Episode 5: Staying Ethical While Staying Authentic- Navigating Boundaries in Peer Support with Kim Govak

CASAT: CASAT. podcast network.

Justin Bell: Hey, everybody. Welcome to the Peer Support Professional's Guide. I'm your host, Justin Bell, research scientist in personal Recovery. Peer support is one of the fastest growing roles in behavioral health right now. With that growth comes opportunity, but also a lot of questions about how we do it well. So each episode of the guide, I sit down with peer specialists, leaders, advocates from across the field, talk about what's actually happening on the ground, what's working, what's challenging, what it takes to grow in this role. Whether you're just getting started as a peer or whether you've been doing this work for years, this is your guide to help you build skills and think critically. Today's episode is about ethics and specifically what it means to stay ethical without losing what makes peer support work in the first place. Authenticity and lived experience. Peer professionals walk a line that other roles in healthcare don't usually have to navigate the same way, such as, how do you stay a real person in the room without compromising the integrity of the work or yourself? And today I talked to someone who spent years thinking about that question, Kim Govak, founder, of Impandive Perspectives. Kim is a nationally certified peer recovery support specialist and a certified peer recovery specialist who has been training countless other peers and led trainings on ethics in the peer workforce. She's also an instructor for the CPRS program at Rowan College of South Jersey and sits on the New Jersey Coalition for Addiction Recovery Support. Today we get into lots of sticky ethical situations, like dual relationships, self disclosure, workplace pressures, and what it looks like to make ethical decisions in real time. Let's jump into it. All right, Kim, thank you for joining the

Peer Professional Support Guide, today on this podcast. I really appreciate your time. I've had your name actually recommended to me by multiple people now who I know. So I was very excited to have you be a guest on this podcast. And as your bio shows, I know you've done a ton of trainings, you've done a ton of education on peer support. And the topic that we're going to talk about today, which is on the ethics of peer support, something that I know isn't talked about enough. So to start out, for people who maybe haven't built their career like you have around training the peer workforce, and listeners who aren't deep in this world, what does ethics mean in the context of peer support? And how does that compare to other professions? Maybe clinical professions?

Kim Govak: All right, thank you. First of all, I want to thank you for having me, Justin. I have to say that, this is a really great topic. And, I find that, I'm really encouraged that most of the certified peer recovery specialist training in our country, comes with an ethics component. So it doesn't matter how we're coming into the field, at some point we're gonna be exposed to ethics training. when I think about this question, though, I think that sometimes people hear the word ethics and they automatically go into, is this gonna be a concern about something being right or wrong? Right. And then our job is to kind of let them know that this is gonna be more about professionalism. So in answering the question, ethics are a code of conduct, right. they are a national upon standards, and they are in place to help, ah, guide professional behavior. Right. every single profession, every part of the helping profession has a code, right? So that's nurses, doctors, social workers, peer recovery specialists. Every single helping professional has a code of ethics. But they're all different, right? Why are they different? They're different because of the situations, that people are going to get into and the folks that we're working, working with. So each one has its own code. I found that, the application is different in practice because the PO role is different. but let me go back

and say that I know for me as a person in recovery, it took me a long time to even admit that I was a professional, to call myself a professional. Right? Because I come up from the school of, we're all equal. I, I'm here, you're here. So attaching that professional label to me, I wasn't beat for it for a long time until I learned, okay, the peer recovery support continuum is all based on us being professional. And along with that comes a

00:05:00

Kim Govak: code of ethics.

Justin Bell: Yeah. And I was going to ask, because, I mean, it's also like there was a deliberate decision with this podcast to include the word professional. and so why is that so important to you and what made you change to that? I'm just personally curious about that.

Kim Govak: Well, that's a great question, I guess for me, based on my chosen pathway of recovery. I know that and learned that, we're all on the same kind of level. So what I attached with the word professional was I'm here and you're here. And I've learned throughout my career that, no, we can still be on equal footing, right? That mutual reciprocity of recovery support. But I still have to remain professional. I still have to abide by organizational policies and procedures and I also need a code of ethics. I need something to help me, with my behaviors. Right. Because we can bring some things in from before we got into recovery, some ways of thinking and things like that. so I remember one of my really, really great friends in the field, we talked about this in earnest, because I just struggle with that word professional. And she was like, ah, Kim, accept the fact that you're a professional now. Right. And not only that, like, you may have some leadership qualities about you. And so. Right. That were spotted in me.

