Incorporating Peer Support Into Substance Use Disorder Treatment Services

TREATMENT IMPROVEMENT PROTOCOL

TIP 64

SAMHSA
Substance Abuse and Mental Health Services Administration

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Exhibits

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Foreword

The Substance Abuse and Mental Health Services Administration (SAMHSA) is the U.S. Department of Health and Human Services agency that leads public health and service delivery efforts that promote mental health, prevent substance misuse, and provide treatments and supports to foster recovery while ensuring equitable access and better outcomes. An important component of SAMHSA's work is focused on dissemination of evidence-based practices and providing training and technical assistance to healthcare practitioners on implementation of these best practices.

The Treatment Improvement Protocol (TIP) series contributes to SAMHSA's mission by providing science-based, best-practice guidance to the behavioral health field. TIPs reflect careful consideration of all relevant clinical and health services research, demonstrated experience, and implementation requirements. Select nonfederal clinical researchers, service providers, program administrators, and patient advocates comprising each TIP's consensus panel discuss these factors, offering input on the TIP's specific topics in their areas of expertise to reach consensus on best practices. Field reviewers then assess draft content, and the TIP is finalized.

The talent, dedication, and hard work that TIP panelists and reviewers bring to this highly participatory process have helped bridge the gap between the promise of research and the needs of practicing clinicians and administrators to serve, in the most scientifically sound and effective ways, people in need of care and treatment of mental and substance use disorders. My sincere thanks to all who have contributed their time and expertise to the development of this TIP. It is my hope that clinicians will find it useful and informative to their work.

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Executive Summary

KEY MESSAGES

- Peer support services (PSS) are nonclinical recovery support services that can be used to enhance substance use disorder (SUD) treatment, extend related services, and improve outcomes for people in or seeking recovery. (The term "recovery" is defined in the "Key Terms" section of this summary.)
- PSS are increasingly being integrated into diverse SUD treatment settings as well as in settings that frequently coordinate care with formal SUD treatment programs, such as recovery community organizations, recovery community centers, recovery residences, hospitals, and jails/prisons.
- Peer workers are nonclinical professionals who have lived experience with problematic substance use, behavior change, and recovery. These professionals deliver a range of recovery supports designed to improve the treatment experience of individuals who have problematic substance use and their ability to continue on their chosen recovery pathways before, during, and after treatment.
- Peer workers fill a range of roles, such as providers of recovery support, educators, engagement facilitators, role models and mentors, resource navigators, and recovery advocates. In fulfilling these roles, peer workers serve not just individuals in or seeking recovery but also their families and the community.
- To integrate PSS into SUD treatment programs, administrators should consider their organization's culture, assess staff on their knowledge and attitudes about recovery and PSS, and examine their organization's hiring and retention practices.
- Treatment program administrators and supervisors play key roles in helping peer workers integrate successfully into organizations and in helping other staff understand, accept, and respect their peer worker colleagues. This is extremely important because a lack of staff understanding about peer workers' value and roles can lead to role confusion, role strain, and role drift—all of which make it difficult for peers to enjoy and successfully perform their jobs.
- Supervision is a critical part of all roles to ensure delivery of high-quality services. Because the peer worker role is so different from that of a clinical professional, supervisors will need training focused on how to effectively oversee and work with peer workers.
- Serving as a peer worker can be a fulfilling career for individuals in recovery who want to support individuals with problematic substance use while enhancing their own recovery. Attending specialized training and seeking certification are often the first steps on this career path.
- Families affect, and are affected by, a family member's problematic substance use, treatment, and recovery. Thus, families too can benefit from PSS. Many family members need support, education, and resources to help them better understand their loved one's problematic substance use and recovery and how to help themselves and their loved one. Peer workers, in the form of family peer specialists, can help fill these unmet needs.

Peer support services (PSS) enhance traditional substance use disorder (SUD) treatment and services by connecting people who are experiencing problematic substance use to others who have lived experience with problematic substance use and recovery. SUD treatment program providers, supervisors, and administrators (including clinical/program directors) should offer PSS for problematic substance use and ensure that individuals in or seeking recovery are aware of and can access these services. **Any setting that offers care and support for individuals who have problematic substance use should also offer or arrange for PSS. Integrating the peer position into SUD treatment programs should supplement PSS that are offered by recovery community organizations (RCOs) and recovery community centers (RCCs)—not replace them.**

PSS are an important part of a recovery-oriented system of care (ROSC) and are associated with improved outcomes. ROSCs are multisystem, strengths-based, person-centered continuums of care in which a variety of coordinated supports is tailored to an individual's needs and chosen recovery pathway.[1]

The settings and contexts in which PSS are offered are changing rapidly. This Treatment Improvement Protocol (TIP) supports learning about the key aspects, functions, and uses of PSS in recovery from problematic substance use, which will help providers, supervisors, and administrators in SUD treatment programs better understand and respond to these changes.

The Need for a TIP on Integrating PSS Into SUD Services

Although understanding of PSS for problematic substance use has increased, few resources address this topic. Several manuals, books, monographs, and other materials detail the development, use, and benefits of PSS in mental health services, but not in SUD-related services. The Substance Abuse and Mental Health Services Administration (SAMHSA) developed this TIP to fill the gap by providing an easily accessible resource that addresses PSS for individuals receiving services for or in recovery from problematic substance use.

PSS can foster recovery in SUD treatment and other settings where individuals with problematic substance use seek services and support. Peer support services have undergone rapid growth and expansion into diverse service settings, providing peer workers with increasing opportunities for employment and professional development. Accessing pertinent and up-to-date information about PSS is challenging for both peer workers and other professionals working in a continuum of care, which includes the SUD treatment and recovery field. The information and resources provided in this TIP will help address this challenge.

This TIP focuses on PSS provided to people seeking or receiving treatment for problematic substance use, especially from specialized SUD treatment programs. While this TIP includes some discussion of substance use–related PSS provided in settings other than SUD treatment programs, it does not cover the work of peer specialists in the mental health field.

Peer services expand the continuum of care and enrich the services that providers offer to improve recovery outcomes. They should be an active part of the care and resources SUD treatment programs offer. People receiving SUD treatment benefit from connection to activities and individuals who support the positive changes they may have begun. When SUD treatment is time limited, peer services can extend important recovery support beyond discharge.

PSS help individuals with problematic substance use start and stay in recovery long term. This is true whether delivery of PSS occurs in SUD treatment facilities or in other community-based settings.

The evidence base for SUD-focused PSS shows their many possible benefits, some of which include:[2,3,4,5]

- Reduced recurrence rates.
- Increased treatment motivation.
- Increased treatment engagement.
- Increased treatment retention.
- Improved relationships with treatment providers, family members, and social supports.

- Increased satisfaction with the overall treatment experience.
- Increased general self-efficacy.[6,7]

Peer workers fill a key role in the SUD treatment workforce, which faces ever-increasing demands. Interested candidates as well as their potential employers can use this TIP as a central resource on the:

- Roles and responsibilities of peer workers in the SUD treatment and recovery process.
- Steps for integrating PSS into SUD treatment programs.
- Important considerations for supervising peer specialists in SUD treatment settings.
- Steps for entering the SUD-focused peer support workforce.
- Role of family PSS in helping families of loved ones in or seeking recovery.

This TIP provides information about problematic substance use–focused PSS to help meet the training needs of peer workers and to support them in entering and succeeding in the behavioral health workforce.

Scope of This TIP

This TIP offers guidance on incorporating peer workers and the services they provide directly into SUD treatment and supportive programs. It also discusses how SUD treatment providers and program administrators can collaborate with community-based PSS and successfully link individuals and families to these services to support ongoing recovery from SUDs.

Audience

The primary audiences for this TIP are peer workers and those interested in becoming peer workers as well as the SUD treatment providers (e.g., drug and alcohol counselors, licensed clinical social workers, case managers, psychologists, or physicians and other medical professionals who specialize in SUD treatment) with whom they may work to support people in or seeking recovery. Licensed professional counselors and marriage and family therapists may also find the information useful.

The TIP refers to these audiences collectively as "providers" at times for brevity. Additional audiences for this TIP include SUD treatment program administrators as well as supervisors of peer workers.

Organization

The eight chapters in this TIP are tailored to specific audiences.

- **Chapter 1** presents an overview of PSS for individuals seeking or already in recovery from problematic substance use. It describes the settings in which PSS may be provided and lays the groundwork for information and concepts presented in later chapters.
- **Chapter 2** is primarily for peer workers, although SUD treatment program supervisors and administrators will also benefit from the chapter's content. The chapter provides basic information about PSS, peer worker core functions, and important peer worker challenges, such as stigma and discrimination and role clarity.
- **Chapter 3** explores the core activities and responsibilities of peer specialists and the knowledge, values, and skills (including abilities) needed to function effectively in a range of treatment settings.
- **Chapter 4** is directed primarily to SUD treatment program administrators and discusses how to successfully integrate and sustain the services peer workers provide.
- **Chapter 5** discusses key elements and challenges of supervising peer specialists and covers the basics of supervising peer specialists, peer supervisor competencies, and the challenges of supervising peer specialists in treatment settings, including solutions to these challenges.
- **Chapter 6** is intended to help people who are interested in becoming a peer specialist understand the benefits and challenges of the role as well as the required training, certification, and credentialing processes.
- **Chapter 7** offers SUD treatment providers information about why families of individuals in or seeking recovery might need family PSS and

how family peer specialists working in an SUD treatment program or related service setting can meet families' needs by linking them with family-based PSS.

- **Chapter 8** is a compilation of useful resources on PSS.

Exhibit ES.1 defines key terms that appear throughout the TIP. A breakdown of each chapter's key concepts and messages follows thereafter.

EXHIBIT ES.1. Key Terms

- **Addiction:** The most severe form of SUD, associated with compulsive or uncontrolled use of one or more substances despite adverse consequences. Addiction is a chronic brain disease that has the potential for both recurrence of problematic use and recovery.[8]
- **Individuals in or seeking recovery:** People who are actively engaged in or seeking recovery (e.g., independently, via mutual-help groups, via health-promotion strategies). This term is synonymous with "people in or seeking recovery."
- **Mutual-help programs:** Nonprofessional groups in which members share the same problem, value experiential knowledge, and support one another in recovery from that problem.[9] Recovery from problematic substance use is supported by a wide spectrum of mutual-help programs that may be secular (e.g., Women for Sobriety, Secular Organizations for Sobriety, Self-Management and Recovery Training [SMART] Recovery®, LifeRing Secular Recovery), spiritual (e.g., 12-Step programs like Alcoholics Anonymous® [AA], Narcotics Anonymous [NA®], Double Trouble in Recovery), or religious (e.g., Celebrate Recovery®; Jewish Alcoholics, Chemically Dependent Persons, and Significant Others; Millati Islami; Refuge Recovery). The support one receives through mutual-help programs is not the same as support one receives through peer support services.
- **Nonclinical role:** A staff role that doesn't involve diagnosis, clinical assessment, or treatment of a substance use, mental, or other medical disorder.
- **Peer support services (PSS):** The range of services designed, developed, and delivered by peer workers who have lived experience in recovery from problematic substance use and can fill a range of roles to support other people in recovery.
- **Peer worker:** In general, any person (or in the case of a family peer worker, a close friend, family member, or other loved one of an individual) with lived experience in recovery from problematic substance use, mental disorders, or both who provides nonclinical support in establishing and maintaining long-term recovery.[10] The term **peer worker** encompasses peers working in professional (employed) or volunteer capacities, regardless of whether their work is tied to formal, organized treatment or recovery services. Peer workers support people in or seeking recovery, conduct strengths-based outreach and engagement, connect individuals who have problematic substance use with recovery resources, facilitate and lead recovery groups, and help build community, among other activities. They sometimes have such titles as recovery coach, mentor, peer provider, peer navigator, or similar terms. **Peer specialists** (short for peer recovery support specialists) refers specifically to peer workers with some training, including those working in a professional capacity, whether certified or not. Peer workers who have received certification or credentialing to provide peer support services are commonly referred to as **certified peer specialists.**
- **Problematic substance use:** The use of any substance in a manner, situation, amount, or frequency that causes harm to the person using the substance or to those around them; it replaces the outdated terms "substance abuse" and "substance misuse." In the case of prescription medications, problematic use is any use other than as prescribed or directed by a healthcare professional. For some substances (e.g., heroin, cocaine) or individuals (e.g., those who engage in injection drug use), any use constitutes problematic use. Problematic substance use is a broad term and can include use that constitutes an SUD. (All people with SUDs have had problematic substance use, but not all problematic use meets diagnostic criteria for an SUD.)

- **Recovery:** SAMHSA defines recovery 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" and acknowledges that recovery can occur via many pathways.[11] Recovery occurs when positive changes and values become part of a voluntarily adopted lifestyle.
- **Recovery capital:** The internal and external resources available to establish and maintain an individual's recovery (e.g., access to health care, supportive relationships, work/schooling, self-esteem, safe housing).
- **Recovery orientation:** To be oriented to recovery. See definition of "recovery" above.
- **Recovery-oriented system of care (ROSC):** A coordinated network of community-based, person-centered services and supports that builds on the strengths and resiliencies of individuals, families, and communities to recover and improve health, wellness, and quality of life for those who engage in problematic substance use or are at risk of experiencing substance use–related problems.
- **Recovery support:** Recovery support includes a wide range of services (e.g., social, legal, and other services), designed to assist people to enter into and navigate systems of care, remove barriers to recovery, and stay engaged in the recovery process. These services can be offered prior to, during, or after treatment, or to those who are not in treatment but are seeking services.[12]
- **Recurrence:** A recurrence of **problematic substance use** after a period of resolved **substance use–related problems.** Recurrences are often part of recovery; recovery does not mean an absence of recurrence. This term is preferred over **relapse,** which appears frequently in the research literature but does not reflect a person-first, recovery-oriented perspective. However, the TIP uses **relapse** on rare occasions when referring directly to the literature or to a program, service, or resource that itself uses the term.
- **Remission:** A medical term for the disappearance of signs and symptoms of a disease or disorder.
- **Role confusion:** Occurs when there is not a clear understanding of and communication about a peer specialist's role.
- **Role drift:** 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:** Stress or tension a peer specialist may experience within their role. Role strain often results from experiencing role confusion, role drift, or both.
- **Substance use–related problems:** The range of undesirable issues that may result from problematic substance use, including poor job performance or unemployment; troubled friend, family, or intimate partner relationships; financial difficulties; accidents; mental, physical, or behavioral problems; criminal justice involvement; child custody disputes; homelessness; and so forth. The harm these ensuing problems cause may continue beyond the period of active substance use. This term is synonymous with substance use–related issues, issues or problems related to substance use, and similar terms.
- **Substance use disorder (SUD):** A medical illness associated with repeated, problematic use of a substance or substances despite adverse consequences. According to DSM-5-TR,[13] SUDs are characterized by a cluster of cognitive, behavioral, and physical symptoms that can impair health, social function, and control over substance use. SUDs range from mild to severe and from temporary to chronic. They typically develop gradually over time with repeated misuse, leading to changes in the brain that affect reward, stress, and executive functions like decision making and self-control. Multiple factors influence whether and how rapidly a person will develop an SUD. These factors include the substance itself; the genetic vulnerability of the person using the substance; and the amount, frequency, and duration of use.
- **Treatment:** Compensated services delivered in clinical or acute-care settings by providers who are trained in specific treatment approaches. Often, individuals with problematic substance use must meet specific diagnostic criteria to receive treatment.

The TIP may use the term "program client" to refer to an individual receiving services at or from an SUD treatment program. However, a peer worker generally doesn't refer to someone they work with as their "client," as the nature of this relationship differs from that between a treatment provider and a person receiving SUD treatment. Often, a peer worker will refer to someone they work with as a "peer" instead, reflecting key aspects of the relationship, particularly mutual learning and the shared experience of problematic substance use.

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

Chapter 1 of this TIP introduces PSS and its potential benefits and challenges. The chapter also discusses the role of peer workers in SUD treatment and recovery, the integration of peer positions in treatment settings, and evolving ways to deliver PSS, and introduces key concepts, including diversity, equity, and inclusion.

In Chapter 1, readers will learn that:

- **PSS play a key role in helping people with problematic substance use achieve long-term recovery.** PSS are also associated with other important and beneficial outcomes, like increased treatment motivation and retention, lower rates of recurrence, improved social supports, and increased satisfaction with the treatment experience.
- **The main function of peer workers is to provide recovery support to individuals who have problematic substance use,** which they do by drawing on their lived experience as individuals who have successfully changed their behavior and achieved recovery from problematic substance use. Many peer workers also have specialized training, with many completing a certification process.
- The use of PSS can increase an SUD treatment program's ability to conduct outreach to and engage with otherwise hard-to-reach people with substance use–related problems.
- The history of PSS in SUD treatment settings can be traced back to the rise of sobriety-based mutual-help societies, including the Washingtonian Society and Sons of Temperance, which came about during the mid-19th century.
- One important development in the recent history of PSS was the creation of SAMHSA's Recovery Community Support Program in 1998 and its inclusion of PSS.
- Growing acceptance of SUDs as chronic conditions is transforming the field. Similarly, knowledge of what recovery means and requires also has evolved. This expanded view of recovery highlights the need for and importance of PSS in helping individuals in or seeking recovery achieve successful outcomes.
- **Peer workers reflect principles of recovery, serve many roles, and provide a range of services in diverse SUD treatment settings as well as other settings.** These include RCOs, RCCs, healthcare settings, justice settings, emergency shelters, recovery residences, and harm reduction programs. PSS delivery now also includes telehealth platforms.
- Implementation of PSS into SUD treatment systems can be challenging, in part because of such factors as a lack of provider understanding about the value and role of peer workers, the need for more peer worker training and certification efforts, a lack of acceptance of peer workers by SUD treatment providers and other staff, and a lack of appropriate compensation.
- PSS 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 program clients' engagement with recovery resources.

Chapter 2: Roles of the Peer Worker

Chapter 2 of this TIP discusses the main roles of peer workers in SUD treatment settings. The chapter also briefly describes some of the core skills needed to fulfill these roles (this is discussed in greater detail in Chapter 3).

In Chapter 2, readers will learn that:

- **Peer workers fill a critical need in SUD treatment settings because their lived experience with substance use–related problems, behavior change, and recovery gives them a unique ability to empathize with, relate to, and provide hope to others on the path toward recovery.** This experience, combined with their training, helps peer workers successfully engage, support, educate, and guide individuals who have problematic substance use on their chosen recovery pathways.
- **Peer workers in SUD treatment programs perform many different roles,** all of which are important to helping people with SUDs or with problematic substance use enter and stay in recovery. These roles include role model and mentor, educator, resource navigator, engagement facilitator, advocate, and outreach worker.
- **Peer workers face several challenges serving in their many roles.** For instance, stigma and discrimination can result from providers and administrators not understanding PSS and the role and value of peer workers. Low pay and limited career advancement opportunities are also challenges.
- Role confusion, unclear boundaries, and lack of knowledge about and resources for peer workers can pose challenges when integrating PSS into SUD treatment programs. To overcome these challenges, **organization-wide training on PSS, appropriate peer specialist training, and ongoing supervision are essential.** Because peer workers are both providers to and peers of individuals in or seeking recovery with whom they work, they can experience problems maintaining boundaries within the peer-to-peer relationship. This can create ethical dilemmas. To address this, **treatment program supervisors and administrators are responsible for ensuring their organization provides access to national guidelines or develops agency-specific guidelines for ethical behavior of peer specialists.** 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.
- **To perform their roles successfully, peer workers need to acquire a certain set of knowledge, values, and skills (including abilities).** For instance, peer workers need to develop knowledge about biopsychosocial aspects of SUDs, the many pathways of recovery, cultural and spiritual aspects of SUDs, and different types of treatments and services available in their community, including medications for SUDs.
- **Core skills of successful peer workers include active listening skills, storytelling, recovery planning, and facilitating groups.**

Exhibit ES.2 summarizes what a peer worker is and is not.

EXHIBIT ES.2. What a Peer Worker Is and Is Not

- A peer worker is:
  - A person in recovery.
  - Someone who shares their lived experience with problematic substance use, behavior change, and recovery.
  - A role model.
  - Someone who sees the individual in or seeking recovery as a whole person in the context of the person's role, family, and community.
  - Someone who motivates through hope and inspiration.
  - An advocate for the individual in or seeking recovery, both within and outside a treatment program.
  - A person who helps the individual in or seeking recovery in accomplishing daily tasks.
  - A person who shows the individual in or seeking recovery how to access needed resources for daily living, like housing and work.
  - Someone who helps the individual in or seeking recovery find necessities.
  - Someone who uses language based on a common experience.
  - A person who helps the individual in or seeking recovery find professional and community resources.
  - Someone who helps the individual in or seeking recovery set personal goals.
  - A provider of PSS.
  - A key figure in assessing community recovery support needs.
- A peer worker is not:
  - A person with a license to provide clinical services.
  - Someone who provides a diagnosis or clinical services.
  - Someone who motivates through fear of negative consequences.
  - A person who subscribes to only one recovery pathway.
  - Someone who represents only the perspective of the treatment program.
  - There to do tasks for the individual in or seeking recovery.
  - Someone who uses clinical language.
  - A case manager.
  - Someone who tells the individual who has problematic substance use how to live their life in recovery
  - Someone who does only what the treatment program insists they do.

Source: Adapted with permission.[14]

Chapter 3: Peer Worker Core Functions in Substance Use Disorder Treatment and Recovery Support

Chapter 3 of this TIP explores the core activities and responsibilities of peer specialists. The chapter describes in depth the knowledge, values, and skills (including abilities) needed to effectively perform these activities and responsibilities in SUD treatment settings.

In Chapter 3, readers will learn that:

- **The two main functions of peer workers are providing recovery support to individuals who have problematic substance use and helping to build or enhance the recovery community by connecting to and networking with local organizations and services.** Peer workers need to develop certain knowledge, values, skills, and abilities to support each of these functions.

- Recovery support knowledge includes understanding the physical, mental, emotional, and social effects of problematic substance use, how to be culturally responsive in providing PSS, and how to use the motivational interviewing philosophy in working with individuals who have problematic substance use.
- Core values of providing recovery support include inspiring hope, being authentic, treating individuals in recovery with respect, being open-minded and culturally responsive, and taking a strengths-based, person-centered approach to providing PSS.
- Peer workers also need to learn the ethical principles designed to protect themselves and the individuals in or seeking recovery with whom they work from harm. These principles include maintaining proper boundaries with individuals in or seeking recovery, using ethical decision-making processes, and engaging in supervision.
- Skills needed to successfully provide recovery support include knowing how to encourage building relationships and assisting individuals with problematic substance use with recovery and wellness planning.
- Helping to build or enhance the recovery community includes learning about types of recovery communities (e.g., RCCs, RCOs) as well as their unique cultures and services.
- Core values to help build or enhance the recovery community include supporting the belief that recovery is possible for everyone and that peers' lived experience is valuable to the recovery community.
- The skills that peers need to help build or enhance the recovery community include:
  - Engaging in training to learn how to identify gaps within community resources and existing community supports for individuals in or seeking recovery.
  - Recognizing and managing biases when working with individuals in or seeking recovery.
  - Mapping community-based recovery assets.
  - Supporting local, state, and federal policies that enhance SUD treatment and recovery.
  - Creating leadership development opportunities within the recovery community.
  - Helping individuals in or seeking recovery become more involved in the local community.
- Advocacy can be an important part of a peer specialist's role. Peer specialists advocate for themselves, the individuals in or seeking recovery they work with, and other community organizations.

Chapter 4: Why and How To Integrate the Peer Specialist Position Into Substance Use Disorder Treatment Programs

Chapter 4 of this TIP offers guidance for administrators on how to make PSS a part of their treatment programs. The chapter reviews the ways in which PSS are implemented in SUD treatment settings, important aspects of workforce development and retention, how to sustain PSS in SUD treatment programs, and how to make PSS accessible to individuals in or seeking recovery.

In Chapter 4, readers will learn that:

- **PSS can be used in many different types of SUD treatment settings,** including inpatient and outpatient programs, medically managed withdrawal facilities, opioid treatment programs, and residential treatment programs.
- **PSS benefit SUD treatment programs by enhancing the scope of services in the continuum of SUD care, such as conducting outreach and advocating for individuals in or seeking recovery.** This allows programs to take a long-term recovery approach (rather than an acute, episodic care approach) to recovery and connect individuals who have problematic substance use with individuals who inspire hope, offer support, and model what successful recovery can look like.
- Introducing PSS into an SUD treatment program may require a shift in organizational culture to one that focuses on recovery and values peers as a part of the recovery process.
- **Administrators play a key role in championing the value of PSS and their inclusion in SUD treatments and services, which can help gain**

buy-in from staff and make an organization's implementation of PSS easier.

- Peer workers should have opportunities to discuss experiences, ideas, and challenges with each other. Administrators can create space for this peer-to-peer sharing and learning by holding regular peer-only staff meetings; programs with a small number of peer workers should consider holding a regular telephone or videoconference call with their peer workers and peer workers from other programs.
- Readiness assessments help administrators learn more about staff knowledge and attitudes about PSS. This information can be used when training nonpeer workers in the organization to make sure they understand the roles that peer workers will play in their setting.
- Learning from organizations that have already integrated the peer specialist position can be helpful for organizations new to these roles.
- Before hiring peer workers, administrators need to make plans for supervision, set hiring objectives, develop job descriptions and compensation packages, and think about recruiting strategies. Nonpeer staff members also need training on PSS-related topics, including on the role that peer workers will assume, before an organization introduces the peer specialist position.
- **Workforce development and retention strategies are very important to hiring effective peer workers and ensuring that they continue to develop professionally and want to remain on staff.** Two strategies are to have ongoing training opportunities in place for peer workers and to establish a career pathway for peer workers at the organization.
- **SUD treatment programs can help make sure PSS remain a part of their organization by showing that staff and leadership are committed to PSS, having consistent access to PSS funding, and gathering information about the value of PSS and sharing it with the community.**

Chapter 5: Supervision of Peer Specialists

Chapter 5 of this TIP helps supervisors in behavioral health settings, especially SUD treatment settings, understand the supervision needs of peer workers and how to implement supervision successfully. The chapter describes supervision basics, competencies, and challenges.

In Chapter 5, readers will learn that:

- **Peer supervisors play a critical part in making sure peer workers provide quality services to individuals in or seeking recovery; helping peer workers develop a career path of their choosing; supporting peer workers in understanding their ethical responsibilities and the importance of staying within their scope of practice; advocating for peer workers' rights and needs within an organization; and ensuring that the work of peer workers is meaningful and well-coordinated within the organization.**
- Effective supervision of peer workers involves helping them build their skills through regular meetings and constructive feedback; working with peers to set goals, identify their strengths and areas for growth, and resolve any ethical dilemmas; helping peer workers to maintain and expand their own recovery experience; encouraging peer workers to practice self-care and to create healthy boundaries; and teaching nonpeer workers about the importance and role of peer workers within the organization.
- Supervisors should be aware of their state's requirements for certified peer specialists and should help the peer specialists they supervise achieve and maintain certification, as appropriate. (The chapter also notes the challenge posed by the lack of reciprocal recognition of certification across all states.)
- **Although most already receive training on and are experienced in clinical supervision, supervisors also need additional training focused specifically on the supervision of peer workers. Moreover, peer supervisors need to be aware of national practice guidelines and state licensure requirements regarding the supervision of peer workers.**

- Supervisors need to develop certain competencies in understanding the peer worker role; recovery promotion, recovery management, and ROSCs; the principles of recovery; how to support and advocate for peer workers so that they have a meaningful role within an organization; and the importance of addressing trauma, social inequities, and health disparities affecting individuals in or seeking recovery, including peer workers.
- Peer supervision can be performed by an experienced peer provider or a specially trained treatment provider. A peer can also receive dual supervision from some combination of an experienced peer provider, a treatment provider, and an administrator.

Supervisors can help organizations achieve better role clarity and ensure peer workers don't experience role confusion or role drift. For instance, supervisors should review peer worker job descriptions with peers to make sure both parties are aware of what roles and tasks are expected. Supervisors should also revisit the job description with peer workers regularly, updating it as necessary so that it accurately reflects the work assigned.

Supervisors can promote mutual respect between peers and nonpeers by treating peer specialists as experts on recovery who can educate nonpeer staff on the challenges of recovery and on how to relate to people at various stages of recovery. Supervisors can emphasize that peer specialists are a vital part of SUD care and recovery, explaining that peer specialists benefit the SUD treatment program by improving outcomes, enhancing access to community resources, encouraging engagement in treatment and recovery activities, and instilling hope in individuals in or seeking recovery.

Chapter 6: How To Become a Peer Specialist

Chapter 6 of this TIP offers guidance for people who want to become peer specialists. The chapter provides an introduction to what peer workers do and where they work; the benefits and challenges of being a peer worker; and peer specialist training, certification, and credentialing requirements.

In Chapter 6, readers will learn that:

- Peer workers perform many different roles and have a wide range of day-to-day responsibilities in engaging, supporting, and educating individuals in or seeking recovery and their families.
- Peer workers can be found in many types of settings besides SUD treatment programs, including RCCs, RCOs, emergency departments, inpatient hospital units, primary care and other physical health clinics, jails/prisons, mobile crisis units, harm reduction centers, social service centers, and high school and college recovery programs.
- Deciding whether to become a peer specialist requires thinking about such factors as what one hopes to get out of the role, why one is interested in becoming a peer worker, how one's life or own recovery might be affected by serving in this role, and how one feels about working with individuals who have problematic substance use who are on different pathways to recovery.
- **Individuals in recovery interested in becoming a peer specialist need to learn about both the rewards and the challenges of performing peer work. This will help them make more informed decisions about whether to enter this line of work.** Advantages include offering a critical service to those in or seeking recovery, giving back to the recovery community, and the opportunity to enhance one's own recovery. Challenges can include low pay, few career options or opportunities for advancement, the need for more training opportunities, problems setting boundaries with work colleagues, burnout or stress associated with the position, and difficulty getting hired with a past criminal history.
- Being a peer specialist can be—but does not have to be—a steppingstone to a career in the SUD treatment and recovery field. Peer work can open doors to other related jobs either within or outside the behavioral health field.
- **Individuals in recovery interested in becoming peer specialists need to learn about the training and certification requirements in their state or in an organization of interest**. Meeting these requirements may require taking

courses, gaining more job experience, or meeting a minimum length of time in recovery. Although no single peer certification is accepted nationwide, some states recognize certifications from other states.

Chapter 7: How Family Peer Specialists Can Help Families Affected by Problematic Substance Use

Chapter 7 of this TIP addresses what families of individuals in or seeking recovery need to know about PSS and how they can benefit from working with a family peer specialist. The chapter also offers information about how families can engage with peer workers as well as a clinical vignette demonstrating how a family of an individual in or seeking recovery might benefit from family PSS.

In Chapter 7, readers will learn that:

- **Problematic substance use is a major stressor for families, potentially causing significant problems with physical and behavioral health, work and education, finances, housing, and social relationships. Families can benefit from family PSS as part of their own recovery process.**
- Many family members need—and don't receive—support, education, and resources to help them better understand their loved one's problematic substance use and how to help themselves and their loved one.
- Individuals in or seeking recovery have a right to privacy and confidentiality, and some may not want peer workers or other members of their treatment team to share certain information with their family members.
- **Family peer specialists help family members access recovery support resources and other services that will be helpful to them during an individual with problematic substance use's treatment and recovery.** This can help improve quality of life for all family members—including the individual in or seeking recovery. Family peer specialists also have firsthand knowledge they can share about how to cope with the effects of substance use–related problems on families.
- Families may not be aware of what family PSS are and therefore may not know how to access them or whether to ask for them.
- When family members understand who peer workers are, what they do, and how they can help, they may feel more empowered, more knowledgeable about their loved one's problematic substance use and recovery process, and less alone in their loved one's recovery journey.
- **Working with families can be complicated.** Some families have unhealthy communication patterns, whereas others might have negative relationships with one another. Some family members may have negative attitudes about SUD treatment. Family members can develop unhealthy behaviors as a result of the stress of a loved one's problematic substance use. Other family members may have mixed feelings about participating in family PSS. **Family peer specialists must navigate these challenges to successfully engage and work with families of individuals in or seeking recovery.**
- **Family peer specialists might also need to address practical barriers to working with families,** like how to work with families who do not live locally or helping families access childcare so everyone can attend meetings with the family peer worker.
- While more programs are implementing family peer support, the impact of and outcomes related to the role of family peer specialists in supporting families of individuals in or seeking recovery is still emerging and requires additional attention.

Chapter 8: Resources

Chapter 8, which lists resources on PSS for all audiences, is organized as follows:

- General Resources
- Community-Related Resources
- Implementing and Integrating PSS
- PSS in Specific Settings
- Resources for Peer Specialist Workforce Development
- Resources for Peer Providers

- Tools for Peer Specialists
- Resources for Peer Specialist Supervisors and Administrators
- Tools for Supervisors and Administrators
- Resources for People In or Seeking Recovery
- Resources for Families of People In or Seeking Recovery
- Selected State Resources

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Note: The information given for participants in the TIP's development indicates their affiliations at the time of their participation and may not reflect their current affiliations.

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Each Treatment Improvement Protocol's (TIP) consensus panel is a group of primarily nonfederal addiction-focused clinical, research, administrative, and recovery support experts with deep knowledge of the TIP's topic. With the Substance Abuse and Mental Health Services Administration's Knowledge Application Program team, members of the consensus panel develop each TIP via a consensus-driven, collaborative process that blends evidence-based, best, and promising practices with the panel members' expertise and combined wealth of experience.

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Disclaimer

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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:

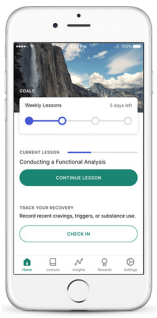
- **Sustainable funding for PSS needs the attention of program leadership.** Greater availability of grant funding, Medicaid coverage, and even private health insurance reimbursement has made funding PSS more viable. Still, programs need to budget for PSS carefully and be prepared to look to different

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.

Chapter 3—Peer Worker Core Functions in Substance Use Disorder Treatment and Recovery Support

KEY MESSAGES

- Peer workers perform their job based on the principles that recovery is possible for everyone and there are many pathways to recovery.
- Providing recovery support and helping to build or enhance the recovery community are the two primary functions peer workers perform.
- Lived experience with problematic substance use, behavior change, and recovery is the foundation on which peer workers' knowledge, values, skills, and abilities are built.
- Peer specialists recognize not only the value of their services, but also the limits of their roles.
- Communication with an individual in recovery requires listening and learning with kindness, curiosity, and encouragement.
- A strengths-based assessment is central to the notion of recovery capital and to peer services.
- Peer specialists have a role in both identifying and actively linking individuals in recovery to resources in the local community that are recovery friendly, culturally and linguistically relevant, and accessible. Peer specialists can also help individuals identify personal relationships that will support their recovery.
- Peer specialists are a key element of recovery-oriented systems of care (ROSCs).
- Advocacy can promote recovery and build community. Peer specialists advocate for themselves, for the peers they serve, and for ROSC networks as well as for other community organizations in which they work.

Growing evidence shows that peer support services (PSS) improve outcomes for individuals in or seeking recovery from substance use–related problems.[264,265,266] Years of experiential knowledge and success stories tell us how peer workers contribute to these positive outcomes.

Being an effective peer specialist requires specific knowledge and technical skills to provide recovery support services as well as an understanding of who peer specialists are in recovery; what they bring to relationships with individuals in or seeking recovery; and how they represent the recovery community to treatment programs, service providers, and the public. A peer specialist's values and attitudes about recovery and what it means to help or support others, along with their willingness to be curious, caring, authentic, empathetic, and culturally responsive are also important. **Simply put, peer recovery support is about genuinely caring for and connecting with other human beings and supporting improvements in the quality of their lives.**

> "Core skills required of peer staff include intangibles that relate to their worldview, interpersonal style, and effective use of self."[267]

Peer specialists bring their lived experience of recovery, personal strengths, and shared values to their relationships with individuals in or seeking recovery. The recovery support and community-building skills they develop in training and the time they spend under supervision are also highly important.

Chapter 3 of this Treatment Improvement Protocol (TIP) explores the core activities and responsibilities of peer specialists and the knowledge, values, skills, and abilities they need to function effectively in a range of treatment settings. The foundation of a peer specialist's work is their lived experience with problematic substance use, behavior change, and recovery. This is a key factor in what makes recovery support effective.[268]

Chapter 3 of this TIP discusses two core peer specialist functions: recovery support and community building (i.e., helping to build or enhance the recovery community by connecting to and networking with local organizations and services). It describes the knowledge, values, skills, and abilities needed to perform each function. **Chapter 3 is for peer specialists working as integrated members of substance use disorder (SUD) treatment program staff as well as for peer specialists providing PSS in community-based recovery settings** who may collaborate with, provide linkages to, or otherwise support the work of SUD treatment programs.

Chapter 3 provides the following information:

- The first section describes two core functions of peer specialists and the Substance Abuse and Mental Health Services Administration's (SAMHSA) core competencies for peer specialists.
- The second section addresses the knowledge, values, skills, and abilities peer specialists need to support individuals in or seeking recovery from substance use–related problems.
- The third section discusses the knowledge, values, skills, and abilities peer specialists need to engage in building and enhancing the recovery community.
- The chapter appendix presents sample recovery and wellness plans and identifies resources to support the efforts of peer workers. Additional resources can be found in Chapter 8.

This chapter also includes brief examples of interactions between peer specialists and individuals in or seeking recovery. These examples are simplified for demonstration purposes and may not reflect the complexities or nuances of actual peer relationships. Exhibit ES.1 in this TIP's Executive Summary provides definitions of key terms that appear in this and other chapters.

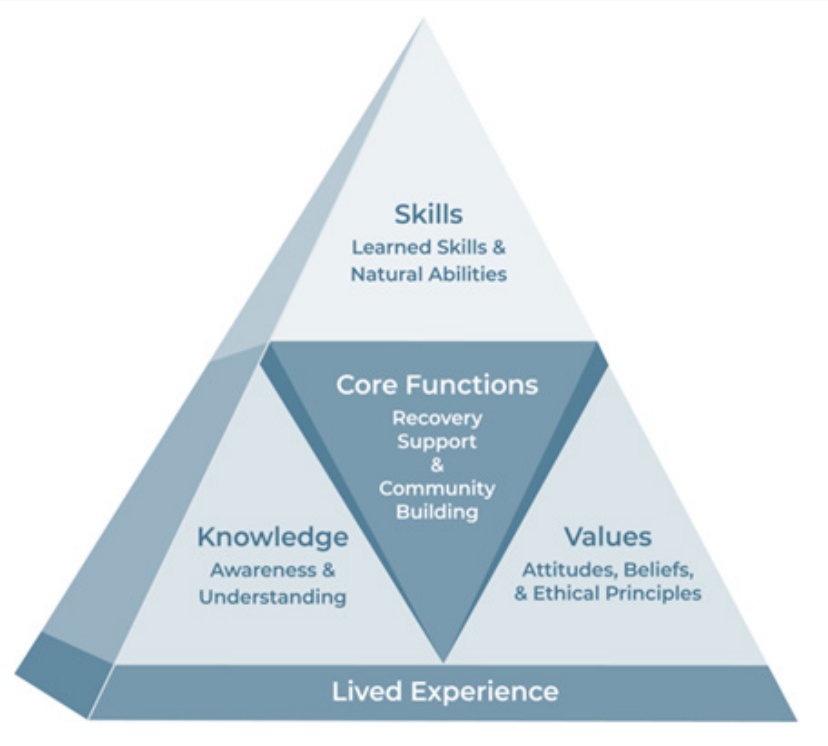
Exhibit 3.1 shows the overall framework for the work that peer workers do. The core functions of the peer worker are recovery support and community building, at the center of the pyramid. The knowledge (i.e., awareness and understanding of key recovery issues and information), values (i.e., recovery-oriented attitudes, beliefs, and ethical principles), and skills (i.e., learned skills and natural abilities that support recovery) a peer worker needs to be effective in performing these core functions are the building blocks that complete the pyramid. The base of the pyramid represents their lived experience with problematic substance use, behavior change, and recovery. It is the foundation of a peer specialist's work, supporting their knowledge, values, skills, and abilities.

Core Functions

Peer workers perform many different activities and work in many different settings. Some functions and activities that are "core" to their work may be more or less common in a given setting or even in a certain state because different states certify peer specialists to perform different activities. **To be fully aware of the range of core components involved in peer work, this chapter covers as many skills and activities as possible for all peer workers.**

Peer workers take on many different roles, including educators, resource navigators, facilitators, and role models. (Chapter 2 includes more information about peer worker roles.)

EXHIBIT 3.1. Peer Worker Core Functions



The main functions of a peer worker are providing recovery support to individuals in or seeking recovery from problematic substance use and helping to build or enhance the recovery community.

This work begins with building a solid service relationship with the individual in or seeking recovery, then acting as a bridge to their family, friends, treatment providers, community-based services, and the larger recovery community. The relationship of a peer worker with an individual in or seeking recovery is based on mutual learning and is guided by the principles of hope, collaboration, respect, self-responsibility, and self-determination (i.e., the ability to live life the way a person chooses). An individual new to the recovery community needs support in building and enhancing that community. This is an ongoing process of support and growth that requires a peer-to-peer relationship that is grounded in trust. Peer workers participate directly in building and enhancing the recovery community by connecting people to and participating in recovery activities as well as advocating for more recovery resources in the local community.

Depending on the work setting, a peer worker may be more focused on individual recovery support, or they may be more focused on community building. Regardless of the primary focus, a peer worker will be called upon to perform both activities. A peer worker's job is to stay involved in the recovery community even when they're physically located in a non-community–based setting (e.g., a jail, emergency department [ED], college, SUD treatment program).

SAMHSA'S *CORE COMPETENCIES FOR PEER WORKERS*[269]

SAMHSA, along with experts from many different backgrounds, has developed a set of core competencies for peer specialists in both mental health and SUD treatment fields. Core competencies are the knowledge, values, skills, and abilities a person needs to be effective in their job. SAMHSA's core competencies help lead to effective practices in PSS. The principles behind these core competencies state that PSS are:

- Recovery oriented.
- Relationship focused.
- Person centered.
- Voluntary.
- Trauma informed.

PSS core competencies describe the necessary values and activities of peer specialists. According to these core competencies, a peer specialist:

- Engages individuals in caring, collaborative relationships.
- Provides support.
- Shares their lived experience of recovery.
- Personalizes peer support (i.e., makes PSS match the needs of each individual, rather than taking a "cookie-cutter" approach).
- Supports recovery planning.
- Helps individuals manage crises.
- Links individuals to resources, services, and supports.
- Shares information about health, wellness, and recovery.
- Values communication.
- Supports teamwork.
- Promotes leadership and advocacy.
- Promotes self-growth and development.

These principles and core competencies are discussed throughout Chapter 3. The full text of SAMHSA's *Core Competencies for Peer Workers in Behavioral Health Services* can be downloaded at https://www.samhsa.gov/brss-tacs/recovery-support-tools/peers/core-competencies-peer-workers.

Recovery Support

This section reviews the knowledge, values, skills, and abilities needed to support individuals throughout their recovery from substance use–related problems. Recovery support focuses on establishing and maintaining long-term recovery and is based on recovery principles such as:[270,271]

- Recovery is an ongoing process of change, not a one-time event.
- Recovery is fluid; goals and interventions change as recovery evolves.
- Recovery involves the need to learn new skills and behaviors for overcoming substance use–related problems, including many different life stressors.
- Recovery is person driven and holistic.
- Recovery can be achieved through multiple pathways.

In addition to their own experience and self-reflection, peer workers need specific knowledge, values, skills, and abilities to help an individual in or seeking recovery start and maintain recovery over time. **Recovery is individual. Not all substance use–related problems, environments, and personal circumstances are the same; therefore, not all recovery pathways are the same.** The amount and types of support that people in or seeking recovery need will vary. Recovery support always includes strengths-based and person-driven support. That means a peer worker should focus on the individual's strengths, abilities, and resources. This process is driven by the individual's needs, goals, recovery capital, and hopes for the future.

SUPPORTING, NOT STEERING: HELPING INDIVIDUALS IN RECOVERY NAVIGATE THE JOURNEY TO RECOVERY

A peer specialist's lived experience with substance use–related issues and recovery pathways is invaluable. It serves as the foundation of their recovery knowledge, values, skills, and abilities. It also gives them a unique perspective that allows them to effectively support the people with whom they work. However, their personal recovery journey may also naturally influence their opinion about how individuals should approach their own recovery goals. There may be times when peer specialists find themselves disagreeing with or concerned about the direction of those goals. When this happens, they can refocus on two key principles to guide their work: there are many pathways to achieve recovery, and individuals in recovery define goals that support their chosen pathways. Individuals in recovery drive the relationship. A peer specialist should examine their own biases and should not assume that their pathway for change works for everyone.

Below are some steps a peer specialist can take if they disagree with the goals identified by an individual in recovery:

- **Understand the peer specialist role.** The role of a peer specialist is to support an individual's journey, regardless of their chosen pathway. If the person chooses moderation rather than abstinence, a peer specialist should honor and support that goal by offering resources to help them move forward. A peer specialist can use strengths-based approaches to help an individual understand how services or resources align with the chosen pathway and to advocate for the individual's needs.
- **Seek supervision.** Peer specialists should examine their own biases. Their supervisor can help them recognize and manage personal biases that interfere with their ability to support an individual's goals. Additionally, their supervisor can help them identify supplemental training and development opportunities that focus on ethics, boundaries, and professional responsibilities. (Chapter 5 includes further discussion of supervision.)
- **Engage in training.** Training can reinforce the idea that there are multiple recovery pathways. It can also improve a peer specialist's ability to provide support by ensuring they focus on the individual's strengths, values, and goals. Training can also help clarify the peer specialist's role and emphasize key ethical values, such as the need to honor and respect an individual's right to make decisions. (Chapter 4 includes further discussion of training.)

For examples of training opportunities for peer specialists, visit the Connecticut Community for Addiction Recovery (https://addictionrecoverytraining.org/training-products/) and the Virginia Department of Behavioral Health & Developmental Services' Office of Recovery Services (https://dbhds.virginia.gov/office-of-recovery-services/).

