Peer Support

Recovery Principles

A behavioral-health training grounded in relationship, lived experience, mutuality, respect, and the belief that recovery is possible.

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We’re glad you are here.

This training focuses on the ***principles*** that guide peer support practice, not just the tasks. At its core, peer support is rooted in relationships, lived experience, mutuality, and the belief that recovery is possible.

A Note on Self-Care

Some topics may connect to personal experience with mental health, substance use, trauma, or systems. Please pause, step away, reflect, or return whenever you need to.

Principles We’ll Explore

Hope

Choice

Empowerment

Self-direction

Dignity

Cultural awareness

Respect for each path

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Section one · Foundations

Why recovery principles *matter.*

Recovery principles shape how we see people, how we speak with people, and how we show up in moments of difficulty, change, and growth.

01 · See people whole

Look beyond diagnoses and missed appointments to see the whole person: their hopes, strengths, culture, relationships, values, choices, and goals.

02 · More than services

Recovery is connection, purpose, identity, belonging, wellness, housing, family, creativity, community, self-determination.

Walk alongside, not ahead.

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Learning objectives

By the end of this training, you should be able to…

These guide the work. The deeper goal is to move beyond memorising definitions and change how we listen and respond.

01

Explain core recovery principles.

02

Describe self -directed and individualized recovery.

03

Support hope, empowerment, and resilience.

04

Identify multiple recovery pathways.

05

Distinguish clinical and peer roles.

06

Apply person -centered and strengths -based approaches.

07

Recognize the stages of change and meet people where they are.

Listen for both concepts and practice.

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Take a moment.

What is *one* word or short phrase that comes to mind when you hear the word *recovery*?

Hold it in your mind, speak it quietly to yourself, or write it down somewhere private. There is no perfect answer.

Your word might be…

hope · healing · choice

wellness · connection · freedom

stability · purpose · support

growth · rebuilding · self-respect

starting over

Your word might come from your own life, your work, your family, your community, or something you have heard from someone else.

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A working definition

Recovery is a process of *change*, not a single event.

It is not a discharge date, a program completion, or a straight line. People grow, learn, return to old patterns, build new supports, and adjust goals as life changes. Sometimes progress is visible from the outside; sometimes it is quiet and internal.

Recovery includes…

Mental health

symptom management, therapy, supports, sleep, coping skills.

Substance use

abstinence, harm reduction, support, medication, mutual aid.

Co-occurring

whole-person support, not just one diagnosis or behavior.

Why this matters

Recovery is not only about compliance with services. It is about health, wellness, self direction, meaning, and possibility.

For peer support

Recovery is real people building lives that feel safer, more meaningful, more connected, and more self-directed.

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Four life dimensions

SAMHSA’s recovery framework.

Recovery happens across a *whole life*, not only in appointments or crisis settings.

Health

Mental health, substance use, physical health, and daily wellness choices: medication, therapy, routines, sleep, movement, coping.

Home

A stable, safe, supportive place to live: housing work, tenancy skills, family, or a space that feels peaceful.

Purpose

Meaningful daily activity: work, school, caregiving, creativity, spirituality, community, or one small reason to get up.

Community

Relationships and networks that provide support, friendship, love, belonging, and hope (chosen family included).

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Dimension 1 of 4

Health.

Managing mental health, substance use, physical health, and daily wellness choices.

Ask

“What helps you feel well, and what gets in the way?”

What it includes

Medication, therapy, reducing or stopping substance use, harm reduction, sleep, eating regularly, moving the body, managing stress, coping with symptoms and triggers.

Health is not only the absence of illness; building routines and supports helps a person feel more stable, connected, and able to participate in life.

Peer role

Help someone identify a wellness routine they want to try, prepare questions for a healthcare appointment, or recognize what has helped them cope before while exploring choices that fit their circumstances and goals.

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Dimension 2 of 4

Home.

A stable, safe, supportive place to live.

Ask

“What is working about your living situation, and what would you like to change?”

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What it includes

Applying for housing, maintaining housing, learning tenancy skills, reconnecting with family, or creating a living space that feels peaceful and secure.

Having a place to stay does not always mean feeling safe or settled. Housing affects nearly every part of recovery.

Peer role

Explore housing resources, prepare questions for a housing provider, identify what would make the living space more comfortable and secure.

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Dimension 3 of 4

Purpose.

Meaningful daily activity: work, school, volunteering, caregiving, creative activity, spiritual practice, community, recovery meetings, personal goals.

Ask

“What matters to you, and what would you like to make more room for in your day?”

What it includes

Meaningful activity, independence, income, and resources needed to participate in society.

Purpose is defined by the person. It does not depend on paid employment or how productive someone appears to others; it can begin with one small reason to get up in the morning.

Peer role

Help someone explore interests, recognize contributions they already make, choose a manageable next step toward something meaningful.

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Dimension 4 of 4

Community.

Relationships and networks providing support, friendship, love, belonging, and hope.

Ask

“Who helps you feel accepted and able to be yourself?”

What it includes

Family, friends, peers, recovery groups, cultural and faith communities, neighbors, coworkers, chosen family.

Quality and safety of relationships matter. Each person decides whom they want involved and what connection feels comfortable.

Peer role

Explore places where the person’s identity and culture are respected, support healthy boundaries, identify one trusted person they could contact.

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Synthesis · connected dimensions

The dimensions are *connected.*

A change in one area can affect several others. Recovery does not move neatly along a single row.

A safer place to live may make it easier to sleep, keep appointments, prepare meals, and maintain relationships. Improving sleep may also help with daily activity, which may offer both connection and purpose.

Not a checklist

A person can be making meaningful progress while still experiencing symptoms, housing instability, unemployment, or loneliness. Poverty, discrimination, limited transportation, and unavailable services affect options. Peers recognize barriers while helping people identify strengths, explore resources, and choose steps that matter to them.

Example · a person says

“Everyone keeps asking about my appointments, but what I really wan somewhere quiet to sleep and someone to talk to.”

Points toward home and community — with quiet health concerns running underneath.

A peer might respond

“It sounds like rest and connection are important to you right now. What w you like us to focus on first?”

Recognizes the person’s priorities and invites them to guide the conversation.

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Five to challenge

Common myths about recovery.

Each shapes how we see people, how we respond to struggle, and what we believe is possible.

01

The myth

Recovery looks the same for everyone.

Reality: Abstinence, harm reduction, housing first, and reconnecting with family are all valid starting points.

02

The myth

Setbacks mean failure.

Reality: Setbacks are part of change. The response keeps hope and connection available.

03

The myth

Professionals define success.

Reality: clinical goals help, but the person's own definition of a meaningful life stays central.

04

The myth

People must be ready before support begins.

Reality: people often become more ready through relationship, not before it.

05

The myth

Peer support is advice-giving.

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Pause practice

Myths in a*real conversation.*

A person says

“I missed two appointments. Everyone probably thinks I’m not serious about getting better. Maybe I’m just failing at recovery.

Pause

Which myth do you hear? How could you respond with hope, curiosity, and choice?

A peer might say

“Missing those appointments doesn’t erase the work you’ve done. Would you like to talk about what made it difficult to attend and what support would be useful now?”

Recognizes effort, invites sharing. The conversation may surface transportation problems, anxiety, competing responsibilities, or concerns about the service itself.

Replacing myths with hope

Listen before responding. Respect choice. Normalize learning from setbacks. Stay focused on strengths and goals for today, not labels. Offer dignity, possibility, and real human change.

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Carrying hope

Your current circumstances are *not the whole story.*

Peers carry hope into spaces where people have heard discouraging messages. Hope does not promise a perfect future; it refuses to treat people as hopeless.

Hope can be a calm presence. A respectful question. Someone who stays connected.

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Eight connected ideas

Recovery principles *overview.*

This list combines and reorganizes recovery concepts into eight teaching points.

01

Self-directed

The person leads, defines goals, sets pace.

