

CARES Credentialing Exam Prep 3 of 3

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Thursday, August 20, 2015: 11:30am - 1:00pm

Today's Topics

- Facilitating Recovery Groups
- Individual Recovery Outreach
- Ethics
- Self-Care

Facilitating Recovery Groups

- Preparing for the Group
- Facilitator Guidelines
- Walking Through the Group

Preparing for the Group

Provide for each person in the group:

- File folder
- Recovery Action and Progress Group Handout
- Outcome Rating Scale (ORS)
- Group Session Rating Scale (GSRS)
- Self-Completed Overview of Recovery Experience Board (SCORE Board)

Preparing for the Group (cont.)

You will need the following for use by each person in the group:

- Pen or pencil
- Centimeter ruler: use after each person attending has marked the ORS
- Name tag or tent

For the Group

- Flip chart pad, stand and markers
- Clock, if one is not available (consider asking for a volunteer to notify the group 10 minutes before the scheduled end time)

Preparing for the Group (cont.)

You may also want to make available:

- Recovery Capital Scale and Plan
- Whole Health Action and Management (WHAM) Goal Setting and Plan
- Participant rewards = stickers for attendance, coupons for meeting weekly tasks or progress toward goals, treats, etc.

Facilitator Guidelines

- Arrive early for group and have blank Outcome Rating Scales (ORSs) available as participants enter
- For a 1 hour group: limit of 10 participants or divide into subgroups of 10
- Prevent participant use of rulers before marking the ORS and Group Session Rating Scales (GSRS)
- Provide a folder for each participant containing a RAP Group Handout, pen or pencil, name tag/tent, ORS, GSRS, Self-Completed Overview of Recovery Experience Board (SCORE Board), etc. See the Recovery Action and Progress Group Preparation Checklist.

Facilitator Guidelines (cont.)

- Follow the instructions at the top of the RAP Group Handout
- Facilitator's role is to model the OARS. Conduct the check-in process with one participant and use the OARS to assist other participants with check-ins
- Each participant checks-in with one other participant
- Encourage participants to show their SCORE Boards to illustrate progress over time
- Affirm participant use of the OARS

Begin groups with new participants:

- *Thank you for coming today – I am glad to see each one of you.*
- *Introduce yourself: What about you is important/credible*
 - *Peers: use a brief version of your recovery elevator speech and introduction*
- *Please pull out your Recovery Action and Progress Group Handout. Let's start by reviewing our group guidelines in the first section after the instructions....*
- *We do things a little differently than perhaps you're used to because what is most important are your recovery goals, your view of how you are progressing in your recovery, and how well this group is working for you. I'd like to get your feedback using the Outcome Rating Scale, a form that others have found helpful in making this the best recovery support group possible. Would that be OK with you?*
- *Anyone forget their glasses or otherwise need help reading or writing? OK, who is willing to help with reading or writing? (Then, ask each participant who indicated needing help) Who among the volunteers would you like to help you?*

The Recovery Group

- Group Guidelines
- Recovery Check-In
- Using MI OARS

The Group Guidelines

- Turn off cell phones, computers, etc., and notify someone if you must leave the room.
- Vegas Rules: Say “Vegas Rules” before you say something that you do not want repeated outside of this group.
- No fixing! Instead, share what recovery activities have worked for you by using “I...” statements.
- What other guidelines will help make this a safe and respectful place for you?

The Check-In

- What’s **right** with you today?
- What is your ORS score? What **progress** did you make since your last group on your **recovery goals**? May show your Self-Completed Overview of Recovery Experience Board (**SCOREboard**).
- From 0-10, what is your highest **craving level** since the last group, with **0** = Never thought of using alcohol or other drugs; **10** = Used
- Do you have a **safe and sober place** to stay?
- Would you like **more group time** today?

The Recovery Group: Use your OARS

- **O**pen-Ended Questions: Express concern, interest, puzzlement, etc.; Who, What, How
- **A**ffirmations/Validations: Affirm appreciation for the other person and identify his or her strengths; “You stayed sober last weekend!” instead of, “How did you manage to avoid drinking?” “You are concerned about...”
 - Begin with “You...” not “I” and describe behaviors
 - Attend to solutions instead of problems and attribute interesting qualities to the person
 - Focus on a strength or attribute, not the lack of something or what was not done
- **R**eflections: State what you heard the other person say instead of asking questions
 - Begin with: “You think (feel)...,” “You’re wondering if...,” “So you feel (think)...,”
- **S**ummaries: Short, clear statements that organize what’s been said; Use “and” instead of “but”

Bill White: Emeritus Senior Research Consultant, Chestnut Health Systems

- www.williamwhitepapers.com
- August 7, 2015: Shortening addiction “careers”
 - “Conduct regular recovery check-ups for up to five years (the recovery stability set point) on all persons treated receiving specialty sector addiction treatment.”
- August 14, 2015: Trajectories of opiate addiction
 - “Professional treatment of opioid addiction, particularly prolonged treatment and higher cumulative doses of treatment, is associated with more positive outcomes, but these effects can be ephemeral. In the studies reviewed, resumption of opiate use often followed treatment, and multiple episodes of treatment were often required before stable recovery was achieved. This finding underscores the need for models of sustained recovery management (RM) in the treatment of opioid addiction. These **RM models** would employ creative treatment retention strategies, assertive linkage to indigenous recovery support institutions, recovery check-ups for at least five years, and sustained family support through these addiction/treatment/recovery careers.”