Recovery Support: Knowledge

Peer workers will benefit from having core recovery knowledge. This includes learning the definitions and history of recovery, the multiple pathways and evolution of recovery, relational styles in recovery, the influence of cultural contexts on recovery, and recovery across the life cycle. The following sections describe important areas of knowledge.

Effects of Problematic Substance Use

Problematic substance use can lead to physical, emotional, cognitive, and social consequences for individuals and their families. A peer specialist's personal experience with a particular substance may differ from the individual in or seeking recovery's experience with the same or another substance. Peer specialists should not make comparisons or be judgmental of individuals in or seeking recovery because they can likely relate to feelings of hopelessness and helplessness that can occur for an individual who has problematic substance use.

For example, if a peer specialist's personal experience is with problematic alcohol use and they are working with someone engaged in

problematic use of opioid pain medication, the peer specialist needs to be aware of the specific consequences problematic opioid medication use has on that person, the risk of overdose, health and medical complications, and recovery supports in the community. Peer specialists also need to be familiar with the resources available to individuals who take medication to support recovery, which includes opioid agonists (i.e., medications like methadone or buprenorphine that bind to opioid receptors but don't produce euphoria) and opioid antagonists (i.e., medications like naltrexone that block the effects of opioids).

Although peer specialists don't need to be an expert in every effect that substances can have on the brain or in all the health, mental, emotional, or social effects of problematic substance use, they will be more effective at supporting people in or seeking recovery if they understand why these effects occur and how they relate to an individual's ability to initiate and sustain change. To accomplish this, peer specialists should have general knowledge about the following:

- Effects of substance use and substance use–related practices on the brain and the body
- Health-related effects of substance use, including the link between problematic substance use and infectious disease
- Effects of problematic substance use on family and social relationships
- The link between problematic substance use and co-occurring mental illness
- The link between problematic substance use and negative life events (e.g., criminal justice involvement, experiencing homelessness or housing instability, trauma, being a victim of a crime)
- The link between social determinants of health and substance use–related issues

RESOURCE ALERT: MEDICATIONS TO SUPPORT RECOVERY

The following SAMHSA resources provide additional information about medications to support recovery:

- Medications, Counseling, and Related Conditions (webpage): https://www.samhsa.gov/medication-assisted-treatment/medications-counseling-related-conditions#opioid-dependency-medications
- TIP 63, *Medications for Opioid Use Disorder:* https://store.samhsa.gov/product/TIP-63-Medications-for-Opioid-Use-Disorder-Full-Document/PEP21-02-01-002
- Prescribing Pharmacotherapies for Patients With Alcohol Use Disorder (*Advisory*): https://store.samhsa.gov/product/prescribing-pharmacotherapies-patients-with-alcohol-use-disorder/pep20-02-02-015

RESOURCE ALERT: SCIENCE-INFORMED SOURCES OF ALCOHOL AND DRUG INFORMATION

The National Institute on Alcohol Abuse and Alcoholism's Alcohol's Effects on Health webpage (www.niaaa.nih.gov/alcohol-health) provides research-based information on drinking and its effects on individuals and families.

The National Institute on Drug Abuse (NIDA) (https://nida.nih.gov/) provides facts and information about different drugs and related topics (https://nida.nih.gov/drug-topics) such as hepatitis (https://nida.nih.gov/drug-topics/viral-hepatitis-very-real-consequence-substance-use) and HIV (https://nida.nih.gov/drug-topics/hiv). NIDA also offers *Principles of Drug Addiction Treatment: A Research-Based Guide* (Third Edition), which summarizes the latest research on SUDs, their causes, and effective treatments (https://nida.nih.gov/publications/principles-drug-addiction-treatment-research-based-guide-third-edition/preface).

Trauma and Co-Occurring Disorder Awareness

Peer support providers work with individuals in or seeking recovery who have experienced trauma or have a mental illness. Diagnosing and treating mental illness are outside a peer worker's scope of practice, even if they have the same mental illness or have experienced trauma. However, understanding the impact of co-occurring disorders and trauma on individuals in or seeking recovery and using a trauma-informed approach in their work ensures that they're providing a safe environment to offer PSS.

A basic understanding of mental illness and trauma will help peer workers recognize when these conditions become potential barriers to recovery, how individuals can use their strengths to support their recovery from problematic substance use and co-occurring mental illness and trauma, and when to link individuals to behavioral health services and other resources in the community. Peer workers can benefit from having a basic understanding of:

- Common signs of trauma (e.g., flashbacks or intrusive memories, extreme watchfulness or anxiety).
- Effects of trauma and co-occurring mental illness on recovery, including the increased risk of developing substance use–related problems again.
- Local behavioral health services and community-based recovery resources and the best ways to access those services.
- How trauma affects everyone differently and requires professional assessment.
- How the meaning of recovery can differ in substance use and mental illness recovery communities. (The "Resource Alert: Trauma and Co-Occurring Disorder Awareness" provides links to more information about trauma, co-occurring disorders, and distinctions between recovery in the contexts of mental health and SUDs.)

RESOURCE ALERT: TRAUMA AND CO-OCCURRING DISORDER AWARENESS

- SAMHSA's Mental Health and Substance Use Disorders webpage (www.samhsa.gov/disorders) provides basic information about co-occurring substance use and mental illness and links to other resources.
- TIP 57: *Trauma-Informed Care in Behavioral Health Services* (https://store.samhsa.gov/product/TIP-57-Trauma-Informed-Care-in-Behavioral-Health-Services/SMA14-4816) provides information on the impact of trauma on those who experience it and strategies that support recovery.
- TIP 42: *Substance Use Disorder Treatment for People With Co-Occurring Disorders* (https://store.samhsa.gov/product/tip-42-substance-use-treatment-persons-co-occurring-disorders/PEP20-02-01-004) offers information about screening, assessment, diagnosis, and management of co-occurring disorders for individuals who are receiving SUD treatment.
- *Engaging Women in Trauma-Informed Peer Support: A Guidebook* (https://nasmhpd.org/content/engaging-women-trauma-informed-peer-support-guidebook) is a resource for peer workers who want to integrate trauma-informed principles into their work with women.
- *Addictions and Mental Health Recovery Dialogue: Similarities and Differences in Our Communities* (www.samhsa.gov/sites/default/files/similarities-differences-dialogue.pdf) provides historical background and the current understanding of recovery in both communities.

Cultural Responsiveness

Culture consists of the beliefs, behaviors, objects, and other characteristics shared by groups of people. **Cultural responsiveness** refers to service providers—including peer specialists—respecting, accepting, and being responsive to the health beliefs, practices, and values of diverse populations. Service providers who are culturally responsive also explore the effects of ethnocentrism and racism on their treatment or service delivery.

Broadly speaking, cultural responsiveness in behavioral health includes:[272]

- Connecting with individuals and building positive relationships with them using cross-cultural communications (e.g., speaking clearly; using plain, nontechnical terms).
- Making sure individuals understand treatment processes and services.
- Working as a team member (i.e., including individuals in treatment planning) throughout the treatment and service provision process.
- Including culturally relevant themes and information in the services (e.g., asking about individuals' cultural identity and acculturation experiences, avoiding making assumptions about a person because of their culture, exploring individuals' cultural beliefs about the treatment of substance use–related problems and mental illness).
- For treatment providers, conducting culturally sensitive interviews and selecting screening and assessment tools that align with individuals' cultural views about problematic substance use.
- Matching culturally similar peers to communities with which they identify.
- When necessary and appropriate, enlisting the aid of a culture navigator—someone of the same culture with lived experience who is grounded in SUD treatment and recovery from substance use–related problems.

WHAT DOES CULTURAL RESPONSIVENESS MEAN?[273]

- Being culturally competent
- Being culturally inclusive
- Being culturally respectful
- Meeting individuals' cultural needs (e.g., providing a translator if needed)
- Providing services that increase safety for individuals and their families
- Showing a genuine interest in getting to know individuals and establishing a rapport with them
- Staying mindful of individuals' treatment and service preferences and including them in decisions about care
- Being respectful, collaborative, and person centered

Although peer workers can benefit from learning the common values, customs, beliefs, rituals, and worldviews of different cultures, **they can best provide culturally responsive recovery support by learning about each individual's own experiences and what culture means to them.**[274] The kinds of cultures and pathways of recovery with which individuals might identify include:

- **Ethnicity, race, class, gender and gender identity, age, sexual orientation and identity, and disability cultures and identities.** Many different types of cultures and backgrounds shape each person's worldview. This can lead to bias when peer workers support people in or seeking recovery from different cultures and backgrounds. They should read books, watch films, attend cultural events, and talk with local community leaders to learn about the specific beliefs and needs common to various cultural groups.
- **Community culture.** The location where someone lives can significantly impact their worldview, values, and how they or their local community view substance use treatment and recovery support. People living in rural areas, for example, may experience stigma about seeking SUD treatment, including taking medications for problematic substance use.[275] Peer workers should ask the individual in or seeking recovery questions so they can gain a better understanding about where the individual grew up, where they are currently living, and how they or those they are close with feel about problematic substance use. Being culturally responsive requires that peer workers respect the values of those they are working with, regardless of their own worldviews.
- **Cultures of recovery.** These might include mutual-help programs (e.g., 12-Step recovery groups, non-12-Step recovery groups), mental illness recovery groups, recovery community centers (RCCs), sober houses, criminal justice recovery programs, spiritual recovery programs, military and veteran programs, family support groups like Al-Anon, gender-specific programs, and collegiate recovery programs. Values, beliefs, and practices regarding abstinence; taking medications during recovery; and

risk-reduction practices may vary by type of recovery support and setting. Peer workers should understand the customs, values, and beliefs of different treatment and recovery settings and their rules on abstinence, taking medications to support recovery, and risk-reduction practices like syringe services programs. Cultural responsiveness means that peer workers honor and respect diverse recovery pathways as well as the individual's choice of recovery pathway.

- **Spiritual and religious beliefs and cultures.** Research shows that spirituality, religious activities, and active involvement in 12-Step mutual-help programs can support long-term recovery.[276] However, there is a wide variety of spiritual and religious beliefs about problematic substance use and recovery, spiritual practices that support recovery, and faith-based groups and communities (e.g., Celebrate Recovery®; Millati Islami; Buddhist Recovery Network; Jewish Alcoholics, Chemically Dependent Persons, and Significant Others) with different views on spirituality, substance use–related problems, and recovery.
  - Some individuals won't consider spirituality or religion to be an important part of their recovery. Peer workers should be knowledgeable about nonreligious alternatives for recovery support.
  - A peer worker should be aware of and respect the variety of nonreligious (e.g., Self-Management and Recovery Training [or SMART] Recovery®), spiritual, and religious groups providing support for recovery from problematic substance and alcohol use.
  - Chapter 8 provides a list of faith-based and non-faith-based mutual-help programs.

DELIVERING PEER SUPPORT IN RURAL AREAS

People living in rural communities face distinct challenges in accessing treatment for problematic substance use. For example, rural residents may face cultural stigma about SUD treatment as well as a lack of anonymity about receiving treatment given the community size.[277,278] Rural residents also have fewer treatment options, and rural providers report feeling underprepared to deliver treatment because of a lack of necessary supports and resources.[279] One study in the rural South found that residents had difficulty accessing SUD treatment as well as paying for care.[280] The availability of harm reduction and other health services in rural areas is also limited because of differing social norms that impact laws and policies governing these services.[281] Transportation can also be a challenge for those in rural areas.

Peer specialists play an important role in improving SUD-related outcomes in rural communities and improving the long-term health of those recovering from problematic substance use.[282] They can address SUD treatment barriers in rural communities by applying creative approaches. For example, for those with transportation barriers, peer specialists can meet them directly within their community or via telehealth.[283]

There are examples of peer support programs in rural areas that may offer ideas about how to address some of these and other barriers. One such peer support program was piloted in a rural central Appalachian county that was significantly impacted by the opioid crisis (https://muse.jhu.edu/article/801145/pdf). In this program, peer recovery coaches or people with lived experience of opioid use disorder in long-term recovery met individuals with SUD in a variety of community settings and successfully linked them to a range of resources to meet their needs. Results of this program included significant improvements in linking people to treatment (63.9 percent), a rate considerably higher than in urban areas.

Learning how to "walk in someone else's shoes." Peer workers should explore their own culture and biases and cultivate an open-minded approach to others' cultures. This includes participating in training about stereotypes, implicit bias, microaggressions (i.e., subtle, often unintentional statements or actions of prejudice against a person or group), and stigma. Peer workers should remember that people are diverse, including within cultures, so whatever they learn about an entire group may not apply to a specific individual.

The "Resource Alert: Cultural Competence" contains more information about cultural responsiveness.

CAN PEER SPECIALISTS HELP REDUCE HEALTH INEQUITIES?

Including peer specialists (particularly those from diverse racial, ethnic, sexual and gender, disability, and socioeconomic cultures and backgrounds) in the delivery of behavioral health services can help organizations better reach typically underserved individuals—such as racial/ethnic minorities, people from low-income backgrounds, people involved in the criminal justice system, people experiencing homelessness/unstable housing, women (including pregnant women), and people living in rural areas. This could help individuals improve recovery-related outcomes[284,285,286,287,288,289] and increase the possibility of long-term recovery for marginalized groups.

In one study, providing PSS for SUDs to underserved communities led to a 22-percent increase in securing stable housing; a 25-percent increase in obtaining employment or participation in job training; and a significant improvement in client-reported depression, anxiety, and prescription medication misuse.[290] Participants in the study were largely from low-income backgrounds, were racial/ethnic minorities, and had a history of incarceration, unemployment, and/or unstable housing.

A summary of findings from nine studies of community health worker and peer provider interventions for people with mental and physical illnesses also showed positive outcomes.[291] Specifically, peer worker interventions were shown to be effective across diverse populations of underserved clients, including those who were Black, Latino, American Indian/Alaska Native, women, monolingual Spanish speaking, low income, and rural residents.[292] Among the positive outcomes noted were:[293]

- Increased participation in primary care services, decreased emergency department and urgent care visits (after 12 months), better self-reported confidence in managing health problems, and decreased pain among people with serious mental illness (of whom 60 percent were Latino, 8 percent were Black, 8 percent were multiracial or of other non-White race, and 54 percent were female) who worked with peer specialists.
- Improvements in recovery, feelings of empowerment, and quality of life among Latino individuals with serious mental illness (of whom 58 percent were female and 72 percent were born outside the United States).
- A decrease in depressive symptoms, an increase in client satisfaction, and improvements in social-related quality of life among women with symptoms of depression (of whom 57 percent were Black, 19 percent were Latina, 30 percent were pregnant, and 73 percent had an annual household income of less than $20,000).

Based on these and other positive findings, the report concludes that:[294]

- Peer specialists and community health workers should be included in behavioral health and healthcare interventions.
- Healthcare systems should increase efforts to include peer specialists in their service delivery teams.
- Medicare and Medicaid reimbursement pathways should be developed and supported to provide sustainable funding for peer specialists and community health workers.

RESOURCE ALERT: CULTURAL COMPETENCE

SAMHSA's TIP 59, *Improving Cultural Competence* (https://store.samhsa.gov/product/TIP-59-Improving-Cultural-Competence/SMA15-4849), describes cultural competence for service providers and discusses racial, ethnic, and cultural issues relevant to working with individuals in recovery. This TIP also provides a brief discussion of the continuum of cultural competence.

Using the Motivational Interviewing Philosophy

Motivational interviewing (MI) is widely used in the SUD treatment field as an evidence-based practice for helping people address mixed feelings about changing behaviors and strengthen their motivation to change behaviors, including substance use–related behaviors.[295] MI is also a philosophy of care that focuses on compassion and respect for individuals' independence. (A link to more on this approach can be found in the "Resource Alert: Using the MI Philosophy of Care.") Using MI as a treatment approach takes additional study and training beyond the scope of this TIP. However, many peer specialist training programs include information on MI, and understanding how to use the MI philosophy can help peer specialists develop **a person-centered, team-based, empathetic approach and communication style.**[296] Using the MI philosophy as a peer specialist means expressing or showing:[297]

- **Partnership**—Working with individuals as teammates rather than telling them what to do
- **Acceptance**—Respecting the worth and independence of individuals through affirmations and empathetic listening
- **Compassion**—Valuing the well-being of individuals
- **Evocation**—Asking individuals about their thoughts and ideas

Using an MI philosophy shows individuals in or seeking recovery that peer specialists:

- Know when to speak, when to listen, and when to ask questions.
- Genuinely care about them and listen to them.
- Understand ambivalence and resistance.
- Are truly accepting and respectful.
- Offer encouragement and hope.
- Want to understand their experiences and feelings.

RESOURCE ALERT: USING THE MI PHILOSOPHY OF CARE

The University of Missouri's Alcohol and Drug Education for Prevention and Treatment's presentation "Motivational Interviewing Philosophy and Principles" (https://adept.missouri.edu/wp-content/uploads/2017/06/Module-One-Motivational-Interviewing-Philosophy-and-Principles.pdf) discusses MI and differences between MI as a counseling technique and MI as a philosophy of care.

OARS: THE KEY TO EFFECTIVE COMMUNICATION IN MI

MI communication techniques can help peer specialists better connect with an individual in recovery. To accomplish this, peer specialists need to develop certain communication skills. They can remember these skills using the acronym OARS,[298] which stands for open-ended questions, affirmations, reflective listening, and summarization.

- **Open-ended questions.** Peer specialists should use open-ended questions to invite the person to tell their story instead of closed questions, which just ask for basic information. Open-ended questions invite the person to offer a more detailed response than just "yes" or "no." Asking open-ended questions helps the peer specialist understand the individual's point of view. (More information about open-ended and closed questions is included in the section "Ask Questions Skillfully.")
- **Affirmations.** Peer specialists should use affirmations to show appreciation and warmth toward the individual in recovery. Affirmations are a way of telling someone, "I see you, what you say matters, and I want to understand what you think and feel."
- **Reflective listening.** Peer specialists should use reflective listening to show that they are paying attention to the person, understand what they are saying, and empathize with them. Reflective listening is important for showing that peer specialists "get" the person's thoughts, feelings, and behaviors.
- **Summarization.** Peer specialists should use summarization to reflect back to the person what they said, focusing on the most important points rather than just repeating statements. Summarization keeps the peer specialist and the individual in recovery on the same page and ensures they have a plan of action in place.

These are not counseling techniques but rather means of communicating and connecting with a person in or seeking recovery in a way that is consistent with the MI philosophy. By using OARS communication skills, a peer specialist can provide person-centered care and increase their chances of successfully engaging the individual in a coaching relationship.

Recovery as an Individual Journey

There are many recovery pathways, and each person will experience this journey differently. Recovery for one person may include abstinence from substance use, whereas another person may focus on reducing their use. For some individuals, recovery may mean abstinence from one substance, but not from all substances. A person's recovery experience may vary by the type of recovery, how recovery is initiated, their recovery identity, relationships supporting recovery, and the stability of recovery, among other factors.[299] Some individuals may not want to embrace a recovery identity. Rather, they embrace any positive change. Understanding that each person builds their own recovery journey is important to meeting them where they are and understanding the challenges they are facing. Most importantly, peer specialists should respect an individual's choices as they navigate this process.[300]

RESOURCE ALERT: UNDERSTANDING DIFFERENT RECOVERY JOURNEYS

The Varieties of Recovery Experience: A Primer for Addiction Treatment Professionals and Recovery Advocates (https://www.chestnut.org/resources/a13cfc89-7920-43bf-b043-af7078aab8c7/2006-The-Varieties-of-Recovery-Experience-1.pdf), a 2006 paper by William White and Ernest Kurtz, provides information about a wide range of aspects related to recovery, such as the scope and depth of recovery, pathways and styles of recovery, initiation of recovery, recovery identities and relationships, and recovery capital.

The Transtheoretical Model of the Stages of Change

The transtheoretical model of the stages of change illustrates how people change health risk behaviors.[301] The stages of change theory is often used as a clinical tool and may be used as part of the treatment services delivered by the peer specialist's agency as well as their work.[302] (The "Stages of Change" box contains more details.) Awareness of the stages of change may help peer specialists understand the mindset of individuals as they move through the recovery process. Remember, an individual in or seeking recovery may be in a different stage of change for different risk behaviors (i.e., in the action stage around their problematic alcohol use but in precontemplation around their drug use). Different stages of change require different responses to support that stage.

STAGES OF CHANGE[303]

- **Precontemplation.** The person doesn't see a problem or need for changing a specific risk behavior like alcohol misuse or substance use.
- **Contemplation.** The person has mixed feelings about changing a behavior and begins to think of reasons for changing the risk behavior.
- **Preparation.** The person wants to change a behavior and starts taking steps toward changing the risk behavior.
- **Action.** The person is actively working on changing a risk behavior.
- **Maintenance.** The person has changed a risk behavior and is working to make that a lasting change.

The Stages of Recovery (https://www.recoveryanswers.org/resource/stages-of-recovery/) contains more information and guidance about how to support individuals in different stages of change.

Recovery as a Process

Although there is no specific timeline for achieving recovery, research indicates that it is a progressive process that leads to improvements in quality of life, self-esteem, and happiness over time.[304] In a nationally representative sample of U.S. adults who identified as being in recovery, measures of happiness and self-esteem appeared to drop during the first few months of recovery; however, this was followed by a gradual increase in these areas beginning 6 to 12 months into recovery.[305] Quality of life, happiness, and self-esteem also improved significantly during the first 6 to 11 years in recovery. The same study found that it takes approximately 15 years of recovery, on average, to reach the same quality of life as the general population.[306] Among those who continue to stay in recovery, recovery capital appeared to increase over time up through 40 years of recovery.[307]

Initiating recovery and maintaining change over time may be a long-term process. Although a counselor may work with an individual mainly at the start of recovery, **peer specialists may also work with that individual throughout the full process of recovery.**

SUPPORTING A PERSON'S INDIVIDUAL RECOVERY JOURNEY

Individuals will also differ in their goals and need for support during their recovery. Some may simply want help finding a job or safe housing. Others can resolve their problematic substance use on their own or don't think of themselves as being "in recovery."[308] Some individuals want to adopt a harm reduction approach. **Peer specialists shouldn't assume that people who want help think of themselves as being in recovery.**

A peer specialist should be aware of their own biases about how change happens and shouldn't assume that their pathway for change works for everyone. Educate individuals in or seeking recovery about what recovery means and how any positive change promotes recovery. This attitude will help them focus on an individual's needs and goals rather than their own needs and goals.

Recovery Capital

Recovery capital refers to the resources that are available to individuals that can help them enter and stay in long-term recovery from substance use–related problems.[309,310] These resources can be internal or external. Internal resources include values, knowledge, skills, abilities, self-efficacy (i.e., individuals' thoughts and beliefs that they are able to achieve a goal or complete a task), and hope. External resources include employment, safe housing; financial resources; access to health care; and social, family, spiritual, cultural, and community supports.[311] Recovery capital can fall into several categories:[312]

- **Personal recovery capital.** This includes "physical recovery capital" such as financial stability; food; access to transportation and safe housing; and physical health as well as "human recovery capital" such as values, knowledge, educational/job skills, problem-solving skills, internal motivation or commitment to recovery, and self-awareness.[313]
  - Financial stability is a key source of physical recovery capital. People with problematic substance use who have financial resources have more access to SUD treatment and services than those who don't.[314]
  - Poverty and lack of economic resources are some of the factors in health disparities (e.g., mental health, physical abilities, stigma, ethnicity) that can make accessing services difficult for people of diverse genders, classes, sexual orientations, gender identities, and ethnic and racial groups.
- **Family/social recovery capital.** This includes intimate relationships, biological family, family of choice, friends, and social relationships at school, work, faith-based institutions, and community organizations that support individuals' recovery efforts. Family and social resources often provide emotional support during life crises and help individuals initiate and sustain recovery.[315]
- **Community recovery capital.** This includes attitudes, policies, and resources available in communities that promote the resolution of recovery from substance use–related problems through diverse pathways.
- **Cultural recovery capital.** This includes the availability of culturally prescribed recovery pathways that help support individuals and their families. Cultural recovery capital also includes the values and beliefs associated with a culture that supports recovery.[316] Obstacles to accessing cultural recovery capital can include religious and language barriers.

Peer specialists can help educate individuals about recovery capital and ways to expand their access to resources that support recovery.[317] Having greater recovery capital is associated with positive outcomes, such as SUD treatment completion, attendance at follow-up appointments, and meeting one's recovery plan goals.[318,319] Talking with individuals about their recovery capital is not only a useful way to explore the many factors that support recovery and the different recovery pathways—it is also at the core of peer work.[320] **Peer specialists should understand the concept of recovery capital and use it in a strengths-based and person-driven approach to providing recovery support. This includes collaborating with individuals to help them identify, access, and practice using their recovery capital. They also can help their local community boost its recovery capital.**

The "Resource Alert: Identifying, Accessing, and Building Recovery Capital" contains more information about how to measure and grow one's recovery capital.

RESOURCE ALERT: IDENTIFYING, ACCESSING, AND BUILDING RECOVERY CAPITAL

- The National Frontier and Rural Telehealth Education Center's "Building Recovery Capital Through Digital Health Technologies" (www.nfartec.org/wp-content/uploads/2018/04/building-recovery-capital-introductory-webinar.mid-america.final_.pdf) presents digital support tools to help individuals in recovery.
- The National Association of Drug Court Professionals offers an E-Learning Center (https://www.nadcp.org/e-learning-center/) that lists current course offerings for treatment court professionals.
- Friends of Recovery–New York's *Recovery Community Organization (RCO) Toolkit* (https://for-ny.org/wp-content/uploads/2017/08/RCO_Toolkit_HIGHRES.pdf) includes a chapter on building recovery capital.
- The *Recovery Capital Scale & Plan* (http://www.brauchtworks.com/assets/docs/Recovery_Capital_Scale__Plan_130611.176185022.pdf) is an assessment tool to help individuals measure their available recovery capital.
- *Development and Validation of a Brief Assessment of Recovery Capital (BARC-10) for Alcohol and Drug Use Disorder* (http://shura.shu.ac.uk/15835/2/Best.pdf) contains a measure to assess the quantity and quality of an individual's recovery capital.
- The Comprehensive Opioid, Stimulant, and Substance Abuse Program's "Peer Support Core Concept: Recovery Capital" (www.cossapresources.org/Content/Documents/Articles/Altarum_Peer_Support_Recovery_Capital_for%20BJA.pdf) includes resources on assessing recovery capital.

Recovery Support: Values

Certain core values and ethical principles of PSS can help peer workers provide effective and ethical services to individuals in or seeking recovery.

Core Values

Values are qualities or ideas that a person, family, culture, or community supports. Principles are guidelines or standards of behavior based on those values. Principles tell us what action might be harmful or helpful in a situation. For example, honesty is a common value of peer workers. An ethical principle based on that value is that peer specialists don't misrepresent their roles or responsibilities to individuals in or seeking recovery or the public.

Values are the basis of all ethical principles. Peer specialist codes of ethics vary based on state laws and the specific settings in which peer specialists are providing PSS. However, peer specialists share many ethical values, including:[321,322,323]

- **Hope.** Peer workers inspire hope by showing through lived experience that recovery is possible for everyone. Hope isn't something peer workers can give to another, but they can lend hope to individuals by being a role model.
- **Authenticity.** Peer workers share their stories of lived experience with individuals in or seeking recovery in a thoughtful way, focusing on how those stories benefit individuals. They should accurately represent their own recovery experience.
- **Honesty.** Peer workers should practice honest, direct, and culturally responsive communication. This includes being honest with themselves and others, and doing so with compassion. Being honest includes admitting mistakes, such as misunderstanding how the individual needed help or failing to follow through on a promise to help an individual with a problem.
- **Cultural responsiveness.** Peer specialists provide culturally responsive services to individuals in or seeking recovery and their families. They should be respectful and genuinely curious about cultural beliefs and practices that are different from their own and seek continuing education to expand their understanding of other cultures. Peer specialists

should remember that differences occur within cultures. One person within a culture does not necessarily think, behave, or have the same beliefs as others in that same culture.

- **Respect.** Peer workers treat individuals with dignity and honor their unique contributions to their communities and the world. They should practice patience, kindness, and warmth with everyone they encounter.
- **Open-mindedness.** Peer workers are open-minded, nonjudgmental, accepting, compassionate, empathetic, and willing to "walk in someone else's shoes."
- **Tolerance.** Peer workers support multiple recovery pathways in their work with individuals in or seeking recovery.
- **Cooperation.** Peer workers engage in relationships that are cooperative (meaning both they and the person in or seeking recovery work together). Instead of being an expert that the person looks to for help, peer workers engage in a mutual exchange. Peer workers should be open to learning from the individual in or seeking recovery, be respectful, and honor the relationship, while recognizing the importance of relationship boundaries.
- **Being clear and open.** Peer specialists use plain language and provide clear and understandable information to people about the peer specialist's role and what to expect when receiving PSS. They also provide information about privacy and confidentiality.
- **Using a person-driven focus.** Peer workers honor and respect that there are multiple recovery pathways. They recognize that program clients have fundamental rights to make decisions about their own lives and give those individuals information about their options. Peer workers should always be clear that clients have the final say and respect their clients' decisions.
- **Maintaining a strengths-based focus.** Peer specialists focus on what is going well—not on what is going wrong. They focus on individuals' strengths, assets, and options instead of their deficits, challenges, and pathology. Peer specialists should use person-first language to demonstrate their understanding that people are not defined by their problems (e.g., saying "person who is between housing" rather than "homeless person," "person with substance use–related problems" rather than "an addict" or "a user"). Peer specialists emphasize to individuals in or seeking recovery how PSS and strengths can be used to address problems related to substance use.
- **Having a holistic recovery and wellness focus.** Peer specialists recognize the physical, mental, emotional, relational, and spiritual aspects of recovery. They recognize that recovery can be a life journey and that wellness is a goal for many people in or seeking recovery. Peer specialists should be aware of and open to both spiritual and nonspiritual pathways.

Ethical Principles in Action

Codes of ethics are important tools that help protect program clients from harm and protect peer specialists by offering guidance on appropriate relationship boundaries and potential conflicts of interest. A peer specialist's vocational role is different from the vocational role of a treatment provider, in part because of factors that may shape their relationships with individuals in or seeking recovery.[324]

For example, **a peer specialist's relationship with an individual in or seeking recovery may last longer than a counselor's or other treatment provider's relationship with that individual,** and their services may be delivered in various settings, where there are many more kinds of relationships with individuals, families, and members of the recovery community. Relationship boundaries exist but may be more flexible as well as more complex in community settings than they are in traditional healthcare or behavioral health settings.

Ethics and behavioral standards are broad topics that cannot be fully addressed here. Peer specialists can become better at their job by learning their vocation's ethical guidelines, the ethical guidelines at their organization or agency, and their state's ethical guidelines. They should do this before problems arise so that they already know the best way to respond to ethical problems and difficult situations. Their supervisor can help them navigate specific ethical concerns they may have when working with an individual in or seeking recovery. Chapter 5 contains more information about peer supervision.

ETHICAL PRINCIPLES OF TELEHEALTH-BASED PSS: IMPACT OF THE COVID-19 PANDEMIC

Peer specialists can benefit from learning about ethics and standards associated with telehealth, which saw increased use during the COVID-19 pandemic. Recent research suggests that peer specialists can successfully help people recovering from substance use–related problems using telehealth approaches,[325] such as working with them over the telephone[326] or over the Internet.[327]

Peer specialists and organizations that employ them must understand the privacy and licensing rules surrounding the use of telehealth-based PSS, because these rules may change as these services grow. Peer specialists and their supervisors should be aware of current—and changing—privacy laws and regulations to ensure they are using telehealth with individuals in or seeking recovery in ways that are ethical and legal.

Because of the COVID-19 pandemic, major changes were made to telehealth-related rules in 2020 to make the delivery of and reimbursement for telehealth easier.[328] For instance:

- The Department of Health and Human Services' Office of Civil Rights indicated that it would not apply penalties for violations of privacy under the Health Insurance Portability and Accountability Act of 1996 (HIPAA) that occurred "in good faith" during the pandemic.[329] This meant that platforms or approaches that HIPAA normally would not allow, such as seeing a client through FaceTime, were allowed.[330]
- Some states loosened their licensure requirements that let providers practice telehealth in other states;[331] this is a changing situation that warrants monitoring by peers and their supervisors to ensure delivery of telehealth-based PSS in ways that align with their states' licensure laws.

Chapter 6 and the resources listed below in "Resource Alert: Ethical Guidelines for Peer Specialists" contain discussions of ethical behavior by peer specialists.

Peer Specialist Boundaries

Peer specialist codes of ethics should flow from the needs of individuals in or seeking recovery and the values of local communities of recovery.[332] Depending on state laws, their work setting, and funding source requirements, peer specialists may have to follow certain guidelines that sometimes challenge their core values. For example, a peer specialist employed by and supporting an opioid treatment program is working with an individual in recovery. The program has rigid rules about engaging in any other drug use while receiving medication. The individual explains to the peer specialist that they drink one beer along with using a little cannabis daily to assist with falling asleep, but the dose is small enough that it has not shown up on biometric tests. The peer specialist does not see this as a breach of the treatment program rules based on the negative biometric tests and struggles to determine if it is

RESOURCE ALERT: ETHICAL GUIDELINES FOR PEER SPECIALISTS

- *Ethical Guidelines for the Delivery of Peer-based Recovery Support Services* (https://www.chestnut.org/resources/d9726fc1-dd23-49d7-bd8c-7cd204988e7e/2007EthicsofPeer-basedServices.pdf) provides an indepth look at ethical guidelines and decision making for peer specialists. It provides scenarios demonstrating commonly encountered ethical dilemmas.
- *The Vermont Certified Recovery Coach Academy Curriculum Overview* (https://recoveryvermont.org/wp-content/uploads/2020/12/VRCA-Curriculum-Overview-2021.pdf) can be downloaded for free and provides information on ethics, conduct, and standards. Page 9 describes a module on Recovery Coaching Ethics and Boundaries.

acceptable to keep the information between the individual in recovery and themselves. However, they ultimately decide that the best and most helpful plan is to talk with the program clinical director and together determine next best steps that help the program client fully engage in the program while still feeling supported by the treatment and recovery team.

When a peer specialist faces challenges to their core values, their supervisor or program manager can help. This may include engaging in an ethical decision-making process where the peer specialist looks at all the people who might be affected by their actions and determining whether these actions might harm one or more of them.[333] (The "Ethical Decision Making" section contains more information.)

Maintaining good relationships between service providers and service recipients is one of the most challenging aspects of ethical decision making. If the peer specialist's program or organization doesn't have specific ethical guidelines, they should talk to their supervisor about how they can be developed and how ethical problems can be discussed and addressed. Exhibit 3.2 provides an example of guidelines for peer specialist boundaries. **These guidelines may not apply in some work settings.**

Ethical Decision Making

Although a list of do's and don'ts may be helpful as general guidelines, they never cover every situation where a problem might arise. There isn't always a clear "right" answer to a potential ethical concern. An ethical decision-making process can help a peer specialist find the "best" (not the "right") course of action in any ethical dilemma. Exhibit 3.3 lists a series of questions that can guide the decision-making process. **Peer specialists shouldn't make ethical decisions alone, especially when there is a strong risk of harm to others. Instead, they should first talk with their supervisor or even another peer worker before taking action.**

EXHIBIT 3.2. Peer Boundaries

Peer specialists should:

- Keep a professional and respectful attitude toward the people with whom they work, regardless of any previous relationship.
- Respect the confidentiality of the information received from the people seeking services. Be aware of differences in standards that may exist between clinical and nonclinical settings. When receiving information from an individual in recovery that affects treatment or the recovery plan, a peer specialist should make sure they document these communications and any actions that have taken place. They should ensure that team members who are directly involved in the person's care can access this documentation.
- Remember to follow federal privacy rules.
- Recognize limits, including asking for help before they get overwhelmed with people's problems or are faced with difficult situations (e.g., the person gives them a gift, the person asks for medical advice).
- Report a breach of confidential information to supervisors, the program director, or compliance officer. They also should report to these individuals any concerns about workplace harassment.
- Report concerns about individuals' emotional or mental problems to their supervisor.
- Report cases where someone is being hurt (for example, child abuse, spousal abuse, elder abuse, potential suicide, or homicide). Peer specialists must report such events right away to their supervisor, the program director, or the compliance officer. They should be sure to give individuals afterhours crisis phone numbers at first contact.
- Report any incident where money or financial assistance has been offered to an individual in recovery or has been offered by an individual in recovery.

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- Understand that once they report a situation in certain settings, the peer specialist may not receive follow-up information. In some situations, this is considered confidential information. Peer specialists should continue to be understanding with the person but shouldn't ask them for more details on what happened unless they would like additional support regarding the matter.

Peer specialists shouldn't:

- Discuss the individuals with whom they work with their family or friends.
- Share personal contact information with individuals to whom the peer specialist is providing services, such as their personal cell number or personal email address.
- Provide financial assistance or advice to an individual in recovery.
- Try to solve individuals' problems; they are adults and have responsibility for their own lives. They instead should refer the person to a counselor or therapist.
- Form a romantic or sexual relationship with a person in or seeking recovery. Peer specialists have influence over the individual in recovery, which makes romantic and sexual relationships inappropriate.
- Physically touch people without permission. Some people are not comfortable with even friendly forms of touching, like a hug or pat on the back. Also, unwanted physical touching can be upsetting or retraumatizing to people with a history of abuse or other trauma.
- Say things that are sexual in nature, even jokes or casual comments. This is unprofessional. Also, such comments are deeply uncomfortable to many people and are a form of sexual harassment. Furthermore, what the peer specialist may find funny might feel aggressive or uncomfortable to someone else.

Source: Adapted with permission.[334]

EXHIBIT 3.3. An Example Peer Worker Ethical Decision-Making Process

Who has the potential to be harmed in this situation, and how great is the risk for harm? (Describe the situation in two to three sentences. Reflect on the vulnerability of the parties listed and select level of risk: 1 = minimum; 2 = moderate; 3 = significant.)

The Vulnerable Party	Level of Risk		
Individual in recovery	1	2	3
Family members	1	2	3
Peer worker	1	2	3
Treatment or service organization	1	2	3
Recovery community	1	2	3
PSS profession or workforce	1	2	3
Community at large	1	2	3
Other: _____	1	2	3

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Which of these PSS values apply to this situation? (Check each value that applies to this situation.)

___Hope
___Authenticity
___Honesty
___Cultural Responsiveness
___Respect
___Open-Mindedness
___Cooperation
___Transparency
___Advocacy
___Education and Empowerment
___Person-Driven Focus
___Strengths-Based Focus
___Holistic Recovery and Wellness Focus

Write down actions you could take in this situation that do and don't match with the selected PSS values.

PSS Value	Actions That Match the Value	Actions That Don't Match the Value
1.		
2.		
3.		
4.		
5.		

Which laws, program policies, or ethical standards apply to this situation?

What is the best course of action (based on level of risk, values, laws, policies, and ethical standards)?

Source: Adapted from White.[335]

Respecting Professional Boundaries

Knowing the limits of the peer specialist role is a key ethical principle. A peer specialist is not a counselor, medical provider, mutual-help sponsor, or cleric. Peer specialists serve as resource navigators and recovery guides.[336] (Chapter 2 discusses peer specialist roles in greater detail.) Peer specialists should understand their professional boundaries, knowing when they are outside those boundaries, and returning at once to their "lane." A peer specialist who also holds licensure as a clinician cannot serve in both roles. Clinical and nonclinical roles should always remain separate to avoid ethical conflicts. Peer specialists should work closely with their administrator and supervisor to ensure that their role is clearly defined. Exhibit 3.4 lists some signs that a peer specialist may be crossing their role boundaries.

EXHIBIT 3.4. Recognizing When a Peer Specialist Is Out of Their Lane[337,338]

Roles Other Than Peer Specialist	Signs That a Peer Specialist Is Crossing Over Into This Role
Mutual-Help Sponsor	• Performing mutual-help group service work as a peer specialist • Guiding a person through the steps or principles of a recovery program • Acting as both a sponsor and a peer specialist to a person in recovery
Counselor	• Diagnosing problems instead of supporting recovery goals • Taking the position of an "expert" in conversations with a person in recovery (e.g., offering unsolicited advice, interpreting a recoveree's motives) • Using clinical language
Medical Provider	• Suggesting or expressing disagreement with medical or psychiatric diagnoses given by a qualified healthcare provider • Offering medical advice or promoting specific kinds of medical treatment • Making either positive or negative judgments about prescribed medication • Using clinical language
Religious or Spiritual Guide	• Promoting a religion, church, or spiritual path • Interpreting religious doctrine or spiritual belief systems • Engaging in religious or spiritual rituals or practices (e.g., offering absolution, conducting a religious or spiritual ceremony)

Using Supervision: Knowing When and How To Ask for Help

Seeking out and continuing to receive regular supervision are standards in most codes of ethics. One of the most important ways peer specialists can avoid ethical conflicts is to have regular conversations with their supervisors or participate in a peer supervision group. Peer specialists should think about their supervision meeting not only as a time to discuss specific situations with individuals in or seeking recovery but also as a time to develop their peer specialist skills and career. Professional development includes participating in ongoing continuing education and training. Peer specialists should talk with their supervisor about the kinds of training that might be helpful to them and how their organization can support their participation in these activities. It is also a time for them to talk with their supervisor about professional advancement at their organization. Peer specialists should think of their supervisor as someone who can mentor

them about career development, and they should meet with their supervisor regularly to talk about this. (Chapter 5 includes further discussion of peer supervision.)

Other activities peer specialists should talk to their supervisor about include:

- Their workload and its impact on their self-care and work–life balance.
- Specific concerns they have about individuals with whom they're working.
- Next steps for the individuals with whom they're working.
- Issues related to cultural responsiveness.
- Situations in which they experience reactivation of their own trauma or secondary trauma.
- Administrative tasks, such as timecards, documentation, and managing work schedules.
- Time management.
- Role drift and strain.
- Professional goals, strengths, and growth areas.
- Unethical behavior that they observe.
- Concerns about the organization for which they work.
- Coordinating and communicating with colleagues, team members, and staff at other organizations.

These tasks are important pieces of professional development, and their supervisor can help them develop these skills.

Peer specialists can talk with their supervisor about are how they're doing in their role as a peer specialist, resources they have in place to support their own health and wellness, and any suggestions they have for how to help ensure that the workplace culture supports the health and wellness of all staff. For instance, it isn't the peer specialist's job to solve a person's problems, provide mental illness treatment, or answer medical questions. The peer specialist's supervisor can be a valuable resource to help them understand their role and give them feedback when they have questions about relationships with individuals in or seeking recovery and treatment or service providers.

In addition to participating in regular meetings, peer specialists may want to contact their supervisor when:

- They receive information about a person's condition or are concerned that they're not trained to address a situation (e.g., sexual assault, mental illness, past trauma, criminal behavior).
- They think there is an issue of child or elder abuse or a concern about a person self-harming or hurting someone else.
- They start to feel overwhelmed and are concerned that their own recovery is at risk. Their supervisor can help connect them to resources, such as an employee assistance program.
- They start to have romantic or sexual feelings for the individual in or seeking recovery. It is common to have some feelings (positive or negative) about the people with whom a peer specialist works. In these cases, a peer specialist should seek their supervisor's guidance early and as needed.
- They have feelings of anxiety, anger, or helplessness if the recoveree they're helping is in crisis or has returned to problematic alcohol or substance use.
- The person has questions that the peer specialist can't answer on the spot (or at all). Peer specialists should remember that it's okay to say, "I don't know, but I will talk to someone and get back to you." Peer specialists should follow up with the person as promised.

Peer specialists should work with their supervisor to develop a trusting relationship where they can receive the support they need to do their job effectively. They should advocate for themselves when needed.

Engaging in Self-Care and Recovery Maintenance

Participating in self-care is an ethical principle based on the value of holistic recovery and wellness. **Peer specialists should remember that their own recovery comes first.** They can't be helpful to another individual in or seeking recovery if they're not taking care of their own recovery. Working in SUD treatment isn't a substitute for one's personal recovery.

> "Peer support providers, like other caregivers, need to be aware of stressors commonly associated with the work of a helping role and to take steps to maintain their own wellness in the face of frequently encountered stressors associated with their work."[339]

Like all team members, it can be easy for peer specialists to work long hours or ignore their own basic needs, like getting enough sleep or eating well, when the demands of their job take over—especially when they're working with individuals who have co-occurring conditions or have experienced trauma. In addition to their individual job-related demands, a peer specialist's organizational culture may contribute to their job-related stress.

Some common individual- and organizational-level stressors that peer specialists may face and that may affect their well-being include:[340,341]

- Working with coworkers who don't understand their role and value, and therefore do not include them in or make them feel part of the recovery team.
- Feeling stigma about their role as someone with lived experience with problematic substance use and recovery.
- Being mistreated by coworkers or supervisors, including experiencing discrimination and microaggressions (i.e., subtle, often unintentional statements or actions of prejudice against a person or group).
- Being unclear about their role, which can lead to role confusion, role drift, and role strain. (More on role clarity can be found in Chapter 2.)
- Not having support and training opportunities to improve their skills as a peer specialist.
- Receiving low pay or no pay at all (i.e., working as a volunteer).
- Having supervision that doesn't meet their needs or is too infrequent (or even nonexistent).
- Finding it hard to incorporate their services into their organization's treatment models or teams.
- Not knowing how to stay within ethical boundaries with individuals in or seeking recovery, especially because they must play a dual role of being both a service provider and a confidant to them.
- Worrying about their own recovery and emotional and physical health.
- Experiencing compassion fatigue (i.e., the physical and emotional stress from caring for another, such as someone with an illness or someone with trauma) or burnout.
- Being reminded of their own struggles with substance use–related problems and trauma, including feeling and having to manage "triggers" and re-traumatization.
- Having difficulty finding their own space with individuals in and seeking recovery with whom they interact at work and who are also present in their personal mutual-help groups.
- Working with individuals who are difficult or with those whose problematic substance use is more severe than what they experienced and are familiar with.

