Welcome to Recovery U Module 1: Recovery Coaching in the Emergency Department Setting. Hospital-Based Recovery Coaching is an innovative and effective way to engage with people who have recently survived an opioid or other substance overdose or who may be hospitalized in the Emergency Department or ED setting for other substance use disorder and substance misuse issues. The main goal of this new program are to: increase recovery support services and connection of individuals seeking support; reduce Emergency Department recidivism; and decrease overdose fatalities.

Intervention at the time of an overdose by the peer support provider in the ED setting is critical. Peer Support is an evidence-based way to support an individual in or seeking recovery from addiction and other behavioral health conditions. A peer support provider, like a recovery coach or certified peer support specialist, is uniquely qualified to offer support and encouragement because of their lived experience. Providing peer support to someone who has just experienced an opioid or other substance overdose and is in the ED setting might just change the course of their life and recovery. In order to provide peer support in an effective way, education and training is key. Completing this module will give you the opportunity to learn more about the process of Recovery Coaching in the emergency department setting and provide you with the practical tools that you need to succeed as a peer support provider.
In this module, you will learn about the role of Peer Support in the emergency department setting, the introductory process of hospital-based recovery coaching and peer support, the functions of the peer support provider, and how to complete all necessary documentation for your role.

Peer support services are a vital link between systems that treat mental health and/or substance use disorders in a clinical care setting and within the larger communities in which people are seeking to achieve and sustain a healthy, meaningful life.

There are many ways to define peer support, just as there are many pathways to recovery. A peer is a person defines themselves as such and are willing to share their lived experience with
others living the same types of experiences. Peer support services need to be as diverse as the individuals they aim to serve, with a wide range of lived experiences represented.

During the first part of this section, we will explore the role of a peer support provider in the ED setting and delve into what this means in order to have a thorough understanding of this important and sometimes misunderstood role. We will then learn more about how sharing resources is an important part of the role, along with why taking time to build a trust is foundational to successful support.

According to the Substance Abuse and Mental Health Services Administration, “the role of the peer support worker has been defined as one who offers help, based on the shared understanding, respect, and mutual empowerment between people in similar situations. Peer support has been described as a system of giving and receiving help based on key principles that include shared responsibility and mutual agreement of what is helpful.”

One of the key components of peer support is a lack of a power differential. There is a difference between the peer relationship and the traditional “professional-client” relationship. This is one of the many reasons why peer support is so effective.
Within the Emergency Department setting, peer support providers will:

1. Engage with those who have survived an overdose.
2. Listen and be present to answer questions patients may have about recovery supports or treatment options.
3. Provide information to individual and family members.

Remember, you will be working with an individual who has just been through a very traumatic event. They may also be angry, shocked, or confused as to why and how they ended up in the emergency department. They may also be feeling acute withdrawal symptoms. In some, you might be the last person that they want to talk to, and they may not be ready to talk about recovery or treatment options at all.

Your most important role will be to just be there with the individual. Listen, empathize, and just be with them in the emergency department. You may feel like you are not doing enough, but usually just being there is enough. Your presence as a peer may just be the glimpse of hope that person needs. As you then follow-up with the individual and slowly start to build trust, they may then be ready to engage in recovery support services.

Later in the module, we will discuss in greater detail these important roles of the peer support provider.
The role of hospital-based peer support is to: meet, link to recovery resources, educate, offer additional resources, and maintain contact.

According to the Substance Abuse and Mental Health Services Administration, peer support services are delivered by individuals who have common life experiences with the people they are serving. People with mental and/or substance use disorders have a unique capacity to help each other based on a shared affiliation and a deep understanding of this experience. In self-help and mutual support, people offer this support, strength, and hope to their peers, which allows for personal growth, wellness promotion, and recovery.
According to SAMHSA, core competencies for peer providers reflect certain foundational principles identified by members of the mental health consumer and substance use disorder recovery communities. These foundational principles are as follows:

Recovery-orientated: Peer workers hold out hope to those they serve, partnering with them to envision and achieve a meaningful and purposeful life. Peer workers help those they serve identify and build on strengths and empower them to choose for themselves, recognizing that there are multiple pathways to recovery.

