Guide to Core Competencies for Gambling Recovery Peers

OREGON HEALTH AUTHORITY
PROBLEM GAMBLING SERVICES

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Table of Contents

Overview of Core Competencies for Gambling Recovery Peers

The goal of establishing core competencies is to support Gambling Recovery Peers (GRPs) in developing the knowledge, skills, awareness, and values necessary to ensure their ability to provide high quality of services to others. By identifying relevant knowledge, skills, and values, GRPs can focus their learning on what experienced members of the profession consider to be most important. Working toward competencies supports GRPs by guiding development and enhancing the ability to effectively work with others. Competencies furthermore define the parameters of the profession, broadly answering the question "What do Gambling Recovery Peers do?"

The core competencies are a set of potential goals that GRPs can work towards. Most domains include reference to demonstrating a series of interrelated competencies. The expectation is that GRPs are willing to learn and are able to develop competence across domains. It is important to view each competency as a continuum that requires ongoing development rather than an item on a "yes/no" checklist. It is also important to realize that all GRPs are likely to be stronger in some areas than in others, and that different subsets of competencies may be more or less important based on a GRP's specific role.

Lived experience and authenticity are at the core of being a GRP. Core competencies do not displace but build on and enhance the individual strengths, lived experience, and genuine positive regard that is the basis of trusting, respectful, collaborative, and supportive relationships.

Core competencies represent agreement among advanced members of a field about the knowledge and skills needed to perform various tasks. In this case, the tasks involve providing support for individuals who struggle with gambling and those affected by their gambling. This guide includes competencies that apply to peer support specialists in general, as well as competencies that are specific to working with gambling harms. The core competencies are organized under six primary domains, including 1) knowledge, 2) relational skills, 3) mentorship, 4) advocacy, 5) core values, and 6) professional role.

Who Are Gambling Recovery Peers and What Do They Do?

Gambling Recovery Peers are individuals who, because of their lived experience with gambling and recovery, are experientially qualified to support others seeking to reduce gambling harms. The professional title for this position varies across contexts; examples include problem gambling peer mentor / coach / advocate, gambling recovery support specialist, and peer aid. Serving in this role as a volunteer or via a paid position requires not only having lived experience with gambling harms and recovery, but also training and supervision in serving as a GRP (Eddie, et al, 2019).

The role of a GRP is similar to that of a substance use disorder (SUD) or mental health peer mentor; however, serving as a GRP requires specific experience with gambling harms and training in gambling recovery. In general, GRPs are trained to provide information, along with emotional, social, and practical support for others who are experiencing gambling harms. Specific tasks, competencies, and training goals have often, however, been determined at the local level and therefore vary from one context to another.

What Are Core Competencies?

Core competencies refer to knowledge and skills expected of those who are deemed prepared to perform various professional roles. Competencies represent agreement among advanced members of a field on what is required to enter and be qualified to complete professional tasks (McDowell, et al, 2020). In this case, the professional tasks involve providing peer support to those experiencing gambling harms. In other words, supporting those in recovery from gambling harms.

Why Are They Important?

The goal of establishing core competencies is to improve the quality of services by GRPs. They define the parameters of the profession, broadly answering the question "what do Gambling Recovery Peers do?" GRP core competencies provide direction for professional development, including training, supervision, evaluation, and self-guided learning.

How Were the Core Competencies Developed?

Core competencies were developed by GRPs from across the United States and the United Kingdom, with funding from Oregon Health Authority Problem Gambling Services (PGS). In the spring of 2023, Oregon PGS assembled a work group of experts to develop core competencies

for GRPs. A description of this expert workgroup can be found in the Appendix. The motivation for this work was multifold. First, to guide professional development and certification efforts; second to guide self-directed learning; third to help supervisors and supervisees identify and evaluate areas of strength and growth; fourth, to inform agency training initiatives; and finally, to help steer state, national, and international workforce development.

Work group members began their work by reviewing a list of potential competencies that had been prepared by researchers. This list was based on the general peer support core competencies for mental health and substance use recovery peers, along with lists of peer support competencies from states listed in the Substance Abuse and Mental Health Services Administration (SAMHSA) State-by-State Directory of Peer Recovery Coaching Training and Certification Programs. Additional potential competencies specific to providing support for those experiencing gambling harms were added by reviewing available manuals and online descriptions of education requirements and expectations specific to gambling recovery peers, including certification requirements, when available. Potential competencies were further informed by literature on peer support for gambling recovery.

Work group members held six web-based meetings over the course of the spring and summer of 2023, during which they discussed the overall framework and worked on inclusion and wording of competencies. Meetings were facilitated by two researchers from Partners in Social Research. Through this process, work group members collaboratively developed a list of potential competencies grouped into six domains and several subdomains, as discussed elsewhere. Additionally, work group members nominated colleagues who possessed the knowledge and experience to contribute to further development of these competencies. Using a modified Delphi method to build consensus, researchers then conducted two rounds of surveys with work group experts and their nominees asking them to rate each proposed core competency in terms of its importance to the work of competent GRPs, and to provide feedback and suggestions for edits and additions. Forty-five panelists participated in two rounds of ratings. A description of this group of panelists can be found in the Appendix. A total of 74 competencies were endorsed by the panelists and constitute what is presented in this document as the core competencies for GRPs.

Background

In 2015, the SAMHSA coordinated an effort (i.e., Bringing Recovery Supports to Scale Technical Assistance Center Strategy / BRSS TACS, 2015) to identify the knowledge, skills, and abilities

required of peers providing support services to those in recovery from mental health or substance use conditions. This involved a process similar to developing the core competencies for GRPs referred to in this guide. SAMHSA brought diverse stakeholders together from mental health and substance use disorder recovery movements, along with subject matter experts, to draft potential competencies before sharing a draft online for public comment. The completed list of core competencies and related information can be found on the SAMSHA Core Competencies for Peer Workers web site: https://www.samhsa.gov/brss-tacs/recovery-support-tools/peers/core-competencies-peer-workers). A list of competencies can be found in SAMHSA TIP 64: https://www.samhsa.gov/resource/ebp/tip-64-incorporating-peer-support-substance-use-disorder-treatment-services. Other lists of peer support competencies exist, as well, including a recently published *Peer Recovery Coach Checklist* (Bryne, 2023).

