



HOPE RECOVERY NETWORK - PEER RECOVERY SUPPORT TEAM PLANNING WORKSHEET

Best results happen if everyone knows and agrees on what is expected. What are the goals & what are the boundaries for both participants?



Planning together what we want to achieve, how to do it and what to do when boundaries are crossed will keep things running smooth.

Peer Supporter role is unique to other roles - it is not a family member, therapist, doctor or a friend. Both participants should keep all these roles separate.

GENERAL QUESTIONS		JOINT TEAM ANSWERS	
1) a	What does a Peer Supporter do? (Define Role) Not do?		
b	What does a Peer Participant do? Not do?		
2	What are Peer Participant's 3 Starter Goals to work for in Recovery Support? <i>(Reviewed annually or as needed.)</i>	1	
		2	
		3	
		Secondary	
3	What does the Peer Supporter want from this relationship?		
4	Peer Participant Strengths <i>How can they help meet these goals?</i>		
5	Peer Supporter Strengths <i>How can they help meet these goals?</i>		
6	Other Participant resources currently uses or has? <i>(Therapy, Transportation, Other People, etc.)</i>		

7	What are personal boundaries? <i>(Define together.)</i> Each give some examples they have.	
8	Define Peer Support Ethics <i>Review Privacy, Mandated Reporting, ect</i> Describe ethics vs boundaries <i>Why friendly but not friends is essential</i>	
9	Roles can drift over time, how can boundaries prevent this?	
10	Preferred Communication Peer Supporter: <i>Times, methods, ect</i> (also comm. boundaries / not possible)	
11	Preferred Communication Peer Participant: <i>Times, methods, ect</i> (also comm. boundaries / not possible)	
12	First Celebration Plan: <i>What is a milestone we can celebrate?</i> <i>How to measure? How to celebrate?</i>	
13	Problem Solving Plan: <i>What is a problem we might have?</i> <i>How shall we resolve this?</i>	
14	Peer Participant Comments <i>Anything we did not ask or talk about?</i>	

If an on-going problem with either team member cannot be resolved or has a larger concern to safety, well-being or other issue, please contact the Supervisor.

By signing below, I confirm my answers are accurate and I am aware of how to make a complaint (grievance) and will do so if a problem can't be resolved.

Date Completed:

Next Team-Plan Check-In Date:

Peer Supporter Signature:

Peer Participant Signature: