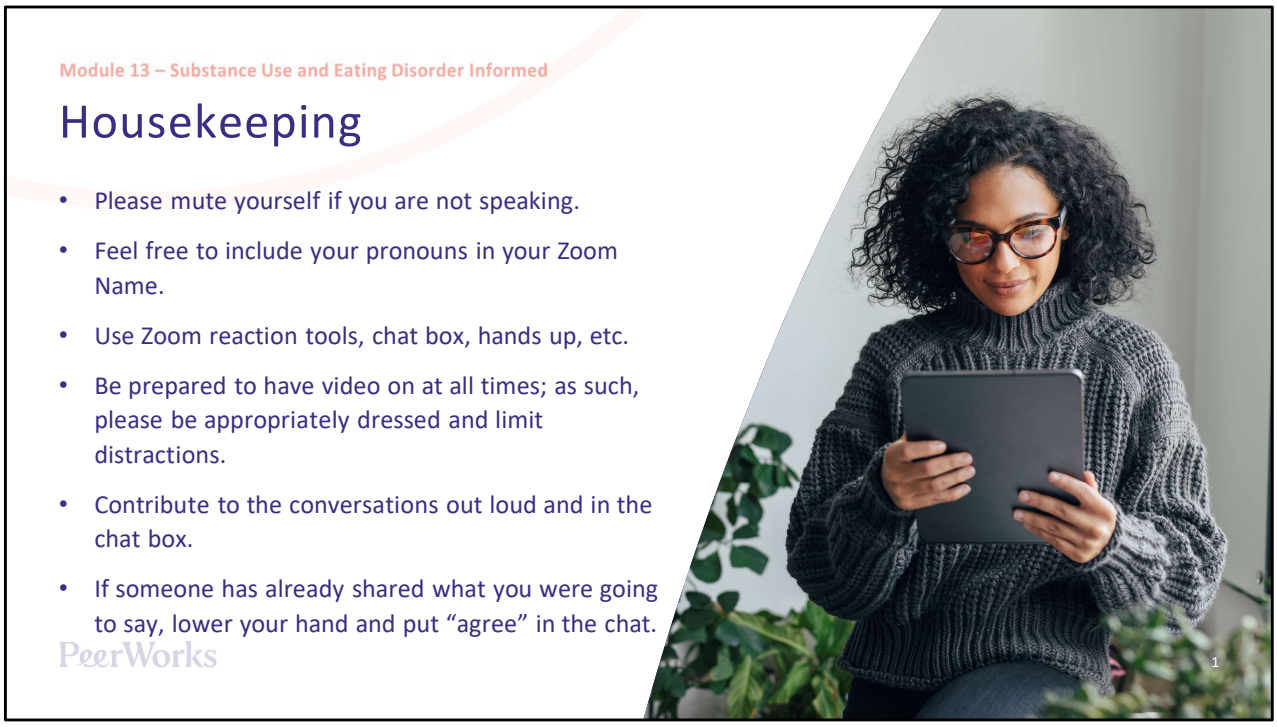


COORDINATOR

Read out Housekeeping slide.

COORDINATOR

Read out Expectations slide.

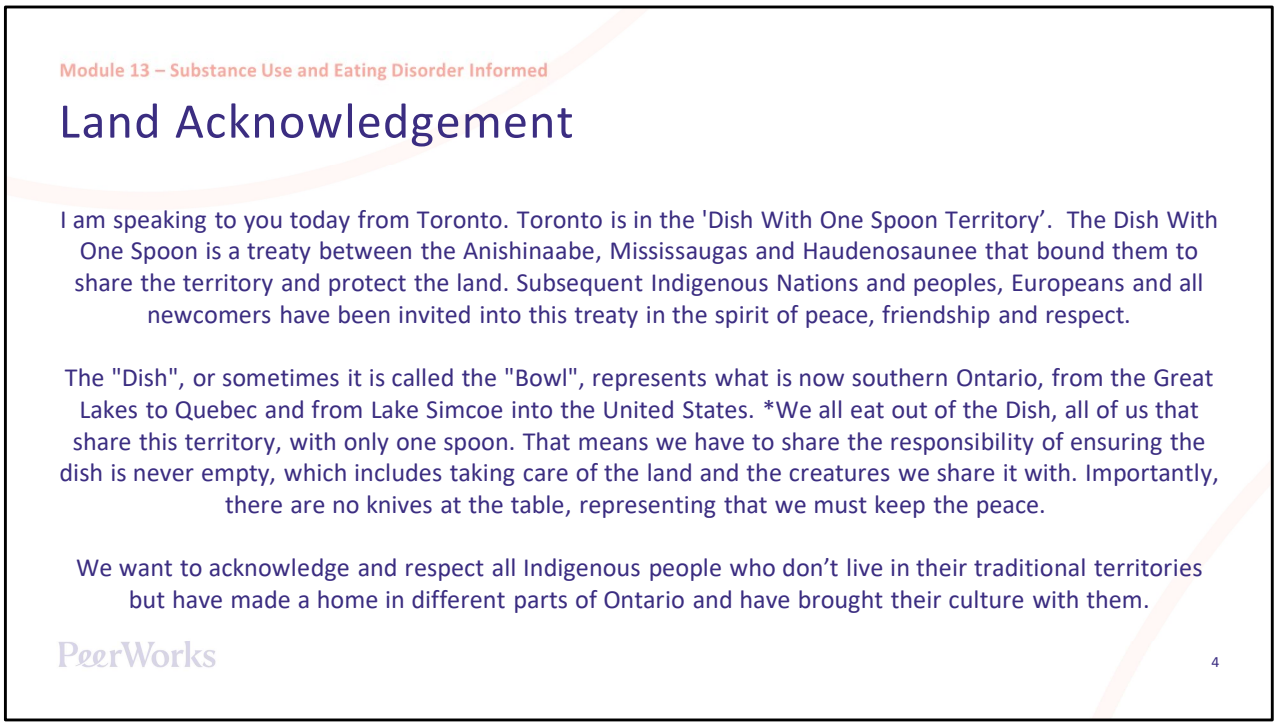
Trainer Manual

This training program is designed to be accessible to all trainers, and ensure that all participants receive the same quality of education regardless of specific trainers' background and experience.

This manual is a living document and should be understood as a set of guidelines, not as a fixed script. Feel free to adapt the language to your style of presentation. We also recognize that language is always changing; please update terminology when necessary. The synchronous sessions should be dynamic, engaging experiences.