Exhibit 3.5 offers self-care tips and activities peer specialists might want to participate in. The paper "State of the New Recovery Advocacy Movement" contains further discussion about peer worker "rituals" for self-care (https://www.chestnut.org/resources/5cd82f5d-f9cb-4e50-8391-7eadb9700e34/2013-State-of-the-New-Recovery-Advocacy-Movement.pdf).

EXHIBIT 3.5. Self-Care Tips for Peer Workers

Take a few minutes to think about the following self-care and recovery tips. Rate each tip on a scale of 1 to 10—1 being not important and 10 being extremely important—as a method that does or might work. Peer specialists should note any changes that might make the self-care tip more helpful.

Self-Care Domain	Self-Care Tips	Rating (1–10)	Desired Change
Physical Behavioral	Show up at work and leave work on time		
	Get 7–8 hours of sleep		
	Eat healthy, regular meals		
	Exercise regularly		
	Get medical care when needed		
	Take time off from work when sick		
	Take vacations		
	Take breaks at work		
	Go to mutual-help groups		
	Maintain regular contact with a sponsor, support group mentor, or peer worker		
	Other:		
Mental Cognitive	Try not to think about work after hours		
	Participate in regular meetings with supervisors		
	Go to professional training events		
	Make time for self-reflection		
	Read for pleasure		
	Use cognitive tools (e.g., Alcoholics Anonymous® slogans) to develop a more positive mindset		
	Set aside quiet time to complete important tasks		
	Other:		

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Self-Care Domain	Self-Care Tips	Rating (1–10)	Desired Change
Emotional Social	Balance work, social time, and rest		
	Stay in contact with important people		
	Spend time with friends and family		
	Set and keep healthy boundaries with others		
	Seek emotional support from coworkers, friends, and mutual-help group members		
	Seek out laughter		
	Be willing to cry		
	Other:		
Spiritual (if relevant to the peer worker)	Make time for reflection, taking a broader perspective on life		
	Connect with a spiritual teacher or friend		
	Find and participate in a spiritual community or fellowship		
	Work a spiritual recovery program, such as 12 Steps or other mutual-help programs		
	Be open to inspiration and hope		
	Reflect on what is meaningful in life		
	Pray or participate in contemplative practices		
	Meditate or practice mindfulness		
	Sing, dance, or listen to music		
	Participate in important causes		
	Other:		

Source: Adapted with permission from Russo & Sweeney[342] and Saakvitne & Pearlman.[343]

Recovery Support: Skills and Abilities

This section looks at the specific skills peer specialists need to support individuals in or seeking recovery.

Building Successful Relationships

Being present is a key part of building a successful relationship with an individual in or seeking recovery. Peer workers should both listen to and have empathy for the person in or seeking recovery. It means being aware of, acknowledging, and managing biases as a peer specialist. Peer workers may not need to do more than sit with the person and listen to them without judgment. Peer workers will know that they're present in their conversation with an individual in or seeking recovery when:

- Their attention is open and focused on the person's concerns.
- They quickly bring their attention back to the person if their mind wanders.
- They're genuinely curious about the person's concerns and maintain a nonjudgmental attitude.
- They're **listening fully,** meaning they're listening for feeling and meaning, not just listening to the actual words a person says. They should watch for nonverbal clues like open arms, slumped shoulders, or eye contact. They should also listen for the problem and for possible solutions.

Maintaining a Person-Centered Focus With the Individual In or Seeking Recovery

To build a relationship with an individual in or seeking recovery, peer specialists should keep their attention on that person instead of on their own ideas or on another service provider's ideas about what is good for the person. **The individual in or seeking recovery should be at the center of the conversation.** (At times, the person might want to shift the conversation, because talking about oneself can be hard or uncomfortable.) The box "A Peer Specialist Story: The Art of Connecting" shows an example of this.

THE FIRST MEETING

A peer worker's first meeting with an individual in recovery is an important opportunity to create a successful relationship. It is a chance to describe their role. It is also a chance to find out the individual's thoughts about working with a peer worker and to answer questions. Peer workers should be friendly and let the person in or seeking recovery know that they're looking forward to working with them. Here are some questions peer workers can ask at that first meeting:[344]

- "What brought you here today?"
- "What is it like for you to be here?" (e.g., confused, nervous, angry, hopeful)
- "What do you know about peer recovery support services? What kinds of questions do you have that I can answer now? Feel free to ask questions as we go along."
- "What opinions or needs do you have that would be helpful for me to know about?"
- "What does recovery look like for you?"
- "How can I help you with your recovery today?"

A PEER SPECIALIST STORY: THE ART OF CONNECTING

Michael is a young Latino ED peer specialist who has been in recovery for 2 years. He is assigned to the ED of a community hospital to provide outreach and linkages to services for people coming to the ED for medical emergencies. As Michael walks into the treatment bay, he sees a medical provider with a middle-aged woman. He hears the medical provider speaking harshly to the woman.

Medical provider: "Mary, what makes you think this is going to be any different this time? You've been here three times in the last 6 months. You're intoxicated again. Your drinking is killing you, but you're not following my treatment plan."

Mary's face turns red. She looks down and plays with the strings on her hooded jacket. She says, "I'm sorry, but the medication you prescribed doesn't work. It's hard for me to remember to take it every day, and it's not helping with my cravings."

Medical provider: "It would work if you just followed the directions I gave you."

Michael sees that Mary and the medical provider are not getting anywhere. He sees that the medical provider is focused on his own beliefs about what is good for Mary and that Mary is feeling ashamed. Michael remembers a time when he was intoxicated and his wife shamed him in front of his friends. Michael quickly brings his attention back to the present. He respectfully speaks to the medical provider.

Michael: "Excuse me, Dr. Lasker. Do you mind if I talk with Mary for a few minutes?"

Medical provider: "I don't know what good it will do, but go ahead." The medical provider grabs Mary's chart and walks out of the bay.

Michael carefully approaches Mary and asks her if it is all right for him to sit down; she agrees. Michael sits down next to her to facilitate a collaborative atmosphere. He says, "It seems you and your doctor disagree about your treatment plan." Mary begins to cry, putting her face in her hands. Michael just sits with her for a few minutes. When Mary looks up, he asks, "Mary, how can I help you with your recovery today?"

Mary's face brightens. She sits up and begins to tell Michael what she needs right now. "I know I need detox. I've been a few times. I like this one place. Can you help me get in?"

Michael tells Mary that he will definitely try to get her into the withdrawal management ("detox") program and that he is there to try to get her connected to whatever help she needs and wants right now. They spend several minutes talking, and Michael later makes several phone calls to try to arrange for Mary to enter the withdrawal management program. Michael documents the details of his interaction with Mary so that the ED team is aware of the plan following discharge.

Key Points

- So often, medical providers encounter people with substance use–related problems who continue to seek out services that aren't working for them. Providers can easily become negative in their thinking and believe that there isn't anything they can do to help. That's why it is important to have a peer specialist on the team. In this story, Michael brought Mary a perspective of hope.
- Instead of speaking directly to the medical provider or getting caught up in trying to change the medical provider's mind, Michael kept his attention on Mary.
- Michael talked with Mary directly. He showed respect for her and kept her at the center of the conversation about what she needed at that moment.
- Michael was able to respond immediately to Mary's request for services because of his connections with local SUD treatment services.
- He was an effective support and resource for Mary to start her recovery because of his own lived experience, his willingness to let her make treatment decisions, and his skill in connecting with her.

Cultivating Genuine Curiosity

Genuine curiosity is an important part of person-centered helping. If a peer specialist is curious about the individual in or seeking recovery, they're not thinking about their own ideas or how to direct the conversation. They're thinking, "What's this person's story?" When an individual feels like the peer specialist is truly interested in their story, they naturally become more open and less defensive. The box "A Peer Specialist Story: Being Curious" describes how to show genuine curiosity.

One of the most effective ways for a peer specialist to build a sense of curiosity is to practice mindfulness in their own self-care routine. Mindfulness includes:[345]

- Nonjudgmental awareness.
- Paying attention to the present.
- Staying aware of experiences as they unfold.
- Keeping an open, accepting attitude.

A PEER SPECIALIST STORY: BEING CURIOUS

Jack is a 48-year-old peer specialist in long-term recovery. He gets a call from an upset parent whose son, Jonah, has locked himself in the bathroom with some butane hash oil and a water pipe. Jonah is 20 years old and lives at home with his mother and a younger brother. Jonah has been "dabbing" (inhaling concentrated tetrahydrocannabinol in hash oil) for about a year. His mother is worried because Jonah stopped going to work and got fired. He was working at a garage and studying to get his auto mechanic certification.

Jack arrives at the house and tries talking with Jonah through the door. Jonah refuses to talk about his drug use. Jack asks, "What would you like to talk about?" Jonah says that he is really interested in cars. Jack is open to hearing Jonah talk about his passion instead of trying to move the conversation back to his drug use or why he has locked himself in the bathroom. Jack knows a bit about cars because he is curious about the interests of many of the people he works with. He listens and stays open to whatever Jonah wants to talk about.

Jack asks a few questions on a topic that genuinely interests Jonah: "What kinds of cars do you like?" "How did you get so interested in cars?" "How does your interest in cars show up in your life now?" Eventually, Jonah tells Jack that he lost his job and that a close friend just got seriously hurt when he blew up his kitchen making butane hash oil. Jonah then unlocks the door. Jack invites him to sit on the couch, and they talk for a few more minutes. Jonah agrees to meet with Jack again to figure out what he wants to do about the dabbing and about getting his mechanic certification.

Key Points

- Being open to and curious about what the individual in recovery wants to talk about was key to Jack's ability to connect with Jonah in a stressful situation.
- Although Jack knew a little about cars, he also needed to show genuine curiosity about Jonah's interest in cars—otherwise the conversation might have stalled.
- Jack's curiosity and ability to connect with Jonah helped create a positive relationship and is now the basis for their relationship moving forward.

"Mindfulness is versatile and can be applied to all states and activities. We can do any number of regular daily activities mindfully: showering, brushing teeth, walking, and eating. What is important is the intent, the focused attention in the present moment, and the attitude."[346]

RESOURCE ALERT: LEARNING MINDFULNESS

The University of California, Los Angeles' Mindful Awareness Research Center website (www.uclahealth.org/marc) offers online classes and no-cost, guided mindfulness practices and podcasts. It also provides links to other mindfulness resources.

Asking Questions Skillfully

Learning to ask questions skillfully, an MI technique, first means knowing the difference between closed questions and open-ended questions. **Closed questions ask for short answers or "yes" or "no" responses.[347] They ask for specific information.** People seeking services can sometimes feel like they are being interviewed if they are asked a lot of closed questions. "Why" questions often feel like complaints or judgments. For example, when an individual in recovery returns to problematic alcohol use, asking, "Why did you start drinking again?" can feel like the peer specialist is judging them even though that is not their intent. Instead, the peer specialist could ask, "How long were you in recovery?" "What was helping you not to drink?" or "What changed?" Questions that start with "how" or "what" feel less judgmental and more open.

Closed questions can make people feel like they are supposed to have the right answer or any answer at all. For example, "How are you feeling?" often leads to a one-word answer or an "I don't know" response. This question is very hard for individuals to answer in early recovery when they may be feeling alone or confused. Peer specialists don't need to avoid closed questions all the time. Sometimes they need to use closed questions to get specific information to provide services or review progress, such as "When was the last time you drank?" If a peer specialist needs to ask closed questions, they should try not to ask two or three in a row.

Open-ended questions invite people to tell a story. These questions help individuals in or seeking recovery feel like what they have to say is important. ("A Peer Specialist Story: Asking Questions Skillfully" provides a clear example of skillful questioning.) Another kind of open-ended question that invites storytelling is a "Tell me about …" statement. For example, instead of asking the person, "When was the last time you drank?" peers might say "Tell me about the last time you drank."

Learning how to ask open-ended questions is an important part of asking questions skillfully. Skillful questioning techniques include:

- Asking "how" or "what" questions from a place of true curiosity.
- Avoiding the question "How are you feeling?" which usually leads to a one-word answer or an "I don't know" response.
- Avoiding "who," "when," or "why" questions unless there is a need for specific information.
- Using "Tell me about …" or "Tell me more about …" to elicit a story from the individual in or seeking recovery.
- Avoiding asking several closed questions in a row.
- Being open and nonjudgmental when asking questions.
- Being curious and asking questions that you don't already know or think you know the answer to.
- Remembering to ask questions in ways that help the person tell a story instead of giving a short answer.

MORE EXAMPLES OF SKILLFUL QUESTIONS[348]

- "What's most important to you right now/today?"
- "How would you like things to be different?"
- "What would you say are the biggest challenges you're facing right now?"
- "If there was one thing you could change right now, what would it be?"
- "What are one or two things we could start that would help you today or this week?"

A PEER SPECIALIST STORY: ASKING QUESTIONS SKILLFULLY

Joe has been hospitalized for acute alcohol-related pancreatitis. Joe is 70 years old and has been drinking since his early 20s. His doctor has recommended that Joe stop drinking completely and asks the nurse care manager to talk with Joe about a postdischarge plan. The nurse care manager asks Joe if he would be willing to see a peer specialist to help him stay sober after he returns home. Joe responds, "Yeah, I guess so."

The nurse care manager then introduces Joe to Helen. Helen is an older adult peer specialist who does outreach at the community hospital. Helen starts the conversation by telling Joe what her role is and then asks him a few questions to gather information. She asks, "How long have you been drinking? Have you ever tried to stop before? Have you ever been to any AA meetings?" Joe gets defensive and says, "Look, I want nothing to do with AA. They made me go when I got arrested for drunk driving. I really don't like all that talk about God."

Helen quickly realizes that her questions have made Joe feel defensive. She takes a deep breath and tries a different way of asking questions. "Okay, Joe. I hear that AA isn't an option for you. That's okay. There are many ways to get into recovery. Let's start again, if that's okay with you."

Joe relaxes a bit. His shoulders drop, and he uncrosses his arms. "Yeah, okay."

Helen then asks him, "What does recovery look like for you?"

Joe tells Helen that he has been drinking for almost 50 years and that it is going to be hard to give it up. But then he says, "You know, I have always wanted to take my family on a trip to Alaska, but my drinking always got in the way. I want to stop drinking so I can go to Alaska."

Helen sets up several meetings with Joe after his discharge from the hospital. They continue to talk about his dream trip, and she offers several options for recovery support other than AA. He decides to try online SMART Recovery® meetings. Joe and Helen work together for 3 months. Eight months after that first meeting at the hospital, Helen gets a postcard from Joe, postmarked from Alaska.

Key Points

- Helen sees that Joe's initial negative reaction to her is because she is using too many closed questions and he feels like he is being judged.
- She tries a different way. She avoids asking him about why he doesn't want to try AA again and instead invites Joe to tell a story about what recovery means to him.
- Once Helen understands Joe's goal for recovery, she offers him options other than AA that might help him achieve his goal.
- She respects his decision and helps him create a recovery plan that works for him.

Listening Empathetically

Empathetic listening is also called active listening or reflective listening. **The most important principle of empathetic listening is, "Listen more, talk less."** Peer specialists can become more empathetic listeners if they practice these listening skills:[349]

- **Paying attention.** Paying attention requires practice and focusing on the person's concerns rather than on the peer specialist's thoughts. When their mind wanders, peer specialists should take a breath and refocus their attention on the individual in or seeking recovery.
- **Looking for nonverbal signs.** Does the person the peer specialist is speaking with seem uncomfortable? Nervous? Impatient? Upset? Peer specialists should look for the individual's nonverbal behaviors and learn about cultural differences in how people express themselves nonverbally. For example, in American culture, eye contact is seen as a positive sign that a person is paying attention. In some cultures, though, it is a sign of disrespect.

- Using reflective listening strategies:[350]
  - **Simple reflections.** Peer specialists should listen to what the person says, then either repeat back or summarize what they heard. This is the simplest form of reflective listening and shows the person that the peer specialist is listening.
  - **Complex reflections.** Peer specialists should listen to the statement, make a guess about either the feeling or meaning of the statement, then share that best guess with the individual in or seeking recovery. Peer specialists should be open to the possibility that they may be wrong, so they may need to ask the person to explain what was meant.
  - **Summarizing and focusing.** When the person has talked about several different issues, the peer specialist should summarize what they heard. They should then ask if it would help to focus on one item and which one to start with.
  - **Reflecting the positive.** It's imperative to listen carefully for the smallest sign of what is going right in the person's life. This includes talk about changing attitudes and behaviors, solutions to problems, ways the person has coped, strengths, abilities, and hopes for the future. Peer specialists shouldn't ignore the problems, but they should spend more time talking about the positive in their reflective listening responses.
- **Allowing silence.** When people are uncomfortable with silence, they tend to talk or ask questions to fill up the space. Peer specialists should practice being silent in their conversations with the individual in or seeking recovery. Silence helps the person self-reflect and lets them tell a story.
- **Avoiding roadblocks to listening.** When someone comes to a peer specialist with a problem, their first reaction might be to try to fix it. Instead of doing that, peer specialists should first listen to the person. Once the individual in or seeking recovery feels fully heard, the peer specialist can move on to brainstorming and trying to find solutions. Common roadblocks to effective communication can include:[351]
  - Ordering or directing.
  - Warning or threatening.
  - Moralizing or preaching.
  - Giving advice or providing solutions.
  - Persuading with logic, arguing, or lecturing.
  - Judging, criticizing, or blaming.
  - Name-calling, ridiculing, or labeling.
  - Analyzing or diagnosing.
  - Diverting, using sarcasm, or withdrawing.
  - Focusing the conversation on the peer specialist rather than the individual in or seeking recovery.

Some of these practices may be okay to use sometimes. For example, praising an individual in or seeking recovery for successfully completing a recovery goal might be helpful. However, if the peer specialist tends to praise or give advice a lot, they may need to start listening again and shift the focus back to the individual in or seeking recovery.

Being Encouraging

One study found that emotional support in the form of empathy and encouragement was the type of peer worker support most mentioned by individuals as being important to their recovery.[352] Peer specialists can be more encouraging by:

- **Supporting people who are identifying their values, strengths, skills, and abilities.** Many people, especially in early recovery, have a hard time knowing what their strengths and abilities are. Helping people discover what is important in their lives and recognize their abilities can give them hope and shift their attention to what is positive instead of what is negative about their life or experience.
- **Showing that they have faith in the individual's capacity for change.** This means knowing that all people can change their attitudes and behavior to have a better life for themselves and their families. Sometimes a simple statement like, "I know this change is hard, but I know you can do this" or "things do get better" can show that the peer specialist has faith in them.

- **Offering affirmations skillfully.** Affirmations are different than praise. When a peer specialist offers an affirmation to people, they remark on a strength or a value that is helping them move forward in recovery. For example, they might say, "You're really committed to getting to meetings. When you set your mind to something, nothing can stop you." Avoid praising with general statements like "Great job."[353]
- **Celebrating the individual's efforts and reaching their goals.** Remember to celebrate the individual's efforts to start and stay in recovery. No success is too small to celebrate. For example, in 12-Step groups, a 24-hour chip/key tag is a way to recognize and celebrate 1 day of not drinking or using drugs.

Sharing Recovery Stories

One of the primary tools peer workers already have is sharing their story with individuals in or seeking recovery. When they share their story strategically, peer workers can inspire hope by letting individuals see the possibilities for a life in recovery that might not have been available before. **Peer workers should be careful to avoid supporting any one idea of what recovery should look like based on their own experience. They shouldn't assume their experience with problematic substance use and recovery will be the same for others.**

Peer workers should recognize when and how to share their personal recovery stories. General guidelines for sharing their story include:

- **Knowing when, where, how, and why to open up.** Peer workers should use their story to create rapport and enhance hope. They should be clear about the specific reason behind sharing their story and why they're sharing it at that time.[354] They should ask themselves, "Does my story:[355]
  - Focus on recovery and not active use?"
  - Relate to and express empathy for the individual's circumstances?"
  - Enhance connection and mutual identification?"
  - Elicit hope and express the value of long-term recovery?"
  - Normalize the individual's experiences in recovery?"
  - Model recovery language?"
  - Benefit the individual in or seeking recovery?"
- **Being brief.** When a peer worker goes on at length, the focus shifts from the individual in or seeking recovery to them.
- **Connecting the peer worker's story to the experience of the individual.** Peer workers should match their story to the person's stage of change and recovery journey. They can highlight parts of their story relevant to the individual at that time in their recovery.
- **Being culturally responsive.** A peer worker's story should demonstrate respect for the diversity of recovery and cultural experiences of the individual. They should be open for the person to respond with a different experience than their own[356] or to not respond at all.
- **Recognizing boundaries around sharing personal information.** Peer workers should recognize that their boundaries may be different when sharing with an individual in or seeking recovery or when sharing their story as part of an educational group or community outreach effort. For instance, there may be personal details that are appropriate for them to share with someone in one-on-one conversations that they would not share with an entire group. Peer workers should share what they feel comfortable sharing. They should remember that sharing their story is intended to inspire hope rather than serve as an opportunity for them to process specific details about their experiences in recovery. Peer workers should ask themselves if they're willing to let others know about:[357]
  - What happened and any feelings about difficult times in their lives, including periods of active problematic substance use.
  - Which attitudes and approaches did not help their recovery.
  - Which plans, supports, and resources helped them in recovery.
  - How their life has changed in recovery.
  - Where they see themselves in the future.

- **Being prepared for follow-up questions.** After sharing their story, the individual in or seeking recovery may ask the peer worker additional questions about their recovery journey.

Again, peer workers should share what they feel comfortable sharing.

Exhibit 3.6 defines the three parts of telling a recovery story.

EXHIBIT 3.6. Three Parts of Storytelling for Peer Workers

THREE PARTS OF A STORY

1 BEGINNING

Establish the context of your story.

- Help listeners understand where you came from, what happened to you, what the dark times felt like, and so on.
- Be brief, but offer enough background about what your life was like before recovery.

2 MIDDLE

Share the action you took in your journey of recovery.

- Describe strategies and supports that were helpful.
- Share what has not been helpful to your recovery journey.
- Explain what you did to initiate and then sustain your recovery.

3 END

Share your accomplishments and hopes for the future.

- Describe what recovery has allowed you to become.
- Share what you now aspire to be.

Source: Reprinted with permission.[358]

THINKING ABOUT STORYTELLING

Sharing Recovery Stories With People In Recovery

Sharing personal stories of recovery can affect both the peer worker and the person in recovery. Peer workers should think about what happens to them when they share their story of experience, strength, and hope with another person. They can ask themselves, "Where does this storytelling experience take me?"

Public Storytelling

As an advocate in the community, peer workers may also be called on to tell their recovery story to groups and organizations as part of teaching them about substance use–related problems, addiction, recovery, and recovery support services. Telling their recovery story can be a way to educate the public, change attitudes, reduce discrimination, and open doors to recovery for others.[359] However, they should be aware of the potential risks to themselves and their family of sharing their personal story.[360] They should ask themselves, "What personal details do I share about my lived experience? What is the potential impact on me, my family, and the audience? What do I need to do if I feel overexposed or triggered by telling my story?" Peer workers should make sure they have a recovery plan in place before participating in public storytelling.

Building Safety

Physical and emotional safety are necessary for successful recovery. Within the appropriate limits of their role, peer specialists can support individuals' physical, mental, and emotional safety.[361] Ways to do this include:

- **Maintaining a trauma-informed focus.** Peer workers need to recognize that people with substance use–related problems have often experienced trauma. Peer workers should be kind and avoid confrontation and other actions that might remind program clients of previous traumatic events.
- **Focusing on their basic needs first.** Peer workers should help individuals in or seeking recovery take care of basic needs such as food and safe housing. When a peer specialist meets with people, they should be offered food and water, if possible. And they should be met in safe locations in the community.
- **Recognizing that risk behaviors (e.g., self-harm, problematic substance use) are often a way of coping.** Peer specialists should try to be open instead of judgmental and listen genuinely and with care and concern. They should be respectful and help program clients discover other ways to reduce stress that have worked for them in the past or introduce them to new ways to reduce stress.
- **Knowing and discussing with supervisors the signs of and risk factors for being in crisis.** If a peer specialist notices that individuals in or seeking recovery are acting differently or appear to be stressed, they should tell their supervisor what they're observing. They shouldn't be afraid to ask people direct questions about thoughts and plans to harm themselves or others. Peer specialists should be aware that individuals in or seeking recovery may have experienced institutional trauma (i.e., trauma resulting from action or inaction by an institution that the individual depended on and trusted), which can be made worse when crisis support is used incorrectly. They should help individuals create a "crisis card" with names of and contact information for support people who can be contacted in an emergency. **Peer specialists should know how to link individuals in or seeking recovery to crisis or mental health resources in their community.** This may include providing them with information about the 988 Suicide & Crisis Lifeline. Also, peer specialists should learn the situations in which they may need to call 911.
- **Focusing on the question "How can I help you feel safe today?"** Peer specialists should keep their attention on the present. That also helps people stay focused on the here and now. **Peer workers shouldn't drift out of their lane.** They should help individuals in or seeking recovery find ways to feel safe in the moment, and they should avoid talking about the past or future.

"A Peer Specialist Story: Building Safety" discusses ways that peer workers can stay focused on safety.

A PEER SPECIALIST STORY: BUILDING SAFETY

Marnie is 19 years old. She was kicked out of her house when she was 17. She has been "couch surfing" with friends and sometimes stays with her cousin. Marnie has been drinking and using drugs since age 13. She has also been cutting herself as a way to "self-soothe" when she feels anxious. She is tired of not having her own place to live and being "drugged up" all the time. She is seeing a therapist at the mental health center and has started to go to a recovery support group at the RCC. She finds out that she can talk to a peer specialist at the center and meets up with Laura after a group meeting.

Laura and Marnie meet at the RCC in a private room. Laura and other volunteers at the RCC have painted and decorated the room so it is warm and inviting. During their second meeting, Marnie seems anxious. They talk a bit about how Marnie is doing with her recovery task on the plan she made at their first meeting. Marnie has a hard time concentrating. Laura says, "You seem kind of stressed. What else is going on with you today?"

Continued on next page

Continued

Marnie says, "I was up all night, pacing around. I couldn't sleep, and I started cutting myself again."

Laura offers Marnie a bottle of water. She tells Marnie that she is concerned about her safety and asks, "How can we help you stay safe?"

Marnie tells Laura that she is working with a therapist, and they had worked out a safety plan for her when she gets into a "bad space." Marnie tells Laura about the plan.

Laura listens carefully and calmly, without judgment. She then asks Marnie when she saw her therapist last. Marnie tells her it has been a month. Laura then says, "It seems like you and your therapist have worked out a good plan to help you be safe. You haven't gotten much sleep and are feeling stressed. What do you think would help you get back on track right now?"

Marnie says, "I think I should go see my therapist."

Laura supports her decision. She hands Marnie the phone to call the mental health center. Marnie makes an appointment for that day. Laura helps Marnie find a ride to the appointment and sets up another meeting with her to keep working on her recovery plan.

Key Points

- Because of her trauma-informed awareness, Laura recognizes that Marnie's cutting may be a coping tool. She doesn't judge Marnie but understands that, unless the cutting behavior is addressed, it could prevent Marnie from recovering from her problematic substance use.
- Laura also knows that it is "outside of her lane" to work with Marnie directly on her safety plan but stays nonjudgmental, listens empathetically, and asks skillful questions, which result in linking Marnie to the therapist who has been helping Marnie with her mental health concerns.
- Laura followed the guideline of "Connect, don't correct." She not only connected with Marnie by creating a sense of safety in their relationship but also connected Marnie to her therapist—another safe and trustworthy support person.

Developing a Recovery and Wellness Plan

A recovery plan is different from a treatment plan. **A recovery plan is largely created by the individual in or seeking recovery.** The person in or seeking recovery claims ownership of the plan. A treatment plan is a clinical document that is primarily focused on addressing issues associated with a person's diagnosis. However, it may also address other life issues. The treatment program claims ownership of the plan. This is an important distinction. If a recovery plan becomes part of the person's medical record, the recovery plan is still the individual in or seeking recovery's plan. Ideally, the treatment plan and the recovery plan should reinforce one another, with each plan supporting the individual's recovery goals. **A peer specialist's job is to support the person as they develop and take ownership of their recovery plan.** Encouraging the individual to take ownership of their plan demonstrates the peer specialist's respect for their autonomy and self-determination.

> "Recovery and wellness plans integrate all of the information that people have shared during the assessment about their lives, their strengths, and their challenges into a document that helps to guide the focus of the collaboration between peer workers and the people that they serve."[362]

Peer workers should remember that individuals in or seeking recovery are the experts in their own lives, and the peer specialist is there to help them set recovery and wellness goals,[363] address ambivalence, remove barriers to those goals, focus

on tasks, and provide support so that they can meet their specific recovery and wellness goals. A recovery plan helps peer specialists and the individual stay focused and on task. **It is a "living document"[364] that should be revised often by the individual in or seeking recovery, as goals are met and new ones are created. The recovery plan is a roadmap for action.[365]**

Based on their roles, providers and peer specialists have different ways of supporting an individual in or seeking recovery. For example, a provider and individual may agree to add "improve quality of life" to a treatment plan, and the peer specialist and individual in recovery may add it to a recovery plan. But the ways to meet that goal may look different on each plan. For example, only the peer specialist may drive or accompany a person in or seeking recovery to a recovery-oriented social activity, not a provider.

Ways to help individuals in or seeking recovery create a personally meaningful recovery and wellness plan include:[366]

- Focusing on the person's most serious needs (e.g., finding a doctor to prescribe buprenorphine for opioid use disorder).
- Exploring meaningful life goals set by the individual in or seeking recovery (e.g., "I want to get a better job," "I want a safe and clean place to live," "I need to stop drinking so I can get my kids back").
- Helping the person set wellness goals and activities that:
  - Support ongoing recovery from substance use–related problems.
  - Improve quality of life.
  - Enhance physical, mental, emotional, relational, and spiritual well-being.
- Working with the individual in or seeking recovery to find specific tasks or steps to take to reach the goal (e.g., call a local sober house and find out how to apply for residency).
- Talking about the person's strengths, resources, and sources of recovery capital as well as possible barriers to achieving a goal or taking a specific action.
- Making sure the steps are realistic and manageable. Peer specialists want to increase the chances that the individual in or seeking recovery will succeed with each step taken to build their confidence and sense of achievement.
- Keeping it simple, focusing on one goal at a time.
- Maintaining flexibility. Goals may change over time.
- Ensuring the person can easily retrieve their recovery plan by helping them store it in a place they access frequently (e.g., on their computer or their mobile device).

The recovery and wellness plan should include the following aspects of wellness, taking into account the individual's circumstances associated with social determinants of health:[367]

- **Emotional.** Coping effectively with life and creating satisfying relationships
- **Environmental.** Living in environments that support overall health and well-being
- **Financial.** Becoming satisfied with current and future financial situations
- **Intellectual.** Recognizing creative abilities and finding ways to build new knowledge and skills
- **Occupational.** Getting personal satisfaction and self-improvement from one's work
- **Physical.** Recognizing the need for physical activity, healthy foods, and sleep
- **Social.** Developing a sense of connection, belonging, and a well-developed support system
- **Spiritual.** Expanding a sense of purpose and meaning in life

Individuals in or seeking recovery may not have any recovery goals in one or more of these areas. Peer workers should stay focused on what individuals in or seeking recovery identify as their most important goals and help them prioritize which goal to work on first. (Sample recovery and wellness plans are included in the chapter appendix.)

A PEER SPECIALIST STORY: HELPING AN INDIVIDUAL IN RECOVERY DEVELOP A RECOVERY PLAN

Tanya is 58 years old. She has been in recovery from problematic substance use for 6 months. She had been using heroin off and on since she was 23. She tried several times to quit on her own. This time, she decided she needed support to quit for good. She has been going to Narcotics Anonymous meetings at the RCC. Her daughter has also been going to some family group meetings at the RCC and is very supportive of her mom's recovery. Tanya has also been working with Stacy, a peer specialist at the RCC. Tanya and Stacy created an initial recovery plan when Tanya first came to the RCC. Tanya has been successful in meeting her initial recovery goals, including abstinence from all substances, seeing a primary care doctor to take care of some medical issues, and reconnecting with her daughter.

Tanya's doctor recently sent her to see an orthopedic surgeon for her hip pain. The surgeon tells her that she needs a hip replacement. After the meeting, Tanya texts Stacy, telling her she is very worried about the pain medication she will need to take after the surgery. She is afraid that this will cause her to experience a recurrence of her problematic substance use. They set up a meeting.

At the meeting, Tanya tells Stacy, "I want to develop a plan because I'm having surgery, and I'm nervous about the medicine."

Stacy says, "Okay, let's make one. What do you have in mind?"

Tanya's face lights up. She says, "Well, I have already talked to my daughter, and she is willing to take charge of the medicine after the surgery. She said she will follow the doctor's instructions and give me just enough when I need it to keep the pain from getting bad."

Stacy asks, "Any other steps you want to take to make sure you protect yourself from taking too much medicine?"

Tanya says that she wants to make sure the doctor only prescribes a week's worth of medicine instead of a month's worth. Then she says, "I am not sure how to talk to my doctor about this."

Stacy says, "Well, how about we get a team of supporters to help you make sure that everyone knows your plan. Who do you want on your team?"

Tanya tells Stacy that she wants Stacy, her daughter, her primary care doctor, and the surgeon on the team. She wants everyone to know how she wants to be treated and what her own responsibility is for taking pain medication after surgery. Tanya and Stacy work out a plan for talking with everyone on the team about her wishes. They also do a brief role-play about talking with her doctor. By the end of the meeting, Tanya tells Stacy that she feels empowered and very confident that she can get through the surgery and not go back to using heroin.

Key Points

This is an example of a person-driven recovery plan created by Tanya for managing her medication after surgery.

Stacy follows Tanya's lead in supporting her to identify the steps she can take to meet her goal of preventing a return to heroin use, including creating a team of supporters who will help her manage the pain medication and keep to her stated responsibilities.

Stacy provides support and some tools, including role-playing a conversation with her doctor, to help Tanya take control of her plan and put it into action.

Helping Individuals Build Recovery and Life Skills: Recovery 101

Although individuals are learning recovery skills, such as avoiding high-risk situations that might trigger a recurrence of problematic substance use, many may also need to learn basic life skills, like cooking, banking, and budgeting, basic housekeeping, problem solving, and job seeking.

Peer specialists work together with the person in or seeking recovery to develop a recovery plan. During this process, peer specialists can help the person in or seeking recovery to identify what skills they need to achieve their recovery goals. For example, if a recovery goal for an individual with whom the peer specialist is working is to find a job so he can move out of his parents' house, he might need help with job-seeking skills, budgeting and banking, and interpersonal communication skills.

Many recovery and life skills are learned through engaging in recovery and recreational activities sponsored by recovery support groups, in life skills groups sponsored by recovery community organizations (RCOs), or in recovery residences or residential programs where people come together to identify and teach one another recovery and life skills. **Peer specialists model specific skills in which they have been trained or connect the person in or seeking recovery to skill-building groups or resources in the community.** Two of the most import areas of recovery and life skills are emotional/social skills and problem-solving skills.

Emotional and Social Skills

People in or seeking recovery often need help understanding their problematic substance use and how feelings are part of substance use and recovery. For example, it is common to hear people in early recovery say things like, "When I get mad, I need to drink." A peer specialist's task is to help individuals identify the feeling and discover other ways to think about or respond to the feeling instead of drinking. They can help people discover alternative reasons for why they feel something by asking an open-ended question like, "That's one way of looking at it. What's another way?"

Emotional skill-building approaches include helping individuals in or seeking recovery:

- Identify basic feelings, such as anger, sadness, happiness, and fear. Peer workers should look for patterns.
- Learn that it helps to talk about feelings instead of holding them in or acting on them immediately.
- Discover other ways to respond to feelings by "thinking through" the feelings instead of engaging in substance use.
- Learn to manage stress in different situations that might trigger a return to substance use.
- Develop relaxation skills or participate in relaxation activities (e.g., meditation, exercise) to reduce the impact of intense feelings on thinking and behavioral reactions.

Peer specialists should remember to "stay in their lane." It is easy to slip into the role of counselor when individuals in or seeking recovery are in an emotional crisis. When people experience intense or unfamiliar emotions (e.g., related to trauma or a mental illness) that are outside the scope of a peer specialist's services, the peer specialist should connect them to a behavioral health service provider who can help them manage their emotions. Peer specialists should work with their supervisor to learn how to spot and respond to crisis situations.

Many people in early recovery may not have much experience interacting with others in everyday life while they are not under the influence of alcohol or drugs. A peer specialist's goal is to help people learn effective communication and social skills that build social capital and enhance recovery. These five steps will help individuals in or seeking recovery learn new social skills that enhance recovery:

1. **Identifying.** Helping people identify specific social skills they would like to improve
2. **Modeling.** Modeling alternative ways of interacting with others
3. **Rehearsing.** Using simple role-plays to help people practice new skills
4. **Practicing.** Supporting people practice new social skills at home and in other community settings

5. **Evaluating.** Engaging people in evaluating the effectiveness of newly acquired skills, revising as needed, and asking, "What worked?" "What didn't work so well?" and "How could you do it differently next time?"

Problem-Solving Skills

Individuals in or seeking recovery face everyday problems that can increase stress and the risk of returning to substance use. **Helping them learn or enhance problem-solving skills can reduce stress, increase a sense of well-being and empowerment, and help them solve future problems more effectively.**[368] Problem-solving skills and the steps to the problem-solving process are:[369]

- **Identifying a specific problem.** Peer workers should help the individual break down larger problems into small chunks, then work through creating solutions. For example, if the person says, "I am unhappy," the peer specialists can ask an open-ended question like, "What are some things that make you unhappy?" This should help to uncover different pieces of the unhappiness problem that the peer specialist can work with, such as, "I don't have a job" or "I have to go to court for a DUI," and "I don't have a lawyer."
- **Creating possible solutions.** When brainstorming possible solutions with the individual, peer workers should give the person time to come up with ideas and avoid jumping in too quickly to find the "right" solution. Peer workers can add their ideas, but they should make sure to let the individual in or seeking recovery know their ideas are not necessarily the best ideas.
- **Weighing the pros and cons.** After making a list of possible solutions, peer workers should go through the list and ask the person, "What are the good and not-so-good things about this solution?" or "What are the pros and cons of this idea?" Talking about the pros and cons of each solution helps the individual in or seeking recovery decide which idea might be the best option.
- **Learning decision-making processes.** Peer workers should explore with the person all available solutions to a problem and what they think is the best possible solution to the problem. They should remember that the problem-solving process isn't about finding the "right" answer but finding the "best" solution to the problem based on the individual's situation. If that solution does not work, the person can try the next best solution.
- **Putting the solution into action.** Peer workers should help the person in or seeking recovery break down the solution into small steps. For example, if the problem is that the individual doesn't have a job and the best solution for her is going to a training program to become an auto mechanic, the peer specialist can help her break down the steps to doing this and determine how and when she will take each step. The peer specialist should discuss any problems the program client thinks she might face in putting the solution into action as well as possible ways to address those problems.

Resource Navigating

Resource navigating involves reaching out to and engaging individuals in community settings, advocating for individuals in or seeking recovery with providers, and actively linking people to treatment, recovery support, and other community resources. **Resource navigating is about reaching out to people in or seeking recovery in the community and connecting them with other people in the community who can help.** The "Resource Navigator" section in Chapter 2 contains more information.

Advocacy With a Small "a"

Advocacy with a small "a" (i.e., advocacy on the person level rather than advocacy on a policy or legislative level) is about speaking up for individuals in or seeking recovery and their families and teaching them how to speak up and advocate for themselves. **A peer specialist's role as an advocate is about not only being a "voice for others," but also empowering them.**[370] Advocacy is about helping people work on personal and environmental problems that are making their

recovery difficult. As peer specialists model self-advocacy, they are teaching individuals in or seeking recovery how to advocate for themselves. They may be called on to advocate on behalf of people with court officials; probation officers; child welfare agencies; employers; landlords; or more commonly, health, behavioral health, and social service providers.

For example, an individual in or seeking recovery might have difficulty talking with her primary care provider about the negative side effects of the medication she is taking. Advocacy in this situation might include:

- Role-playing with the person how to have a conversation with the provider, with the peer specialist modeling respectful, assertive communication skills.
- Having the person sign a release of information and sending a copy to the provider before making contact.
- Calling the provider while the person is with the peer specialist and getting the conversation started.
- Going to a medical appointment with the person to be a support.

To be an effective advocate, peer specialists need to know and be trained on:

- How different systems (e.g., the healthcare system, the legal system) work.
- What questions to ask.
- How to communicate respectfully with providers in different settings.
- Laws and regulations about confidentiality (e.g., federal laws such as the Health Insurance Portability and Accountability Act of 1996).
- What the individual's concerns, needs, and goals are.
- How to respectfully start a conversation between the provider and the individual in or seeking recovery.
- The use of technology in accessing recovery support.

Facilitating Groups

Experienced peer specialists may be called on to facilitate support groups, which will help them build their facilitation skills and show leadership in peer recovery support groups and community-based settings. The kinds of groups and meetings that peer specialists lead include:[371]

- Recovery support groups.
- Addiction recovery educational groups.
- Life skills groups.
- Peer-run advisory group meetings.
- Peer supervision groups.
- Community-based meetings.
- Outreach presentations.
- Focus groups.
- Advocacy groups.
- Community educational groups.
- Recovery check-in groups.
- Recovery house meetings.

RESOURCE ALERT: IN-PERSON AND ONLINE RECOVERY SUPPORT GROUPS

- Faces & Voices of Recovery's Mutual Aid Resources webpage (https://facesandvoicesofrecovery.org/resources/mutual-aid-resources/) provides a comprehensive list of online and in-person mutual-help groups for individuals in recovery and family members.
- In the Rooms® (www.intherooms.com/) is an online social network for individuals in recovery, families, friends, and allies. Membership is free. Members have access to live online recovery support meetings. The public has access to links for in-person meetings based on location.

The key to effective group leadership is applying person-centered principles to the workings of the group. This means creating a safer space where all group members can openly share and fully participate.[372] In many ways, the guidance for peers who facilitate groups is the same as it would be for any behavioral health worker filling that role. Peer specialists shouldn't take over the conversation or make themselves the center of attention. They may take more of a central role when sharing information in educational groups or community presentations, but their primary job is to help the group discussion, not to be the center of it.

Here are some ways peer specialists can effectively help groups:[373]

- Starting and ending the group on time, and building in time for breaks
- Introducing group ground rules at the beginning of each meeting (e.g., whatever is shared in the room stays in the room unless there is a danger to the person or others, no personal criticism or attacks, respect the diversity of group members). The group can take an active role in creating rules to promote buy-in.
- Presenting the agenda or asking participants to develop an agenda at the beginning of group, and sticking to the agenda
- Focusing on the value and unique viewpoint of all members
- Going with the flow of the conversation, but using redirection to bring it back on track when it goes off topic
- Making eye contact with group members while they are talking, as appropriate
- Demonstrating active listening skills, empathy, and respect for all group members
- Using nonverbal communication techniques to get group members to participate in the discussion and show interest in group members' views
- Helping participants interact with one another by using their names and asking skillful questions
- Avoiding expressing personal opinions or taking a stand on an issue
- Asking permission to give feedback or suggestions. Peer specialists should use "I" statements when they need to offer feedback or suggestions (e.g., "I hear you saying that you're upset because …").
- Seeking guidance from supervisors to improve their group facilitation skills as well as to address group challenges

RESOURCE ALERT: PEER WORKER GROUP FACILITATION GUIDELINES

The *Peer Support Toolkit* (https://dbhids.org/wp-content/uploads/1970/01/PCCI_Peer-Support-Toolkit.pdf), from the Philadelphia Department of Behavioral Health and Intellectual disAbility Services, addresses peer specialist group facilitation skills. Page 216 of the toolkit contains tips on facilitating peer-run groups and meetings.

Community Building

Community building is the other main function of peer workers. Recovery community building includes any activity that supports the development of cultural and community resources where individuals in or seeking recovery can find and grow relationships with others who support long-lasting recovery.[374] Helping to build or enhance the recovery community may not necessarily be a part of every peer specialist's job; however, this portion of Chapter 3 equips peer specialists with the key knowledge, values, skills, and abilities that can help them add this dimension to their work and take advantage of opportunities to advocate for, help create, and connect to community resources that support ongoing recovery for individuals and their families.[375]

Community Building: Knowledge

Communities of recovery—such as RCCs and RCOs—are important parts of recovery-oriented systems of care (ROSCs) that offer a wide range of recovery services, including PSS, prevention and risk-reduction services, supportive housing (e.g., sober homes), and job training.[376] **RCCs**

are central sites for recovery support groups, recovery-focused social networking, skill-building, advocacy, and volunteer activities. **RCOs** are independent, nonprofit organizations led and governed by representatives of local communities of recovery that organize advocacy activities, carry out community education and outreach programs, provide PSS, or a combination of these. These settings offer a safe place for people to pursue their recovery goals and access resources. (More can be learned about these and other community recovery services and bodies in Chapter 1.) **A peer specialist's tasks are to understand the different types and cultures of these communities of recovery as well as how they align with individuals' chosen recovery pathways and cultural backgrounds.**

SUPPORTING INDIVIDUALS IN RECOVERY WHO ARE TAKING MEDICATIONS FOR SUBSTANCE USE–RELATED PROBLEMS

Taking medications to support recovery from problematic substance use has been found to be an effective and scientifically supported pathway to recovery. For some people, taking medications is a primary focus of their recovery. However, other people may achieve their recovery goals without taking medication.

Medications are not substitutes for substances. Medications prescribed for substance use–related problems work by blocking the euphoric effects, relieving cravings, and normalizing body functions without the negative and euphoric effects of the substance.[377] In the case of opioid use disorder (OUD), medications are one of the most effective known treatments.[378]

Peer specialists should be aware that medications are available, understand why medications are prescribed (e.g., to control cravings), and recognize how they can best support individuals who have chosen to take medications that support recovery.

