

30 Youth Peer Support Competencies

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Role Delineation Analysis (Supplement to Core Peer Competencies)

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I. Youth Outreach, Engagement & Screening

- Youth Outreach and Engagement:** Peers connect with youth across schools, hospitals, emergency departments, pediatric care, child welfare, houseless youth, adolescent treatment and juvenile justice programs. Leveraging their lived-systems-experience they build trust and link adolescents to services. Outreach may include brief, low-barrier supports—such as peer engagement, SBIRT, motivational interviewing, tele-engagement, and youth-appropriate harm reduction—to reduce obstacles to



accessing the full continuum of health and behavioral health care.

2. **Youth Risks Screening and Referral:** Using their lived-experience to reduce stigma and shame regarding substance use and mental health, peers have relationship-based conversations. They utilize validated age-appropriate screening tools, peers consider cognitive, emotional, and developmental information—such as trauma history, suicide risk, impulsivity, ACEs, and social determinants of health—to identify early risks and collaboratively connect youth to recovery supports, and treatment as needed.
3. **Substance Use Disorders and Mental Health:** Peers recognize the importance of screening and addressing both substance use disorders and mental health together through coordinated, team-based care, and family/caregiver involvement.
4. **Recovery Support Service Matching:** Peers explain the array of resources and service options, considering youth-driven goals and preferences aligning with youth needs, culture, identity, history of trauma, and readiness for change.

II. Trauma-Informed, Youth-Centered, and Inclusive Care

5. **Universal Trauma-Informed Practice:** Peers embed trauma-responsive principles—safety, trust, empowerment—across all peer services and systems, including trauma-sensitive relapse and crisis planning.

6. **Developmentally & Culturally Aligned Peer Services:** Peers adapt and match peer support to the adolescent’s emotional, cultural, psychosocial, and cognitive developmental stages. They present a basic understanding of adolescent developmental stages, including developmental assets, resiliency and protective factors.



7. **Non-Stigmatizing, Empowerment-Focused Engagement:** Peers avoid clinical diagnostic deficit models, and practice strength-based, youth-led decision-making. Peers avoid punitive models, including the natural inclination to act as a surrogate parent often with shame, guilt and judgement. They prioritize physical/emotional safety,

consistency and wellness. Peers facilitate reward models vs. punitive structures, such as EBP contingency management, token economies, and positive-peer culture service and leadership models. Peers validate and normalize consumer recovery experiences and feelings, and help consumers to function as a member of their treatment/recovery support team (versus being a passive recipient of services).

8. **Culturally Affirming, Identity-Centered Support:** Peers recognize intersectional identities (cultural, gender, and sexual identities, etc.) in recovery support service design, and foster belonging, self-efficacy, autonomy and self-determination.
9. **Safe and Predictable Environments:** Peers ensure physical and emotional safety within the recovery support service environment, consistency, and a welcoming design in all youth settings. Peers recognize and respond to risk, crises and emergency indicators affecting consumer welfare and safety. They seek consultation and supervision in crisis and emergency situations.

III. Peer Relationship and Motivational Enhancement

10. **Relationship-focused and Relational Trust:** Peers form respectful, non-authoritarian partnerships grounded in affective empathy, boundaries and consistency, adapting their approach to each youth's preferences, values, culture, communication style, and developmental or cognitive needs.
11. **Competence in Motivational Interviewing (MI):** Peers apply MI across stages of change to reduce ambivalence and foster commitment. They reframe resistance and ambivalence into opportunities for autonomy and growth.

12. **Self-Efficacy and Autonomy Reinforcement:**
Peers recognize and celebrate early successes with feedback, praise and celebration to enhance motivation and resilience. They instill hope and foster empowerment through leadership roles, service projects, youth-led events, and peer-run groups.



13. **Recovery Planning and Youth-Defined Goal Setting:** Peers facilitate

personally meaningful, individual values-aligned recovery plans. They advocate for youth and support shared decision-making among youth, families and providers. They foster intrinsic motivation and self-endorsed goals, especially with mandated youth. They regularly reevaluate recovery support planning based on data; wellness, substance use, progress toward self-identified goals, school attendance, recovery-oriented changes in peer networks (APGs - Alternative Peer Groups), family input, and shifting life circumstances.

IV. Youth Peer Programming

14. **Proactive Peer Network Mapping:** Peers identify social networks (APGs) that support adolescent health, safety and recovery. Peers provide encouragement and linkages to social networks that foster belonging, meaning, identity and recovery.

15. **Skill-Building for Assertiveness and Boundary Setting:** Peers model and teach refusal skills, emotional expression, emotional regulation, effective communication, and conflict resolution. They model and teach assertiveness and relationship skills to support meaningful relationships and self-esteem.



