Incorporating Peer Support Into Substance Use Disorder Treatment Services

TREATMENT IMPROVEMENT PROTOCOL

TIP 64

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Chapter 1—Introduction to Peer Support Services for People With Substance Use–Related Problems

KEY MESSAGES

- Recovery from substance use–related problems is not only possible but likely, given proper resources and support. Incorporating the peer specialist position into substance use disorder (SUD) treatment programs can help clients achieve long-term recovery by maximizing their access to support, resources, and education on SUDs and by connecting them to the recovery community.
- Peer specialists' training and lived experience with problematic substance use, behavior change, and recovery equip them to engage and work with SUD treatment program clients in unique ways.
- Peer workers reflect principles of recovery, serve many roles, and provide a range of services in diverse settings, including SUD treatment settings.
- Evolving ways of delivering peer support services can increase treatment programs' engagement with otherwise hard-to-reach people with substance use–related problems.

This Treatment Improvement Protocol (TIP) focuses on peer support services (PSS) provided to people seeking or receiving treatment for problematic substance use, especially from specialized substance use disorder (SUD) treatment programs. PSS enhance SUD treatment services by making it possible for people with SUDs to work with nonclinical professionals who have lived experience with problematic substance use, behavior change, and recovery and, in many cases, special training and certification. These professionals—peer workers—develop and deliver a range of recovery supports designed to improve clients' treatment experiences and outcomes and their ability to follow their chosen recovery path before, during, and after treatment.

This TIP is intended to educate treatment providers and program administrators about:

- Who peer workers are and what they do.
- Why the role peers play and the supports they provide are important.
- How peers and PSS can be successfully incorporated into SUD treatment programs.

This TIP does not cover the work of peer specialists in the mental health field.

To the extent possible, SUD treatment programs should incorporate peer positions to best support clients. Programs can do so by hiring peer workers directly or contracting for PSS with organizations like recovery community organizations (RCOs). RCOs are independent nonprofit organizations governed, led, and staffed mainly by people in recovery. These organizations typically carry out advocacy activities, educate the community about recovery, conduct outreach programs, and provide PSS.[15] Some RCOs don't have a physical location, and some have mobile units. RCOs and recovery community centers (RCCs, a type of RCO) are central sites for:[16,17]

- Recovery support group meetings.
- PSS delivery (such as life skills training, housing, and employment search and support).
- Education on naloxone (opioid overdose reversal medication).
- Precrisis support, including crisis planning and linking to crisis care.[18]
- Postcrisis support, including companionship and digital support.[19]
- Recovery-focused social networking.
- Advocacy.
- Volunteer activities.

Chapter 4 contains more information on partnering with RCOs for the delivery of PSS.

Although this TIP focuses on integrating the peer position and PSS into SUD treatment programs, **PSS offered by SUD treatment programs do not replace PSS provided by RCOs and RCCs. Instead, they supplement** the PSS provided by RCOs and RCCs. These types of organizations have decades-long experience offering PSS, which are an organic and core part of their mission, and they are central settings for people to work on recovery before, during, after, or, for some people, in place of specialty SUD treatment. Expanding PSS from recovery settings to SUD treatment settings not only strengthens the overall SUD treatment and recovery ecosystem, but also helps people transition seamlessly from treatment to broader community supports like RCOs and RCCs.

TERMS FOR PEER WORKERS

Peer workers are known by many names, including recovery specialist, peer mentor, peer navigator, peer provider, recovery coach, peer support provider, peer specialist, certified peer specialist, recovery support navigator, recovery support specialist, wellness coach, or health navigator.

This TIP uses the following titles
(Exhibit ES.1 in this TIP's Executive Summary contains detailed definitions):

- **Peer worker** and **peer support provider** refer broadly to all types of peers who provide support for recovery from problematic substance use (except for those in mutual-help organizations), regardless of whether they have received training or certification or whether they work in a clinical or nonclinical setting.
- **Peer specialist** applies to peers with some training, including those working in professional capacities, whether certified or not.
- **Certified peer specialist** indicates a peer who has received certification or credentialing to provide PSS.

SUD treatment programs interested in incorporating peer worker positions, and people interested in becoming peer workers, can use this TIP as a resource for understanding:

- PSS.
- The roles and responsibilities of peer workers in the SUD treatment and recovery process.
- Steps for integrating the peer specialist position into SUD treatment programs.
- Best practices for supervising peer specialists in SUD treatment settings.
- The steps necessary to enter the SUD-focused peer support workforce.

Chapter 1 presents an overview of PSS provided to individuals seeking or already in recovery from problematic substance use. The chapter describes the many settings of PSS, and its benefits and challenges, and lays the groundwork for information and concepts presented in later

chapters. Learning about the roles, training, and activities of peer workers will help show treatment providers, administrators, and supervisors how offering PSS can enhance an SUD treatment program's services and outcomes.

Chapter 1 reviews:

- The benefits of PSS.
- The role of peer workers in SUD treatment and recovery.
- Settings for PSS.
- The integration of peer positions into SUD treatment settings.
- Background and concepts.
- Diversity, equity, and inclusion.
- Evolving ways to deliver PSS.
- The challenges of providing PSS within SUD treatment programs.

Exhibit ES.1 in the Executive Summary of this TIP contains definitions of key terms used in this and other chapters.

TYPES OF SUD TREATMENT PROGRAMS

This TIP focuses on introducing the peer worker position into specialty SUD treatment programs. Specialty SUD treatment includes:[20]

- Outpatient treatment programs.
- Intensive outpatient programs.
- Residential treatment programs.
- Inpatient hospital programs.
- Opioid treatment programs.
- Office-based opioid treatment programs.
- Medically supervised withdrawal.*

The TIP also looks at peer work conducted in other clinical settings providing SUD treatment and care, such as hospital emergency departments and primary care practices.

* Medically supervised withdrawal does not by itself typically lead to recovery, but it can serve as a first step in treatment and recovery, especially for more severe alcohol and benzodiazepine use disorders.[21]

A NOTE ON THE TERM "CLIENT"

This chapter uses the term "client" to refer to an individual receiving services at or from an SUD treatment program. A peer worker generally doesn't refer to someone they work with as their "client," however. That's because the nature of this relationship differs from that between a treatment provider, like an SUD counselor, and a person receiving SUD treatment. Often, a peer worker will refer to someone they work with as a "peer," which reflects a nonhierarchical relationship involving collaboration, mutual learning, and the shared experience of problematic substance use. Peer workers in an SUD treatment setting also often use the term "participant" to refer to someone they're working with.

Benefits of PSS

Emerging research supports using PSS to help meet the needs of people in SUD treatment. Studies with a range of designs, including randomized trials, have explored using PSS to address SUDs. **Evidence suggests that PSS can help:**[22,23]

- Increase treatment motivation and engagement.
- Increase treatment retention.
- Increase adherence to SUD treatment plans.
- Improve relationships with treatment providers, family members, and social supports.[24,25]
- Increase general self-efficacy.[26,27]
- Improve people's transitions between different stages of SUD care.[28]
- Increase satisfaction with the overall treatment experience.[29]
- Reduce recurrence rates.

Peer workers can enable SUD treatment programs to:

- Expand and enhance their service offerings.
- Add the lived experience perspective to care team discussions.
- Have a more person-centered approach to care.

- Maintain better contact with people awaiting treatment (e.g., because of limited availability of appointments or inpatient/residential beds), through reminder calls and communications on SUD education, treatment preparation, and other topics.[30]
- Better link program participants to the recovery community.
- Better link program participants to social, vocational, housing, and other services and resources that they need. (Such linkages especially help people with unfavorable social determinants of health [SDOH]; SDOH are "the conditions in the environments where people are born, live, learn, work, play, worship, and age that affect a wide range of health, functioning, and quality-of-life outcomes and risks."[31])
- Improve communication with program participants, through peer workers' ability to build rapport with them through shared experience and to "speak their language."
- Reduce stigma within the treatment team against people with a history of problematic substance use.
- Maintain contact with and provide support to former program participants after time-limited treatment ends.

Chapter 4 discusses additional ways SUD treatment programs can benefit by offering PSS.

Role of Peer Workers in SUD Treatment and Recovery

Peer workers fill a key role in the SUD treatment workforce—a workforce that faces ever-increasing demands. Increasingly, peer workers are paid or contract staff, although some volunteer.

The main role of a peer worker is to provide recovery support to people who are seeking or in recovery. For example, peer workers:

- **Share their personal "lived experience" stories of recovery to motivate and inspire** the individuals they work with and their families as well as the community.
- **Provide a role model for and motivate** individuals in, considering, or seeking recovery.
- Support individuals in creating **strengths-based recovery plans.**
- Coach individuals on working toward their **recovery-specific goals** as well as general life goals, within multiple recovery pathways.
- **Educate** the people they work with and the community at large about substance use–related problems and recovery.
- **Link individuals to resources** like housing, work, education, transportation, and child care.
- Help individuals draw on and increase their **recovery capital** (i.e., the quantity and quality of internal and external resources available to someone to initiate and sustain recovery from problematic substance use).
- Work with individuals to **build their relationship skills** and enhance their social support networks.
- Impart a powerful message of hope to people with substance use–related problems.[32]
- Provide an example of healthy recovery lifestyles.
- Help people seeking recovery get connected to community-based recovery groups and recovery-supportive places in their area.

Peer workers also collaborate with others on the care team and build connections with the recovery community, social service agencies, local businesses, and other resources.

Peer workers provide recovery support services by using their training and drawing selectively on their lived experience. They acquired this lived experience as individuals who have achieved behavior change and recovery from problematic substance use[33,34] or as family members or significant others of people who have had problematic substance use. Peers' firsthand experiences provide unique insights into how to support others in SUD treatment and recovery.[35,36]

Increasingly, peer workers have state-approved, peer-specific training and certification. Organizations providing PSS often require peer workers to have, or be working toward, certification as a condition of employment.

FORMAL PEER SUPPORT AND MUTUAL-HELP PEER SUPPORT: A BRIEF COMPARISON

Peer support has long been an important part of recovery and is the foundation of mutual-help programs. In these programs, participants support each other's recovery from substance use–related problems. Such mutual help isn't learned through training courses or supervision and isn't regulated, licensed, or otherwise certified. Anyone who attends mutual-help programs can provide this support (consistent with program principles and practices).[37] This support differs from the formal peer support increasingly offered by SUD treatment programs (the focus of this TIP) and pioneered by RCOs and RCCs, which remain major providers of PSS.

A peer specialist delivering formal peer support has, or should have, clearly defined practice boundaries, job duties, and supervision requirements. Delivery of formal peer support requires training and, often, certification. And unlike mutual-help peers (including sponsors), peer specialists provide a wide range of services in a wide range of clinical and nonclinical settings. However, peer specialists often link people in SUD treatment to mutual-help groups[38] and may themselves be past or active mutual-help group members.

Chapter 6 contains a more detailed comparison in its "Who Are Peer Workers?" section.

Peers' activities and responsibilities differ from those of nonpeer providers. For example:[39,40]

- Unlike a clinician providing SUD treatment, **peer workers don't diagnose, assess for, or treat SUDs.**
- Unlike a mental health clinician, **peer workers don't diagnose or provide counseling on mental disorders.** They don't refer to their support services as "counseling" or "therapy."
- Unlike a behavioral health technician, **peer workers don't collect urine or other bodily samples for testing or conduct room or body searches for substances.**
- Unlike a primary care provider, **peer workers don't diagnose medical conditions or offer medical advice or treatment.**

Here are some real-world examples of how peer workers' roles become operationalized in SUD treatment programs:

- Certified peer specialists facilitate a virtual non-12-Step mutual-help group for individuals taking medication for SUDs. The group is free and anonymous.[41]
- Certified peer specialists make follow-up calls and check-ins between program clients' formal treatment sessions to provide support, encouragement, and connection as well as to provide reminders about upcoming events, meetings, or appointments.
- PSS are regularly included in the discharge referral plan for program clients with executive functioning issues, to increase the likelihood that these clients will attend continuing care appointments and recovery programming.

RESOURCE ALERT: ROLE OF PEER WORKERS IN ADDRESSING THE OVERDOSE CRISIS

Peer workers fill a key role in the SUD treatment workforce—a workforce that faces ever-increasing demands, particularly as the United States continues to experience an epidemic of drug overdose deaths. PSS provide a much-needed expansion of the continuum of care available to address opioid use disorder and other SUDs, while also improving recovery outcomes.