Person-centered: Peer recovery support services are always directed by the person participating in services. Peer recovery support is personalized to align with the specific hopes, goals, and preferences of the individual served and to respond to specific needs the individuals have identified to the peer worker.

Voluntary: Peer workers are partners or consultants to those they serve. They do not dictate the types of services provided or the elements of recovery plans that will guide their work with peers. Participation in peer recovery support services is always contingent on peer choice.

Relationship-focused: The relationship between the peer worker and the peer is the foundation on which peer recovery support services and support are provided. The relationship between the peer worker and peer is respectful, trusting, empathetic, collaborative, and mutual.

Trauma-informed: Peer recovery support utilizes a strength-based framework that emphasizes physical, psychological, and emotional safety and creates opportunities for survivors to rebuild a sense of control and empowerment.
Having role clarity is an important way that the Peer Support Provider can integrate successfully into the hospital-based setting. Knowing what we are not helps us stay on the right path of providing appropriate, evidence-based, and effective peer support. For example, a Peer Support Provider is not a professional. They do not give professional advice. A Peer Support Provider is not an expert or authority figure. They do not see the person as a case or diagnosis. They do not motivate with fear or consequences. They do not do tasks for the person. Peer Support Providers do not give resources or money to the person they are working with. They do not use clinical language or provide basic necessities like housing. They do not provide case management services. Peer Support Providers do not diagnose, assess, or treat. They do not mandate behaviors. Peer Support Providers do not tell a person how to live their recovery.
A Peer Support Provider is a person with lived experience. They’re a role model for positive recovery behaviors and lifestyle. They see the person in the context of their role, family, and community. A Peer Support Provider motivates through hope and inspiration. A Peer Support Provider supports many pathways to recovery. They can function as an advocate. A Peer Support Provider shows a person how to accomplish tasks and acquire needed resources. They use language based on common experience. They help the person find professional help if needed. A Peer Support Provider shares knowledge of local resources. They encourage, support, and praise. A Peer Support Provider helps to set personal goals.

Lack of training and lack of peer-focused supervision and support can create confusion in the workplace. Further challenges can arise because staff is unclear about the peer’s role.

“Business-as-usual” attitudes can also cause barriers to the successful incorporation of peer support services. Program or hospital culture can be unclear about the role of peer support, because it is a new concept; and sometimes “new” is scary. In the fast-paced setting of an emergency department, staff may be very used to doing things a particular way—without your help. Having patience while modeling the appropriate peer support role is paramount.

Programs or ED settings that make good use of peer support demonstrate a culture that embraces a recovery-oriented system of care, fosters collaborative relationships, and strives to be a community where learning is prioritized.

When peers are educated about the principles and values of peer support services, trained in relevant ED policy and procedures, and have the support of ED and hospital-based recovery coaching staff, they are able to faithfully fulfill the peer support role.
If you are having challenges with an ED setting that is not adapting to your role, always feel welcome to reach out to your peer support supervisor for support.

Remember, the most important role of the peer support provider is to share their own lived experience and listen. Sometimes, the best way that you can support another person is to just be there, and by just being there, you show someone who is struggling that there is hope.

As a Peer Support Provider, you will have the opportunity to share resources with an individual who may be ready to seek help. When that window of opportunity arrives, it is very important that the peer support provider is ready to share a list of resources available to that person.

Navigating the traditional treatment system can be challenging. That is why prior to starting your role, the organization that you are working with will provide you with a Recovery Resource Map that is tailored to your region and community. This map will have different options depending on what type of insurance an individual has. Remember, you are not a case manager or counselor, but you can act as a bridge for the individual to learn about the different options they have for help. You can connect them with services, like case management, that will be able to guide them through the process of getting professional help or other types of recovery support services.

Some examples of traditional treatment options include: inpatient or residential treatment, intensive outpatient treatment, outpatient treatment, substance use disorder, or co-occurring disorders counseling.
Sharing resources can also mean sharing information about resources that are not seen as “treatment as usual.” This can include, but is not limited to, a variety of community and recovery support resources like: telephone support, online support groups, cellphone applications, faith-based groups, self-help or mutual aid groups (such as 12-Step Fellowship), recovery community center, peer-run respite centers, recovery coaching and peer support, and family member support groups.