TRAINER

Welcomes everyone and states the topic of today’s module.



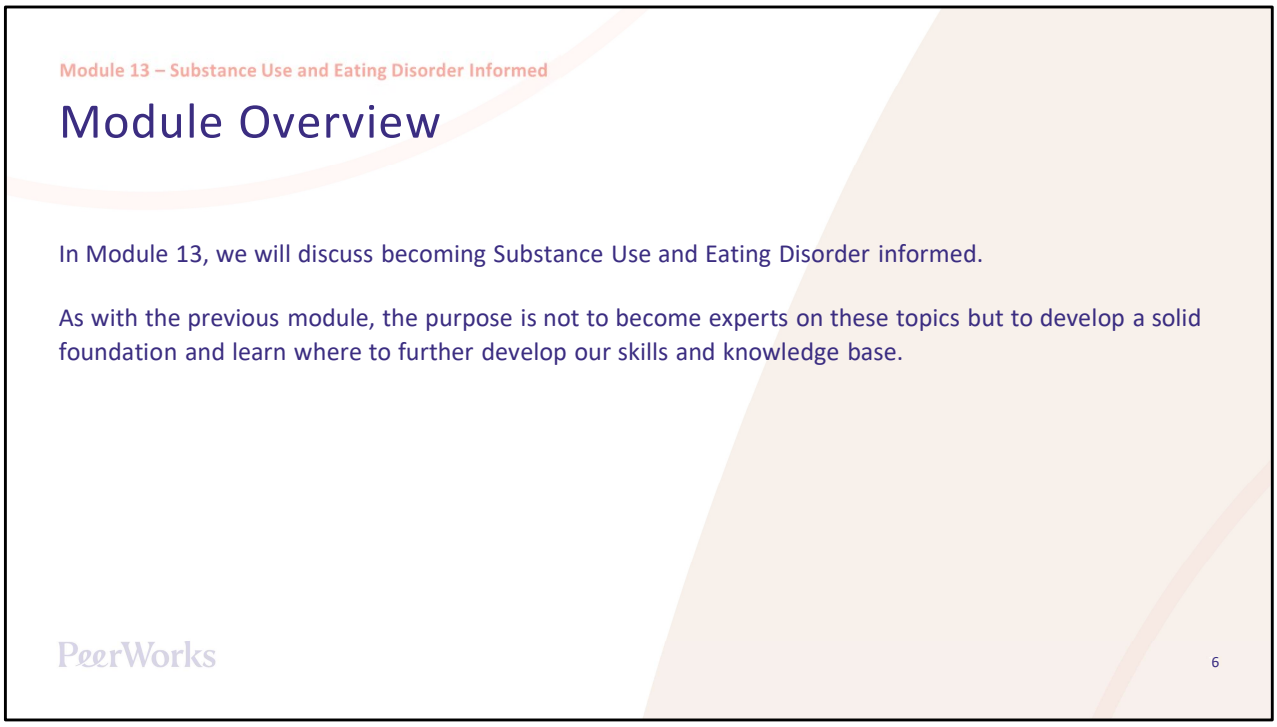
COORDINATOR

Read out PeerWorks' land acknowledgement.

TRAINER

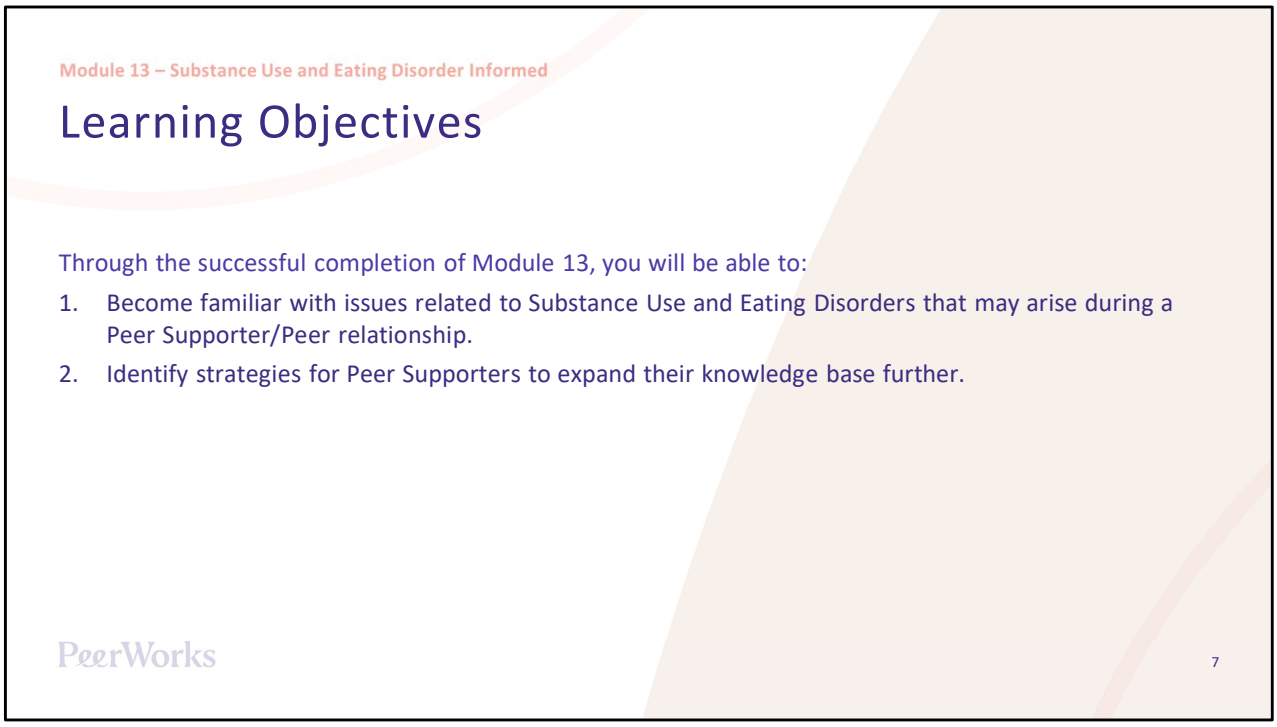
"What is something you would like to Learn More about?"

It doesn't have to be about Peer Support



TRAINER

Read the Module Overview and Learning Objectives out loud or invite a participant to read it out loud.



