



RECOVERY SPECIALIST SUPERVISOR  
CORE COMPETENCIES

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The following Recovery Specialist Supervisor Core Competencies were developed for training purposes for those professionals who are providing supervision to substance use disorder recovery specialists. These competencies were adapted from the *Substance Use Disorder Peer Supervision Competencies* (Martin, et al., 2017).

PCB, in conjunction with PRO-A, conducted a focus group meeting of Subject Matter Experts (SMEs) to review recovery specialist supervisor competencies. Seven core competencies were established, with each core competency further specifying knowledge, skills, and abilities.

This document is intended for organizations or persons to use as an outline for the development of trainings for those individuals who are providing supervision to substance use disorder recovery specialists. This is a public document that may be used; however, PCB must be credited as a reference in your materials.

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### **Reference**

Martin, Jordan, Razavi, Burnham, Linfoot, Knudson, DeVet, Hudson, & Dumas (2017). *Substance Use Disorder Peer Supervision Competencies*, The Regional Facilitation Center, Portland, Oregon.

# RECOVERY SPECIALIST SUPERVISOR CORE COMPETENCIES

## RECOVERY ORIENTATION

1. Understand the role and duties of a recovery specialist through training, the recovery specialists lived recovery experience and behavioral health occupational experience.
2. Understand and support the philosophy of recovery management and recovery oriented systems of care.
3. Understand the importance of instilling hope, often facilitated through appropriate self-disclosure and mutuality.
4. Use person-first language while acknowledging the value of a recovery identity.
5. Promote self-determination while avoiding the culture of diagnosis and labeling.
6. Support concepts of self-efficacy and empowerment.
7. Honor person-centered recovery planning including personal choice, many pathways to recovery, and self-direction.
8. Support independence including employment assistance and overcoming barriers to independent living.
9. Identify strength-based recovery approaches including recovery capital, natural supports, and inclusion of family, friends and allies.
10. Recognize the importance of overcoming discrimination, oppression, and stigma and its transformative power in recovery.
11. Acknowledge the importance of advocacy for the recovery specialist.
12. Support informed consent and individual choice regarding the use of medications while assisting the recovery specialist in maintaining neutrality regarding medications.
13. Understand that recovery support services are non-linear occurring before, during, and after treatment.
14. Recognize that individuals receiving recovery support services are active agents of change in their lives and not passive recipients of services.
15. Provide stage of change appropriate support.
16. Model recovery philosophy in all recovery specialist roles and duties, the supervisory experience, and the orientation of the organization.
17. Promote and monitor recovery specialist self-care and wellness.
18. Maintain own self-care and wellness including health maintenance, and personal/professional system of support.

## TRAUMA & SOCIAL/HEALTH CARE EQUITY

1. Understand trauma-informed care, social/health care equity and apply that knowledge to supervision practices, recovery support services, and administration.
2. Acknowledge trauma experienced by historically oppressed, vulnerable, and/or underserved populations.
3. Recognize the consequences of trauma on individuals, families, and communities and its impacts on social determinants of health.
4. Recognize the consequences of institutional and societal trauma and its impacts on social determinants of health.
5. Assist recovery specialists in developing skills to express empathic understanding and validate traumatic experiences.
6. Knowledge of health care disparity data in the community and systems of care.
7. Promote health equity in multiple ways including overcoming barriers to diversity within organizations and eliminating health disparities among health care populations.
8. Awareness of personal/organizational biases.
9. Promote trauma awareness among recovery specialists and the system(s) in which they work.
10. Address discrimination, stigma, and shame experienced by individuals and/or communities served.
11. Create and promote safety within the organization and community including the development of crisis intervention plans.

## SUPERVISION COMPETENCIES

1. Utilize a strength-based person-centered approach to supervision.
2. Give and receive non-judgmental feedback, fostering mutuality and trust.
3. Create a safe atmosphere for all staff to give and receive feedback, facilitate self-reflection, and the experience of professional growth.
4. Give recognition and praise for competency development and successful outcomes with individuals.
5. Assist recovery specialists in identifying their strengths and opportunities for growth.
6. Develop an action plan to address opportunities for growth and document progress.
7. Maintain the integrity of recovery support services supervision recognizing that a balance is needed between supervision competences and administrative compliance.
8. Articulate objective feedback regarding ethical decision-making and boundaries.
9. Provide regular, uninterrupted supervision focused on the needs of the recovery specialist.
10. Monitor the practices and skills of recovery specialists while working with individuals.

11. Intervene with recovery specialists who present impairments to their occupational duties, ethical misconduct, or other conduct inconsistent with best practices and recovery oriented systems of care.
12. Review job descriptions and clearly delineate the role and function of the recovery specialist.
13. Identify and monitor recovery specialist competencies.
14. Utilize performance evaluations based on job descriptions with occupational strengths and opportunities for growth.
15. Elicit feedback from recovery specialists regarding their performance and performance improvement planning.
16. Afford opportunities for participation and training to all recovery specialists based on level of development.
17. Promote professional development and advancement through a professional development plan.
18. Remain up-to-date on new and evolving recovery specialist practices that improve the quality of services being delivered.
19. Review recovery specialist documentation and coach recovery specialists with writing skills and documentation practices.
20. Understand the implications of vicarious liability.

