you did well during the interaction
2. Improvement Areas: What you will work on before your next first interaction?
3. What you did during this interaction to foster the working alliance
4. How the participant responded to your use of First Interaction Roles and Goals

5. For this interaction using First Interaction Roles and Goals, I am at the level of:

- A. Fundamental: Basic knowledge of the techniques and concepts, focus on practice
- B. Novice: Limited experience, could use help performing these skills, focus on on-the-job training
- C. Intermediate/Standard: Successfully performs skills, focus on receiving regular feedback/supervision
- D. Advanced: Performs skills/tasks without assistance and with diverse people, capable of coaching others and transferring complex information to new or untrained teams, focus on process or practice improvement
- E. Expert: Demonstrates consistent excellence in applying this competency across diverse individuals and/or settings, focus on strategic development

Comments:

Feedback by: \_\_\_\_\_ Feedback date (YYYYMMDD): \_\_\_\_\_

Proficiency level demonstrated: Fundamental  Novice  Intermediate/Standard  Advanced  Expert

Comments:

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**Introduction to PCOMS-informed Services**

The Partners for Change Outcome Management Service (PCOMS)

NREPP  
PCOMS  
Included in SAMHSA's  
National Registry of  
Evidence-based  
Programs and Practices

WHAT'S RIGHT WITH YOU?

Brauchtworks Consulting

**PCOMS**

The Partners for Change Outcome Management System (PCOMS):  
The Heart and Soul of Change Project

Incorporates the most robust predictors of success into an outcome management system that partners with peers while honoring the daily pressures of front-line service providers

Brauchtworks Consulting

**The Wonderful Wizard of Oz**

By L. Frank Baum  
With Illustrations by W. W. Denslow.

Geo. M. Hill Co.  
NEW YORK

- ☺ A compelling metaphor for helpers/change agents
- ☺ The best of us are humbugs, witches or wizards!

Brauchtworks Consulting

**The Wonderful Wizard of Oz**

- ☺ Story about life and the resolution of human challenges
- ☺ Four characters (clients/peers) perceive that something missing in their lives
- ☺ Each believes that a wizard is necessary to help them find completeness

Brauchtworks Consulting

**The Wizard!**

- ☺ An expert with credentials who faces diverse and, at times, overwhelming problems
- ☺ Does what many helpers are trained to do...
- ☺ Prescribes a journey - a technique or process - to acquire something *s/he* thinks is needed!

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### Upon Returning: The Humbug...

© After his embarrassing exposure, the Humbug cleverly addresses the requests by granting the Scarecrow, Tin Man, and Lion something tangible.

© Each is pleased by receiving validation of their character and desires for completeness, but...

*"Oh, Oz never did give nothing to the Tin Man, that he didn't, didn't already have."*

### Effective Helpers are Good Witches/Wizards/Peers!...

© Glinda, and all of the other characters, helped Dorothy find her own meaning about her perilous quest to Oz, her journey of change, and relied on her own resources to return home, to reach her goal =

Recovery-Oriented, Person-Directed & Outcome-Informed (ROPDOI).

© PCOMS provides a kind of magic wand - If you know that people always carry what is needed to prevail

### Four Tools for Peer Recovery Support Services

1. Outcome Rating Scale: WRWY
2. Relationship Rating Scale: WRWY, for individual interactions
3. Group Session Rating Scale
4. Self-Completed Overview of Recovery Experience Board (SCORE Board)

### Individual Recovery Check-ins

Individual Recovery Check-In 150720  
©George S. Braucht, LPC [www.brauchtworks.com](http://www.brauchtworks.com)

Goal: Provide narrative containing care interactions before, during and after treatment. Research shows that these narratives improve the likelihood of sustained, meaningful engagement in treatment and long-term recovery. Check-ins may be made while peers are on waiting lists, between appointments or groups, and as follow-ups to all clients. The check-in also serves as a vehicle for the most significant treatment or other social service appointments identify ongoing no-shows while also providing timely resource referrals and recovery community referrals.