TRAINER

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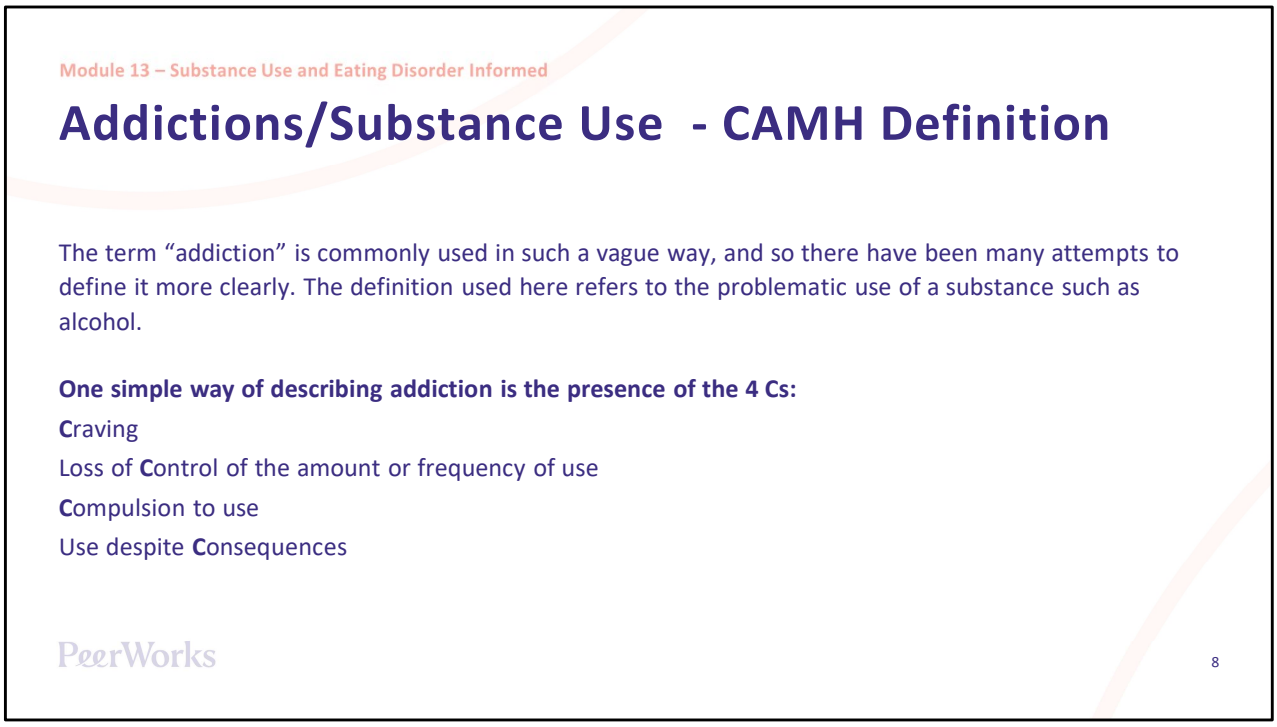


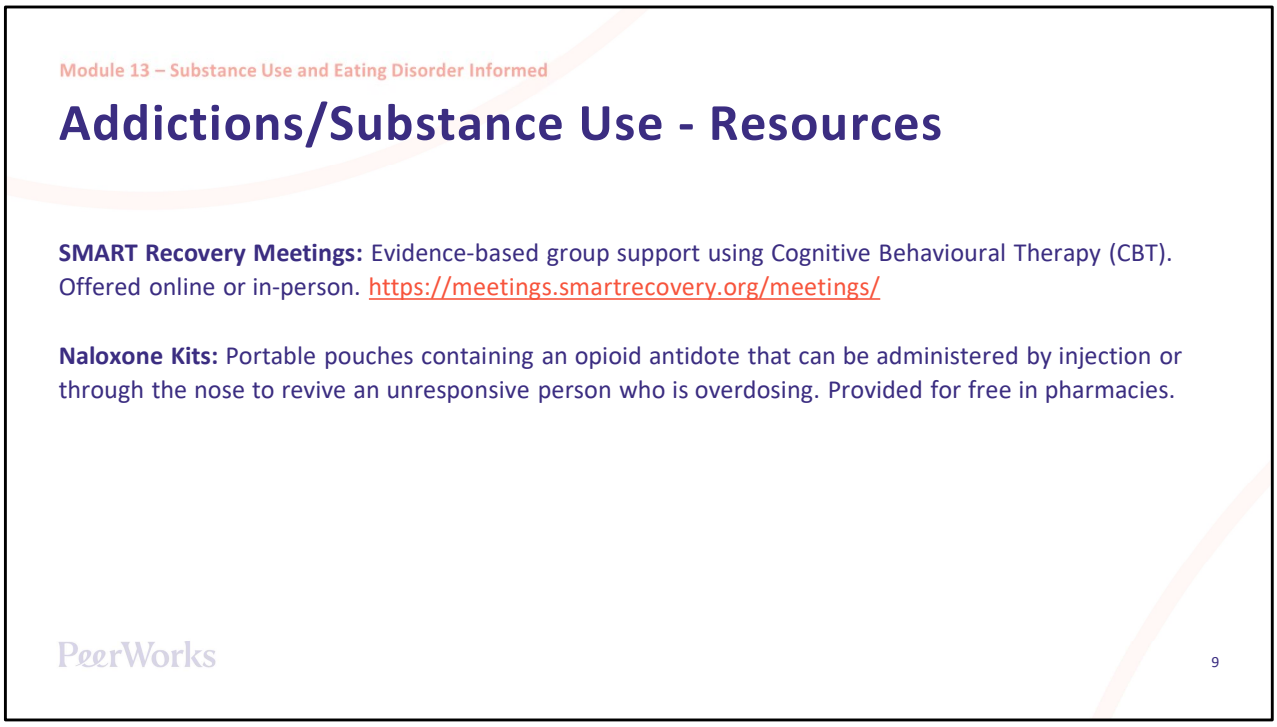
TRAINER

"The word "addiction" is often used to refer to any behaviour that is out of control in some way. People often describe themselves as being addicted to, for example, a TV show or shopping.

Addiction is also used to explain the experience of withdrawal when a substance or behaviour (e.g., **gambling**) is stopped (e.g., "I must be addicted to coffee: I get a headache when I don't have my cup in the morning"). However, experiencing enjoyment or going through withdrawal do not in themselves mean a person has an addiction."

