The Texas Certification Board of Addiction Professionals

presents

The Texas System for Designation of

PEER MENTOR/ PEER RECOVERY COACH DESIGNATION

APPLICATION PACKAGE

March 2013

TEXAS CERTIFICATION BOARD OF ADDICTION PROFESSIONALS 401 Ranch Road 620 South, Suite 310 Austin, TX 78734 512.708.0629 Fax 888.506.8123 www.tcbap.org



Designation Criteria and other information for

Peer Mentor/Peer Recovery Coach Designation

AS AUTHORIZED BY THE

TEXAS CERTIFICATION BOARD OF ADDICTION PROFESSIONALS

Edition

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REVISION AND CHANGE: All or any part of this handbook is subject to change as deemed necessary by TCBAP.

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TEXAS SYSTEM FOR DESIGNATION OF PEER MENTOR/PEER RECOVERY COACH DESIGNATION

Statement of Purpose

The Peer Mentor/Peer Recovery Coach Designation (PM/PRC) standardizes qualifications of those working in peer recovery support within the field of chemical dependency, mental health, and/or co-occurring disorders. The following PM/PRC designation guidelines have been developed by the **Texas Certification Board of Addiction Professionals (TCBAP) in concert with the Texas Department of State Health Services and identified stakeholders.**

Statutory Limitations

Designation of a PM/PRC is not to be construed as authorization to charge or collect fees for services rendered if to do so conflicts with any statutory limitations. Where the statute requires that a PM/PRC designee be supervised by a licensed provider, they shall be so supervised.

Principles

Certain important principles have emerged in regard to this credential.

- **Principle 1.** This designation is based on a combination of competency and knowledge about advocacy, ethics, mentoring and recovery support to include academic achievement.
- **Principle 2.** Authority for this designation comes from professionals working in the field of chemical dependency and mental health who share a common concern for standards of competency.
- **Principle 3.** Application for this designation is entirely voluntary.
- **Principle 4.** Designation is offered to both members and non-members of the Texas Association of Addiction Professionals.

Authority

The authority of the Certification Board is derived from those persons who are dedicated to service as counselors, designees and those who are most affected by their services. This authority is embodied in the statewide association of alcohol and drug abuse counselors, the Texas Association of Addiction Professionals, Inc. Recognition of this designation is voluntary. The credibility of this designation results from the standards that are maintained, the performance level established by the Certification Board, and most importantly, the competency and integrity of those holding the designation.

Peer Mentor/Peer Recovery Designation Requirements

The minimum requirements for designation of a PM/PRC shall include academic achievement and adherence to a code of ethics, including the following:

- 1. Verification of a minimum education level of a high school diploma or jurisdictionally certified high school equivalency. (Complete form on page 6 and include official documentation).
- 2. Verification of at least 46 education hours specific to the PRS domains with 10 hours in each of the

domains of Advocacy, Mentoring/Education, and Recovery/Wellness Support and 16 hours in the domain of Ethical Responsibility. Education hours can be completed through Texas Department of State Health Services (DSHS) or TCBAP approved training curriculum. Education must be documented through DSHS or TCBAP approved provider certificates, or official regionally accredited college transcripts. **Please provide copies of training certificates by approved providers or official transcripts from a regionally accredited college or university as documentation**.

Peer Recovery Support Domains:

Advocacy (Minimum of 10 education hours required)
Mentoring/Education (Minimum of 10 education hours required) Recovery
Support (Minimum of 10 education hours required) Ethical Responsibility
(Minimum of 16 education hours required)

- 3. Supervised Work Experience
 - a. 25 hours of supervised (paid or volunteer) work experience specific to the domains with a minimum of 10 hours in each of the domains: Advocacy, Mentoring/Education, Recovery/Wellness, and Ethical Responsibility
 - b. Supervision must be provided by an organization's documented and qualified supervisory staff per job description.
- 4. Sign and agree to comply with the ethical standards as set forth in the Texas System of Designation for Peer Mentor/Peer Recovery Coach.
- 5. All persons who apply for the PM/PRC designation through the Texas Certification Board should be a resident of Texas. Exceptions to the residency requirement will be considered on an individual basis by petition to the Texas Certification Board.
- 6. This is a non-reciprocal designation but hours of training and work experience may count toward the Peer Recovery Support Specialist.
- 7. 500 hours of volunteer or paid work experience specific to the domains.