While competencies for those providing behavioral health and substance use peer support are broadly applicable, they do not necessarily address the specialized knowledge, experience, and skills required of those providing gambling recovery peer support. As a result, several state, national, and international organizations are providing specialized training targeting specific competencies and requirements for GRPs. The specialization of this professional role is further evidenced by a growing number of bodies offering certification for those providing peer support for reducing gambling harms / gambling recovery.

How Might Core Competencies Be Used?

There are many important uses for the GRP core competencies, including informing workforce development at state, national, and international levels; determining and executing peer support activities; planning agency trainings and initiatives; establishing policies and procedures; informing research; helping supervisors and supervisees identify and evaluate areas of strength and growth; and as a road map for professional certification preparation and examination.

Informing Workforce Development

The core competencies can help determine the foci of GRP training and workforce initiatives. This includes developing competency-based curricula for educational / training programs. The core competencies can be used to identify areas for continued professional education for new and experienced GRPs. This includes providing direction for those experienced in providing mental health and / or substance use peer support but new to gambling harms and problem

gambling recovery. Agencies might also select items from among the competencies to inform staff evaluation and / or in-house training.

Developing Job Descriptions

Administrators can draw from the core competencies to determine a list of skills required for hiring GRPs. This provides both employers and prospective employees with a clear understanding of the skills required for the position, as well as a framework for reviewing entry level and advanced job performance. This process can also be applied to determine readiness to volunteer for this role.

Providing Input for Agency Executive Decisions, Policies and Procedures

Agency administrators can use the competencies to determine policies and practices related to GRP programs. This includes choices regarding the scope of peer work to be included in funding proposals, determination of roles involved in peer support efforts, and determination of day-to-day GRP tasks.

Assessing Professional Skills and Setting Professional Goals

The core competencies can be used informally for self-assessment and professional goal setting. GRPs can use the competency list to gauge areas in which they wish to seek out additional training. Collective evaluation of these competencies can identify gaps in preparation and help trainers pinpoint areas for professional development. Supervisors and agency administrators can use the core competencies to inform evaluations that result in ongoing GRP improvement via identifying areas of growth and setting / reaching professional goals. This in turn, can increase staff retention and job satisfaction.

Informing Research and Certification

The core competencies can be used to inform future research as well as efforts to identify and describe the unique knowledge and skills required to effectively provide gambling recovery peer services. Finally, the core competencies provide a map for efforts to state, national, and international certification of GRPs.

Annotated Core Competencies for Gambling Recovery Peers

This section includes a brief description of each domain followed by a list of related agreed upon core competencies. There is limited research on GRP support (Pou, 2022); domain descriptions therefore reference literature on mental health and substance use, as well as gambling-related peer support. This reflects the ongoing goal of acknowledging similarities across peer support services in general, while recognizing the unique competencies required to provide support for reducing gambling harms and supporting gambling recovery.

Domain I: Knowledge

Those who serve as GRPs enter their roles with implicit knowledge gained through lived experience. Further professional training highlights explicit knowledge such as, for example, formal information about gambling harms and recovery, as well as training specific to serving as a recovery peer (Repper & Carter, 2011). This includes how to best use one's own experience to support others (Riley, 2023). Formal knowledge on gambling, gambling harms, and change processes further supports the role of GRPs in providing support to those experiencing gambling harms and their loved ones (Bryne, et al, 2023; Eddie et al., 2019).

Competent problem gambling professionals demonstrate working knowledge of:

1.1. Gambling (e.g., definition of gambling, types of gambling, gambling industry).

1.2. Basic concepts related to gambling problems and gambling recovery (e.g., behavioral reinforcement, emotional avoidance, gambling action cycle, gambling spectrum, pathways to gambling problems, triggers, money barriers, cognitive distortions).

1.3. Co-occurring disorders and their impact on gambling (e.g., mental health, substance use, physical problems).

1.4. Multiple pathways of recovery (e.g., natural recovery, counseling assisted recovery, community mutual aid) and various recovery systems (e.g., GamAnon, GamTalk, inpatient/outpatient treatment, online resources).

1.5. Principles of relapse prevention (e.g., identifying high risk situations for relapse, developing solutions, learning from relapse).

1.6. Diverse recovery goals (e.g., abstinence v. harm reduction).

1.7. Availability of gambling treatment systems in their area.

1.8. Stages of change and gambling recovery (i.e., precontemplation, contemplation, preparation, action, and maintenance).

1.9. Awareness of the importance of family relationships.

Domain II: Relationships

Communicating effectively and forming positive, supportive relationships with others is core to providing peer support. In fact, it has been suggested that peer support, at its core, builds on naturally occurring support that people offer each other when in emotional distress (Gillard et al, 2017) and that socioemotional support, i.e., the "…profoundly connected nature of peer support…" (Watson, 2019, p. 685), is a key component of effective peer support (Byrne, et al, 2023, Watson, 2019). This includes the ability to understand and relate based on shared lived experience; to empathize and validate; and to develop safe, trusting relationships (Gillard, 2019; Gillard et al., 2017; Repper & Carter, 2011; Riley, 2023; Watson, 2019).

Subdomain 2.1: Communication

Competent Gambling Recovery Peers:

2.1.1. Are aware of the importance of communication between self and others.

2.1.2. Listen with careful attention to the content and emotion being communicated.

2.1.3. Model the use of non-stigmatizing language (e.g., person with gambling-related harms v. gambler or problem gambling), while recognizing and accepting how others may self-identify as part of their recovery.

2.1.4. Balance sharing with listening, knowing when to share and when to listen.

2.1.5. Help others resolve conflict through the development of effective and healthy communication strategies.

2.1.6. Use various modalities of communication (e.g., text / tele) properly.

Subdomain 2.2: Relationship Development

Competent Gambling Recovery Peers:

2.2.1. Set expectations for the peer recovery relationship (e.g., availability, differences between counseling and peer support, preferred methods of communicating).