Read out the slide or have someone read it out.

CAMH is the Centre for Addiction and Mental Health: It is a psychiatric teaching hospital located in Toronto and in ten community locations throughout Ontario.



TRAINER

Link to SMART Recovery meetings is in the module 13 handbook resource section
Naloxone kits (one brand name is NARCAN) are available for free in pharmacies. Video on how to administer Naloxone video is in the module 13 handbook

Ask participants if they have any resources to add?

Causes and Risk Factors

- **Genetic factors**: Some people may inherit a vulnerability to the addictive properties of drugs.
- **How drugs interact with the brain**: Substances with addictive potential stimulate the release of dopamine, a chemical in the brain that is associated with reward and pleasure.
- **Environment**: People's home and community and the attitude of their peers, family and culture toward substance use. People may use substances to cope with feelings of trauma or social isolation.
- **Mental health issues**: More than 50% of people with substance use disorders have also had mental health experiences at some point during their lifetimes.
- **Coping with thoughts and feelings.**

TRAINER

"People become addicted because of a combination of factors. Here are some possible risk factors for substance abuse."

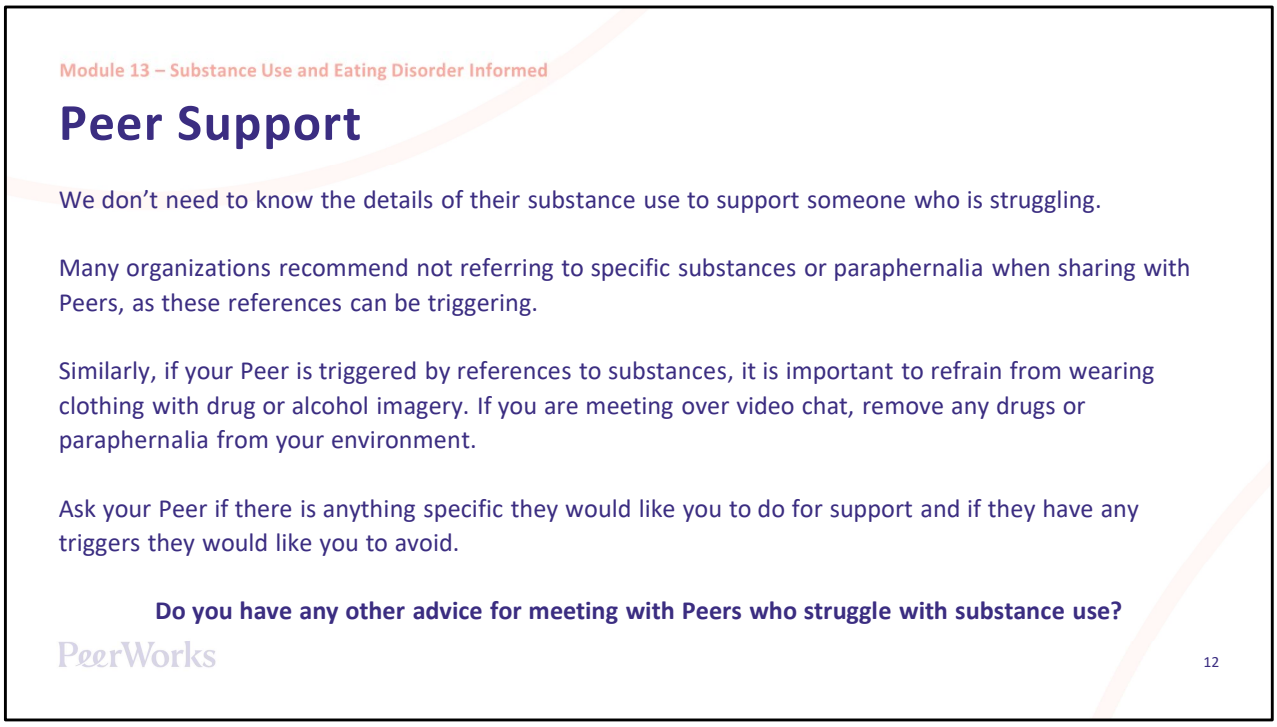
Substance Use Informed

- People who face the challenge of recovering their mental health and well-being, as well as experiencing issues with substance use, are said to have concurrent disorders (sometimes called dual disorders, dual diagnosis, co-occurring substance use and mental health problems).
- It is estimated that 30% of people with a mental health diagnosis will also be diagnosed with a substance use disorder at some point in their lives. This is twice the rate of people who do not face a mental health challenge. The severity of each of the Disorders, their interaction and impact on each other, as well as the person's ability to live their life, influences approaches to treatment.
- People may receive treatment from family doctors, family health teams, mental health services, substance use services and/or specialized concurrent disorders programs.

TRAINER

Read out the slide or ask a participant to read it out.