In 2022, the National Council for Mental Wellbeing published *Establishing Peer Support Services for Overdose Response: A Toolkit for Health Departments.* Although the toolkit is especially relevant for integrating PSS in emergency departments, postoverdose response teams, and mobile outreach teams, it contains useful tips and resources on PSS generally. (https://www.thenationalcouncil.org/wp-content/uploads/2022/03/Establishing-Peer-Support-Services-for-Overdose-Response-Toolkit-7-March-2022-Final.pdf)

THE ROLE OF FAMILY PEER SPECIALISTS IN SUPPORTING FAMILIES AFFECTED BY PROBLEMATIC SUBSTANCE USE

Families directly affect and are affected by a family member's problematic substance use, including their treatment and recovery. Problematic substance use creates significant stress for families in such areas as physical and behavioral health, work and education, finances, and social relationships. Other family members often have needs related to their loved one's treatment and recovery, along with needs of their own. Therefore, recovery support is necessary for not only the individual in or seeking recovery, but also for their entire family.

Family peer specialists can assist families in crisis in getting the information, support, and resources they need. These individuals draw on their knowledge and unique lived experience of caring for a family member with problematic substance use to serve as role models and provide a variety of supports for families. Family peer specialists' work includes:[42]

- Offering families education and information, including ways to develop skills to better communicate, solve problems, and manage stress.
- Providing ongoing emotional support.
- Helping families access resources for everyday needs.
- Encouraging families to advocate for and with individuals in or seeking recovery.

While family peer specialists can indirectly help the individual in or seeking recovery, family-based peer services focus on the family itself.

Programs are increasingly offering family peer support; however, the field is still emerging and requires additional attention. Chapters 6 and 7 provide more information about the work of family peer specialists, particularly in SUD treatment programs.

Settings for PSS

Although this TIP focuses on incorporating the peer specialist position into SUD treatment programs, peer specialists serve in many other settings. Knowing about these other settings is useful for:

- SUD treatment providers (including peers) seeking to connect clients to recovery-oriented organizations, especially those with PSS.
- SUD treatment programs seeking to connect with entities using PSS that may refer clients for treatment.
- Peer specialists seeking to connect with others in their field and to pursue professional growth and development.

In addition to RCOs and RCCs, other recovery-oriented settings that typically or often provide PSS include:[43,44]

- **Recovery residences,** which provide safe housing and opportunities to build social and leadership skills. Most are self-supporting and operate via democratic principles of self-governance (https://www.recoveryanswers.org/resource/recovery-residences/).
- **Recovery schools,** which include recovery high schools (https://recoveryschools.org/) and collegiate recovery programs (https://collegiaterecovery.org/) that support young people in recovery in academic settings. These programs may offer scholarships, recovery housing, on-campus recovery support groups, recovery coaching, academic mentoring, and substance-free social activities.
- **Recovery-friendly workplaces,** which are employers with supportive policies and practices for employees in recovery (https://www.opioidlibrary.org/featured_collection/recovery-friendly-workplaces/).
- **Recovery cafés,** which are spaces where people in recovery can socialize and support each other in a substance-free setting (https://recoverycafenetwork.org/).

- **Recovery ministries,** which include recovery and recovery-friendly houses of worship, recovery-focused worship services and workshops, recovery pastoring, and mutual-help groups sponsored by houses of worship.[45]

PSS can also be found in:

- Recovery fitness centers and organizations, such as the nonprofit organization The Phoenix.[46]
- Harm reduction agencies, such as syringe services programs.[47]
- Criminal justice settings (e.g., problem-solving courts, pretrial release programs, parole/probation departments, prisons, and jail reentry programs).[48]
- First responder settings.[49,50]
- Social service agencies.

Integration of Peer Positions Into SUD Treatment Settings

In recovery-oriented SUD treatment programs, peer workers play an important role on the staff. They are visible and actively involved with the treatment program's clients and with the program's treatment providers.

Integrating the peer worker position into SUD treatment programs aligns with many programs' needs or goals to:

- Increase engagement and retention in and adherence to treatment, for better initial and sustained health outcomes.
- Inform people starting treatment about the multiple pathways to recovery.
- Connect individuals with recovery resources early on in treatment.
- Provide more information and support to people transitioning between levels of SUD care.
- Provide support to people transitioning from inpatient SUD treatment to the community and ongoing care.
- Shift from an acute, episodic model of SUD treatment to a long-term, recovery-oriented model.

Exhibit 1.1 lists the defining features of PSS that focus specifically on supporting people with SUDs in their recovery and on supporting their friends and family members.

EXHIBIT 1.1. Defining Features of SUD-Focused PSS[51,52,53]

Essential elements:

- Nonclinical services that engage, educate, and support people with substance use–related problems
- Delivery by individuals who have experience with recovery from problematic substance use
- Interactions that involve—on the part of the peer worker—effective listening and storytelling, strengths-based guidance, and the recognition that recovery exists in a cultural context and has many pathways

Purpose/functions and associated services/activities:

- Engagement: Promote a visible and accessible community presence through outreach and collaboration
- Education: Share knowledge and information about multiple pathways of recovery
- Social support[54] (Exhibit 2.1 in Chapter 2 contains details on the four types of recovery support.)

RESOURCE ALERT: LEARN MORE ABOUT PSS

These products published by or for the Substance Abuse and Mental Health Services Administration contain more information on PSS:

- *What Are Peer Recovery Support Services?* (https://store.samhsa.gov/product/What-Are-Peer-Recovery-Support-Services-/SMA09-4454)
- List of peer support resources (https://www.samhsa.gov/brss-tacs/recovery-support-tools/peers)
- *Peers Supporting Recovery From Substance Use Disorders* (https://www.samhsa.gov/sites/default/files/programs_campaigns/brss_tacs/peers-supporting-recovery-substance-use-disorders-2017.pdf)
- *Peer Recovery Support: Evolving Roles and Settings: A Literature Review* (https://peerrecoverynow.org/wp-content/uploads/PeerRecoverySupport-LiteratureReview_Final-Nov2021.pdf)
- *Comparative Analysis of State Requirements for Peer Support Specialist Training and Certification in the United States* (https://peerrecoverynow.org/about/coe-products.aspx)

Background and Concepts

History of PSS

In the mid-19th century, concerns about alcohol problems and the promotion of sobriety as a societal value set the stage not only for the beginnings of SUD treatment in the United States, but also for a range of sobriety-based mutual-help societies, including the Washingtonian Society and the Sons of Temperance.[55,56,57] Alcoholics Anonymous® (AA), the first 12-Step program and the most well-known mutual-help program, began a century later. Secular and culturally oriented alternatives to AA, Narcotics Anonymous, and other 12-Step programs have developed over time.[58,59] These organizations include LifeRing Secular Recovery,[60] Secular Organizations for Sobriety (SOS),[61] Self-Management and Recovery Training (SMART) Recovery®,[62] Wellbriety,[63] and Women for Sobriety.[64]

In 1998, the Substance Abuse and Mental Health Services Administration (SAMHSA) initiated the Recovery Community Support Program (RCSP) to support RCOs in their outreach, policy, and education efforts. By 2001, RCSP began more fully integrating PSS modeled after mutual-help activities that characterized AA and other popular 12-Step programs.[65] Guidance to states issued by the Centers for Medicare & Medicaid Services (CMS) in 2007 on covering PSS under Medicaid,[66] the Affordable Care Act of 2010, federal legislation addressing the opioid epidemic, other federal initiatives, and recent support from state and local government programs, advocacy organizations, service providers, and other stakeholders have further increased access to PSS.[67,68,69]

Expanding Definitions of Recovery

Growing acceptance of SUDs as chronic conditions[70] (much like hypertension, diabetes, or asthma) is transforming the behavioral health field's concept of what it means to have an SUD and what kinds of support people need to address SUDs successfully. The idea of recovery predates the rise of specialty SUD treatment[71] and is central to peer work and to mutual-help programs like AA and SMART Recovery®.[72]

Working definitions of recovery began to emerge in the literature in the mid-2000s and have been evolving ever since.[73,74,75] Some definitions focus exclusively on stopping substance use (abstinence). Other definitions extend the concept of recovery to encompass reducing substance use. And some definitions include harm reduction, which recognizes the benefits to the individual of lessening substance use–related risks by, for example, using opioid overdose reversal medication and safer injection practices.[76] Recovery expert William White included the idea that recovery needs to be actively managed over time.[77] Nearly all definitions mention **making personal changes that promote long-term well-being and support improved quality of life.[78]**

After receiving significant stakeholder and public input, SAMHSA in 2012 published 10 guiding principles of recovery and a working definition of recovery that describes it as "a process of change through which individuals improve their health and wellness, live a self-directed life, and strive to reach their full potential."[79] The SAMHSA definition undergirds a shared recovery language. SAMHSA in 2012 also set forth four major dimensions of a life in recovery: health, home, purpose, and community.

The definition, principles, and dimensions apply to recovery from mental or substance use disorders, or both. Exhibit 1.2 summarizes SAMHSA's 10 principles.

EXHIBIT 1.2. SAMHSA's 10 Guiding Principles of Recovery

Recovery is a multifaceted process that may look different from one person to the next. The principles emphasize that recovery:

- Is an outgrowth of hope.
- Is person driven and focused on an individual's strengths, needs, and wishes.
- Occurs in many ways, via many paths, and in many forms. There truly is no one "right" way to find, establish, and maintain recovery.
- Is holistic, addressing not just a person's substance use problems but also their physical, emotional, social, and spiritual wellness.
- Includes support from one's peers and other allies.
- Is achieved, at least in part, through one's personal relationships and social network.
- Is shaped and supported by one's culture, values, traditions, and beliefs.
- Requires services and treatments responsive to one's current situation and history of trauma.
- Is built on individual, family, and community strengths, supports, responsibilities, and resources.
- Promotes self-respect, dignity, and self-acceptance.

Source: Image reprinted from material in the public domain.[80]

Recovery Capital

The concept of recovery capital has shifted the thinking about what people with substance use–related problems might need to achieve recovery. **"Recovery capital" refers to the quantity and quality of resources available to individuals to initiate and sustain their recovery from problematic substance use.** Resources may be internal (e.g., physical health, financial wellness) or external (e.g., social relationships, community, and cultural support), and they can grow.[81,82] Recovery capital reflects a core belief that everyone has strengths and that building on those strengths is key to achieving and maintaining recovery. Supporting people in identifying, harnessing, and increasing their recovery capital underlies much of what peer workers do.

Recovery Planning

Recovery planning is largely driven by the program client,[83] and the focus is future-, wellness-, and sustainability-oriented, although immediate needs and tasks are also addressed. Such planning, which the individual should undertake with the support of a peer worker, includes identifying the individual's recovery capital, needs, and goals, and then brainstorming actions to take. The result of this process is a recovery plan setting out the individual's short- and longer term recovery, wellness, and life goals, with realistic, prioritized steps for working toward them. Ideally, the recovery plan should include SMART goals: Specific, Measurable, Achievable, Relevant, and Time Bound.

Like recovery itself, recovery planning is a continuing and dynamic process. The recovery plan will need revisiting and revising as the individual builds their recovery capital and meets or changes goals, or if new challenges or barriers arise.[84]

Chapter 3 contains more information on recovery plans, including differences between recovery planning and treatment planning.

WHAT IS A RECOVERY-ORIENTED SYSTEM OF CARE?

This TIP will in places refer to a recovery-oriented system of care (ROSC), which is a multisystem, strengths-based, person-centered continuum of care in which a menu of coordinated supports is tailored to individuals' needs and chosen recovery pathways.[85] A ROSC's self-defined network can include SUD treatment programs, RCOs, primary healthcare organizations, prevention services, allied service systems, other types of organizations, and individuals. Although an SUD treatment program can offer PSS without becoming part of a ROSC, taking this step can help clients receive better coordinated services and more holistic care.