2.2.2. Encourage the development of a safe and supportive network of relationships.

2.2.3. Engender trust by acting in an accepting, empathetic, and nonjudgmental manner.

2.2.4. Meet people "where they are"; motivate without forcing change.

2.2.5. Validate the feelings and experiences of others.

Domain III: Mentorship

GRPs serve as mentors, offering informed support for those who are newer than they are to recovery, and less experienced in change processes aimed at reducing gambling harms. This includes taking a positive, strength-oriented approach and sharing implicit (i.e., lived experience) and explicit (i.e., formal training) knowledge to provide guidance, and help others develop confidence and hope (Martin, et. al, 2017; Riley, 2023; Watson, 2019). It also requires being sensitive to the impact of trauma and providing support when others are in crisis. Gambling recovery peers often play a vital role in providing support and information about gambling and recovery to family members and affected others.

Subdomain 3.1: Strength-Oriented Approach

Competent Gambling Recovery Peers:

3.1.1. Share lived experience to embody / inspire hope and support those with whom they work.

3.1.2. Model personal recovery and change practices to help others engage in recovery practices that work for them.

3.1.3. Provide information about skills related to health and wellness.

3.1.4. Address stigma and shame experienced by those with whom they work.

3.1.5. Celebrate others' efforts and accomplishments; encourage, support, and praise.

3.1.6. Identify strengths and resilience in others and help them identify these within themselves.

3.1.7. Foster independence; support others in using effective problem-solving skills within their cultural values and frameworks to make decisions that work best for their lives.

Subdomain 3.2: Trauma-Informed Care

Competent Gambling Recovery Peers:

3.2.1. Understand and use principles of trauma-informed care (i.e., safety, choice, collaboration, trustworthiness, and empowerment).

3.2.2. Recognize when trauma is having an impact on recovery and, when appropriate, refer to counseling or other resources.

3.2.3. Recognize various types of traumas (e.g., financial trauma, adverse childhood experiences, and other sources of trauma).

3.2.4. Recognize that the experience and impact of trauma is subjective and attune to others' perceptions of trauma.

Subdomain 3.3: Guidance in the Change Process

Competent Gambling Recovery Peers:

3.3.1. Tailor services and the role of a gambling recovery peer to meet the unique needs of others across the continuum of change and recovery.

3.3.2. Provide gambling recovery-related information/ education.

3.3.3. Assist and support others in envisioning change, setting goals, and accomplishing tasks.

3.3.4. Identify and encourage formal, informal, and natural sources of support (e.g., counseling, community support groups, family).

3.3.5. Help resolve ambivalence and increase motivation to change.

3.3.6. Maintain awareness of gambling and financial safeguards.

3.3.7. Provide support to access financial services as needed.

3.3.8. Support choice of participation in various recovery resources (e.g., various self-help groups, inpatient treatment, outpatient treatment, family treatment, psychoeducation, on-line resources).

3.3.9. Support multiple pathways for change (e.g., harm reduction and abstinence strategies; self-help and clinical treatment).

Subdomain 3.4: Support for Affected Others

Competent Gambling Recovery Peers:

3.4.1. Maintain positive regard for affected others.

3.4.2. Provide resources, information, and education to affected others on gambling and gambling recovery.

3.4.3. Encourage family members and important others to seek help when needed.

3.4.4. Use personal disclosure, empathy, and respect to encourage understanding between family members and / or between important others.

3.4.5. Support recognition of personal responsibility regarding how gambling affects others (e.g., family members, friends, employers, colleagues).

Subdomain 3.5: Safety and Crisis Support

Competent Gambling Recovery Peers:

3.5.1. Recognize signs of distress and help connect to available resources, which may include 24-hr services (e.g., crisis support and helplines).

3.5.2. Help others develop and use coping strategies when stressed.

3.5.3. When providing support for unusually stressful situations, seek supervision as needed for guidance.

3.5.4. Help diffuse emotionally charged situations.

3.5.5. Identify signs of risk, including abuse, neglect, IPV, exploitation, and suicidal ideation, and seek supervision as needed.

3.5.6. Take appropriate action when emotional pain and risk are present; encourage engagement in crisis services as needed; seek supervision.

3.5.7. Understand principles of suicide prevention / gatekeeping (e.g., ask, be there, help others remain safe, help others connect to appropriate resources, stay in relationship within the scope of gambling recovery peer, seek supervision).

3.5.8. Understand and comply with applicable mandatory reporting laws and policies.

Domain IV: Advocacy

GRPs often serve as a bridge by helping those with whom they work navigate treatment systems and care transitions (Eddie et al., 2019; Lennox et al., 2021), as well as by identifying and encouraging engagement in recovery-based groups and other useful community resources (Eddie et al., 2019; Martin, et al., 2017). They help reduce stigma (Hameed Shalaby & Agyapong, 2020) and provide practical, instrumental support when needed (Bryne, et al, 2023; (Eddie et al., 2019; Watson, 2019).

Competent Gambling Recovery Peers:

4.1. Maintain up-to-date information about community and online resources.

4.2. Assist those with whom they work to investigate, select, and use resources and services.

4.3. Share with others the importance and value of peer support.

4.4. Network and collaborate with community organizations and other partners.

4.5. Participate as a member of the treatment / recovery support team (when possible and appropriate).

4.6. Advocate and serve as a bridge to services and institutions; the natural support of friends, families, allies; and the greater recovery community.

4.7. Support consumer rights to access relevant services (e.g., filing for bankruptcy, social security benefits, housing, the right to self-exclude / self-limit).

Domain V: Core Values

Values that have been suggested as core to peer support services include mutuality and reciprocity, equal power relationships, and a focus on overall wellbeing (Gillard, 2019, Gillard et al, 2017). GRPs embrace these values by centering trust, respect, mutuality, safety, and authenticity. In addition, GRPs are recovery-oriented, as well as socially and culturally attuned and responsive (Martin, et al, 2017).

Competent Gambling Recovery Peers:

5.1. Demonstrate the core values of trust, respect, mutuality, safety, and authenticity.

5.2. Identify their own cultural values and how these may contribute to biases, judgements, and beliefs that may influence relationships with others.