Despite evidence supporting medications for substance use–related problems, some treatment and recovery settings may discourage or limit their use. This may create barriers for people, such as not feeling comfortable discussing medications to support recovery and experiencing difficulties locating or accessing recovery services. A peer specialist's role is to support individuals on their pathway, honoring their decisions about taking medications. They can do this by:

- Encouraging people to discuss taking medications with their physicians.
- Providing resources to people about why these medications are prescribed.
- Helping people advocate for themselves if they are interested in pursuing medication as a recovery pathway.

Peer specialists do not make recommendations or give advice about medications. Individuals in recovery should discuss starting, changing, or stopping medications with their prescribing physicians.

Peer specialists can learn about the legal rights of individuals in recovery taking medications for substance use–related problems by visiting *Know Your Rights: Rights for Individuals on Medication-Assisted Treatment* (www.samhsa.gov/sites/default/files/programs_campaigns/medication_assisted/Know-Your-Rights-Brochure.pdf).

SAMHSA's TIP 63, *Medications for Opioid Use Disorder,* contains more information about medications for OUD (https://www.samhsa.gov/resource/ebp/tip-63-medications-opioid-use-disorder).

SAMHSA's *Medication for the Treatment of Alcohol Use Disorder: A Brief Guide* contains more information about medications to treat alcohol use disorder (https://store.samhsa.gov/product/Medication-for-the-Treatment-of-Alcohol-Use-Disorder-A-Brief-Guide/SMA15-4907).

Another resource that can help is the MARS™ Project, a peer-initiated and peer-based recovery support project sponsored by the National Alliance of Medication-Assisted Recovery. The project website includes links to upcoming trainings about medications that support recovery from problematic substance use and an online Peer Recovery Network portal (http://marsproject.org/).

Community Building: Values

This section describes key values and attitudes that inform peer specialists' work to build, enhance, and support communities of recovery.

Recovery Is Possible for Everyone

The problematic substance use–recovery movement is a grassroots movement in the United States that brings the ideas about and values of recovery from traditional SUD treatment institutions and mutual-help groups into the larger community.[379] This movement promotes key attitudes, beliefs, and values that are useful for guiding a peer specialist's work in community building, including the idea that recovery is possible for everyone, that there are many recovery pathways, and that recovery is a choice.[380]

Lived Experience Is Valuable to the Recovery Community

Sharing the wisdom gained from lived experience with problematic substance use, behavior change, and recovery is a major job function of a peer specialist and one of the most important aspects of their ability to effectively offer individuals in or seeking recovery support.[381] Their lived experience is also valuable to the recovery community. By networking with community-based settings and community outreach programs, peer specialists can increase awareness of substance use–related problems as well as help people access withdrawal management programs, reduce their problematic substance use, increase their use of residential treatment as needed, and reduce their risk of hospitalization.[382] Through networking, peer specialists can also create connections and support a warm handoff between individuals in or seeking recovery and treatment providers or recovery communities.

A peer specialist's lived experience also benefits the recovery community by:[383]

- Inspiring hope that recovery is possible and that people in or seeking recovery and recovery communities are strong.
- Showing trustworthiness to individuals in or seeking recovery, the recovery community, and society.
- Gaining the trust of people who are not ready to start recovery or participate in health and behavioral health services.
- Modeling self-care.
- Modeling a diversity, equity, and inclusion perspective that lets people know that peer specialists value their chosen path to recovery (even if it differs from their own) and will consider their unique needs when directing them to resources in the community.
- Inspiring people to take an active role in their own lives and recovery.
- Supporting community togetherness and improved quality of life for individuals in or seeking recovery and their families.
- Supporting efforts for long-term wellness for people in or seeking recovery, their families, and communities.
- Sharing with individuals in or seeking recovery, their families, and the recovery community the hard-won knowledge and know-how of someone who has successfully faced the challenges of the treatment, healthcare, and human services systems.

Community Building: Skills and Abilities

This section describes specific skills that peer specialists may use to strengthen their connections to recovery communities.

Training

Training is essential for peer specialists to ensure they have the knowledge and skills to identify community resources and supports for individuals in or seeking recovery. Each community has different resources available; with training, peer specialists can learn how best to access these resources. Training can help peer specialists understand which community resources may be most critical to the person and offer guidance about organizations that offer these resources. For example, with training about how housing programs operate, peer specialists can learn how to access rental assistance—a resource that may be important to some people with whom they are working.

Training can also provide tools to help peer specialists recognize and manage their own biases when working with individuals in or seeking recovery, particularly when connecting them to culturally responsive resources. Related trainings may address such issues as how bias and privilege can affect helping relationships, the principles of cultural responsiveness, how stereotypes and microaggressions can affect relationships, and how culture and stigma may play a role in help-seeking behaviors.

RESOURCE ALERT: IDENTIFYING AND MANAGING BIASES

- The Association for Addiction Professionals (NAADAC)
  - Cultural Humility Series, Part II: *Social Class Bias and the Negative Impact on Treatment Outcomes* (https://www.naadac.org/cultural-humility-social-class-bias-webinar)
- Department of Health and Human Services Office of Minority Health, Think Cultural Health
  - *Improving Cultural Competency for Behavioral Health Professionals* (https://thinkculturalhealth.hhs.gov/education/behavioral-health)
- National Center for Cultural Competence, Georgetown University Center for Child & Human Development
  - *Self-Assessment Checklist for Personnel Providing Behavioral Health Services and Supports to Children, Youth and their Families* (https://nccc.georgetown.edu/documents/ChecklistBehavioralHealth.pdf)

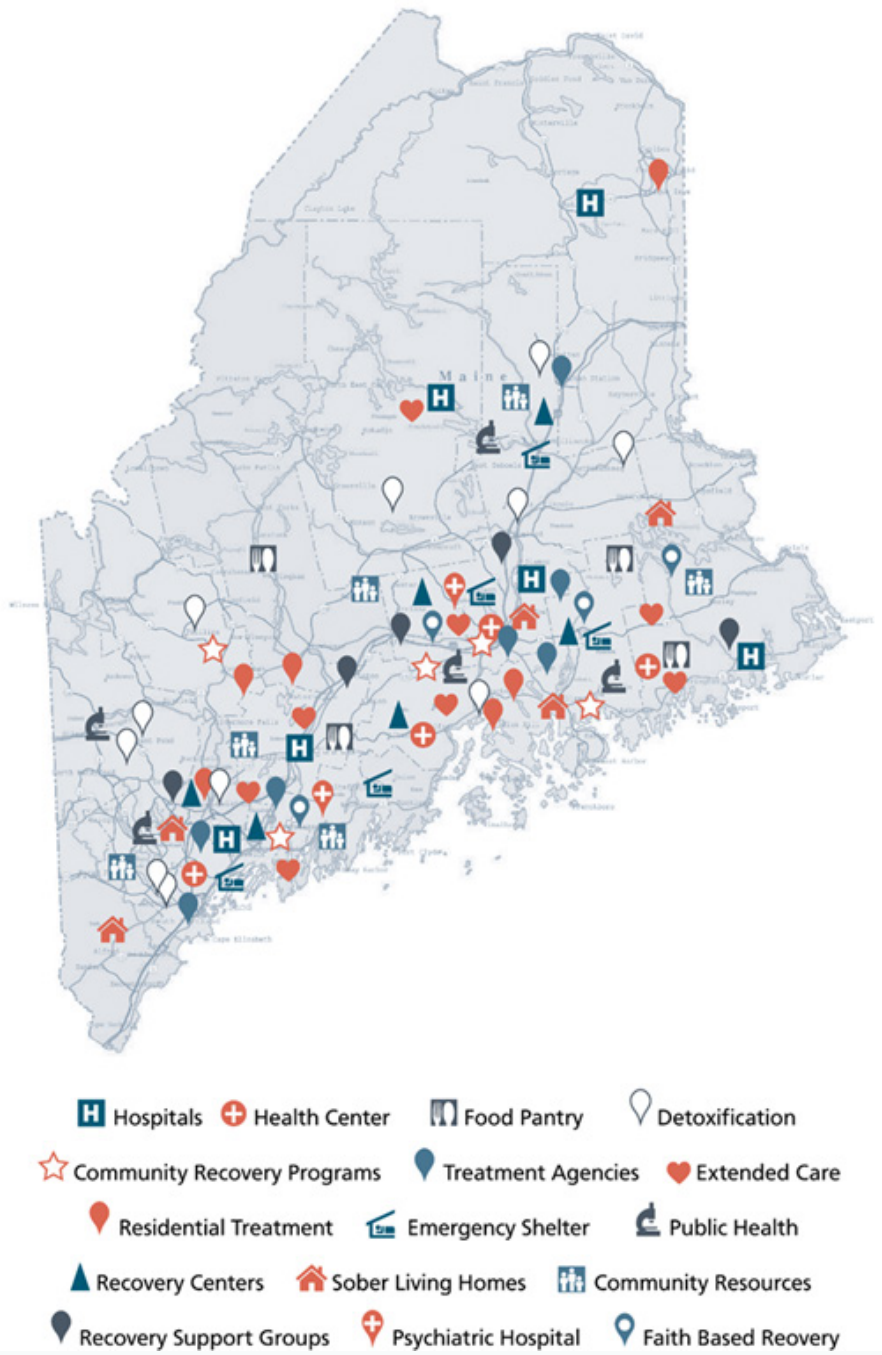
A key part of a peer specialist's work is to identify community resources that may support different cultural groups and backgrounds. Examples of some of these resources include:

- **Safe Project** (https://www.safeproject.us/resource/black-community/), which provides substance use–related and mental health resources for the Black community.
- **Live Another Day** (https://liveanotherday.org/bipoc/), which offers mental and substance use disorder recovery resources to support the Black, Indigenous, and people of color community.
- **SMART Recovery®** (https://www.smartrecovery.org/community/calendar.php), which provides recovery meetings in Spanish. It also offers meetings for military members, veterans, and first responders.
- **Faces & Voices of Recovery LGBTQ+ Recovery Resources** (https://facesandvoicesofrecovery.org/2019/08/16/lgbtq-recovery-resources/), which include tips for making recovery spaces more inclusive for individuals who identify as LGBTQ+ as well as access to online communities, social media connections, gatherings and events, sober spaces, publications, meetings, and podcasts.
- **One Sky Center** (http://www.oneskycenter.org/), which is a national resource center for American Indian and Alaska Native individuals seeking health, education, research, and substance use–related resources.
- **White Bison's Culturally Based Healing to Indigenous People** (https://whitebison.org/), which offers culturally based recovery resources for Indigenous people.
- **White Bison's Warrior Down/Recovery Coach** (https://whitebison.org/warrior-down/), which offers a peer-to-peer program that provides training in recovery support for Native American and Alaska Native individuals.
- **Latino Recovery Advocacy** (http://lararecovery.org/), which is an organization that aims to strategize with RCOs to build recovery services that are both culturally appropriate and accessible to Hispanic and Latino populations.

Community-Based Asset Mapping

A community-based asset map (CBAM) is like a strengths assessment of an individual, but for an entire community. A recovery-focused CBAM focuses on all the elements of a ROSC that support recovery, wellness, and quality of life for individuals in recovery and their families. The map in Exhibit 3.7 shows a recovery-focused CBAM for resources in the entire state of Maine, not just a community, but the idea is the same: to map out locations of all the services that support recovery, with a goal of building connections among them.

EXHIBIT 3.7. Recovery-Focused CBAM of Maine



Source: Reprinted with permission from the Maine Alliance for Addiction Recovery.

A CBAM is more than a list of recovery resources. It is a visual representation of where resources are located and is an important tool for community-building efforts. **A recovery-focused CBAM paints a picture of resources in the local community and helps peer specialists organize community members to strengthen or add to those resources.**[384]

Peer specialists should work with individuals in or seeking recovery, family members, allies, and other members of the larger community to draw a CBAM in their area. They should remember that individuals in or seeking recovery are resources and have their own experiential wisdom. Bringing people together to map and organize community resources is itself a community-building action, helping participants feel they are contributing to something of value and experience a sense of hope and renewed energy.[385] One study found that engaging recovery community members in a recovery-focused asset mapping project helped them identify gaps in services, develop health and recovery assets, build relationships within the community, and increase social capital to support recovery from problematic substance use.[386]

Involving recovery community members in the asset-mapping process adds experiential knowledge to the process and supports community-building efforts. Here are some ideas for engaging community members in creating a CBAM:[387]

- **Asset-mapping focus groups.** Peer specialists can invite members of the recovery community (e.g., people in or seeking recovery, family members, friends, and allies), service providers, and other stakeholders to attend focus groups or asset-mapping workshops. A peer specialist's role is to facilitate conversations and gather feedback about treatment and recovery resources in the community.
- **Interviews.** Peer specialists can conduct informal or semistructured interviews with recovery community members and service providers. They should use open-ended questions and skillful interviewing strategies to develop rapport and allow the interviewee to tell a story about the resource. Peer specialists can get addresses and specific contact information to add to the map.
- **Surveys.** Peer specialists can develop a questionnaire that gathers important information about a local community resource that can be delivered in person, over the phone, or via email. Peer specialists should choose a method that works for them and the audience they're surveying.
- **Community walks.** A community walk is a strategy that helps peer specialists identify a specific neighborhood's resources, like parks, libraries, churches, and recreation facilities, that might not be recovery specific but are assets that can support individuals' wellness and quality-of-life goals. A community walk is also an opportunity to take pictures or videos (when appropriate) of resources that can be placed on the map, interview interested local community members, and hand out surveys.
- **Online maps.** Peer specialists can use online mapping tools to work with interested recovery community members, service providers, members of peer recovery advisory boards, allies, and members of the local community to plot, map, and view community assets. Multiple users can access the same map to add or edit information. (The "Resource Alert: Online Community Mapping Tool" provides a valuable resource.)

RESOURCE ALERT: ONLINE COMMUNITY MAPPING TOOL

Google Maps: My Maps (www.google.com/maps/about/mymaps) provides a no-cost tool to create a CBAM by importing information from a spreadsheet or adding resources individually.

Advocacy With a Big "A"

Advocacy with a big "A" creates a bridge from individuals in or seeking recovery to the larger community (whereas advocacy with a small "a" is about the individual's own personal advocacy efforts). Depending on the peer specialist's work

setting, they may be more focused on advocating for individuals; however, they may discover ways to build and increase recovery support resources in the community. For example, helping people register to vote is one way to help them have a voice in shaping laws and regulations around SUD treatment and recovery.

Advocacy in the larger community is about supporting local, state, and federal public policy changes that enhance and expand SUD treatment and recovery resources; advocating for diverse pathways to recovery; lowering barriers to access to services; and changing public attitudes about people with substance use–related problems so that individuals in or seeking recovery can participate fully in community life. Advocacy promotes social and community inclusion and seeks to change negative beliefs about problems linked to substance use and people affected by them.

> "Advocacy is about turning personal stories into social action; it is about turning recovery outwards. Advocacy is about acquiring and using power to change the ecology of addiction and recovery."[388]

Ways that peer specialists can participate in advocacy with a big "A" include:[389]

- Working with recovery communities to engage in civic and cultural activities that promote recovery.
- Providing recovery-focused public and professional education.
- Supporting recovery-focused laws and policies.
- Lobbying at local, state, and federal levels to promote social policies and programs that support recovery.
- Advocating for recovery-focused SUD treatment and mental health services.
- Advocating for local, state, and federal laws and policies that support PSS in ROSCs and SUD treatment.
- Participating in or organizing national, state, and local recovery celebration events.

ADVOCACY WITH A BIG "A" IN AN RCO

Utah Support Advocates for Recovery Awareness is an example of an RCO that engages volunteers and staff in advocacy efforts across the state. The organization describes the qualities of an effective recovery community advocate as someone who:[390]

- Represents the recovery perspective through sharing lived experience.
- Speaks up for individuals in recovery and their families to influence local, state, and federal policy changes promoting recovery.
- Learns about city, county, state, and national addiction/recovery issues; engages elected officials respectfully.
- Educates the public, elected officials, and service providers about the importance of addiction recovery support in building healthy communities.
- Participates in creating recovery community environments and centers that make recovery visible and provides a safe, warm, and inviting setting for PSS and activities.
- Celebrates recovery from substance use–related problems and promotes recovery's transformative power through public recovery events like marches, rallies, festivals, and concerts.
- Supports research on diverse pathways to long-term recovery for individuals in recovery and family members and effective approaches to providing peer-based recovery support.

Advocacy with a big "A" can happen in informal conversations with treatment providers that lead to organizing recovery community members to attend a recovery lobby day event at the state legislature, working with community leaders to start a prevention campaign, or organizing recovery celebration events and inviting the media and state and local legislators, community members, and community leaders. **No matter what form advocacy with a big "A" takes, the goal is to encourage prevention and harm reduction efforts, enhance recovery-focused services, provide hope, inform systems, reduce discrimination, and promote inclusion of people**

in or seeking recovery into civic life. If peer specialists engage in or are already engaged in advocacy work, they should attend advocacy and messaging training. They should also make sure to separate advocacy work they do on behalf of their employer from the advocacy work they do as an individual in recovery.

RESOURCE ALERT: KNOWLEDGE AND UNDERSTANDING OF COMMUNITY BUILDING

Faces & Voices of Recovery offers several community-building resources:

- *Community Listening Forum Toolkit: Taking Action to Support Recovery in Your Community* (https://facesandvoicesofrecovery.org/wp-content/uploads/2020/02/Community-Listening-ForumToolkitHR-1.pdf) provides practical steps and sample resources.
- *Recovery Community Organization Toolkit* (https://facesandvoicesofrecovery.org/wp-content/uploads/2019/06/RCO-Toolkit.pdf) discusses the core principles of RCOs and how they are created and operated.
- *How To Organize a Town Hall Meeting: A Planning Guide* (https://facesandvoicesofrecovery.org/wp-content/uploads/2020/04/2-How-To-Org-A-Town-Hall-Mtg.pdf) offers step-by-step instructions for holding effective town hall meetings to support recovery efforts in the community.
- *Advocacy Toolkit* (https://facesandvoicesofrecovery.org/wp-content/uploads/2020/02/ADVOCACY-TOOLKIT.pdf) provides guidance and tips on how to build relationships with elected officials and their staffs as part of advocacy efforts.
- *Advocacy With Anonymity* (https://facesandvoicesofrecovery.org/wp-content/uploads/2019/06/Advocacy-with-Anonymity.pdf) includes questions and answers to demonstrate how individuals in recovery can discuss their experiences and advocate for others while respecting and maintaining the privacy and confidentiality of RCOs and recovery groups.

Leadership in the Recovery Community

There are many ways for peer specialists to take on a leadership role in the recovery community, including outreach and advocacy. A key leadership function, however, is to promote leadership development opportunities within RCOs, SUD treatment programs, recovery residences, and other community-based organizations, and connect individuals in or seeking recovery and family members to those opportunities.[391] When people step into leadership roles, peer specialists can help them:[392]

- Feel empowered and empower others around them early in recovery.
- Take control of their treatment and recovery.
- Strengthen the sense of community.
- Foster personal growth.

A peer advisory council (PAC) is one resource for helping individuals in or seeking recovery to build a recovery community and learn leadership skills. A PAC is a volunteer council of people in or seeking recovery who are receiving services at a peer specialist's organization. Peer specialists can help the PAC get started and mentor people who serve in leadership positions in the PAC.[393] If an organization doesn't have a PAC, a peer specialist can advocate for one.

LEADERSHIP IN RECOVERY RESIDENCES[394]

A core principle of the National Association for Recovery Residences is that staff and residents create a culture of empowerment where residents engage in governance and leadership. That means residents are involved in all aspects of how the residence is run, including policies about being a good neighbor in the community. Participation in self-governance enhances residents' social capital, self-worth, self-determination, hope, and leadership skills. Peer specialists in a recovery residence model these leadership skills and promote this self-governance principle.

Providing Recovery Activities and Opportunities for Individuals In or Seeking Recovery To Get Involved

One thing that is often missing for people in early recovery is healthful social, recreational, and civic activities. A key activity for building or enhancing the recovery community is to provide ways for individuals to get involved in civic community life.

In addition to creating a PAC, peer specialists can develop or link people in recovery to other activities such as:

- Volunteer opportunities at an RCC.
- Volunteer opportunities in the community (e.g., food pantries, Habitat for Humanity).
- Recovery celebrations.
- Recovery-focused social and recreational activities (e.g., a substance-free softball team, chem-free dance).
- Other social and recreational events (e.g., a hiking club, nature walk, book club, painting event).
- Fundraising for nonprofits, charities, or social events.
- Faith-based or spiritual activities.
- Civic engagement (e.g., voter registration drives, local citizen councils or advisory boards).

Conclusion

Recovery support and helping to build or enhance the recovery community are the main functions of peer specialists. These skills make up a wide range of functions peer specialists will perform; however, it isn't likely that they will be able to fulfill all of these duties at all times. Rather, in some settings or in certain situations, peer specialists may only be able to use some of the skills described in this chapter. They are still performing their job in a way that is respectful and values the recovery process as well as the people in recovery they serve.

Whether a peer specialist is sitting with an individual in or seeking recovery and helping them write out their recovery plan or giving a talk about recovery to the staff at a local hospital, they are acting from a place of respect and empowerment for people to shape their own lives. They are being a recovery ambassador and showing that recovery is possible for everyone. In this way, peer specialists give back to and build a healthy community of engaged citizens who will then carry the recovery message to others.

RESOURCE ALERT: A GUIDE TO CIVIC ENGAGEMENT

Faces & Voices of Recovery's *Recovery Voices Count*: *A Guide to Non-partisan Civic Engagement* (https://facesandvoicesofrecovery.org/wp-content/uploads/2019/06/Recovery-Voices-Count-Guide.pdf) provides a comprehensive guide to organize and mobilize the recovery community through civic engagement activities like voter registration, education, and participation.

As peer specialists create ways for individuals in or seeking recovery to reconnect or become connected to their own communities, they develop everyday life, social, and leadership skills that help them become responsible citizens and give back to their communities.

Appendix

Sample Recovery and Wellness Plans

Peer specialists can use these recovery and wellness plans in their work with people in or seeking recovery. Individuals fill out, keep, and are responsible for completing the activities in recovery and wellness plans.

Sample Recovery Plan

The following is a sample wellness plan. It has been filled out by an individual in recovery named Thomas, whose goal is to get a job and go back to work. First, Thomas lists the goals that are most important—the things that will motivate him to follow through with his recovery. Then he lists the strengths that will help him reach the goals and the barriers that might get in his way. The short-term objective (i.e., the small first step) for Thomas is for him to work at a job for 5 or more hours a week. This might seem small, but it is a good step for Thomas as he works toward his longer-term goal of going back to work full time and getting off of disability. The last part of the wellness plan is completed by Thomas, his peer specialist, and his treatment provider.

GOALS – Goals are what you want to work on in your life. Describe your goals in your own words.

- I want to go back to work. I really want a job.

BARRIERS – Barriers are things that stand in the way of you accomplishing your goal.

- I feel nervous and anxious while looking for job openings or filling out applications.
- I have difficulty getting up in the morning, due to intense sadness and crying.
- I need help filling out paperwork and creating a resume.

STRENGTHS – Strengths are things that you're good at—your talents, abilities, skills, and past experiences.

- I have a strong work ethic.
- I have work experience as a cashier.
- I am a good communicator.
- I have a strong connection with my peer worker.

OBJECTIVE – An objective is the short-term step that moves you toward your bigger goal.

In the next 90 days, I will find a paying job and work at least 5 hours per week.

INTERVENTIONS – Interventions are the things that you, your provider, and your peer worker will do to help you accomplish your objective and move you toward your goal.

- A psychiatrist will meet with Thomas once monthly for 30 minutes for the next 3 months to decrease symptoms by adjusting medication when needed.
- A clinician will meet weekly with Thomas for 45 minutes for 3 months to work with him on cognitive–behavioral therapy techniques (e.g., thought stopping, visualization, deep breathing) to manage his symptoms, which increase when he is pursuing job-related activities.
- A peer worker will support Thomas by helping him finish his resume in the next 4 weeks and work on job applications for the next 3 months.
- Thomas will participate in the Wellness Recovery Action Planning group (facilitated by his peer worker) every other week to come up with simple, safe, and effective strategies for staying well and increasing his sense of control over his life and symptoms.

Source: Adapted with permission from the Yale Program for Recovery and Community Health.

Sample Wellness Plan

Wellness Plan

This plan is written, maintained, and kept by YOU. This is YOUR plan. It can be helpful in guiding the conversations between YOU and your recovery coach.

What is my overall goal?

It is often helpful to break down wellness into smaller parts; these will be listed below. Under each heading, you will find some questions to get you thinking. Some will strike you as more important than others—please pay attention to these. There is an opportunity to set a goal under each heading, yet you don't need to have a goal under each heading. Oftentimes, it gets confusing to have more than a few goals at a time.

1. Connection to MY Community

- Do I have contact on a regular basis with people who do not use drugs/alcohol?
- Am I or do I want to be involved in a drug-free support group?
- Am I or do I want to be involved with a faith community?
- Do I spend social time with others who do not use drugs/alcohol?
- Other questions I should be asking myself?

Wellness Goal

Steps I need to take to reach my goal

Who else might be involved?

When do I want to have this goal accomplished?

2. Physical Health

- Do I eat a balanced diet?
- Do I exercise regularly?
- Do I get enough sleep?
- Do I need to see a doctor or dentist?
- If I have been prescribed medication for my physical health, am I taking it as prescribed?
- Other questions I should be asking myself?

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Wellness Goal

Steps I need to take to reach my goal

Who else might be involved?

When do I want to have this goal accomplished?

3. Emotional Health

- Do I work at being in healthy relationships?
- Am I seeing a therapist/counselor or need to be seeing one?
- Am I happy most days?
- Do I talk about my emotions?
- Other questions I should be asking myself?

Wellness Goal

Steps I need to take to reach my goal

Who else might be involved?

When do I want to have this goal accomplished?

4. Spiritual Health

- Am I comfortable with my spirituality?
- Do I need to develop a spiritual sense and spiritual practices?
- Am I disciplined about my spiritual practices?
- Do I take time each day for prayer, meditation, and/or personal reflection?
- Any other questions should I be asking myself?

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Wellness Goal

Steps I need to take to reach my goal

Who else might be involved?

When do I want to have this goal accomplished?

5. Living Accommodations

- Does where I live support me?
- Does who I live with support my choice to stop using drugs/alcohol?
- Do I need to make any changes in my living situation?
- Any other questions I should be asking myself?

Wellness Goal

Steps I need to take to reach my goal

Who else might be involved?

When do I want to have this goal accomplished?

6. Job/Education

- Do I have or need a job?
- Am I satisfied with my education?
- Do I need to return to some form of education?
- Do I need assistance with my education (tutoring)?
- Any other questions I should be asking myself?

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Wellness Goal

Steps I need to take to reach my goal

Who else might be involved?

When do I want to have this goal accomplished?

7. Other

- Are there any other areas I wish to explore?

Wellness Goal

Steps I need to take to reach my goal

Who else might be involved?

When do I want to have this goal accomplished?

Participant's Signature _____ Date _____

Peer Worker's Signature _____ Date _____

Source: Reprinted with permission from New York State Office of Alcoholism and Substance Abuse Services.[395]

Resources

Recovery Support

SAMHSA's Recovery Support Tools and Resources Webpage (www.samhsa.gov/brss-tacs/recovery-support-tools-resources) provides information and links to additional resources on PSS.

California Association of Social Rehabilitation Agencies' ***Meaningful Roles for Peer Providers in Integrated Healthcare*** (https://peerrecoverynow.org/ResourceMaterials/PeerProviderToolkitFinal.pdf) is a guide for peer navigators in integrated healthcare settings.

Illinois Department of Human Services, Department of Alcoholism and Substance Abuse's ***Manual for Recovery Coaching and Personal Recovery Plan Development*** (https://chess.wisc.edu/niatx/toolkits/provider/FayetteManual.pdf) provides information for peer workers in integrated behavioral health settings.

The McShin Foundation's ***Recovery Coach Manual*** (https://mcshin.org/wp-content/uploads/2019/07/McShin-RCM_for-web.pdf) provides information on SUD treatment and recovery settings.

Philadelphia Department of Behavioral Health and Intellectual disAbility Services' ***Peer Support Toolkit*** (https://dbhids.org/wp-content/uploads/1970/01/PCCI_Peer-Support-Toolkit.pdf) provides information on working in SUD treatment and mental health services.

Community-Building Resources

SAMHSA's Peer Recovery Center of Excellence (https://peerrecoverynow.org/) exists to enhance the field of peer recovery support services by offering help from those who have achieved and maintained long-term recovery to those wanting to enhance or begin PSS in their communities.

Central East Addiction Technology Transfer Center's ***Anti-Stigma Toolkit: A Guide to Reducing Addiction-Related Stigma*** (https://attcnetwork.org/sites/default/files/2019-04/Anti-Stigma%20Toolkit.pdf) provides strategies for public education.

Faces & Voices of Recovery (https://facesandvoicesofrecovery.org) is a national recovery advocacy organization. This website provides advocacy resources and publications, and lists of advocacy and recovery celebration events.

A ***Primer on Recovery Residences: FAQs from the National Association of Recovery Residences*** (https://narronline.org/wp-content/uploads/2014/06/Primer-on-Recovery-Residences-09-20-2012a.pdf) provides an introduction to recovery residences and answers frequently asked questions about them.

Chestnut Health Systems Blog (https://www.chestnut.org/william-white-papers/) provides articles and current news about PSS and advocacy from leaders in the recovery advocacy movement.

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Chapter 4—Why and How To Integrate the Peer Specialist Position Into Substance Use Disorder Treatment Programs

KEY MESSAGES

- Peer workers' unique roles and activities contribute to client engagement, satisfaction, retention, and success.
- Peer workers typically have different training, perspectives, and approaches than clinical staff.
- Research evidence shows improved outcomes for people in recovery who receive peer support services (PSS) for substance use disorders (SUDs).
- SUD treatment programs can hire peer workers directly or contract for delivery of PSS from recovery community organizations and other recovery entities.
- Expanded reimbursement of—and more federal grant funding available for—PSS have provided new opportunities for delivering them.
- Successful integration of the peer specialist position requires leadership by administrators.
- Learning from organizations that have already integrated the peer specialist position can ease the transition.
- Establishing a career pathway for peer workers can help with their job satisfaction and retention.
- Administrators can play a role in sustaining PSS by documenting and communicating the benefits of these services.

Substance use disorders (SUDs) are now commonly recognized as requiring a continuum of services to support the best possible outcomes.[396] During recovery, individuals with one or more SUDs gain an understanding of the nature of their SUDs and come to think of themselves as taking control of their recovery and their lives, not as lacking control over their problematic substance use.

Peer workers' lived experience with problematic substance use, behavior change, and recovery makes them uniquely suited to support people in recovery as the latter undertake inner exploration and build recovery supports. Peer workers "can offer strong personal connections and earnest encouragement and hope."[397] Having lived experience can make them more relatable than other professional staff at SUD treatment programs, including SUD counselors, case managers, social workers, and prescribing clinicians. Peer workers can "speak the same language" as people seeking or in recovery and act as "interpreters" between them and clinical staff.[398]

> This Treatment Improvement Protocol does not cover the work of peer specialists in the mental health field.

Although more research on peer support services (PSS) for SUDs is needed, many studies have already demonstrated that PSS can improve SUD treatment outcomes.[399] And by expanding the behavioral health service workforce, peer workers can help fill the service gap caused by the growing

need for SUD care.[400,401] Peers can also help treatment programs better address the ongoing nature of recovery, in part by connecting program clients to people and resources in the local recovery community.

Although this TIP covers incorporating PSS into SUD treatment programs, **PSS offered by these programs should be thought of as supplementing and not replacing PSS offered by recovery community organizations (RCOs) and recovery community centers (RCCs).** These types of community-based organizations have decades-long experience providing PSS, which form an organic, core part of their mission. And these organizations are central settings for people to work on recovery before, during, after, or in place of treatment. Adding PSS to SUD treatment settings not only strengthens a community's SUD treatment and recovery infrastructure, but also helps people with SUD transition smoothly from treatment to community-based recovery support. This chapter's "RCOs and RCCs" Resource Alert has more information on these organizations.

Despite the need and evidence for PSS, many treatment programs may require a significant cultural shift when creating positions for peer workers. Some nonpeer staff may view peer workers as unqualified, prone to recurrence of use, or likely to have dual or prior relationships with program clients—and therefore may resist offering PSS. Even programs that have committed to a recovery orientation may face challenges in integrating peer workers into a clinical environment. Integrating peer workers successfully requires investing time and resources into ensuring that they become a valued and well-understood part of a treatment program,[402] something that has been done by programs across the country.

Chapter 4 of this Treatment Improvement Protocol (TIP) discusses how administrators can successfully integrate and sustain the services that peer workers provide. The chapter is organized as follows:

- The first section briefly describes different service models for integrating the peer specialist position.
- The second section gives background on PSS for SUDs—including a brief discussion of their history and peer worker settings, roles, and activities—and reviews the benefits of offering PSS.
- The third section covers introducing peer workers into SUD treatment program settings, looking at such topics as assessing organizational readiness, writing job descriptions, and interviewing candidates for peer worker jobs.
- The fourth section discusses workforce development and retention, with an emphasis on ongoing training and career ladders.
- The fifth section addresses PSS sustainability.
- The sixth section briefly discusses ensuring access to peer services.

This chapter does not cover implementing family PSS. Information on this emerging category of PSS appears in Chapter 7 of this TIP.

SUD treatment program administrators make up the primary audience for Chapter 4; however, administrators of other services (e.g., social services) may find aspects of this chapter useful, particularly if they are considering PSS for the first time.

Exhibit ES.1 in the Executive Summary highlights key terms used in this and other chapters.

A NOTE ON THE TERM "CLIENT"

This chapter uses the term "client" to refer to an individual receiving services 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. Peers workers in an SUD treatment setting also sometimes use the term "participant" to refer to someone they're working with.

Service Models for Integrating the Peer Specialist Position

Different models exist for incorporating the peer specialist position into SUD treatment programs. Some programs hire peer specialists directly. Others contract with an entity like an RCO or an RCC to provide PSS and peer supervision.[403] Yet others may use both models at the same time. Another option involves piloting the use of PSS by first contracting with an RCO or an RCC for their delivery, while developing and putting in place the policies and practices needed to directly employ peer specialists.[404]

RESOURCE ALERT: RCOs and RCCs

RCOs and RCCs are invaluable resources for information, training, and partnership for SUD treatment programs interested in introducing the peer specialist position. RCOs are local, typically nonprofit organizations that support people with problematic substance use in achieving long-term recovery through a range of activities that can include PSS, advocacy in the community, and public education about recovery. Not all RCOs have a physical location. RCOs are led and staffed mainly by people in recovery. An RCC, a type of RCO, is a physical place where people in recovery, and people who want to be in recovery, can meet, get PSS and other support, and participate in activities like computer workshops and game nights.[405]

Faces & Voices of Recovery (https://facesandvoicesofrecovery.org/), an organization whose mission includes increasing the number and capacity of these organizations, can provide useful contacts and information. An interactive map of RCOs and RCCs that belongs to Faces & Voices of Recovery's Association of Recovery Community Organizations is available at https://facesandvoicesofrecovery.org/arco/arco-members-on-the-map/.

PSS: Background and Benefits

History

People working to recover from problematic substance use have long provided help to their peers in the same situation. In the United States, such support has always been at the core of 12-Step and other mutual-help programs for people with such use. Other types of recovery communities that began forming in the last quarter of the 20th century, like RCOs, recovery residences, and collegiate recovery programs, have also always had peer-to-peer support at the heart of their missions.[406]

Alongside this more general type of peer support, **formal PSS delivered by peer workers to people with problematic substance use have emerged and become increasingly widespread** in the past 20 years. The Substance Abuse and Mental Health Services Administration (SAMHSA) seeded this growth with funding for peer services in two important grant programs.[407,408,409]

The Centers for Medicare & Medicaid Services (CMS) began allowing Medicaid reimbursement for PSS (with certain conditions) in 2007, encouraging further growth. Increased insurance coverage for SUD treatment (including through certain provisions in the Affordable Care Act), the expansion of Medicaid in some states,[410] and coverage of PSS for SUDs by more state Medicaid programs[411] have also contributed to the spread of PSS.

In recent years, the opioid epidemic has driven much of the expansion of PSS for SUDs. For example, SAMHSA's State Targeted Response to the Opioid Crisis, State Opioid Response, and Medication-Assisted Treatment–Prescription Drug and Opioid Addiction programs raised the visibility of PSS and helped make PSS more available.

By 2020, 63 percent of the SUD treatment facilities responding to an annual SAMHSA survey on SUD services reported that they offered peer support or mentoring.[412]

SUD Treatment Settings With Peer Specialists

Many different types of SUD treatment settings use peer specialists, including:[413]

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

Other settings outside of dedicated SUD treatment programs that may offer PSS include hospital emergency departments (EDs), inpatient hospital units, mobile and other crisis units, primary care practices, harm reduction settings (e.g., syringe services programs), social service and child welfare agencies, recovery residences, high school and collegiate recovery programs, first responder agencies, and criminal justice agencies (e.g., problem-solving courts, parole/probation departments, prisons, jails).[414]

RCOs and RCCs typically offer PSS in house and may provide PSS through arrangements with SUD treatment facilities, as already noted; they may provide these services for other settings as well.

Faces & Voices of Recovery has an accreditation arm, the Council on Accreditation of Peer Recovery Support Services (CAPRSS), that accredits organizations and programs offering PSS, including SUD treatment programs. CAPRSS publishes a resource book to aid in achieving accreditation.[415] More information on CAPRSS can be found at https://caprss.org/. The resource book, which also discusses why to become accredited, is available at https://www.manula.com/manuals/caprss/accreditation/main/en/topic/preface. Administrators are encouraged to review the resource book's standards for peer programs.

Peer Worker Roles and Activities

Peer workers perform many **nonclinical** roles that fill in gaps or enhance traditional SUD treatment services. Their roles vary by setting, but commonly involve:

- Conducting community and street outreach.
- Serving as a role model.
- Providing education.
- Providing recovery support.
- Advocating for people in recovery and coaching them on advocating for themselves.
- Acting as a resource navigator.

Understanding appropriate peer worker roles and activities and the nature of the relationship between peers and the individuals they work with is vital for effectively integrating the peer position. For example, having peer workers undertake activities of a behavioral health technician (like conducting urine screens or room or body searches) would put them in a directive, monitoring role that goes against the essence of peer work. Chapters 2 and 3 of this TIP discuss peer roles and responsibilities.

Peer workers provide four types of recovery support: emotional support, informational support, instrumental support (practical help), and affiliational support (help making social connections). The table below gives typical examples of peer worker activities along the SUD continuum of care, using an extended framework adapted from *Facing Addiction in America: The Surgeon General's Report on Alcohol, Drugs, and Health*.[416] In many cases, sample activities listed for a given stage are also appropriate for other stages. For example, giving one-on-one emotional support and providing coaching on the recovery process can take place at any stage.

Stage	Sample Peer Worker Activities[417,418,419,420]
Treatment Engagement or Harm Reduction	• Conducting street outreach to areas where people with problematic substance use may gather (e.g., parks, syringe services programs • Providing naloxone kits and training • Providing peer coaching on entering treatment to overdose patients in EDs • Conducting "inreach" to people in prisons and jails preparing for reentry to connect them with SUD treatment on their release
Inpatient Treatment[421]	• Giving emotional support by talking with patients one-on-one • Helping patients navigate healthcare, criminal justice, and child welfare systems, as needed • Accompanying patients on off-unit activities (e.g., meals, outside breaks, off-unit visits) • Providing patients' perspectives to other care team members, while observing confidentiality requirements
Residential Treatment	• Leading wellness classes • Leading parenting classes • Coaching program clients on the recovery process
Partial Hospitalization and Intensive Outpatient Treatment	• Distributing public transportation passes to program clients for SUD appointments • Helping program clients find mutual-help program sponsors • Making "warm handoffs" (direct introductions) to providers or peer workers at next level of care
Outpatient Treatment (including opioid treatment programs and office-based opioid treatment programs)	• Offering pretreatment support to individuals on waiting lists (in person, by phone, or via telehealth) • Helping conduct intake, including introducing new program clients to recovery concepts and PSS • Conducting recovery planning with program clients • Accompanying program clients to medical appointments • Working with program clients on applying for jobs and social services • Supporting program clients transitioning out of specialty SUD treatment by connecting them in advance with RCOs/RCCs and/or mutual-help programs (if desired by clients)
Post–Specialty–Treatment Recovery (recovery maintenance)	• Conducting recovery check-ins (in person, by phone, or via telehealth) • Holding substance-free social and recreational activities for program alumni • Facilitating recovery support groups • Leading computer skills workshops

As several activities in the above table show, peer workers not only provide services linked to an individual's current stage of care but can also support their transition to the next stage of care and to the local recovery community, including RCOs and RCCs where available.[422,423]

As the table also shows, some peer worker activities take place away from the treatment setting. Peer workers affiliated with RCOs, RCCs, and other recovery support organizations have long provided support out in the community to people in or seeking recovery. Peer workers in some SUD treatment programs offering PSS do so as well.

Note that the list of peer activities above is neither exhaustive nor prescriptive. Programs should create a variety of PSS that meet their needs and those of their clients, and periodically assess community needs and PSS offerings to determine whether to add or change programming.

Technology-Assisted PSS

The COVID-19 pandemic sped up the already growing use of digital technologies in PSS. **The expanded use of technologies in delivering PSS requires developing best practices.** Considerations include:[424]

- General technology literacy.
- Available equipment.
- Ways to use technologies (e.g., downloading apps, sending text messages, entering survey data).
- Organization policies and regulatory compliance.
- Privacy and confidentiality issues, including appropriate spaces for delivering virtual PSS.
- Processes for handling crises through digital communication.

In the early months of the COVID-19 pandemic, a publication for addiction professionals conducted an informal review of the expanded use of technology-assisted peer support in PSS programs across the country. Five key practices emerged:[425]

- **Using the phone as the central tool.** Most PSS programs increased their use of both smartphone and traditional telephone services during the pandemic. Peer specialists checked in with program clients by phone and texts to let them know about virtual resources, such as online or video-based support meetings and classes. Programs also expanded peer-staffed call-in lines for noncrisis calls and established new emergency phone numbers for clients to reach their peer workers.
- **Using communication platforms preferred by participants.** PSS programs chose their platforms for ease of use, security, and user preference.
- **Engaging people in new ways, using virtual peer-led support groups.** Videoconferencing attracted new participants not seen in face-to-face meetings; the virtual setting reduced geographic, transportation, and other barriers to participation. Online peer recovery group meetings also allowed facilitators to multitask during discussions by answering questions and sharing resources via the chat function.
- **Providing clear guidelines for technology use.** Peer specialists moderated virtual meetings, setting group agreements and managing group dynamics, and they needed guidelines for communication etiquette and confidentiality in this new setting. Programs used encrypted forms of technology when possible, and they reviewed and revised guidelines to ensure that staff protected participant privacy when posting to public forums.
- **Promoting technology-based PSS through online resource pages and social media.** People new to recovery may have challenges finding out where and how to access technology-assisted PSS. Programs promoted their technology-assisted PSS in resource pages on their websites, links on their social media feeds, and blog posts. They also posted self-directed learning courses to address information needs.

RESOURCE ALERT: TELEHEALTH AND SUDs

Administrators implementing PSS will need to determine the role of telehealth in delivering these services. This SAMHSA evidence-based resource guide to telehealth for SUD treatment reviews relevant literature and research findings, examines emerging and best practices, discusses gaps in knowledge, and identifies challenges and strategies for implementation: *Telehealth for the Treatment of Serious Mental Illness and Substance Use Disorders* (https://store.samhsa.gov/product/telehealth-for-treatment-serious-mental-illness-substance-use-disorders/PEP21-06-02-001).

How PSS Benefit People With Problematic Substance Use

The evidence linking PSS for problematic substance use to better outcomes continues to grow, although this area of research is relatively new and more studies are needed. Improved outcomes for people with problematic substance use include:[426,427,428,429,430,431,432,433,434,435,436]

- Increases in treatment retention.
- Increases in treatment motivation and general self-efficacy.
- Better adherence to SUD treatment plans.
- Greater rates of abstinence.
- Decreases in substance use.
- Lower rates of overdose for people with opioid use disorder.[437]
- Fewer rehospitalizations for addiction issues.
- Less anxiety and tension.
- Increases in housing, employment, and educational stability.
- Greater access to social supports.

Research also suggests that delivering PSS benefits the peer worker.[438] Serving in this role can validate positive changes made and strengthen peer workers' connections and identification with the recovery community.[439]

How Peer Workers Can Benefit Treatment Programs

Peer workers will most obviously benefit programs—and, by extension, their client population—by expanding and enhancing program services. Peer workers can, for example:

- Help put new program clients at ease by being the ones to welcome and orient them.
- Engage program clients in recovery planning.
- Make staff resources go further or expand programming by helping to run groups appropriate to the peer role (e.g., life-skills groups).
- Perform supportive roles and tasks[440] not undertaken by clinicians, like accompanying individual program clients to medical appointments or their first mutual-help group meeting.

Peer workers add value to a program by:[441]

- Directly filling gaps in the continuum of SUD care, including engagement in long-term recovery activities.
- Connecting program clients to no-barrier recovery resources (like RCOs) before, during, or after specialty treatment.
- Emphasizing long-term recovery over acute, episodic care.
- Showing people seeking or in recovery, and the community as a whole, that the program values the recovery process and people in recovery.
- Letting program clients work with someone who can inspire hope in them, serve as a role model, and "speak their language."

Peer workers can strengthen an organization's financial standing by increasing client retention and satisfaction.[442] And because peer workers often maintain supportive contact with individuals who have completed treatment, some individuals may as a result choose to return to the same organization should they need additional treatment.

Treatment programs can highlight improved outcomes resulting from PSS when seeking grant funding or private donations. Peer workers can

also help a program increase its visibility in the local community and strengthen connections with partner organizations that might refer clients.

Peer workers can help assess community needs, local drug trends, local resources, and service delivery gaps—especially if they come from the communities an organization serves. They can also contribute the perspective of the population served, a valuable voice to have in care team meetings and other planning meetings.