Individual Recovery Check-Ins

The Goal

Provide assertive continuing care interactions before, during and after treatment.

- Research shows that these contacts improve the likelihood of sustained, meaningful engagement in treatment and long-term recovery.
- Contacts may be made while peers are on waiting lists, between appointments or groups, and as follow-ups to no-shows.
- Check-ins also serve as appointment reminders thereby reducing no-shows while also promoting timely resource utilization and recovery community integration.

Individual Recovery Check-Ins

Eight Step Recovery Check-In

1. Acknowledge peer and use CARES' recovery elevator speech and introduction
2. Complete the Outcome Rating Scale (ORS)
3. Complete craving rating scale (0-10) and discuss
4. Discuss Recovery Capital Scale and 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 and remind about next treatment/other appointment
7. Summarize the major topics and activities/goals stated by the participant for the next week
8. If not completed during the Check-In, transfer ORS, Craving, and RRS ratings to the Peer's Self-Completed Overview of Recovery Experience Board (SCORE Board).

Individual Recovery Check-Ins The Peer's Issues Take Precedence

NOTE!

- Issues brought up by the peer take precedence over the pre-determined contact outline.
- Face-to-face check-ins should involve the use of paper versions of the ORS and RRS.

Individual Recovery Check-In Tools

Two tools are provided in the PCOMS Materials and the Study Guide:

- Individual Recovery Check-In Practice Guide
 - A PRACTICE script for walking through the steps laid out on the previous slide.
- Individual Recovery Check-In Form
 - To document attempts to contact and what was discussed during each call.
 - May be adapted to suit your organization/agency.

CARES Ethical Decision Making

- Ethical Decision Making is guided by our core values
 - Hope, Wellness, Diversity, Recovery, Integrity and Commitment
- We are people of *Integrity*:
 - the quality of being honest and having strong moral principles; moral uprightness.
 - the state of being whole and undivided.

Protect the Check

- Abide by the standards and ethics codes of the organizations for which you work.
- Our decisions and behavior or non-actions may put the whole organization at risk and endanger the good work that is happening through the organization.
- We may see only one incident while those in leadership have a responsibility to protect the entire organization.



Cares Ethical Behavior Code

1. Certified Addiction Recovery Empowerment Specialists (CARES) acknowledge and follow these ethical statements. The below principles will guide me in my role as a CARES, as well as in my relationships and levels of responsibility in which I function.
2. My primary obligation and responsibility is my recovery. I will immediately contact my supervisor if alcohol, drug use, or anything else gets in the way of my recovery.
3. Recovery is guided by self-determination. I assist others in achieving their needs and goals. This includes advocating for the decisions of the peers regarding professional and other services.
4. I will support the Faces and Voices of Recovery Bill of Rights for each person that I serve.
5. I advocate for the integration of peers into self-selected recovery communities and will promote the individual's inherent value to those communities.
6. I act in accordance with the law.
7. I affirm the dignity of each person that I serve.
8. I provide recovery services regardless of someone's age, gender, race, ethnicity, national origin, sexual orientation, religion, marital status, political belief, language, socioeconomic status, or mental or physical condition. If differences that impact the motivation for recovery occur, I seek consultation and, if necessary, make a referral to another recovery support.
9. I never use physical force, verbal abuse, emotional abuse, intimidate, threaten, harass, or make unwarranted promises of benefits.
10. I share my lived experiences to help others identify resources and supports that promote recovery.
11. I respect the privacy of those I serve and I will abide by confidentiality guidelines as required by law.
12. I never engage in sexual or intimate relations with peers that I serve.
13. I do not accept gifts of significant value from people that I serve.
14. I do not lend to, or borrow from, the peers that I serve.
15. I improve my recovery service knowledge and skills through ongoing education, training and supervision as determined by the CARES program.



Signature

Date

The majority of our principles define *What We Do*

- We **take care of** our own recovery;
- We **assist** others in achieving their needs and goals;
- We **support** Faces and Voices of Recovery Bill of Rights;
- We **advocate** for our peers to select the communities in which they live;
- We **act in accordance with the law**;
- We **provide** recovery supports without discrimination;
- We **share** our lived experiences;
- We **respect** the privacy of those we serve and abide by confidentiality guidelines ;
- We **improve** our knowledge and skills

There are a few things *We don't do*

- We **don't threaten, harass, abuse or intimidate** others;
- We **don't make unwarranted promises**;
- We **never engage in sexual or intimate relations** with the peers we serve;
- We **don't accept gifts** of significant value;
- We **do not lend to or borrow from** the peers we serve.