5.3. Understand the values, culture, and spiritual beliefs and practices of those with whom they work.

5.4. Recognize the impact of discrimination on those in historically marginalized and / or vulnerable groups (e.g., based on race, ethnicity, sexual orientation, nation of origin, age, abilities, gender identity, mental health, immigration status, housing status, etc.).

5.5. Maintain awareness of indigenous and other recovery support resources that are not part of the traditional health and human services system.

5.6. Strive to minimize power imbalance / hierarchical structure in the relationship with those whom they support.

5.7. Remain open-minded, demonstrate humility, and engage in ongoing efforts to increase social and cultural awareness.

Domain VI: Professional Role

GRPs must maintain their own personal wellness as they engage in the emotional labor of supporting others (Watson, 2019). They must also follow professional standards, including applicable laws and regulations, ethical guidelines, (Martin, et. al, 2017; White, 2007; Recovery Coaches International Code of Conduct), and necessary administrative tasks. This requires recognizing and reaching out for support as needed, as well as seeking and being open to supervision (Martin, et. al, 2017; White, 2007).

Subdomain 6.1: Personal Wellness

Competent Gambling Recovery Peers:

6.1.1. Practice awareness of internal state, recognize distress, and seek help or support for personal and professional health and wellbeing (e.g., personal stressors, burnout, compassion fatigue, vicarious trauma, etc.).

6.1.2. Prioritize personal physical and emotional safety, be cognizant of any potential personal or recovery safety risks, and seek help or support when needed.

Subdomain 6.2: Ethics and Professional Responsibilities

Competent Gambling Recovery Peers:

6.2.1. Complete service documentation and administrative tasks in a timely and effective manner.

6.2.2. Follow ethical guidelines, professional policies, and legal mandates (e.g., confidentiality, confidentiality when working with affected others; responding to subpoenas, mandatory reporting).

6.2.3. Effectively seek out and engage in mentoring, peer consultation, and/or supervision.

6.2.4. Practice awareness of safety and other implications involved with delivering digital peer support (e.g., digital conferencing, social media, texting, etc.).

6.2.5. Maintain personal and professional boundaries.

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Appendix

As was discussed in the first part of this document, core competencies were developed by GRPs from across the United States and the United Kingdom with funding from Oregon Health Authority PGS. In the spring of 2023, Oregon PGS assembled a work group of experts to develop core competencies for GRPs. The work group comprised professionals with expertise in various aspects of gambling recovery, including leadership positions within professional organizations related to gambling harms; GRP training and supervision; curriculum development for GRPs; GRP research and advocacy; and support to persons with gambling harms.

Two-thirds (n = 8, 67%) of work group members had lived experience of gambling harms; the majority had been in recovery for one or two decades. Nearly half (n = 5, 42%) completed research on gambling recovery peer support, and a quarter (n = 3, 25%) published peer reviewed articles, book chapters, or books in the field of problem gambling. Nearly all (n = 10, 83%) presented at state, regional, national, or international conferences on gambling recovery peer support.

Over half (n = 7, 58%) of work group members served as GRPs at one point in time or another, and over half (n = 7, 58%) worked as gambling treatment providers; one-third (n = 4, 33%) occupied each of the two professional roles—peer support and treatment—at some point in their careers. Half (n = 6, 50%) served as GRP supervisors; half (n = 6, 50%) served as GRP trainers / educators; and one-third (n = 4, 33%) served as GRP program administrators or managers.

In terms of demographic background characteristics, the work group included five (42%) women and seven (58%) men. Ten were of European descent, one self-identified as Black, and one had a diverse ethnic background. Work group members were 54 years old on average, with a range between 37 and 74 years. Ten identified as straight or heterosexual and two had other sexual orientations. Seven were able-bodied, one identified a disability, and others did not report on their ability status.

In general, work group members' chief motivation for participating in this project was informed by a desire to contribute to the field in a meaningful way. The particulars of their motivations included the following:

- the chance to share what this work means in real-world settings;
- contribution towards the professional development and standardization of the peer role;
- opportunity to collaborate with respected peers in recovery;
- opportunity to identify key qualifications for certification of future participants in this field;
- opportunity to advance GRP training curricula;
- interest in expanding the reach of GRPs;
- sharing and receiving knowledge from colleagues;
- removing outdated or stigmatizing language from competencies;
- increasing credibility of peer services;
- promoting international development of the field.

The work group members were offered a $500 stipend as a token of gratitude for their time and many contributions to this work. A few were unable to accept the stipend because they participated in the project as part of their official work duties.

The work group spent at least 10-12 hours in meetings, discussing and deciding upon a suitable name for the profession (i.e., gambling recovery peer vs. gambling harms support specialist, peer support specialist, gambling recovery coach, etc.); developing a framework for GRP core competencies; and word-smithing individual competencies. In between the meetings, work group members used a shared Google Doc to suggest edits via tracked changes and to express opinions and ideas via comments on the margins.

Having finalized the list of potential core competencies, work group members identified colleagues who possessed the knowledge and skills to contribute to their additional development. The minimum criterion for inclusion on the panel included current or past work as a GRP for at least 2 years. The panelists' contributions to this effort were as follows:

- rating each competency proposed by the work group on a scale from 1 to 6, with 1 = *not important* to 6 = *extremely important* (an "N/A" column was available for competencies that required rewording or that the panelist did not possess sufficient knowledge to adequately rate);
- reviewing competency ratings averaged across panelists;
- re-rating those competencies that lacked agreement across panelists;
- suggesting revisions of individual competencies; and
- providing ideas for additional competencies.

The goal in seeking ratings of proposed core competencies from a larger panel of GRPs was to build consensus among panelists around the key skills, abilities, values, and knowledge that competent GRPs needed to possess. Both the original work group members and their colleagues were invited to participate on the panel. A total of 45 GRPs provided their ratings of the proposed competencies: 9 original work group members and 36 of their colleagues.