The Right Time for Integrating the Peer Specialist Position

Advances in the understanding of recovery and changes in healthcare delivery models have opened doors for PSS to grow. The expanding body of promising research results on PSS for SUDs gives programs wanting to provide these services a strong rationale for doing so. Increased insurance coverage for SUD treatment and growth in the number of state Medicaid programs covering PSS have provided new pathways for reimbursement of these services, which previously may have been out of reach. Telehealth and technology-based PSS are also expanding the ways in which PSS are available to people recovering from or otherwise affected by problematic substance use.

Introducing PSS Into SUD Treatment Program Settings

This section will provide tools and tips for introducing PSS into treatment programs as well as suggestions on how to address challenges that can arise during this process. Most of the discussion will focus on directly hiring peer workers, but much will also apply to contracting for peer workers.

Shifting the Organizational Culture

PSS are a key ingredient for effective SUD care, not just an add-on service. Still, even if an organization has a recovery orientation, its leadership should prepare for the possibility of pushback from some existing staff when beginning to integrate peer workers. This is especially true if an organization recently adopted a recovery orientation and is still making that transition.

Some nonpeer staff may experience culture shock as PSS join the service offerings, and even those who fully accept the concept of PSS may have difficulty incorporating peer workers into their customary workflow or negotiating conflicts and disagreements with specific peer workers (as could happen with the introduction of other new positions and personnel).

Introducing PSS requires commitment to a recovery orientation and recovery principles throughout the organization, starting at the top. Program leadership must see PSS as consistent with the cultural values and recovery orientation of the organization, and must believe that PSS will add value to the program. On a practical level, administrators need to:[443]

- Understand the specifics of why and how to introduce PSS.
- Clearly explain these specifics to nonpeer staff ahead of time.

When introducing PSS, administrators should inform existing staff that peer workers provide essential, not supplementary, services.[444] Staff should also be told that the peer position will complement, not replace, existing positions, and that peer workers can undertake some responsibilities that may not be within the scope of practice of existing staff. Administrators need to keep in mind, and advise staff, that adopting a recovery orientation requires more than adding peer workers to existing treatment processes.[445] Administrators should also consider assigning appropriate chapters in this TIP as background reading for the phase-in.

Administrators can take several other steps to lay the groundwork for introducing PSS successfully. Early on, they can get advice from leadership at programs that have already introduced peer workers, and directly from peer workers themselves, including specifics on what the peer staff do and how this benefits the program and program clients. Seeing a program in operation, and hearing from peer staff and from program staff who helped implement PSS, can also open the door to peer-to-peer information sharing

between programs. Programs that have already implemented PSS may also have relevant training materials that they can provide.

Administrators can also contact the appropriate SAMHSA Regional Office (https://www.samhsa.gov/about-us/who-we-are/regional-offices) or SAMHSA-funded Addiction Technology Transfer Center Network (https://attcnetwork.org/centers/selection) for help locating treatment programs that have implemented PSS.

RESOURCE ALERT: PEER SUPPORT TOOLKITS

- The Philadelphia Department of Behavioral Health and Intellectual disAbility Services has created a toolkit specifically for organizations incorporating peer workers into new roles. It covers why and how to add peer services, and how to prepare the organizational culture. The *Peer Support Toolkit* is available at https://dbhids.org/peer-support-toolkit/.
- This Veterans Health Administration toolkit on peer workers discusses why and how to hire them and gives tips on training, supervising, and building organizational support for them: *Peer Specialist Toolkit: Implementing Peer Support Services in VHA* (https://www.mirecc.va.gov/visn4/docs/Peer_Specialist_toolkit_Final.pdf).
- The New York State Office of Alcoholism and Substance Abuse Services released a toolkit that provides indepth information on training and program integration. Although tailored to New York, it also contains information applicable across all states. The *Peer Integration and the Stages of Change ToolKit* is available at https://oasas.ny.gov/system/files/documents/2019/08/PeerIntegrationToolKit-DigitalFinal.pdf.
- The National Council for Mental Wellbeing has published *Establishing Peer Support Services for Overdose Response: A Toolkit for Health Departments*. Although the toolkit focuses on harm reduction to prevent and respond to opioid overdose, it contains checklists and resource lists useful for introducing PSS in other contexts. It is available through https://www.thenationalcouncil.org/program/tools-for-overdose-prevention/.

Championing PSS

Administrators should be among the first and strongest champions for PSS within an organization. They should work to develop early allies among other nonpeer staff. They should also enlist the help of any supervisors or other members of the program's leadership who understand and support peer services and use these allies to help prepare other nonpeer staff for the introduction of peer workers. Like-minded program leadership and staff could form a workgroup to plan the rollout of PSS, including developing:

- Realistic goals and objectives.
- Job descriptions for peer workers.
- Plans for supervision.
- Revisions to the organizational chart to reflect the new position and new reporting lines.
- Onboarding plans.
- A defined implementation plan.
- Action steps to achieve the plan.

Studies of peer workers in behavioral health service settings show that **peer workplace satisfaction depends to a significant extent on administrators' and supervisors' understanding of peer workers' responsibilities.**[446,447,448] These findings suggest that before introducing PSS, administrators and supervisors must fully comprehend the roles that peer workers will fill and must stay involved in the process of integrating peer workers after they are hired.

An all-staff meeting would provide a good opportunity to explain the coming changes, the roles peer workers will play, the benefits to the program and its clients, and the expectations for nonpeer staff. Staff could ask questions, which would establish a sense of transparency about the new services and set a pattern of openness about peer workers and their roles.

Administrators should consider holding smaller team- or department-specific meetings during which allies on staff can lead discussions on specific questions. Conducting anonymous surveys to collect feedback on staff's knowledge, perceptions, concerns, and expectations about PSS will help administrators identify and address any issues early on.

New skills and attitudes need reinforcement. To ensure that the cultural change represented by introducing PSS moves forward successfully, administrators should make available training, technical assistance, and coaching to support implementation. Emphasizing the relevance of PSS to the mission of the program and demonstrating leadership's commitment through trainings will help peer integration succeed.[449,450]

Assessing Readiness

Before a program hires or contracts for peer workers, its leadership should conduct a readiness assessment of the program and existing staff. The New York City Department of Health and Mental Hygiene's guide for integrating peer workers includes several tools for assessing organizational readiness for PSS (https://www1.nyc.gov/assets/doh/downloads/pdf/mh/peers-treatment-programs.pdf).[451]

The "Organizational Characteristics Indicating Readiness To Hire Peer Workers" text box provides an example of a checklist for evaluating an organization's readiness to integrate PSS; administrators can revise it to suit their situation. The "DEIA" Resource Alert includes resources for incorporating diversity, equity, inclusion, and accessibility (DEIA) considerations into the organizational assessment and workforce planning.

ORGANIZATIONAL CHARACTERISTICS INDICATING READINESS TO HIRE PEER WORKERS

Organizational values

- A recovery-oriented mission
- Defined peer roles that are permanent with secure funding
- Clear job descriptions for peer workers
- Equitable wages and benefits packages for peer workers

Policies and practices

- Policies and practices aligned with recovery-oriented values
- Clear confidentiality policies and practices
- Clear policies regarding relationships and personal boundaries
- Inclusive hiring policies and practices
- Policies that ensure regular communication among staff members
- Policies that ensure routine performance evaluations that reflect the peer worker's role

Staff knowledge and attitudes

- Staff believe that recovery is possible for everyone
- Staff are knowledgeable about the benefits of peer support
- Staff continue to develop their knowledge and understanding of peer support
- Staff address their own prejudices about people with behavioral health conditions

Supervision and support

- Organization ensures the provision of regular supervision
- Supervision is recovery-oriented and trauma-informed
- Supervisors know how to use reasonable accommodations for colleagues with disabilities

Source: Reprinted with permission.[452]

Administrators should enlist supportive people in leadership to help assess the knowledge and attitudes of others on staff. Administrators should also communicate to nonpeer staff about the various ways the peers will work with clients and staff and their anticipated contributions to client outcomes.[453]

In assessing readiness and preparing to introduce peer workers, administrators may find it useful to map the intake and service delivery workflows currently used, especially if this hasn't been done recently. The resulting flowcharts can be used to determine how peer workers will fit into the work of the program and what changes in workflow will be required for existing staff. Adding peer workers to the flowcharts will clearly show both the peer workers and existing staff how clients move through the organization and who is involved in each stage of SUD care.

Exhibit 4.1 shows a **hypothetical** division of responsibilities among an SUD counselor, a case manager, and a peer specialist at an outpatient treatment program. The exhibit doesn't aim to prescribe exactly which duties each professional should undertake. Rather, it provides an example of how administrators should try to clarify responsibilities across staff members as well as how the peer specialist's work complements that of the other two staff members.

RESOURCE ALERT: DEIA

A diverse program workforce that reflects the populations served will enrich an SUD treatment program and increase its effectiveness. The following resources provide useful guidance on DEIA considerations:

- *Diversity, Equity, and Inclusion (DEI) Organizational Assessment Tools: A Resource Guide* (https://heller.brandeis.edu/iere/pdfs/dei_organizational_assessment_tools.pdf). The instruments included in the guide "outline a set of dimensions through which DEI is assessed, with specific indicators to reflect the extent to which DEI is put into practice."
- National Association of Addiction Treatment Providers (NAATP) Diversity, Equity, Inclusivity & Belonging Resources (https://www.naatp.org/resources/dei). This website, updated regularly, provides a wealth of resources, including links to the NAATP DEIB organizational assessment tool, webinars, videos, manuals, a blog, research, and other publications that can help with learning and implementing DEIB best practices.
- SAMHSA's SSI/SSDI Outreach, Access, and Recovery (SOAR) DEI Resources webpage (https://soarworks.samhsa.gov/article/dei-resources)

EXHIBIT 4.1. Division of Responsibilities Among Three Outpatient Staff Members[454,455,456]

SUD Counselor

- Orients client on the treatment program and next steps
- Conducts screening and comprehensive assessment
- Assesses client's readiness for treatment
- Reviews treatment options with client
- Develops treatment plan with client, with input from other staff; regularly updates and shares plan with care team
- Describes and links to other care team members, mutual-help resources (e.g., Alcoholics Anonymous®, Narcotics Anonymous)
- Provides individual and group counseling
- Educates client on SUDs and, as needed, co-occurring disorders
- Does planning with client to avoid recurrence of use, with input from other staff
- Provides family support and education
- Conducts crisis counseling
- Tracks and reports on client's progress in treatment
- Develops continuing care plan for client upon treatment completion or discharge

Case Manager

- Coordinates service planning for client
- Refers client to and communicates with outside clinical service providers
- Refers client to job services
- Helps client make plans to continue education
- Reviews client recovery plan with peer specialist and other staff
- Helps link client to supportive resources responding to social determinants of health (e.g., housing, food, financial security)
- Helps client resolve benefits and entitlements issues (e.g., with Social Security, Medicaid)
- Keeps family informed about client treatment progress, as appropriate
- Advocates for client with law enforcement, the courts, and the client's employer(s), as needed
- Takes part in admission and discharge planning if client needs inpatient care

Peer Specialist

- Provides outreach and engages with client at first point of contact
- Helps educate client on community resources and provides linkages to access these resources
- Develops recovery plan with client and monitors progress
- Models recovery skills and shares recovery-oriented lived experience
- Helps client engage in services, shares client perspective with clinical staff
- Provides emotional support to client, including in the community
- Helps client navigate health, social service, and justice systems, as needed
- Coaches client on self-advocacy
- Accompanies client to medical appointments, mutual-help group meetings, housing interviews, as needed
- Holds recovery social activities
- Supports client during and after transitions in care
- Connects client to local RCO

Peer workers who engage in community-based work with program clients may require more time offsite than other staff members. Program managers need to keep this aspect of peers' work in mind when peers' duties are coordinated with those of intake, clinical, and other staff.

Administrators should also assess whether program safety policies and procedures adequately cover the sort of offsite work that peer workers do, including home visits. Such steps include having set times for checking in by phone or text message and identifying safe public locations for meetings with program clients in the community.[457] Additional suggestions can be found in the "Risk Assessments and Controls for Peers Who Work in Homes/Community" section of the New York State Office of Addiction Services and Supports' *Peer Integration and the Stages of Change ToolKit* (https://oasas.ny.gov/system/files/documents/2019/08/PeerIntegrationToolKit-DigitalFinal.pdf).

When developing policies for peer workers, administrators should treat recurrence of problematic substance use as a human resources issue. If peer workers experience a recurrence of use, they should receive support and guidance as outlined by treatment program policies and state and national guidelines.

Administrators may want to use a peer services agreement form that sets out what program clients receiving PSS can expect of their peer workers and what the program expects of these clients. An example of such a form can be found via the PeerConnect Recovery Support Services webpage of the Alano Club of Portland (OR) at https://www.portlandalano.org/peerconnect. Administrators should consider adapting the form based on the unique needs of the people and communities served and the types of services provided by their programs.

Identifying Funding

Funding sources for PSS vary by state, setting, and clients' insurance status. Many state Medicaid programs reimburse for PSS for SUDs,[458] although states decide which eligible services are covered and the service delivery model. To be Medicaid reimbursable by CMS, the PSS and the peer workers who provide them must meet federal requirements pertaining to documentation, care coordination, supervision, and training and credentialing.[459,460] Administrators should contact their state Medicaid agency for more information.

As previously noted, SAMHSA grants to states have been and remain an important source of funding for PSS. Some states also use dedicated funds or general revenues to help support PSS.[461] State behavioral health authorities (https://www.samhsa.gov/sites/default/files/ssa-directory.pdf) and local behavioral health authorities can be helpful sources of information. Administrators should also contact any private health insurance plans accepted to see whether they reimburse for PSS. Administrators whose programs are part of a large healthcare organization should find out whether it pays for PSS.[462] Foundations and other private sources may help support PSS. Administrators should also review the "Sustainability" section below for additional discussion of funding possibilities.

Training Nonpeer Staff

Nonpeer staff members need training on PSS-related topics before an organization introduces the peer specialist position.[463,464] For example, staff, including supervisors, need to understand the training that peer specialists have probably received before they arrive at a program. Most states require somewhere between 40 and 84 hours of training.[465] Covered topics may include:[466,467]

- Building office skills, including computer use and recordkeeping for behavioral health.
- Collaborating with and handling resistance from nonpeer coworkers.
- Understanding the fundamentals of SUDs.
- Understanding recovery concepts, setting recovery goals, and doing recovery planning with people who have problematic substance use.
- Understanding trauma and its impact on people seeking or in recovery.
- Linking people with substance use–related problems to resources.

- Setting boundaries with the people they work with on recovery.
- Following ethics guidelines.
- Understanding laws and policies on confidentiality.
- Communicating effectively.
- Promoting their own self-care and wellness.
- Becoming familiar with the Americans With Disabilities Act.
- Understanding the spirit and philosophy of motivational interviewing.

Nonpeer staff members also need to understand the roles that peer workers will assume, to help avoid role confusion and role drift. Other training topics for nonpeer staff typically focus on:

- The culture clashes that can prevent integration, and how to resolve them.
- Reassurance that peer workers will understand the importance of relevant laws and regulations, such as those on the confidentiality of individuals' SUD treatment records.

Arranging for Supervision of Peer Workers

As part of introducing PSS, administrators should arrange for supervision for the peer workers. **Someone who supervises peer workers needs to have a recovery outlook. A supervisor with experience working as a peer is ideal.**

In addition to addressing the administrative aspects of supervising employees, a peer supervisor should support peer workers in maintaining a work–life balance. Such support will help peer workers avoid role drift and practice self-care. Chapter 5 of this TIP has more information on supervising peer specialists.

Some treatment programs use cosupervision, where one supervisor handles the administrative aspects of the role and the other supports peer workers in their professional development and knowledge acquisition and helps them address ethical questions, boundary concerns, and any role confusion.[468] Treatment programs that contract with RCOs or other entities for PSS delivery often arrange for the contractor organization to provide the professional/supportive supervision. The Chapter 5 section "Providing a Recovery-Oriented Framework for Supervision" provides more information on cosupervision.

In addition to committing to a recovery-oriented approach, anyone supervising peers must understand:

- Peer workers' roles.[469]
- Ethical issues that can arise with peer work.
- State licensing and certification requirements for peer workers,[470] including the training received.

Nonpeer supervisors of peer specialists should receive training on such peer-specific topics as peer specialists' roles and applicable codes of ethics. Chapter 5's "Guides for Supervision of Peer Workers" Resource Alert and "Supervision Competencies" section have more information.

The 2007 CMS guidance allowing Medicaid reimbursement for PSS requires supervision of peer staff by "a competent mental health professional" as defined by the state.[471] State definitions of this term vary widely. If a state's Medicaid program reimburses for SUD PSS and a treatment program plans to bill Medicaid for PSS delivered to clients with this coverage, administrators need to check with the state Medicaid office on the types of professionals permitted to serve as peer supervisors. (In many states, supervisors of peer specialists whose services are billed to Medicaid must be licensed clinicians, which underscores the need for ensuring peer supervisors' understanding of peer worker roles, values, training, and contributions.[472,473])

Chapter 8 includes additional resources on supervising peer staff.

Setting Hiring Objectives for Direct Employees

When introducing PSS for the first time, programs should try to hire more than one peer. Having a single peer potentially isolates that individual if other staff don't provide professional support, and puts the future of peer services at the

program at risk if that one person does not work out. Also, SAMHSA's Expert Panel on Equipping Behavioral Health Systems and Authorities To Promote Peer Specialist/Peer Recovery Coaching Services emphasized the importance of regular contact with other peer workers who are in similar roles.[474] Ideally, peer workers should have other peer workers with whom they can discuss their job-related experiences, ideas, and challenges.[475]

Administrators need to know whether their state has a single integrated certification for mental health peer specialists and peer specialists working in the substance use field, or whether the certifications are separate. Planning and activities for hiring peers need to reflect that the program seeks peers in the substance use treatment field and not mental health peers.

Diversity is an important goal when hiring peer workers. Because shared experiences form the foundation of peer support, a program should try to match program clients with peer workers who share as similar an experience as possible. This principle of shared experience should also be followed regarding the characteristics and demographics of the populations an organization serves. Administrators may want to begin developing their peer workforce by recruiting locally; for example, by offering paid internships.

If a program treats populations for whom English is not their first language, an effort should be made to hire peer staff who speak their preferred language.[476] If a program treats populations with high rates of HIV infection, hiring peer workers who are living with HIV is advisable. If a program serves a significant number of veterans, the peer workers hired should ideally include veterans. LGBTQ+ peer workers or peer workers with a physical disability or a co-occurring condition such as depression or bipolar disorder may have special insights they can share with program clients who are similar in these respects. Peer workers with a criminal history may better understand, relate to, and work with people seeking or in recovery who have a criminal history.[477,478]

RESOURCE ALERT: STATE PEER SPECIALIST TRAINING AND CERTIFICATION REQUIREMENTS

- SAMHSA's Bringing Recovery Supports to Scale Technical Assistance Center Strategy in 2020 compiled the *State-by-State Directory of Peer Recovery Coaching Training and Certification Programs*, available at https://c4innovates.com/brsstacs/BRSS-TACS_State-by-State-Directory-of-Peer-Recovery-Coaching-Training-and-Certification-Programs_8_26_2020.pdf.
- The 2023 *Comparative Analysis of State Requirements for Peer Support Specialist Training and Certification in the United States*, published for SAMHSA by the Peer Recovery Center of Excellence and available through https://peerrecoverynow.org/about/coe-products.aspx, provides links to training and certification information by state in the section "State Website Data Sources." The center also has an online state certification directory at https://peerrecoverynow.org/resources/state-certifications.aspx.
- Doors to Wellbeing, a program of the Copeland Center for Wellness and Recovery, also offers an online state-by-state database of certification requirements for peer specialists (https://copelandcenter.com/peer-specialists).
- The National Association of State Alcohol and Drug Abuse Directors Member Directory provides links to websites for state and territory Single State Agencies for SUD treatment and prevention, where administrators can find information about certification of peer specialists in their state (https://nasadad.org/ssa-web-sites/).

The state peer specialist credentialing organization may have resources available to help with the objectives discussed above. (The resources in "Resource Alert: State Peer Specialist Training and Certification Requirements" have information on state credentialing bodies.) Local RCOs may also have helpful resources.

Setting a Compensation Package

Surveys of peer workers and analysis by researchers consistently point to low pay as a major source of job dissatisfaction and a barrier to peer worker retention.[479,480,481] In a survey of more than 500 peer workers, only 46.8 percent of respondents reported feeling that their pay was consistent with the pay of others who perform similar kinds of work but do not have lived experience.[482]

To attract and retain a strong peer worker staff, programs should:

- Pay peer workers a fair wage.
- Provide benefits (e.g., health insurance, paid time off, sick leave, access to an employee assistance program).
- Permit them to work full time if they wish to (but human resources staff should be upfront with peer worker candidates and employees that higher income could affect any public benefits they might receive[483]).

The *Peer Support Toolkit* developed by the Philadelphia Department of Behavioral Health and Intellectual disAbility Services offers this guidance:

> Peer support staff should be offered a competitive salary and the same opportunities as other staff for raises and promotions. When designing job descriptions and pay scales, ensure that the pay scale for peer positions is comparable to that of positions with similar qualifications. For example, if your qualifications and roles for peer staff are comparable to those of case managers, the salary ranges of the two positions should be similar. Looking at pay scales and job descriptions of current staff can help you develop job descriptions that clearly differentiate the roles of peer workers and nonpeer staff.
>
> Also consider benefits such as a flexible work schedule. Many peer staff are scheduled to work 25–40 hours a week. However, the job often demands that peer workers work additional hours, often outside of normal business hours. The reality of peer support positions should be reflected in policies and procedures on overtime pay, flexible work hours, or flex time.[484]

The *Peer Support Toolkit* further recommends providing mileage reimbursement for travel done in personal vehicles as part of peer work in the community.

To accomplish these goals, administrators need to carefully explore how many peer workers their program can afford to hire. It is preferable, for many reasons, to hire fewer peer workers and provide them with full-time hours as well as pay and benefits comparable to those of other staff.

Programs may seek to stretch their budget by using part-time peer workers. But limited work hours give peer workers fewer chances to interact with nonpeer staff. Peer workers report that gaining the trust and respect of their colleagues leads to job satisfaction,[485] and this process may be more difficult for part-timers.

Writing Job Descriptions

The more care taken in developing clear job descriptions for peer positions, the better chance a program has of successfully incorporating peer worker positions. **Poorly defined peer job descriptions can lead to role confusion and organization-wide misunderstandings** about the duties of peer workers, making it hard for them to succeed and integrate into the workplace.[486]

A program needs a clear vision for the roles peer workers will fill before leadership and human resources staff write the job description. A decision should also be made on whether the job description mentions opportunities for advancement. The job description must be written in such a way that it clearly applies to peer specialists in the substance use field, not the mental health field. Administrators may want to consult with other SUD treatment programs that employ peer specialists, reviewing their peer job descriptions and discussing how the job descriptions helped or hurt the process of hiring and integrating peer workers.

With the approval of human resources, the rest of the staff should have an opportunity to look over the draft job description before it is finalized. Allowing nonpeer staff to become familiar with these details will help smooth the process of incorporating PSS, and nonpeer staff may have input that will improve the job description.

HOW CAN ORGANIZATIONS INCORPORATE BOTH VOLUNTEER PEER WORKERS AND PAID PEER WORKERS?[487,488]

Organizations may want to consider adding volunteer peer workers to supplement the work done by paid peer providers. Individuals in recovery may be interested in volunteering as peer workers to:

- Make a difference in the lives of other people in or seeking recovery.
- Put their existing experience and knowledge to use.
- Stay active in the behavioral health field.
- Take a step toward entering or reentering the general workforce.
- Accrue supervised volunteer hours to fulfill state requirements for becoming a certified peer specialist (in those states that require experience hours for certification and count volunteering toward these hours).[489]

Volunteers may want to work flexible and limited hours.

Organizations can have volunteer peer workers handle important activities that don't involve carrying a caseload and that require less training and specialized education than functions assigned to paid peer specialists (including Medicaid-billable services). For example, volunteers can:

- Help clients fill out applications for social service programs.
- Make reminder or follow-up calls.
- Welcome prospective clients visiting in person.
- Update community resource guides.
- Help run holiday and recreational activities.

More pointers on adding volunteer peer worker positions are on pages 42–43 of the *Peer Support Toolkit* published by the Philadelphia Department of Behavioral Health and Intellectual disAbility Services (http://dbhids.org/wp-content/uploads/1970/01/PCCI_Peer-Support-Toolkit.pdf) and pages 17–18 of the *Peer Integration and the Stages of Change ToolKit* published by the New York State Office of Addiction Services and Supports (https://oasas.ny.gov/system/files/documents/2019/08/PeerIntegrationToolKit-DigitalFinal.pdf).

The job description should specify whether applicants need to hold state certification or be in the process of getting certified. Although no single universally recognized credentialing body for peer specialists exists in the United States, the International Certification & Reciprocity Consortium (IC&RC; https://internationalcredentialing.org/creds/pr) and NAADAC, The Association for Addiction Professionals (https://www.naadac.org/ncprss), both offer certification recognized by multiple states. Administrators can refer to these organizations' websites for details on certification requirements and should confirm that their state recognizes a given certification. (IC&RC credentials are administered by state-specific boards. Each board sets its own standards, application processes, timelines, and fees for credentialing. To earn a credential, a peer specialist candidate must work with the certification board in their state.)

In 2022 and 2023, SAMHSA collaborated with federal, state, tribal, and local partners to develop *SAMHSA's National Model Standards for Peer Support Certification,* which covers substance use, mental health, and family and youth peer certifications. The National Model Standards will accelerate universal adoption, recognition, and integration of the peer workforce across all elements of the healthcare system.

Each standard was written based on the needs of the peer workforce and the people they serve. SAMHSA is strongly encouraging states to consider adopting the Model Standards to strengthen the peer workforce and expand certification reciprocity across states. The National Model Standards can be viewed here: https://www.samhsa.gov/about-us/who-we-are/offices-centers/or/model-standards. Ten of the Standards apply to peer specialists and one applies to supervisors of peer specialists. The Standards' recommendations on the certification process and certification requirements cover topics such as training, work experience, background checks, and ethics.

Administrators interested in incorporating peer specialists into their programs should familiarize themselves with the Model Standards and stay up to date on their state's peer specialist and peer supervisor certification requirements.

In addition to the required credentials, the job description should include the following components:

- **Job title.** It should be succinct and clear. (Consistent use of the title is important to avoid confusion within an organization and when promoting PSS offerings to partners and the public.)
- **Duties and responsibilities.** This section should clearly lay out the peer specialist's daily, weekly, and monthly duties and tasks.
- **Relationships among staff.** In addition to a description, this section should have an accompanying organizational chart that shows who supervises the peer specialist and how this position relates to other staff positions.
- **Qualifications and requirements.** This section specifies, as applicable, licensure, certification, training, experience, education requirements, and role restrictions.
- **Knowledge, skills, and abilities (KSAs).** This section should clearly state how each KSA relates to the job the peer specialist performs.
- **Ethical expectations.** This section should spell out procedures for an ethical decision-making process, responsibility for reporting ethical concerns to the supervisor, and unethical behavior that would initiate disciplinary action.
- **Description of the program the peer will be entering.** This section needs to give the peer a clear understanding of what they can expect should they be hired. It should include the organization's treatment philosophy, mission statement, and structure.

Below are questions for administrators to ask themselves before posting a peer specialist job and interviewing candidates. (Answers may depend on the requirements of the state where an organization operates.)

- Must applicants be certified peer specialists or be eligible for certification?
- Will the program require peer workers to have a minimum length of time in recovery? If so, does the job description clearly state this requirement? Asking applicants to disclose their time in recovery can be problematic, so any staff member who will conduct interviews needs to understand current state and federal restrictions around such queries.
- What open-ended questions will be asked to invite applicants to discuss their recovery journeys, what recovery means to them, and why they feel they are a good fit for the position?

- How will the program address criminal history (keeping in mind state and federal employment laws and regulations related to criminal histories)?

Program leadership and human resources personnel must actively support and enforce the expectations and the boundaries of the peer role laid out in the job description. Other peer staff should join in this process as much as possible.

The job description should be viewed as a living document. As peer workers become established in the program, the job description should be updated to reflect any changes in the peer role. It should also be updated to reflect any changes in the needs of the population the program serves. When updating the job description, administrators should get feedback on it from peer staff, to ensure accuracy.

Recruiting

Most states now have infrastructure for credentialing peer workers for SUD PSS. Administrators can check with their state's credentialing agency on services that it may offer for placing trained peer workers. It may also have a job bank for posting job listings, as may any statewide peer worker associations.[490] Credentialed peer specialists can often be found through the local recovery community. A program can advertise for peer workers at every level of training through online job sites, social media sites, and postings on its own website.

Some programs hire people in recovery who are in the process of getting trained and certified (sometimes called peers-in-training).[491,492] This approach will work best if a program already has credentialed peer specialists who can supervise the newly hired peers-in-training. (Supervision can be one of the biggest hurdles to overcome in getting newly trained peer specialists the work hours needed for credentialing.) Programs will sometimes pay for some or all of the costs of peer workers' training and credentialing.

HIRING PROGRAM ALUMNI AS PEERS[493]

An organization may choose to hire program alumni, but it is not obligated to do so. Program leadership should weigh the pros and cons before making this decision. Alumni know the program and its views on treatment and recovery well. However, some staff may have trouble accepting alumni as members of care teams. Alumni may need additional supervision to establish and maintain their new role with any program clients whom they got to know while in treatment, to prevent role confusion.

Before hiring peers, an administrator should determine whether organizational stakeholders and nonpeer staff feel comfortable working with treatment program alumni. New policies or protocols can ease some of the concerns staff may have about hiring program alumni. For example, if an organization has multiple treatment programs, it could assign peers only to treatment programs in which they did not participate. An organization can also impose a waiting period for hiring alumni as peers. Alumni hires can receive extra training and supervision focused on avoiding role confusion and maintaining boundaries with any program clients they know from the treatment program.

Interviewing

Exhibit 4.2 can serve as a starting point for developing an interview process for peer workers. It contains sample interview questions and scenarios to help determine how candidates would respond to complicated situations. **Interviewers should be reminded that it is illegal to ask interviewees what medications they take or when they last had a drink.** Also, during interviews, candidates should be informed how, and for how long, the peer position is funded.

Once hired, **peer workers can provide insights on the hiring process for other peer workers.** They can develop interview questions, select interviewees, and interpret information given during the interview.

EXHIBIT 4.2. Interviewing Peer Worker Candidates

Peer Worker Interview Questions

- How did you hear about our peer program?
- Why are you interested in serving as a peer?
- What are you hoping to get out of being a peer at this organization?
- What training, work, or volunteer experience have you had in recovery services?
- What does recovery mean to you, and what role does recovery play in your daily life?
- How can you help people who are struggling with alcohol or drug use?
- What do you think is the most important part of peer support services?
- Are you comfortable sharing some of your personal story with program participants, when appropriate? What is an example of when you might share your story?

Peer Worker Interview Scenarios

- You are accompanying a person in recovery to a doctor's appointment. Alcoholics Anonymous® is crucial in this person's recovery; he keeps asking whether you are really in recovery, because you haven't surrendered to a higher power. How would you respond?
- As a new employee, you had check-in meetings with your supervisor every week. After 2 months, you started meeting less frequently. You would like to continue meeting weekly. How would you talk to your supervisor about this?
- You occasionally meet with a program participant for goal-setting meetings outside of the office. The participant has started asking you to hang out after your sessions. You consider canceling these meetings because you don't want to give the participant the wrong idea. How would you try to set healthy boundaries between yourself and the participant?

Source: Adapted with permission.[494]

Preparing an Orientation for Peer Workers

For newly hired or contracted peers to get off to a good start, they need a thorough orientation. Chapter 5 discusses developing an orientation program in more detail.

Even if new peer workers have completed the state's training and certification program, they will probably need additional training to make an organization's introduction of PSS proceed as smoothly as possible. For example, new peer workers should job shadow members of the SUD care team to better understand different roles and the program's workflow.[495]

Ensuring Respect of the Peer Worker Role

To have a truly successful PSS program, nonpeer staff members also need to feel committed to recovery principles and empathic toward people in recovery, including peer workers. (The SAMHSA webpage "Recovery and Recovery Support" at https://www.samhsa.gov/find-help/recovery summarizes recovery principles.) However, studies have found that peer workers in the field can face stigma in their organizations, especially when PSS are new.[496,497,498] For example, peer workers report being excluded from activities and functions, or from after-work socializing.[499]

Staff should use inclusive language, focusing on recovery and strengths, when talking with or referring to their peer colleagues. Two different

ways to ask for input on a local treatment facility show the difference between language that respects or disrespects peer workers. Asking a peer colleague, "Were you treated at that facility?" emphasizes the peer's past as someone with an SUD. Asking instead, "What can you tell me about that facility?" invites the peer to share an informed opinion and includes the peer in the work of the program in a respectful way. (In a recovery-oriented organization, clinical staff also use strengths-based language when discussing program clients.)

Some staff may question peer workers' qualifications and professionalism, or they may feel defensive about their own professional turf.[500,501] Such attitudes conflict with a recovery orientation and with the rationale for introducing peer workers: that PSS form an integral, unique, and vital aspect of SUD treatment and that a program with a recovery orientation is incomplete without them.

RESOURCE ALERT: EMPLOYING AND INTEGRATING PEERS

Cal Voices' Workforce Integration Support and Education program provides this useful resource to help programs with recruiting, hiring, incorporating, and evaluating peer workers: *Employer Toolkit—Implementing Essential Organizational Changes To Successfully Integrate Peers* (https://15d85744-5333-41e2-91ff-18e506035f98.filesusr.com/ugd/44a48f_97fd3e1daf754ed3b3646388dfb043b9.pdf). The toolkit is organized around 11 core competencies organizations should have to ensure the success of PSS. The toolkit also includes a sample job listing and description, a checklist of peer onboarding procedures, and a sample peer evaluation form.

NAADAC and the Great Lakes Addiction Technology Transfer Center in 2020 collaborated on the Peer Recovery Support series of free webinars, which cover such topics as building a successful culture in an organization; hiring, onboarding, and integration; and supervision and management. Downloadable resources from the webinars are at https://www.naadac.org/peer-recovery-support-webinars.

Once peer workers are on board, administrators should consider giving them the opportunity to educate nonpeer staff on their work. Two studies found that such activities lead nonpeer staff to have greater appreciation for and trust in peer workers' contributions. The first, a survey, reported on a training by mental health peer workers for nonpeer staff on recovery principles and the peer role.[502] The other described information sessions on criminal justice populations that peer workers facilitated for nonpeer staff.[503]

To foster mutual learning and teamwork, members of the multidisciplinary care team that peers will work with can in turn discuss their roles and functions with the peers.

Administrators can help ensure respect for the peer role by visibly supporting the peers on their staff.

Workforce Development and Retention

A survey of almost 600 peer specialists found that 57 percent expected to remain in that role permanently, and another 25 percent for at least 3 years.[504] These findings suggest that many peer workers have a firm commitment to their field. However, to help keep peer workers prepared for and engaged in their jobs—and to retain them—organizations need to provide them with a sense of community, ongoing training, and opportunities for career advancement, in addition to fair pay and pay increases.

Develop a Community of Peer Workers

Regular peer-only staff meetings can help new peer workers become accustomed to a program and their roles in it. Such meetings can also help build the peer team's morale and cohesion.

If no community of peer workers exists in the workplace, **the consensus panel recommends holding a regular telephone or videoconference call with peer workers from various programs.** Administrators can participate in arranging and facilitating such meetings or calls to help peer workers succeed in their roles. A local RCO may be able to assist with organizing such a peer support networking opportunity.

As of 2023, the Peer Recovery Center of Excellence hosts monthly communities of practice calls for peer support specialists and those who supervise them. Participants in the calls engage in sharing, networking, and mutual learning on topics relevant to the peer workforce. The schedule appears at https://peerrecoverynow.org/training/communities-practice.aspx.

Building a community of peers isn't a substitute for having a peer worker feel part of the SUD care team.

Promote Ongoing Training

Peer workers' ongoing training should include formal training, on-the-job coaching, and continuing education.[505] Training requires commitment of organizational resources. A program can help its peer workforce develop professionally by:

- Allowing time for more experienced peer workers or peer supervisors to train less experienced peer workers.
- Providing paid time for peer workers to travel for and attend trainings.
- Underwriting the cost of peers' continuing education.
- Holding education sessions on topics of mutual interest with peer workers and other professional staff, which can also build teamwork. (The bulleted list of training topics later in this section offers examples.)

Any training should be relevant to the peers' work.

The mode of training can help determine how well peer workers adapt to their jobs and how satisfied they are with the work. One study of peer specialists revealed that the more time they spend in self-study or independent study, including video-based training, the less satisfied they are with their job training and the less they feel their role is clearly defined by their supervisor. The authors encouraged agencies with peer specialists to use job shadowing and other interactive training methods instead of self-study methods. Not only are interactive methods more satisfying, but they may increase role clarity, another important predictor of job satisfaction among peer specialists.[506]

RESOURCE ALERT: RESOURCES FOR ONGOING PEER WORKER TRAINING

- SAMHSA video trainings on PSS (pre-2019) are at https://www.samhsa.gov/brss-tacs/video-trainings#peer-support.
- Ideas for ongoing training topics may be found in the core curriculum list on page 39 of the University of Colorado School of Medicine's *DIMENSIONS: Peer Support Program Toolkit* (https://www.bhwellness.org/toolkits/Peer-Support-Program-Toolkit.pdf) and in SAMHSA's *Core Competencies for Peer Workers in Behavioral Health Services* (downloadable from https://www.samhsa.gov/brss-tacs/recovery-support-tools/peers/core-competencies-peer-workers).
- Items in "Resource Alert: Manuals and Toolkits" in Chapter 6 of this TIP also contain training topic ideas.

As with other staff in the behavioral health field, some peer workers may require targeted training to increase their knowledge of medications for opioid or alcohol use disorder and to address negative attitudes they may have about individuals who take these medications to support their recovery.

Additional areas for continued training include:

- Multiple pathways to recovery, including with medications.
- Harm reduction strategies, such as syringe services programs.
- Overdose reduction strategies, such as naloxone training and education, including on the newer, stronger naloxone formulations.
- Engagement strategies, such as motivational interviewing techniques.
- Emerging evidence-based practices to help people seeking and in recovery.
- New laws and regulations concerning recovery.
- Changes or updates to organizational policies.
- Emerging technological trends concerning behavioral health (e.g., mobile apps, telehealth).
- An understanding of the importance of person-first, nonstigmatizing language.

- An understanding of recovery messaging: how to describe recovery concepts, the recovery experience, and the language of recovery, including to stakeholders and the general public.
- An understanding of the language that encompasses the concept of DEIA.
- A deeper understanding of cultural responsiveness.
- Trauma-informed care.
- Any changes or updates to local treatment and recovery resources, including new mutual-help groups.

Provide a Career Pathway

Despite growth in the use of PSS, the lack of a career pathway for peer workers is a problem for the entire behavioral health field. Peer workers often cite lack of opportunity for advancement as a cause of job dissatisfaction.[507] Some peer workers leave their jobs and the field as a result.[508]

The most common career ladder for peer specialists has only two steps: the position of peer specialist and the position of peer supervisor. A four-state study found that although some larger behavioral health service providers had multistep career ladders for peer workers in the behavioral health field, most did not.[509] And as noted in the "Arranging for Supervision of Peer Workers" section in this chapter, many states require clinicians to supervise peer specialists who provide services billed to Medicaid, which limits career prospects for peer specialists working for SUD treatment programs in these states unless the programs employ a cosupervision model involving qualified peer specialists.

Some peer workers obtain a professional credential and move on to other roles in the behavioral health field. Others want to remain peer workers while still making progress up a career ladder. For those who aspire to advance in their profession, administrators can consider establishing a clear career pathway to bring stability to the peer worker role and to contribute to peer workers' job satisfaction and retention.[510,511] For example, as of this writing, Ventura County (CA) Behavioral Health has three peer specialist levels: Peer Specialist I (trainee), Peer Specialist II (journey level), and Peer Specialist III (lead level). Required qualifications, responsibilities, and compensation increase with each level.[512]

Another approach to support peer worker career development and advancement would be to establish compensation levels for peer roles based on length of time on the job and satisfactory performance evaluations.

The expert panel, however, noted the need for caution when establishing a career ladder. Career pathways that professionalize or establish a hierarchy for peer workers can have a downside: some loss of the peers' ability to relate one-on-one to program participants. This essential element of peer work—the "peerness" of the role—may disappear if peer workers become stratified or fully incorporated into the professional structures of the behavioral health field. Being aware of this tension may help administrators and peers balance potentially conflicting goals.

THE DEPARTMENT OF VETERANS AFFAIRS' PEER WORKER CAREER LADDER

The Department of Veterans Affairs (VA) has a multilevel career ladder for its large SUD and mental health peer workforce. Paid VA peer worker positions range from Peer Support Apprentice to Lead Peer Specialist.

The VA's peer apprentice position allows noncertified peer support providers to work in a training role under close supervision while completing their certification.513 Peer apprentices must become certified by a state-approved agency or a VA-approved not-for-profit training vendor within a year of their initial appointment as an apprentice.514 The apprentice position doesn't have promotion potential, but a peer apprentice may, if qualified, apply for a permanent peer specialist position.

The entry-level peer specialist position is at the General Schedule (GS)-6 grade level. As of 2022, the VA's peer career ladder has four more grade levels, with the GS-10 grade level as the highest.[515] The GS-10 Lead Peer Specialist position entails such duties as determining training needs for and coaching peer team members. The VA also has GS-11 supervisory peer specialist positions, which are open to qualified VA peer specialists.[516]

Eligibility for peer apprentice and specialist positions is limited to veterans with at least 1 year in recovery. VA peer job descriptions can be found by searching on "peer" at https://www.vacareers.va.gov/.

Sustainability

Several factors contribute to sustaining the role of PSS in an organization. Internally, the most important factor is that the entire staff—administrators, supervisors, nonpeer staff, and peer workers—consider PSS an integral part of the program's services. **A program staff that has a unified commitment to peer services will help sustain those services.**

Another way to sustain PSS is to create institutional memory from the outset through good recordkeeping. Such steps include saving peer worker position descriptions and documenting standard operating procedures that show how peer workers fit into the program's ongoing work.

Testimonials from recipients of PSS make up yet another important resource for sustainability. (A related discussion is in the "PSS Evaluation, Marketing, and Advocacy" section below.) Such accounts should be shared not just with potential funders but also with other program staff.

Funding

Funding shapes the stability and sustainability of services in SUD treatment. "While Medicaid now pays for peer services in many states, sustainable funding remains an issue—grants, contracts, and other time-limited funding still make up a significant percentage of the funding for peer workers and peer services."[517] Also, certain types of SUD treatment programs may not be eligible for Medicaid reimbursement under some state Medicaid programs,[518] and some state Medicaid programs reimburse only for mental health peer services.[519]

Programs may hire or contract for peer workers when they have the resources to do so, then discontinue PSS when the funding disappears. **For PSS to receive consistent funding, both program leadership and current and potential funders must see those services as a valuable part of the SUD care and recovery process.**

SUD treatment programs in nonprofit, local government, or tribally run behavioral health service agencies may want to work with their parent agencies to look into the Certified Community Behavioral Health Clinic (CCBHC) model as a potential funding mechanism for PSS, especially where the client population is largely low income. Funding support may come through Medicaid; independent state programs; or, at the time of this publication's printing, SAMHSA grants.[520] Medicaid uses a prospective payment system for CCBHC services provided to Medicaid beneficiaries, with states choosing a daily or a monthly fixed rate.[521]

CCBHCs must provide, either directly or through contracted partner organizations, a specified range of behavioral health services as well as primary care screening and monitoring and care coordination.[522] More information on CCBHCs' goals, funding, and requirements can be found at https://www.samhsa.gov/certified-community-behavioral-health-clinics, https://www.ncsl.org/state-legislatures-news/details/the-value-of-certified-community-behavioral-health-clinics, and https://www.thenationalcouncil.org/program/ccbhc-success-center/ccbhc-overview/. An overview of how CCBHCs can collaborate with RCOs on providing PSS is at https://www.thenationalcouncil.org/wp-content/uploads/2022/03/110920_CCBHC_Peer_Services_Mtg_Toolkit-2.pdf.

Another emerging model for integrating primary care and behavioral health services that also offers funding support for PSS is the Medicaid health home. Health homes are designed to provide integrated care plus long-term services and supports for Medicaid populations with complex needs.[523]

As of late 2022, not all states had created Medicaid health homes. Of those states that had chosen to do so, some limited the eligibility for health homes to Medicaid beneficiaries who have SUDs, or opioid use disorder only, or mental and substance use disorders, or serious mental illness only.[524] Health homes focused on behavioral health conditions have become known as behavioral health homes.

Although PSS aren't explicitly named as one of the six core services that behavioral health homes must provide, peer specialists may deliver some of these core services, and peer activities are included in a document for CMS on best practices for SUD-focused health homes.[525] One payment option for Medicaid health homes is a per-member per-month

payment to programs to cover the required core services.[526] Medicaid health homes are discussed in more detail at https://www.medicaid.gov/resources-for-states/medicaid-state-technical-assistance/health-home-information-resource-center/index.html.

PSS Evaluation, Marketing, and Advocacy

One of the best ways for gaining support for PSS—from current and potential funders, stakeholders, and the community at large—is gathering and sharing information that demonstrates the value of these services. To solidify and bolster support, administrators should consider collecting and sharing information on PSS effectiveness to the degree resources allow. Some possibilities include:

Utilization metrics. How have peer specialists affected client retention? No-show rates? Use of hospital services?

Outcome metrics. What effect have PSS had on program clients' ability to find and maintain employment? Have PSS reduced clients' involvement in illegal activity?[527]

Qualitative surveys. Organizations can survey staff members—both peer and nonpeer—about their experience with PSS and include positive comments in materials presented to help secure funding or community buy-in. (Any criticisms in the surveys can help guide improvements in PSS.)