Recovery support is provided through treatment, services, and community-based programs by behavioral health care providers, peer providers, family members, friends and social networks, the faith community, and people with experience in recovery. Recovery support services help people enter into and navigate systems of care, remove barriers to recovery, stay engaged in the recovery process, and live full lives in communities of their choice.
people enter into and navigate systems of care, remove barriers to recovery, stay engaged in the recovery process, and live full lives in communities of their choice.

Building trust is one of the most important parts of the peer support provider role. You will not only need to build trust with the individual you are supporting, but in the environment where the peer support is taking place. In the emergency department setting, you will need to ensure that you are also working to build the trust of the ED staff. Remember, they may have never worked with an individual in recovery or someone who is vocal about recovery. They may have preconceived notions about addiction and recovery.

For the individual you are working with, they may have just experienced a very scary event. They may also be suffering from acute withdrawal symptoms and have a host of other experiences, attitudes, and beliefs that can act as barriers to building a trusting relationship from the start. Having patience with both the individuals you are working with and ED staff will be very important.

In order to build trust, you will also need to work to eliminate barriers like stigma. The best way to do this? Be yourself. Through your actions, show individuals how a person in recovery from a substance use disorder acts.
What is stigma?

The word stigma originally referred to a mark or brand on Greek slaves that clearly separated them from free men. If someone was walking down the street during this time, you could tell immediately who was free and who was not.

The dictionary defines stigma as “a mark of disgrace or infamy.”

Stigma has been shown to impact recovery in a number of ways. For example, stigma can prevent someone from accessing treatment, a good job, or housing. Stigma can be experienced by an individual through stereotypes, prejudices, or discrimination; or more overtly through verbal remarks, being left out of a group or other situation intentionally, and labeling.
The process of hospital-based recovery coaching and peer support includes components that the peer support provider will need to be familiar with in order to provide the appropriate level of care. In this section, we will discuss the process for providing peer support in the ED setting, required training components for the position, and an overview of general ED policies and procedures. Refer back to this information as often as possible so that you are able to consistently provide the appropriate peer support practices in the emergency department setting.

First off, it is important to be familiar with the checklist that outlines what you will need to know and do to get started in your role providing peer support in the hospital setting.

The following should be included on your checklist:

- Training as Recovery Coach or Certified Peer Support Specialist
- Orientation to ED Practices and Procedures
- HIPAA and Confidentiality guidelines
- Signed Liability Waiver and other necessary documentation
• Training as Recovery Coach or Certified Peer Support Specialist
• Orientation to ED Practices and Procedures
• HIPAA and Confidentiality guidelines
• Signed Liability Waiver and/or other necessary documentation

Before you begin as a peer support provider in the hospital setting, you need to complete either a certified Recovery Coach training like CCAR training or the Wisconsin Certified Peer Support Specialist Training. Both trainings will provide you with the knowledge and tools necessary to provide appropriate and informed peer support. Check out these links to learn more about how you can take trainings that will help you in your desired role if you have not already.


In order to be an effective peer support provider in the hospital setting, you will need to have done an orientation with ED or other hospital staff on policies and procedures specific to the location or health system where you will be working. Depending on the hospital and region, these policies and procedures may be different. Please consult with your supervisor and organization to ensure that you have had the appropriate orientation to these policies and procedures.

Depending on the setting where you will be working, you may need to have completed a signed liability waiver or other documentation.
How does peer support happen in the hospital setting? What are your hours? What does a typical shift look like and what documentation is needed?

Now, we will learn more about how your role functions within the hospital setting.

Hospital-based recovery coaching and support will be provided and available 24 hours a day, 7 days a week, depending on the organization you are working with and how the job schedule is coordinated.

For most organizations, the peer support provider shift will be a 12-hour on-call shift, 7am-7pm and 7pm-7am. For most shifts, you will work approximately 3-4 hours in the hospital setting, with one additional hour of follow-up time, depending on the number of individuals you are currently working with. In the hospital setting, you will only be assigned to one individual at a time.

It is important to note here that you will be paid for all of the 12-hours shifts, but your wage will go up when working directly with an individual.

Peer Support Specialists are called in by either a nurse on duty, doctor, or other medical professional when it is known that an individual is being transported to the emergency department after having survived an overdose incident. You will have 1 hour to arrive at the hospital setting to meet with the individual.
When you arrive at the hospital, you will first check in with the emergency department staff, ensuring that you have a nametag and other appropriate documentation and identification, depending on the specific settings' requirements.