As a group, the panel was an experienced group of professionals, with nearly half (n = 21, 47%) having worked in the GRP field for more than five years. Nearly all were active in the field at the time of their participation in this project; one had worked in the GRP field in the past.

More than half of panelists worked as peers at the time of their participation in this project (n = 25, 55%); nearly one quarter worked as GRP supervisors (n = 10, 22%), nearly one-fifth as GRP administrators (n = 8, 18%), nearly one-third as GRP trainers (n = 14, 31%), and one in eight as GRP researchers (n = 6, 13%). Over a quarter of panelists (n = 13, 29%) performed other GRP-related duties, and four in ten (n = 20, 44%) held multiple professional roles related to GRP.

A large majority of panelists (n = 37, 82%) had lived experience related to gambling harms. Nearly half completed research on gambling recovery peer support (n = 22, 49%); one-fifth published peer reviewed articles, book chapters, or books in the field of gambling recovery peer support (n = 9, 20%); nearly two-thirds presented at state, regional, national, or international conferences on gambling harms (n = 29, 64%); and about half worked as gambling treatment providers at some point in their careers (n = 23, 51%).

Panelists' work settings included community organizations (n = 26, 58%), government (n = 8, 18%), academia (n = 4, 9%), industry (n = 4, 9%), and other settings (n = 21, 47%); over a quarter worked in multiple settings (n = 12, 27%). Nearly three-quarters of panelists lived and worked in the United States (n = 33, 73%); nearly a quarter worked in the United Kingdom (n = 11, 24%); and one worked in another country. As shown on Table 1, of those who were based in the United States, four in ten were located in the Northeast, broadly defined to include central and mid-Atlantic states (n = 12, 39%); over a quarter worked in the West (n = 8, 24%); and others worked in the Southwest (n = 5, 15%), Southeast (n = 3, 9%), Midwest (n = 2, 6%), and across the US.

In terms of educational background, the largest category included those who completed a Master's degree (n = 9, 31%), followed by those who completed a Bachelor's degree (n = 9, 20%) and those with a high school or an equivalency diploma (n = 7, 15%). Additionally, there were panelists with an Associate degree (n = 3, 7%), a professional degree (n = 2, 4%), and a

doctoral degree (n = 2, 4%); nearly one-fifth of panelists did not specify their educational background (n = 8, 18%).

Regarding their demographic background characteristics, about half of panelists were 55 years of age or older (n = 22, 49%); nearly one-third were between 40 and 54 years old (n = 14, 31%); and nearly one-fifth were between 30 and 39 years old (n = 8, 18%). Over half of panelists identified as men (n =26, 60%), four in ten as women (n = 18, 40%), and one reported another gender. Most panelists described their ethnic / racial background as of European descent (n = 37, 82%); this was followed by those who self-identified as Black or African American (n = 4, 9%) and those who selected multiple categories (n = 3, 7%); one panelist did not answer the question about their ethnic / racial background.

Panelists were asked to complete two rounds of ratings of the GRP core competencies developed by the work group. Gift cards totaling 50 USD were sent as a token of appreciation to those who completed both. The findings from the two rounds of ratings are presented in Table 2. Most notable is the overwhelming support for the proposed competencies in round 1: 69 out of 71 proposed competencies were rated as a "5" or a "6" on a scale from 1 to 6, with higher ratings indicating greater perceived importance, by more than 75% of panelists. Additionally, each of these items had an interquartile range of one or less. There was no consensus on two items: the competency originally numbered 1.4. was rated as a "5" or a "6" by 62% of the panelists, and the competency originally numbered 1.9. was rated as a "5" or a "6" by 75% of the panelists and had an interquartile range of 1.5.

In the second round of ratings, panelists were asked to consider the average ratings from round 1 while re-rating the competencies 1.4. and 1.9. Fewer than 75% of panelists re-rated item 1.4. as *very* or *extremely important*; as a consequence, this item was removed from the final list of core competencies. In contrast, 88% of panelists re-rated item 1.9. as *very* or *extremely important*; accordingly, this item was retained in the final list of core competencies.

Additionally, panelists were asked to rate four new competencies that were developed by the work group based on suggestions from round 1 (i.e., competencies originally numbered as 1.10., 3.5.7., 3.5.8., and 5.7.). Each of these items received overwhelming support from the panelists.

Lastly, panelists voted on wording options for 14 competencies. In each instance they were asked to choose among three options—1) original wording, 2) revision based on input from round 1, and 3) neither of the two options. As shown in Table 2, in all 14 instances, the majority of panelists voted for the revised wording option.

Table 1. *GRP Core Competency Panelists* (*n* = 45)

Characteristics	n	%
Country		
United States (US)	33	73%
United Kingdom	11	24%
Another country	1	2%
US Region		
Northeast†	12	36%
West	8	24%
Midwest	2	6%
Southeast	3	9%
Southwest	5	15%
Another US region	1	3%
Work Setting*		
Government	8	18%
Community organization	26	58%
Academia	4	9%
Industry	4	9%
Other	21	47%
Work Role*		
Peer	25	56%
GRP supervisor	10	22%
GRP administrator	8	18%
GRP trainer	14	31%
GRP researcher	6	13%
GRP other work	13	29%
Hours / Week Working in GRP Field		
Less than 10 hours	9	20%
10-16 hours	3	7%
17-24 hours	3	7%
25-32 hours	6	13%
33-40 hours	13	29%
More than 40 hours	10	22%
Not working in GRP field	1	2%

Characteristics	n	%
GRP Experience		
Research	22	49%
Publications	9	20%
Presentations	29	64%
GRP Treatment Provider		
Yes	23	51%
No	22	49%
Education		
High school diploma/GED	7	15%
Associate degree	3	7%
Bachelor's degree	9	20%
Master's degree	14	31%
Professional degree	2	4%
Doctoral degree	2	4%
Prefer not to respond	8	18%
Age		
39 or younger	8	18%
40-44	4	9%
45-49	4	9%
50-54	6	13%
55-59	7	16%
60 or older	15	33%
Prefer not to respond	1	12%
Gender		
Woman	18	40%
Man	26	58%
Other genders	1	2%
Racial/Ethnic Background		
European descent	37	82%
Black	4	9%
Multiracial	3	7%
Prefer not to respond	1	2%

Legend: †For the purpose of this report, central and mid-Atlantic US regions were classified as Northeast. *Total exceeds the count of panelists because some selected multiple response categories. n = number of panelists.