Right. Which I'm so grateful for. but I have to be able to, conduct myself properly, especially when I'm going to other organizations or I'm responding in different places. so it just is a set of standards that helps me, to know how to maneuver through certain situations.

Justin Bell: Yeah, yeah, I like that. And that I think I try to tell people, professional can also look different, because I think a lot of times people are like, okay, if we call ourselves a profession and we have these standards that we're, you know, that that also means that we have to be in a tie all the time, and we have to, you know, like, we have to act like lawyers, and we walk into the room with briefcases and all that, and it's like, no. I mean, I think the peer workforce is also redefining what a professional is, which is cool. And that, you know, you can have tattoos as a professional. You can have. You can kind of be yourself in certain ways. You can use some language that's a little bit casual. because there's the authenticity part of that, too. but obviously, I know in this conversation that, yes, the ethical guidelines are incredibly important. and in the future, I want to do, like, a version of this podcast where listeners can call and leave voicemails and can ask about sticky situations, and maybe we can do it that way. But my hope in this conversation today is kind of to do that without actually having the people call in. Because the questions that I'm going to ask you, I think are common issues that I've heard talked about in the, peer workforce and kind of see from your wisdom and experience what your reaction would be. The first one speaking to that authenticity issue is the issue of dual relationships. And so I hear this especially in, like, small communities, small towns. I even have some friends, in the workforce or there are other treatment professionals, and they talk about, you know, they're in this small community, they're in the small area, and, you know, let's say they walk into a mutual aid meeting, they go to a 12 step meeting and people that they're helping are there in that meeting. Or alternatively, they get asked by the people that they're helping to. Let's

be friends on Facebook. Let's be friends on LinkedIn. Let's hang out. Let me get your phone number. Let me, let me, I want you to be my sponsor. And so the question, I guess I asked of you is, how do you handle those dual relationships? How do you stay authentic in yourself and in this helper role while also putting up, I guess, some boundaries?

Kim Govak: Oh, that's a great question. and I love the way you phrased it. Right. and I think it also goes back to the first question that you asked because you did ask about, ethics as it pertains to peers and keeping it in that non clinical. You mentioned the word clinical. So I want to make sure that I stress here that peer work is built on and rooted in lived experience. Right? And so as a result of that, we intentionally build relationships based on the hope of recovery. in saying that, in my experience, dual relationships is an inevitability of peer recovery support. We do our work intentionally. Peers do

00:10:00

Kim Govak: really, really great work, and we live, recover and hang out in the communities that we serve. So the reality is that eventually I'm going to be a shopwriter. I'm going to run into somebody I've been working with, I'm going to run into somebody I know. if I'm doing really good work, which I like to think that I am, and so many other peers are, we're going to get referrals from our friends and family. You know why? Because, who are we going to refer our loved one to? Someone we don't know, or the person who lives five houses away from us that we know was sick and suffering at one point and now today they're living a phenomenal life, I'm going to want to refer my loved one to that person. Right. So the likelihood that I'm going to run into someone or even have a referral, from, from a family member, community member, is great. so we make sure that, we know how to maneuver those situations. a distinction that I found here is

that there's a difference between having a dual relationship and creating one. Right. and I said that to say that if I run into someone and this has happened, if I run into someone at a recovery meeting, if I run into someone at a doctor's office, if I run into Someone, in Walgreens or something like that. my job and part of my role, like, how do I respond in that situation? if they spot me, even if I've spotted them, I'm not going to say anything. Right. My professional responsibility is to, I can see you. and I allow you to lead. Right. We allow the person to lead if they give us a nod or they run up to us. And especially if they're with a family member and they say, I know this person. They're my. Blah, blah, blah. Right. Nice to meet you. Keep it moving. Don't share anything about that person. But always making it about the person that we're working with. Right. dual. Dual relationships. the whole sponsorship piece. you know, that. That can happen. I'm going to share a personal experience. Yes. That happened to me. You know, I was working in a recovery community center, and I have people in my life and, you know, that, you know, some. Some great roles became available. Right. And I knew some great people that could handle them. And, And so these people got jobs. We were all separated. We weren't, in the same sphere. We weren't doing the same work, but we were working for the same organization. And then another position popped up, and someone in my life wound up getting a position, a managerial position. Right, right. So it was our responsibility to share that. We had that dual relationship outside, of the organization. And, Justin, I'd love to sit here and say that we did it. Right. and this was years ago.

