Session 45: From Participant to Peer: What Changes, What Does Not

Duration: 60 minutes • Recovery education group. Ensure all participants are seated and ready

Materials: Whiteboard; workbooks and pens; the Session 45 handout (Peer Bright Lines)

Learning objectives — by the end of this session, participants will be able to:

- State what changes when a participant begins helping newer people — and what does not change
- List the limits of a peer role: no counseling, no medication advice, no discipline, no secrets kept from staff
- Name the staff member they report to when a peer conversation exceeds the role

Opening (3 minutes)

Newcomer bridge (60 seconds): This is Phase 5 — Giving Back. The one idea today is that the peer role is drawn in bright lines — what you carry, and what you never carry. You are welcome here without earlier sessions; everything you need for today is in this session. One day the newcomer asks you the question you once asked, and just like that, you are on the other side of the chair. Today we draw the peer role in bright lines: what you now carry, what you never carry, and why the limits protect everybody — starting with you.

Check-in prompt (8 minutes)

Name, craving 0–10, one word for your week — then: "Who steadied you in your first weeks here — not staff, a peer? What exactly did they do that helped?" Log every craving score on the roster.

Passing is honored — you may pass any question, prompt, or practice without explanation, step out and rejoin, and choose a partner-only option where one is offered.

Teaching (20 minutes)

Session 35 built mentoring and accountability arrangements for after graduation; this block trains the role itself. A peer is a witness and a companion: living proof, a listening ear, a person who knows the way to the coffee and to the counselor's door. A peer is not a counselor, not staff, and never a secret-keeper from the care team. The role's strength comes precisely from its limits.

- **Your story is your credential** A peer's authority is experiential: 'Here is what happened to me; here is what helped.' The moment a peer starts diagnosing, prescribing, or directing treatment, they have left the credential they actually hold.
- **Confidentiality has the same edges** What a newer person tells you carries the same limits as the group agreements (Session 1): danger to self or others, abuse or neglect, and anything the program must know goes to staff — and the peer says so before the disclosure, not after.
- **Report up; never cover** A peer who learns of use, a plan to leave, or a safety issue and sits on it has not protected a friend; they have endangered one. Warm handoff, same day, every time. Warm handoff means: stay with the person, tell staff yourself the same day, and do not leave them alone with it.

Sources & Evidence — Facilitator background — do not teach

Peer support is a recognized component of recovery-oriented systems of care, mutual-help research associates peer connection with sustained recovery, and role clarity with supervision is a standard safeguard in peer practice (White, 2008; Zemore et al., 2018; SAMHSA, 2012). Key sources for this session: White (2008); Zemore et al. (2018); SAMHSA (2012). Evidence strength: Moderate for peer support generally. Spiritual practice: Fellowship / koinonia community — correlates with peer recovery support and group cohesion; evidence: Moderate (White, 2008; Zemore et al., 2018). Full citations: Appendix H. The session's Scripture material is in its optional handout (Appendix I), as theological foundation, quoted from the King James Version.

'Evidence strength' grades the correlated mechanism, not the spiritual practice itself

Pause midway through teaching: ask, "What part of that sounds most like your life right now?" Take two or three answers, connect them to the teaching, and continue. Teach in your own words — the bullets are your map, not a script to read aloud.

Discussion questions (10 minutes)

1. Which part of the peer role fits you naturally — and which limit will chafe you most?
2. A newcomer says: 'Don't tell staff.' What do you say in the moment, word for word?
3. Why do the limits of the role protect the helper's own recovery, not just the helped?

Skill practice (12 minutes)

Bright-line drill (in pairs, rapid rounds): the facilitator reads situations — a peer asks your opinion of their medication dose; a participant confides a plan to use tonight; someone asks you to keep a secret from staff; a participant asks you to lead tonight's group because staff are running late. The partner answers: inside the role, outside the role, or escalate now — and says the sentence they would use. Switch roles halfway through. Take-home list: a newcomer asks you to settle a house dispute; a peer asks you to hold their paycheck. Answer each the same way: inside the role, outside the role, or escalate now — and say the sentence you would use.

Personal application — homework (5 minutes)

Write the peer role's bright lines in your workbook in your own words: what I do, what I never do, who I report to. Bring it to the next session for a partner check. Participants write it in their workbook before leaving. Facilitator: name the homework again at the door as people leave.

Facilitator notes and cautions

Peer roles in this phase are training roles under this program's supervision — no participant leaves this session with new authority over participants. Facilitators correct any 'junior staff' interpretation immediately and kindly.

Closing (2 minutes)

A peer stays steady, stays near, and stays honest about what they cannot do. Learn the lines, and you can be trusted with people. Next session: the peer's first skill — listening like it matters, because it does.

Fidelity check for this session: objectives named at the start ☐ craving scores logged ☐ skill practice completed in full ☐ homework written down by participants ☐ session note filed today ☐