



**WISCONSIN DEPARTMENT**  
*of* **HEALTH SERVICES**

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## **Peers: Who are they?**

### **Why do peer services work**

Peer Specialist Overview

# Today's agenda

- Introductions and grounding acknowledgements
- Community learning considerations
- Self-care and community care
- Certified peer specialist curriculum
- Five fundamentals of peers
- Pillars of peer support
- Let's talk!

# Introductions and ground acknowledgments

The state of Wisconsin was founded in 1848 as the 30th state in the United States of America on the land of Ojibwe, Sokaogon Chippewa-Mole Lake Band, Potawatomi, Oneida, Mohegan, Ho-Chunk, Menominee, and Brotherton. Each of these sovereign nations have their own governments, traditions, ceremonies, and culture. They signed treaties with the United States from 1825-1854, after living here for 10,000 years. They survived with the principles of peer values, including the Grandfather Teachings: Humility, Honesty, Truth, Wisdom, Respect, Bravery, and Love. These teaching cross cultural lines and are exhibits of community practices that have mentored several generations. It is in this spirit that we celebrate the diversity of our state and work for the opportunity for all to receive peer support.

# Community learning considerations

- What makes a safe space?
- How can we come together to learn and share?

# Self-care and community care

Real, sensitive, and delicate topics will be explored today that can arouse strong emotions or present challenges. Various topics that will be explored, include trauma, including historical or collective trauma; supporting people considering suicide, diagnosis, the effects of stigma, systemic marginalization and oppression, and involuntary commitment to name but a few areas.

# Self-care and community care

- Community care recognizes that we don't all have equal access to time and money that are the main resources required for care.
- Community care reminds us that we as human beings are interdependent.
- The third level of Maslow's hierarchy of needs is "a sense of belonging and love." We have a psychological need for intimate relationships and, for many of us, we depend on those relationships to meet our physiological needs.

# Self-care and community care

- If you're able to practice self-care, that's great. Don't forget about the people around you.
- No matter how privileged we are, we still need human connection. We still need to give and receive love.

# Self-care and community care

Shift your thinking to community care by considering the needs of your family members, friends, co-workers, neighbors, group members, and others you interact with on a regular basis (Wallace, 2020).



# Wellness planning

A wellness plan can look different for different people.

- Name current or anticipated needs and who can support in getting the needs met.
- Communicate needs to the people who will support.
  - If community is web-based, create a private shareable spreadsheet that folks can contribute to and edit.
  - If community isn't online, set up a group meeting, a conference call, or make individual calls or meetings.

Source: [The Audre Loudre Project](#)

# What to do when folks ask you for support

- Listen and follow their lead in lifting up their own self-determination. This is about the person requesting support, so don't make it about you.
- If you feel you aren't able to meet a need, be clear and honest about that. Help strategize another way to meet the need. Folks experiencing or dealing with their own triggers, crisis, or trauma may or may not be able to support.

Source: [The Audre Loudre Project](#)

# What to do when folks ask you for support

If you commit to supporting the needs of community, you may also need support in meeting those needs. Consider creating a wellness plan for yourself.

Source: [The Audre Loudre Project](#)

# No comrade left behind

We are enough. We are all we need to survive.  
We always have been. We're all we've got. Be  
good to each other. Take care of each other.

Source: [The Audre Loudre Project](#)

# Certified peer specialist curriculum

- Stigma and cultural competency
- Stigma and marginalization connected to lived experience
- Culture, power, privilege, and peer support
- Culturally informed approaches to trauma
- Trauma-informed peer support

# Certified peer specialist curriculum

- Ethics, confidentiality, and professional boundaries
- Resiliency and trauma
- Resiliency
- Understanding developmental trauma
- OARS communication skills overview
  - **O**pen questions
  - **A**ffirmations
  - **R**eflective listening
  - **S**ummarize

# Certified peer specialist curriculum

- Five fundamental processes
- Mental health and substance use diagnosis background
- Person-centered recovery
- Navigating crisis in peer support
- Working collaboratively on integrated team
- Concluding the peer relationship

# Five fundamental processes

## Connecting

Connecting is task number one in every meeting. Establish the peer relationship, then maintain a good working relationship.

- Self-awareness
- Benefits of the peer relationship
- Strengths-based recovery principles
- Trauma-informed care
- Confidentiality

- Practicing self-care and community care
- Connecting open questions
- Look for strengths and affirm
- "Reflective Listening Cheat Sheet"
- "Initial Meeting Checklist"



# Five fundamental processes

## Exploring

Explore how the peer experiences life currently, current and past efforts in recovery, areas of strength and resilience, concerns and challenges, and hopes and dreams for the future.

- Exploring lived experience
- Substance use and mental health challenges
- Resilience and protective factors
- Ambivalence
- Multiple pathways to recovery

- OARS skills
- Exploring open questions
- Look for strengths and affirm
- “Advantages and Disadvantages Worksheet”
- Exploring values
- Listening, revisited

# Five fundamental processes

## Supporting

Powerful support is provided peer-to-peer to address a range of potential concerns. Support is provided based on the foundation of connection and exploration. There are professional boundaries and ethics that guide the practice of peer support.

- Supporting lived experience
- Multiple pathways to recovery
- Difficult conversations (suicide, self-harm, responding to anger)
- Setting healthy boundaries
- Stigma, culture, power, privilege

- OARS skills
- Providing information (Ask-Share-Ask)
- Sharing recovery story (Ask-Share-Ask)
- “Preparing Response to Anger worksheet”
- Gentle refusal three steps
- Advocacy

# Five fundamental processes

## Planning

Planning is based on the peer's desires, hopes, goals, and needs in recovery. Planning unfolds and evolves over time for ongoing peer support.

- Multiple pathways to recovery
- Planning pitfalls and possibilities
- Natural supports

- OARS skills
- Planning possibilities
- Brainstorming
- Sharing information and resources (Ask-Share-Ask)
- Best practices for concluding the relationship

# Five fundamental processes

## Advocating

Advocating is done with peers for change in workplace and change in service systems. Advocacy honors the value of certified peer specialists, the wishes of peers, and it centers the supports needed for harm reduction.

- Advocate with peer
- Advocate for professional needs in workplace
- Advocate for certified peer specialist role and supports
- Advocate for systemic change
- Advocate for intentionality in integrating diversity, equity, and inclusion in all spaces

- OARS skills
- Connect with resources and others with shared values
- Applying understandings of culture, power, and privilege
- Exploring values
- Brainstorming
- Collaboration and fostering connections through organizing advocacy efforts

# Pillars of peer support

- Code of ethics
- Scope of practice
- Core competencies

# Activity

What are the ways that you identify?  
Write down 10 ways that you see yourself.

# Thank you

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