

Peer Specialist Course Self-Assessment

The following questions will assist you to prepare for participation in the peer specialist course. These questions address the knowledge foundation and overall supports that have contributed to success in the class for past participants.

Readiness for the CRPS Role: (Foundations)

		<i>Circle One</i>	
1	I have been involved in peer-created and led groups or trainings, such as WRAP, NAMI Peer to Peer, Hearing Voices Network, NAMI Connection, Vet2Vet, Depression and Bipolar Support Alliance, WHAM, Peer Support Whole Health, etc.	Yes	No
2	I have used peer support as part of my own recovery process.	Yes	No
3	I have been active in a local drop-in center, clubhouse, peer connect, peer council, or NAMI group.	Yes	No
4	I have worked or volunteered as a peer facilitator, mentor or support specialist.	Yes	No
5	I have successfully kept up with regular weekly commitments for the last year (work, school, volunteer)	Yes	No
6	I have read about or seen videos by movement leaders, such as Judi Chamberlin, Pat Deegan, Leah Harris, William (Bill) Anthony, Will Hall, Dan Fisher, Chacku Mathai, or others	Yes	No
7	I am willing to share my own story and experience regarding my recovery process.	Yes	No
8.	I can listen to others' stories with curiosity and interest, even when it is very different from my own, or very similar to painful places from my past.	Yes	No
9	I have a variety of self-help tools and strategies that I use to promote my own recovery.	Yes	No

Readiness for CRPS Training:

10	I am able to be away from my home overnight if the training were far from my home.	Yes	No
11	I have supportive friends, family, a mentor, or other supporters (not counting treatment providers).	Yes	No
12	I have personal tools or skills that I use to work through difficult emotions that may arise during class.	Yes	No
13	I feel ready to be an active participant in a group class for a full eight hour day.	Yes	No

14	My employer is willing to support me to complete this training.	Yes	No
15	I'm able to organize my needs for a full day of training (transportation to and from training, lunch, child care, pet care, and wellness needs)	Yes	No

If you would like to strengthen your foundation in order to be better prepared for the peer specialist course, review the questions where you answered “no,” and develop a personal plan that will help you change those answers to “yes.”

Here are some specific strategies that may be helpful:

- Study the history of the consumer/survivor/ex-patient movement to learn about the roots of peer support in mental health.
- Learn more from [INAPS](#) and others about the peer specialist role.
- Read the Florida Certification Board's [Candidate Guide](#).
- Attend peer support trainings and recovery activities listed in this assessment.
- Volunteer at a peer-run organization, facilitate a peer support group or advocate for peer support and recovery.



This training is sponsored by Florida Alcohol and Drug Abuse Association and State of Florida, Department of Children and Families.



Self-Assessment/Planning Tool For Implementing Recovery-Oriented Services (SAPT) Version 2.0 Self-Assessment Survey (50 Items)	Strongly Disagree	Mostly Disagree	Mostly Agree	Strongly Agree
	1	2	3	4
Administration (12 Items)				
1. The agency strategic planning process incorporates diverse viewpoints from persons receiving services.				
2. The agency has a process in place to ensure that persons receiving services are included in quality improvement activities as equal partners with professionals.				
3. The agency administers the RSA-R or other recovery-oriented surveys as part of the quality improvement process.				
4. The agency uses outcome indicators that track quality of life.				
5. The agency uses standardized, quantifiable scales for assessing recovery outcomes.				
6. The agency has a process for persons receiving services to participate in developing recovery-oriented outcome indicators (e.g., RSA-R).				
7. The agency uses outcome measurement processes to improve recovery-oriented services.				
8. The agency has a comprehensive program to promote recovery-oriented knowledge, attitudes, and skills in its workforce.				
9. Clinical supervision focuses on the capable delivery of recovery-oriented services.				
10. Clinical staff evaluations assess the capable delivery of recovery-oriented services.				
11. The agency hiring criteria include competencies in delivering recovery-oriented services.				
12. The agency provides training in self-advocacy for persons receiving services and families.				
	1	2	3	4
Treatment (21 Items)				
1. Agency staff use person-first language in all verbal and written communication.				
2. Agency staff use language that is encouraging and hopeful in conversations with persons who are receiving services.				
3. Agency services are provided in the person's spoken language as often as possible.				
4. Agency assessment tools are culturally sensitive.				
5. Agency staff implement culturally sensitive service plans that consider the impact of culture on the person's experience of behavioral health problems.				
6. Agency staff have assessed and are aware of their own cultural competence/biases.				
7. Agency staff are sensitive to the person and family's experience,				