Justin Bell: Right.

Kim Govak: We learned through our experiences. and so, you know, we wound up, you know, talking about it, with our directors and some. We had to move some things around, because the fidelity to the work was more important than our relationship inside

and outside of the. Of the job. And not to mention, it could cause problems not only within the work, but within the relationship outside of work, which was also so important to both of us. so I do think that, that those kind of things are going to happen and we're going to run across these situations. The best thing to do is to just prepare for it to happen. Don't be sitting there, like, surprised because Kim just told you you're going to run into somebody, you know, and it could be in a professional capacity, or it could be in a personal capacity, just out in the community somewhere.

Justin Bell: Yeah. Yeah. I like that perspective. yeah. And just to highlight a couple things. Yeah, I really like what you're saying about expecting it. and, yeah. Being able to handle it. I think the one Thing that I wanted to go back to that you mentioned was this idea of referral, which I think is true because recovery is contagious. That people see that you're doing well and they naturally, or they hear about your job and they're like, oh, I know a person. This person can help. If you've ever been in this situation or heard of this situation, have you ever like not taking a referral or what do you do in that situation when you realize, okay, maybe this person is too close to me? I mean, is there a solution to that? How do you kind of gracefully handle being able to be like, this

Kim Govak: is too close 100%. And I have created a clear boundary for myself. And even in trainings I suggest, that new peers, and I'm so grateful I get to work with new peers coming into the workforce. Right. So you get to kind of, give them an idea of a way to think about things. So you're inevitably going to run into someone, that you know. And if you're doing great work, you're going to inevitably get a referral from someone. So become comfortable with saying, due to my, due to my job's policies and procedures, I have to refer you to somebody else.

00:15:00

Kim Govak: They're really good. Right? because I can't serve you in this capacity because we know each other outside of here, but we're going to refer you to somebody here that can really take care of you. And I'm not going to be able to follow your case either because that, that, because there's confidentiality here. It's also part of, like, that, it can be part of that informed consent. Right? There's, there's confidentiality here and you may share something with them that you don't want me to know. And guess what, as you continue in your process here, it's none of my business right now. I can be here for you outside of everything else. but when it comes to you getting treatment or you getting, working on recovery plans or whatever your capacity is going to be here, it just can't be me. It wouldn't be fair to you. I think it's all in the language, and how we prepare ourselves for this. I can share another personal anecdote with you. I remember when a family member, a loved one, had ah, a situation and, and came to me. And again, it's one of those things. I'm going to be honest. I did everything wrong. I took this person, I didn't help this person. I knew Enough not to be the one that was going to help this person. But I took them straight to my director and tried to control some things on the back end, which I learned through that experience did not help that person because I, I can't make a person change. And I was so close to the situation that I was monitoring everything. And again, what this person was going through was their business, not mine. But tell that to a loved one, right?

Justin Bell: It's a natural human inclination. Yeah, I was gonna say, I think you brought up a good point. Cause that's been something that my family members have struggled with is like once they make the referral, they also assume, well, you can watch this person, right. You know, you can give us the status updates and behind the scenes and it's like, I mean, I understand it. Yeah. It's like, that sounds like a cool idea of here. You got somebody on the inside, they're watching them, they're giving the family updates. But that is obviously not a good recipe, for making that person feel trusted or

comfortable that they know they're being, under surveillance. but yeah, yeah, again, we learn these things. well, talking about another common situation, that I hear about and actually has been talked about a lot on this podcast, is sort of self disclosure. and this is actually one that I don't hear talked about as much, as other professions, I should say, like clinicians, like, they're always talking about self disclosure because that's sort of a, ah, minor part of their job that they have to be really careful about. But again, this is a case where peers are expected to be authentic. They're expected, as you said, to kind of be rooted in their lived experience. but again, I know that there's some framings, I guess, around,