16. **Structured Groups and Activities:** Peers supervise youth-led groups, facilitating accountability, and safety protocols to ensure the wellbeing of all youth participating in groups.

Peers model recovery norms and rituals through structured group facilitation, and structured activities.

17. **Recovery Storytelling:** Peers facilitate the use of narratives within youth leadership training and the importance of peer voice to challenge stigma, instill hope, promote recovery, and reinforce a shared recovery identity.

V. Family Engagement, Integration and Parenting Support

18. **Family Systems Involvement:** Peers proactively involve families/caregivers throughout the recovery support and treatment continuum, with respects to the legal rights of adolescent

clients. Peers include family/caregivers in recovery support planning, and aftercare. Peers have a basic awareness and make referrals to youth specific SUD evidence-based treatments for families (e.g., EBFT, MST, FFT, MDFT, BSFT, CRAFT, etc.) and mutual aid family support groups. Peers exercise compassionate, trauma-informed family communication.

19. **Respect for Autonomy and Confidentiality:** Peers maintain strict confidentiality of youth they support. Simultaneously, peers do not collude with youth against families/caregivers or other youth-system providers. Peers ethically navigate privacy laws while maintaining collaborative family engagement. Peers establish boundaries and crisis protocols for sharing information regarding youth with family or other youth-system providers. Peers establish these boundaries regarding potential disclosures at the beginning of recovery support services (depending on the nature of services this may include disclosures regarding substance use/relapses, or other potentially unsafe or risky behaviors, and Mandatory Reporting obligations).



VI. Education, Vocational, and Life Skills Integration

20. **Academic-Recovery Coordination:** Peers align and support both educational and recovery goals. Peers incorporate academics, recreation, service/leadership, and structured peer bonding into youth-centered schedules.
21. **Vocational and Independent Living Preparation:** Peers help youth build skills and confidence for adulthood by teaching job readiness, exploring vocational and college opportunities, and coaching in financial literacy, housing, and accessing health services. Through modeling persistence and problem-solving, they support self-advocacy, meaningful career and independent living goals.



VII. Building Recovery Capital and Long-Term Support

22. **Youth Recovery Case Management Teams:** Peers link health, education, housing, juvenile justice, and peer supports in unified care teams. Peers use assertive outreach, including use of HIPAA-compliant apps (texts, calls, home visits) to maintain engagement pre and post-discharge. They work within teams to promote youth-centered ROSC and are advocates for youth integrating care, voice and community alignment.

23. **Environmental Recovery Planning:**

Peers promote protective housing, recovery peer engagement, event-based recovery activities, school connection, service/leadership, and structured routines conducive to recovery. They offer consistent access to recovery-aligned hobbies, wellness activities, recovery events, and leadership roles. They explore recovery options with youth including “many pathways”, highlighting the continuum of the Social Model of Recovery present in virtually all pathways of recovery.



24. **Stepped Care and Service Modulation:** Peers adjust intensity, frequency, and format of peer services based on real-time peer, clinical, youth and family/caregiver input. They work cooperatively with treatment teams to begin discharge preparation early, including follow-up, booster sessions, and follow-up peer support contact.

25. **Structured Alumni and Ongoing Mentorship:** Peers reinforce adolescent growth, purpose, and belonging through ongoing recognition and celebration. They support maintaining recovery community ties through digital and in-person supports post-treatment.

26. **Clear Referral, Handoff, and Reentry Protocols:** Peers practice standardized transitions and follow-up to avoid drop-offs between services or settings. Transition coordination includes youth and their family/caregivers.

VIII. Program Governance, Supervision and Fidelity

27. **Specialized Support for Young-Adult “Near Peers”:** Young-adult peers, “Near Peers” (ages 18-25) engage in support and receive training from team members and supervisors. They are embedded into youth systems as credible lived-experience role models and leaders. Peer teams focus on developing, supporting and training young-adult “Near Peers” and are sensitive to their special needs and experiences in the workplace.

28. **Staff Development and Competency-**

Based Supervision: Peers engage in ongoing training regarding documentation, boundaries, professional ethics, legal compliance, adolescent development, motivational interviewing, trauma-informed care, identity development, and cultural humility. They support fidelity, quality improvement, and data-driven evaluation of evidence-based programs, and participate in supervision, audits, and reflective practice to maintain quality and adaptability.



29. **Youth and Family Participation in Governance:** Peers embed adolescent consumers, family and caregivers in program leadership, policy design, and evaluation committees.

30. **Data Collection and Analysis:** Peers implement surveys, committees, and client feedback to center “youth voice” in service refinement. Peers participate in tracking disaggregated outcomes by race, gender, geography, and other indicators of disparity. Peers participate in tracking social functioning, substance use, mental/emotional wellbeing, efforts towards educational and occupational goals, and proactive social connectedness as success indicators.

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