Diversity, Equity, Inclusion, and Accessibility

The concept of diversity, equity, inclusion, and accessibility (DEIA) stresses the value and importance of accepting and supporting people of all races, sexual orientations, genders, abilities, religions, ages, and socioeconomic backgrounds, equally and with fair treatment for each person.[86,87] The components of DEIA are defined as follows:

- **Diversity:** The characteristics and experiences, both seen and unseen, that make everyone unique[88]
- **Equity:** Ensuring fair access to opportunities and resources, while taking into consideration individuals' barriers or privileges and eliminating systemic barriers and privileges[89]
- **Inclusion:** The actions taken to understand, embrace, and leverage the unique identities and perspectives of all individuals so that all feel welcomed, valued, and supported[90]
- **Accessibility:** Facilities, information, technology, programs, and services designed so that all people, including people with disabilities, can fully and independently access and use them[91]

SAMHSA's seventh principle of recovery—stating that recovery is shaped and supported by one's culture, values, traditions, and beliefs—reflects the importance of DEIA in treatment and recovery support services.[92]

Peer support services provide an opportunity for SUD treatment programs to promote an inclusive atmosphere in which people with diverse backgrounds and life experiences feel welcome, and to improve clients' engagement with recovery resources.

Peer workers may have things in common (e.g., age, ethnicity, family experience, gender, sexual orientation, gender identity, co-occurring disorders, prior justice system involvement) with the program participants they support. **These shared characteristics and experiences can enhance program participants' feelings of alliance, trust, confidence, and safety[93,94] and can increase treatment engagement and other positive outcomes.**

The commitment to DEIA involves administrators and supervisors and extends throughout the organization. It includes hiring peer workers who are:

- Representative of the communities the program serves.
- Culturally responsive to program participants.
- Able to provide culturally appropriate PSS in one or more languages spoken by the populations the program serves (besides English).
- Culturally knowledgeable about available resources, including those outside their personal recovery experiences and supports.
- Committed to their own self-awareness and willing to explore any implicit bias around their own cultural identity.

DEIA is a complex, nuanced, and quickly evolving set of concepts. The importance of incorporating DEIA considerations into the delivery of PSS, and behavioral health services more generally, cannot be overstated. However, it is outside the scope of this TIP to provide an indepth discussion of the many facets of DEIA and the ways in which they intersect with, and affect, substance use, recovery, and the services and service systems people seeking recovery may rely on for support.

The consensus panel recommends that peer workers, their supervisors, program administrators, and other SUD treatment program staff engage in ongoing education and professional development activities to strengthen their understanding of and commitment to DEIA. Programs should allow staff to undertake these activities during working hours.

The following Resource Alert provides some useful starting points for learning more about DEIA in the context of peer support and recovery from problematic substance use.

RESOURCE ALERT: TOOLS FOR LEARNING MORE ABOUT DEIA

The concept of DEIA is a rapidly developing and increasingly vital model of care for behavioral health service settings. The following resources will allow peer workers to explore the topic of DEIA more fully and examine the importance of a culturally responsive and informed approach to substance use–related services.

DEI Mission and Definitions

This webpage, produced by Thrive Behavioral Health in Rhode Island, provides expanded definitions of the terms "diversity," "equity," and "inclusion" that may be useful to programs and individuals wanting to implement these concepts in their services. (https://www.thrivebhri.org/about-us/diversity-equity-inclusion/dei-mission-and-definitions)

Continued on next page

RESOURCE ALERT: TOOLS FOR LEARNING MORE ABOUT DEIA, CONTINUED

National Association of Addiction Treatment Providers® (NAATP)—Diversity, Equity, Inclusivity, & Belonging (DEIB) Webinars and Events

This webpage features links to recent NAATP webinars on DEIB-related topics, including implementing DEIB, understanding the importance of antiracism in treatment environments, and working with individuals from LGBTQ+ populations. Free webinar videos and related PowerPoint presentations are available on the page. (https://www.naatp.org/resources/dei/webinars-events)

North Star Guide for Recovery Leaders

Faces & Voices of Recovery provides this overview of the key elements for committing to an antiracism stance in a treatment environment. The document focuses on representation and culture shift, advocacy, education, and accountability, with metrics for measuring progress. (https://facesandvoicesofrecovery.org/wp-content/uploads/2021/06/Race-Equity-in-Recovery-North-Star-final-2.pdf)

RESPECT Model

Originally developed in 2002,[95] this tool helps peer workers and treatment providers remember the key factors to ensure that they engage with people seeking recovery in a culturally and linguistically responsive manner. (https://thinkculturalhealth.hhs.gov/assets/pdfs/resource-library/respect-model.pdf)

Evolving Ways To Deliver PSS

In recent years, the ways in which peer workers connect with and support people with problematic substance use have expanded. For example, **the rapid growth of telehealth, especially during the COVID-19 pandemic, has increased the reach of peer workers. Now they provide PSS to individuals and families who might have difficulty accessing in-person services because of transportation and other barriers,[96]** and they can interact more frequently with the people they already work with.

Although telehealth presents unique challenges, peer workers can successfully fulfill their roles and functions when working virtually.[97] For example, a 2021 study showed that web-based psychoeducation and peer support for adults with problematic alcohol use led to improved quality of life and reduced alcohol use and craving, symptoms meeting criteria for alcohol use disorder, and use of other substances.[98] A 2021 pilot study of a peer-supported app for veterans to use to self-manage unhealthy alcohol consumption found that participant feedback on the integration of the app with weekly peer specialist phone support was "uniformly positive."[99] The feedback highlighted such benefits of peer involvement as general emotional support, coaching on navigating the app, sharing of lived experience, and encouragement of ongoing use of the app.

Although peer workers have long met with individuals in the community, mobile PSS, with one or more peers working as part of a team, have also become more prevalent. ("Mobile" in this sense refers to using vehicles.) Examples of mobile services that may incorporate PSS include:

- Mobile opioid treatment.
- Mobile outreach programs.
- Mobile crisis units.[100]
- Postoverdose response teams.[101]

Challenges of Providing PSS Within SUD Treatment Programs

PSS form an increasingly common and important part of the SUD treatment system; however, offering PSS can still have its challenges. For example:

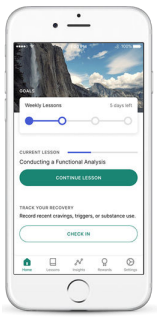
- **Sustainable funding for PSS needs the attention of program leadership.** Greater availability of grant funding, Medicaid coverage, and even private health insurance reimbursement has made funding PSS more viable. Still, programs need to budget for PSS carefully and be prepared to look to different

funding sources, to offer clients a strong PSS component[102] and to provide fair and stable compensation to peer workers.

- **Peer workers can feel confused or unclear about their exact roles and job duties (as can their supervisors and colleagues and program administrators).** Developing clearly defined job descriptions that spell out peer workers' roles can help avoid role strain and role drift. So can educating other staff about peer workers' roles and providing peer workers with good supervision by individuals who understand the peer worker role.
- **Lack of role clarity can lead to ethical and boundary issues.** Organizations can address these issues in job descriptions and training for peer workers and other staff, and through peer supervision. Organizations should also have clear ethical guidelines for peer workers, and train peer workers on them to help ensure that the peers operate within their scope of practice.
- SUD treatment program staff may not recognize the value of incorporating PSS into their programs. **Organizations aiming to offer PSS should train other program staff on the benefits of PSS to clients.**
- **Once on the job, peer workers may still experience a lack of acceptance by SUD treatment program staff and a lack of appropriate compensation.** This can lead to job dissatisfaction and retention problems among peer workers.[103] Program leadership needs to ensure respect and fair pay for the peer worker role.

RESOURCE ALERT: MOBILE APPLICATIONS SUPPORTING RECOVERY

Multiple mobile applications (apps) have been developed to support people in their recovery journeys. These apps can supplement the work that people in recovery do with peers and other members of an SUD care team. However, many apps need further study to determine whether they effectively support recovery.[104]



Helpful mobile app features include:

- Educational exercises.
- Motivational messages.
- Messaging functions that allow individuals to connect with others who have lived experience with SUD recovery.
- Accountability support groups or support meeting locators.
- Privacy-enabled dashboards for communication with treatment team members, including peer specialists.
- Journaling to track thoughts, feelings, stressors, substance use triggers, and ways to manage those triggers.
- Clocks, timers, or counters to track abstinence.

Pear reSET® and **reSET-O®,** free apps developed by Pear Therapeutics, were the first prescription apps for SUDs approved by the Food and Drug Administration. Pear reSET® and reSET-O® are suitable for individuals ages 18 and older in outpatient SUD treatment or otherwise under the supervision of a clinical provider. Both apps provide cognitive–behavioral therapy to support other clinical treatment approaches for SUDs, such as contingency management and the use of medication to support recovery. A study suggested that clients who used the app would be more likely to stay in treatment and achieve or maintain abstinence than clients receiving standard care.[105]

The Connections App offers support through a variety of features, including moderated virtual support group meetings and discussion groups, appointment reminders, and 24/7 peer support. One study of the app showed that people who used it after leaving residential treatment for alcohol use disorder reported significantly fewer risky drinking days than those who did not.[106]

SAMHSA's TIP 60, *Using Technology-Based Therapeutic Tools in Behavioral Health Services,* contains information about technology-based tools. (https://store.samhsa.gov/product/TIP-60-Using-Technology-Based-Therapeutic-Tools-in-Behavioral-Health-Services/SMA15-4924)

Source: Image reprinted with permission from https://peartherapeutics.com/products/reset-reset-o/.

Conclusion

Peer workers play an important and ever-growing role in supporting individuals with problematic substance use in initiating and sustaining recovery. Integrating the peer worker position into SUD treatment programs and allied service systems and collaborating with community-based recovery organizations can increase clients' chances of successful treatment and recovery outcomes. Likewise, family members can help loved ones succeed in SUD treatment and recovery by encouraging their use of PSS. Peer services offered by SUD treatment programs supplement PSS provided by RCOs and RCCs.

To integrate the peer worker position into SUD treatment programs successfully, program staff must understand the benefits of PSS and the training and roles of peer workers. Administrators must clearly define the peer position within the program; demonstrate professional respect for the people in these positions and the valuable work they do; and provide for PSS-specific supervision.

The following chapters provide an overview of peer workers' roles when working with people seeking treatment for or in recovery from problematic substance use; a description of the essential knowledge, values, and skills needed by peer workers; guidance for SUD treatment program administrators and supervisors on implementing PSS; discussion of the considerations and processes involved in becoming a peer specialist; and information on the benefits of family PSS.

Chapter 2—Roles of the Peer Worker

KEY MESSAGES

- Peer workers help individuals with substance use–related problems engage in, achieve, and stay in recovery.
- Peer workers play a unique role in the recovery field because the type of recovery support they offer differs from the support substance use disorder (SUD) treatment or mutual-help programs provide to people with substance use–related problems and their loved ones.
- To help people recover from problematic substance use, peer workers draw on their personal experience with access to and knowledge of recovery services, following guiding principles of recovery and using key skills (e.g., storytelling, resource navigation, facilitating groups).
- Peer workers take on different roles with those they support in recovery from substance use–related problems, including engagement facilitator, educator, resource navigator, advocate, and outreach worker.
- Role confusion, unclear boundaries, and lack of knowledge about and resources for peer workers can pose challenges, particularly when integrating peer support services (PSS) into SUD treatment programs. To overcome these challenges, organization-wide training on PSS, appropriate training for peer specialists, and ongoing supervision are essential.
- SUD treatment providers, program administrators, and supervisors must understand the knowledge, values, and essential skills and abilities of peer workers, especially when working with peer specialists to integrate PSS into their treatment program offerings.

Use of peer support services (PSS) to help individuals with substance use–related problems engage in, achieve, and sustain recovery is growing rapidly. These services encourage multiple pathways to entering and sustaining recovery. **Individuals who provide PSS may do so in many different settings** (e.g., emergency departments, primary care settings, recovery community centers [RCCs]) **and have many different titles**, including recovery coach, resource navigator, and peer provider or specialist.

Peer workers take on many different roles in various clinical and nonclinical settings, and **those peer workers who deliver PSS as an integrated part of substance use disorder (SUD) treatment programs—peer specialists—perform several important functions.** SUD treatment program administrators and supervisors need to understand peer specialist roles and functions to assist the peers they work with in performing their jobs successfully. Administrators and supervisors with good knowledge of peer roles and the guiding principles of recovery can ensure that peer specialists working in SUD treatment programs perform tasks to the extent of their scope of experience and training and have satisfaction within their role and the agency. Peer workers also need to be fully integrated into the agency, with an effort made to ensure their voices are heard and incorporated.