Suggested frequency: The below is a suggested guideline interaction frequency. However, the frequency is best determined by each peer and her/his needs.

First 8 weeks: 1X a week; Second 8 weeks: 1X every 2 weeks; Month 3+: 1X a month.

Seven Step Recovery Check-In

© Topics brought up by the peer/client take precedence over any pre-determined outline. The typically flow of a recovery check-in is as follows:

1. Acknowledge peer, what's right with you.
2. Complete the Outcome Rating Scale (ORS)
3. Complete and discuss Caring or Challenge (other means for seeking services) Rating
4. Discuss Recovery Capital Plan and/or Health Action and Management Plan
5. Complete the Relationship Rating Scale (RRS) and discuss what will make the next contact more useful.
6. Schedule the next Recovery Check-In
7. Assist peers to summarize main topics and action goals discussed during this interaction and upcoming treatment/other appointments and/or meetings.

If not completed during the Check-In, handle ORS, Caring/Challenge, and RRS ratings to the SCORE Board.

Additional Recovery Check-in materials available at [www.brauchtworks.com/resources/peer\\_tools/](http://www.brauchtworks.com/resources/peer_tools/)

1. SCORE Board - 2. Recovery Check-In Practice Cards - Inset and Opening Content

References

1. Dawson, B. (2010). What's right with you. Deerfield Beach, FL: Health Communications: Peer and professional versions of the ORS and RRS are available free at [www.brauchtworks.com](http://www.brauchtworks.com)
2. Mid-America Addiction Technology Transfer Center. (2008). The advanced continuing care program: a narrative monitoring and adaptive counseling - evidence manual. Kansas City, MO: Author.
3. Suss, C. E., & Dennis, M. L. (2003). Recovery Management Checkups: An Early Re-Intervention Model. Chicago, IL: Chestnut Health Systems.

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### Individual Recovery Check-in Form

Individual Recovery Check-In 150714  
©George S. Braucht, LPC [www.brauchtworks.com](http://www.brauchtworks.com)

Name: \_\_\_\_\_ # \_\_\_\_\_

Next Treatment or Other Appointment/Meeting: Near Incent?

Program/Location: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_

Program/Location: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_

Check-In by: \_\_\_\_\_ Where You Are: \_\_\_\_\_

Always Date (YYMMDD) Time (HHMM): Type (C=Ch, B=person, T=Text, E=writing, Other (Specify): \_\_\_\_\_

#1: \_\_\_\_\_ #2: \_\_\_\_\_ #3: \_\_\_\_\_ #4: \_\_\_\_\_

Contact Date: \_\_\_\_\_ Start and End Times: \_\_\_\_\_ Type: \_\_\_\_\_

Also enter this interaction's ORS, Caring/Challenge, and RRS ratings in the SCORE Board.

I. Acknowledge peer/client and, if needed, clarify your role. Ask: "What's right with you today?"

II. Outcome Rating Scale: Individual \_\_\_\_\_ Impersonal \_\_\_\_\_ Social \_\_\_\_\_ Overall \_\_\_\_\_ Total \_\_\_\_\_  
ORS Clinical Card# = ASB-20; Addressed = 20; Child = 11

III. Caring/Challenge Rating: 8 = No thoughts about AOD/challenges, 10 = Used AOD/challenges reduced

IV. Review Recovery Capital, SHAM and/or Treatment Plan progress since last check-in

V. Session/Relationship Rating Scale: Rel \_\_\_\_\_ Goals/Try \_\_\_\_\_ Sep/Eff \_\_\_\_\_ Overall \_\_\_\_\_ Total \_\_\_\_\_  
What will make the next interaction more useful? \_\_\_\_\_  
SRS; AA# Clinical Card# = 34

VI. Next Check-In Date: YYMMDD \_\_\_\_\_ Time: \_\_\_\_\_ C O I D T B E O O

Discuss next treatment or other appointments/ meetings

VII. Assist peer/client to summarize main topics discussed during this interaction and upcoming interventions

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### Outcome Rating Scale

Name: \_\_\_\_\_ Date: \_\_\_\_\_ Score: \_\_\_\_\_

Looking back over the last week, including today, mark how well you have been doing in the following areas of your life. Marks to the left of center represent unsatisfactory levels and marks to the right of center indicate satisfactory levels.