Justin Bell: self disclosure and what to share and when. And also I hear a lot about, and I've heard this directly asked in trainings, like, I'm a person in 12 step recovery. Like, can I tell everybody to come to 12 step recovery? Like, can I tell everybody I'm helping, like, go to an AA meeting, go to an NA meeting? And I've heard that answered in different ways. So to hear your perspective, like, how do you teach peers or train peers? What do you recommend about, like what parts of their story to disclose and how to be strategic about their own self disclosure.

Kim Govak: phenomenal question again, Justin. And I get. I can, I can share this with you, right? I'm in a master's program going for a master's in counseling and addiction Right. And so I know that there are ethics codes that specifically speak to this when it comes to being a clinician. So, the relationship is different. Right. what I will say to this is that we cannot professionalize the heart out of work that is rooted in lived experience. Yeah, Right. we're talking about, individuals who are united by the disease of addiction. We're naturally going to have the inclination to want to share our story. the whole peer workforce is built on storytelling. It's built on transparency, authenticity, all those things that you mentioned. but we also have to know that self disclosure is a tool. And you use

a tool when, when it's needed. Right? You don't pull the tool out, you don't pull the hammer out before you put the nail down. Right. So you utilize the tool when it's needed. The

00:20:00

Kim Govak: goal ethically is to always share with intention. Right? Now, I get this from a lot of peers too, especially those who are used to, sharing in, in their respective pathways. Right? So they're used to sharing and they're used to, being able to lean in with where they're at. Okay. When we're working with someone, I have found, the distinction is to, before I get ready to say something to someone that's asking something of me or I'm working with them, I ask myself three questions. And these are three great questions that we can ask. Right? is my share, Right. What I'm going to say, is it relevant to the person who's sitting before me? Right. Is it relevant to relevance? Right. is it serving that person or is it serving me? As the second question and the third most important one for me is will it help this person move their recovery forward? Right. So if I'm going to share any tidbit or part of my story, I ask myself those three questions. First, relevance, who is it serving and is it going to help that person move their story forward? And no matter what is shared based on the answer to those three questions, it's a real quick diatribe in my head, right? relevance, who's it serving and is it going to help them move forward? And if it comes to the fact that, yes, I'm going to share a piece of my story, it always comes back to what the person is going through that's in front of me. Right. And how they respond and where they, where they lead. The other thing is this, this is what I share with, with, with peers that are, coming into the field. The, the, the. Let's try to stick to the 70, 30 rule. This is what I say. Listen, I don't, I haven't seen the interview traders, but this is 70. 30. They talk 70, you talk 30, they talk 70%. Yeah, you talk 30. Right. and that way the conversation is more rooted in their needs as

opposed to me sitting all day here trying to get, trying to figure out how I identify with you and get you to figure out how I identify with you. So you can see the hope. No, we listen more and then we'll find those little natural, places where we can share parts of our experience that may be able to help that other person. But it's always about helping that other person. And when it comes to. I'm going to send them, I'm going to suggest they go to this meeting or that meeting. What do you want to do about your problem and how can I help? What do you want to do? And then when I ask that question, I have to have a whole cadre of options for them. Right. one thing that I found in my experience is that my pathway is mine. And that has nothing to do with where you land on how you want to move through your journey. I think for some, it takes them a while to get to that place of understanding that. I don't have to refer you to my pathway because I know it works for me. I have to listen to what you're saying and support you in decisions that are going to work for you.