Chapter 2 of this Treatment Improvement Protocol (TIP) is primarily for peer workers providing PSS for substance use–related problems within a treatment setting, although SUD treatment program supervisors and administrators will also benefit from the chapter's content. This chapter provides basic information about PSS, peer worker values and skills, and challenges peer workers face, including how to navigate those challenges. It reviews the:

- Benefits of integrating peer specialists into SUD treatment programs.
- Many roles of peer workers.
- Challenges facing peer workers.
- Essential knowledge, values, skills, and abilities that peer workers need. (Chapter 3 contains more details.)

Exhibit ES.1 in the Executive Summary of this TIP contains definitions of key terms used in this and other chapters.

Other chapters of this TIP provide more information about some topics Chapter 2 addresses. Chapter 3 details the functions of peer workers and describes how to carry out these functions. Chapter 6 discusses how to become a peer specialist and addresses potential barriers to doing so.

Why Integrate Peer Specialists Into SUD Treatment Programs?

Peer recovery support has long played an important role in addressing problematic substance use in the United States[107] (the "History of PSS" section in Chapter 1 contains more details). PSS differ from mutual-help recovery supports and spontaneous forms of peer support. **The recent, rapid growth of PSS reflects an evolution in thinking about SUD as a chronic condition and knowledge about the types of services that people need to make and sustain behavior changes that support recovery.[108,109]**

PSS are nonclinical recovery support services delivered by peers across diverse organizational and community settings as part of a larger recovery-oriented system of care (ROSC). PSS engage and assist individuals in recovery across the continuum of care in a variety of settings, including outreach and initial engagement, inpatient treatment, outpatient treatment, reintegration into the community from inpatient treatment, and community-based recovery support programs (e.g., recovery community organizations).[110,111,112,113]

By integrating peers into their staff, SUD treatment programs give individuals more direct access to essential recovery-oriented services that are generally less intensive over time. Peer specialists can help individuals in or seeking recovery address their social determinants of health (SDOH) by supporting them as they make changes that improve the conditions of their environments.[114] SDOH include socioeconomic and environmental factors, such as economic stability, health, community and social context, and education, among others, and are closely connected to recovery and improving well-being.

Peer Workers Are Unique Among Recovery Support Providers

Peer workers' personal lived experience with substance use–related problems, behavior change, and recovery gives them the unique ability to empathize with, relate to, educate, and provide hope and guidance to others on the path toward recovery.[115] Peers who provide individuals in recovery with empathy and validation through PSS may experience benefits to their own ongoing recovery as well.[116] Because of the unique support peers can provide, PSS improve outcomes, such as an increased sense of empowerment and engagement in services and treatment goal outcomes.[117]

People providing PSS go by different titles: peer worker, peer navigator, peer specialist, recovery coach, and more. Peers who provide PSS in the context of ROSCs generally have access to some formal resources and follow specific protocols and safeguards.[118] **Most have received training for their roles; this TIP refers to such peer workers as "peer specialists." Peer workers who have received certification or credentialing to provide PSS are commonly referred to as "certified peer specialists," and many states also use this title as the official name of this certification/credential.**

Peers Bring the Value of Experiential Knowledge

SUD treatment programs benefit from integrating peer specialists into their teams because peer specialists offer individuals in recovery and their families support and services based on experiential knowledge. Experiential knowledge is the wisdom and understanding gained from one's personal experience—for peer specialists, this experience is living with and recovering from substance use–related problems. Experiential expertise comes not only from the experience itself, but also from the skills and resources peers have gained by facing recovery challenges and engaging in behavior change.

Peer specialists have firsthand knowledge of how to seek support for substance use–related problems, and the successful management of their own recovery serves as an example to the individuals they support.[119,120,121] **Peers' lived experience offers hope that recovery is possible.**[122] Experiential knowledge makes peer workers especially suited to engaging with individuals in or seeking recovery. They can also seek to motivate change for those with problematic substance use. **Peer workers can more readily relate to, empathize, and establish rapport and therapeutic alliances** based on shared experience.[123,124]

Peers Who Help Others Strengthen Their Own Commitment to Recovery

Offering PSS can help peer workers strengthen their own recovery. The "Helper Therapy Principle"[125,126] holds that people who help others often develop a deeper understanding of the issue for which they are providing help. **Peer workers may derive valuable skills, experience, and other benefits from the helping process,** such as increased self-awareness, knowledge, self-esteem, hope, confidence, and personal growth.[127,128,129] As peer workers strengthen their own recovery, they must also incorporate healthy boundaries and self-care strategies to avoid burnout and fatigue, including from secondary or vicarious trauma.[130,131]

Recovery is a process of changing one's self-identity.[132,133] Peer workers stay in contact with others in recovery and thus strengthen their own identities as people in recovery through storytelling.[134] By supporting others in earlier stages of recovery, peer workers also help create community and address stigmatization of and discrimination against individuals experiencing substance use–related problems and individuals in or seeking recovery from problematic substance use.[135]

SUD treatment programs that integrate peer specialists into their teams grant those peers an opportunity to strengthen their own commitment to recovery while they support others on their own paths to recovery.[136] These programs are also creating employment and leadership opportunities for those with lived experience. **However, SUD treatment programs and peer workers should also recognize that the act of providing support is not a substitute for peer specialists' engagement and growth in their own recovery.**

What Are Peer Specialists' Functions in SUD Treatment Programs?

PSS add to the benefits of traditional SUD treatment and mutual-help programs. The peer workers who deliver PSS perform many different functions, including some that clinical and other nonclinical staff don't have the experience to perform or that would be out of their scope of practice.

This section describes some of the more common roles of peer specialists as integrated staff members of SUD treatment programs or as workers in community-based recovery support settings that collaborate with SUD treatment programs and provide linkages to program clients. Peer workers, SUD treatment program administrators, supervisors, and other program staff will benefit from a clear understanding of these peer roles as well as the scope of activities involved in each.

Recovery Support Provider

Peer workers provide four types of recovery support: emotional, informational, instrumental, and affiliational (Exhibit 2.1).

EXHIBIT 2.1. The Four Types of Recovery Support[137]

- **Emotional support**—In individual interactions and support groups; includes providing empathy, caring, and concern to foster self-esteem and confidence
- **Informational support**—Through classes, trainings, and seminars; includes sharing knowledge and information or providing life and vocational skills training
- **Instrumental support**—Through referral, linkage, and service coordination; includes offering tangible assistance (e.g., transportation, housing, food, clothing)
- **Affiliational support (also called social support)**—In designated spaces, groups, and activities; connects individuals in recovery with others to promote learning, social and recreational skills, and a sense of community and belonging

Emotional Support

Peer workers provide emotional support. In the context of PSS for substance use–related problems, this means expressing empathy, caring, and concern for individuals in or seeking recovery to assist them in addressing negative emotions (e.g., anxiety, loneliness); identifying their personal strengths; and increasing self-esteem and confidence.[138] It also means assisting others in developing personal skills and positive traits, like motivation, self-awareness, confidence, and hope.[139]

Peer workers are uniquely able to offer compassion—the type of understanding that comes from having lived experience with substance use, behavior change, and recovery. **Through shared experience, they can provide emotional support to individuals in or seeking recovery while also developing a sense of mutual understanding and respect.**

Peer workers can offer emotional support by:

- Developing trust and rapport (i.e., relationship building) with individuals in or seeking recovery.[140,141]
- Motivating, empowering, encouraging, and inspiring individuals in or seeking recovery.[142,143]
- Assisting individuals in developing more self-esteem.[144]
- Supporting individuals in or seeking recovery in achieving personal life goals.
- Inspiring hope.[145,146]

Informational Support

Peer workers play a critical role in offering informational support—they provide knowledge, feedback, and resources to support individuals in or seeking recovery.[147] Informational support activities involve:

- Encouraging educational growth and personal development.[148]
- Assisting with general and recovery-specific goal planning and skills development.[149,150]
- Sharing information and resources that can increase recovery capital—the skills and assets an individual can draw on—and strengthen recovery plans.

- Providing education about the experience of problematic substance use and recovery (e.g., informing individuals in recovery of the physical and mental effects of substance use; explaining problematic substance use as a chronic condition that takes time to be effectively managed).
- Modeling recovery behavior and supporting change to promote health and wellness (including recovery).[151,152]

Instrumental Support

Peer workers offer instrumental, or practical, support[153] to assist individuals in or seeking recovery with overcoming personal and environmental barriers to recovery.[154] This includes helping individuals:

- Obtain necessities, including food, emergency shelter, and clothing.
- Learn about and follow up on employment and vocational opportunities.
- Find recovery-friendly housing.
- Access resources to support needs outside of the SUD treatment program.
- Navigate a variety of systems, including the healthcare, behavioral health, child welfare, and foster care and criminal justice systems.

Affiliational or Companionship Support

Peer workers also offer affiliational support by assisting individuals in or seeking recovery with connecting to other people (particularly those also in or seeking recovery) who can offer opportunities to:[155]

- Build social and recreational skills.
- Experience a sense of community.
- Develop a sense of belonging and purpose.

Connecting with healthy others is key to successful recovery. In some settings, affiliational support is part of service delivery.[156] For example, RCCs foster fellowship while they build social support and community connections.[157] Peer specialists integrated into SUD treatment programs might offer affiliational support by:

- Helping individuals make new friendships, replacing old ones that involved problematic substance use.
- Engaging individuals in social and recreational activities that show them how to have fun without a substance.
- Introducing individuals to other communities (e.g., recovery communities, spiritual communities).[158,159]

Affiliational support may involve encouraging individuals in recovery to attend mutual-help programs. A peer worker's role in this process is to assist the individual in or seeking recovery in identifying mutual-help programs that fit their specific needs.

Role Model

Peer workers are natural role models for demonstrating what a healthy recovery lifestyle can look like.[160,161,162] As role models with lived experience in problematic substance use, behavior change, and recovery, peer workers can provide honest feedback to individuals in or seeking recovery about accountability and self-destructive patterns of thinking and behavior. They can also provide recovery education (as appropriate). Peer workers use their own lives as proof of the power of recovery (e.g., sharing personal stories about how recovery has improved their lives).[163]

Models of recovery differ, and peer workers should remember that they may not follow the same path or model as the individuals they work with. They should not assume that what worked for them will work for everyone in or seeking recovery. It is the duty of the peer worker to be familiar with and encourage access to multiple pathways to recovery and respect the individual's right to choose their own path. It may be beneficial for peer workers to refer an individual to another peer worker who may be more familiar with the program client's chosen pathway to recovery. They can also serve as a role model in recognizing stigma and bias and modeling how they handle these situations.

What it Means To Be a Role Model

Peer workers should serve as a role model, meaning they should present themselves to individuals in a way that shows the positive and life-changing aspects of recovery. Their example can inspire individuals to choose recovery over problematic substance use.[164] As a role model, peer workers make recovery and hope real to individuals as well as their families, their coworkers, other service professionals, and the public.

As a recovery role model, peer workers:

- Attract people to recovery.
- Are mindful of the language they use and the messages they promote.
- Effectively communicate boundaries.
- Demonstrate recovery and daily living skills.
- Are authentic and honest with themselves and others.
- Model healthy relationship and emotional skills.
- Practice self-care and wellness skills.
- Have a positive, hopeful attitude that communicates that recovery is possible for everyone.

Educator

In the role of educator, peer workers share information with individuals in or seeking recovery, their family members, people in the workplace, and the larger community. Peer workers share knowledge and information with individuals and their families about problematic substance use and the variety of recovery pathways. Their role also involves providing individuals in or seeking recovery with information about recovery processes and community-based services to empower them to make informed choices. Peer workers may also provide individuals with practical education, such as about sustaining physical and emotional wellness and navigating the healthcare and behavioral health service systems.[165]

In the workplace, the peer worker's role as an educator involves increasing their coworkers' understanding of the functions of peer specialists, what individuals are experiencing while initiating and maintaining their recovery, and the value of PSS in that process. Providing such education can reduce stigma about problematic substance use and provide an example that recovery is possible for everyone. By educating their colleagues, peer workers can also reduce discrimination against peer specialists in their organization and strengthen its recovery focus. However, as discussed later, efforts to educate staff about the role of peer workers is also the responsibility of supervisors and administrators.

Community outreach involves teaching the public about substance use–related problems, the prevalence and pathways of recovery, and the things that support recovery or make recovery difficult.[166] In the education process, peer workers provide living experience of the life-changing power of recovery.[167] Through outreach and education work, peer workers may find others in the community who can support individual, family, and community recovery efforts.[168] Peer workers can also reach people who might have an interest in PSS for themselves.