Individual (Personal well-being) 0-10

Interpersonal (Family, close relationships) 0-10

Social (Work, school, friendships) 0-10

Overall (General sense of well-being) 0-10

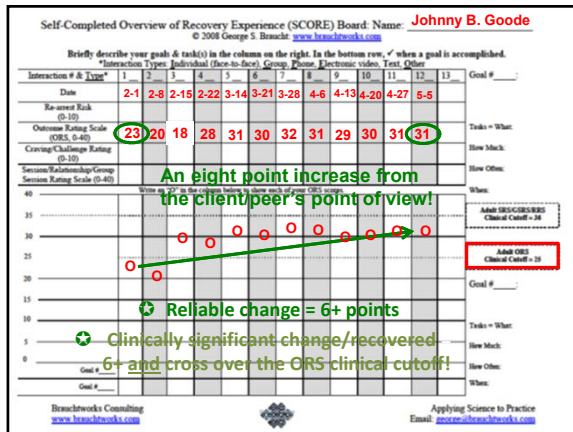
Total: 0-40

©2004 Barry L. Duncan. Adapted from the Outcome Rating Scale, ©2000 by Scott D. Miller and Barry L. Duncan.



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## 35 or under = Ask with gratitude, what would make the next session better?

**For peer service providers**  
Relationship Rating Scale (RRS)

Name: \_\_\_\_\_  
Relationship: \_\_\_\_\_

Please rate this relationship's change potential by placing a mark on the line nearest to the description that best fits your experience.

Examination copy only  
See [www.brauchtworks.com/therapy](http://www.brauchtworks.com/therapy) to download a printable version.

Validation

I don't feel understood, respected, and validated | I feel understood, respected, and validated

Goals and Topics

We did not work on or talk about what I wanted to work on and talk about | We worked on and talked about what I wanted to work on and talk about

Supportive/Encouraging Role

I did not feel supported and encouraged in my change efforts, the role was not a great fit | I felt supported and encouraged in my change efforts, the role was a great fit

Overall

Overall, this relationship is right for my change efforts | Overall, this relationship is not right for my change efforts

The Heart and Soul of Change Project  
[www.brauchtworks.com](http://www.brauchtworks.com)  
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**All Recovery Meeting Facilitator Guide 170414**  
Adapted from Faces and Voices of Recovery [www.facesandvoicesofrecovery.org](http://www.facesandvoicesofrecovery.org)

**OPENING:** Welcome to this All Recovery Meeting. My name is \_\_\_\_\_ and I'm a person in long term recovery who'll facilitate today's meeting. This meeting occurs here every \_\_\_\_\_. These meetings are a time and place for people to come together and learn from and share hope with one another. All are welcome who are either in, or who want connections with, people who self identify as being in recovery or who are pursuing progressive health and wellbeing. We support all recovery pathways so this is a "non-demonstrated" meeting where the discussion and format is meant to be very open and where you can experience being understood and not judged. Specifically that means we share what has worked for us as options that others may decide to try. Two key guidelines:

- 1) When speaking, introduce yourself in whatever way best works for you. It's ok to ask questions and quit conversations in moderation in time. It's also ok to share more than once. Add of course it's ok to participate by just listening if that's what you need to do.
- 2) Following an open and inclusive format, we ask only that everyone try to understand and respect each other's voices and comments, stay mindful of how long and how often you're sharing, and please do not divulge outside of this room who is here without her or his permission.

Let's take 1 minute to be still and silent as we reflect with gratitude for each of us here and for others who we care about.