Ethical Incidents Happen

- When we face a situation which we find challenging
- We engage in conversation with our supervisors
- The four step ethical decision-making process:
 - Step One: Identify the vulnerable parties
 - Step Two: Identify the core recovery and organizational values apply to or inform how to act in the situation
 - Step Three: Identify laws, standards or historical practices that may guide your conduct?
 - Step Four: Document
 - What you considered doing
 - Who you consulted
 - What you decided and did
 - The outcome of the decisions you made and the actions you took

Self Care

- Maximizes your effectiveness and productivity
- We are a role model for the peers and staff with whom we work
- Maintain appropriate boundaries within and outside of the workplace
- Effectively deal with stressors

Self-care domains

- **Physical:** exercise, diet, sleep, medical care, time off, sleep, have fun and play, sex
- **Psychological:** reflection, psychotherapy, learning, reading material not related to work
- **Emotional:** be with people you enjoy, keep contact with those who are important to you, love yourself, cry, laugh, play
- **Spiritual:** find a spiritual connection or community, pray, meditate, be in awe, contribute in time or money to causes important to you, read inspirational literature or listen to inspirational music.

The potential effects/costs of poor self-care

- Burn-out
- Compassion fatigue
- Secondary trauma

CARES Credentialing Exam

- ❖ Sunday, August 23, 2015; 2:00-3:00pm
 - ✓ Plan to arrive 10-15 minutes early
 - ✓ Late arrivers will not be admitted so that we do not disturb those taking the exam
 - ✓ 3 Oglethorpe Professional Blvd, Savannah, GA 31406
- ❖ Additional dates in September and October will be announced via email and the CARES facebook page
- ❖ Study guides and webinar recordings are available on the CARES-only page at www.gasubstanceabuse.org

The screenshot shows the homepage of the Georgia Council on Substance Abuse website. The browser address bar displays 'abuse.org'. The navigation menu includes 'Home', 'Who We Are', 'Get Involved', 'Education/ Training', 'Advocacy', 'Related Resources', 'CARES', and 'Events/ Calendar'. A green circle highlights the 'CARES' menu item, which has a dropdown menu showing 'CARES Overview' and 'CARES Examination Study Guide and Webinar'. The main banner features a group photo of people with the text 'Welcome, CARES XVII' and 'Recovery belongs to the person. It is a right, and it is the responsibility of us all.' -Georgia Recovery Initiative Definition. A 'Donate' button and social media links are visible at the bottom.

The screenshot shows the 'CARES' page on the Georgia Council on Substance Abuse website. The browser address bar displays 'ceabuse.org/cares/'. The navigation menu is similar to the homepage. The main content area features the heading 'CARES' and the text 'CARES 18 – October 19th-23rd 8:30am-5pm', 'Applications Due September 8th, 5pm', and 'Interviews September 18th'. A link 'Click Here for Application' is provided. An announcement states: 'ANNOUNCEMENT: Karen Daniels will be facilitating a FREE workshop for CARES Applicants! To be held at the Paula Crane Life Enrichment Center August 20, 2015 10 AM-2PM 1792 Mt. Zion Rd. Morrow, GA 30260'. A 'Stay Informed!' section with an email sign-up form is circled in green. A 'Donate Now!' button is also visible.

ceabuse.org/cares-examination-study-guide-and-webinar/

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CARES Examination Study Guide and Webinar

The CARES Academy training introduced participants to the key concepts, fundamental skills and core functions of peer recovery support services delivered within a recovery-oriented system of care. The final step in the process to becoming a Certified Addiction Recovery Empowerment Specialist (CARES) is the CARES Academy Certification Exam. This study guide highlights the CARES core concepts and competencies covered in the exam including:

1. CARES Overview
2. Advocacy
3. Recovery Oriented Systems of Care (ROSC)
4. Science of Addiction and Recovery (SOAR)
5. Motivational Interviewing
6. Cultural Competence
7. Ethics
8. Appreciative Inquiry: Skills for Building Alliances
9. Self-Care
10. Individual Recovery Check-ins
11. Recovery Groups
12. Partners for Change Outcome Management System (PCOMS)

Below are the resources that will help you prepare for the exam:

- CARES Exam Study Guide
- CARES Exam Prep Webinar Part 1
- CARES Exam Prep Webinar Part 2

Twitter

Joe Walsh, Steven Tyler to Perform at Addiction Awareness Rally
<http://t.co/WbfOUJBVg> via @rollingstone @FacingAddiction about 3 hours ago from Twitter Web Client Reply Retweet Favorite

Hot off the press! <http://t.co/xHzRC83Z2D> @Recovery_GCSA joining @FacingAddiction to #UNITEtoFaceAddiction about 3 hours ago from Twitter Web Client Reply Retweet Favorite

RT @Peters323: @samhsagov #VoiceAwards Patrick Tobin: Great honor for movie Cake. Advocates here are an inspiration. Make me want to take ... 05:18:26 AM August 13, 2015 from Twitter for iPhone Reply Retweet Favorite

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Get involved! Donate to the Georgia Council on Substance Abuse

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