02

Individualized

Support fits the person's culture, values, goals, life.

03

Empowering

Builds confidence, choice, and self-advocacy.

04

Holistic

Whole person, whole life, not only symptoms.

05

Nonlinear

Setbacks, restarts, and changing priorities belong.

06

Strengths-based

Looks for abilities, values, survival strategies.

07

Peer-supported

Lived experience, mutuality, and relationship.

08

Many pathways

No single correct route. Respect every person's.

From "How do we get this person to do what the system wants?" to "How do we support a life that reflects their own goals, strengths, and hopes?"

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Principle one

Self-directed recovery.

The person receiving support is the primary decision-maker in their recovery.

The person defines

their own goals
their own priorities
their own pace

Peers can be active, thoughtful, and engaged, helping explore options, weigh choices, learn skills, and connect to resources while still supporting voice, choice, and self-determination.

Self-direction also includes the right to move slowly.

We express concern respectfully while still treating the person as the expert on their own life.

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In practice

Supporting self-direction.

Instead of saying	Try asking
“You need to go to treatment.”	*“Would you be open to talking about support?”*
“You should go to my meeting.”	*“Would you like to explore different support options?”*
“Your goal needs to be getting a job.”	*“What would you like to be different in your daily life?”*
“This worked for me. You should try it.”	*“Would you like to hear what helped me?”*
Tempting (often from care) but takes voice away.	Open questions invite reflection instead of pressure.

Ask with openness. Respect “no,” “not now,” and “I want to try something else.”

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Goals, meaning, and strengths.

Recovery is *individualized.*

No two recovery journeys are exactly the same, even when people share similar experiences.

Support is shaped by

- Goals & preferences
- Strengths & interests
- Culture, identity, & language
- Spirtuality & values
- Experiences & relationships
- Access & communication needs

Watch for barriers

A plan that looks good on paper may not work if the person lacks transportation, childcare, stable housing, money, a safe phone, or services in their language.

Support must fit the person, not the program.

We do not measure one person’s progress against another’s. Even our own lived experience should be offered carefully, never as the standard the other person is expected to follow.

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Choice & autonomy

Respect does not require approval.

We can care deeply, feel concerned, and still respect the person's right to choose. We continue to treat the person with dignity, even when we would make a different decision.

Choice includes the right to…

Make decisions
Set priorities
Accept or decline support
Ask questions & disagree
Change direction

When support continues

If people only receive support when they make approved choices, support becomes conditional. Many have already experienced rejection, punishment, or abandonment when they struggled.

What peers can do

Express concern without taking over
Ask permission before sharing
Explore possible consequences
Support safety planning
Stay connected without controlling

Autonomy is not the absence of support; it is support that honors the right to lead.

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Case study

Three recovery goals. *Notice whether you rank them.*

Alex

Wants to return to work.

May reconnect with purpose, identity, structure, confidence, and community. May signal dignity, independence, or a future they thought was no longer possible.

A peer might ask

“What kind of work feels meaningful to you? What would make returning manageable?”

Jordan

Wants to leave the house twice a week.

From outside it may look small; from the inside, it can take real courage. May build toward safety, confidence, and reconnection.

A peer might ask

“Where would feel safe enough to start? Would it help to go with someone?”

Taylor

Wants to reduce substance use before deciding on abstinence.

A harm-reduction goal can still reflect recovery. Reducing use, using more safely, or carrying naloxone can be meaningful first steps.

A peer might ask

“What changes have you already thought about? What feels possible this week?”

Recovery is measured by whether the goal helps the person move toward health, safety, dignity, or meaning, not by how impressive it looks to others.

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Hope

Hope is not cheerfulness. *It is a quiet, steady belief* that change is possible.

Hope does not deny pain. It makes room for pain while still refusing to believe that pain is the end of the story.

Hope can sound like…

“That sounds exhausting, and I’m glad you told me.”

“I do not know what comes next, but we can look at one step.”

“I remember when I could not see a way forward either.”