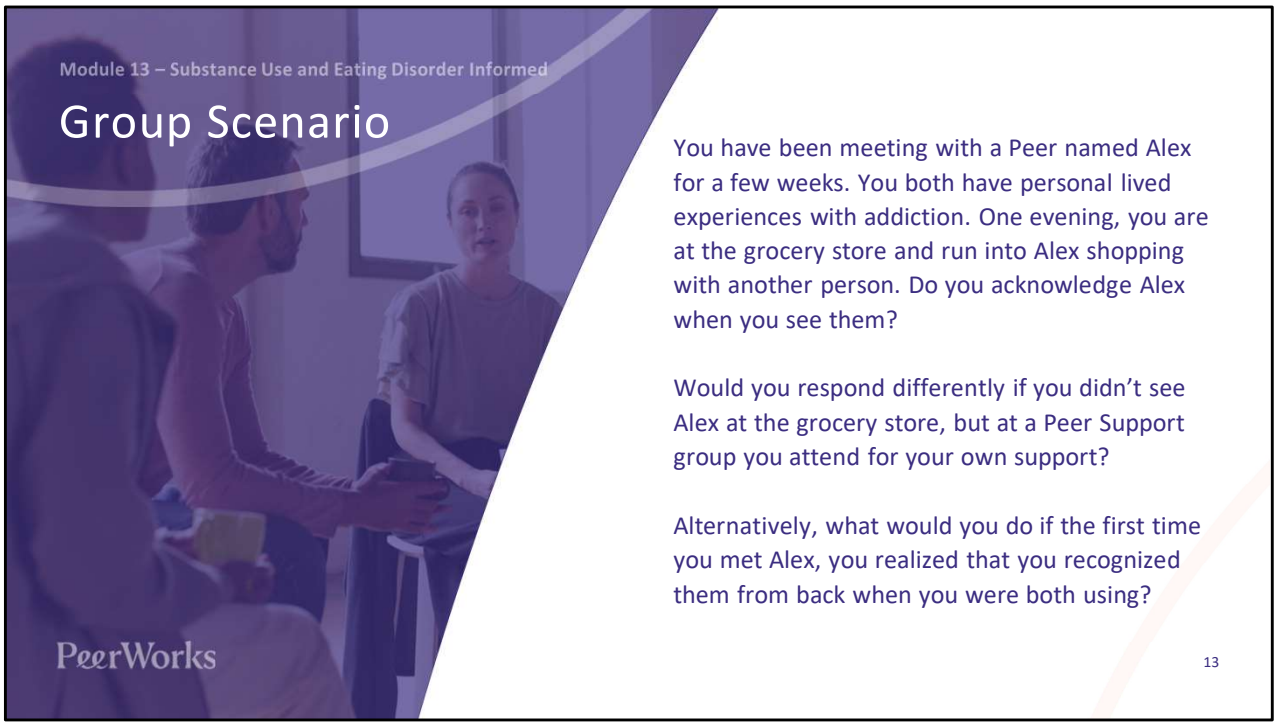
Peer Support can be beneficial alongside any of these treatment methods.



TRAINER

"You don't know your peer's entire story, and substance use might be something they have not disclosed."

Note: Some of these are organization-specific. Harm reduction organizations often are more open about discussing drug use and use images of drugs and specific drug language in their resources.



TRAINER

This scenario relates back to our discussion of ethics, confidentiality, and boundaries.

NOTE: This scenario has two complications. The scenario complication will appear when you press the space bar.

Things that might come up in the discussion:

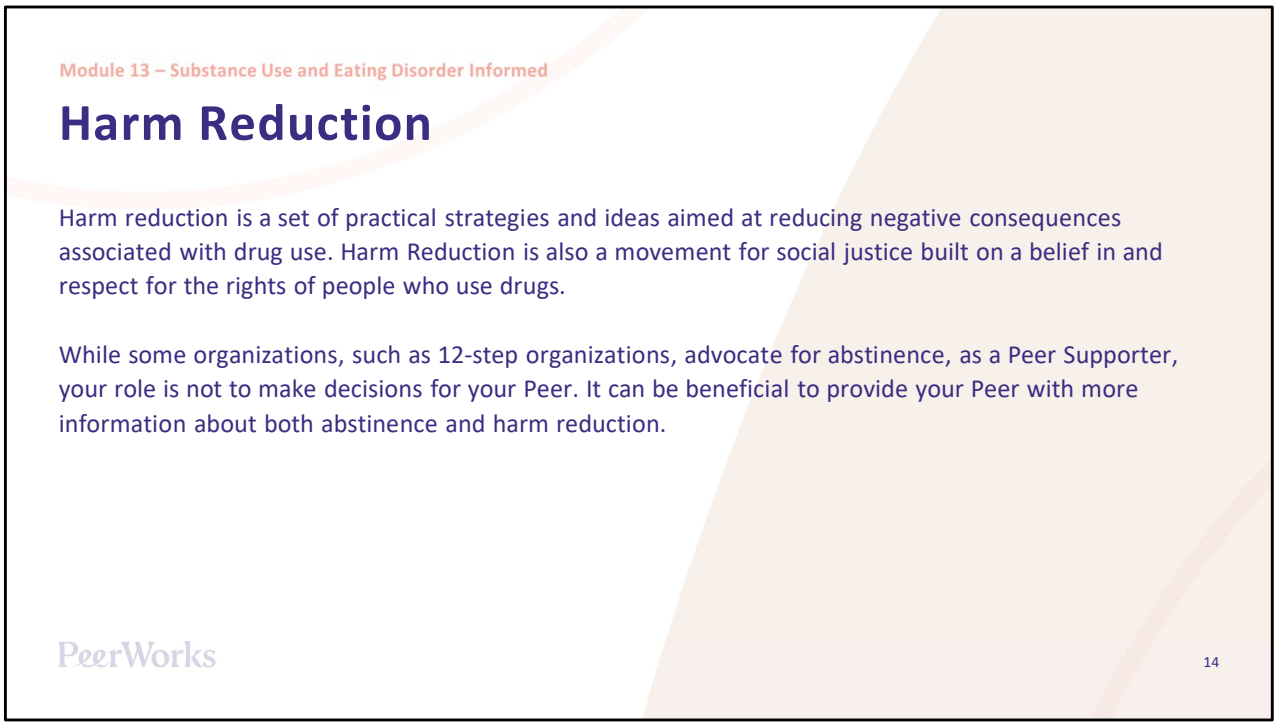
- Let Alex take the lead. You can bring this up in early meetings.
- Context will be different depending on geographic setting. This might be more common in remote/rural communities with less options for support.
- Acknowledge that you won't bring up information that you know about them from your Peer support relationship.

A final complication will appear when you press the space bar

again.

Another discussion question that might come up:

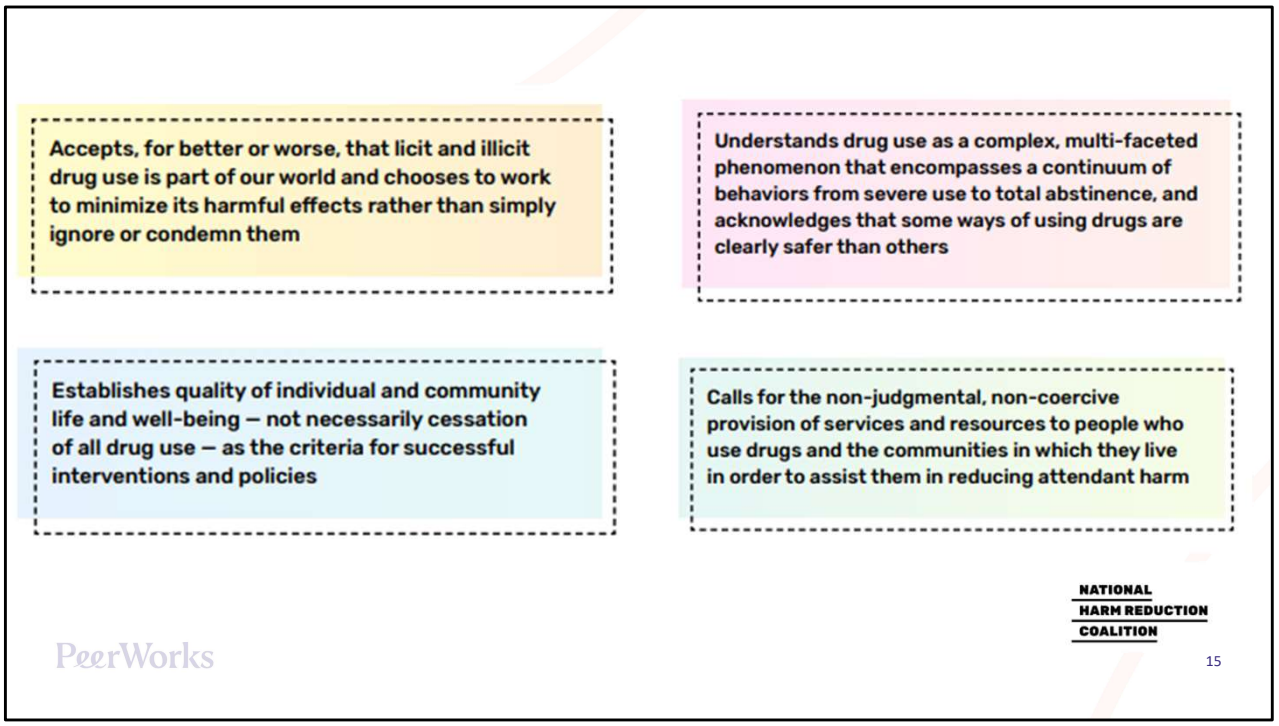
“What happens when someone who you used to do Peer Support with, becomes a Peer Supporter at your organization. Are there organization rules around this? How do you navigate these relationships?”



TRAINER

Abstinence: the practice of restraining oneself from indulging in something, typically drugs or alcohol.

Invite someone to read the slide on Harm Reduction. Ask if anyone has any experience with the principles of Harm Reduction.

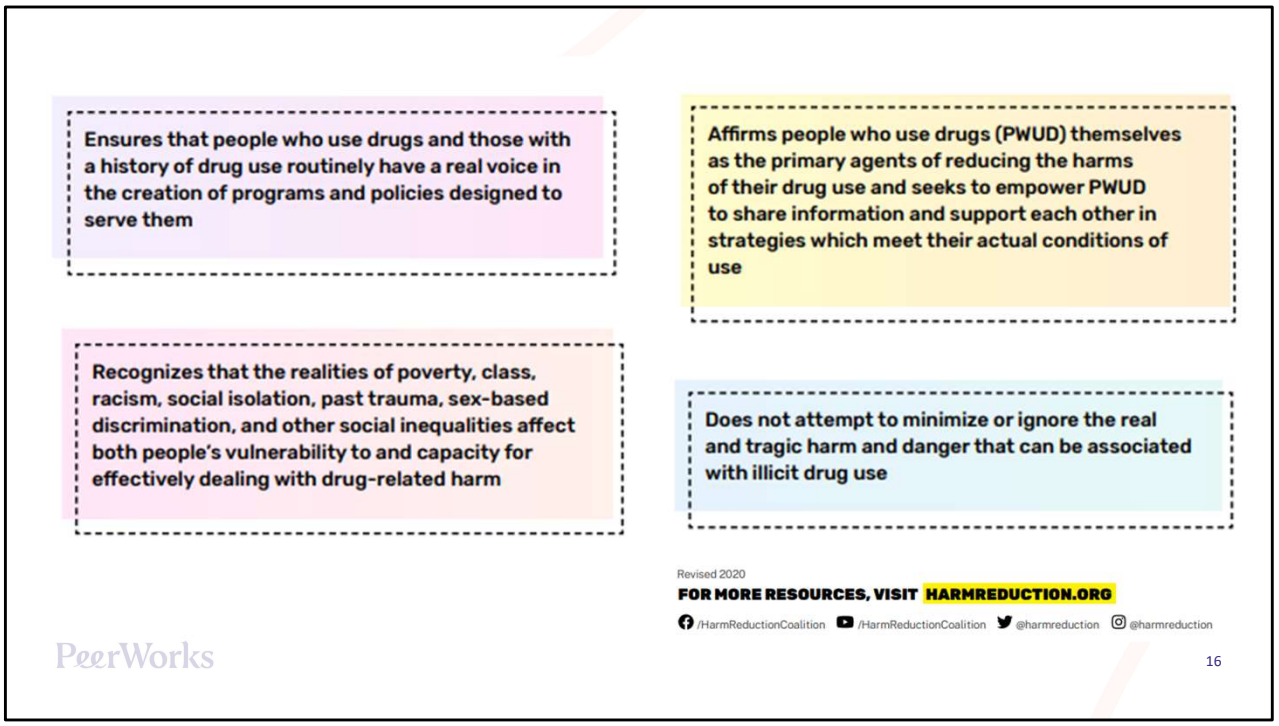


TRAINER

NOTE: There are 8 principles spread across the next 2 slides.

Invite people to read out the principles of Harm Reduction.

This might be a new concept for many people and there might be questions about some of the principles.



TRAINER

Invite people to read out the principles of Harm Reduction. Many people might be unfamiliar with this concept, and they might have questions about some of the principles.