Strategies for community education include:

- Holding free educational and social events at the program, including information sessions, workshops, or town hall events, which can introduce the recovery support services that the program provides.
- In close collaboration with program administrators, creating social media campaigns to show others what recovery "looks like" and reduce shame and stigma about seeking SUD treatment.[169]
- Conducting outreach in community-based service settings (e.g., hospitals, culturally focused healing and health promotion settings, schools and community colleges, public libraries, recreation centers, senior centers, faith-based organizations, emergency shelters).[170,171]

Peer workers also have ownership over their own recovery stories. They should consider their own comfort level in sharing these stories publicly, during speaking engagements, on behalf of their organizations, or on social media. Program administrators should ensure that peer workers understand that sharing their stories is optional.

There should be no negative consequences for those peer workers who do not feel comfortable sharing this information publicly.

Working with others in the community to build recovery networks as well as advocating for the recovery movement and for individuals in or seeking recovery, are core functions of peer workers. (Chapter 3 contains further discussion.)

Resource Navigator

Another key role peer workers play in SUD treatment settings is that of a resource navigator who actively links individuals to recovery support and other community-based resources that they need to initiate and maintain ongoing recovery and achieve wellness goals. These connections can help individuals in or seeking recovery build healthy social relationships and feel like a part of their community.[172] A peer worker's experiential knowledge and familiarity with treatment and other community resources may especially help individuals who have just completed inpatient withdrawal management, residential treatment, or incarceration, because these are critical times for follow-up with the client.[173] Their role differs from that of a case manager, who offers coordinated, individualized support to an individual in accessing services based on their specific needs.[174] A peer worker's role is to extend the services of the case manager by guiding people through treatment on their journey through ROSCs.[175]

Individuals initiating recovery from substance use–related problems often have many different needs spanning different service delivery systems. **Being a resource navigator means linking individuals to other resources and services included in their recovery plans that the SUD treatment provider may not offer.** This might involve helping individuals access safe housing, make a dental appointment, sign up for health insurance, navigate the child welfare system, sign up for community college, or volunteer at a nonprofit organization. Sometimes, individuals need support cutting through bureaucratic processes and paperwork.[176]

CONNECTING PEOPLE IN RECOVERY TO RECOVERY SERVICES USING WARM HANDOFFS

Peer workers need to have deep knowledge of the resources in their communities to actively link individuals in recovery and their families to community-based services. Such "active linkage" requires peer workers to get out in the community to introduce themselves to specific individuals to whom they will make referrals and to learn how different treatment and recovery support services work. Peer workers should talk with their supervisors as they do this. This insider knowledge can help peer workers educate individuals in recovery about specific services or resources and what to expect when they use these services. This is particularly important for individuals who have co-occurring substance use and mental disorders or medical conditions. Peer workers should share knowledge with fellow peer workers and other providers, helping them make strong linkages to recovery resources in the community.

This insider knowledge also allows peer workers to make a "warm handoff" (i.e., a personal introduction) of an individual in recovery to providers and resources instead of relying on passive referral (e.g., giving the individual a phone number to call). A warm handoff can involve going with the individual to the agency or organization to introduce the individual to the provider there and starting a brief conversation between them. Or it can involve calling the new provider (by phone or video), introducing the provider to the individual in recovery, then having the individual speak with the provider. A warm handoff builds trust between the individual in recovery and a new provider[177] and helps the individual enter treatment or use new services.[178]

The Agency for Healthcare Research and Quality's *Implementation Quick Start Guide: Warm Handoff* contains more information about using warm handoffs (https://www.ahrq.gov/sites/default/files/wysiwyg/professionals/quality-patient-safety/patient-family-engagement/pfeprimarycare/warm-handoff-qsg-brochure.pdf).

Strategies for effectively linking individuals in SUD treatment settings to outside resources include:

- Creating and regularly updating a list of community partners, including healthcare, education, housing, employment assistance, behavioral health, legal and criminal justice, crisis, and domestic violence services; faith-based resources; recovery support groups; RCCs; and recovery residences.
  - Giving contact information as well as cost and insurance eligibility information in the list
  - Thinking about posting the list online and sharing it with staff who have permission to edit it. Online access can help keep the list current and assists with linking individuals to services and resources while the peer worker is out in the community.
- Identifying recovery support meetings or groups in the local community.
  - Noting important group characteristics, such as whether a meeting:
    - Is open or closed.
    - Has a speaker or discussion format.
    - Is associated with a particular religion.
    - Has a nondenominational spiritual focus or is secular.
    - Is for men or women.
    - Is specific to gender identity or sexual orientation.
    - Is available in multiple languages.
    - Is geared toward older adults or young people.
    - Is for veterans.
    - Is for professional groups.
    - Is open to people with co-occurring substance use and mental disorders.
    - Is supportive of multiple pathways to recovery.
    - Encourages and supports individualized recovery.
    - Incorporates a focus on wellness and healing.
    - Is supportive of the use of medications to support recovery.
    - Is accessible for those with disabilities or mobility issues.
    - Is accessible by public transportation.
    - Is open to children or if childcare opportunities are available.
    - Is virtual or in person.
    - Is specific to an ethnic, racial, or religious community.
  - Attending several different types of in-person and online meetings to get a sense of the "personality" or environment of different meetings
- Finding out from individuals what they already know about possible treatment and recovery support services and if they have specific preferences about the types of care they receive.
- Finding out about any services the individual previously received, including their experience with those services (e.g., what they liked and disliked, what they found most or least helpful).
- Educating individuals about what to expect when participating in specific treatment or recovery support services.
- Determining the appropriateness of using passive linkage strategies, like giving individuals a list of Alcoholics Anonymous® meetings, the phone number of an agency or service, or a website to explore.
- Using warm handoff strategies to personally introduce individuals to new treatment or service providers.
- Providing support to individuals who may need assistance with navigating transportation issues or making and keeping their appointments.
- Following up with both the individual and the referral contact to troubleshoot any barriers to access, such as transportation issues, and ensure a smooth, timely connection to services and resources.

Given that each individual has their own recovery pathway and goals, peer workers should be familiar with harm reduction strategies. These strategies can help individuals in or seeking recovery avoid overdose, infection, and other threats to

their life and health. The introduction of harm reduction strategies must be negotiated with the SUD treatment facility where the peer worker is employed.

Research suggests that PSS can easily and effectively assist people in accessing harm reduction programs for opioid use disorder (e.g., by offering sterile syringe exchange, administering naloxone kits).[179] PSS that reduce harm can engage people with problematic substance use who are often underserved, such as people of color, people experiencing homelessness, people involved in problem-solving courts, and people with low incomes.[180] (The Substance Abuse and Mental Health Services Administration [SAMHSA] provides more information on harm reduction on its website [https://www.samhsa.gov/find-help/harm-reduction].)

Engagement Facilitator

The engagement role can increase individuals' participation in treatment or services. **Peer specialists can enhance individuals' engagement in formal SUD treatment by listening to their concerns about the treatment organization and clinical team. With permission from the individual, the peer specialist can voice these concerns in team meetings and advocate for changes to address them.** However, they should take care to avoid conflict with the clinical team about any concerns expressed by the individual in or seeking recovery. Rather, the peer specialist's role is to continue to support the individual as they work to navigate addressing these concerns.

The peer worker can also increase engagement by serving as a visible and accessible community presence through outreach and collaboration activities. This includes being involved in non-SUD treatment and service settings (e.g., emergency departments, RCCs, child welfare or criminal justice agencies) to encourage people with substance use–related problems to access treatment or other services.

In a small pilot study in two hospitals,[181] trained peer specialists from a community-based recovery organization approached emergency department patients admitted for opioid overdose. Peer specialists had been trained to assess overdose risk factors and readiness to seek treatment and to provide individualized support and linkage to providers who could prescribe medication for opioid use disorder. The median number of days before starting medication was shorter among the people who received peer services compared with people discharged as usual.

Advocating for Individuals In or Seeking Recovery and the Recovery Community

Stigma and individuals' lack of awareness about their rights often make accessing and benefiting from resources a challenge.[182] **Peer specialists in an SUD treatment setting teach individuals in or seeking recovery and their families how to advocate for themselves to make sure they get the services they need and to reduce barriers to access.** Peer specialists also advocate for individuals on their behalf. (Chapter 3 contains more on this type of advocacy in its "Advocacy With a Small 'a'" section.)

RESOURCE ALERT: *THE RECOVERY BILL OF RIGHTS*

Faces & Voices of Recovery's *The Recovery Bill of Rights* is an advocacy tool and statement of the principle that all Americans have a right to recover from problematic substance use. More information can be found at https://facesandvoicesofrecovery.org/wp-content/uploads/2019/07/Recovery-Bill-of-Rights-legal.pdf.

Beyond advocating for individuals, peer specialists also advocate for policy changes that support recovery more broadly and for social and community inclusion of individuals in or seeking recovery. Society often does not recognize or understand the powerful impact that recovery can have on a person with a history of problems related to substance use. Peer specialists serve as ambassadors of recovery in a ROSC and in society.

RESOURCE ALERT: ADVOCATE WITHOUT BREAKING ANONYMITY

Faces & Voices of Recovery's *Advocacy With Anonymity* factsheet offers tips on how someone in a 12-Step program can advocate for recovery while observing the tradition of keeping membership in the program anonymous (https://facesandvoicesofrecovery.org/wp-content/uploads/2019/06/Advocacy-with-Anonymity.pdf).

TIPS FOR PUBLIC SPEAKING[183]

Peer workers can become more comfortable with public speaking by doing the following:

- Practicing ahead of time with a friend or coworker
- Using person-first and strengths-based language
- Avoiding stigmatizing and shaming words, like "drunk" or "junkie"
- Being aware of their facial expressions and body language
- Remembering to smile (if it is appropriate)
- Using humor when appropriate
- Avoiding technical language, jargon, or acronyms (like "SUD")
- Being aware of their tone of voice and how fast they talk (i.e., using a moderate tone and pace)
- Making eye contact with members of the audience
- Focusing on their recovery and successes. If the peer focuses on their problems and struggles, they should emphasize how they've overcome them in their own recovery.
- Having a plan for keeping track of the time they've been given to speak
- Organizing their story and the information they want to present
- Thinking about what questions they might get during the Q&A session and how they might answer them

Outreach Worker

Some peer specialists in SUD treatment settings perform outreach, including assertive community outreach, and outreach to families, individuals who've become disengaged, and treatment and service providers. Outreach is also a natural part of a peer specialist's job in settings that collaborate with SUD treatment programs, like hospitals, prisons and jails, and facilities providing withdrawal management. **Effective outreach to individuals in or seeking recovery in any type of SUD treatment or nontreatment setting requires engagement and relationship-building skills.**

Assertive outreach in the community involves proactively identifying and engaging people with substance use–related problems, including those who are hard to reach. Instead of waiting for these individuals to initiate recovery, peer specialists reach out to them in such places as:[184]

- Parks.
- Public libraries.
- Recreation centers.
- Encampments of individuals experiencing homelessness.
- Shelters.
- Train station platforms.
- Harm reduction centers/syringe services programs.

OUTREACH AND ENGAGEMENT IN A CRIMINAL JUSTICE SETTING

Engaging incarcerated individuals with a history of substance use–related problems in PSS before their release from prison or jail can reduce their risk for recurrence and overdose after release. One outreach strategy is for peer specialists from recovery community organizations to provide recovery education and contact information to individuals before their release and to encourage them to call a peer specialist 30 days before their release date. A call allows a peer specialist and a reentering individual to begin building a relationship. The peer specialist can help the individual get a head start on developing a recovery plan before returning to the community.

Peer workers based in nonclinical settings and the people they engage may not have the same constraints of program rules or physical boundaries that would usually apply in treatment programs. **The peer worker's safety should be the top priority. This requires that the peer worker understand the context in which they are doing community outreach and set specific safety strategies:**

- Peer workers should not, if possible, enter situations that feel uncertain or unsafe, and should not engage in outreach activities alone.
- Peer workers should not hesitate to talk to a supervisor if certain situations or interactions with particular individuals feel unsafe or uncomfortable. Peer workers should never be forced to work in situations where they feel in danger.
- Supervisors should be involved in making sure that peer workers understand the agency's guidelines for outreach; if there aren't any guidelines, supervisors should work with the agency to develop them.

Peer specialists should avoid engaging in activities or services that threaten their own personal recovery process.

Outreach to family members of individuals in or seeking recovery is also important. Family support is key to ongoing recovery management.[185] The term "family" should be broad enough to include chosen families, like other residents in recovery homes or people with whom individuals have close, supportive relationships (not necessarily biological relatives). (Chapter 1 contains a broader perspective on this issue in its discussion of diversity, equity, and inclusion.)

The individual in or seeking recovery decides who counts as family and whether and how the peer worker should reach out to them. **Reaching out to family depends on the person's preferences and the policies of the SUD treatment program.** For example, the program may have the peer specialist encourage the individual to discuss recovery issues with family members. Or, this outreach may involve having the person sign a release form so that the peer specialist can talk with family members directly. All third-party communication should be conducted with written consent of the individual in or seeking recovery. If the peer specialist conducts family outreach through in-home visits, safety strategies should be in place for this setting (e.g., having the peer specialist call the program just before entering the home to alert program staff that they will call back within an hour).

Some individuals in or seeking recovery do not have any family—even a family of choice. These individuals may need to focus on themselves for a while (e.g., working on their problematic substance use, gaining meaningful employment, securing stable housing) prior to committing to larger goals, like creating a family of choice. (Individuals who have family members also may need to focus on themselves for some time, depending on their families' circumstances.)

OUTREACH TO INDIVIDUALS IN RECOVERY WHO HAVE DISENGAGED[186]

Disengagement doesn't always lead to problems, but when it does, it can potentially harm progress toward recovery. Individuals in or seeking recovery disengage from PSS for many reasons. Some feel better and decide they can sustain recovery on their own. Some get busy with life and start missing appointments. Some return to problematic substance use and may feel embarrassed to admit it. **The peer specialist's task is to reinitiate contact with an individual who has missed appointments** by doing the following, as appropriate:

- **Working with their supervisor.** A peer specialist should talk with their supervisor about how to handle individuals who have lost contact, how long they should engage with them, what to do if they hear from individuals who are no longer in their organization's care, and similar situations.

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- **Making telephone contact.** The first step in assertive reengagement is to telephone people as soon as they show signs of disengagement. A peer specialist should not wait for individuals to contact them. Phoning is usually better than texting or emailing, because hearing the peer specialist's voice can motivate them to reengage. If individuals aren't reachable by phone, try making contact using email or regular mail, if possible.
- **Exploring reasons for disengagement.** When a peer specialist connects with individuals in or seeking recovery, they should explore the reasons for missed appointments or lost contact. A peer specialist can use motivational interviewing strategies to explore mixed feelings and remind people about their reasons for entering recovery. (Chapter 3 contains more information about motivational interviewing strategies.) When clients miss appointments, peer specialists ask open-ended questions to find any barriers getting in the way of staying engaged with peer services and use a problem-solving approach to overcoming these barriers. (Chapter 3 contains a more detailed "Problem-Solving Skills" section.)
- **Celebrating success.** A peer specialist comments on and celebrates any progress or even the smallest successes individuals have experienced in moving toward the goals in their recovery plan.
- **Expecting setbacks.** A peer specialist thinks of setbacks as opportunities for people to learn from experiences, rather than viewing them as personal failures. They mention that setbacks are a common part of recovery and help them find small successes in setbacks. They ask, for example, were the current setbacks shorter than previous ones? At the same time, the peer specialist emphasizes that setbacks are not a reason for individuals to miss appointments or lose contact with the peer.
- **Staying in touch.** When individuals want to end services, a peer specialist reminds them that peer services go beyond helping people enter recovery. A peer specialist can also help them achieve future wellness and ongoing recovery goals.
- **Being positive.** A peer specialist emphasizes that recovery is a journey and that staying connected to peer services and other recovery supports has helped many people maintain their journey in long-term recovery, but also should be respectful of people's autonomy.
- **Being flexible.** A peer specialist understands that individuals in or seeking recovery have competing demands on their time. As individuals get their lives back on track, they may feel that they don't have time to meet with the peer specialist. The peer specialist should tell people that they have a flexible schedule that allows them to meet at a time that works for both the individual and the peer specialist.

Outreach to other treatment and service providers involves identifying and connecting with those providers before linking individuals in or seeking recovery to their services. The program that the peer specialist works in will have a list of community-based service providers they can access. When peer specialists reach out and build relationships with providers, they support people as they get the help they need. Peer specialists should communicate with their program first about the role they will play in this type of outreach. Once this has been confirmed, peer specialists should discuss outreach activities with their supervisor.

Peer specialists can adopt the following strategies for outreach to treatment and service providers:

- Showing up and introducing themselves, including mentioning their success with recovery
- Telling providers about the PSS they provide
- Asking providers how to best work with them and communicating concerns peer workers may have regarding an individual in or seeking recovery's health and well-being
- Learning how to speak the language of providers outside of SUD treatment settings (e.g., emergency departments, primary care clinics, probation offices, child welfare/social service agencies, mental health programs)

- Developing relationships with organizations and supports in the community (e.g., faith-based and cultural organizations) that have contact with individuals in or seeking recovery and their families[187]

Other Roles and Activities

Peer specialists in SUD treatment settings often take on "indirect" roles and activities (i.e., roles and activities that do not directly relate to working with individuals in or seeking recovery), such as administrative assistant, which can include filling out documents and performing other high-level administrative tasks.[188,189,190] Some administrative tasks relate directly to a peer specialist's job and are appropriate, such as calling individuals in or seeking recovery on the telephone or filling out required documents that show they are receiving supervision. But as discussed in the "Lack of Role Clarity" section, administrative tasks that should be completed by support staff (e.g., answering the main office telephone line, making photocopies for everyone in the office) are inappropriate and examples of role drift. Peer specialists should not be asked to fulfill or compensate for other duties unless they reached an agreement with the employer. Maintaining role clarity is essential to the effectiveness of the peer specialist's position.

The amount of time spent on indirect roles and activities may differ depending on the setting and the characteristics of the individuals being served. However, most of the peer specialist's time should be spent delivering support services.

Supervisors and administrators should be open and honest in their peer specialist job descriptions about the amount of time candidates can expect to spend performing these "other" roles and activities. This increases the likelihood of successfully hiring and retaining peer workers. They should also state what activities are not appropriate to be assigned to peer specialists (e.g., cleaning facilities or making coffee).

RESOURCE ALERT: IS THE PSS PROGRAM ACCREDITATION READY?

The Council on Accreditation of Peer Recovery Support Services offers an Accreditation Readiness Self-Assessment for organizations to determine if their program is accreditation ready (https://caprss.org/accreditation-readiness-self-assessment/). The assessment focuses on seven key domains:

1. Recovery principles, culture, and climate
2. Ethical framework for service delivery
3. Peer leader development
4. Peer supervisor development
5. Governance and program oversight
6. Management systems
7. Peer support capacity: Core competencies

Chapters 4 and 5 of this TIP discuss the roles of administrators and supervisors in SUD treatment programs that include peer specialists among their staff.

What Challenges Do Peer Specialists in Treatment Programs Face?

Studies of peer specialists' job satisfaction generally find high rates of satisfaction.[191,192] Some factors critical to peer specialists' job satisfaction are:[193,194,195]

- Being respected and valued.
- Feeling as though they are "being of service" or "paying it forward" to the recovery community.
- Being given responsibility equal to their training.
- Being part of a team and part of the community.
- Receiving a livable wage and benefits commensurate with other staff.
- Receiving sufficient training and support (including quality supervision).
- Having role clarity.
- Being supported, recognized, and acknowledged by colleagues within the work setting.

Despite being generally happy with their jobs, peer specialists in SUD treatment settings do face some challenges that can affect their ability and desire to stay in this line of work. The most well documented include stigma and discrimination, lack of role clarity, low pay, and lack of opportunities to advance.

PSS REIMBURSEMENT CHALLENGES

Underuse of PSS has resulted from state Medicaid policies. For example, although nearly all states and the District of Columbia allow for Medicaid reimbursement for mental health peer support, some state Medicaid programs don't cover peer support for SUDs.[196] (However, some states are **expanding** their Medicaid coverage of PSS using guidance provided by a 2007 letter about reimbursement from the Centers for Medicare & Medicaid Services [https://downloads.cms.gov/cmsgov/archived-downloads/SMDL/downloads/SMD081507A.pdf]. For example, under New York's Children's Medicaid System Transformation, the state's Medicaid program began reimbursing for family and youth PSS for SUDs in 2020.[197])

Stigma and Discrimination

Despite growth in the use of PSS, **peer specialists report facing stigma and discrimination**[198] because of a lack of provider and administrator understanding about the nature of PSS, how these services differ from mutual-help and SUD treatment, and, most importantly, how PSS can improve outcomes.[199] Lack of appreciation for PSS may lead to underuse of peer specialists and the services they provide.[200]

Stigma and discrimination can be especially noticeable in treatment programs and other settings that include peers and nonpeer staff.[201,202] For example, hospital-based peer specialists who work with patients in or seeking recovery may experience discrimination or discomfort because of problematic substance use being stigmatized in healthcare settings.[203] Peer specialists in SUD treatment settings also report experiencing microaggressions (i.e., subtle, often unintentional statements or actions of prejudice against a person or group); tokenism (i.e., making only a symbolic effort to be inclusive to members of an underrepresented group); and feelings of exclusion, isolation, and stigma that result from colleagues who do not understand or value peer specialists' roles,[204] who have biases against individuals with substance use–related problems, or who use disapproving language when discussing problematic substance use.

Administrators and supervisors can educate nonpeer providers about the value and specific roles of the peer specialist and can offer training opportunities on topics related to implicit bias to counter negative perceptions about the role. (The "Resource Alert: Helping Peer Workers Address Stigma and Discrimination" can help staff members learn how to reduce negative attitudes about—and improve staff appreciation for—peer specialists.)

RESOURCE ALERT: HELPING PEER WORKERS ADDRESS STIGMA AND DISCRIMINATION

The website Resources for Integrated Care (https://www.resourcesforintegratedcare.com/) offers guidance to providers and organizations on how to integrate and coordinate care for individuals who are dually eligible for Medicare and Medicaid services. The website includes several resources to address stigma, discrimination, and bias against peer workers, including:

- A tip sheet and video on how to reduce negative attitudes of other staff toward peer workers.
- Strategies to improve staff awareness of and positive attitudes about peer workers.
- Guidance on how to successfully add peer workers to an organization.
- A video explaining how peer workers' lived experience strengthens and adds value to an organization.

These and other PSS resources can be accessed online (https://www.resourcesforintegratedcare.com/peer-supports/).

Lack of Role Clarity

Role clarity can significantly affect peer specialists' job satisfaction. **One of the biggest challenges for peer specialists in an SUD treatment setting is lack of role clarity.**[205] Lack of role clarity can lead to:

- **Role confusion,** which occurs when there is not a clear understanding of and communication about the peer's role. For example, it can occur when the peer moves from being a service consumer to a service provider, as the supervisor may still view the peer as a program client rather than a colleague. Additionally, supervisors may treat a peer specialist like administrative or support staff rather than like a member of the team.
- **Role drift,** which occurs when a peer specialist performs tasks outside the scope of their job (e.g., tasks more suited to a case manager or licensed SUD treatment provider). Role drift may result from role confusion.
- **Role strain,** which refers to the stress or tension a peer specialist may experience within their role. Role strain often results from experiencing role confusion, role drift, or both. It can also result from the peer facing stigma and discrimination in their role or by not setting clear boundaries. Over time, role strain can contribute to difficulties with work-life balance.

Because peer specialists serve in multiple roles and because these roles overlap with those of other nonpeer professionals,[206] they may sometimes feel confused about their role in providing PSS and other services. Other staff may also be confused by the peer specialist's role. For instance, in a survey of supervisors of peer specialists in behavioral health settings, 20 percent of respondents without experience as a peer specialist said that they needed clarity about the roles of peer specialists, how their roles differs from other staff members' roles, and how supervision of peer specialists should differ from that of clinical supervisees.[207] As a result of role confusion, peer specialists may be viewed as adjunct to the team, rather than as an essential member of the team.

Role confusion can lead to peer specialists performing tasks that they have not trained for or that are inappropriate for their position.[208,209] In one survey of peer specialists in integrated mental and substance use disorder treatment settings, peer specialists reported being asked to perform inappropriate tasks, like feeding an individual's cat or conducting a formal clinical assessment.[210]

Role confusion may occur when the peer specialist's position gets confused with that of the 12-Step sponsor or the drug and alcohol addiction counselor.[211,212] Although peer specialists and sponsors are both "peers" to individuals in or seeking recovery, they perform PSS that differ from the role of a sponsor (e.g., advocacy, resource navigation). And unlike sponsors, peer specialists do not mentor people in specific pathways. Rather, they support all pathways to recovery.

Additionally, unlike counselors or therapists, peer workers do not perform clinical work (e.g., assessing or diagnosing people for trauma or psychiatric issues). Peer workers should not refer to their activities as "counseling" or "therapy." Role confusion may create unnecessary conflict with clinicians who may feel that peer workers are infringing upon their role and duties.

Treatment program administrators can reduce peer specialist role confusion and role drift by making sure all staff understand the roles, knowledge, values, and skills of peer specialists. Such an educational effort can lead to more accurate and effective job descriptions, role expectations, training, and supervision for peer specialists. **Ensuring that all staff understand the roles and functions of peer specialists and the value they bring to the program also helps peer specialists gain respect from coworkers and overcome any stigma.** Increasing awareness of peer specialists' knowledge, values, skills, and abilities may increase development of certification criteria for peer specialists across diverse settings and specific roles.[213] Peer certification and codes of ethics and organizational guidelines (the "Maintaining Boundaries With Individuals In or Seeking Recovery" section below contains a discussion of ethics) can also help with role confusion, providing clarity about the peer specialist position for the whole organization.

Maintaining Boundaries With Individuals In or Seeking Recovery

The relationship between peers and individuals in or seeking recovery contains inherent power imbalances because of inequalities in knowledge and experience with recovery. Peer workers have lived experience with substance use–related problems, behavior change, and the recovery process, while individuals in or seeking recovery may be navigating these experiences for the first time. Some peer specialists report not receiving training on how to maintain boundaries[214] and struggling with the dual role of being both a confidant and a professional offering services.[215] For example, connecting with individuals in or seeking recovery on social media can lead to boundary blurring, because clients will have access to the peer specialist's personal information, photos, and friends and family.

In many human services fields, maintaining dual relationships (e.g., providing services to someone with whom one already has a relationship, developing other relationships with a service recipient) is considered unethical because of the risk of harm to or exploitation of the service recipient.[216] However, peer specialists sometimes work for the same programs where they received treatment. The risk of boundary blurring increases when peer specialists receive services or recently completed the program where they work, because they and one or more of their service recipients may already know each other as fellow treatment recipients.

Peer specialists are both providers to and peers of people seeking recovery support. The potential for boundary blurring caused by this dual status makes having ethical guidelines for peer specialists a must. **Treatment program administrators and supervisors have a responsibility to make sure the peer specialist's organization provides access to national guidelines (such as those developed by the National Association of Peer Supporters [N.A.P.S.] and The Association for Addiction Professionals [NAADAC]), or develops agency-specific guidelines for peer specialist ethical behavior. Supervisors are also responsible for assisting peer specialists with navigating the challenges of their roles.[217]** The guidelines and code of ethics should be regularly discussed during peer specialist supervision.

RESOURCE ALERT: PEER SPECIALISTS' GUIDELINES AND CODE OF ETHICS

N.A.P.S. guidelines and the NAADAC Code of Ethics provide more information and are available online:

- N.A.P.S.' *National Practice Guidelines for Peer Specialists and Supervisors* (https://www.peersupportworks.org/resources/national-practice-guidelines/)
- NAADAC's *National Certified Peer Recovery Support Specialist (NCPRSS) Code of Ethics* (www.naadac.org/assets/2416/nccap-peer-recovery-support-specialist-code-of-ethics-final06-22-16.pdf)

The work of SUD treatment programs should be embedded in an ethical framework familiar and applicable to all employees. Ethical delivery of PSS should be enhanced by conducting training on ethical standards and decision making, incorporating ethical issues into supervision and performance evaluation processes, and encouraging self-care activities for PSS staff, which help them maintain role clarity. PSS staff should understand that ethical issues can arise in multiple areas:

- Actions within their personal life that could affect job performance
- Actions in their relationships with the individuals in or seeking recovery and families they serve
- Actions in their relationships with colleagues and the community
- Actions within their use of social media

Peer specialists should learn how to incorporate core recovery values (e.g., gratitude, forgiveness, respect, tolerance, humility) into the ethical decision-making processes with individuals in or seeking recovery. When peer specialists review their decisions, the individual's own interests and goals should drive the peer-to-individual in or seeking recovery relationship.

RESOURCE ALERT: PEER WORKERS' GUIDE TO ETHICS

William White offered an overview of ethics for peer workers that can help inform their work. This overview includes the following four terms that peer workers must keep in mind as they maintain ethical boundaries in their work. These are:

- Iatrogenic, referring to the unintended harm or injury that is caused by treatment.
- Fiduciary, which describes relationships where one person has assumed a specific responsibility and obligation for the care of another.
- Boundary management, which includes the decisions that affect intimacy within a relationship.
- Multi-party vulnerability, which conveys how many people may be affected or injured by what a peer worker does or does not do.

https://dbhids.org/wp-content/uploads/2015/07/Philadelphia-Papers-Ethical-Guidelines-for-the-Delivery-of-Peer-Based-Recovery-Support-Services.pdf

Organizations hiring peer specialists need to adapt some ethical standards for providers to accommodate peer specialists (e.g., standards related to self-disclosure, restrictions on contact with discharged individuals, policies about accepting gifts). Ethical standards for clinical staff cannot be applied in the same way to peer specialist roles because of differences in credentials and the goal of the relationship with the individual in or seeking recovery. Clinicians work under the guidance of ethical codes related to their clinical licensure, which is very structured and prohibits activities that peer specialists would perform. For example, clinicians can make recommendations about attending recovery meetings, but are not permitted to attend them with clients. However, peer specialists can recommend and attend recovery meetings with individuals in or seeking recovery; however, this should occur on a limited basis. Peer specialists should be working to empower individuals to attend meetings on their own. It is common practice to accompany the individual to the door and allow the recovery community to embrace them moving forward.

RESOURCE ALERT: NEW YORK STATE OFFICE OF ADDICTION SERVICES AND SUPPORTS' *PEER INTEGRATION AND THE STAGES OF CHANGE TOOLKIT*

The New York State Office of Addiction Services and Supports offers an online toolkit for adding PSS to SUD service delivery systems. The toolkit, developed with funding from SAMHSA, gives providers and administrators a wide range of information and guidance, including:

- Information about the benefits of adding peer specialists to SUD service delivery programs.
- Peer workers' values and roles.
- Financial aspects of adding peer specialists to SUD treatment programs.
- Certification and training materials.
- Information to guide organizations in hiring and keeping peer recovery workers.
- Many tools, such as a peer specialist performance evaluation and a template for supervisors to use to record peer specialists' weekly performance.

The *Peer Integration and the Stages of Change ToolKit* can be accessed online: (https://oasas.ny.gov/system/files/documents/2019/08/PeerIntegrationToolKit-DigitalFinal.pdf).

Low Pay and Limited Career Advancement Opportunities

Two other challenges experienced by peer specialists in SUD treatment settings are low pay and lack of opportunities to improve their career skills and knowledge.[218,219] Some peer specialists willingly volunteer their time out of a desire to "pay it forward" to their communities by providing service to others; however, unpaid work should be kept to a minimum and should be clearly structured to prevent unfair treatment of the peer specialist. Other peer specialists are paid for their work. The peer specialist workforce historically has been paid relatively low wages. In a 2016 national survey of compensation among peer support specialists, the maximum salary potential of peer specialists was $17.13 per hour, or $35,630.40 annually. A peer specialist's salary can also vary depending on where

they live.[220] The practice of compensating peer specialists on a fee-for-service basis, which can be negatively affected by missed appointments, may create additional instability. Lack of mileage reimbursement and compensation for travel time can also negatively affect pay.

Peer specialists have noted low pay as a challenge in several studies.[221] For example, in one study of peer specialists in mental and substance use disorder systems, participants reported that they received a lower hourly salary than those in other positions despite an ongoing shortage of peer support specialists.[222] Participants in the study noted that one peer support specialist was assigned to each team, requiring them to cover high numbers of individuals. The study participants also noted that future studies of the cost-effectiveness of peer services could highlight the value of these services and help address issues related to the gaps in salaries.[223]

Limited pay and a lack of opportunities for full-time work compound the difficulties peer specialists have in finding and retaining long-term employment. Some peer specialists believe that employers do not want to pay full-time benefits and thus offer only part-time work,[224] potentially contributing to unfair treatment of peer specialists by their employers. Given the lack of opportunities for full-time work, peer specialists may be more likely to hold a second job, potentially creating a conflict of interest.

Moreover, peer specialists often lack supervision, training opportunities, and career development opportunities.[225,226,227,228,229] Training and opportunities for professional advancement may be less available for peer specialists providing PSS to people in or seeking recovery from substance use–related problems compared with those providing PSS for mental illness, given that fewer training programs exist for peer specialists who work with individuals with problematic substance use than for mental health peer specialists.[230]

The lack of training opportunities can be a particular challenge because most states now require peer certification for paid peer work. Ongoing training for peer specialists is critical. The recovery field is ever changing, and each peer specialist needs updated information as it becomes available.

Chapter 6 contains more information about training, certification, funding, and career advancement opportunities for peer specialists.

What Core Knowledge, Values, Skills, and Abilities Do Peer Workers Need?

Peer specialists in SUD treatment settings will benefit from knowledge about offering recovery support and fostering recovery capital as well as building and enhancing the recovery community. (Chapter 3 contains more information about the knowledge, values, skills, and abilities that peer specialists need to be successful in these functions.)

Knowledge of Addiction and Recovery Resources

Peer workers' lived experience with problematic substance use, behavior change, and recovery makes them experts on their own substance use–related problems and recovery and helps them reach out to others in or seeking recovery. However, to make the most of their experiential knowledge and educate others (e.g., peers, other service providers, the larger community) about substance use–related problems and recovery, **peer workers will benefit from ongoing personal and professional development,** including learning about:

- Biopsychosocial (i.e., genetic, physical, psychological, social, and cultural) aspects of SUDs as a chronic brain disease.
- Medications for SUDs.
- Cultural and spiritual aspects of SUDs.

Addiction, the most severe form of an SUD, is defined by alcohol and drug seeking and misuse that is uncontrollable or difficult to control, despite adverse consequences.[231] Repeated problematic substance use can lead to changes affecting the structures and functions of the brain.[232,233] These

changes make self-control very difficult and affect a person's ability to resist intense urges to use. The changes can remain even after an individual has started their recovery journey, which is why addiction is considered a chronic disease.[234]

Genetics and other biological factors contribute to a person's risk for developing an SUD, as do many social and environmental factors, such as:

- Having parents with a mental disorder (e.g., depression).[235]
- Having parents with problematic substance use.[236]
- Having adverse childhood experiences.[237,238]
- Having low adult supervision as a child.[239]
- Experiencing discrimination and marginalization based on race or ethnicity,[240] gender identity,[241,242] and sexual orientation.[243,244]
- Living in a low-income neighborhood or one with a high crime rate.[245]
- Lacking economic opportunities.[246]

Note that a person may experience any of these factors yet not develop problematic substance use.

By understanding the complexity of problematic substance use, peer workers will be more aware of the different needs of individuals in or seeking recovery as well as the challenges they face. Because SUD treatment programs with integrated PSS often task peer specialists with seeking instrumental and social support for individuals in or seeking recovery, they will need to learn about:

- Different approaches to SUD treatment, including behavioral therapies and treatment medications.
- Different treatment and service settings, like inpatient and outpatient withdrawal management services, residential and outpatient treatment, and e-health (technology-based settings).
- The American Society of Addiction Medicine's criteria for placement, continued stay, transfer, or discharge of patients with addiction and co-occurring conditions, available at https://www.asam.org/asam-criteria/about-the-asam-criteria.
- Individual, group, couples, and family-based treatments and services.
- Approaches to managing withdrawal symptoms, preventing recurrence of problematic substance use, and treating co-occurring conditions (e.g., mental disorders).[247]
- Recovery communities, including what they are and how they can support individuals in or seeking recovery.
- Recovery supports, including mutual-help programs (e.g., Alcoholics Anonymous®, Narcotics Anonymous, Women for Sobriety, Self-Management and Recovery Training [SMART] Recovery®), and the growing variety of recovery support services (e.g., recovery housing, RCCs, recovery educational settings, faith-based recovery).
- Basic stigma-free recovery terms and concepts, such as definitions of recovery, the general history of recovery, the multiple pathways to and styles of recovery, personal and family recovery journeys, relational styles in recovery, variations in adoption of recovery identity, the influence of cultural contexts on recovery, and recovery across the life cycle.
- The quantity and quality of an individual's recovery capital.[248,249,250]
- Relationship-building strategies, such as motivational interviewing techniques, that provide a sense of understanding and compassion and teach individuals that they can make changes in their lives.
- Any biases that occur in some mutual-help communities and how to avoid passing on those biases.
- Ways to reduce harm associated with problematic substance use, including outreach and education, syringe services programs, and the use of naloxone.[251]
- Understanding the effects of untreated mental problems on the recovery process.