Next, you will be introduced to an individual after the ED staff have received verbal and written consent that the individual would like to meet with a recovery coach or certified peer support specialist.

Your first job once you meet the individual is to listen.

Active listening is a way to listen that is engaging, respectful of where an individual is at on their road to recovery, and helps to build trust. The majority of your time should be spent listening and not talking. At the first meeting with the individual, it is important to learn where they are at, what they hope for their future, and if they are ready and interested in listening to options for recovery support services or treatment options. If they are ready, be ready to use your Recovery Resource Map to show them what’s available.
What is active listening? Attending to the individual’s agenda and goals, not yours. Reflecting the goals, values, and beliefs of the individual. Recognizing where the individual is at in terms of stages of change and responding accordingly. Noticing the client’s interpretations of how life works and what is and is not possible.

Important questions include: How can I help you? What are your goals? What I can do for you? Can I continue to contact you to follow-up?
If an individual is ready to learn more about the resources available to them during your first meeting, you can use the Recovery Resource Map provided by the organization you are working for. This should include areas such as formal treatment options and recovery support services. The Recovery Resource Map will also provide guidance on what types of formal treatment are available, depending on the type of insurance an individual has or what is available if they do not have insurance.

At any time during the peer support relationship you learn about changes in the recovery support available in particular regions or notice areas where there are support gaps, contact the peer support supervisor or ED2R Program Coordinator for assistance.

The Recovery Resource Map can be used during follow-up with the individual, as well.
The Intake Document is for gathering basic information on the individual after you arrive and meet the individual in the ED setting. This basic information includes name, age, county of residence, and if they have received alcohol or other drug treatment or recovery supports before the overdose incident. It will also include a place for you to take notes about your first meeting and a checklist about what types of information you shared during your first meeting. This will help to develop a baseline of where they are in their recovery and also be a tool for you to determine what stage of change an individual is at, what their goals are, and how you can best be of help to them.

After your initial visit, follow-up will be very important. You may find that the individual is not initially interested in learning about recovery support services or even hearing about your personal experience. It may be that the days following their overdose incident, they may be more motivated to connect and seek options for recovery.

In order to develop trust and build a relationship through peer support, you will need to follow-up regularly and maintain contact.

The follow-up procedure for Hospital-based recovery coaching is as follows:

1. Day after intake and daily for first week
2. Weekly after second week if no reciprocal contact
3. After 1 month of no contact, the peer support supervisor or ED2R Program Coordinator will conduct follow-up
Types of follow-up include phone calls, texts, meetings in public places like coffee shops, or 12-Step meetings. If you are unsure if the type of follow-up requested by an individual is appropriate, contact the ED2R Program Coordinator immediately. If you feel unsafe at any time during a remote or in-person follow-up, leave the situation immediately and notify the program coordinator. If you feel that you or the individual you are supporting is in danger for any reason, never hesitate to call 911.

Reciprocal contact is when the individual you are supporting contacts you after you reach out to them. This can be in text, phone call, or in-person meetings.

Not everyone will want to stay in contact and that’s okay. Remember, that your primary role is to listen and share your lived experience. If the individual is not ready for a peer support
relationship, it’s okay to give them space. The peer support supervisor or ED2R Program Coordinator will then reach out to them and re-connect you if the individual expresses an interest again in reaching out again.

Remember that driving an individual who you are providing peer support to is not allowed under any circumstances. If you will be meeting in person, then it is the individual’s responsibility to find transportation. This is not only for your safety, but the safety of the individual you are supporting. Under no circumstances will you be able to drive someone supported by ED2Recovery.
Part of your role will be ensuring follow-up procedures and completing the necessary documentation that is a part of this process. For follow-up purposes, the recovery support log and recovery capital assessment need to be completed as you work with an individual. This documentation will then be submitted to the ED2Recovery Coordinator for review on a weekly basis. This documentation is very important, as it will help to guide the evaluation process for the program and assist administrators in making the ED2R program as successful as possible.