Fees for Designation

The following fee structure shall apply for all individuals who apply for designation as a PM/PRC

Original Application Fee.....\$60.00

Requirements for Re-Designation

The PM/PRC designation shall be issued for a period of two (2) years, therefore requiring an individual to renew every two (2) years on that same date. The requirements for re-designation shall be as follows:

- 1. Absent of any ethical or malpractice violations.
- 2. Completion of twenty (20) hours of Peer Recovery Support continuing education, including six hours of ethics training.
- 3. Submission of an application including a signed copy of the ethical standards for Peer Mentor/Peer Recovery Coach designation.
- 4. The fee for re-designation shall be **\$60.00**.

Return Completed Application to: TCBAP, 401 Ranch Road 620 S., Suite 310,

Austin, TX 78734

PEER MENTOR/PEER RECOVERY COACH DESIGNATION APPLICATION

Name				
Address				
City/State/Zip				
Work Phone		_ Home Pn	one	
Fax Number		Social Sec	curity No.	
Email		Gender	D.O.B.	
Ethnic Origin	[] Asian	an American 1 American 1 Anic	[] American Indian [] Caucasian [] Other	
Texas Counseling License Type				
Have you ever undergone a discip	linary action fo	or violation of any C	ode of Ethics?	
YES	NO	(If	YES, please attach letter of expla	anatio
Education				
High School Degree/Equivalency (T	Type & Date Aw	arded)		
Associate's Degree (Type & Date A	warded)		_	
Undergraduate Degree (Type & Dat	e Awarded)			
Graduate Degree (Type & Date Awa	arded)			Docto
Degree (Type & Date Awarded)				

Formal Education

List below all formal education (high school, college, university) you have received. You are also required to provide an official transcript for the highest level of education earned.

FORMAL EDUCATION	NAME OF SCHOOL LOCATION OF SCHOOL	GRADUATION YEAR	DEGREE
HIGH SCHOOL/ HIGH SCHOOL EQUIVALENCY			
COLLEGE OR UNIVERSITY (UNDERGRADUATE)			
COLLEGE OR UNIVERSITY (GRADUATE)			
COLLEGE OR UNIVERSITY (POST-GRADUATE)			

Designation Application Signed Statement of Understa	nding			
Signed Code of Ethics Verification through transcrip jurisdictionally certified high be official.	ts of a minimum educa			
Documentation of 46 education Mentoring/Education, 10 horesponsibility. (Must be suproviders or official transcri 500 hours of volunteer or paid 25 hours of supervision specific	ours in Recovery Su supported by origina pts from a regionally work experience speci-	pport and 16 hours i l CEU certificates b accredited college or un	n ethical y approved	
PM/PRC Fees Designation Fee	\$6	50.00		
Payment Information I have enclosed a Cashier's C I authorize TCBAP to charge Visa	my credit card in the a	mount of \$	 Disco	over
Card No Name Cardholder Signature				_ Cardholder
A	SSURANCES AND REL	<u>EASES</u>		
TCBAP may request further information from employment, etc. This information is not avail of the applicant.				
"I give my permission for the TCBAP and stathis application for designation. I under omissions, shall result in denial or revocation of	stand that intention			
"I consent to the release of information co submitted to, or collected by the TCBAP, to off				
"I further agree to hold the TCBAP, its office damages or complaints by reason of any acti- may take in connection with this applicatio designation."	on that is within the s	cope of the performance	e of their duti	ies which they
${ m ``I}$ hereby affirm that the information provided for which I am applying."	on this form is correct	and that I believe I am (qualified for th	ne designation
Applicant Signature	Credentials	Date		

ETHICAL STANDARDS FOR PEER MENTOR/PEER RECOVERY DESIGNATION

Preamble

The purpose of the Peer Mentor/Peer Recovery Designation Code of Ethics is to outline the basic values and principles of peer support practice. The Code shall serve as a guide for Peer Mentor/Peer Recovery Designation in Texas by defining professional responsibility and ethical standards for the profession.

The primary responsibility of Peer Mentor/Peer Recovery Designee is to help individuals achieve their own needs, wants, and goals. Peer Mentor/Peer Recovery Designee will maintain high standards of personal conduct, and will conduct themselves in a manner that fosters their own recovery. Peer Mentor/Peer Recovery Designee will be guided by the principle of self-determination for all, and shall serve as advocates for the people they serve.

Peer Mentor/Peer Recovery Designee will perform services only within the boundaries of their expertise. Peer Mentor/Peer Recovery Designee shall be aware of the limits of their training and capabilities, and shall collaborate with other professionals to best meet the needs of the person(s) served. Peer Mentor/Peer Recovery Designee will, at all times, preserve an objective and professional relationship.