Peer specialists do not need to have experience using all of these treatment and recovery supports or have indepth knowledge of them. However, **they will benefit from being informed about the different types of SUD treatments, resources, and supports and being familiar with such resources in their communities.**

PRINCIPLES OF TRAUMA-INFORMED CARE

Trauma is a complex, far-reaching condition that commonly co-occurs with problematic substance use and can affect recovery outcomes. Treatment program providers and administrators can better serve their clients through programming that responds to trauma-related needs. SAMHSA provides guidance on how to take a trauma-informed approach when working with people with substance use–related problems,[252] and these principles can be applied to PSS to help peer workers make certain they are appropriately sensitive and responsive to people with a history of trauma.

Peer workers in an SUD treatment setting can provide trauma-informed PSS by:

- Acknowledging that trauma is a widespread condition that affects many individuals and that, if unaddressed, can negatively influence a person's chances of achieving and sustaining recovery.
- Recognizing the signs and symptoms of trauma among individuals in recovery. Although peer workers should never formally assess or diagnose traumatic disorders, they should learn the signs and symptoms so that they can appropriately connect the person with a provider in their treatment program or, if needed, in the community, who is qualified to screen for, assess, and diagnose traumatic disorders.
- Responding to trauma-related needs appropriately, using the skills and training provided by the organization. For instance, someone with a history of abuse may not welcome physical expressions of care and concern, like hugging or handholding.
- Staying "in their own lane" (i.e., sticking with areas of knowledge and skills in which they have been trained and which are appropriate for peer workers); knowing when to refer to clinical treatment, like counseling.
- Resisting bringing up trauma-related memories and emotions with individuals in recovery that cause them to reexperience their trauma (e.g., forcing the person to talk at length about incidents of childhood abuse).

If the peer worker has trauma in their background, this may be something they decide to share if the individual they are working with is struggling with trauma. Before doing so, though, the peer worker should meet with their supervisor to discuss reasons for sharing (and not sharing) this information, how it might affect both the peer worker and the individual in recovery, what reactions the person might have to the peer worker sharing this information (and how the peer worker can respond appropriately), and how to engage in self-care after discussing trauma experiences with an individual in recovery.

SAMHSA's TIP 57, *Trauma-Informed Care in Behavioral Health Services*, contains more information about how to offer sensitive and appropriate services to people with substance use–related problems and trauma (https://store.samhsa.gov/product/TIP-57-Trauma-Informed-Care-in-Behavioral-Health-Services/SMA14-4816).

Values Reflecting the Guiding Principles of Recovery

All peer services share the same values and core principles, no matter what form these services take or what setting offers them. Shared values of PSS emphasize certain ideas, such as:[253]

- In most cases, peer support is voluntary and not mandated.
- Peer specialists listen to individuals in or seeking recovery and respond with sensitivity and empathy.
- PSS respect and embrace diversity, equity, and inclusion.
- Peer workers inspire and instill hope.
- Peer workers strive to minimize the power differential between themselves and the individuals they work with.
- PSS do not come from a place of judgment but rather of acceptance and open-mindedness.
- Peer workers provide person-driven, strengths-based support and services.

These core principles touch all of a peer worker's activities and are represented in SAMHSA's *Working Definition of Recovery: 10 Guiding Principles of Recovery,*[254] which highlights features of recovery like hope, respect, and holistic, person-driven care (Exhibit 1.2 in Chapter 1 of this TIP contains more information). These principles emphasize that PSS are based on helping individuals in or seeking recovery build their resiliencies and capacities rather than on "correcting" their "deficits" or "disabilities." These principles help give individuals in or seeking recovery a sense of self-direction, empowerment, and choice.

Core Skills and Abilities

To successfully carry out different types of recovery support, engagement, and educational activities, peer workers will benefit from developing several different skills and abilities. The Chapter 3 section "Recovery Support: Skills" discusses these skills in detail. A few core examples include:

- **Active listening, which involves nonverbal and verbal behaviors demonstrating attention, understanding, responsiveness, and empathy.** (The "Listen Empathetically" section in Chapter 3 contains more information about empathetic listening.) Active listening behaviors also involve encouraging expression of thoughts and feelings (such as through motivational interviewing techniques). These skills reflect:
  - Commitment to working with diverse populations and subcultures (cultural responsiveness).[255]
  - Familiarity with principles of trauma-informed care (the box titled "Principles of Trauma-Informed Care" in this chapter contains more information).[256]
  - Respect for diverse recovery pathways.
- **Storytelling, a form of self-disclosure that can be very powerful for individuals in or seeking recovery.** This includes "reauthoring the story," which involves describing how one moved from adversity to resiliency. Storytelling can be central to how a peer worker:[257,258]
  - Builds relationships with individuals in or seeking recovery.
  - Offers guidance about living in recovery as the people they work with define it.
  - Educates individuals in recovery, providers, administrators, and the public about the process and power of recovery.
  - Provides examples of recovery behaviors in action.
  - Instills hope in individuals in or seeking recovery and their family members who might feel hopeless (e.g., sharing stories of others who are successful in recovery).
- **Facilitating groups.** Some groups led by peer specialists focus on a specific subject or skillset, providing people in or seeking recovery with critical information (e.g., strategies for preventing recurrence, health and wellness topics, résumé building and job interviewing skills).[259,260] More general peer-led groups can be an important source of emotional and affiliational support.[261] Groups facilitated by peer specialists should promote recovery capital themes and not focus on an individual's emotional state. For example, a group could focus on what to expect at mutual-help meetings and related resources in the community. Facilitating support groups requires listening and communication skills as well as the ability to create a safe and welcoming environment and to manage discussion among group members.[262]
- **Recovery planning.** Peer workers can use their knowledge about and lived experience with problematic substance use, behavior change, and recovery to help individuals develop and carry out their own recovery plans. They can help individuals in or seeking recovery customize their recovery plans by building on individuals' strengths, needs, and goals.[263]

Peer workers will use certain skills more than others, and they will learn new skills as they continue in their work. Peer workers are not expected to develop all the skills discussed here and in Chapter 3 right away.

Conclusion

Peer specialists, supervisors, and administrators can help people in or seeking recovery from substance use–related problems benefit from PSS. These services can add to SUD treatments and services and give individuals in or seeking recovery ways to work on their recovery beyond just participating in treatment, ultimately improving their health, and expanding their access to community supports.

Peer workers have different titles and work in a wide range of settings. However, their job duties generally focus on providing recovery support (i.e., emotional, informational, instrumental, and affiliational) and serving in important engagement, educational, and navigational roles. Despite the potential benefits of PSS and their increased use, challenges remain for peer workers and the peer work field as a whole—including stigma and discrimination, plus the need for:

- Role clarification.
- Acceptance as an equally valued member of the team.
- A living wage scale.
- More training opportunities.
- More paths for career advancement.

One way to overcome these difficulties is for peer specialists, supervisors, and administrators in SUD treatment settings to learn about peer worker core competencies—that is, the knowledge, values, skills, and abilities needed to successfully deliver PSS—and to make sure peer specialists acquire these competencies.

1. Recovery Community Organizations (RCOs) are central sites for:
    a. Advocacy
    b. Education on naloxone
    c. Peer support services
    d. Postcrisis support
    e. All of the above

2. Regarding this publication, a peer specialist need not have any specific training.
    a. True
    b. False

3. Evidence suggests that peer support services can _____ substance use disorder treatment plans
    a. Interfere with
    b. Increase adherence to
    c. Coincide with
    d. Confuse

4. The main role of a peer worker is to provide recovery support to people who are seeking or in recovery.
    a. True
    b. False

5. Peer workers engage in all of the following except:
    a. Linking individuals to resources
    b. Being a role model and motivator
    c. Provide monetary assistance to individuals
    d. Share their personal experience of recovery
    e. Impart a message of hope

6. Which of the following is performed by peer workers?
    a. Assessment for substance use disorder
    b. Diagnosis of mental disorders
    c. Collection of samples for testing
    d. Link individuals to mutual-help groups

7. Family peer specialists directly help the individual seeking recovery even though their services focus on the family itself.
    a. True
    b. False

8. Peer workers in SUD treatment settings provide:
    a. Increases in engagement and retention
    b. Information about the multiple pathways to recovery

c. Information about transition from treatment to the community
d. Shift from acute model of SUD treatment to long-term recovery model
e. All of the above

9. Recovery is holistic, and addresses a person's SUD, and all but this aspect of his/her wellness:
   a. Physical
   b. Financial
   c. Emotional
   d. Social
   e. Spiritual

10. Recovery capital resources do not include an individual's financial wellness.
   a. True
   b. False

11. _____ is defined as ensuring fair access to opportunities and resources.
   a. Inclusion
   b. Diversity
   c. Accessibility
   d. Equity

12. Peer workers who provide PSS as a part of SUD treatment programs are referred to as ____.
   a. Peer providers
   b. Peer companions
   c. Peer performers
   d. Peer specialists

13. Peer workers can more readily relate to, empathize, and establish rapport and therapeutic alliances based on _____.
   a. Geographic location
   b. Shared experience
   c. Economic situation
   d. Racial diversity

14. The four types of recovery support include all except:
   a. Affiliational
   b. Informational
   c. Occupational
   d. Emotional
   e. Instrumental

15. _____ support is achieved through referral, linkage and service coordination.
   a. Instrumental
   b. Affiliational

c. Emotional
d. Informational

16. Peer workers are considered natural role models for demonstrating what a healthy recovery lifestyle can look like.
    a. True
    b. False

17. A peer worker going with an individual to an agency or organization to introduce them is known as a _____.
    a. Passive referral
    b. Aggressive introduction
    c. Warm handoff
    d. Meet and greet

18. Harm reduction strategies help individuals in recovery avoid _____
    a. Overdose
    b. Infection
    c. Physical threats
    d. Mental threats
    e. All of the above

19. Assertive outreach in the community involves proactively identifying and engaging only the easy to reach people with substance use related problems.
    a. True
    b. False

20. A peer specialist should do all of the following except ____ when trying to reinitiate contact with an individual who has missed appointments.
    a. Work with supervisors
    b. Call the police
    c. Make telephone contact
    d. Be positive
    e. Expect setbacks

21. Challenges that peer specialists can face in SUD treatment settings can include:
    a. Stigma and discrimination
    b. Lack of role clarity
    c. Low pay
    d. Lack of advancement opportunities
    e. All of the above

22. Role ____ refers to a peer specialist performing tasks outside the scope of their job.
    a. Strain

b. Confusion
c. Clarity
d. Drift

23. There should be no inherent power imbalances between peers and individuals seeking recovery due to inequalities in knowledge and experience with recovery.
    a. True
    b. False

24. According to this protocol, which of the following is not a core recovery value?
    a. Gratitude
    b. Forgiveness
    c. Respect
    d. Anguish
    e. Tolerance

25. Peer workers will enhance their ability to educate others by learning about
    a. Medications for SUDs
    b. Biopsychosocial aspects of SUDs as a chronic brain disease
    c. Cultural and spiritual aspects of SUDs
    d. All of the above

26. Biological, social, and environmental factors can all play a role in a person's risk for developing an SUD
    a. True
    b. False

27. A peer worker in a SUD treatment setting should _____ bringing up trauma-related memories with individuals in recovery.
    a. Consider
    b. Encourage
    c. Insist on
    d. Resist

28. _____ is a core skill and ability that involves attention, understanding, responsiveness, and empathy.
    a. Facilitating groups
    b. Recovery planning
    c. Storytelling
    d. Active listening