history of immigration, and country of origin.				
8. The persons receiving services are encouraged and assisted in identifying their own goal(s).				
9. The persons receiving services direct the therapeutic alliance/partnership.				
10. The persons receiving services drive the process of goal setting based on their hopes and preferences. **				
11. Assessment and intervention activities are integrated as part of a holistic treatment approach. **				
12. Treatment is provided in the context of a trusting and hopeful relationship.				
13. Agency staff work from a strengths/asset-based model. **				
14. Agency staff and persons receiving services collaborate to develop an individual service plan that identifies needed resources and supports. **				
15. The person receiving services defines his/her family's level of involvement in the service plan. **				
16. The agency provides wellness education and support to persons receiving services (e.g., Wellness Recovery Action Plan – WRAP).				
17. The agency provides education and support to family members and significant others to help support the person's process of recovery.				
18. Agency staff encourage persons receiving services to build self-care plans based on their strengths and abilities.				
19. Services are available when persons receiving services feel they are needed.				
20. The agency has a process in place for the review of advance directives when persons receiving services experience relapse/incapacitation. *				
21. Agency clinical staff are trained to assess the person's possible history of abuse/trauma.				
	1	2	3	4
Community Integration (17 Items)				
1. Agency staff return communications from persons receiving services/families at the first opportunity.				
2. The agency provides persons receiving services and families with comprehensive information about community resources, including detailed information about eligibility criteria and processes for making applications.				
3. The agency facilitates opportunities for persons receiving services to participate in community activities of their choice.				
4. The agency provides community education designed to decrease stigma and increase early identification of behavioral health problems and the recovery process.				
5. The agency has a process in place to determine satisfaction of persons receiving services with their housing.				
6. The agency ensures that persons receiving services are provided access to all available independent and supported housing options.				
7. Agency staff use person-centered planning that includes strategies to assist persons receiving services in securing and maintaining employment.				
8. The agency ensures that persons receiving services are provided access to all available employment and training opportunities.				
9. Agency staff ensure that persons receiving services experience				

support and assistance for their employment choices.				
10. Agency staff utilize person-centered planning that includes strategies to assist persons receiving services in pursuing educational goals.				
11. The agency ensures that persons receiving services have access to all available educational opportunities.				
12. Agency staff ensure that persons receiving services experience support and assistance for their educational choices.				
13. Agency staff assist persons receiving services to develop the interpersonal skills needed to initiate and maintain positive relationships with others.				
14. The agency ensures that persons receiving services have opportunities to initiate and maintain positive interpersonal relationships in the community.				
15. Agency staff utilize person-centered planning that takes into account a person's spiritual needs and interests.				
16. Agency staff view spirituality as an integral part of the person and not merely as an expression of pathology.				
17. The agency provides persons receiving services with information regarding peer run services (e.g., support groups, drop-in centers, respite services and mentoring programs).				

* Adapted from *The American Association of Community Psychiatrist Guidelines for Recovery Oriented Services* (Sowers, 2005).