Recovery may begin with

one appointment

one honest conversation

one safer choice

one night of sleep

one phone call

one moment

of not giving up

Hope is not pressure. It is an invitation to imagine change, even when the next step is small.

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Hope in everyday moments

Building hope through small steps.

Small successes help people recognize their effort and see that their choices make a difference.

Recognizing effort

“You showed up today, even though it was hard.”

“You named what you needed.”

“You reached out during a really intense moment.”

“You made a plan for tonight.”

One appointment. One conversation. One safer choice.

Hope requires patience

Stay present and support the goals the person chooses.

Make room for anger, sadness, fear, or disappointment.

People can receive support before they feel hopeful.

Growth, healing, connection, and change remain possible, even when the next step is hard to see.

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Voice, choice, agency

Empowerment.

Supporting people to recognize and use their own power, shifting from being managed to being supported.

Empowerment can be very practical

Preparing questions for a provider · understanding rights · practicing a phone call · identifying what feels safe · deciding who is involved in support.

Support without taking over

Ask what kind of help the person wants and how they'd like to participate.

Needing support doesn't take away a person's power.

Tell me more

What do you want to happen next?

What feels most important to you?

How would you like to say that in the meeting?

Confidence grows through repeated experiences of being heard.

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Practicing voice

Encouraging self-advocacy.

01 · Before

Help name what matters.

“What do you want them to understand today?”

“What question do you most want answered?”

“Anything you’re worried you might forget?”

02 · During

Support, do not replace.

Sit beside the person as support. Remind them of a question. Ask, “Would you like to say more about that?”

The peer’s role varies. Always support the person’s voice, not replace it.

03 · After

Debrief into learning.

What went well?

Did you feel heard?

Anything you want to do differently next time?

Each time, advocacy is being practiced.

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Resilience

Keeping going.

Resilience does not mean never struggling. It means drawing on strengths, relationships, supports, culture, hope, and past experience to continue after difficulty. It can be strengthened over time.

Separate the setback from identity

A setback is something that happened. It is not the whole perso

Small moments of recovery

Making one call after a setback
Returning to a meeting
Reaching out instead of isolating
Naming a trigger, repairing a relationship

A peer might say, “You have gotten through hard things before,” or “Last time when things felt intense, you reached out before it became a crisis.”

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Preparation, practice, connection

Helping individuals *build resilience.*

01 · Realistic coping tools

A tool is only useful if the person can actually use it. Calling a support person, walking, attending a meeting, grounding, prayer, rest, a safe place.

02 · Support networks

Help people think about who is safe, who is helpful, and what kind of support each person can provide.

03 · Planning for hard moments

Warning signs, contacts, what has helped before, harm reduction supplies, agreements about when to reach out.

04 · Naming progress

“You came back after a hard week.” “You asked for help before things got worse.” Reflection builds confidence.

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Pause practice

Reflect privately.

Think of a challenge you handled.

What strengths helped?

Persistence · humor · honesty
asking for help · setting a boundary
courage · patience · faith
a strength others might miss

What support helped?

A person who listened · a place
a routine · a song · a meeting
spiritual practice · a provider · a friend
a peer · a moment of rest

Tie this to a peer skill: what could you listen for, reflect back, or notice in someone else?

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Principle eight

No *single* route works for everyone.

Different supports work for different people, and pathways may change over time.

Peer connection	Therapy	Medication	Mutual aid	Culture & spirituality
Family	Harm reduction	Creative expression	Employment	Community
Education	Wellness routines	Faith communities	Other sources of meaning	

Many people use a combination, and that combination may change over time.

Avoid ranking pathways. Hold hope and informed choice. The person decides what fits.

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Mental health recovery pathways.

01

Therapy & counseling

Individual, group, family, or specialized approaches.

02

Medication & management

Peers help prepare questions; providers manage decisions.

03

Peer support

Lived experience, hope, mutuality, practical recovery support.

04

Wellness planning

Triggers, routines, contacts, crisis preferences.