Justin Bell: Yeah, yeah, I think that's, that's what I've seen is one of the hardest parts. And I understand it because it's like, it's so natural to, you know, to be like, oh, this, this program that I'm in has saved my life and I want everybody to know about it. And I've seen, I sat in on a C car training a couple months ago and that was like, honestly, the biggest conversation that they were having in the training was just, just disentangling. Like, that's your recovery pathway. That is not the peer's recovery pathway. That's not the person you're helping recovery pathway per se. It can be. And if there's an alignment, then great, then now you can have that conversation. And you know that that person wants to go there and you have plenty of knowledge about that. But, to become educated about sort of the menu of options that's available to that person. And it's like you're like a recovery consultant. You know, you're like their, their guide. Okay. You, you're interested in faith based, like Here's a faith based option you're interested in. Not mutual aid at all. You have a, you know, a religion that you go to every week, a, ah,

service, you know, then great, that's what you do. that there are so many options because I think there's so many folks unfortunately, who get turned off by that. And especially just, I think also just being told what to do in any capacity turns people off. So it's just never really a good way to take it. and I loved your, your questions too, the conversational questions. I mean, I kind of feel like we should all be asking ourselves

00:25:00

Justin Bell: those questions in every situation, regardless of our role. I don't think people usually like unsolicited advice in most situations. So, but I think, yeah, in the peer role, those are excellent, excellent questions. okay, so I guess zooming out a little bit in terms of the stickiness, so moving away a little bit from the direct peer service role, and thinking about kind of peers that are working in agencies especially that aren't necessarily recovery oriented. So I mean the point of this podcast is that the peer workforce has exploded in the last, especially five to 10 years. Peers are now found pretty much everywhere. You can get some support. and that means that peers are also showing up in places that maybe don't necessarily understand their role. And that creates some really sticky situations that I've either I've heard from friends or I've seen written about in literature where peers are actually being asked to do things that directly break their ethical code. and I'll give you an, example that I've personally heard, which is like a peer working in the, justice system that gets asked to basically become an informant for the justice system. Right. You know, you, you hear things from these, people that you're working with. They're telling you vulnerable secrets. So, you know, why don't you tell us anytime that, you know, drugs are getting into jail and then, you know, we can use that information to crack down on, people in the jail. Right. That's the literal situation I've heard of. And so, I know this is a very sticky situation, but, what would you recommend for peers that are in those situations where they are being asked

by their employer to do something that breaks, the ethical code of peer work?

Kim Govak: again, really sticky situations. And oh, I'm going to really go off with this one because of the way that you framed it. That's beautiful. so an organization, and I'm grateful that I have the opportunity to work with individuals and organizations right across the country. Again having these kind of questions. Not every single organization or agency is a recovery ready workforce workplace they may not understand. But for the peers, and as part of their training it is important and imperative and essential for trainers and educators to get across the fact that role clarity is everything. And coming into a role, a peer absolutely, has the right to say, to clarify anything that may be on their job description, ask for a copy of their job description and make sure that they understand everything on it. the example that you gave with the justice involvement, for many peers we're under no surveillance at any time. So you telling me I have to surveil someone else is absolutely going to cause a problem for me. And peers in ethical training know where to go within their own ethical codes on how to point that back at the organization. This is going, this is absolutely against a tenant that I hold dear. having to report on someone. And that's going to go into. I think one of the other questions that we may have not hit on yet. it's kind of like mandatory reporting. That's another area. the organization, in order to set peer workers up for success, have to have clear role descriptions, for role clarity. In order for peer workers to do the best job that they can as leaders and supervisors and directors of programs. the clear job description can help set the expectation of the place. Right. this is the other thing. I've literally heard that that's not in my job description. And from the peers I work with, I've literally heard them say where is that in my job description? You know what I mean? And but it doesn't, it doesn't have to be a problem. This doesn't have to escalate into a problem where this peer is feeling backed into a corner. And not to mention that could cause burnout and all kinds of other things. And this is the reason why peers are

leaving the field. so it's the open communication so that I can make an informed decision right in the moment. I'm going to give you another example. I worked in a recovery center, community center for a long time again before I became the program director. And it's like, like you can wind up transporting someone to treatment. Right? Taking them to a job. oh yeah. Taking them to a job interview or taking them to anything that has anything to do with social determinants

00:30:00

Kim Govak: of health, whether it's SSI or, or housing or you could Take them to a multiple of places or you can wind up taking out the trash at the end of the day. Right. I have been there and literally done all these things and they weren't on my job description at the time. My thing was, okay, I wasn't aware I was going to be transporting someone to treatment. Not that that's a problem, but can it be added to my job description? Thing is the more there is on a job description, the more peers have to get paid for.