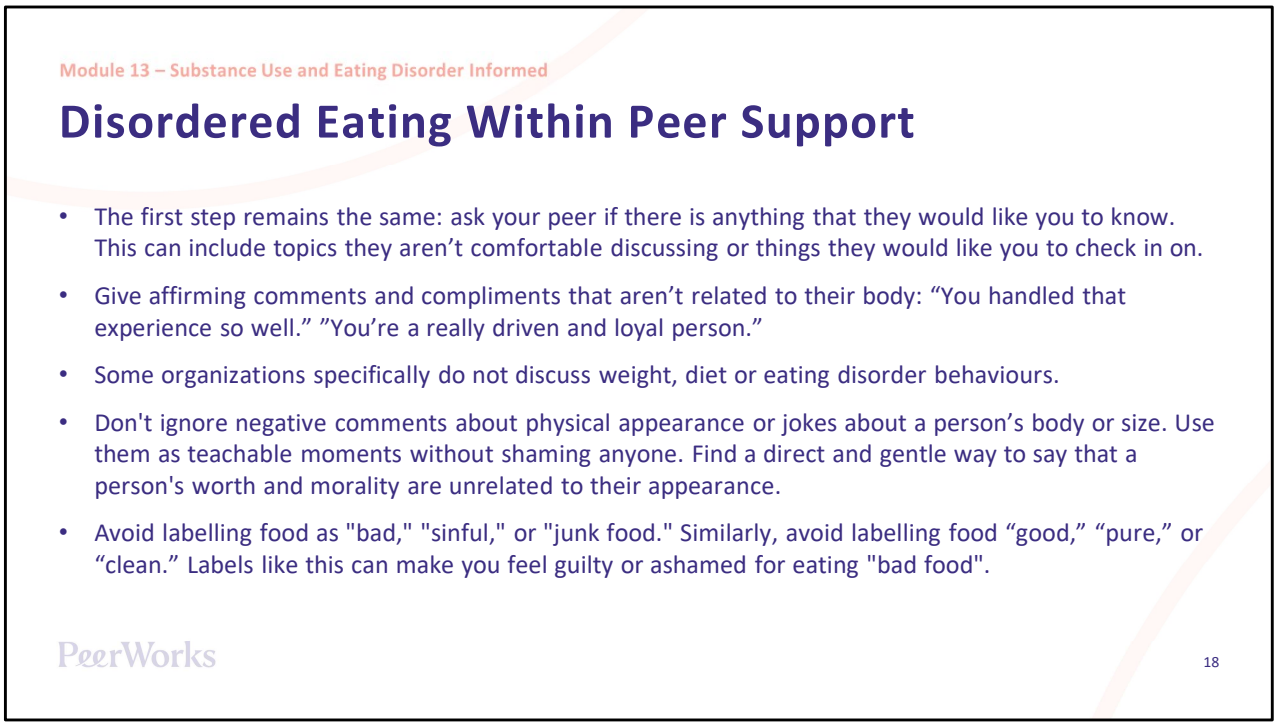
You should be halfway through the slides now.

Disordered Eating Informed

- Eating disorders are not just about food. They are often a way to cope with difficult problems or regain a sense of control. They are complicated illnesses that affect a person's sense of identity, worth, and self-esteem.
- Between 1% and 2% of adolescents and young adults have an eating disorder.
- While most people who are affected are female, anyone can have an eating disorder. You cannot know by looking at someone if they have an eating disorder.
- Eating disorders often develop gradually and may grow out of cycles of dieting.

TRAINER

Read out the slide or invite someone to read it out.

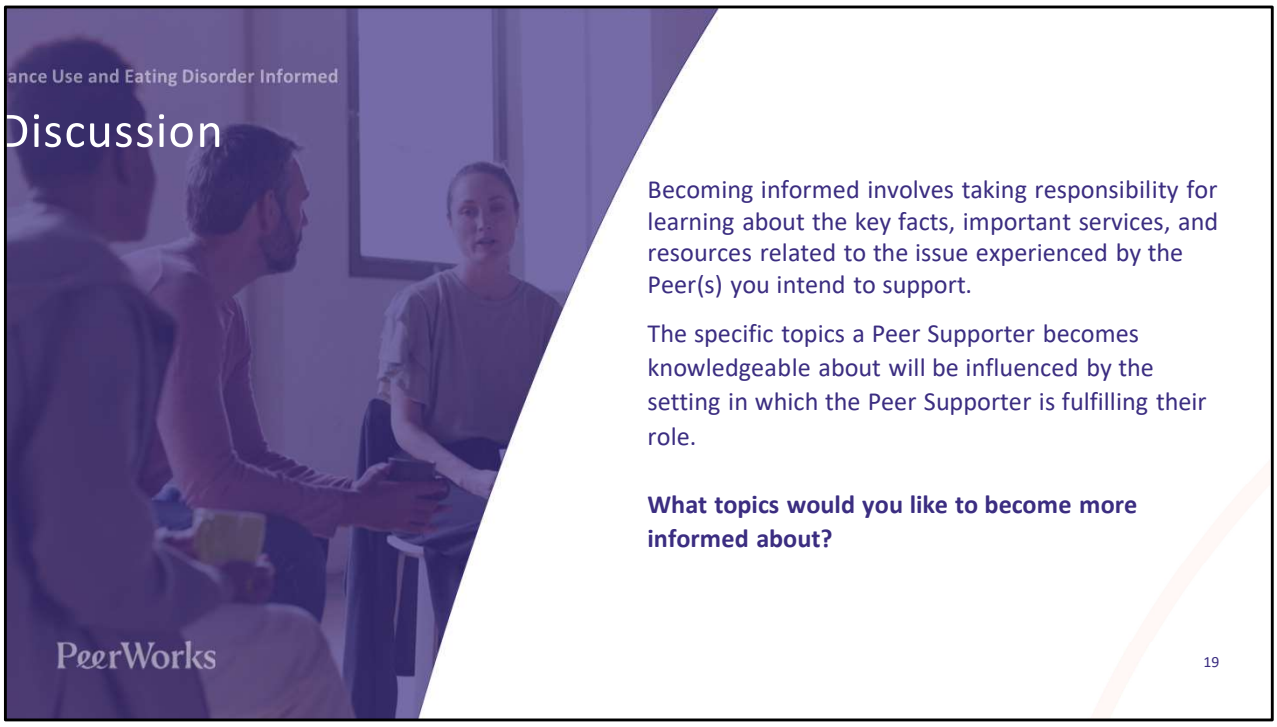


TRAINER

The next slide is on Eating Disorders within Peer Support. Read through the two slides and leave room for questions and for people to share their own experiences.

"Even people without an eating disorder can have a negative relationship with their body or with food. Even if you are making those comments about *yourself*, they can still have an impact on people around you.