Table 2. *GRP Core Competency Ratings*

Original #	New #	Round	Label	N	Min	Max	Mean	Median	Lower Quartile	Upper Quartile	Quartile Range	% Agree	% Round 2 Vote
Domain 1. Knowledge													
1.1.	1.1.	1	Gambling (e.g., definition of gambling, types of gambling, gambling industry).	45	2	6	5.4	6	5	6	1	91%	N/A
1.2.	1.2.	1	Basic concepts related to gambling problems and gambling recovery (e.g., behavioral reinforcement, emotional avoidance, gambling action cycle, gambling spectrum, pathways to gambling problems, triggers, money barriers, cognitive distortions).	45	3	6	5.7	6	6	6	0	93%	N/A
1.3.	1.3.	1	Co-occurring disorders and their impact on gambling (e.g., mental health, substance use, physical problems).	44	2	6	5.6	6	5	6	1	93%	N/A
1.4.	--	1	The relationship between gaming and gambling.	45	1	6	4.6	5	4	5	1	62%	N/A
1.4.	--	2	The relationship between gaming and gambling.	43	1	6	4.8	5	4	6	2	72%	N/A
1.5.	1.4.	1	Multiple pathways of recovery (e.g., natural recovery, counseling assisted recovery, community mutual aid) and various recovery systems (e.g., GamAnon, GamTalk, inpatient/outpatient treatment, online resources).	44	4	6	5.7	6	5	6	1	93%	N/A
1.6.	1.5.	1	Principles of relapse prevention (e.g., identifying high risk situations for relapse, developing solutions, learning from relapse).	45	3	6	5.6	6	5	6	1	93%	N/A
1.7.	1.6.	1	Diverse recovery goals (e.g., abstinence v. harm reduction).	44	4	6	5.5	6	5	6	1	93%	N/A
1.8.	1.7.	1	Availability of gambling treatment systems in their area.	45	2	6	5.7	6	6	6	0	93%	N/A

Original #	New #	Round	Label	N	Min	Max	Mean	Median	Lower Quartile	Upper Quartile	Quartile Range	% Agree	% Round 2 Vote
1.9.	1.8.	1	Stages of change and gambling recovery (i.e., precontemplation, contemplation, preparation, action, and maintenance).	44	2	6	5.2	5.5	4.5	6	1.5	75%	N/A
1.9.	1.8	2	Stages of change and gambling recovery (i.e., precontemplation, contemplation, preparation, action, and maintenance).	43	1	6	5.3	6	5	6	1	88%	N/A
1.10.	1.9	2	Awareness of the importance of family relationships.	42	2	6	5.3	5	5	6	1	88%	N/A
Subdomain 2.1. Communication													
2.1.1.	--	1	Pay attention to the process of communication between self and others.	44	3	6	5.4	6	5	6	1	89%	N/A
2.1.1.	2.11.	2	Be aware of the importance of communication between self and others.	37									81%
2.1.2.	2.1.2.	1	Listen with careful attention to the content and emotion being communicated.	45	1	6	5.6	6	5	6	1	93%	N/A
2.1.3.	--	1	Model the use of non-stigmatizing language (e.g., person with gambling-related harms v. gambler or problem gambler).	44	2	6	5.2	5	5	6	1	82%	N/A
2.1.3.	2.13.	2	Model the use of non-stigmatizing language (e.g., person with gambling-related harms v. gambler or problem gambling), while recognizing and accepting how others may self-identify as part of their recovery.	35									80%
2.1.4.	2.1.4.	1	Balance sharing with listening, knowing when to share and when to listen.	45	3	6	5.6	6	5	6	1	96%	N/A
2.1.5.	2.1.5.	1	Help others resolve conflict through the development of effective and healthy communication strategies.	43	3	6	5.3	6	5	6	1	84%	N/A
2.1.6.	2.1.6.	1	Use various modalities of communication (e.g., text / tele) properly.	45	2	6	5.4	6	5	6	1	87%	N/A

Original #	New #	Round	Label	N	Min	Max	Mean	Median	Lower Quartile	Upper Quartile	Quartile Range	% Agree	% Round 2 Vote
Subdomain 2.2. Relationship Development													
2.2.1.	--	1	Set expectations for the peer recovery relationship.	44	1	6	5.3	5	5	6	1	89%	N/A
2.2.1.	2.2.1.	2	Set expectations for the peer recovery relationship, (e.g., availability, differences between counseling and peer support, preferred methods of communicating).	37									86%
2.2.2.	2.2.2.	1	Encourage the development of a safe and supportive network of relationships.	45	3	6	5.5	6	5	6	1	91%	N/A
2.2.3.	2.2.3.	1	Engender trust by acting in an accepting, empathetic, and nonjudgmental manner.	45	5	6	5.9	6	6	6	0	100%	N/A
2.2.4.	2.2.4.	1	Meet people "where they are"; motivate without forcing change.	44	4	6	5.7	6	5	6	1	98%	N/A
2.2.5.	2.2.5.	1	Validate the feelings and experiences of others.	44	1	6	5.5	6	5	6	1	91%	N/A
Subdomain 3.1. Strength-Oriented Approach													
3.1.1.	3.1.1.	1	Share lived experience to embody / inspire hope and support those with whom they work.	44	2	6	5.3	6	5	6	1	82%	N/A
3.1.2.	3.1.2.	1	Model personal recovery and change practices to help others engage in recovery practices that work for them.	44	3	6	5.4	6	5	6	1	86%	N/A
3.1.3.	3.1.3.	1	Provide information about skills related to health and wellness.	44	2	6	5.1	5	5	6	1	80%	N/A
3.1.4.	3.1.4.	1	Address stigma and shame experienced by those with whom they work.	42	4	6	5.6	6	5	6	1	93%	N/A
3.1.5.	3.1.5.	1	Celebrate others' efforts and accomplishments; encourage, support, and praise.	44	4	6	5.6	6	5	6	1	91%	N/A

Original #	New #	Round	Label	N	Min	Max	Mean	Median	Lower Quartile	Upper Quartile	Quartile Range	% Agree	% Round 2 Vote
3.1.6.	3.1.6.	1	Identify strengths and resilience in others and help them identify these within themselves.	43	4	6	5.7	6	5	6	1	95%	N/A
3.1.7.	--	1	Foster independence; support others in using effective problem-solving skills to make their own informed decisions.	43	3	6	5.6	6	5	6	1	93%	N/A
3.1.7.	3.1.7.	2	Foster independence; support others in using effective problem-solving skills within their cultural values and frameworks to make decisions that work best for their lives.	39									77%
Subdomain 3.2. Trauma-Informed Care													
3.2.1.	3.2.1.	1	Understand and use principles of trauma-informed care (i.e., safety, choice, collaboration, trustworthiness, and empowerment).	43	2	6	5.3	6	5	6	1	86%	N/A
3.2.2.	--	1	Recognize the widespread impact of trauma and how trauma may affect an individual's recovery process.	44	3	6	5.3	5.5	5	6	1	84%	N/A
3.2.2.	3.2.2.	2	Recognize when trauma is having an impact on recovery and, when appropriate, refer to counseling or other resources.	36									89%
3.2.3.	3.2.3.	1	Recognize various types of traumas (e.g. financial trauma, adverse childhood experiences, and other sources of trauma).	44	3	6	5.2	6	5	6	1	77%	N/A
3.2.4.	3.2.4.	1	Recognize that the experience and impact of trauma is subjective and attune to others' perceptions of trauma.	43	3	6	5.3	6	5	6	1	88%	N/A
Subdomain 3.3. Guidance in the Change Process													
3.3.1.	3.3.1.	1	Tailor services and the role of a gambling recovery peer to meet the unique needs of others across the continuum of change and recovery.	44	4	6	5.5	6	5	6	1	91%	N/A

Original #	New #	Round	Label	N	Min	Max	Mean	Median	Lower Quartile	Upper Quartile	Quartile Range	% Agree	% Round 2 Vote
3.3.2.	--	1	Provide gambling-related information / education.	44	3	6	5.4	6	5	6	1	86%	N/A
3.3.2.	3.3.2.	2	Provide gambling recovery-related information / education.	36									89%
3.3.3.	3.3.3.	1	Assist and support others in envisioning change, setting goals, and accomplishing tasks.	45	4	6	5.5	6	5	6	1	89%	N/A
3.3.4.	--	1	Identify and encourage formal and informal support.	44	4	6	5.5	6	5	6	1	86%	N/A
3.3.4.	3.3.4.	2	Identify and encourage formal, informal, and natural sources of support (e.g., counseling, community support groups, family).	36									92%
3.3.5.	--	1	Help others resolve ambivalence and increase their motivation to change.	44	2	6	5.4	6	5	6	1	86%	N/A
3.3.5.	3.3.5.	2	Help resolve ambivalence and increase motivation to change.	37									70%
3.3.6.	3.3.6.	1	Maintain awareness of gambling and financial safeguards.	44	4	6	5.7	6	5	6	1	95%	N/A
3.3.7.	--	1	Provide support in addressing and / or refer others to resources that will help them manage finances.	45	3	6	5.5	6	5	6	1	96%	N/A
3.3.7.	3.3.7.	2	Provide support to access financial services as needed.	37									62%
3.3.8.	3.3.8.	1	Support choice of participation in various recovery resources (e.g., various self-help groups, inpatient treatment, outpatient treatment, family treatment, psychoeducation, on-line resources).	45	5	6	5.7	6	5	6	1	100%	N/A
3.3.9.	3.3.9.	1	Support multiple pathways for change (e.g., harm reduction and abstinence strategies; self-help and clinical treatment).	45	3	6	5.7	6	5	6	1	98%	N/A

Original #	New #	Round	Label	N	Min	Max	Mean	Median	Lower Quartile	Upper Quartile	Quartile Range	% Agree	% Round 2 Vote
Subdomain 3.4. Support for Affected Others													
3.4.1.	3.4.1.	1	Maintain positive regard for affected others.	45	3	6	5.6	6	5	6	1	98%	N/A
3.4.2.	3.4.2.	1	Provide resources, information, and education to affected others on gambling and gambling recovery.	45	4	6	5.7	6	5	6	1	96%	N/A
3.4.3.	3.4.3.	1	Encourage family members and important others to seek help when needed.	45	4	6	5.8	6	6	6	0	98%	N/A
3.4.4.	3.4.4.	1	Use personal disclosure, empathy, and respect to encourage understanding between family members and / or between important others.	45	3	6	5.5	6	5	6	1	91%	N/A
3.4.5.	3.4.5.	1	Support recognition of personal responsibility regarding how gambling affects others (e.g., family members, friends, employers, colleagues).	44	4	6	5.7	6	5.5	6	0.5	98%	N/A
Subdomain 3.5. Safety and Crisis Support													
3.5.1.	--	1	Recognize signs of distress and be there for others.	45	1	6	5.4	6	5	6	1	98%	N/A
3.5.1.	3.5.1.	2	Recognize signs of distress and help connect to available resources, which may include 24-hr services (e.g., crisis support and helplines).	36									94%
3.5.2.	3.5.2.	1	Help others develop and use coping strategies when stressed.	45	4	6	5.5	6	5	6	1	96%	N/A
3.5.3.	--	1	Seek supervision for support and guidance when dealing with stressful situations.	42	4	6	5.7	6	5	6	1	98%	N/A
3.5.3.	3.5.3.	2	When providing support for unusually stressful situations, seek supervision as needed for guidance.	35									71%