Justin Bell: Absolutely.

Kim Govak: So who's an ambiguous job description? Who is that serving the organization? So as educators we need to make sure that peers are aware of their rights and responsibilities when they go into these new positions. And if there's something on the job description. Absolutely. Ask for one. If there's something that's on the job description that they don't understand to ask the question. And if something comes up for them to bring it to supervision, bring it to their supervisor.

Justin Bell: Yeah. And ah, who do you recommend? I mean I know sometimes and I've

been contacted by peers like through LinkedIn who have seen my post and stuff and I think they think that I'm maybe in a different role than I am. I'm just a researcher. But they're asking for help sometimes and they feel like they're alone. Right. That they don't have a supervisor that supports them and their agency doesn't seem to understand them. Do you have any recommendations about where do you go in that situation for a peer who just doesn't feel like they have somewhere to go within their employer?

Kim Govak: So I have literally suggested to peers that they suggest to their supervisor that they're hearing. This is a little bit of manipulation but I'll be honest, create an anonymous suggestion box or what is your grievance policy? That's where you go, what's the grievance policy? Okay, my grievance is I don't feel like I have a supervisor I can go to. Right. So it, so there's there may be some other area in the, and policies and procedures that the peer can go to. I usually check with the grievous policy first. I suggest that and I suggest that they take it to their supervisor like how are we receiving feedback? Right. And then they can provide something anonymously. I mean there is a fear that like I'm going to lose my job if I feel like my supervisor is not supporting me. But, but in a peer workers role a, clear expectations, clear knowledge of who I report to means that if I have a problem with my supervisor. Who do I go to? And a problem doesn't always have to be bad. It could just be like, I can't reach them. They've been busy. And I'm having an ethical dilemma right now. Right. Who do I go to? so again, it's teaching them what their responsibilities are and what their rights are. And I can tell you that that first time they asked me to take out the trash, I was like, I had my hands on my hips. I was like, you didn't ask me to look, you didn't hire me for that. But then I also was grateful after that to take the trash out. Right. Because, I don't want to be over a position where I don't know what they are doing or I haven't done that work.

Justin Bell: Right, right, right.

Kim Govak: That made me mindful that when folks were sitting across from me applying for a position, you may wind up taking out the trash. You know what I mean?

Justin Bell: Yeah, that's fair as long as it's out in the open. But I think that's hard because that, I think there are a lot of peers in that spot where they're working in like a non profit, you know, community agency. And it's like, yeah, we, we, you know, there. I think you do have to kind of reflect on that and be like, okay, like, is this, you know, where, where are my battles? I think I'm hearing from you a little bit of like, you know, in certain. Yeah, if you're in a multi million dollar agency that has a sanitation team, you know, you're in a giant hospital and they're still asking you to take out the trash. Like, I think that's a point where you can be, you can die on that hill and be like, look, you guys have a sanitation team, a janitorial team. We don't need to take out the trash. But yeah, I mean, if you're in an agency and you have three employees, somebody's going to have to take out the trash and it's probably going to be split between you three and you hope that your boss is doing it too. But yeah, I get that kind of the difference between those situations is, ah, a good thing to reflect on for sure. well, here's another employer sticky situation that I've personally encountered and have heard some awful ways of dealing with. there's a lot of concern that, okay, these peers that we've hired are people who attest to having recovery from substance use disorder or even, mental health disorder. That they could possibly, to use this term, relapse from or return to use. you know, that they are people sometimes that get portrayed unfortunately as, you know, fragile and sensitive. And so, you know, I've been sitting in a meeting with some employers

00:35:00

Justin Bell: who have literally suggested, and I hope this was just coming from a way of

not being informed, but literally suggested, like maybe we need to start drug testing our employees on a regular basis, to deal with this or something. So, how do you handle that ethical situation? How much should an employer know about their peers, personal lives, recovery lives, et cetera?