05

Support groups

Belonging, structure, accountability. Not every group fits everyone.

06

Creative, cultural, spiritual

Art, music, prayer, ceremony, time in nature.

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Substance use

Substance use recovery pathways.

Different people need different kinds of support. Those supports may change as life, goals, and readiness change.

01
Abstinence-based

02
Mutual aid

03
Outpatient & residential

04
Medication-assisted

05
Harm reduction

06
Faith & cultural

07
Recovery community

08
Family & community

A note for peers

A peer's own recovery path may be powerful and meaningful, but it should not become a rule for someone else.

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A pathway, not giving up

Harm reduction *keeps people* alive and supported.

In substance use recovery

Overdose prevention & naloxone
Safer use education & supplies
Not using alone
Reducing use, setting limits
Connection to support

In mental health

Practical safety planning
Reducing isolation
Choosing manageable coping tools
Realistic steps to reduce danger
Support that stays open

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Humility & curiosity

Respecting every recovery path.

A recovery - oriented response begins with…

What do you want your recovery to look like?
What supports feel right for you?
What concerns do you have about that option?
What would make this safer?

The peer way of working

Our own recovery path may be meaningful and powerful, but it is not a universal template.

A useful pause for the peer

Am I responding from fear, from my own story, or from the person's stated goals?

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Different & complementary

Clinical roles vs. peer roles.

Clinical

Diagnoses, treatment, medication.

Diagnosis & clinical assessment
Therapy & counseling
Medication prescribing & management
Treatment planning
Clinical risk evaluation

Peer

Relationship, hope, mutuality.

Lived experience & mutuality
Practical recovery tools
Self-advocacy support
System navigation
Connection through relationship

Each role is different. Role clarity protects the person, the team, and the integrity of peer support.

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Defined positively

What peer support *is.*

A relationship-based practice. Not done to a person. Done with a person.

Relationship

Built through respect, mutuality, trust, and the right kind of self-disclosure.

Person - directed

Voluntary and paced: the person's goals, culture, and choices matter.

Hope & recovery

People are more than diagnosis, crisis, or history.

Collaborative

Walks alongside and never replaces the other person's voice.

Strengths - based

Looks for abilities, values, and survival strategies.

Trauma - informed

Safety, choice, trust, collaboration, empowerment.

Practical help may follow (navigation, prep, debriefing), offered in a way that protects choice and dignity.

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Defining limits

What peer support is *not.*

Not therapy

Peers support, they do not provide psychotherapy.

Not crisis control

Follow policy; lead with dignity, not force.

Not diagnosis

Peers do not label conditions or interpret symptoms.

Not rescuing

Rescue blurs boundaries and removes capability.

Not medication advice

Decision belongs to prescriber; peers support questions.

Not deciding for

We help think it through; the person decides.

Limits clarify value

Within role, peers offer something distinct: lived experience, hope, mutuality, practica tools, self-advocacy support.

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Limits that make trust possible

Healthy boundaries.

Boundaries are not walls. They are agreements and limits that make support safer, clearer, and more trustworthy.

What boundaries cover

Time & availability
Personal disclosure
Dual relationships
Confidentiality
Agency policy & mandates

> *“Will this support the person’s recovery right now?”*
>
> A better question than, “Am I allowed to share?”

Why it matters

Healthy boundaries do not make peer support cold or distant.

They create enough clarity for trust, respect, and recovery-oriented support to grow.

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Person - centered care: The shift in the question

From

“What is wrong with you?”

→

To

“What matters to you?”

A small change that can reshape the whole tone of support without ignoring pain, symptoms, or risk.

Listen first

“What feels most important to you right now?”

Honor culture

Background shapes what safety, trust, and wellness feel like.

Let success be defined

Treatment, sleep, food, child, safety, boundary: all meaningful.

Use language well

Keep the person’s humanity visible in writing and team talk.

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Not denial of challenges

Strengthsbased practice.

It refuses to let challenges become the whole story.

Notice in ordinary talk

“You came back even after a hard week.”
“You cared enough to set a boundary.”