- 1. Peer Mentor/Peer Recovery Designee will, at all times, respect the rights and dignity of those they serve.
- 2. Peer Mentor/Peer Recovery Designee will advocate for the full integration of individuals into the communities of their choice and will promote the inherent value of these individuals to those communities. Peer Mentor/Peer Recovery Designee will be directed by the knowledge that all individuals have the right to live in the least restrictive and least intrusive environment.
- 3. Peer Mentor/Peer Recovery Designee will not use derogatory language in their written or verbal communication to or about persons served Peer Mentor/Peer Recovery Designee will use accurate and respectful language in all communications to and about persons served.
- 4. Peer Mentor/Peer Recovery Designee will not abuse, intimidate, threaten, harass, or use undue influence or physical force with anyone at any time.
- 5. Peer Mentor/Peer Recovery Designee will not practice, condone, facilitate or collaborate in any form of discrimination on the basis of ethnicity, race, gender, sexual orientation, age, religion and/or belief system, national origin, marital status, political belief, mental or physical disability, or any other preference or personal characteristic, condition or state.
- 6. Peer Mentor/Peer Recovery Designee will advocate for those they serve so that they may make their own decisions in all matters when dealing with other professionals and service providers.
- 7. Peer Mentor/Peer Recovery Designee will respect the privacy and confidentiality of those they serve. Peer Mentor/Peer Recovery Designee will not name or give information about a person served, former person served, or family member to other professionals except when specifically authorized by the person served.
- 8. Peer Mentor/Peer Recovery Designee will not exploit persons served in disputes with colleagues or engage persons served in any inappropriate discussion of conflicts between Peer Mentor/Peer Recovery Designee and their colleagues.
- 9. Peer Mentor/Peer Recovery Designee will take adequate measures to discourage, prevent, expose, and correct the unethical conduct of colleagues.
- 10. Peer Mentor/Peer Recovery Designee will not enter into relationships or commitments that conflict with the interests of those they serve. Peer Mentor/Peer Recovery Designee shall disclose to their supervisor any perceived or known violations of the boundaries of the treatment relationship.
- 11. Peer Mentor/Peer Recovery Designee shall disclose any existing or pre-existing professional, social, or business relationships with person(s) served. Peer Mentor/Peer Recovery Designee shall determine,

in consultation with their supervisor, whether existing or pre-existing relationships interfere with the ability to provide peer support services to that person. Peer Mentor/Peer Recovery Designee is responsible for setting clear, appropriate, and culturally sensitive boundaries with all persons served.

- 12. Peer Mentor/Peer Recovery Designee will not engage in sexual activities with persons served, or members of the immediate family of person(s) served.
- 13. Peer Mentor/Peer Recovery Designee will not abuse alcohol or other mood-altering substances while practicing peer support.
- 14. Peer Mentor/Peer Recovery Designee will keep current with emerging knowledge relevant to recovery, and openly share this knowledge with their colleagues. Peer Mentor/Peer Recovery Designee will advocate for the profession of peer support.
- 15. Peer Mentor/Peer Recovery Designee will not give or accept gifts of significant value from those they serve.

I have read, understand and commit to the preceding Ethica	al Standards.
Signature_	Date

PROCEDURE FOR CODE OF ETHICS COMPLAINTS

TCBAP has a process established to provide an avenue through which persons can file complaints about the ethical conduct of a TCBAP PM/PRC designee or an applicant to the designation system. This provides a procedure and a forum by which such a professional or applicant may make a good-faith dispute and respond to such complaints. This system is used to adjudicate complaints, which, have been found to be irresolvable through other means. Prior to employing the process, persons are encouraged to attempt to resolve the situation through other means, i.e., personally with the PM/PRC or through the PM/PRC's supervisor/employing agency. If this means fail or do not satisfactorily resolve the circumstances, the disciplinary review process may be the appropriate vehicle to address the complaint.

Ethic complaints must be submitted in writing and mailed to TCBAP Headquarters at 401 Ranch Road 620 S, Ste. 310, Austin, and TX 78734.

Supervised Work Experience

Have a supervisory staff complete this form to document the 25 hours of supervised work experience of for PM/PRC designation. Please make copies of this form if additional space is needed.

ye <u>r:</u>	_		
yer Address:			
yer Phone Number: Date	Domain	Hours	Initials
	verify the abov	e named applicant h	as completed

Domains: Advocacy = A, Mentoring/Education=ME, Recovery/Wellness=RW, Ethical Responsibility=E