Kim Govak: I can say that we have come a long way. I can say that a lot of organizations have come a long way. And again, you do have the knowledge nonprofit sector and then you do have a for profit sector. one may be a little bit more understanding and compassionate and have built in policies and procedures based on the nature. But the bottom line here is wake up. We're talking about the disease of addiction. Right? most of us who work in this field believe that addiction is a chronic. I'm going to use the term relapsing, right. brain disease, and return to use recurrence of symptoms is what we've kind of landed on. so if we're dealing with a brain disease, we have to inevitably prepare for a return to use. return to use and as always, and will continue to be a topic of conversation in addiction and recovery. We just can't skirt around it. and I think that organizations that employ peer workers, any organization that employs peer workers spends a great deal of time preparing for their client, member or participant, whatever they're called in that organization, to return to use. Why wouldn't we do the same thing for the peer workers? the peer workers, in this field deserve that same level of preparation. what that could look like is having policies and procedures and supports in place before the return to use ever even happens. So that's anticipating that it's going to happen based on the nature of what we're dealing with. And then after that, every individual situation deserves its own assessment. Right? So that's looking at the person who has had this recurrence, right? What's their level of honesty? what has their safety been like on the job? What responsibilities have they had? What's their willingness to change? Right? What kind of recovery capital are they working with? again, we're trying to set folks up for success. and so, in order to do that we have to

understand and anticipate that this is going to happen instead of making assumptions about a person. The other thing is, I don't know about you, but I know that recovery is not linear. Right. My own personal recovery today has peaks, valleys, mountains and molehill things that have to surpass on a daily basis. I'm not saying that I'm going to have to have, I'm going to have a recurrence of use, but I may need time off from work. Right. You know, I may need to remove myself from a situation. I may need some self care in the form of a month off from work. and I think responding thoughtfully, consistently documented policies and procedures on how you're going to deal with these types of situations not only supports the organization, but supports the peer worker. Again, we're trying to set people up for success, anticipating that someone is going to have a recurrence of use and how we treat that person that has that recurrence can reflect on the other peer workers that work there. so if we truly believe. You said this before, recovery is contagious. Heard that first at Unite to Face Addiction. Right. Recovery is contagious. Recovery is possible for everyone. Well, if we truly believe that recovery is possible for the people we serve, our workplace practices must reflect the same belief for the people we employ.

Justin Bell: Yeah. Yeah. And I think that's what I see. So my friends and colleagues have put out some research studies interviewing peers and stuff. And the biggest thing is like they just because there are no policies or because they're not talked about because it's uncomfortable. It's like a supervisor doesn't want to congested or they don't know how to say it in the right way and they're scared of the, you know, offending or whatever that it doesn't get talked about. And then there's just fear. You know, the peer just has. The peer is afraid and the supervisor is afraid. The supervisor doesn't want to have the

Justin Bell: the conversation because they just don't want to suggest the wrong thing or piss somebody off. And the peer is afraid because they're like, I guess if there's no policies, what's probably going to happen is if I return to use, I get fired. And like you said, even if the peer doesn't, doesn't think, you know, they have a strong personal recovery program, they don't think they're ever going to return to use. It's still just uncomfortable to be sitting there and thinking in the back of their minds like man, if, if anything ever happens, my Job's gone. And so my. The situation is going to be even worse than it was, you know, initially, because plus everything that's happening, I'm also. I don't have a job anymore. My recovery capital is lower. So I think you're right. Just, like, having that conversation, just being open about it, I think is one of the best things that you can do. Because like. Like, regardless of whether that peer, you know, hopefully that peer never has a recurrence to use for the rest of their life and they have the best possible outcome. That's great. But at least in their mind, they know, like, what would happen where I could get support. Right. That my boss would be able to have that conversation in a comfortable manner and that he, you know, he or she. They could give me some help in that situation. because, yeah, I just interview after interview that I read in the research, that's what peers say is they're just. They're just like, I don't know. Like, I don't know what happens if I return to you is probably bad. And so my assumption is that my employer wouldn't be there for me, which isn't necessarily true, but nobody's had the conversation about it, you know.