Past successes

People forget evidence of their own capacity. Reflect it back.

Values & interests

Family, honesty, faith, creativity, fairness, culture, and learning can serve as bridges to recovery goals.

Natural supports

Family, friends, neighbors, and members of faith and cultural communities each offer a different kind of support.

Connect strengths to action: persistence to the housing call, love of children to a safer choice this week, resourcefulness to the next step.

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Words shape expectations

Recovery-oriented language.

Labels reduce people to a moment. Recovery-oriented language keeps dignity and possibility in view.

Instead of	Try	What changes
“noncompliant”	“Has not chosen that service right now”	Curiosity replaces judgment.
“failed treatment”	“Did not complete that program; exploring what fits better”	Focus shifts from failure to fit.
“addict / frequent flyer”	“person with a substance use disorder”	Person-first; honor self-chosen terms when offered.

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The Transtheoretical Model

Stages of change — *an overview.*

Readiness depends on the change being considered and changes over time.

Six ways to think about readiness

The stages describe levels of readiness for a particular change. They help peers see how someone feels about something and offer support that fits.

Someone may be ready to look for housing while unsure about treatment, want to reduce use without stopping completely, or build healthier relationships while still deciding about another part of life.

Instead of labelling

What change matters to this person, and how do they feel about it right now?

A stage should never become a label that limits someone's choices or access to support.

People move back and forth, pause, work on different goals at different stages.

Change does not always follow a straight line. Our role: support choices, help explore what comes next.

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Stage 1 of 5

Precontemplation

Considering whether to consider.

Try

“What feels most important for you to work on right now?”

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Where the person is

Not currently considering a particular change. They may not see a need, disagree with others’ concerns, or feel that changing would create more difficulties.

Many reasons it can show up

Feeling pressured or judged, earlier attempts discouraging, a familiar behavior that still helps cope, immediate needs taking priority.

Peer role

Listen, build trust, understand their perspective. Pressure and arguments make it harder to speak openly. Building connection may be the most useful step here.

Ask permission before offering information or sharing relevant lived experience.

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Stage 2 of 5

Contemplation

Two feelings at the same time.

Where the person is

Thinking about change, mixed feelings. Part wants something different; part feels unsure, afraid, or concerned about what might be lost.

Examples

Wanting to reduce use while worrying about losing friendships or a familiar way of coping. Considering medication while hoping it helps and feeling concerned about side effects.

Peer role

Give both sides room to be heard. Listening without pushing for a decision helps the person understand their own thoughts.

They don’t have to resolve every concern in one conversation.

Try

“What’s working for you about how things are now?”

“What concerns you about continuing this way?”

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Stage 3 of 5

Preparation

Nervous and still wanting to move forward.

Try

“What’s one step that feels realistic this week?”

Or: “What would make that step easier?”

Where the person is

Getting ready to change by gathering information, exploring support, and choosing a first step.

Help turn goals into a manageable plan

Preparing questions for an appointment, finding transportation, practicing a conversation, talking through a barrier.

Plan that fits

A useful plan fits the person’s life, including their responsibilities, resources, culture, and access needs, and includes another option if the first plan falls through.

Being ready doesn’t mean feeling completely confident.

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Stage 4 of 5

Action.

Hope and challenges at the same time.

Try

“What do you feel good about in the steps you’ve taken?”

Where the person is

Putting change into practice can include reducing use, attending treatment, applying for housing, setting boundaries, and trying new routines.

Action brings both

New habits feel unfamiliar. Practical barriers or difficult emotions come up. Benefits take time to notice.

Peer role

Offer encouragement, connection, and practical support. Help the person reflect on what’s working. Check whether the plan still fits. Adjusting is part of learning.

Going with someone to a community resource, if appropriate.

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Stage 5 of 5

Maintenance &*recurrence.*

Two parts of a longer arc: sustaining change and responding when it slips.

Maintenance

Sustain change over time. Strengthen routines, stay connected to support, plan for stressful situations.

A new job, a move, a loss, or new responsibilities can change what someone needs. A strategy that helped earlier may need to change too.

"What's helping you keep this going?"

Or: "What would help you stay connected during a difficult week?"

Respect growing confidence, remain available.

Recurrence

Returning to a previous behavior or pattern after a change. Some say relapse. Use language that fits and respects the person.

Recurrence does not erase what someone learned. Skills, relationships, and earlier progress still matter.

"What was happening around that time?"

If there is an immediate safety concern, address that first within your role and procedure.

Reconnect with choice, support and hope.

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Matching support to readiness

Supporting each stage of change.

Offer space to explore, decide, take steps. Readiness changes over time and across life areas.

01 Precontemplation

Listening, curiosity, connection. Stay attentive to safety; ask permission before offering information. Trust gives the conversation room.

"How have things been going for you lately?" "What do you wish people understood?"

02 Contemplation

Explore both sides without judgment. "Drinking causes problems, but it's the only thing that helps me sleep." Hold both.

"What does drinking do for you?" then "What concerns do you have about it?"

03 Preparation

Turn an idea into a plan that fits their life. Explore barriers and support. Help it feel manageable.

"What would make this feel manageable?" "Who would you want supporting you?" "What's a small step?"

04 Action

Recognize effort, work through obstacles, support speaking up for what they need. Keep checking support still fits goals.

Prepare for an appointment together. Debrief afterward. Revisit a plan when something isn't

05 Maintenance

Recognize progress, plan for challenges, adjust routines.

"What's been helping you keep this going?" "What support during stressful times?"

06 Recurrence

A setback doesn't erase earlier progress.

"What was happening around that time?" "What do you need right now?"

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Case study · fuller

James: *a recovery-oriented look.*

What we know

“Nothing ever works for me.”

Depression & alcohol use

Recently lost his job

Missed several appointments

Hopelessness & distrust of providers

A recovery - oriented response stays curious

What matters to James?

What happened with past providers?

What did losing his job mean to him?

What strengths has he used so far?

What would feel like one next step?

A first response

“It sounds like you’ve been carrying a lot, and after things not working before, it makes sense that you’d feel discouraged. What feels most important to talk about today?”

Validates without agreeing that nothing can change. Gives James choice about where to begin.

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Pause for practice

Pause the video if you can.

Draft a first response *to James.*

Aim for

Validation

Respect & curiosity

An open question

A small next step he can choose

Avoid

“You need to stop drinking.”

“You just have to go to your appointments.”

“You are depressed.”

“You should do what worked for me.”

If your response sounds directive, revise it into a more peer-centered version. Small language changes shift the conversation from pressure to partnership.

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Check - in

Knowledge check & key takeaways.

01 What does *self-directed* mean?

The person receiving support leads their own process; defines goals, priorities, and pace.

02 Name one difference between a clinical role and a peer role.

Clinicians diagnose, treat, prescribe; peers offer lived experience, mutuality, hope, self-advocacy.

03 A recovery-oriented response after recurrence…

Reduces shame and supports learning: “What happened?” “What helped even a little?”

04 A question that makes support person-centered…

“What matters to you?” invites the person to define the direction.

05 Why do multiple pathways matter?

Recovery is personal. Different supports work for different people and may change over time.

These principles help peers stay grounded when situations are complex.

Key takeaways

Recovery is self-directed and individualized.

Hope, empowerment, and resilience are core.

There are many pathways.

Peer and clinical roles complement.

Person-centered asks what matters.

Strengths-based builds from what is present.

Change is nonlinear.

Walk alongside, do not control.

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Reflection · closing

One idea, one question.

An idea you want to use in practice

A phrase · a principle · a reminder to listen before directing, notice strengths.

A question you want to keep exploring

How do you respect choice when you feel worried? How do you stay within role during crisis? How do you honor many pathways?

Final reflection

What is one sentence you want a person receiving peer support to feel from your presence?

Thank you for your attention, reflection, and willingness to practice recovery-oriented support.

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Sources & further reading

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