Original #	New #	Round	Label	N	Min	Max	Mean	Median	Lower Quartile	Upper Quartile	Quartile Range	% Agree	% Round 2 Vote
3.5.4.	3.5.4.	1	Help diffuse emotionally charged situations.	44	1	6	5.3	5	5	6	1	93%	N/A
3.5.5.	3.5.5.	1	Identify signs of risk, including abuse, neglect, IPV, exploitation, and suicidal ideation, and seek supervision as needed.	44	4	6	5.8	6	6	6	0	98%	N/A
3.5.6.	--	1	Take appropriate action when emotional pain and risk is present (e.g., ask, be there, help others remain safe, help others connect to appropriate resources, stay in relationship within the scope of gambling recovery peer, seek supervision).	44	4	6	5.7	6	5	6	1	98%	N/A
3.5.6.	3.5.6.	2	Take appropriate action when emotional pain and risk are present; encourage engagement in crisis services as needed; seek supervision.	37									84%
3.5.7.	3.5.7.	2	Understand principles of suicide prevention / gatekeeping (e.g., ask, be there, help others remain safe, help others connect to appropriate resources, stay in relationship within the scope of gambling recovery peer, seek supervision).	39	2	6	5.6	6	5	6	1	97%	N/A
3.5.8.	3.5.8.	2	Understand and comply with applicable mandatory reporting laws and policies.	39	3	6	5.5	6	5	6	1	87%	N/A
Domain 4. Advocacy													
4.1.	4.1.	1	Maintain up-to-date information about community and online resources.	45	4	6	5.4	6	5	6	1	91%	N/A
4.2.	4.2.	1	Assist those with whom they work to investigate, select, and use resources and services.	45	1	6	5.2	5	5	6	1	82%	N/A
4.3.	4.3.	1	Share with others the importance and value of peer support.	45	3	6	5.3	5	5	6	1	84%	N/A
4.4.	4.4.	1	Network and collaborate with community organizations and other partners.	45	1	6	5.3	6	5	6	1	82%	N/A

Original #	New #	Round	Label	N	Min	Max	Mean	Median	Lower Quartile	Upper Quartile	Quartile Range	% Agree	% Round 2 Vote
4.5.	4.5.	1	Participate as a member of the treatment / recovery support team (when possible and appropriate).	44	1	6	5.3	6	5	6	1	86%	N/A
4.6.	--	1	Serve as a bridge between services and institutions, on one hand, and the natural support of friends, families, allies, and the greater recovery community, on the other hand.	42	1	6	5.2	6	5	6	1	79%	N/A
4.6.	4.6.	2	Advocate and serve as a bridge to services and institutions; the natural support of friends, families, allies; and the greater recovery community.	36									83%
4.7.	4.7.	1	Support consumer rights to access relevant services (e.g., filing for bankruptcy, social security benefits, housing, the right to self-exclude / self-limit).	44	1	6	5.1	5	5	6	1	80%	N/A
Domain 5. Core Values													
5.1.	5.1.	1	Demonstrate the core values of trust, respect, mutuality, safety, and authenticity.	45	4	6	5.9	6	6	6	0	98%	N/A
5.2.	--	1	Identify their own values and culture and how these may contribute to biases, judgements, and beliefs and how these may influence relationships with others.	44	1	6	5.6	6	5	6	1	95%	N/A
5.2.	5.2.	2	Identify their own cultural values and how these may contribute to biases, judgements, and beliefs that may influence relationships with others.	37									62%
5.3.	5.3.	1	Understand the values, culture, and spiritual beliefs and practices of those with whom they work.	43	4	6	5.5	6	5	6	1	91%	N/A
5.4.	5.4.	1	Recognize the impact of discrimination on those in historically marginalized and / or vulnerable groups (e.g., based on race, ethnicity, sexual orientation, nation of origin, age, abilities, gender identity, mental health, immigration status, housing status,	45	2	6	5.5	6	5	6	1	89%	N/A

Original #	New #	Round	Label	N	Min	Max	Mean	Median	Lower Quartile	Upper Quartile	Quartile Range	% Agree	% Round 2 Vote
5.5.	5.5.	1	Maintain awareness of indigenous and other recovery support resources that are not part of the traditional health and human services system.	44	2	6	5.4	6	5	6	1	91%	N/A
5.6.	5.6.	1	Strive to minimize power imbalance / hierarchical structure in the relationship with those whom they support.	44	4	6	5.6	6	5	6	1	95%	N/A
5.7.	5.7.	2	Remain open-minded, demonstrate humility, and engage in ongoing efforts to increase social and cultural awareness.	39	1	6	5.3	6	5	6	1	90%	N/A
Subdomain 6.1. Personal Wellness													
6.1.1.	6.1.1.	1	Practice awareness of internal state, recognize distress, and seek help or support for personal and professional health and wellbeing (e.g., personal stressors, burnout, compassion fatigue, vicarious trauma, etc.).	44	4	6	5.7	6	5	6	1	93%	N/A
6.1.2.	6.1.2.	1	Prioritize personal physical and emotional safety, be cognizant of any potential personal or recovery safety risks, and seek help or support when needed.	45	4	6	5.7	6	6	6	0	98%	N/A
Subdomain 6.2. Ethics and Professional Responsibilities													
6.2.1.	6.2.1.	1	Complete service documentation and administrative tasks in a timely and effective manner.	45	3	6	5.3	5	5	6	1	87%	N/A
6.2.2.	6.2.2.	1	Follow ethical guidelines, professional policies, and legal mandates (e.g., confidentiality, confidentiality when working with affected others; responding to subpoenas, mandatory reporting).	45	3	6	5.7	6	6	6	0	98%	N/A
6.2.3.	6.2.3.	1	Effectively seek out and engage in mentoring, peer consultation, and / or supervision.	43	3	6	5.5	6	5	6	1	95%	N/A

Original #	New #	Round	Label	N	Min	Max	Mean	Median	Lower Quartile	Upper Quartile	Quartile Range	% Agree	% Round 2 Vote
6.2.4.	6.2.4.	1	Practice awareness of safety and other implications involved with delivering digital peer support (e.g., digital conferencing, social media, texting, etc.).	43	3	6	5.4	6	5	6	1	93%	N/A
6.2.5.	6.2.5.	1	Maintain personal and professional boundaries.	45	5	6	5.9	6	6	6	0	100%	N/A