Kim Govak: But I think, on the other end of that is if an organization, and let's face it, we haven't gotten around to them all, so. But if an organization is asking about your recovery status or there's, you know, they're saying that, Which most organizations say that you have to have. They want you to have a certain amount of recovery time or experience. If they're asking that, then you have the right to ask, what is your return to use policy? Yeah, yeah. I'm not saying that I'm going to have one, but I need to know

what. We're talking about the disease of addiction. I need to know what my safeguards are just in case that happens. Because they're already asking you about your recovery status. They're asking you about how long you've been in recovery. So what protections are in place for me if I have a recurrence of symptoms?

Justin Bell: Yeah, yeah, that's what it is.

Kim Govak: The protection. Am I going to lose my job?

Justin Bell: Yep.

Kim Govak: Right. but I could. So there's fear on the peer side, but there's also fear on the organization side. If I introduce this, am I inviting it? Yeah, but the thing is, go back to what we first said. We're talking about the disease of addiction. So it's going to happen at some point, right?

Justin Bell: Yeah. And I think Normalizing that is the best thing to do. Because it's like, you know, if somebody had, you know, they had a chronic, other chronic condition, like, that would be a totally reasonable question. If they had diabetes and they, you know, they know that every few years they end up in the hospital for some time, that they would ask their employer that they would say, well, you know, if I. If I go to the hospital, what happens? Like, that's a very fair question to ask. But. But, yeah, unfortunately, this is one of those areas, I think, with stigma, that it just. Everybody.

Kim Govak: Stigma's the last to go, Justin. I know.

Justin Bell: Yes. The last barrier to freedom, for sure. Yep. Yep. All right, Well, I wanted

to ask, the final question here. And like I said, I'm sure we'll try to find some other version of this in the future to ask you even more questions. Cause this has been great. But, the last question I did want to ask you is in the spirit of the Peer Support Professionals Guide, if you could give one piece of advice to peer professionals, especially somebody who's new, who's listening to this podcast, they're trying to maintain the authenticity that you talked about, be rooted in lived experience. But they're also trying to navigate being a professional, and working in sort of these complex environments. What would you tell them? What would be the one piece of advice that you would want them to know? They go into this role.

Kim Govak: as someone who has been doing this work since about 2014, I want to say, I have had to come back to this often. never lose sight of why you became a peer in the first place. Right. never lose sight of that, remembering that the work that you're doing, is important, because it's based on your lived experience, your hope, your storytelling, for the individual. Every single organization or agency that we come in contact with will have policies, procedures, and expectations which are structured to help them function. These are things in place to help the organization function. Your role within that system is to bring your lived experience and what we've been talking about today, professionalism and recovery values into that system in a way that supports the people that

00:45:00

Kim Govak: serves the people you support. I often talk about this when working with peers. we talk a lot about the cup half empty or the cup half full. I am suggesting to peers in this work for the first time, or even those considering leaving the field or staying in. just remember to keep your cup full. Right. keep your cup full by strengthening your

storytelling and using your lived experience and continuing your professional development. So that you can pour from the overflow of that cup. Right. Doesn't matter if it's half empty or half full. The thing is that we continue every day to pour from our overflow. That means we got to replenish. Right. And that is going to help the person. It's going to help you help the person in front of you discover the strength, hope and possibility that already exists inside of them.

Justin Bell: Thank you. Thank you so much for those words. I agree. I agree. Every time, even in my personal work, every time I go to a conference, especially a non academic conference, like a community conference, I really, I come back and I'm reminded. Yeah. Of why I'm doing this work, you know, why I'm helping these people. and so thank you, thank you for sharing that and thank you for your time today. like I said, definitely try and find another way to bring you back and maybe get some listener input on the next time to find more sticky situations to figure out in this work. but again, thank you for being a guest today. Today.

Kim Govak: So I want to thank you and I want to thank SAMHSA and Mountain Plains ATTC For inviting me out. Thank you so much, Justin. Keep up the great work you're doing. I'm watching you, I'm reading you.

Justin Bell: Thank you.

CASAT: This podcast has been brought to you by the CASAT Podcast Network, located within the Center for the Application of Substance Abuse Technology a part of the School of Public Health at the University of Nevada, Reno. For more podcast information and resources, visit casat.org/podcast.

00:47:18