Likewise, organizations can survey program clients about their experiences working with peer workers. (Again, negative comments could provide valuable course corrections for programs' PSS.) Maintaining a file with the strongest, most compelling comments from the surveys for use (with permission) in materials presented to funders, stakeholders, and the community is a good idea.

Storytelling. A sample of stories about how PSS have helped clients, told from their perspectives (anonymously, of course), could impress funders and others in a position to help sustain those services. Particularly powerful are stories of former clients who needed help and now help others on the path to recovery. Avenues for sharing this information include social media, organizations' websites, and community education sessions.

Advocacy for PSS in the community, whether undertaken by program leadership or peer staff, can help stakeholders understand the importance of—and encourage them to prioritize funding to—these services. Peer workers make some of the best ambassadors for PSS support, especially if they have experience speaking in public about recovery.

Ensuring Access to PSS

Administrators in other treatment programs that have already adopted PSS may provide insights about navigating the sustainability challenges that can come with adopting PSS. State provider associations may offer good contacts.

If a program can't implement PSS by employing or contracting for peer workers, leadership shouldn't give up on making these important services accessible to clients. Instead, the program could connect clients with PSS by building strong linkages with organizations and agencies that already provide these services, such as RCOs, so that program staff can readily refer clients to these resources. Linkages may require or work better with memorandums of understanding, memorandums of agreement, qualified service organization agreements, or release of information forms to facilitate communication and referral (Question 3 at https://www.samhsa.gov/about-us/who-we-are/laws-regulations/confidentiality-regulations-faqs describes a Qualified Service Organization Agreement).

Conclusion

Given the shift away from acute-care models of SUD treatment, the need for peer-provided services will increase.[528] Several trends in SUD treatment delivery make this a good time to initiate PSS. Insurance companies and CMS are increasingly willing to reimburse for the services that peer workers provide. Evolving attitudes about recovery from SUDs focus on chronic, long-term care, rather than acute, one-time interventions.

Peer workers can work in many traditional SUD treatment settings (e.g., outpatient programs, residential treatment programs, hospital addiction units) and become integrated into the workflow in many ways (e.g., outreach and orientation, recovery care planning, continuing care).

Incorporating PSS may represent a cultural shift for treatment organizations. Administrators can help prepare staff for peer services by talking with programs that have successfully implemented them and by working with stakeholders in the community to determine their expectations.

Preparing both incoming peer workers and the existing nonpeer staff for a cultural change will help ensure peer workers' success in their new positions. Steadfast support of peer workers from program leadership will also help them become an accepted, effective part of an organization.

Chapter 5—Supervision of Peer Specialists

KEY MESSAGES

- Peer supervisors serve as a vital bridge between peer specialists and nonpeer staff.
- Peer supervisors can help peer specialists maintain healthy boundaries and ethical guidelines that are appropriate for peer support work.
- Peer supervisors can help nonpeer staff understand the peer role and the value peer workers bring to a program.
- As part of their role, peer supervisors should model recovery principles for peer and nonpeer staff.
- Peer specialists sometimes receive inappropriate assignments outside their scope of work. Peer supervisors need to advocate for peer specialists to ensure they have meaningful and appropriate work.
- Supervisors should help program administrators and human resources staff write peer specialist job descriptions, in part to avoid role confusion and role drift.
- Peer supervision can be performed by an experienced peer provider or treatment provider. Or a peer can receive dual supervision from some combination of an experienced peer provider, a treatment provider, and an administrator. Supervision can take place individually and in groups.

Across behavioral health settings, the use of peer support services (PSS) is rapidly expanding, including services that address substance use disorders (SUDs). Key factors that propel this growth include a paradigm shift from acute to long-term disease management, greater focus on recovery-oriented approaches, and more widespread approval of Medicaid reimbursement for peer services across states.[529,530,531] Given the rapid expansion of PSS, the field needs supervisors who are knowledgeable about peer workers and who embrace a recovery-oriented, strengths-based, trauma-informed approach to supervision.

This chapter uses different terms to refer to different kinds of peers. Peer workers may volunteer their time or be paid. Like many people who work in "supporting" or mutual-help roles,[532,533] peer workers often benefit from helping others. For example, peer work can benefit those who do it by increasing their knowledge, enhancing their self-esteem, and renewing their commitment to recovery.

The terms used in this chapter to refer to peers include:

- **Peer worker:** Refers broadly to all types of peers who provide SUD recovery support, regardless of whether they have received training or certification and whether they are paid or volunteer. Peer workers may or may not work in professional settings or as part of formal SUD treatment and recovery services. The term **peer provider** has the same meaning.

- **Peer specialist:** Applies to peers with some training, including those working in paid capacities, whether certified or not
- **Certified peer specialist:** Indicates a peer who has received certification or credentialing to provide PSS

Exhibit ES.1 in the Executive Summary includes full definitions of these and other terms readers will encounter in this chapter and throughout this Treatment Improvement Protocol (TIP).

Supervisors of peer workers play a vital role in integrating PSS into traditional SUD treatment programs and in establishing role clarity for peer workers and nonpeer staff. Supervisors educate and support peer specialists on how best to operate within the treatment setting (e.g., SUD treatment programs, recovery community organizations, primary care organizations,and emergency departments [EDs]), which may be unfamiliar to them. At the same time, supervisors help nonpeer staff (i.e., administrative and clinical staff) understand the peers' recovery support work and its benefits to individuals in or seeking recovery, the organization, and the community.

Supervision may be delivered by peer and nonpeer supervisors, or a combination of both. To the extent possible, peer workers providing support to individuals in SUD treatment programs should receive supervision specifically from a supervisor who has personal lived experience with recovery and a history of working as a peer specialist.

Supervisors oversee administrative tasks while supporting skills development, maintenance of boundaries, and professional development. To deliver peer supervision effectively, supervisors need to commit to understanding peer services and the difference between clinical and peer supervision. Supervisors promote and advocate for peer specialists in the organization and in the community.[534,535]

Chapter 5 discusses key elements and challenges of supervising peer specialists. **Chapter 5 is for peer supervisors in SUD treatment settings.** It is organized into three sections:

- The first section describes the basics of supervising peer specialists.
- The second section addresses peer supervisor competencies.
- The third section discusses challenges of supervising peer specialists in treatment settings and offers solutions to these challenges.

Basics of Supervising Peer Specialists

The use of peer specialists in SUD treatment, other behavioral health service settings, and other environments has increased rapidly. This growth has created a need to ensure that peer specialists have adequate support and supervision to fulfill their duties.

In some ways, supervising peer specialists does not differ from supervising other behavioral health service staff. A supervisor's primary roles are:

- Working with peer specialists and other staff to ensure the health and safety of individuals in or seeking recovery.
- Helping peer specialists provide quality services to individuals in or seeking recovery.
- Ensuring peers understand their ethical responsibilities and stay within their scope of practice.
- Facilitating peer specialists' professional development and effective practice.

The key difference is that clinical supervision focuses on helping counselors develop clinical knowledge and skills like assessment, diagnosis, and treatment planning, whereas supervision of peer specialists focuses on helping them develop and apply recovery support knowledge and skills. Supervisors help peer specialists effectively support individuals in or seeking recovery such as by working with people to develop recovery plans and access recovery capital, while also helping peer specialists maintain appropriate boundaries and engage in self-care so as not to jeopardize peer specialists' own recovery journeys.[536,537]

RESOURCE ALERT: ESSENTIAL KNOWLEDGE FOR SUPERVISORS

Effective delivery of supervision requires a need to initially invest in understanding PSS, particularly if the supervisor doesn't have a history of lived experience. In learning about the history, competencies, ethics, and responsibilities related to PSS and the roles of peer workers, supervisors also will demonstrate to peer and nonpeer staff that they value PSS within the organization. The following links provide information in several essential core areas:

Integrating Peers into Treatment Programs in New York City: An In-depth Guide for Substance Use Disorder Treatment Providers (www1.nyc.gov/assets/doh/downloads/pdf/mh/peers-treatment-programs.pdf)

Meaningful Roles for Peer Providers in Integrated Healthcare: A Guide (casra-meaningful-roles-for-peer-providers-in-integrated-healthcare-toolkit-11-13-14.pdf)

Value of Peers, 2017 (https://www.samhsa.gov/sites/default/files/programs_campaigns/brss_tacs/value-of-peers-2017.pdf)

SAMHSA's *Core Competencies for Peer Workers in Behavioral Health Services* (https://www.samhsa.gov/sites/default/files/programs_campaigns/brss_tacs/core-competencies_508_12_13_18.pdf)

National Certified Peer Recovery Support Specialist (NCPRSS) Code of Ethics (https://www.naadac.org/assets/2416/nccap-peer-recovery-support-specialist-code-of-ethics-final06-22-16.pdf)

The National Association of Peer Supporters' *National Practice Guidelines for Peer Specialists and Supervisors* (https://www.peersupportworks.org/wp-content/uploads/2021/07/National-Practice-Guidelines-for-Peer-Specialists-and-Supervisors-1.pdf)

Peer Recovery Coaching Standards for Professional Practice (https://www.iaprss.org/wp-content/uploads/2023/05/PRC-Standards-for-Practice-Publication.pdf)

Candidate Guide for the IC&RC Peer Recovery Examination, including the four domains (advocacy, ethical responsibility, mentoring and education, and recovery/wellness support) and corresponding tasks (https://internationalcredentialing.org/resources/Candidate%20Guides/PR_Candidate_Guide.pdf)

Chapter 1 includes a brief history of PSS in SUDs. In addition, peer supervisors are encouraged to consult individual states for their codes of ethics and certification requirements for peer specialists. Resources are available in this chapter in the "Certifications" section and in the Resource Alert "Certification Programs and Resources."

Ideally, supervision of peer specialists would include:[538,539,540,541]

- **Creating a supportive environment in which peer specialists feel empowered to develop the capacity to build and apply skills.** Supervisors should recognize the individual experiences of each peer, help them use that experience to work with individuals in or seeking recovery, and expand their knowledge by providing ongoing guidance and training.
- **Promoting a stimulating environment that involves questioning, reflective practice, and understanding ethical and boundary issues between the peer specialist and the individuals in or seeking recovery, their family members, or other colleagues.** Supervisors should talk with peer specialists about their impressions, concerns, and questions about their daily work to uncover growth and training opportunities, as well as potential challenges. During staff meetings, supervisors

can encourage peer specialists to share about their work. (Case Study #1: "Ethical Issues" and the Resource Alert "Professional Development Trainings for Peer Specialists" provide more information on boundary issues and training.)

- **Helping peer specialists identify strengths and areas for growth and set goals to develop and strengthen skills and abilities.** Supervisors should acknowledge the peer workers' successes, work with them to identify areas where they can improve, and help them locate trainings or other resources to support their growth.
- **Conveying to nonpeer colleagues and the program at large that peer workers have an important role.** Supervisors should model recovery, educate nonpeers about the work peer workers perform, and highlight the successes of peer workers in staff meetings.
- **Holding regular, scheduled group meetings.** In addition to meetings that include nonpeer staff, supervisors should consider holding peer-only meetings to ensure time for focusing on the unique challenges of their role. In some instances, it may be helpful to encourage connections to other professional peers outside the organization as well. Also, some states have requirements for the frequency of individual and group supervision.
- **Helping peer specialists maintain and expand their own recovery experience.** Supervisors need to understand how peers' job duties (e.g., outreach to people who are actively using substances or who have experienced trauma) may place them at risk of return to use. Supervisors should make a plan to check in with peer specialists to assess their recovery journeys, help them balance their work with individuals in or seeking recovery, and sustain their own recovery.
- **Giving consistent, constructive feedback in one-on-one meetings and actively requesting feedback from peer specialists.** Supervisors should hold regular meetings in which peer specialists know they will receive honest and helpful critiques and can offer their ideas and suggestions to improve the program.

Peer supervisors serve as liaisons in the treatment setting. Peer supervisors:[542]

- Act as go-betweens for peer specialists and the administration, helping the former adapt to the organization's work culture and the latter better understand peers' value to the organization.
- Convey information between administration and peer specialists on policies, program procedures, trainings, and changes within the organization.
- Act as go-betweens for peer workers and their nonpeer colleagues, negotiating any issues that arise because of the newness of the position, nonpeer unfamiliarity with the role, and similar causes.
- Communicate with individuals in or seeking recovery about recovery plans and coordinate their care with peer specialists and nonpeer staff.
- Oversee peer specialists' relationships with the individuals in or seeking recovery they work with, and supporting the peers in their recovery, while helping them navigate any boundary issues that arise with their support work.

Supervisors' involvement at so many junctions makes it essential that they engage with their supervisees regularly and remain mindful of the dual roles that peers occupy—as both individuals in recovery and as members of a treatment program for other individuals in or seeking recovery.

Whereas supervision is not the same as recovery support, supervisors can deliver supervision supportively. In interviews of peer workers receiving supervision from nonpeer supervisors, the supervisor's attitude was considered the most important element in determining whether peer workers viewed supervision as effective or detrimental.[543] Peer workers described common positive supervisor attitudes as the ability to show respect and communicate nonjudgmentally.

CASE STUDY #1: ETHICAL ISSUES

Participant complains about peer specialist's level of self-disclosure about eating disorder and sex work.

Gina is a certified peer specialist working in an inpatient SUD treatment center that uses peer–participant working agreements.* Gina engages in individual recovery coaching, facilitates peer-run groups, and maintains the weekly All Recovery Meeting. Gina is in sustained recovery from SUD and binge eating disorder. She is also a survivor of sex trafficking.

One of Gina's participants left a message on the treatment center's voicemail complaining about Gina's coaching. The participant said that she feels uncomfortable when hearing about Gina's experience as a sex worker or her past eating disorder issues. The participant said, "I've never had to do that, and I don't plan to. Why do I have to hear about this or her eating issues?" The supervisor calls Gina to her office and asks her about her use of disclosure during coaching. Gina says that she avoids oversharing but does often use her full experience when discussing resilience with individuals in or seeking recovery.

Considerations

In what ways does Gina's use of self-disclosure potentially harm or benefit participants?

Has Gina explored her motives? Did she disclose more than was wise in an effort to prove that these aspects of her life experience help qualify her for her peer role? Did she have the participant's best interests in mind?

Lived experience of mental and substance use disorders is a prerequisite for authentic peer work, and some degree of disclosure is good practice. But should the program institute self-disclosure guidelines for the peer employees? For all employees? When can peer specialists appropriately disclose more of their stories beyond mental and substance use disorders (e.g., sex work, domestic violence, HIV status, criminal justice involvement)?

Possible Resolution

Gina and her supervisor agree to address level of disclosure in the peer–individual in recovery working agreement. Some guidelines within the agreement may specify disclosing certain types of lived experiences only when the individual first discloses a similar experience.

Her supervisor should take the opportunity to discuss how to make informed decisions about self-disclosure. Possible suggestions include that she initially think about the motive behind her self-disclosure and whether she believes that it would help the individual before sharing the information. Her supervisor should emphasize that self-disclosure is an important tool for peer providers. In Gina's case, it involves not only her history of mental and substance use disorders, but how she uses coping skills, supports, and her strengths.

** A working agreement is a list of mutual expectations agreed on by the peer worker and the individual in recovery when they initiate a peer support relationship.*

Supervisor Requirements and Training Needs

Peer specialists need skilled, recovery-oriented supervisors.[544] Specific training for supervisors will enhance their ability to support peer specialists.[545] The Substance Abuse and Mental Health Services Administration's (SAMHSA) Bringing Recovery Supports to Scale Technical Assistance Center Strategy (BRSS TACS) program prepared a self-assessment for supervisors of peer workers: https://www.samhsa.gov/sites/default/files/programs_campaigns/brss_tacs/guidelines-peer-supervision-2-self-assessment-cp9.pdf. This

assessment tool gives supervisors an opportunity to reflect on their supervision knowledge, skills, and learning needs specific to the supervision of peer specialists working in their program. Other BRSS TACS resources for supervising peer workers can be found at https://www.samhsa.gov/brss-tacs/about (under "BRSS TACS Spotlight").

Each state holds different requirements for those who supervise peers. As of 2019, 15 states required either a certified or licensed provider and/or an individual who held at least a master's degree.[546] Another 15 states required supervisors with certification or license to have some formal education, including completion of high school or an associate's or bachelor's degree. Several states don't have any requirements, and others allow a broad range of providers to supervise peers.

In addition to 10 Model Standards on general peer support certification, *SAMHSA's National Model Standards for Peer Support Certification* includes a standard with several recommendations for peer supervisor certifications (see Model Standard #11: Peer Supervision) at https://www.samhsa.gov/about-us/who-we-are/offices-centers/or/model-standards.

RESOURCE ALERT: GUIDES FOR SUPERVISION OF PEER WORKERS

These resources provide guidance and tools for peer supervisors:

- *National Practice Guidelines for Peer Specialists and Supervisors* (https://www.peersupportworks.org/wp-content/uploads/2021/07/National-Practice-Guidelines-for-Peer-Specialists-and-Supervisors-1.pdf)
- Peer Recovery Support Webinars (https://www.naadac.org/peer-recovery-support-webinars)
- *Peer Support Toolkit* (https://dbhids.org/wp-content/uploads/1970/01/PCCI_Peer-Support-Toolkit.pdf) [Refer to Module 4: Supervision and Retention.]
- *Supervisor Guide: Peer Support Whole Health and Wellness* (https://www.peersupportworks.org/wp-content/uploads/2021/05/Supervisor-Guide-to-Peer-Support-Whole-Health-and-Wellness-c-2013.pdf)
- SAMHSA's *Supervision of Peer Workers* Presentation (BRSS TACS) (https://www.samhsa.gov/sites/default/files/programs_campaigns/brss_tacs/guidelines-peer-supervision-4-ppt-cp5.pdf)
- SAMHSA's *Supervision of Peer Workers* Brochure (BRSS TACS) (https://www.samhsa.gov/sites/default/files/brss-tacs-peer-worker-supervision.pdf)
- *Utah Supervisor Guide for Peer Support* (https://dsamh.utah.gov/wp-content/uploads/2020/09/Utah-Peer-Support-Supervisor-Guide-3-9-2020.pdf [Readers may need to search on the document's title for an updated URL.])
- Magellan Health Services' Course, *Effective Supervision of Peer Specialists* (https://alphacarecms.magellanhealth.com/training2/peersupport/magellanmodule7/main.htm)
- *Strategies for Effective Peer Supervision (2018)* (https://soundcloud.com/resourcesforintegratedcare/how-behavioral-health-organizations-can-advocate-for-peers-2018)
- *DIMENSIONS: Peer Support Program Toolkit* (https://www.bhwellness.org/toolkits/Peer-Support-Program-Toolkit.pdf)
- *Peer Integration and the Stages of Change ToolKit* (https://oasas.ny.gov/system/files/documents/2019/08/PeerIntegrationToolKit-DigitalFinal.pdf)

Peer Supervision Formats

Group Supervision

The primary formats of peer supervision are group and individual supervision. Group supervision involves other peer specialists from the same organization or setting. It provides an opportunity to solidify role clarity,[547] as the supervisor and peers discuss current support efforts with individuals in or seeking recovery as well as their own recovery journeys. Regular (usually weekly) group meetings offer a good way to:

- Provide information (e.g., training opportunities, changes in policy and procedures, agency announcements, community resources).
- Promote team cohesiveness, decrease isolation in role, and gain support from others in similar roles.
- Share knowledge about individuals in or seeking recovery and discuss ways to support their recovery processes.
- Provide collaborative learning experiences and practice skills with each other.
- Receive feedback from other peers and learn how they handle different scenarios with individuals in or seeking recovery.

Peer supervision can promote open discussion and help peers work out issues unique to their role within the program. Incorporating new peer specialists into group supervision meetings as soon as possible will provide them with immediate support and guidance. In addition to peer supervision, staff meetings—involving both peer specialists and clinical staff—provide an opportunity to define, coordinate, and honor the contributions of everyone. Team meetings enable the entire staff to learn from each other, understand each other's roles and responsibilities, coordinate care, and reinforce the value of peer specialists' roles in the care of a person in or seeking recovery.

A 12-week study in an outpatient treatment facility found that weekly group supervision of peer workers, along with an individual supervisory meeting after 6 weeks, adequately prepared peers for successful delivery of services and resulted in significant decreases in substance use by those receiving PSS.[548] Another study of supportive group supervision for peer workers showed significant increases in self-efficacy—not only in their work, but also in their own recovery.[549]

Individual Supervision

Individual supervision is the second way to supervise peer specialists. Individual supervision allows peer specialists to examine in greater detail their interactions with individuals in or seeking recovery and to receive more support and guidance from an experienced colleague. Such meetings work better when regularly scheduled[550] and held in addition to—rather than instead of—group supervision. As soon as peers begin work, supervisors should ensure that they understand the expectations, procedures, and schedule for formal supervision.

For some peers, this will be their first time participating in formal supervision in a work environment. This means that the first step of individual supervision should be educating peer specialists about the purpose of supervision, how supervisors will use it, and what it consists of. Sometimes supervisors will initiate supervision outside of scheduled sessions. However, peer workers should understand that they can always go to their supervisor if they have concerns or questions (e.g., emergencies and unanticipated events potentially affecting the delivery of services by the program).

The initial supervision session is an opportunity to discuss expectations and responsibilities of both the supervisor and the peer specialist. Supervisors need to review documentation guidelines, documentation samples, and common pitfalls in completing documentation. Subsequent supervision sessions should include check-ins to determine how the peer specialist is doing and if any questions or problems have come up since the previous session.

The following elements can go into individual supervision:

- Discussing current concerns or questions regarding their interactions with individuals in or seeking recovery
- Asking for feedback about how they see their role as a peer specialist within the organization
- Brainstorming approaches in providing peer recovery support using the peer specialist's strengths and experience
- Reviewing their documentation, as needed, and discussing intervention strategies and available community resources
- Developing and discussing their professional development goals, including training goals, while serving as a resource and source of encouragement in achieving these goals
- Discussing and trying to resolve ethical dilemmas (e.g., issues around boundaries, confidentiality)
- Discussing what has gone well since the last session, asking for examples, and celebrating their success
- Communicating any changes in program policies and procedures or upcoming learning opportunities
- Setting an agenda and time for the next session

SAMPLE CONTENT FOR PSS DOCUMENTATION

- Name of individuals in or seeking recovery, location and duration of service, type of service (e.g., telephone contact), date, and time
- Brief narrative of how PSS connects with the person's plan for recovery care
- Objectives and goals addressed by the service
- Interventions, services, and resources provided
- Outcome (e.g., person's response to the intervention) and next steps

Individual supervision should not turn into "hallway supervision," where spur-of-the-moment conversations with a peer specialist take the place of regular, scheduled, and documented supervision.[551] Such discussions likely focus on immediate issues only at the expense of addressing developmental issues, such as how best to use peer specialists' strengths and skills. An analysis of supervisory methods for peer workers found that unscheduled individual supervision can hurt job performance because it gives peers limited opportunities to develop in their peer recovery role.[552] That said, supervisors should assure peer workers that they can request help or supervision at nearly any time while on the job. Supervisors can create a welcoming environment by informally checking in outside of scheduled supervision and expressing interest in peers' day-to-day experiences.

Exhibit 5.1 shows strategies that promote supportive, strengths-based supervision.

EXHIBIT 5.1. Strategies for Supportive, Strengths-Based Supervision of Peer Support Staff[553]

Supervision Strategy	Examples
Routinely providing support in a structured setting, focused on the strengths of peer support staff	• Tailoring language to include supportive words and phrasing. For example, supervisors should always consider the tone and content of notes and reminders that they leave for peer support staff members, to ensure the reminders do not come across as punitive.
Using peer support supervision sessions to model the skills that peer staff need to work successfully with individuals in or seeking recovery	• Working with peer support staff members to develop individualized goals that are tied to identified strengths, and address weaknesses • Encouraging peer support staff in the use of effective, person-centered approaches to develop and enact individualized recovery plans with participants
Building confidence by using supervisory sessions to discuss and role-play strategies for dealing with challenging situations	• Reviewing past situations and potential situations that peer support staff members may experience, and discussing resources and strengths the peer support staff members can draw from to address those situations • Role-playing potentially challenging conversations that peer support staff members may experience with individuals in or seeking recovery
Using supervisory sessions to maintain trust and detect issues early	• Providing space in each supervisory session to listen to any needs or concerns peer support staff members wants to raise • Asking explicitly about workload to assess feasibility • Providing opportunities to discuss self-care

Supervision Competencies

Although many publications cover supervising treatment providers, little guidance exists on supervising peer workers. Because peers perform fundamentally different work than treatment providers, supervisors cannot simply apply the principles of clinical supervision to supervising peer staff (the text box below provides more information on avoiding traditional models of supervision).

Substance Use Disorder Peer Supervision Competencies, a report funded by the Oregon Health Authority, provides useful guidance on supervising peer workers.[554] The report has four sections: recovery-oriented philosophy, providing education and training, facilitating quality supervision, and performing administrative duties. Each competency provides a checklist to help supervisors assess their current level of competency and determine their additional training needs. The recovery-oriented philosophy section can help lay the organizational groundwork for effectively supervising peer specialists and adopting a more recovery-oriented approach to SUD care.

Another resource, provided by the Indiana Family & Social Services Administration titled *Supervision Competencies for Effective and Ethical Peer Recovery Coach Supervision*[555] also provides helpful information for supervisors. This concise document covers 10 competencies supervisors should possess to ensure peers provide effective care and also maintain their own individual recovery.

AVOID TRADITIONAL MODELS OF CLINICAL SUPERVISION

"I think the greatest mistake that could be made in guiding the delivery of [peer-based recovery support services] would be to assume that traditional models of clinical supervision within addiction treatment can be indiscriminately applied to the supervision of P-BRSS [peer-based recovery support services] delivery. If that occurs, peers providing recovery support services will be turned into little more than junior counselors and the potential vitality of that role and the broader role of community in long-term recovery will be lost."[556] —William L. White

The section on recovery-oriented philosophy encompasses five foundational competencies:[557]

- **Competency 1: Understands peer roles.** The supervisor grasps SUD peer recovery roles, functions, and responsibilities through peer training, lived recovery experience, and behavioral health work experience.
- **Competency 2: Demonstrates recovery orientation.** The supervisor supports and understands the philosophy of recovery promotion, recovery management, and recovery-oriented systems of care. The core recovery-oriented philosophy includes:
  - Instilling hope.
  - Reinforcing appropriate self-disclosure.
  - Respecting mutuality.
  - Using person-first language.
  - Promoting self-determination.
  - Encouraging empowerment.
  - Fostering independence.
  - Using a strengths-based approach.
  - Addressing stigma and oppression.
  - Providing support appropriate to the individual's recovery stage.
  - Engaging in advocacy.
  - Embracing many pathways and styles of recovery.

On the last point, note that the principle of many pathways is not always carried out in practice, and many treatment programs may only support specific pathways to recovery. This must be explained to individuals in or seeking recovery so they are fully aware of their treatment and can agree to the specific pathway provided. Both the supervisor and peer specialist must be able to explain the rationale and intent of the treatment program's philosophy and recovery approach. They also must make clear that other pathways are available and offer information on where to obtain them.

- **Competency 3: Models principles of recovery.** The supervisor models and supports recovery principles and a recovery-oriented philosophy across roles: as a provider, as a supervisor, and as a part of the organization.
- **Competency 4: Supports meaningful roles.** The supervisor embraces the value of lived experience and supports and advocates for meaningful peer roles. The supervisor discourages the use of peers in other roles that diminish the value of their work. The supervisor supports role clarity and discourages the use of peers in work activities that are outside of the peer's education, training, and experience.
- **Competency 5: Recognizes the importance of addressing trauma, social inequity, and healthcare disparity.** The supervisor understands and incorporates trauma-informed care in interactions with peers, individuals in or seeking recovery, and the organization. The supervisor recognizes and integrates practices that promote social and healthcare equity, including trauma-informed care for those who have historically experienced trauma through oppression (e.g., certain underserved racial, ethnic, and cultural groups; people with physical or cognitive disabilities; people who have SUDs; members of the LGBTQ+ community; people experiencing poverty or homelessness).

CASE STUDY #2: RECOVERY SUPPORT IN AN UNFAMILIAR SETTING

Peer specialist asks about providing support appropriate for those initiating or questioning their need for help.

Erin is a certified peer specialist who has just started to work in a hospital ED. She conducts individual peer coaching at admission, helps individuals in or seeking recovery navigate to appropriate resources, and does telephone recovery support after discharge. She spent the past 3 years at a nonprofit recovery community center working with people who were already committed to their recovery.

Erin goes to her supervisor, concerned that she may not have the background to work in a setting with so many patients who question whether they have SUDs or need help. In her previous job, most people that she worked with wanted to maintain their recovery, and she helped them strengthen that motivation. She says that motivating people to initiate recovery is another story. Erin lacks experience in coaching people not yet committed to recovery.

Considerations

How much does Erin know about the stages of change and the importance of establishing rapport, supporting the individual, and providing education in early recovery?

What are Erin's strengths that might help others who are uncertain about their need for help? How could she use these strengths to help those questioning their need to address their SUD?

Has Erin had an opportunity to follow another peer specialist within the setting to learn different ways of connecting with individuals in acute settings?

Did Erin receive sufficient orientation and guidance in how best to meet role expectations?

Possible Resolution

Surveys show that job shadowing is a valuable interactive training tool for peer specialists.[558] After talking with Erin, her supervisor pairs her with another experienced peer specialist for the following week to help with her transition and orientation to the ED setting. Erin's supervisor also discovers that her peer training did not cover stages of change. The supervisor registers Erin for a webinar on this topic. Erin's supervisor also checks in on Erin's well-being and emphasizes the importance of activities that support her recovery during this transition.

Challenges and Solutions

The principles that guide the daily practice of recovery also guide the daily practice of supervising peer workers: hope, mutuality, honesty, respect, person-first orientation, multiple pathways of recovery, support appropriate for the stage of change, and a strengths-based approach. Supervisors should model and promote recovery principles. This means demonstrating a belief in the capacity for people to change—motivating peer workers, encouraging any with ongoing struggles, and celebrating peers' successes.

If a supervisor's workplace has not fully committed to a recovery orientation, the supervisor should model recovery principles—not just for peer workers and individuals in or seeking recovery, but also for administrators and other staff.

Common challenges of supervising peer workers in SUD treatment settings include:

- Providing a recovery-oriented framework for supervision.
- Establishing role clarity.
- Integrating peer workers with other staff.
- Supporting professional and career development.

- Providing a career pathway.
- Dealing with personnel turnover.
- Having insufficient resources to train, retain, or hire peer specialists.

Providing a Recovery-Oriented Framework for Supervision

Peer supervisors have multiple roles and responsibilities, which can make their jobs complex. Some duties differ from those of traditional clinical supervision. Peer supervisors model recovery principles, promote healthy self-care by their supervisees, and help prevent role drift. Clinical supervisors do the same, while balancing program and peer worker needs and helping to match peer expertise with an individual's needs. Exhibit 5.2 highlights one framework for understanding the roles of peer supervisors.

EXHIBIT 5.2. Peer Supervisor Roles and Responsibilities[559]

Administrative

- Orienting and assigning staff
- Delegating and coordinating work
- Reviewing and assessing job performance
- Coaching staff on administrative functions
- Connecting and coordinating with other staff, treatment providers, and community resources
- Helping peer staff with time management

Developmental

- Assessing peer staff strengths
- Identifying the knowledge and skills needed to perform all job functions
- Providing learning resources and ongoing training (e.g., training in ethical conduct)
- Providing opportunities for professional and leadership development
- Linking learning resources and skill building to situations arising from recovery support work with individuals in or seeking recovery
- Educating all staff on the peer worker's role in recovery support

Supportive

- Advocating for peer workers
- Encouraging and affirming peer workers
- Recognizing the peer workers' efforts and successes
- Offering perspective and providing a safe place for peer workers to express frustrations
- Promoting peer worker self-care
- Creating opportunities for peer workers to connect with other peer providers

The complexity of supervisory roles has led to various approaches. In one approach, known as cosupervision, peer workers are supervised by two supervisors: one deals with the administrative tasks of the role (e.g., scheduling, assigning work duties, managing workloads), while the other supervisor focuses on developmental skills and supportive roles (e.g., providing training, reviewing ethical principles and practical applications, supporting self-care).[560]

With cosupervision, supervisors need to coordinate their assigned responsibilities and communicate with each other regularly. If not, joint supervision may cause confusion and misunderstanding and make peers' work more frustrating.[561] Regular meetings between the two supervisors to discuss priorities and concerns can prevent these issues.

Newly hired peer specialists may not have experience with working in the setting. They may be apprehensive about how best to interact with individuals in or seeking recovery and staff, fulfill responsibilities outlined in their job description, and access resources for individuals in or seeking recovery. Helping peers work with people while managing their own recovery necessitates the use of regular group and individual supervision.

THE SPIRIT OF MOTIVATIONAL INTERVIEWING IN SUPERVISING PEER SPECIALISTS

Motivational interviewing (MI) is a respectful, person-centered therapeutic technique[562] supervisors can use with supervisees and a powerful tool to model listening and interaction skills for peer specialists. MI is consistent with the recovery-oriented principles of self-determination, empowerment, and a strengths-based focus. MI has the potential to foster strong supervisory relationships, address supervisee anxiety and ambivalence, and provide nonjudgmental, supportive feedback to supervisees.[563]

MI is a strengths-based approach that reinforces a recovery-oriented framework in supervision. The latest version of MI describes four processes that represent the way MI commonly works to help individuals in or seeking recovery change substance use behaviors, but MI can also be applied in a supervisory relationship to help build rapport, provide support, and structure guidance. These four processes are:[564]

- **Engaging:** Expressing empathy through reflective listening, acknowledging ambivalence about behavior change, and avoiding arguing
- **Focusing:** Working collaboratively on setting an agenda and staying on task
- **Evoking:** Eliciting change talk (i.e., desire, ability, reasons, need to change) by asking open questions and using reflective listening
- **Planning:** Respecting the person's desired goals for change and working together to identify specific steps to achieve those goals

The four processes reflect several core MI skills one can remember through the acronym OARS:[565]

- **O**pen-ended questions
- **A**ffirmations
- **R**eflective listening
- **S**ummaries

The four processes and the core skills of MI can help supervisors:

- Engage peer specialists.
- Focus their supervision meetings.
- Respectfully elicit from peers their understanding of how they can change their behavior and interactions with the individuals they support to help those individuals achieve their recovery goals.

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- Work collaboratively with peer specialists to create a professional development plan that enhances their confidence and competence as peer providers.

One study exploring how supervisors in a treatment setting used MI in their relationships with supervisees reported that the most common MI skills and processes supervisors practiced were OARS and evoking change talk.[566]

Applying MI as a peer supervisor requires training and coaching in MI processes and core skills. Advanced training and practice in MI will ensure that the supervisor is not only using MI with fidelity, but also effectively modeling and coaching peer specialists on the spirit of MI principles with individuals in or seeking recovery.

SAMHSA's TIP 35, *Enhancing Motivation for Change in Substance Use Disorder Treatment* (https://store.samhsa.gov/product/TIP-35-Enhancing-Motivation-for-Change-in-Substance-Use-Disorder-Treatment/PEP19-02-01-003), and the *Advisory*, Using Motivational Interviewing in Substance Use Disorder Treatment (https://store.samhsa.gov/product/advisory-using-motivational-interviewing-substance-use-disorder-treatment/pep20-02-02-014) contain more information and practical guidance on MI.

Establishing Role Clarity

Issues with role clarity can come up in peers' relationships with individuals in or seeking recovery and their coworkers. Peer specialists' dual identity as individuals in or seeking recovery and providers is a strength, but it can cause confusion about their roles.[567] Many programs may not have the same level of experience integrating peer positions into their programs as they do with more traditional and well-defined roles, such as counselors and psychiatrists. Further, there may be overlap or similarities in the duties carried out by peer workers and the duties of social workers and case managers.

In workplace surveys, peer workers, treatment providers, and administrative staff in behavioral health settings often say they lack clarity about peer roles.[568,569,570] Nonpeer workers report that they struggle to understand the role of peer workers and how best to use and include them.[571]

Peer workers often find the lack of clarity frustrating,[572,573] and supervisors must pay special attention to the issue, because it can lead to strain and role drift. (The section "Minimizing Role Drift" later in this chapter provides more information.) In a study of role clarity among behavioral health peers, the availability of supervision was the strongest predictor of role clarity in this workforce.[574]

Supervisors can use several approaches with peers (and other staff) to address peer role clarity. These approaches include:

- Maintaining detailed job descriptions by creating, reviewing, and regularly updating them.
- Minimizing role drift.
- Engaging peer specialists in meaningful work.

Maintaining Job Descriptions

Role confusion can result from poorly defined roles and expectations. A clearly written job description, with concrete duties and competencies spelled out, can contribute to role clarity by:

- Helping orient peer specialists to the expectations of their role.
- Helping integrate peer specialists appropriately into the workplace.
- Guiding peer specialists' day-to-day work activities.
- Giving peer specialists something to point to if they are asked to perform inappropriate duties (e.g., duties outside their expertise, menial tasks not in their job description).

Research supports the need for thorough job descriptions for peer specialist positions.[575] In one representative study, peer specialists and their supervisors expressed frustration with the lack of formal definition of the peer role. Some supervisors reported not knowing what training peer specialists had and what work they could do.[576]

In interviews with peer workers in a hospital setting, researchers found that physicians often asked peer workers to see patients who were actively suicidal or in the middle of psychotic episodes. One peer worker reported that physicians treated peer workers like a "magic sobriety wand."[577] There have also been reports of physicians seeking medical input from peers about buprenorphine treatment.

A good peer specialist job description includes these components:

- **Job title.** It should be succinct and clear.
- **Duties and responsibilities.** This section should clearly lay out the peer specialist's daily, weekly, and monthly duties and tasks.
- **Relationships among staff.** In addition to a description, this section should have an accompanying organizational chart that shows who supervises peer specialists and how other staff positions relate to theirs.
- **Qualifications and requirements.** This section specifies, as applicable, licensure, certification, training, experience, education requirements, and role restrictions.
- **Knowledge, skills, and abilities (KSAs).** This section should clearly state how each KSA relates to the job peer specialists perform.
- **Ethical expectations.** This section should spell out procedures for an ethical decision-making process, responsibility for reporting ethical concerns to the supervisor and/or credentialing agency (as applicable), and unethical behavior that would initiate disciplinary action.
- **Description of the program the peer will be entering.** This section will give the peers a clear understanding of what they can expect should they be hired, and include such items as the organization's treatment philosophy, mission statement, and structure.

A sample peer specialist job description appears in the Appendix of Chapter 6 of this TIP. (The Chapter 6 section "Core Practices and Practice Standards of Peer Workers" also contains examples of peer activities that could be relevant for peer job descriptions for programs.) Supervisors can find several other sample job descriptions here: https://rizema.org/wp-content/uploads/2019/01/UMass-Recovery-Coach-Report.pdf. Chapter 4 of this TIP discusses job descriptions and administrators' and human resource staff's involvement in drafting them.

Supervisors need to meet with new peer workers and review their job description in detail to ensure that they understand what is expected of them and to confirm their buy-in.[578] Supervisors should revisit the job description with peer workers regularly, updating it as necessary so that it accurately reflects the work assigned to them. Reviewing the peer job description 6 months after their start date and again during an annual review is a good idea, although greater or lesser duration between reviews may sometimes be appropriate. Supervisors can also discuss expectations, as necessary, in informal conversations with their peer workers.

ORIENTING NEW PEER SPECIALISTS

Peer specialists operate in many different environments—some clinical (e.g., opioid treatment programs, hospital behavioral health units, EDs) and some more recovery focused (e.g., recovery housing, recovery communities). Newly hired peer specialists may not have experience in the supervisor's particular setting. Therefore, the supervisor should give them a thorough orientation to the setting where the peer specialist works. In addition to covering practical matters—such as building access and use of computers, phones, and email—this orientation should include:

- Face-to-face introductions to everyone the peer will work with directly, including key colleagues.
- An explanation of the program's guiding principles, mission, treatment philosophy, and values.
- An organizational chart with clear lines of communication and reporting.
- A review of program policies and procedures.
- A review of job description and documentation requirements.
- An orientation to community recovery support services.
- An opportunity to shadow another peer specialist in the setting, if possible.

A thorough orientation can help reduce the strain on peer specialists and ease their integration onto a new team.

Researchers have developed *Mentorship for Addiction Problems*, a 4-week training orientation for peer mentors helping people in SUD treatment. The training consists of 1-hour sessions twice a week for 4 weeks. This training covers:[579,580]

- Understanding clinic policy and procedures (e.g., interacting with the system).
- Understanding peers' roles as mentors (e.g., boundaries, ethics).
- Helping individuals in or seeking recovery maintain abstinence.
- Undertaking self-care.
- Maintaining abstinence while working as a peer.
- Responding to crises (e.g., suicidal ideation, homicidal ideation).
- Managing mental issues experienced by individuals in or seeking recovery.
- Being sensitive to diversity.

Minimizing Role Drift

Role drift occurs when a peer worker takes on or is assigned responsibilities that fall outside the scope of the peer worker's practice. When peer workers attempt to take on clinical tasks at a treatment program or use language that may be too technical for the particular individuals in or seeking recovery they are working with, they risk drifting away from the role of peer worker[581] (e.g., giving people advice about medicines). Subsequently, peers may lose touch with individuals in or seeking recovery or not relate to them as effectively. In addition, they may begin providing services outside of their scope, which can create liability issues and violate ethics.

Role drift also happens when peer workers interact with individuals in or seeking recovery more like friends or sponsors than as members of care teams. This type of role drift can become a particular problem for peer workers previously treated in the same program where they now provide PSS. They may now work with people they know from treatment groups, which can make acting solely in a peer role especially difficult.

Supervisors need to encourage peer workers to "stay in their lane" to keep them from drifting into acting as friends, sponsors, counselors, or healthcare providers to individuals in or seeking recovery.[582] Supervisors should determine how best to help peer workers use their wealth of recovery-related knowledge and experience in an authentically peer role, which can be challenging in certain environments, where peers are used as cost-cutting mechanisms to replace the social service workforce and fill in systemic gaps.

Supervisors should avoid using clinical jargon, and periodically discuss the peer worker's typical daily work activities to help identify role drift—either imposed by others or adopted by the peer.

When role drift occurs, supervisors must work with the peer to identify the problem and explore options for a course correction. (Case Study #3 includes an example of role drift.) These discussions provide a natural opportunity to revisit the peer's responsibilities and the consequences of role drift, and to enlist the peer worker in strategies to recognize and correct role drift.

Regular individual and group supervision makes it possible to discuss and explore role drift **before** it happens.

The guidance about "staying in one's lane" applies both to peer workers and also to supervisors, who must avoid acting as counselor, sponsor, or friend. When supervisors need to help a peer worker move back to the appropriate "lane," they should consider mentioning any issues they might have had with staying in one's lane and what they did to resolve them.[583] By establishing common ground, supervisors can help the peer worker identify and correct role issues.

CASE STUDY #3: STAYING IN ONE'S LANE

Peer specialist leads discussion on pros and cons of certain medications, based on personal experience; psychiatrist on team expresses concern.

Jesse is a certified peer specialist in an opioid treatment program (OTP). He helps individuals in or seeking recovery navigate community resources, leads discussion groups on general topics, and provides telephone recovery support for participants and alumni. Jesse is in sustained recovery from opioid use disorder and has been stable for the past 3 years on buprenorphine. He gets treatment in an office-based opioid treatment (OBOT) program setting. Jesse was once an individual in or seeking recovery at the OTP where he works, taking a daily methadone dose. Jesse chose to transition to buprenorphine after 1 year on methadone.

The OTP psychiatrist contacted Jesse's supervisor after hearing that Jesse led a group discussion on the pros and cons of methadone versus buprenorphine. Although Jesse kept most of his remarks neutral, he did say that he was grateful that he had changed medications. He also said that he plans to taper completely by the end of his fifth year of recovery. The psychiatrist expressed worry that Jesse could influence medical decisions that should be between a prescriber and an individual in or seeking recovery. The supervisor discusses the situation with the OTP director, who asks the supervisor to have a talk with Jesse.

Considerations

How could Jesse's actions potentially harm or benefit individuals in or seeking recovery?

What was Jesse's motive for discussing this topic? Does he have a bias against methadone? Did he just want to help the participants?

Does Jesse understand the ethical principle of working only within his area of expertise?

Jesse is not a treatment provider, but his recovery experience is valuable. How can Jesse best use his history as an OTP and OBOT participant while avoiding role drift? Are team roles clearly stated? Do clinical and peer staff ever co-lead group discussions on topics where their expertise overlaps?

Possible Resolution

Jesse and his supervisor brainstorm peer group topics for a 12-week cycle. Jesse, naturally, leads most of the brainstorming meeting as the peer recovery expert. They identify several recovery topics that intersect with other staff roles and responsibilities and develop a plan to include the psychiatrist and others on the treatment team during the group session and share their expertise on these specific topics. The treatment team members' rapport and knowledge of each other's roles will increase with each session. Indeed, having "multidisciplinary group supervision" (i.e., including nonpeer staff) has proven helpful when discussing medical issues as well as examining integration of peer staff onto the team.

ROLE STRAIN IN PEER SPECIALISTS

Role strain, also referred to as role stress, occurs when peer specialists encounter competing demands within one role. It is "any physical or psychological strain experienced by an individual who needs greater abilities or resources than those that are available in order to perform the role."[584] For example, peer specialists may have far too many responsibilities or a large caseload that hampers their ability to provide PSS effectively. They may be the only peer specialist in the organization, limiting their ability to obtain support. Further, in meeting their responsibilities, in advocating for individuals in or seeking recovery, or in providing recovery-oriented care, peer specialists may face conflicts with other staff who are not knowledgeable about recovery support services.[585,586]

Role strain can lead to a decrease in the peer specialist's self-care and recovery activities. The peer specialist begins to believe it is too much effort to follow through with their own recovery support because they don't have enough energy after work. They may feel the need to work beyond their scheduled hours at the expense of other personal commitments. They may express a concern that if they don't take on the responsibility, no one will.

