RESTORING HOPE MINISTRIES / RECOVERY INITIATIVE

Peer Leadership and Lived Experience

A public guide to relationship-centered peer work, ethical preparation, curriculum contribution, mentorship, and role clarity

> Lived experience becomes safer and more useful when it is joined with preparation, humility, boundaries, supervision, and a commitment to the other person's agency.

WHO THIS IS FOR

People with lived experience, current peer workers, prospective volunteers, agencies, churches, supervisors, students, and community partners

HOW TO USE IT

Read online, download from the RHM website, share before a conversation, or use it as a guided discussion resource.

PUBLIC WEBSITE RESOURCE | AUGUST 2026

Prepared by Restoring Hope Ministries

Dr. Jeffrey W. Gross, President and Lead Counseling Pastor

https://rhmwi.net/RecoveryInitiative

LIVED EXPERIENCE WITH RESPONSIBLE SUPPORT

The Peer Role Is Relational, Voluntary, and Recovery-Oriented

Peers bring a form of knowledge that cannot be replaced by textbooks: the knowledge of having lived through difficulty, change, and rebuilding.

RHM is developing a peer network in which lived experience is treated as a meaningful contribution rather than a credential that permits someone to direct another person's life. Peer work is grounded in mutuality, hope, strengths, choice, relationship, and ethical role clarity.

What peer leaders may do

CONNECT

Build trust, welcome people, reduce isolation, and help participants remain connected during transitions.

SHARE

Use personal experience selectively and purposefully when it supports another person's goals rather than centering the helper.

NAVIGATE

Help people identify resources, prepare questions, understand options, and follow through on agreed next steps.

PRACTICE

Support skills practice, reflection, goal development, recovery planning, and the transfer of learning into daily life.

CONTRIBUTE

Help shape curriculum, groups, outreach, storytelling, and program improvement from lived community knowledge.

ADVOCATE

Support a person's voice and informed choices while respecting privacy, organizational responsibilities, and lawful boundaries.

> Practice principle: The relationship is the foundation of peer support. It should be respectful, collaborative, trustworthy, person-centered, and voluntary.

DEVELOPMENT, NOT TOKENISM

A Peer Leadership Pathway

RHM's goal is not to place people into helper roles because of experience alone. The goal is to prepare, mentor, support, and continually develop them.

Core areas of preparation

ETHICS IN EVERY MODULE

Confidentiality, informed choice, dual relationships, power, appropriate self-disclosure, documentation, safety, and knowing when to refer.

RELATIONSHIP SKILLS

Attentive presence, reflective listening, open questions, affirmations, summaries, collaborative goal language, and respectful repair.

RECOVERY CAPITAL

Recognizing strengths and barriers across health, housing, purpose, relationships, faith, education, employment, and community.

GROUP FACILITATION

Welcoming participation, protecting airtime, responding to conflict, maintaining structure, and preventing shame or coercion.

FAITH CONVERSATIONS

Discussing faith with humility, consent, and curiosity; avoiding spiritual pressure; and honoring the person's own questions and agency.

REFLECTIVE PRACTICE

Reviewing what happened, what helped, what may have harmed, what is outside the role, and what should be learned next.

Peer-created curriculum with mentorship

Peers should not be reduced to repeating someone else's script. With structure and review, they can help create activities, examples, questions, and learning experiences that reflect the actual community. Mentorship helps test whether the material is ethical, understandable, accurate, and aligned with its intended purpose.

ETHICS AND ROLE CLARITY

What Protects the Person and the Peer

A strong peer network depends on clear boundaries, support for the helper, and the willingness to pause when a situation exceeds the role.

Listening, sharing hope, identifying strengths, practicing skills, exploring options, and connecting resources.	Diagnosing, prescribing, providing psychotherapy, interpreting tests, or directing medical or clinical treatment.
Helping a person prepare for a provider appointment or identify questions they want to ask.	Telling a person to stop medication, leave treatment, ignore professional advice, or rely only on peer support.
Recognizing a concern and following the organization's safety or escalation process.	Managing an emergency alone, promising secrecy when safety is at risk, or working beyond training and supervision.
Using lived experience selectively to support the participant's goals.	Oversharing, asking the participant to care for the helper, or presenting one recovery story as the only valid pathway.

Questions every peer should keep asking

- Whose need is guiding this conversation - the participant's or mine?
- Am I supporting choice, or subtly trying to control the outcome?
- Is this within my preparation, role, and current level of support?
- Have I protected privacy and used the right communication pathway?
- What bias, assumption, spiritual interpretation, or personal history might be shaping my response?
- Who should I consult before continuing?

Explore the peer pathway

Individuals with lived experience may express interest in training, curriculum development, facilitation, mentoring, outreach, resource navigation, advocacy, or storytelling.

https://rhmwi.net/RecoveryInitiative

> Important: This public resource is educational. It is not a diagnosis, treatment recommendation, treatment intake, crisis service, or promise of outcome. For an emergency, call 911 or go to the nearest emergency department. In the United States, call or text 988 for crisis support.

Sources and further reading

SAMHSA, Peer Support Workers for Those in Recovery (updated 2026).
SAMHSA, Core Competencies for Peer Workers (updated 2026).
SAMHSA, About Recovery (updated 2024).