A few other things to mention for those who haven't been with us before:

- 1) Please pass this Sign-In Sheet [Sign-In Sheet](#) to a paper version for printing and [Sign-In](#) to an online Google Form if you are using a tablet, phone, etc. I would and will your information if you're willing. This helps us best if it's not a requirement. Also, if you're interested in connecting with a peer recovery coach, please check the box, and a peer one will call, text or email you as soon as possible.
- 2) Coffee and water are available in the kitchen. Please help yourself!
- 3) Restrooms are in the hallway on both sides of the building.
- 4) Smokers, please smoke only in the designated smoking area which is \_\_\_\_\_, E-cigarettes or vaping is not allowed in the building please.
- 5) And finally, to prevent distractions during the meeting please turn off your cell phone.

**DISCUSSION:** Who would like to bring up a topic today or check us out? Let's take a minute for a discussion to start and if willing to brought up, I'll introduce a topic.

Distributed by George S. Braucht, LPC, CPCS & CARES  
Downloaded at [www.brauchtworks.com](http://www.brauchtworks.com)

Available at  
[www.brauchtworks.com/toolkit](http://www.brauchtworks.com/toolkit)

## Recovery Action and Progress Groups

### Practical Considerations for Conducting Recovery Action & Progress Groups

1. The facilitator's job is to model the relationship enhancement skills (PINK OARSI)

[www.brauchtworks.com](http://www.brauchtworks.com)

### Practical Considerations for Conducting Recovery Action & Progress Groups

2. Frequency
  - 1 Weekly
  - 1 More frequently
  - 1 Less frequently
3. Open vs. closed and use peer co-facilitators!

[www.brauchtworks.com](http://www.brauchtworks.com)






**Practical Considerations for Conducting Recovery Action & Progress Groups**

4. Teach the use of the Outcome Rating Scale (ORS), Group Session Rating Scale (GSRS), Self-Completed Overview of Recovery Experience Board (SCORE Board)



- 🕒 during an individual session or an orientation group



**Practical Considerations for Conducting Recovery Action & Progress Groups**

5. Size matters!


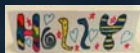
- 👉 Maximum of 10 for a 60-90 minute group (one facilitator?)
- 👉 Subdivide and separate larger groups within the group room when you have more than 10 and float between the groups



**Practical Considerations for Conducting Recovery Action & Progress Groups**

6. Name tags or tents




- ⇒ Helps everyone learn and use one another's names
- ⇒ Display individual icons, mottos, contingency management rewards, etc.



**Practical Considerations for Conducting Recovery Action & Progress Groups**

7. Make the ORS available and encourage completion before group




- Don't be late for group because they will likely start without you!
- Bring to group each individual's file containing completed ORSs, Relationship Rating Scales (RRS), GSRSs, Self-Completed Overview of Recovery Experience (SCORE) Boards, Recovery Capital/WHAM Plans, etc. NOTE: Distribute files after new ORSs are completed.



**Practical Considerations for Conducting Recovery Action & Progress Groups**

8. ORS scores above 32+ likely means something is not right or unusual; a first score of 35+ is invalid




- \* Assist each participant to connect the ORS score with last week's lived experience, not how they "feel" now
- \* Encourage revisions of ORS sub-scale score mark when disconnects are realized with the issue(s)/need(s) for which services are sought



**Practical Considerations for Conducting Recovery Action & Progress Groups**

9. Many people like jotting down around each sub-scale areas of the ORS keywords, doodles and/or drawings that represent key events of the past week

- ⚡ Provides a written record of life events when they look back through their ORS
- ⚡ Also helpful for journaling




Peer recovery support:  
Individual and group services

George S. Braucht  
LPC, CPCS & CARES Academy Co-founder

### Practical Considerations for Conducting Recovery Action & Progress Groups

- Review ORS and GRSR data during performance support to identify: 1) who is not on track and/or at risk of dropping out and 2) celebrate successes