The peer specialist may adopt a "them versus us" stance toward other staff or assume staff responsibilities outside of their job description to feel a part of the agency. They may begin to use clinical language and step further away from recovery-oriented principles within the setting to increase their connection with clinical staff.

Role strain can occur in any job. Supervisors need to help peer specialists in recognizing and reflecting on how they manage stress in their role. Supervisors should create opportunities to discuss strategies for addressing specific circumstances that heighten role strain and elicit the peer specialist's strengths in finding solutions within their professional life, while supporting their recovery.

Engaging Peer Specialists in Meaningful Work

Problems with role clarity also arise when other staff ask peer specialists to perform administrative or support tasks that do not involve working with individuals in or seeking recovery, such as picking up coffee for coworkers or doing copying for billing staff. Supervisors are responsible for ensuring that other staff members treat peer specialists professionally and give them significant, appropriate, and rewarding work that makes use of their experience and training.

Supervisors are also responsible for ensuring that peer specialists understand that their work reflects program goals and contributes to achieving the organization's mission. Such discussions will help ensure that the outcomes expected of peer specialists align with that mission and each peer specialist's job description.

Supervisors should avoid the convenience of treating all peer specialists as generalists. Instead, they should strive to understand each peer specialist's strengths and background.[587] For example, based on their lived experience, some peer specialists may be especially suited to help individuals in or seeking recovery from using a specific substance, or multiple substances, or who have co-occurring mental and substance use disorders. Other peers may be more familiar with the child welfare or criminal justice systems.

The consensus panel recommends that, to the extent possible, peer workers should have the lived experience of the population of individuals they will work with (e.g., a program that treats individuals with HIV who are in or seeking recovery should try to engage a peer worker with HIV). The more supervisors know about their peer workers' lived experience and expertise, the better they and their program will be able to match individuals in or seeking recovery with peer workers.

Peer worker roles may depend on the state or states where their program operates. Some states limit peer workers to supporting individuals in or seeking recovery in navigating health systems and

steering them toward local social services. Others permit peer workers to perform coaching services. Likewise, the setting in which peers work (e.g., ED, residential treatment facility, outpatient SUD treatment program) will shape the services they provide.

Supervisors need to learn and understand relevant federal and state regulations affecting PSS and which services are appropriate for their setting. Supervisors must be aware that introducing peer services into an SUD treatment environment can begin or speed up a shift toward a more recovery-focused orientation. (Chapter 4 of this TIP includes a discussion of cultural change when introducing PSS to the organization.) Supervisors are responsible for helping peers integrate into the workplace and enhancing peer and nonpeer staff cooperation in support of individuals in or seeking recovery.

RESOURCE ALERT: PEER RECOVERY CENTER OF EXCELLENCE

SAMHSA's Peer Recovery Center of Excellence is a peer-led national center that provides training and technical assistance related to PSS. It serves as a resource for individuals, organizations, and systems working toward the successful implementation of the peer support model of recovery across settings. Enhancing the professionalization of peers through workforce development is one of the center's four core areas of focus (https://www.samhsa.gov/peer-recovery-center-of-excellence).

Integrating Peer Workers With Other Staff

A key task for supervisors is facilitating the integration of the organization's peer workers and other treatment staff. This integration can ease competition, conflict, confusion, and tension.[588] A study of factors contributing to the successful integration of behavioral health service peer workers gave the most weight to peers' perceptions of how well their supervisors understood peer work.[589]

Several studies attribute the tension that sometimes arises between peer workers and nonpeer staff to ambiguity about the peers' role within the setting.[590,591,592] In a survey of behavioral health service providers, some nonpeer agency staff viewed peers as unprofessional and unable to deal with the stress of the job, and as a way for the agency to save money by paying lower wages.[593] Peer workers described experiences in which nonpeer staff invalidated their role, questioned their integrity, and corrected them in front of others.[594] When peer workers were surveyed nationally, 64 percent witnessed or experienced discrimination and stigma from nonpeer staff.[595]

Across settings, peer workers often face the challenge of not being accepted as valued staff members.[596] If peers don't feel accepted and respected by nonpeer staff because of their recovery status or lack of professional credentials, supervisors need to address nonpeer staff perceptions through education to dispel any misinformation. For example, clinical staff may be unaware that peer specialists receive training on ethics, including confidentiality and boundaries, while pursuing certification and receiving supervision.

In studies about peer worker roles, peers stated that their lived experience with problematic substance use and recovery translated into empathy and an easy rapport with individuals in or seeking recovery that nonpeer staff envied—but peer workers also reported feeling that nonpeer staff resented them because they lacked professional training and credentials.[597,598] Peers sometimes found that nonpeer staff believed peers' lived experience meant they knew about aspects of treatment and recovery they had not actually seen or gone through. In situations in which friction or misunderstanding exists between peers and nonpeers, supervisors should assume the role of a liaison, helping each group understand the perspectives and capacities of the other. Staff members need to understand that the peers' value lies in the lived experience of behavior change and the ability to be a "translator" between the clinical world and the individual in or seeking recovery's world. Additionally, staff need to know that not valuing or respecting peers can be detrimental to the program as a whole.

Supervisors want to promote mutual respect between peers and nonpeers by treating peer specialists as experts on recovery who can educate nonpeer staff on the challenges of recovery and on how to relate to people at various stages of recovery.[599] This can be achieved by emphasizing that peer specialists are a vital part of treatment and recovery and by explaining to program staff that peer specialists benefit the program by improving outcomes, enhancing access to community resources, encouraging engagement in treatment and recovery activities, and instilling hope in individuals in or seeking recovery. Understanding that peer specialists' lived experience is at the core of their valuable contributions to the program will build nonpeers' trust in and appreciation of the peers' work.[600]

Supervisors can also improve peer–nonpeer staff working relationships by:

- Eliciting feedback from peer specialists during all-staff meetings.
- Modeling social integration by inviting peers and nonpeers to lunch together.
- Holding team-building activities for the entire staff.

RESOURCE ALERT: SAMHSA's WORKING DEFINITION OF RECOVERY: 10 GUIDING PRINCIPLES OF RECOVERY

SAMHSA developed a working definition and set of principles for recovery. When working with peer workers and other staff, supervisors need to understand, adopt, model, and reinforce recovery-oriented principles (https://store.samhsa.gov/sites/default/files/d7/priv/pep12-recdef.pdf).

Supporting Professional and Career Development

The increasing presence of peer workers in behavioral health services calls for the development of career opportunities for them.[601,602] Because of the relative newness of PSS in SUD treatment, the structure and supports that would enable peer specialists to have a career (not just a job) is still developing. (Chapter 4 includes a more thorough discussion of career pathways for peer specialists.)

Often, programs without enough work to employ one full-time peer or a few part-time peers may use only volunteer peers. This lack of full-time work can lead to ad hoc use of peers that ebbs and flows with funding or demand. Such practices may seem to benefit a program's bottom line, but they have several drawbacks:

- Peer specialists may not be treated like professionals.
- Peer specialists may be treated as an afterthought, rather than as valued, vital members of a team.
- Nonpeer workers may undervalue peer specialists' involvement if management treats peers as contingent employees.
- Peer specialists have little chance to grow and advance in their work without secure employment.
- Peer specialists may not receive consistent supervision or training.
- The program itself will be less stable and effective if PSS are not consistent.
- Peer specialists may experience role strain in attempting to deliver PSS in a limited time or capacity.
- Quality and continuity of care may suffer.

A synthesis of 27 studies on the experience of peer workers in behavioral health services outlines the drawbacks of hiring only part-time or temporary peer workers.[603] The most frequently reported aspect of the peer worker experience concerned low pay and few hours. Peer workers equated few hours with decreased chances to interact with nonpeer staff, including supervisors and administrators. Peer workers felt that this hampered their integration into treatment teams. Other studies highlight that peer workers face not only low pay but overtime work, without compensation, and high caseloads.[604,605] Peer workers equated low pay with a lack of respect, job dissatisfaction, and job instability.

Although funding for both peer specialists and those who supervise them continues to evolve,[606] well-paid, stable, and consistent employment for peer specialists would avoid these drawbacks. Such working conditions are currently a goal, rather than a reality, for most programs and peer specialists. However, supervisors can advocate for more hours and better pay for peer specialists, and they can help ensure that peer specialists become fully integrated into treatment teams, regardless of their hours and pay.

Many peer specialists view their jobs as a route back into employment and a chance for advancement. Supervisors should advocate with program management for peer specialists to receive career development support comparable to that available to other employees. Creating formal career paths for peers enhances their integration into the organization and reinforces the message that peers are valued for their contributions. The presence of career opportunities will help to demonstrate the program's commitment to peer specialists and stabilize peer roles in the SUD treatment field.

Peer specialists vary widely in educational background. Although some may not have finished high school, others have graduate school training. Supervisors should adopt a strengths-based approach when establishing professional development plans for peer specialists. They should support certifications, education, and training, and communicate with peer specialists about upcoming opportunities within the organization and community. Supervisors can recommend online and print resources to support peer specialists as they expand their knowledge and skills. Supervisors also can investigate local options for education and training, and consider having the program reimburse peers' expenses, in full or in part. Peer specialists who receive more hours of training, including supervision, to support their role are more satisfied with their jobs.[607] This increase in morale often leads to better job performance as well.

Certifications

Currently, states have a range of certification requirements for peer specialists seeking certification. These requirements may include but are not limited to passing an exam, participating in trainings, or obtaining formal or continuing education. The type and hours of training, education, and work-related experience vary across states. A high school diploma or GED is generally the highest level of formal education required for certification; however, it's best to check with the organization to see if it requires further education. States that require an exam have established their own requirements and use exams from NAADAC, the Association for Addiction Professionals, or the International Certification & Reciprocity Consortium (IC&RC). (The Resource Alert "Certification Programs and Resources" contains more information about certification.)

Many certifications are recognized by individual states but are overseen by a private credentialing board, making reciprocity more difficult to achieve. Reciprocity among all states that certify peer specialists would further enhance the position's professionalization and stability. As of the publication of this TIP, 28 states and the District of Columbia offer reciprocity through IC&RC. However, that still means nearly half of the states don't have uniform, transferrable credentials for peer specialists.[608]

Additionally, not all states who participate in the IC&RC will accept a credential from another IC&RC state. In light of this, SAMHSA in 2022 and 2023 collaborated with federal, state, tribal, and local partners to develop *SAMHSA's National Model Standards for Peer Support Certification,* covering substance use, mental health, and family and youth peer certifications. The National Model Standards will accelerate universal adoption, recognition, and integration of the peer workforce across all elements of the healthcare system. The Model Standards can be viewed here: https://www.samhsa.gov/about-us/who-we-are/offices-centers/or/model-standards.

RESOURCE ALERT: PROFESSIONAL DEVELOPMENT TRAININGS FOR PEER SPECIALISTS

Numerous professional development resources are available to support peer specialists' interests, needs, and goals. The following resources address a few relevant issues that may appear in supervision:

- *Cultural Humility Primer: Peer Support Specialist and Recovery Coach Guide to Serving and Supporting Diverse Individuals and Their Recovery Journeys* (https://attcnetwork.org/sites/default/files/2020-11/Peer%20Primer%20FINAL.pdf)
- *Supporting Recovery from Opioid Use: A Peer's Guide to Person-Centered Care* (https://attcnetwork.org/centers/northwest-attc/product/supporting-recovery-opioid-use-peers-guide-person-centered-care)
- *Peer Support Provider—Walking the Tightrope Between Helping Others & Maintaining Your Own Wellness* (https://www.mirecc.va.gov/visn1/docs/products/Peer_Support_Provider_Self-Care_Presentation.pdf)
- *Compensating for Systems Failures: The Transformation of the Community Health Worker/Peer Recovery Specialist Roles during COVID-19* Webinar (https://www.youtube.com/watch?v=8WV5Qx2tYZo)

Supervisors can support peer specialists' professional development as well as agency qualification for certain funding and reimbursement by helping peers achieve and maintain certification. Certifications create an opportunity for peer specialists to transfer their credentials when they leave a position. Certification is a positive step in the professionalization of peer specialists and helps bring more stability to their employment situation. Supervisors should familiarize themselves with their state's requirements for certified peer specialists.

RESOURCE ALERT: CERTIFICATION PROGRAMS AND RESOURCES

These resources provide descriptions of certification programs and resources across states and nationally.

- The SAMHSA-funded Peer Recovery Center of Excellence: *Comparative Analysis of State Requirements for Peer Support Specialist Training and Certification in the United States* (https://peerrecoverynow.org/about/coe-products.aspx)
- The SAMHSA-funded Peer Recovery Center of Excellence: State Certification Directory (https://peerrecoverynow.org/resources/state-certifications.aspx)
- SAMHSA/BRSS TACS' *State-by-State Directory of Peer Recovery Coaching Training and Certification Programs* (https://c4innovates.com/brsstacs/BRSS-TACS_State-by-State-Directory-of-Peer-Recovery-Coaching-Training-and-Certification-Programs_8_26_2020.pdf)
- Texas Institute for Excellence in Mental Health: *Peer Specialist Training & Certification Programs: National Overview 2016* (https://sites.utexas.edu/mental-health-institute/files/2017/01/Peer-Specialist-Training-and-Certification-Programs-A-National-Overview-2016-Update-1.5.17.pdf)
- NAADAC: National Certified Peer Recovery Support Specialist Certification (https://www.naadac.org/NCPRSS)
- International Certification & Reciprocity Consortium's Board Directory (https://internationalcredentialing.org/memberboards/)

Ongoing Training and Advancement

Peer workers' ongoing training should include formal training, on-the-job mentoring, and continuing education.[609] Training requires commitment of the organization's resources. The supervisor's program can help peers develop professionally by, for example, allowing time for more experienced peer workers or peer supervisors to mentor and train less experienced peer workers, providing paid time off for peer workers to travel for trainings, and underwriting the cost of their continuing education.

The mode of training can help determine how well peer workers adapt to their jobs and how satisfied they are with the work. One study of peer specialists revealed that the more time they spend in self-study or independent study, including video-based training, the less satisfied they are with their job training and the less they feel their role is clearly defined by their supervisor. The authors encouraged programs employing peer specialists to use job shadowing and other interactive training methods, as opposed to self-study methods. These methods are not only more satisfying, they may also increase role clarity, another important predictor of job satisfaction among peer specialists.[610]

RESOURCE ALERT: RESOURCES FOR ONGOING PEER WORKER TRAINING AND LEARNING

- The Peer Recovery Center of Excellence hosts monthly Communities of Practice calls for peer recovery support specialists and those who supervise them. (https://peerrecoverynow.org/training/communities-practice.aspx)
- SAMHSA hosts video trainings on PSS (pre-2019). (https://www.samhsa.gov/brss-tacs/video-trainings#peer-support)
- The core curriculum list on page 39 of the University of Colorado School of Medicine's *DIMENSIONS: Peer Support Program Toolkit* (https://www.bhwellness.org/toolkits/Peer-Support-Program-Toolkit.pdf) and SAMHSA's *Core Competencies for Peer Workers in Behavioral Health Services* (https://www.samhsa.gov/sites/default/files/programs_campaigns/brss_tacs/core-competencies_508_12_13_18.pdf) contain ideas on training topics.
- The Resource Alert "Manuals and Toolkits" in Chapter 6 of this TIP contains further information.

Some peer workers may require training to expand their knowledge of medications for opioid or alcohol use disorder and to address negative attitudes they may have about individuals who take these medications in their recovery journey, or about programs that dispense the medications. Additional areas for continued training that can help peer workers improve their performance and efficacy and enable them to further their careers may include:

- Harm reduction strategies, such as syringe services programs.
- Overdose reduction strategies, such as naloxone training and education, including the newer, stronger formulations (the Resource Alert "Establishing PSS for Overdose Response: A Toolkit for Health Departments" contains more information).
- Engagement strategies, such as motivational interviewing techniques.
- Emerging evidence-based practices to help individuals in or seeking recovery.
- Emerging laws and regulations concerning recovery.
- Any changes or updates to organizational policies.
- Emerging technological trends concerning behavioral health (e.g., mobile apps, telehealth).
- An understanding of the importance of person-first, nonstigmatizing language.
- An understanding of the concepts of diversity, equity, and inclusion.
- A deeper understanding of cultural responsiveness.
- Continued education in trauma-informed care.
- Any changes or updates to the treatment community, resources, and/or landscape in the area where the peer specialist works.

RESOURCE ALERT: ESTABLISHING PSS FOR OVERDOSE RESPONSE: A TOOLKIT FOR HEALTH DEPARTMENTS

The National Council for Mental Wellbeing has released a toolkit that contains resources, tools, concrete steps, and examples informed by the most current research to help organizations enhance their PSS with overdose response education and initiatives. The toolkit can be found at https://www.thenationalcouncil.org/wp-content/uploads/2023/03/Establishing-Peer-Support-Services-for-Overdose-Response-Toolkit-7-March-2022-Final.pdf.

Providing a Career Pathway

The lack of a career pathway for peer workers is a problem for the entire behavioral health field. Peer workers often cite lack of opportunity for advancement as a cause of job dissatisfaction.[611] Some peer workers leave their jobs and the field as a result. Some peer workers obtain a professional credential and move on to other roles in the behavioral health field. Others want to remain peer workers, while still making progress up a career ladder.

Consider establishing a clear career pathway for peer workers who aspire to advance in their profession, to bring stability to the peer worker role, and contribute to peer workers' job satisfaction and retention in their program.[612,613]

The most common career ladder for peer specialists has only two steps: the position of peer specialist and the position of peer supervisor. A four-state study found that although some larger behavioral health service providers had multistep career ladders for peer workers in the behavioral health field, most did not.[614]

TRANSITIONING FROM PEER SPECIALIST TO PEER SUPERVISOR

Some states and organizations have clearly defined steps and criteria for peer specialists who are interested in advancing to supervisory roles. The following guidelines from the Ohio Department of Mental Health and Addiction Services (OHMAS) provide a useful example.

- **Training required:** 4-hour supervisory training. Registration is available online: https://www.eventbrite.com/e/ohiomhas-online-peer-recovery-supporter-supervision-training-tickets-159118113561
- **Certification requirements[615]:**
  - **[The peer specialist needs...]** experience delivering peer services in behavioral health over a cumulative period of 2 years, has completed the 16 hours of online learning administered or designated by the department, and has completed the 4-hour supervising peer training administered or designated by the department.
  - (1) To obtain peer supporter certification, individuals will submit a complete and compliant application, including the following documentation:
    - Proof of a minimum of 40 hours of department-approved competency-based peer services training or 3 equivalent years formal, verifiable experience providing behavioral health peer services pursuant to Rule 5122-29-15 of the Administrative Code
    - A high school diploma, a GED certification, or similar secondary education from outside of the United States
    - Documentation of passing the department peer supporter exam, or an exam administered or designated by the department
    - Proof that certified peer supporters have read and understood the code of ethics at initial certification and every certification renewal thereafter
    - The results of a bureau of criminal investigation and Federal Bureau of Investigation criminal records check conducted within 1 year of submission
  - (2) Completion of 16 hours of online learning administered or designated by the department

Important: Certifications expire after a 2-year period. For certification renewal, supervisors must complete all the steps outlined in Rule 5122-29-15.1.

Lastly, OHMAS stipulates that the potential supervisor must:

- Have a thorough understanding of and belief in recovery.
- Believe sharing lived experience is helpful.
- Be available for regular supervision.
- Supervise no more than five certified peer recovery supporters.

Having Insufficient Resources To Train, Retain, or Hire Peer Specialists

Lack of funds or other resources can make it unfeasible for some treatment programs to hire peer specialists directly as staff. An alternative is to contract out with recovery community organizations or similar entities and use peers on a consultant basis. Such arrangements can be beneficial for all parties involved, as programs can integrate the support of peer workers into their service offerings despite their lack of resources, while peer workers can receive valuable work experience and access to a broader network of other peers who can provide support, education, guidance, and even supervision.

Conclusion

PSS is a growing field in behavioral health, as demonstrated by the expansion of diverse peer roles, settings, reimbursement, and professionalism. According to the 2020 *National Survey of Substance Abuse Treatment Services*, approximately 63 percent of SUD treatment facilities offered mentoring or PSS.[616] As of 2018, 27 states allowed Medicaid peer support reimbursement for individuals who had SUDs.[617]

With this growth, the field faces challenges in how best to integrate and support PSS, including the provision of ongoing professional development, supervision, and role clarity.[618] Peer supervisors have important roles to serve in SUD treatment programs—as advocates and guides for peer specialists, as facilitators in integrating peer services, as models of recovery principles, and as promoters of ethical decision making and healthy boundaries.

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Chapter 6—How To Become a Peer Specialist

KEY MESSAGES

- Peer specialists are becoming an increasingly important part of the substance use treatment workforce, and they provide services in a growing range of settings.
- Peer specialists draw on their lived experience with problematic substance use, behavior change, and recovery—plus their training—to improve outcomes for other people entering or in recovery.
- People interested in becoming peer specialists should understand the potential benefits and challenges of this work to make informed decisions about pursuing this path.
- The peer specialist position can be an end goal, a first step in reentering the general workforce, or a steppingstone in a career in the addiction and recovery fields.
- States have different education and training requirements for peer specialist certification. Obtaining certification has become increasingly important to securing work in this field.
- People who have lived experience with a family member in recovery from problematic substance use can become family peer specialists who work with other families affected by such use.

Peer support services (PSS) have become an important part of health care as the substance use disorder (SUD) treatment field increasingly understands that SUDs are long-term illnesses. Peer workers play a valuable role in supporting people with problematic use to seek, engage in, and maintain recovery and wellness.[619,620]

Peer workers are individuals who use their lived experience with problematic substance use, behavior change, and recovery to provide recovery support to people with problematic substance use. The broad term "peer workers" refers to peers who may be paid or unpaid, with or without formal training, and certified or uncertified. Peer specialists are paid and have training; peer specialists may or may not be certified. Family peer workers, who have experience supporting a loved one who is in or seeking recovery, also work in some treatment programs.

Chapter 6 will help people who are interested in working with people with problematic substance use in an SUD treatment setting understand the benefits and challenges of being a peer specialist. The chapter also discusses the training, certification, and credentialing processes involved in becoming a peer specialist. It offers education, information, and resources on topics such as:

- What a peer specialist does.
- The benefits and challenges of working as a peer specialist.
- The roles, settings, and practice standards of peers who support recovery from problematic substance use.

- The training requirements and skills needed to become a peer specialist.
- The steps to take to become a peer specialist, including how to become a certified peer specialist.

Chapter 6 is for anyone interested in becoming a paid or volunteer peer specialist, especially someone who wants to work as part of an SUD treatment program. A description of Chapter 6 follows:

- **The first section explains who peer workers are, what they do, the settings in which they work, and their core practices.** This section briefly introduces the roles of peer workers. Chapters 1 and 2 provide more information about PSS and the roles of peer workers.
- **The second section helps potential peer specialists decide whether the role is right for them** by first describing some general characteristics of peer specialists. It then presents questions to help them explore their own motivations for becoming a peer specialist, which is an important step in seeking this line of work. The section also describes benefits and challenges of being a peer specialist.
- **The third section outlines the steps and requirements for becoming a peer specialist.** It includes information about education, training, and credentialing.
- **The fourth section begins by discussing the principles of family peer support. It then explains the benefits and challenges of serving as a family peer worker** supporting families affected by problematic substance use as well as how to become trained, and in some places certified, as a family peer specialist.
- **The fifth section presents additional resources on peer specialist training and certification.** The chapter appendix includes a number of other resources, including a sample job description and case studies to help potential peer specialists learn more about becoming a peer specialist.

A NOTE ON THE TERM "PROGRAM CLIENT"

This chapter sometimes uses the term "program 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.

Who Are Peer Workers?

No universal definition of a peer worker exists. Many agencies, organizations, and experts in the SUD treatment and recovery fields have slightly different definitions. For example:

- The Substance Abuse and Mental Health Services Administration (SAMHSA) has described peer workers as people with the lived experience of recovery from an SUD who provide nonclinical, strengths-based support to others experiencing similar challenges.[621]
- William White, a well-known and highly respected writer in the recovery field, has referred to peer workers as "recovery coaches." He has described recovery coaches as people who are "experientially credentialed" and who "provide outreach to people in need of recovery, assertively link people to professional treatment and to communities of recovery, and provide long-term, stage-appropriate recovery education and support."[622]

The term "recovery coach" is frequently used in the same sense as the terms "peer worker" or "peer specialist." These positions differ somewhat from that of the *professional* recovery coach, which this Treatment Improvement Protocol doesn't cover. Professional recovery coaches have training and experience in coaching and may have certification from a professional coaching organization such as the International Coaching Federation or the International Association of Coaching. Also, professional recovery coaches often work in fee-based private practice and may not be directly involved in the local recovery community.[623]

Confusion persists about the roles of peer specialists, sponsors, and SUD counselors because they overlap somewhat.[624] But important differences exist between these roles. For example:

- SUD counselors (and other SUD treatment providers, like addictions nurses and clinical social workers):
  - Have specialized educational degrees and clinical training.
  - Are certified and licensed to provide clinical services.
  - Are clinically supervised when working in SUD treatment programs (but not when in solo private practice).
  - Provide SUD-related assessments, diagnoses, and treatments.
- Mutual-help sponsors:
  - Typically work through 12-Step programs like Alcoholics Anonymous® and Narcotics Anonymous.
  - Are always unpaid and unsupervised.
  - Mainly focus on helping their sponsees follow the 12-Step program.
  - Don't need formal training or certification.
- Peer specialists:[625,626,627,628]
  - Have formal training on how to use their lived recovery experience to help others enter or maintain recovery, and often have certification. (The section "Peer Specialist Training and Certification Requirements" contains helpful information and resources on certification.)
  - Provide support to people to help them achieve their recovery goals in the ways they choose. (The different ways that people enter, work on, and achieve recovery are often referred to as "recovery pathways.")
  - Receive supervision. Depending on the setting and program, peer specialists may have more than one supervisor. Some supervisors have themselves worked as peer specialists.
  - Have many roles and responsibilities, such as working with people seeking or in recovery on building their recovery capital, linking to the recovery community (including mutual-help programs) and other resources, developing and carrying out a recovery plan, advocating for themselves, and navigating healthcare, behavioral health, child welfare, criminal justice, and other systems. **(Recovery capital** means the internal and external resources available to establish and maintain an individual's recovery, like access to health care, supportive relationships, work/schooling, self-esteem, and safe housing.)
  - Typically serve in an SUD treatment, mental health services, healthcare, social services, corrections, court, or recovery organization setting (although some work may take place in the community).

What Roles Do Peer Specialists Fill?

Peer specialists working in SUD treatment programs offer nonclinical support and services to help people who experience SUDs and their families engage in and maintain recovery. They can work for pay or volunteer. They may work directly for a treatment program or for an organization that contracts to provide PSS to treatment programs. Their daily responsibilities are broad and require flexibility to allow them to help individuals with a range of physical, emotional, spiritual, and functional recovery needs.

A peer specialist serves as:[629,630]

- A person who offers support, caring, and guidance.
- A resource expert who can link the treatment program's clients to services by providing information and going with them to appointments. Such services include:
  - Housing.
  - Transportation.
  - Child care.
  - Health care.
  - Employment.
  - Education.
  - Social services.
  - Legal aid.
- A motivator or cheerleader (for example, celebrating program clients' achievements).
- A provider of honest feedback to help the individuals they work with develop healthier thoughts and behaviors.
- A role model for recovery and wellness.
- A role model for effectively communicating boundaries.
- A person who supports the individuals they work with in gaining recovery capital and overcoming barriers to recovery.
- An advocate for program clients with their SUD treatment team (such as during staff meetings in which treatment providers discuss cases).
- An advocate for PSS in the local community (by, for example, educating the general public about the importance of these services).
- A key figure in assessing community recovery support needs.

Peer specialists are central to SUD treatment, not an add-on, and can contribute across the continuum of recovery. They do so by:[631,632,633,634]

- Going into the local community to work with people seeking recovery and welcoming them into treatment or the recovery community.
- Modeling recovery and imparting recovery skills to new clients of the treatment program.
- Educating program clients about SUDs and coaching them on using social skills, finding other recovery role models, learning to ask for help, and avoiding or navigating risky situations.
- Accompanying individuals they work with to mutual-help group meetings and participating with them in organized activities.
- Supporting people in sticking with their recovery plans and new healthy behaviors.
- Helping individuals they work with understand how family relationships can affect and be affected by a family member's problematic substance use.
- Checking in with people in longer term recovery to support and encourage them.

Workplace Settings

Peer specialists work in many different settings, including, increasingly, SUD treatment programs. These types of settings include:[635]

- Outpatient SUD treatment programs.
- Programs that provide medication for opioid use disorder.
- Inpatient hospital addiction units.
- Partial hospitalization programs.
- Residential treatment programs.

Peer specialists may also work in a variety of other settings, especially settings that provide recovery services. The wide range of settings where potential peer specialists may find PSS include:[636,637]

- Recovery community organizations (RCOs). (Chapter 1 of this Treatment Improvement Protocol [TIP] contains a description of RCOs.)
- Recovery homes/recovery housing.
- College recovery programs.
- High school recovery programs.
- Problem-solving courts.
- Jails and prisons.
- Primary care and other physical health clinics.

- Emergency departments and inpatient medical units.
- Mobile crisis units.
- Harm reduction centers.
- Social services agencies (such as child welfare agencies).
- Homeless shelters.
- Telephone or online PSS programs, including mobile apps.

No matter where peer specialists work, part of the job involves connecting individuals with resources available in the recovery community.

WHAT RESEARCH SAYS ABOUT PEER SPECIALISTS

Do peer specialists actually help people with problematic substance use get better? Although the use of peer specialists to support recovery is relatively new, emerging evidence has found that delivery of PSS is linked to better outcomes for recipients. These improved outcomes include:[638,639,640,641,642,643,644,645,646,647,648]

- Greater rates of abstinence.
- More days abstinent.
- Lower rates of opioid overdose.
- Decreases in substance use.
- Increases in treatment retention.
- Fewer rehospitalizations for mental health or addiction issues.
- Increased success in following SUD treatment plans.
- Increases in housing stability.
- Increases in employment stability.
- Increases in recovery capital.
- Increases in treatment motivation and self-efficacy.
- Decreases in certain symptoms of psychosis, including hallucinations and delusions.
- Quality-of-life improvements.
- Greater access to social supports.
- Less anxiety and tension.

Core Practices and Practice Standards of Peer Workers

Peer workers support people with a history of substance use–related problems in working on many aspects of recovery and wellness, such as:[649,650]

- Having hope, motivation, and a positive and realistic outlook on recovery.
- Learning ways to reduce substance use and related problems or to achieve and maintain abstinence from substances, depending on their personal goals.
- Increasing skills to prevent a return to problematic use or any use.
- Developing recovery plans.
- Finding and linking to needed resources.
- Building and keeping healthy, supportive relationships.
- Developing effective coping strategies and problem-solving techniques.
- Having a sense of meaning and purpose in their lives.
- Setting and meeting short- and long-term goals.
- Maintaining good health and well-being and reducing stress by:
  - Eating a healthy diet.
  - Exercising.
  - Taking steps to prevent illness or health problems. (Quitting smoking,[651] addressing hepatitis C, and keeping up with immunizations are examples of such steps.)
  - Meditating.
  - Developing healthy sleep habits.
  - Putting new problem-solving skills into practice.

The day-to-day practices of peer specialists can range from conducting "street outreach" to people with problematic substance use to organizing recreational activities for people in

sustained recovery. Depending on the setting and organization, peer specialists' responsibilities can include:[652,653,654]

- Checking in with people on a treatment program's waiting list.
- Welcoming and helping orient new clients of the treatment program to put them more at ease, introducing them to recovery concepts, and explaining PSS and other services offered.
- Facilitating wellness groups.
- Teaching classes on budgeting and finding employment.
- Coaching individuals on locating resources and navigating healthcare and social service systems.
- Helping connect people to mutual-help groups.
- Accompanying individuals, if requested, to medical and other types of appointments to provide support, especially in first-time situations.
- Documenting delivered peer services (especially by peer specialists whose services could be billed to Medicaid).
- Communicating with the rest of the recovery team on behalf of or alongside a program participant.
- Offering one-on-one emotional support to program participants.
- Helping people transition from one level of SUD care to another.
- Reaching out to program clients who left SUD treatment early.
- Performing recovery checkups with former program clients who were successfully discharged.

The list above provides only a sampling of the many different responsibilities that peer specialists may carry out as part of their daily work. Peer specialists may also educate other organizations and the general public about the treatment program, recovery organization, or other setting where they work or about peer services and recovery generally.

RESOURCE ALERT: MANUALS AND TOOLKITS

Online manuals and toolkits for peer work can give potential peer specialists a sense of the roles, skills, and abilities involved. Such resources also discuss what peer training covers.

The following manuals and toolkits are listed here for information only and cannot be used in place of actual training:

- Cal Voices' Workforce Integration Support and Education (WISE) Program, *2019 Peer Toolkit for Workplace Success* (https://bhdp.sccgov.org/sites/g/files/exjcpb716/files/calvoices-2019-peer-toolkit-for-workplace-success-handbook-2019.pdf)
- City of Philadelphia Department of Behavioral Health and Intellectual disAbility Services, *Peer Support Toolkit* (https://dbhids.org/wp-content/uploads/1970/01/PCCI_Peer-Support-Toolkit.pdf)
- Florida Department of Children and Families, Office of Substance Abuse & Mental Health, *Florida Peer Services Handbook* (https://nuance.myflfamilies.com/sites/default/files/2022-12/DCF-Peer-Guidance.pdf)
- McShin Foundation, *Recovery Coach Manual* for the Substance Use Disorder Recovery Program (https://mcshin.org/wp-content/uploads/2019/07/McShin-RCM_for-web.pdf)
- Southern Plains Tribal Health Board, *Peer Support Toolkit* (https://sites.utexas.edu/ignitingthesparkofhope/files/2021/06/Peer-Support-Toolkit_Booklet.pdf)

In addition to learning day-to-day practices, **peer specialists will also need certain core competencies** that will help them follow practice standards. Practice standards describe how they should perform their job to ensure that they are acting in an ethical, respectful, and responsible manner.

Peer specialists should always act in an ethical and appropriate manner, although ethical guidelines and codes of conduct can differ depending on the organization and state. Ethical issues include situations involving potential harm to people seeking help, the peer specialist, the organization through which PSS are being

delivered, the larger PSS and SUD field, and the recovery community. Whether harm will be done to any of these people or entities should be the primary consideration when peer specialists face an ethical dilemma. Potential issues include the personal conduct of peer specialists outside of the work arena, conduct in relationships with people seeking PSS, conduct in relationships with other service providers, and the responsibility to report threats to public safety.[655]

The organization a peer specialist works for likely will have a set of policies describing acceptable and unacceptable peer specialist actions. These policies derive from an overall ethical framework that guides ethical decision making. Two national organizations have developed ethical guidelines that other groups have adopted:

- NAADAC, The Association for Addiction Professionals, developed the *National Certified Peer Recovery Support Specialist (NCPRSS) Code of Ethics* (https://www.naadac.org/ncprss-code-of-ethics).
- The National Association of Peer Supporters offers its *National Practice Guidelines for Peer Specialists and Supervisors* (https://www.peersupportworks.org/resources/national-practice-guidelines).

Chapter 8 includes additional resources in its "Ethical Guidelines" section.

Part of behaving ethically as a peer specialist means respecting and maintaining appropriate boundaries with the individuals that the peer serves.[656] Potential peer specialists will learn through training and supervision how to recognize when boundaries could get blurred or crossed—and how to avoid or respond to those situations. Such situations include:[657,658]

- Engaging in nonsexual touching.
- Receiving sexual comments from someone the peer specialist serves.
- Acting on or being influenced by romantic feelings for someone the peer specialist serves.
- Having someone receiving PSS from a peer specialist show romantic feelings for that peer specialist.
- Providing personal services outside those appropriate to the peer support role; examples of inappropriate services are babysitting, carpentry, car repair, and hairstyling.
- Loaning money to someone the peer specialist serves.
- Accepting gifts from someone the peer specialist serves.
- Blurring the line between being friendly and being friends.
- Blurring the line between providing professional recovery support and working on the peer specialist's own personal recovery.
- Inappropriately sharing highly personal information with someone the peer specialist serves, especially early on (for example, sharing in detail one's own experience with trauma with a new program participant who has a trauma history).

Is Being a Peer Specialist Right for People and Families In Recovery?

Potential peer specialists may wonder what characteristics and skills make a good peer specialist. People with many different personality traits and experiences can succeed in this work. But here are some things to keep in mind when considering this field:

- **Effective peer specialists genuinely care about individuals seeking or in recovery.** They enjoy connecting with people and often speak about their jobs with enthusiasm. These are important qualities to have to do this kind of work. This might not be the right work for a potential peer specialist if he or she is not a "people person."
- **A healthy peer specialist is an effective peer specialist.** The number of years in recovery that a peer specialist has is less important than their current state of health and wellness. A potential peer specialists should be honest with themselves about where they are in their own recovery. If they're still experiencing an SUD or other problematic use, they should focus on getting themselves well before trying to support others. The same advice applies if a potential peer specialist has a serious co-occurring medical or mental disorder that

needs addressing, including posttraumatic stress disorder. Learn about the eight dimensions of wellness at https://www.youtube.com/watch?v=tDzQdRvLAfM and in the SAMHSA publication *Creating a Healthier Life: A Step-by-Step Guide to Wellness* at https://store.samhsa.gov/sites/default/files/d7/priv/sma16-4958.pdf.

- **This job can be deeply rewarding,** because peer specialists provide a critical service to those seeking or in recovery. However, many peers express disappointment with the relatively low pay they receive.[659]
- **People who succeed in the peer specialist role often feel "called" to serve.** Peer specialists have a unique set of skills and experiences, attitudes, and desire to help others, and they often see their work as a way to give back to the recovery community.
- **Peers need thorough knowledge of local recovery community resources.** A peer specialist is knowledgeable about SUD treatment programs, mutual-help programs, recovery housing, RCOs, and other resources in their area. They are willing to invest the time and effort to develop such knowledge.
- **Effective peer specialists learn when and how to offer trauma-informed support.** People with problematic substance use often have a history of trauma. Because a person's trauma history can affect their ability to cope with stress, including the stress of recovery, peer specialists should have training on working with people who have this kind of personal history.

TRAINING AND WORK LIFE OF PEER SPECIALISTS SUPPORTING PEOPLE WITH OPIOID USE DISORDER

RIZE Massachusetts is a nonprofit organization dedicated to addressing the opioid use disorder (OUD) crisis. In 2018, the organization published findings from a literature review and multistate interviews on the use of recovery coaches in OUD care.[660] The results help shed light on the training needs and day-to-day activities of peer specialists in SUD treatment and recovery settings. Important findings include the following:

- Of 10 programs surveyed, 3 received at least partial reimbursement for PSS from private insurance.
- The number of full-time peer specialists employed at surveyed OUD programs ranged from 2 to 38.
- Full-time peer specialists worked, on average, 37 to 40 hours per week. Part-time peer specialists' hours ranged from being on call to up to regularly working 29 hours per week.
- Caseloads also differed across programs. Some peer specialists saw 8 to 12 people each; others had about 35 to 55 people on their caseload (for full-time positions).
- Programs typically offered ongoing training for peer specialists as a part of employment. Some trainings were free; others required payment. Hours of training offered ranged from 6 to 40 hours per year.
- All programs reported providing health insurance benefits and paid time off (for example, holidays, vacation days, sick leave) to their recovery coaches.
- Common core duties of peer specialists included being a PSS recipient's:
  - Supporter.
  - Motivator.
  - Facilitator.
  - Advocate.
- Other job roles included supporting people in:
  - Developing and engaging in a recovery plan.
  - Working on problem-solving skills.
  - Connecting to recovery services and resources.

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  - Navigating systems of care.
  - Helping people in recovery with practical support, like accessing housing and transportation and applying for public assistance.
- Peer specialists and OUD program directors agreed that peer specialists should place a high importance on three areas:
  - Supporting individuals' desired path to treatment and services rather than trying to force them to seek recovery through one specific pathway
  - Engaging program participants in services, earning their trust, and keeping open lines of communication
  - Maintaining their own self-care, such as through individual mentoring or participating in support groups designed to help peer specialists address self-care needs

Potential peer specialists should explore their motivations for becoming a peer specialist as well as their feelings about what this position can involve. Doing so can help them clarify the strength of their interest and stay committed to the training and the work if they pursue this path. **The following questions can be considered:**

- What are the potential peer specialist's reasons for wanting to become a peer specialist?
- What does the potential peer specialist hope to get out of this position?
- How does the potential peer specialist feel about working with individuals who may be actively using substances?
- How does the potential peer specialist feel about working with individuals whose recovery pathways differ from their own?
- How does the potential peer specialist feel about being supervised in this position?
- How does the potential peer specialist feel about working with individuals who have histories of trauma? Could this be triggering, and if so, how does the potential peer specialist feel about that?
- How does the potential peer specialist feel about working with individuals with mental disorders?
- How does the potential peer specialist feel about working with someone who has been or is involved in the criminal justice system because of their problematic substance use?
- Is the potential peer specialist accepting of individuals with convictions for other types of crimes?
- How willing (and able) is the potential peer specialist to spend time and money on peer specialist education, training, or both?
- What does the potential peer specialist think this work will be like day to day?
- How might working as a peer specialist make one's life different?
- How might serving as a peer specialist affect one's own recovery? Could it be helpful? Could it be harmful?
- What are the potential peer specialist's current recovery/self-care practices, and how might each affect their ability to perform this role effectively?

Benefits of Becoming a Peer Specialist

A peer specialist's work has many upsides. It can allow a potential peer specialist to:

- Share the valuable knowledge and lived experience they have gained in their own recovery.
- Show people with problematic substance use, their coworkers, outside professionals and organizations that they interact with, and the general public that **recovery is possible for everyone and happens often.**
- **Enter or reenter the workforce,** if they don't have previous or recent employment.
- **Develop a variety of skills,** such as facilitating meetings and leading classes.

- Start building **a career within the PSS field, the larger SUD treatment and recovery field** (such as by becoming a certified drug and alcohol counselor or addictions nurse), or a different field.
- **Maintain, expand, and deepen relationships** within the recovery community.
- **Find purpose and meaning** in their work.[661]
- Improve their confidence and self-esteem, which can **enhance their own recovery and well-being.** (However, **working as a peer provider is no substitute for doing one's own recovery work.)**

Interview-based research has found that peer work:

- Enhanced peers' own recovery.[662]
- Increased peers' self-acceptance.[663]
- Increased peers' confidence.[664]
- Gave peers a sense of accomplishment.[665]
- Decreased stigma in peers' workplaces.[666]

THOUGHTS ON THE INTERVIEW PROCESS

A potential peer specialist will want to know what types of questions they may be asked if interviewing for a peer specialist position so they can reflect on their interest in following this path. It can also help them feel better prepared for an interview. Here are some questions that may be asked during an interview:[667]

- What are some ways that you might motivate or encourage someone?
- How might you use your lived experience to support someone in recovery from problematic substance use?
- What role has peer support played in your own recovery?
- How do you feel about sharing your own story of recovery with those you would serve? When do you think sharing your story might help someone? When might sharing your story not help someone?
- What do you know about this organization?
- Why did you apply for this position?
- How would you define a "peer worker"? What do you think a peer worker's roles are?
- What does "recovery" mean to you?
- How would you handle a situation in which someone you are working with is struggling significantly or is in crisis?
- How would you respond if a person in recovery rejected your suggestions?
- How would you respond if a person in recovery had a recurrence?

Remember that, under the Americans with Disabilities Act (ADA), no one can ask the applicant disability-related questions during their interview. Applicants don't have to answer these questions. Such questions include:

- What medications are you currently taking?
- Are you receiving treatment for your SUD?
- When was the last time you were hospitalized for your substance-related problem?

The ADA's National Network webpage contains more information on how the ADA addresses a history of SUD and recovery at different stages of the employment process. (https://adata.org/factsheet/ada-addiction-recovery-and-employment)

Challenges Peer Specialists Can Face

Although becoming a peer specialist can be rewarding, potential peer specialists may encounter challenges to getting hired and thriving in the position. Awareness of these possible challenges can help them decide whether they want this type of work. Problems peer specialists might encounter include:[668,669,670]

- **Lack of understanding among staff** of SUD treatment programs about the purpose of and need for these positions.
- **Negative attitudes by coworkers** toward peer specialists and their contributions to the organization (for example, not valuing peer specialists' work or lived experience).
- **Requirements of state credentialing bodies and hiring organizations,** especially regarding education and in-the-field experience. Such requirements may be barriers for people who lack a high school education or a GED or who can't access or make time for the required training and work experience.
- **Lack of funding for training and certification fees.** People often need to pay for training and certification expenses on their own; however, not everyone can afford to do so.
- **Criticism from others in recovery that peer specialists are exploiting their recovery experience.** Some people in recovery believe strongly that peer mentoring is part of recovery and should always be provided on a volunteer basis.
- **Low pay, insufficient working hours,** or both.
- **Difficulty getting certified or hired.**
- **Difficulty getting hired if there is past criminal justice system involvement.** How much of a barrier this involvement presents depends on such factors as the nature, number, and recency of any crimes; the state; and the employer. Many peer workers with lived experience in the criminal justice system find success getting hired in forensic and diversionary settings like drug courts, jails, and prisons.[671,672]
- **Lack of a recovery orientation at an organizational level and among coworkers.**
- **Token peer positions.** For example, a treatment program might establish peer positions to be able to say it offers PSS, but not provide appropriate supervision, training, and work assignments to the peers.
- **Difficulty setting boundaries with someone for whom they are providing PSS.** This situation can happen when the peer specialist and the individual already have a connection (for example, they are friends or they know each other from participating in the same treatment program).
- **Difficulty setting boundaries with work colleagues.** This can happen when, for example, the peer specialist is expected to take on clinical functions or entry-level clerical tasks. Such deviation from the peer role can lead to the peer specialist identifying more with the treatment team and less with program participants, and to exploitation of the peer.
- **Few career options or opportunities for advancement within the workplace,** if serving as a peer specialist is not the end goal.
- **Burnout or stress,** which can occur because of, for example:
  - Understaffed programs.
  - The demanding nature of peer support work, including the emotional demands of working closely with individuals with trauma histories.
  - The frequent lack of affordable housing, mental health services, and other resources needed by individuals a peer is working with.
  - A lack of effective supervision and leadership support for the peer position.