## **ETHICS, BOUNDARIES, AND CONFIDENTIALITY**

1. Awareness of ethical standards and boundary issues common with recovery specialists.
2. Recognize that boundary issues are ethical violations.
3. Understand the difference between clinical and non-clinical boundaries.
4. Educate and model healthy boundaries.
5. Obtain training and consultation that assist in the understanding of the complexities of ethics and boundaries with recovery specialists.
6. Develop written recovery specialist policies regarding ethics and boundaries.
7. Assist the recovery specialist in understanding the difference between ethics and boundaries.
8. Consult with other professionals as needed.
9. Utilize a model of ethical decision-making that includes collaboration between recovery specialists and supervisors.
10. Acknowledge and accept the responsibility to report unethical conduct to the appropriate credentialing board to protect the health, safety, and well-being of the individual.
11. Assist recovery specialists in maintaining their scope of practice.
12. Assist recovery specialists in understanding the ethical obligations of other professionals.

13. Educate recovery specialists on how personal conduct impacts professional identity (ex: social media use, community involvement, encountering individuals who receive services outside the organization, etc.).
14. Maintain appropriate confidentiality of the supervisory relationship and recognize the obligations to support recovery specialists.
15. Maintain professional boundaries and avoid acting as therapist or sponsor.
16. Understand the obligation to monitor and encourage self-care of the recovery specialist.
17. Assist recovery specialists in developing an individualized self-care plan.

## ADVOCACY, COMMUNITY RESOURCES, & SYSTEM NAVIGATION

1. Advocate for and promote recovery oriented systems of care using outcome data and cost-benefit research.
2. Use data to inform stakeholders regarding expected recovery support services goals and outcomes.
3. Understand the obligations to collect data to work with various and diverse funding sources.
4. Use data to inform the agency regarding recovery specialist caseloads, cultural disparities, and training needs.
5. Facilitate and assist finding, sharing, and maintaining community resource information.
6. Model appropriate use of community resources.
7. Assist recovery specialists in developing referral relationships with a variety of community resources.
8. Assist recovery specialists to advocate for the individual receiving services.
9. Assist recovery specialists in understanding the behavioral health system and its relationship to health care, human services, and the criminal justice system.
10. Assist recovery specialists in collaborating with community partners.
11. Orient recovery specialists to their role and participation with the criminal justice system.
12. Orient recovery specialists to self-sufficiency services (employment services, vocational rehabilitation, Medicaid enrollment, TANF, SNAP, WIC, Assurance Wireless, etc.) and regulatory compliance issues with these services.
13. Orient recovery specialists regarding treatment services including medication assisted treatment, expectations, legal compliance, and treatment completion status.
14. Orient recovery specialists to the organization including human resource policies, documentation and record keeping, contractual and regulatory policies, funding resources, and organizational policies and procedures.

## EMPLOYMENT PRACTICES & PROFESSIONAL RESPONSIBILITIES

1. Include existing recovery specialists in the hiring process.
2. Knowledge of generally accepted human resource practices and applicable laws.
3. Advise recovery specialists of all relevant laws and the application of those laws in their recovery specialist work (42 CFR Part 2, HIPAA, mandatory reporting, civil rights, fair housing, Medicaid fraud, etc.).
4. Maintain support to recovery specialists regarding confidentiality laws and practices.
5. Monitor relevant service obligations specific to the contracts/conditions provided by funders.
6. Support, advise, and develop policies regarding accommodations for recovery specialists with special needs.
7. Understand safety issues inherent in community-based work, outreach, and in-home care.
8. Consider reasonable precautions for staff safety when working outside the confines of an organization or community center.
9. Recognize stigma and bias regarding safety as it applies to race, ethnicity, infectious disease, and mental health challenges.
10. Recognize the inherent dangers and triggers involved in outreach and develop a safety and support plan.

## SUPPORT MEANINGFUL ROLES

1. Support meaningful recovery specialist roles including outreach and engagement, empathetic support, instilling hope, enhancing motivation, client advocacy, and system navigation.
2. Collaborate with the recovery specialist to design meaningful work.
3. Discourage the use of recovery specialists in other roles that diminish the value of their work.
4. Embrace and utilize the value of lived-experience.
5. Recognize and support the value of recovery specialists as a bridge between traditional treatment organizations and the natural supports of friends, families, allies, and the recovery community.
6. Collaborate with recovery specialist to define goals and expected outcomes.
7. Generate data on goals and outcomes and provide feedback regarding services and effectiveness.