☺ Facilitates immediately experienced and cumulative career growth



### Recovery Action and Progress Group Handout

Welcome to our Recovery Action and Progress Group. Glad you're here! (ORSI)

First, complete an Outcome Rating Scale (ORS) and update your SCORR Board. Second, review the Safety and Respect Guidelines. Third, a participant (B) checks in with another participant using the (C) Relationship Enhancement Skills (PINK OARS) for Mutually Beneficial Relationships. Afterwards, that participant checks in with someone else. Repeat until every participant checks in with the group. Last, about 10 minutes before group ends, complete the Group Session Rating Scale (GRSR). Then discuss the scores and what will make the next group better. Add GRSR scores to SCORR Board.

**A. Safety and Respect Guidelines**

- Turn off cell phones, computers, etc. & tell someone before you leave the room.
- Vague Rules: Say "Vague Rules" before you say something not to be repeated outside.
- No flouting! Instead, share what recovery activities have worked for you by saying "I..."
- What other guidelines will help make this a safe and respectful place for you? Add to flip chart.

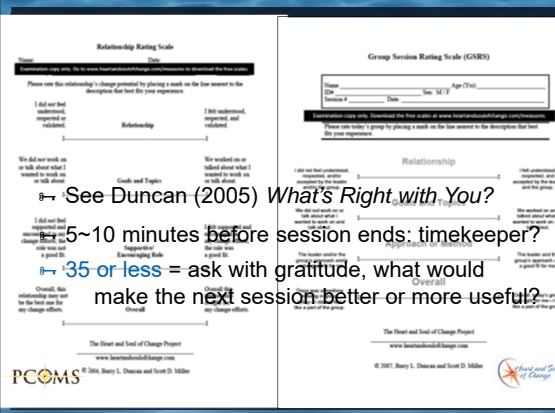
**B. Check in. Use the Relationship Enhancement Skills (PINK OARS) and ask...**

- What's right with you today?
- What is your Outcome Rating Scale (ORS) score?
  - a) What progress did you make since your last group on your recovery goals? You may share your SCORR Board. b) In which area (subscale) did the most improvement occur?
- What is your highest craving or challenge level since the last group, from 0-10, with 0 = No alcohol or drug use or troubling feelings or thoughts about the challenges that brought you to this group occurred. 10 = Used AOD or had challenging feelings, thoughts or behaviors
- Have you had a value in which you are striving towards? 0 = None at all. 10 = Completely
- Would you like more time to discuss a topic after everyone has checked in?

**C. Relationship Enhancement Skills (PINK OARS) for Mutually Beneficial Relationships**

- Open Ended Questions:** First listen from the position of intentionally not knowing with curiosity, imagination, interest, and wonder from ask: "Who, What, When, Where, How or Why"
- Affirmations/Validations:** Affirm, validate and show understanding of the other person's perspective and focus on her or his strengths. "You stated when last weekend..." "You mentioned..." "You're concerned about..." "You seemed..." "You would like for us to..." etc.
  - Begin with "Yes..." and "I..."
  - Describe observed characteristics and behaviors
  - Focus on positive and strengths or positive attributes that you see, use and/or feel
- Reflections/Paraphrases:** State feelings/thoughts that you heard and/or saw
  - Begin with "You think that..." "You're wondering if..."
- Summaries:** Short, clear statements that organize the main points that you heard
- Information giving:** Use OARS first, ask for permission before sharing **potential options** that you worked for you others that you know. Share how you feel and what you want in that mutually beneficial relationship.

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See Duncan (2005) *What's Right with You?*

5~10 minutes before session ends: timekeeper?

35 or less = ask with gratitude, what would make the next session better or more useful?