The Recovery Support Log is a tool that is used to track the support that you provide an individual. This will include all types of contact including phone calls, texts, and in-person meetings. Keeping a record of when you reach out and how, and the result of this follow-up including reciprocal contact, length of contact, and result of contact, will help you track the individual’s actions throughout your support and also ensure that you are keeping an accurate account of your hours and the individual’s progress.
The Recovery Capital Assessment will be used to gather information about how the ED2R program works for an individual. There will be information needed for specific time periods of follow-up. For example: 1 week, 1 month, 3 months, 6 months, and 1 year. An individual's quality of recovery and recovery capital will be measured.

Let’s review how it works with the How It Works Checklist:

- After you are called in, you will have one hour to arrive to ED
- Notify supervising nurse/ED charge nurse that you are on duty
- Wear all ID tags and have completed forms ready
- Meet with person in ED (have signed release)
- Complete all needed paperwork (intake form, recovery support log, evaluation tracking form)
- Follow-up communication, day after intake and daily for first week; weekly after second week (after 1 month of no contact, ED2R Program Coordinator will conduct follow-up)
• Complete all needed paperwork including Intake Form, Recovery Support Log, and Evaluation Tracking Form

• Follow-up communication: day after intake and daily for first week; weekly after second week; and after 1 month of no contact, ED2R Program Coordinator will conduct follow-up

Support and supervision will be provided by the peer support supervisor or ED2R Program Coordinator, along with a statewide team of recovery coaches and peer support specialists. In this section, we will discuss mandatory weekly group supervision meetings, recovery wellness or WRAP planning, and the online learning community, which will be accessible to all recovery coaches and certified peer support specialists.
Weekly group supervision meetings will take place and be facilitated by the peer support supervisor or ED2Recovery Program Coordinator. These meetings will be an opportunity for peer support providers to connect with each other, discuss strengths and challenges, and gain insight and perspective from their peers on situations related to peer support provisions. Those providing peer support will be uniquely equipped to provide peer support to each other and the weekly supervision meetings will be a place where this can happen on a consistent basis.

Weekly group supervision meetings will also be a place where questions about peer support provisions, hospital-specific situations, or practice case scenarios can be discussed. Practice case scenarios will provide peer support providers an opportunity to practice situations that they may encounter in the emergency department or other settings.

Recovery Wellness or WRAP Plans are an important part of the peer support provider role. Prioritizing self-care and your own recovery will be a foundational part of providing peer support. We can’t provide help to someone who is drowning if we are not wearing our own life jacket!

The WRAP (Wellness Recovery Action Plan) is an evidence-based practice to promote self-care. Completing a WRAP plan will help you to find out what your Wellness Tools are, create a list of healthy actions to take each day to support your recovery, and determine early warning signs that you might need more support. As a part of ED2Recovery, peer support providers will be able to complete WRAP plans and review with the peer support supervisor or ED2R Program Coordinator.
An online learning community will be created in Year 2 of the ED2Recovery program. More information will be coming soon! For now, the weekly group supervision meetings and other online tools will allow peer support providers across the state to stay connected and ensure support of the important statewide peer support provider community.

In Module 1: Recovery Coaching in the Emergency Department Setting: ED2Recovery, you learned about the role of peer support in the Emergency Department setting, the introductory process of Hospital-based Recovery Coaching and Peer Support, the functions of the peer support provider, and how to complete all necessary documentation for your role. After taking this module, you will be able to fulfill your role as a peer support provider in the hospital setting.
and have a greater understanding of topics related to this role. Take as much time as you would like to review and become familiar with the material. Sometimes, it takes going through a module more than once. If you're interested in learning more, all resources and references are located in the resource tab.

Your input is very important to us! Please take a couple minutes to provide feedback, so that we can continue to add new information to this module and make changes so that it is helpful as possible for the peer support provider in the hospital setting.

Thank you for taking the time to prioritize learning more about Recovery Coaching in the Emergency Department Setting: ED2Recovery.

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It is very important that the peer support provider comply with HIPAA and Confidentiality Guidelines. The purpose of this training is to:

1. Protect health information and ensure its confidentiality and security;
2. Explain peer support providers’ obligations to protect patient information.

It's important that the workforce understand their obligations to protect patient information. Fines and penalties for HIPAA violations can be millions of dollars. A breach of confidentiality can be devastating to the individual you are working with, the hospital setting, and the ED2R Program.