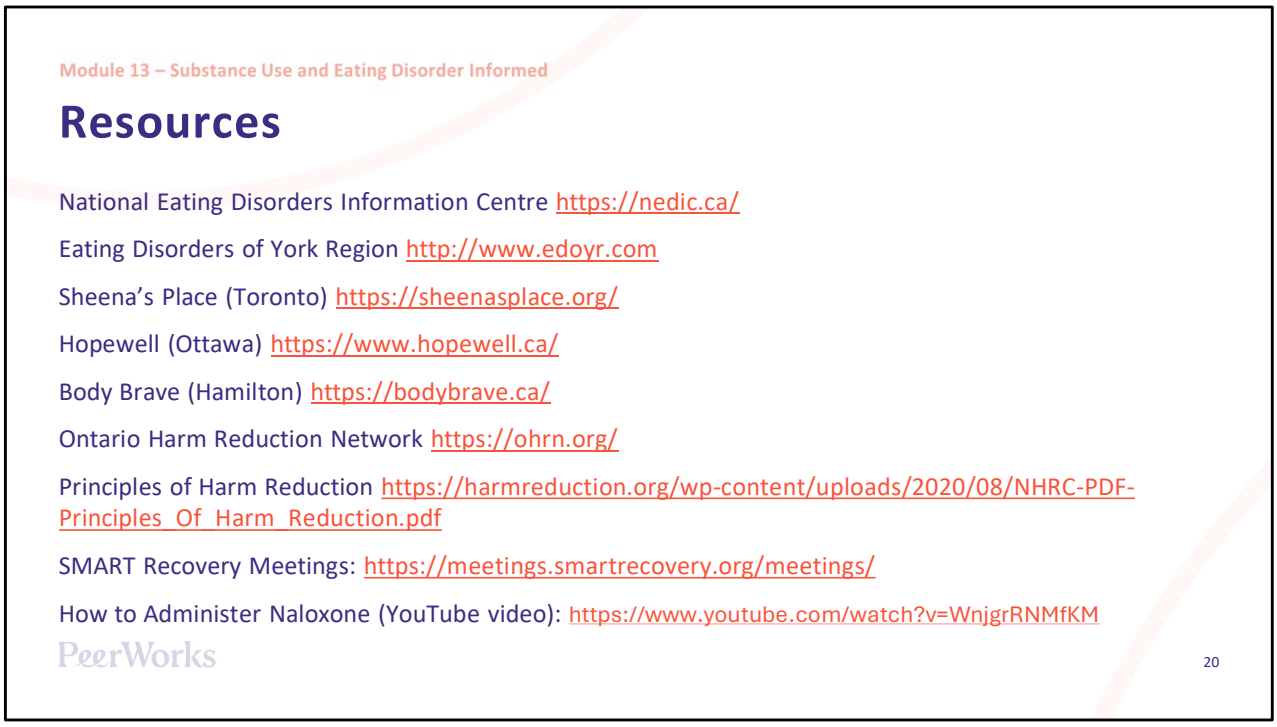
What experiences have you had supporting someone with an eating disorder? Do you have any advice these experiences?"



TRAINER

Read out the slide and the discussion questions.

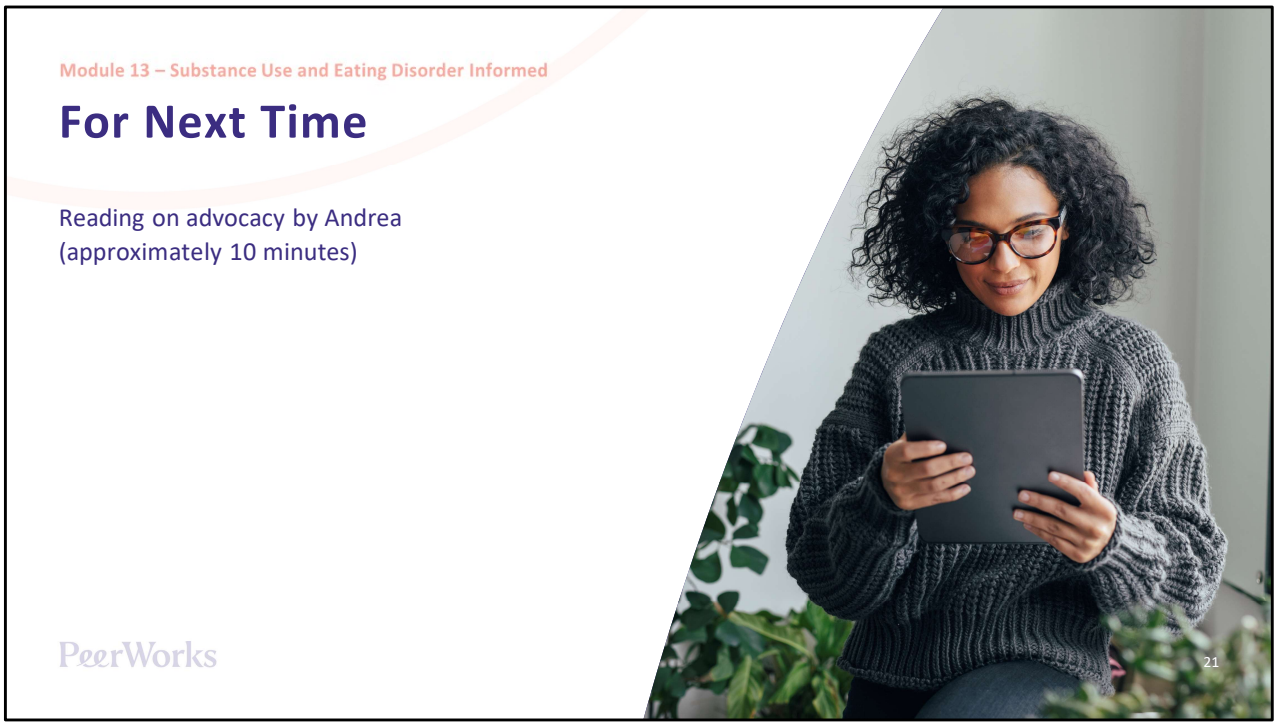
"For example, a Peer Supporter working with a Family Health Team around the prevention and self-management of Diabetes needs to become Diabetes informed. A Peer Supporter working with a service in northern Ontario serving a First Nations community needs to become informed about mental health issues and approaches from the perspective of First Nations people."



COORDINATOR

Go through the resources.

Let them know that there are also 12 step organizations, such as NA and AA, most of these organizations have their own regional website such as https://www.torontona.org/ and https://www.limestonena.com that have all their meetings listed.



COORDINATOR

Read out the homework.

TRAINER

Thank everyone for their time and ask if anyone has any final comments or questions that they want to bring forward.