### Appreciative PCOMS-informed Performance Support

Promoting currently experienced and cumulative career growth





### PCOMS-informed Performance Support:

Three key progress indicators

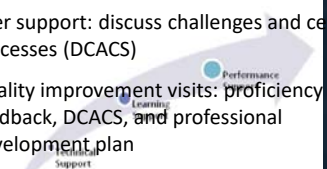

- Valid initial Outcome Rating Scale (ORS); Duncan, 2014
  - 35+: Invalid initial score – why come to see you?
  - ORS average w/500,000+ administrations: 18-20
  - Goal: Less than 1/3<sup>rd</sup> over the Clinical Cutoff (25, 28, 32)
- Reliable change index (RCI\*)
  - 6+ point increase from the initial ORS
- Clinically significant change index (CSCI\*)
  - 6+ and cross the Clinical Cutoff

\*Jacobson & Truax, (1991) & Jacobson et al, (1999)



### Appreciative PCOMS-informed Performance Support

- Reflection and self-assessment: PCOMS Report; challenges and successes
- Peer support: discuss challenges and celebrate successes (DCACS)
- Quality improvement visits: proficiency feedback, DCACS, and professional development plan
- Performance support communities of practice sessions & e-meetings: PCOMS Reports; DCACS

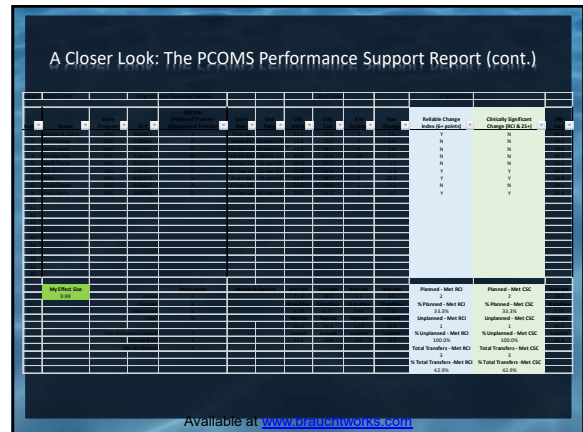
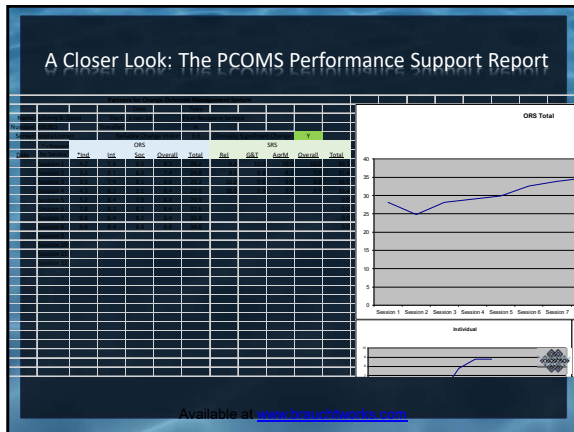
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Peer recovery support:  
Individual and group services

George S. Braucht  
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**Kurzemeal Recovery Community Organization**  
Peer Recovery Support Services Provider Monthly Dashboard  
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Service Provider: Listena, Gretz, CARES, CPS-AD, CPS-MIL, CPS-YF Year/Month (YY/MM): 1101

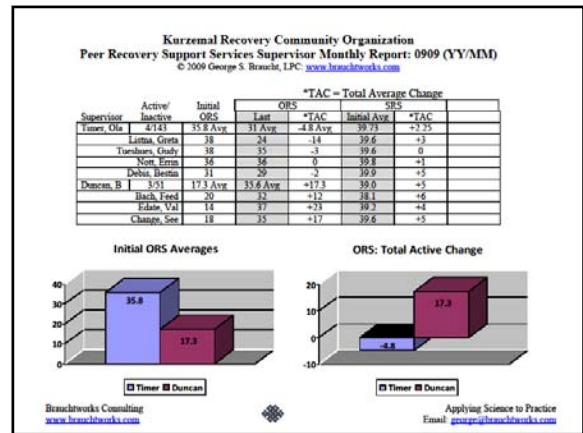
Service Type: C = Couple, F = Family, G = Group, I = Individual, O = Other