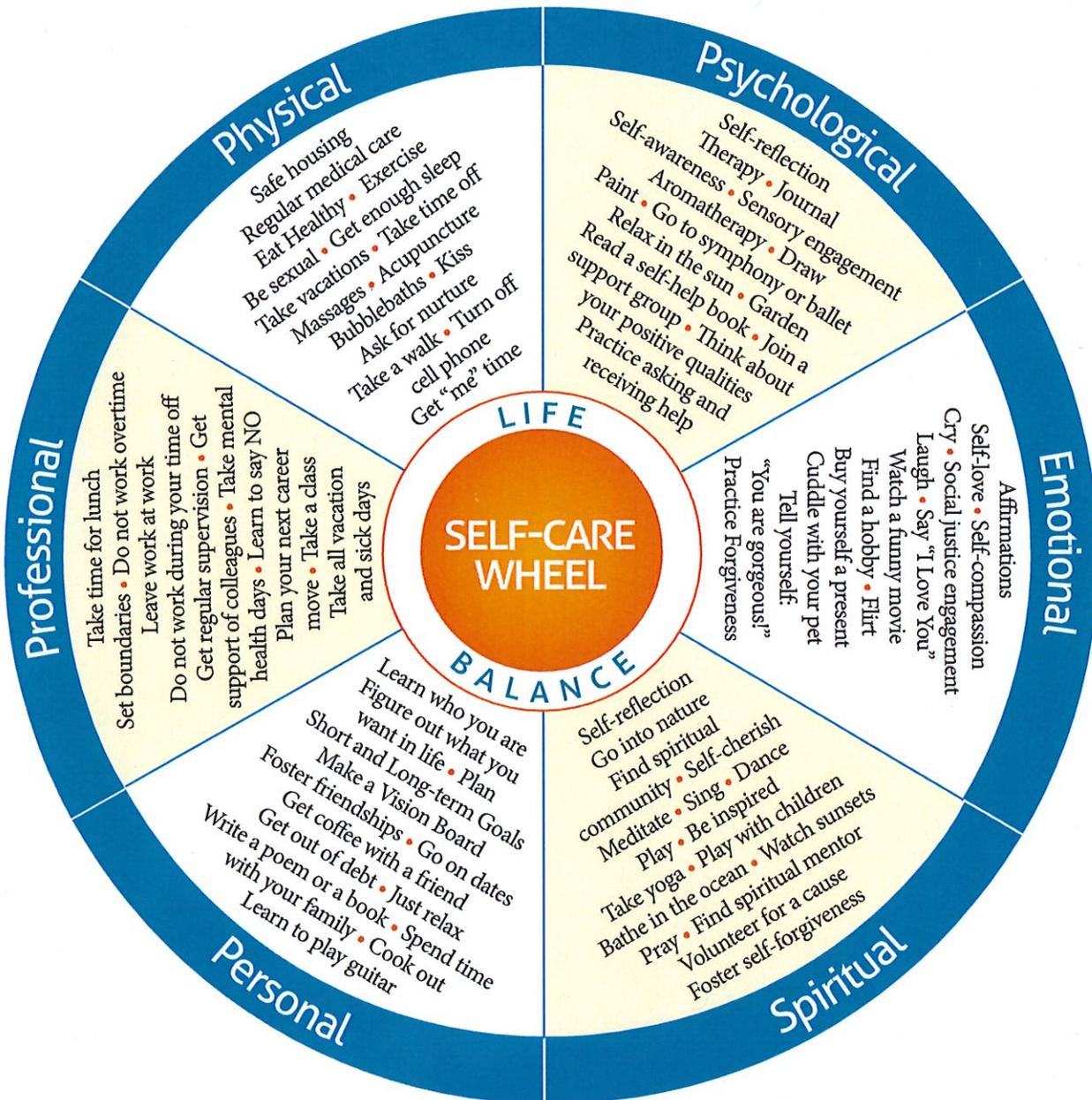
** Adapted from *Treatment Planning for Person-Centered Care: The Road to Mental Health and Addiction Recovery* (Adams & Grieder, 2005).



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SELF-CARE WHEEL



This Self-Care Wheel was inspired by and adapted from "Self-Care Assessment Worksheet" from *Transforming the Pain: A Workbook on Vicarious Traumatization* by Saakvitne, Pearlman & Staff of TSI/CAAP (Norton, 1996). Created by Olga Phoenix Project: Healing for Social Change (2013).

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