|  |
| --- |
| **Sample Peer-Recoveree Working Agreements***This (sample) agreement is intended to provide clarity of role and expectations and is a collaborative agreement between Peer Recovery Professional (RC) and Recoveree (Individual Served). It should be adapted as needed to fit the agency/peer role and should be approved by supervisor/agency management before using.**We agree to the best of our abilities to uphold these agreements and seek supervision/support when needed. We strive to enjoy an open, transparent, honest, empowering, strengths-based and mutually satisfying recovery coach-peer relationship that honors each person’s autonomy of choice, recovery pathway, values and strengths.*  |
| **A Recovery Coach (Peer Advocate) is** anyone interested in promoting recovery by removing barriers and obstacles to recovery, and by serving as a personal guide and mentor for people seeking or in recovery. (CCAR Recovery Coach Academy) |
| **Recovery** is a process of change through which individuals improve their health and wellness, live a self-directed life, and strive to reach their full potential. (SAMHSA) |
| **I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, your assigned Peer Recovery Professional, make the following commitments to you**, the Individual/Recoveree/Client/Guest:* I promise to treat you with respect, dignity and as a resource in your own recovery.
* I promise to listen more and talk less; to ask open-ended questions and offer reflections that encourage you to find your way and motivation for change.
* I believe in your capacity to change when you are ready; my role is to be a gentle guide and to walk beside you.
* I expect you may lean on me more in the beginning of our relationship and less as you find your strength and discover your path.
* I believe in ‘multiple pathways of recovery’ and my job is to help you to explore pathways of recovery that are most meaningful to you.
* I may share my story from time to time but only if it serves a purpose for you; not to try to influence your decisions with my personal experiences or potential biases.
* I promise to never exploit this sacred relationship or in any way take advantage of your vulnerability. While I am your friend and peer, what we share is not a “mutually reciprocal friendship”. I am here to assist you with your recovery and will always maintain appropriate and professional boundaries.
* I commit to protecting my own recovery by practicing self-care and establishing healthy boundaries at all times. I know my recovery wellness must come first if I am to be of service to you.
* I know that I am not the expert of your recovery – and I will try and not be directive or suggestive and trust you will find the right solutions as you are the most important resource in your recovery.
* I promise to keep our conversations confidential except when bound by agency policies to disclose threats or concerns of self-harm or injury to others. This may or may not include SUD re-occurrence (return to use) depending on the circumstances. I will always disclose to you when I must break confidence.
* I will do my best to demonstrate cultural humility and appreciate your sharing with me your cultural values, as I may not know what is important to you.
* I will refrain from using stigmatizing labels or harmful language.
* I am not a Sponsor, Counselor, Therapist, Doctor or Clergy Person and commit to “staying in my lane” as Peer /Recovery Supporter.
* I honor your autonomy - You are here by choice and may leave/discontinue service at any time (you may also request a different Peer/RC if working with me causes you to feel uncomfortable in any way).
 |
| **As a Certified Recovery Peer Advocate:*** I will abide by the NYCB Code of Ethics for Recovery Coaches/Peer Advocates.
* I am a Mandated Reporter (and by law must report suspected incidents of harm to child, self or others)
 |
| **Mutual Relationship Boundaries**:* We both agree to show up and be on time and honor our partnership agreements:
 |

|  |  |  |
| --- | --- | --- |
|  | **Recovery Coach Preference** | **Client/Recoveree/Individual Preference** |
| **Phone Number** |  |  |
| **Meeting Location/Address** |  |  |
| **Meeting Duration** |  |  |
| **# meetings per week/month** |  |  |
| **Calls/week (Max)** |  |  |
| **Length of calls (Max)** |  |  |
| **Beginning and End of work day (and availability)** |  |  |
| **After hours calling/emergency plan** |  |  |
| **Social Media Policy** |  |  |
| **Emergency Contact** |  |  |
| **Other:** |  |  |
| **Other:** |  |  |
|  |  |  |
|  |  |  |

**Individual/Client/Recoveree/Guest additional needs/preferences** for ensuring an effective, safe, mutually respectful Working Relationship:

|  |  |  |
| --- | --- | --- |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

***Together we agree to do our best to honor these Working Agreements.***

|  |  |
| --- | --- |
| **Peer Recovery Professional (Peer/Recovery Coach)** | **Individual Served (Client, Recoveree, Guest)** |
| **Name:** | **Name:** |
| **Signature:** | **Signature:** |
| **Date:** | **Date:** |