| Interaction #             | Change |     |     |     |     |     |     |     |     |     | Lowest | Highest |    |    |    |    |
|---------------------------|--------|-----|-----|-----|-----|-----|-----|-----|-----|-----|--------|---------|----|----|----|----|
|                           | ORS    | SRS | ORS | SRS | ORS | SRS | ORS | SRS | ORS | SRS |        |         |    |    |    |    |
| 1. Yaris, Terile 12/156   | 18     | 39  | 20  | 40  | 20  | 40  | 25  | 39  | 26  | 40  | +8     | +1      | 18 | 39 | 26 | 40 |
| 2. Goode, Johnny B 2/4/50 | 18     | 38  | 14  | 40  | 14  | 40  | 13  | 34  | 12  | 40  | -6     | +2      | 12 | 34 | 18 | 40 |
| 3. Later, Mary B 4/5/39   | 40     | 40  | 40  | 40  | 40  | 40  | 40  | 40  | 40  | 40  | 0      | 0       | 40 | 40 | 40 | 40 |
| 4. Ragle, Al 5/6/81       | 22     | 40  | 23  | 39  | 23  | 40  | 24  | 40  | 27  | 40  | +4     | 0       | 22 | 39 | 27 | 40 |
| 5. Elgme, Camie 9/9/03    | 30     | 37  | 23  | 40  | 28  | 40  | 20  | 39  | 23  | 37  | -3     | 0       | 23 | 37 | 30 | 40 |

Legend: 35+ initial ORS = 1 (20%), Total Change = +11 (-23), Avg Change = +3.17 (+16.6%), Invald ORS = 1 (50%), Dropout Risk = 0 (0%), Unplanned Transfers = 0 (0%), Planned Transfers = 1 (50%), Reliable Change = 0 (0%), Clinically Sig. Change = 1 (50%), Effect Size = 0.71 (-)

Recovery = ORS 6+ increase and first score below then last above the clinical cutoff  
d = Effect Size

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**Kurzemeal Recovery Community Organization**  
Outpatient Program Report: March 2009  
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| Services   | Federal Sources |         |         |         |       |
|--|-----------------|---------|---------|---------|-------|
|  | Med             | Private | Private | DC/cont | Other |
| Initial Calls Received   | 1               | 0       | 0       | 0       | 0     |
| Initial Recovery Check-In & Appointment Reminders (On/late 1+ appointment) | 1               | 0       | 0       | 0       | 0     |
| Initial Appointments   | 1               | 0       | 0       | 0       | 0     |
| Individual Sessions  | 1               | 0       | 0       | 0       | 0     |
| Groups   | 1               | 0       | 0       | 0       | 0     |
| Recovery Support Check-In  | 1               | 0       | 0       | 0       | 0     |
| Last Month's End-of-Course Transfers                                       | 1               | 0       | 0       | 0       | 0     |
| Planned Transfers  | 1               | 0       | 0       | 0       | 0     |
| Average Length of Stay   | 1               | 0       | 0       | 0       | 0     |
| Unplanned Transfers  | 1               | 0       | 0       | 0       | 0     |
| Average Length of Stay   | 1               | 0       | 0       | 0       | 0     |
| This Month's End-of-Course   | 1               | 0       | 0       | 0       | 0     |

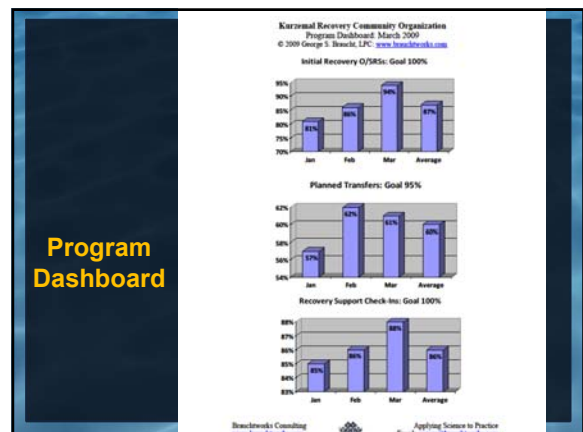
Quality Improvement Targets

I. Initial Recovery Check-In = 100% O/SRS: Actual: % ... DNIM ☐ Met ☐

II. Planned Transfer = 97% of all transfers: Actual: % ... DNIM ☐ Met ☐

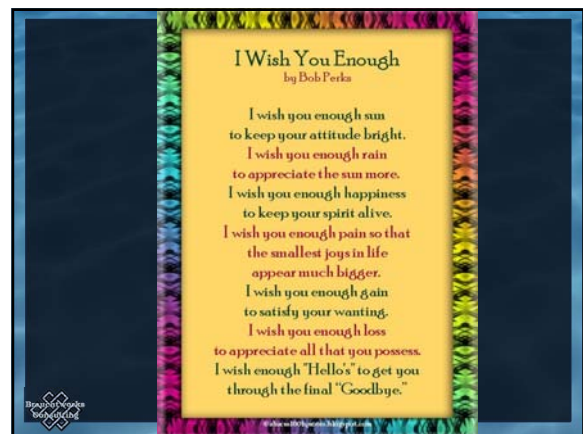
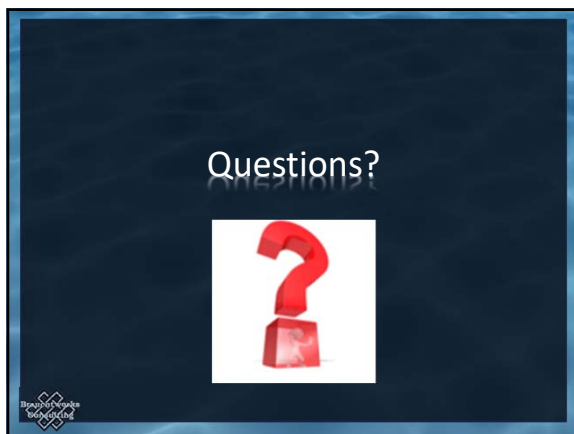
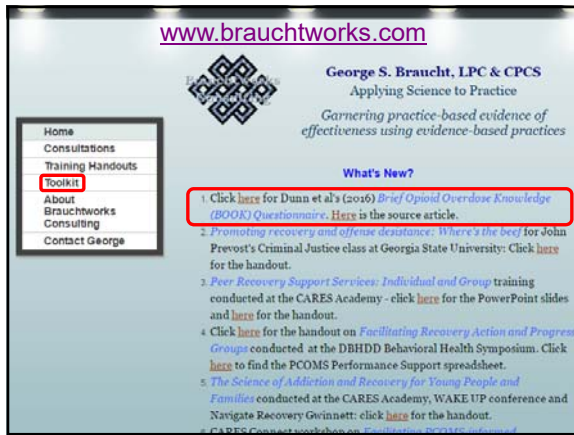
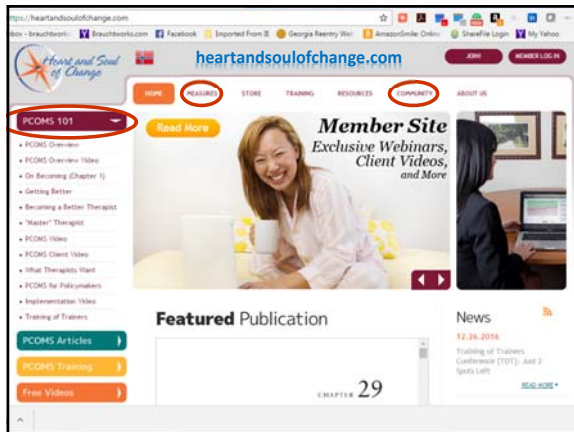
III. Recovery Support Check-In = 100% 1X week 1-2 months: Actual: % ... DNIM ☐ Met ☐

Program Report



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