Steps to Becoming a Peer Specialist

The process of becoming a peer specialist can take time and may vary depending on where the potential peer specialist lives and wants to work. Here are steps a potential peer specialist can take to ensure that they're prepared for this role.

Step One: Get informed—Potential peer specialists should seek as much information as possible to ensure that they want to pursue this line of work. This process may include:

- **Talking to providers, including peer specialists, in the recovery community** about the day-to-day work of peer specialists. (The appendix at the end of this chapter contains case studies that show how such conversations can be helpful.)
- **Talking to people in the recovery network,** especially anyone who has experience working as a peer, about how the peer specialist role may affect one's own recovery (positively and negatively).
- **Attending recovery events in the area, such as recovery fairs.** Recovery organizations and treatment programs may have representatives there who can speak to the availability of and requirements for peer specialist positions.
- **Talking to a trusted friend or adviser.**
- **Researching what peer training the state requires for certification** by going on the websites for, or calling, the state behavioral health agency or peer specialist certification organization. Doing this research will help the potential peer specialist avoid spending money on training that they don't need or that doesn't meet their state's requirements, and will also let them know the time commitment involved.
- **Researching how many peer specialist educational hours the state requires for certification.**
- **Looking into whether organizations in the area provide scholarships for peer training or certification or both,** or provide the needed training in-house as part of internships or peers-in-training positions.
- **Researching what types of jobs are available for peers in the area and how many jobs are advertised.**
- **Reading online job descriptions.** These can help give the potential peer specialist an idea of the work to be performed and what employers are looking for in a paid peer specialist, including level of education. A sample job description is included in this chapter's appendix.
- **Looking at the salaries/hourly rates and benefits being offered** to make sure they meet one's needs.
- **Checking whether organizations for peer specialists exist in the state and local area.** Such organizations may have helpful information on their websites. They can also be sources of information on any scholarships or other funding available to help pay for peer specialist training, education, and certification. Potential peer specialists may need to become a member to access certain types of information.
- **Attending peer conferences and networking events** to learn about the peer workforce, the experiences of peers working at different organizations, and the ways peer jobs vary by setting (for example, outpatient clinic, hospital, RCO) to get a sense of what might suit the person best. A potential peer specialist may also be able to learn about how, and for how long, peer positions at different organizations are funded. (Potential peer specialists also should consider asking about this during peer specialist job interviews.)
- **Reading Chapter 3 of this TIP.**
- **Checking out the many online peer resources** available, including manuals and toolkits. These resources will give the potential peer specialist an idea of requirements and expectations as well as what the work might be like. YouTube also has videos about the role of peer specialists, including training videos and personal stories.

Step Two: Get involved—Potential peer specialists should search out volunteer opportunities at local RCOs, SUD treatment centers, mental health service centers, or other places providing PSS.

Step Three: Get trained—Training, including work experience, will help ensure that the potential peer specialist develops the necessary knowledge, skills, and attitudes to succeed in the peer position. It also shows future employers that the person takes the job and their professional development

seriously. Although many training courses are offered in person, some training may be available online. Potential peer specialists will probably need formal training before an organization will hire them to join their staff. If possible, they should use a training entity that offers work experience hours as well as education hours. Potential peer specialists should build their computer skills as part of this effort.

Step Four: Get certified—Potential peer specialists should research certification requirements in the state (and in other states where the person might seek work) and in the organizations where the person wants to work. For example, some will require a certain number of peer work or volunteer hours, which often must be supervised.[673] Also, potential peer specialists should determine whether additional education is required and accessible. Certification bodies often have additional requirements, such as passing a written test, completing an application, and getting professional or personal reference letters, or both. Some programs include training and certification as part of the hiring process and cover the costs for peer workers. A potential peer specialist might need to complete an internship before getting certified.

Step Five: Get hired—Potential peer specialists should look for job openings.

- For potential peer specialists who started out by volunteering, they should find out whether the organization has any openings for paid positions, and not get discouraged if nothing is open. Potential peer specialists can communicate their interest in a paid position to their supervisor and continue to work as a volunteer, if they can afford to do so.
- Potential peer specialists should check the website of the state-specific certifying body to see whether it publicizes job openings.
- Potential peer specialists should see whether there is a statewide peer specialist organization that shares job announcements. A potential peer specialist may need to join the organization to obtain its information on job openings.
- Potential peer specialists should use connections in the recovery community to express interest in paid work as a peer provider. Informal networks are a great resource for learning about job openings.
- Potential peer specialists should search traditional job outlets for openings, like job websites (for example, Indeed.com, LinkedIn.com, ZipRecruiter.com) and newspapers as well as the websites and social media posts of SUD treatment programs and recovery organizations. Because the peer role goes by many different names, search on different word combinations, such as "peer specialist," "peer recovery specialist," and "peer recovery coach." Make sure that job openings aren't in the mental health field, which also uses peers.
- Job announcements are also often available through:
  - Peer training organizations.
  - RCOs.
  - Nonprofit organizations.
  - Colleges and universities.
  - Community centers.
  - Faith communities.
  - Mutual-help groups.
  - Outreach events.
  - Senior centers.
  - Youth centers.
  - Treatment alumni groups.
  - Social media platforms.
  - State vocational rehabilitation offices.
- Potential peer specialists should ask whether an organization is hiring, even if an opening isn't listed on the organization's website. People who work there may remember who inquired about job positions if an opening becomes available.

COMMON QUESTIONS ABOUT BECOMING A PEER SPECIALIST

The peer specialist role in SUD treatment is still somewhat new and continues to evolve, so the pathway to finding and getting this type of position can be confusing. Common questions include the following:

- **Does the person have to be in recovery to be a peer specialist?** To become a **certified peer specialist,** nearly all states require lived experience with problematic substance use and recovery. Requirements for minimum length of time in recovery vary from state to state but most often are 1 or 2 years.
- **Does the person need to have a college degree to become a certified peer specialist?** Most states require a high school diploma or GED but not a college degree. Certification requirements can change, so potential peer specialists should check with the certification body for the state where they want to work by calling or going on its website. The Resource Alert "Peer Specialist Training and Certification Programs by State" later in this chapter contains resources with helpful links.
- **Does the person have to get certified to be a peer specialist?** It depends, but the answer is probably yes. Some organizations that offer PSS have unpaid positions or will hire peer workers in the process of getting trained and certified. If the potential peer specialist is interested in being a volunteer peer specialist, certification is probably not needed. (But they should check with the organization about its rules and requirements.) However, virtually all states now offer peer certification and expect the person to get certified to hold these jobs. Therefore, the person likely will need certification to stay employed as a peer specialist.
- **Will becoming a peer specialist help the person in their own recovery?** Potential peer specialists should not pursue peer work as a way to advance their own recovery. Although it might help their recovery, it also might not. Peer specialists have described feeling that peer work had positive and negative impacts on their own recovery. Positive influences on recovery included improved knowledge about their own mental health and enhanced self-esteem and self-acceptance. Negative influences included feeling the pressure of being a role model for people seeking or in recovery and feeling triggered by working with people facing similar struggles (for example, experiencing a return of trauma-related symptoms after working with someone who discusses reexperiencing trauma in a nightmare).
- **If the potential peer specialist gets Social Security Disability Insurance (SSDI) benefits, can they still be a paid peer specialist?** Yes, although they may lose eligibility if their earned income goes over a set limit. This cap on earnings doesn't apply for a time if they participate in a Social Security Administration (SSA) SSDI work incentive program. SSA's *Working While Disabled: How We Can Help* booklet (https://www.ssa.gov/pubs/EN-05-10095.pdf) and its Ticket to Work page (https://choosework.ssa.gov/about/get-started-today/) contain more information. Potential peer specialists may also want to get free disability benefits counseling to learn more about how working will affect their SSDI and other public benefits. The National Disability Institute's *Disability Benefits Counseling Services* handout (https://www.nationaldisabilityinstitute.org/wp-content/uploads/2018/11/benefits-counseling-services.pdf) provides valuable details.

Peer Specialist Training and Certification Requirements

Obtaining certification can help a potential peer specialist get a paid position. Some states and organizations require certification before starting paid work. Certification gives confidence to employers and the public that the person has the expertise needed to deliver PSS. In some cases, SUD treatment programs will hire people in recovery and pay for some or all of the costs of their peer specialist training and credentialing as part of the employment package.

SAMHSA collaborated with federal, state, tribal, and local partners to develop *SAMHSA's National Model Standards for Peer Support Certification,* covering substance use, mental health, and family and youth peer certifications. The National Model Standards, released in 2023, will accelerate universal adoption, recognition, and integration of the peer workforce across all elements of the healthcare system. The Model Standards can be viewed here: https://www.samhsa.gov/about-us/who-we-are/offices-centers/or/model-standards.

As of this TIP's publication, no single peer certification standard is accepted nationwide; however, national peer certifications do exist.

Exhibit 6.1 lists the certification requirements of NAADAC and the International Certification and Reciprocity Consortium (IC&RC). Each has slightly different requirements and steps to certification.

EXHIBIT 6.1. Peer Certification Requirements From NAADAC and IC&RC

Factor	NAADAC
Name of credential	National Certified Peer Recovery Support Specialist
Lived experience required?	Yes
Required years in recovery	Minimum of 2 years (candidate must self-attest to having a minimum of 2 years of recovery from lived experience in substance use and/or co-occurring mental disorders)
Education	High school diploma, GED, or higher. Candidate must submit copy of GED, high school, or higher diploma or transcript.
Training	• Must show proof of earning 60 contact and training hours of peer recovery–focused education and training • These 60 hours of training must include at least 48 hours of peer recovery–focused training, including education in: - Documentation. - Community/family education. - Case management. - Crisis management. - Recovery-oriented systems of care. - Screening and intake. - Identification of indicators of substance use and/or co-occurring disorders for referral. - Service coordination. - Service planning. - Cultural awareness, cultural responsiveness, or both. - Basic pharmacology. This also must include at least 6 hours of ethics education and training and 6 hours of HIV/other pathogens education and training within the last 6 years.
Work experience	A minimum of 200 hours of direct practice (volunteer or paid) in a peer recovery support environment (supervisor attested)

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Factor	NAADAC
Other requirements or documents	• Must pass the National Certified Peer Recovery Support Specialist exam • Must submit a signed statement indicating that the person has read and will adhere to the NAADAC/NCC AP Peer Recovery Support Specialist Code of Ethics • Must provide two references (at least one professional)
Application fee	$235 (initial application; additional fees for testing and renewal)
Website	https://www.naadac.org/NCPRSS

IC&RC

- IC&RC credentials are administered by jurisdiction-specific boards (for example, country, state, region, military) using competencies and an exam developed by IC&RC. Each board sets its own standards, application processes, timelines, and fees for credentialing. To earn a credential, a potential peer specialist must work with the certification board in their jurisdiction.
- Contact information for all boards appears on IC&RC's Board Directory website (https://internationalcredentialing.org/memberboards). Note that this information is subject to change.
- The IC&RC website has information about peer recovery credentials (https://internationalcredentialing.org/creds/pr) and a study guide and other materials for exam preparation (https://internationalcredentialing.org/examprep).

As of this TIP's publication, nearly all states have training and certification programs, although the majority of these states offer a single, integrated certification for peers in the substance use recovery field and peers in the mental health recovery field.

State certification programs have different requirements on training, supervised peer work experience (paid or volunteer), and lived experience. Certifying bodies also differ from state to state. For example, some states have certification boards, some use third parties, and some certify peers through the state behavioral health agency.[674]

RESOURCE ALERT: PEER SPECIALIST TRAINING AND CERTIFICATION PROGRAMS BY STATE

- The SAMHSA-funded **Peer Recovery Center of Excellence** in 2023 published the updated *Comparative Analysis of State Requirements for Peer Support Specialist Training and Certification in the United States* (available through https://peerrecoverynow.org/about/coe-products.aspx), which provides an overview of peer training and certification requirements across U.S. states, compares and analyzes those requirements, and lists online resources by state. The center also has an online state certification directory at https://peerrecoverynow.org/resource-library/state-certification-database/.
- **SAMHSA's Bringing Recovery Supports to Scale Technical Assistance Center Strategy compiled the *State-by-State Directory of Peer Recovery Coaching Training and Certification Programs*** by searching the Internet to supplement information from state certification boards for SUD professionals, state mental health and SUD authorities, sources identified by IC&RC, local and statewide RCOs, and Faces & Voices of Recovery. It lists certification requirements for peers in all 50 states and Washington, DC (https://c4innovates.com/brsstacs/BRSS-TACS_State-by-State-Directory-of-Peer-Recovery-Coaching-Training-and-Certification-Programs_8_26_2020.pdf).
- **Doors to Wellbeing,** a program of the Copeland Center for Wellness and Recovery, offers an online state-by-state database of certification requirements for peer specialists (https://copelandcenter.com/peer-specialists).
- The **National Association of State Alcohol and Drug Abuse Directors Member Directory** provides links to websites for state and territory Single State Agencies for SUD treatment and prevention, where a potential peer specialist can find information about certification of peer specialists in their state (https://nasadad.org/ssa-web-sites/).

Note: Some of the resources above also include certification information for mental health peer specialists.

Some states offer reciprocal credentials, meaning that peer specialists in other states with qualifying credentials could potentially move to and work in those states with reciprocity arrangements.[675] IC&RC hosts a webpage that describes the reciprocity process for peer specialists holding the IC&RC peer recovery credential (https://internationalcredentialing.org/reciprocity).

If a potential peer specialist has a history of criminal justice system involvement, this won't necessarily keep them from becoming certified and working as a peer specialist. Recognition is growing that such lived experience can help peers better understand, relate to, and work with people seeking or in recovery who have criminal justice system involvement too. However, some states require criminal background checks or self-disclosure of criminal history as part of the certification process. Depending on the state and the category of offense, a criminal history could be grounds for denying an application for certification as a peer specialist, either permanently or for a number of years. Some states make these determinations on a case-by-case basis.

Examples of the types of convictions that can be disqualifying include the following:[676,677,678,679,680]

- Murder
- Manslaughter
- Assault
- Sexual offense
- Domestic violence
- Child abuse or neglect
- Elder abuse or neglect
- Kidnapping
- Stalking
- Arson
- Burglary

Potential peer specialists should research their state's requirements, then check the hiring requirements of the organizations where they want to work if they have specific employers in mind. Not all state certifying bodies have criminal history–related information available on their public-facing websites.[681] Also, keep in mind that state laws in this area can and do change.

Becoming a Family Peer Specialist

Few people understand the difficulty of dealing with a family member's problematic substance use as well as members of similarly affected families. In recent years, the role of family peer specialist has emerged as a way to provide PSS to family members of people with substance use–related problems. Family peer specialists gain their lived experience by participating in their own recovery and wellness journeys as a result of a loved one's substance use–related problems. Drawing on their knowledge and lived experience of caring for those family members, family peer specialists can support other families in similar circumstances and provide education and linkages to resources to individual family members.[682,683]

Principles of Family Peer Support

Family peer specialists have lived experience as a family member of a person in recovery. Before becoming qualified to work with families, family peer specialists must learn the core principles of family-based PSS. This knowledge helps support the use of services that are safe, effective, respectful, and ethical. High-quality family peer support reflects the following standards and values:[684,685,686,687]

- **Individualized services:** Family peer specialists don't use the cookie-cutter approach of offering the same services in the same ways to all families. They tailor support to the specific needs of each family and family member.
- **Connectedness:** Family peer specialists focus on helping families engage with and use services, resources, and support from other families, rather than just helping them access these tools.
- **Respectful and culturally responsive services:** Family peer specialists should have an open and nonjudgmental attitude that honors rather than objects to differences in viewpoints, opinions, or cultural outlooks.
- **Skill-based approaches:** Family peer specialists teach, mentor, and coach families on how to build the necessary skills to help themselves and family members in or seeking recovery during their recovery journeys.
- **Knowledge-based techniques:** Family peer specialists help educate families and answer questions to help them make informed decisions.
- **Engagement:** Family peer specialists work closely with families to ensure that they feel knowledgeable, confident, and supported.
- **Solution-focused support:** Although some families find it helpful to vent about their problems and frustrations, family peer specialists help them try to find solutions to their difficulties.
- **Person-driven support:** Family peer specialists support affected family members by helping them develop a wellness plan based on their own personal needs and goals. The plan reflects the idea that all affected family members have their own wellness journey, regardless of where the person in or seeking recovery is in their recovery journey.
- **Outcome-based services:** Rather than focusing on problems and weaknesses, family peer specialists offer families hope and encouragement, help them identify their unique strengths and resiliencies, and support them as they find solutions and work toward positive outcomes.
- **Expanded opportunities:** Family peer specialists help families get involved in the recovery community at multiple levels, such as through local or national recovery events.
- **Advocacy:** Family peer specialists teach families how to stand up for their own rights and the rights of the individual in or seeking recovery. They also promote recovery to the local community, providers, and policymakers.

FAMILY PEER SPECIALISTS: WHAT PEOPLE IN RECOVERY NEED TO KNOW

Research shows that when supportive loved ones are involved in a person's SUD treatment, recovery, or both, that person has a better chance of stopping their addiction and maintaining long-term recovery. [688,689] But many people in recovery won't have heard about family-based PSS and will probably have questions about what it means to have a family peer specialist working with their family. People in recovery who are unfamiliar with family peer support need to know that:[690]

- **People are more likely to succeed in treatment or recovery when supportive family members are involved in their care.**[691] Family support—whether emotional, instrumental, or both—can go a long way in helping someone feel cared for and encouraged through the ups and downs of recovery.
- **Family peer specialists do for families what peer specialists do for individuals in recovery—**offer education, support, and resources. Their job is to give families the tools and information they need to better function, meet their own needs, and understand what their loved one is going through and how to help.[692]
- **Family peer specialists don't provide treatment to families.** However, if a family could benefit from treatment, such as family or couples counseling, family peer specialists can refer them to treatment and answer questions about that service.
- **Family members have a right to seek clinical and nonclinical recovery support, regardless of the actions or preferences of their loved one.** PSS can benefit anyone who has been directly or indirectly affected by substance use–related problems. (Note that there may be limitations on minors receiving PSS, depending on state laws and organizational policies about parental or guardian consent.)
- **Family peer specialists don't force services onto families.** If a family isn't interested in working with a family peer specialist, that's all right. Family specialists respect the choices families make but ensure that the family knows how to reach them in case family members change their minds.
- **A person in recovery may at some point want to consider including a family peer specialist in their care team** to strengthen their recovery support network. Before including a family peer specialist in their care team, the person in recovery should carefully discuss any privacy or other concerns with their own peer specialist. (If the individual doesn't have a peer specialist, they should discuss the idea with another member of their care team, like a counselor or case manager.)
- As a best practice, family peer specialists encourage the person in recovery and family members to be open with one another but **don't share anything with the family that the person in recovery doesn't want shared. Similarly, family peer specialists don't share anything with the person in recovery that the family doesn't want shared.** This includes medical, mental health, legal, and treatment-related information. The person in recovery has the right to privacy, and family peer specialists should respect that privacy. Before the start of services and treatment, family peer specialists will review confidentiality guidelines with family members and the person seeking recovery to make sure everyone is on the same page.

Qualifications

Family peer specialists are qualified nonclinical providers trained and supervised to make sure they:

- Have the necessary skills and education to effectively help affected families.
- Offer services that are:
  - Person centered.
  - Strengths based.
  - Trauma informed.
  - Culturally responsive.
- Follow rules and guidelines for ethical behavior.
- Have the required certification that reflects their experience, training, and supervision (where available—not all states offer family-specific peer certification).

Lived Experience

Having lived experience with supporting a person in or seeking recovery is important for family peer specialists. This experience helps family peer specialists empathize with the experiences of other families of individuals in or seeking recovery. It also means that family peer specialists have personal knowledge of how to address the problems families face and can offer ideas for how to cope with their struggles. Because of this lived experience, family peer specialists serve as role models for other families and offer living proof that families touched by problematic substance use can recover. Entities that certify family peer specialists typically require them to have lived experience.

Training

Training to become a family peer specialist usually includes a combination of:

- In-person or web-based training courses, lectures, or seminars offered through local, regional, national, or online training programs. Some states include family recovery support specialist training as part of their peer support training (for example, Arizona, Colorado [in 2020]).[693]
- Volunteer or paid work experience as a family peer specialist.

Training isn't only critical to making sure family peer specialists understand how to perform this type of work, it also helps them understand how to provide support that is family driven, trauma informed, and culturally responsive.

Supervision

Most states require that family peer specialists be supervised, and all state and national certification programs require that family peer specialists receive supervision as part of the certification process.[694,695] Supervision is often provided by someone licensed and qualified in the area of substance use or mental health, such as a psychologist, counselor, or social worker. Supervision helps family peer specialists build and improve peer support skills while ensuring that services are of the highest quality possible.

Supervision also protects and guides the family peer specialist when facing challenging situations like working with reluctant family members or answering medical or legal questions. **A supervisor steps in when a family member asks the family peer specialist to do something beyond their scope of training, abilities, or certification. This will help keep the family peer specialist from accidentally doing or saying something that could negatively affect the family or themselves.**

Certification

Because family peer support is an emerging practice, family-specific peer support certification is not yet widely available. Some states' peer specialist certification programs allow family members to qualify as peers, but don't offer a separate certification. Fewer states offer family-specific certification.[696,697] **Exhibit 6.2 lists which states offer family peer specialist certification.**

Currently, the National Federation of Families offers the only national family peer specialist certification, but it differs from the family peer specialist certification described above. The National Federation of Families certification is for parents or caregivers of children and emerging adults with emotional, developmental, behavioral, substance use, or mental disorders. Information about the certification is available online (https://www.ffcmh.org/certification).

EXHIBIT 6.2. Family Peer Specialist Certification

SAMHSA's Bringing Recovery Supports to Scale Technical Assistance Center Strategy prepared the *State-by-State Directory of Parent Peer Support Training and Certification Programs*, which lists information on family peer worker certification programs for states that had them as of 2020 (https://c4innovates.com/brsstacs/BRSS-TACS_State-by-State-Parent-Peer-Support-Training-Directory_2020.pdf).

Family peer support is an emerging practice. Although more programs have begun implementing these types of supports, information about the role continues to evolve and requires further examination.

Some states offer a peer specialist certification that includes family members as peers. Fewer states offer credentialing that is separate from other peer specialist certifications and specific only to family members. States that currently offer this type of certification include the following:

State (name of certification)	For Further Information
Colorado (Peer and Family Specialist)	https://coprovidersassociation.org/certifications/peer-family-specialist-certification/
Idaho (Certified Peer and Family Support Specialists)	https://healthandwelfare.idaho.gov/Medical/MentalHealth/PeerSpecialistsFamilySupportPartners/tabid/2935/Default.aspx
New York (Certified Recovery Peer Advocate–Family)	http://www.asapnys.org/certified-recovery-peer-advocate-family/
New York (Family Peer Advocate)	https://www.ftnys.org/training-credentialing/family-peer-advocate-credential/
Pennsylvania (Certified Family Recovery Specialist)	https://www.pacertboard.org/cfrs
Utah (Certified Peer Support Specialist)	https://sumh.utah.gov/education/certification/peer-support
Wisconsin (Parent Peer Specialist)	https://www.wicps.org/parent-peer-specialist/

Conclusion

The peer specialist position can be a rewarding career choice for individuals wanting to help others recover from SUDs and achieve health and wellness. People and families who are interested in becoming peer specialists should continue to educate themselves on the benefits as well as the challenges of working in this capacity. They should make sure they understand their motivations and expectations. Also, potential peer specialists can familiarize themselves with the certification requirements for the state or states where they might want to work and look at the qualifications and duties listed in online peer specialist jobs posted by the types of organizations that interest them.

Peer specialists make up an increasingly important part of the SUD treatment and recovery workforce, and the settings where they work continue to expand. Positions in the emerging field of PSS offer plenty of opportunity to learn, to contribute, and to grow.

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Appendix

Peer Specialist Functions and Responsibilities

Sample Functions:

- Providing vision-driven hope and encouragement, supporting people in their recovery, and assisting them in connecting to the recovery community
- Providing opportunities for individuals receiving services to direct their own recovery process (self-determination) and acting as an advocate for people served
- Working with individuals one-on-one and in groups to provide recovery training, and reaching out to individuals who use SUD services in the local community
- Sharing personal recovery experiences and developing authentic peer-to-peer relationships
- Offering instruction and support to help people develop the skills they need to facilitate their individual recovery
- Informing people served of available service options and choices while promoting the use of natural supports and resources within the local community
- Providing peer mentoring and support for individuals who are receiving SUD services
- Assisting individuals in navigating the SUD services system and in achieving resiliency and recovery as defined by the person

Sample Responsibilities:

- Assisting in the orientation process for people who are new to receiving services for substance use and/or co-occurring disorders
- Proactively contacting individuals to ensure they are making a successful transition to community integration and continuing their progress toward recovery goals
- Supporting individuals in seeking to connect/reconnect with family, friends, and significant others and in learning how to improve or eliminate unhealthy relationships
- Providing education and advocacy within the local community that promotes awareness of SUDs, while reducing misconceptions, prejudices, and discrimination
- Keeping treatment team informed about individuals' strengths, accomplishments, and obstacles in relation to their recovery goals
- Completing all required documentation in a timely, legible manner
- Educating professional staff about the recovery process and the damaging role that stigma can play in undermining recovery
- Visiting community resources with people using services to assist them in becoming familiar with potential opportunities
- Facilitating the transition from a professionally directed service plan to a self-directed recovery plan
- Modeling personal responsibility, self-advocacy, and hope by drawing on one's recovery story, as appropriate
- Ensuring confidentiality of individuals' information
- Assessing emergency situations, notifying supervisor or appropriate clinical and administrative personnel of actual or potential problems
- Exhibiting a nonjudgmental approach, effective listening, good eye contact, and positive interactions

Source: Adapted with permission.[698] Job descriptions and materials collected by P. Swarbrick and P. Nemec, 2011, The Transformation Center (Boston, MA), and Collaborative Support Programs of New Jersey. Edited by Achara Consulting; adapted from job descriptions and materials from Pennsylvania, North Carolina, Recovery Innovations of Arizona, Florida Peer Network Inc., the Transformation Center (Boston, MA), and Collaborative Support Programs of NJ.

Sample Job Description for a Peer Support Specialist

Summary: The Peer Support Specialist works with program participants onsite and in the local community to provide recovery support. Peer Support Specialists provide individual and group support in multiple settings and provide referrals for resources like housing, clothing/food, and overdose prevention/naloxone training. They also provide educational outreach to providers and community groups.

Job Responsibilities:

- Providing individual recovery support on a regular basis
- Facilitating recovery support groups
- Connecting program participants to community-based resources
- Assisting program participants in finding community services to meet basic needs
- Empowering program participants by supporting them in identifying and removing barriers to their recovery
- Supporting program participants in developing a self-directed plan for advancing their recovery
- Working with program participants on acquiring daily living skills, such as taking the bus
- Advocating for program participants and helping them develop self-advocacy skills
- Completing all required documentation clearly and on time
- Assisting in planning and conducting recreational activities for program participants
- Coaching program participants on problem-solving techniques and coping skills
- Accompanying program participants to appointments, meetings, and other activities, while maintaining ethical boundaries and communication with supervisor
- Providing outreach to and follow-up with nonresidential program participants where they live or in the community
- Providing community outreach
- Maintaining contact by phone/text/email with program participants after they leave the program to provide support and encouragement
- Communicating effectively and respectfully with all program participants and coworkers and with community partners
- Maintaining positive relationships
- Completing all trainings as assigned
- Completing additional duties and responsibilities as assigned

Qualifications: To perform this job successfully, one must be able to perform each essential duty satisfactorily:

- Demonstrating an understanding of, and belief in, the recovery process
- Being a person with lived recovery experience, with a minimum 2 years of continuous recovery
- Having positive communication skills
- Having the ability to maintain confidentiality
- Having the ability to relate to people from diverse backgrounds
- Being 21 years old or older

Education and/or Experience:

- High school diploma or GED required
- Associate's degree or higher preferred
- State-certified Recovery Coach or working to complete this within 6 months of hire
- Understanding of local community resources and recovery-oriented systems of care model

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Certificates, Licenses, Registrations: Must have a valid driver's license, registration, positive driving record, and proper auto insurance (provide a copy to the manager)

Other Skills and Abilities:

- Knowledge of basic crisis intervention and motivational interviewing techniques
- Ability to act as an advocate for the needs of the individual

Physical Demands: The physical demands described here are representative of those that must be met by an employee to successfully perform the essential functions of this job. Reasonable accommodations may be made to enable individuals with disabilities to perform the essential functions.

- While performing the duties of this job, the employee is regularly required to stand, walk, use hands, feel objects and/or controls, talk, hear, and smell.
- The employee frequently must be able to reach with hands and arms, climb or balance, stoop, kneel, crouch, and sit.
- The employee may need to lift up to 25 pounds.

Work Environment: The work environment characteristics described here are representative of those an employee encounters while performing the essential functions of this job. Reasonable accommodations may be made to enable individuals with disabilities to perform the essential functions.

Source: Adapted from material in the public domain[699] and available for free online (https://rizema.org/wp-content/uploads/2019/01/UMass-Recovery-Coach-Report.pdf).

Additional Resources

- **The Academy for Addiction Professionals Blog.** Features a posting on "A Day in the Life: Peer Support Specialist" (https://www.addictionacademy.com/2017/08/a-day-in-the-life-peer-support-specialist/)
- **SAMHSA's Bringing Recovery Supports to Scale Technical Assistance Center Strategy (BRSS TACS).** Offers an extensive list of video trainings (pre-2019) on many aspects of PSS (https://www.samhsa.gov/brss-tacs/video-trainings)
- **BRSS TACS.** Offers a list of certification requirements for all 50 states and the District of Columbia, as of 2018 (https://c4innovates.com/brsstacs/BRSS-TACS_State-by-State-Directory-of-Peer-Recovery-Coaching-Training-and-Certification-Programs_8_26_2020.pdf)
- **Doors to Wellbeing Peer Specialists Database.** Features a searchable database of program descriptions and certification requirements of peer specialist programs in each state (https://copelandcenter.com/peer-specialists)
- **IC&RC.** Includes information about the certification process for their peer recovery credential (https://internationalcredentialing.org/creds/pr)
- **NAADAC.** Includes information about the certification process for becoming a national certified peer recovery support specialist (https://www.naadac.org/NCPRSS)
- **National Association of State Alcohol and Drug Abuse Directors Member Directory.** Provides links to state and territory Single State Agencies for SUD treatment and prevention where potential peer specialists can find information about certification of peer specialists in their state (https://nasadad.org/ssa-web-sites/)

Case Studies

How To Approach the Case Studies

These case studies contain the stories of two people in recovery who are thinking about becoming peer specialists. Each story consists of an introduction outlining the person's story (including recovery history), learning objectives for readers, a dialog, and a summary.

The two stories incorporate key concepts discussed in this chapter:

- The first case study demonstrates the importance of knowing why someone would want to become a peer specialist and what motivates them to seek this work.
- The second case study shows how a person in recovery interested in becoming a peer specialist learns about the nuts and bolts of entering this field from a current peer specialist.
- Both case studies also touch on some of the rewards and challenges of being a peer specialist.

CASE STUDY 1—SARAH: EXPLORING MOTIVATION FOR SEEKING WORK AS A PEER SPECIALIST

Overview

This story illustrates how providers can be a valuable source of information and support for people interested in becoming peer specialists. Such discussions can help people interested in these jobs explore their own motivations and desires about this line of work.

The story begins when Sarah, who is in recovery, seeks out a counselor, Paul, at the local SUD treatment program she attends. Although Sarah isn't Paul's client, she knows him, is comfortable speaking with him, and trusts his opinion. She also knows that, before becoming a counselor, Paul worked as a peer specialist at the treatment program. She has an interest in peer work and decides she would benefit from speaking with Paul about how to become a peer specialist.

Sarah's Case History

Sarah is a 31-year-old African American woman with a 10-year history of alcohol and opioid use disorders. She has been in recovery for 2 years, including 1 month of inpatient SUD treatment and nearly 2 years of outpatient SUD treatment. Since entering recovery, she has developed a strong support system that includes her boyfriend of 5 years, two sisters, and a number of close friends, some of whom are also in recovery.

Sarah still regularly attends the outpatient SUD program, where she participates in many different social sober activities, including recovery-related workshops led by peer specialists, job training seminars, and 12-Step meetings. From time to time, she does volunteer work for recovery activities held by the treatment program, like helping organize an annual National Recovery Month celebration event every September and leading computer training classes.

As a result of her positive experiences volunteering and working with peer specialists on her own recovery, Sarah has started thinking about becoming a peer specialist herself.

Objectives for Case Study 1

The objectives are:

- To illustrate how, by speaking with Paul, Sarah can explore her personal reasons for wanting to work as a peer specialist.
- To show the ways in which providers can offer important insights into why a person might (or might not) want to become a peer specialist as well as information about the job itself.
- To highlight how Paul offers Sarah encouragement while also challenging her to think about peer work in ways she hadn't before.

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Person in Recovery–Provider Dialog

[Sarah arrives at the treatment center first thing in the morning. She knocks on Paul's office door, which is open slightly. Paul is sitting at his desk, reading through email on his computer.]

PAUL: Oh, hi, Sarah. Come on in.

[Sarah enters Paul's office and takes a chair facing him.]

SARAH: Morning. I hope I'm not bothering you too early.

PAUL: No, not at all. Just clearing out my inbox. *[Paul smiles.]* So, yesterday you said that you wanted to meet with me this morning. What's going on? Is everything alright?

SARAH: Yeah, everything is good. I just wanted to talk to you a little about the peer services here.

PAUL: Sure. Do you have some suggestions about them?

SARAH: No, I actually wanted to talk to you because I've been thinking about things, and I think I might want to try to become a peer specialist. Like, do what those folks do, help out those of us who come here. That kind of thing.

PAUL: Ah, I gotcha. Well, I think that's a really great goal, and I also think you'd be good at it.

SARAH: *[Smiles.]* Thanks!

PAUL: But I think it's important that you're really clear with yourself about why you want to do this kind of work. Let's start with this, though: How do you think of peer specialists? Who are they, and what do they do?

SARAH: Well, I know that they help people get in recovery and stay that way, and that they're all people in recovery, too.

PAUL: In a very basic sense, yes, that's true. Peer specialists do support people who are thinking about or in recovery, and most of them are in recovery themselves. There's a lot more to it than that though. What are your reasons for wanting to do this job?

SARAH: Well … I don't know. I mean, I know I want to help people with problems like I had.

PAUL: Okay, that's fair. But there are lots of ways to help people get or stay in recovery that don't involve being a peer provider. So, what is it about peer work specifically that interests you?

[Sarah is silent while she thinks over Paul's question. He waits quietly and patiently, without making her feel rushed.]

SARAH: Well, you know how my brother had his problems with pills, and that caused him to overdose? That was probably the worst time in my life. I mean, my whole family fell apart after he died. Our mom lost it … wouldn't get out of bed or take care of my sisters and me or anything. And Pops had to quit his job to stay home to take care of Mom. And since I've been coming here, working with the peers and everything, I just feel like … if my brother had had something like that in his life when he was trying to kick the pills, he probably could have made it. He didn't, though … and I just don't want any other family to go through what ours did.

PAUL: You know, I knew you had a family member who had struggled with addiction, but I didn't know it was your brother. And I didn't know that you lost him to an overdose. That sounds like a terrible time for you and your family, Sarah.

SARAH: Yeah, it was.

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PAUL: How do you think losing your brother might help you reach other people?

SARAH: Um … Well, I think it might help because you can't really understand what it's like to lose someone until you do, you know? I mean, it's not the kind of thing you can just teach someone about. You either know it or you don't. And when you feel that pain … just having someone else who really gets it helps you not feel so alone and so sad.

PAUL: You're right, and I think it's really wonderful that you want to try to reach people like your brother and turn your loss into something positive. Why else do you think you might enjoy or be good at peer work?

SARAH: *[Thinks for a minute.]* You know how I teach those computer classes here every other Tuesday? I really like it.

PAUL: Yes, I've heard that you've become quite the computer whiz. What do you enjoy about teaching the classes?

SARAH: I'm not totally sure. I mean, I like teaching people things that they can use. And with the computers, that was something I didn't really know about until I came here and took the classes too. So, when people in the class ask questions or get upset because they can't figure something out, I feel like I get it because I was there too.

PAUL: You know, that's actually a really important part of being an effective peer specialist—being able to understand what it's like to struggle and having experienced some of the same things. Because you've walked in their shoes, you really know where people in recovery are coming from. And that also makes your input very valuable, because they know that you understand.

SARAH: *[Nods her head.]* I guess it's sort of like when I was in the hospital program for my pills and my drinking. There was a girl there, a peer specialist, who worked with all of us who were getting treatment. She taught me about recovery and what the hospital program could do for me. And I actually listened to her more than I did the doctors, because sometimes I felt like they didn't really get it. They're just talking at you and telling you what to do because that's their job or whatever. But this woman I worked with … she didn't talk to me like that. She really listened and explained things in a way that helped me get it. And I knew she understood because she had been through the program too.

PAUL: Let me ask you—how are you as far as staying connected with people? Because being a peer specialist means really keeping in close touch with the folks you work with—not like therapy, which can sometimes be a "touch and run" type of job that only lasts for a certain amount of time. How do you feel about staying connected to people, even if they aren't grateful, or don't do things the way you would do them. Will you be okay with that?

SARAH: Well, I made a lot of friends when I started my recovery 2 years ago, and we're all still fighting our own fight. They don't all come here. But we all text each other and whatnot. We have coffee and talk about our families and what's going on. Even though we do recovery our own way, we keep in touch because we want to keep that closeness. Like, I do Alcoholics Anonymous, but one of my girls who also has problems with drinking does her own thing with her church. And that's fine. I don't get on her case because she has to do recovery her own way, and she doesn't get on my case. So, I don't think I would have a hard time keeping in touch with people even if they weren't doing things the way I am.

PAUL: That's great to hear. Having an open and flexible attitude is an important part of this job. So, you've named several experiences that you think might help you in this role. What about challenges you might face?

SARAH: What do you mean?

PAUL: I mean, sometimes the things that we think will help us reach out to others actually can make it harder for us. How might your brother's death make it hard for you to work with others in recovery?

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SARAH: Well … *[stares at the floor for a minute]* I hadn't really thought about it like that. I guess it would be hard if I was working with someone who also lost their brother. Like, someone whose story is a lot like mine. I could see myself just wanting to get outta there because it would be too much.

PAUL: That's not unusual—to work with others in recovery whose stories trigger our own negative feelings of pain or anger or sadness. And that's partly why all of our peer specialists are supervised, so they can discuss how to react in those situations and how to handle those feelings.

SARAH: Or maybe if I am working with someone who ends up overdosing like Michael did … that would be so awful. I don't even know what I would do. *[She takes a tissue from Paul's desk and wipes her eyes.]*

PAUL: I can tell that losing your brother was really traumatic for you. If you're going to be a peer specialist, you will be working with people who also have experienced loss or other traumas. It might help for you to talk with a counselor about how to deal with your own feelings about losing Michael and about what it would be like helping other people who have experienced trauma. A supervisor can help you with the work side of things, like what to say or do in those situations, but your supervisor can't really be your therapist and help with the emotions of it all, you know?

SARAH: *[Nods.]* Yeah, I get it.

PAUL: And just like a supervisor isn't a therapist to you, you can't be a therapist to the people in recovery that you'd be supporting.

SARAH: *[Nods.]* I saw my counselor for more than a year, and it was totally different than the work I did with the woman at the hospital program or with the peers here. It was more … I don't know … it was more like talking to a doctor.

PAUL: Yes, the two roles are really different. Therapy is a type of treatment. Peer work is about using your knowledge of recovery and your personal experiences to support others with their recovery and connect them to resources. It's not a clinical role. It's not your job to diagnose or treat someone. And as a peer specialist, you're not giving people directions or telling them what to do. Instead, you're saying, "These are some different things that have worked for other people." So that also makes it a little different from, say, when you go to the doctor for a problem and they tell you, "Here's what you need to do." Does that make sense?

SARAH: It does. I don't think I want to be a therapist anyway—no offense. *[Both laugh.]*

PAUL: None taken. You certainly don't have to become one. I started out as a peer specialist, and that ended up helping me get into counseling, which was what I wanted to do. It's not a requirement. Not everyone wants to take that path, and that's totally fine.

SARAH: Good to know. I wasn't sure if there would be any pressure or whatever … like, if I become a peer specialist, would I have to keep going? Is that bad if I'm not into that?

PAUL: Not at all! Peer providers offer really valuable services apart from what doctors and therapists and social workers offer. You can make a big difference in a lot of people's lives without becoming a treatment provider. And I think your reasons for seeking this kind of work are good ones. With the right training, I think you'll really succeed in this role.

SARAH: *[Smiles.]* That means a lot to me, thanks. Now when you say training … I mean, what exactly do I have to do?

PAUL: Well, no matter where you work, you'll have to be trained to make sure you perform the role correctly and ethically. For instance, if you're interested in being a peer specialist here, we have all peer specialists get sixty hours of training.

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SARAH: Sixty? Wow. That's a lot.

PAUL: It is. But it's important that you get trained right so you can do your job well.

SARAH: No, I get it. That makes sense. How long will that take me though? And what does it cost? Wait—would I have to go back to school? I know that Sean—do you know Sean? He didn't go to college, and he's been a peer specialist here for something like five years.

PAUL: You're right. Sean is a really effective peer specialist, and he doesn't have a college degree. Whether or not you will need one depends on where you work. Here, it isn't needed.

SARAH: Okay, that's good. I mean, I definitely don't mind training and taking whatever courses you guys might offer. There's no way I can spend all that money or time on college right now, though.

PAUL: I understand.

SARAH: So, what do I need to do next?

PAUL: *[Looks at his watch.]* I hate to cut our talk short, but I have a client I need to meet with. Why don't we meet again in a few days, and I can walk you through one of our peer specialist job ads. That way, you can better understand the role of peer specialists here, what we expect from them, and what you need to do to get one of these jobs—including the amount of time it will take and how much it might cost. We can also talk about certification.

SARAH: Okay, that sounds good. Wait—certification?

PAUL: *[Smiling.]* Don't worry—it's not as scary as it sounds. I can explain everything and give you some useful resources, like websites to look at and manuals to read.

SARAH: Oh, okay. That all sounds good. I'm really glad I came to talk to you about this. I mean, I guess I hadn't thought a lot about why I wanted to do this. It was just something that seemed like a good idea.

PAUL: No problem at all. I'm glad you came to talk to me too. Knowing why you want to do something can be just as important as knowing how to do it. When you understand what is driving you, you will feel a sense of purpose. You're not just taking this job because it's something to do with your time. You're doing it because it is meaningful to you in some way. And that means you will be more likely to stay committed to the training and the work, especially when things get tough.

SARAH: Yeah, that's true. I see now that peer work really is something I want to do, not just, like you said, a way to kill time or get paid or whatever. I actually feel more excited about this now, even though I know it will be hard work getting everything in place and finding a job.

PAUL: I'm happy to help, and I hope you keep me updated on how things are going. Now let's look at our schedules and see what works for meeting again later this week.

Summary

Sarah came to Paul to learn more about becoming a peer specialist. Rather than jumping straight into how to enter this line of work, Paul first helped Sarah explore her personal reasons for seeking a peer specialist position. He helped her think about how her own experiences might affect her work in both positive and negative ways. In doing so, Paul was also able to provide some basic yet important information about certain aspects of peer work, such as the need for supervision, how peer work differs from therapy, and what training might be needed. By asking questions, Paul helped Sarah think about this line of work in a meaningful and personal way. Although Sarah will still need to learn more about the nuts and bolts of how to become a peer specialist, her conversation with Paul helped her better understand whether this step is right for her.

CASE STUDY 2—SAM: USING PEER SPECIALISTS AS A SOURCE OF INFORMATION AND SUPPORT

Overview

This story describes a conversation between Sam, who is in long-term recovery and is interested in seeking work as a peer specialist at a residential or outpatient treatment center, and Robert, a peer specialist at the outpatient clinic Sam attends. Sam has a long and positive history with recovery services and formal treatment. He knows that becoming a peer specialist would be a good role for him. But he isn't sure what steps he needs to take or how to enter the field. He meets with Robert to learn firsthand the ins and outs of becoming a peer specialist.

Sam's Case History

Sam is a 64-year-old White man who has been in recovery from stimulant use disorder for 35 years. He also has a diagnosis of bipolar I disorder, for which he takes medication. Sam had inpatient SUD treatment followed by intensive outpatient treatment for both disorders. This included individual and group therapy and psychoeducation classes, which lasted about a year. Five years ago, Sam went through a bitter divorce, and although he did not return to stimulant use, he felt like he was close to having a recurrence. Sam feared that he might use again if he faced another stressful situation in the future, so he started seeing a psychologist, Dr. Ross, at a community mental health services and SUD treatment clinic. He continued to see Dr. Ross over the past 5 years but reduced the frequency of his visits to once a month.

Dr. Ross recently began working at a nonprofit SUD treatment clinic, where Sam now sees her. The clinic has peer specialists on staff, and Sam has read a handout about their services. Sam tells Dr. Ross during a therapy session that he'd like to become more active in the recovery community and learn how to become a peer specialist himself, now that he is doing well in recovery from SUD. She suggests that he sit down with a peer specialist at the clinic, Robert, to learn about Robert's experiences in becoming a peer specialist. She arranges for Sam to come by the clinic when he's off work and Robert has some time to meet with him.

Objectives for Case Study 2

The objectives are:

- To show how peer specialists can help others learn firsthand how to enter this line of work.
- To illustrate how encouragement from peer specialists can help people interested in the position feel empowered and supported.

Person in Recovery–Peer Dialog

[Dr. Ross and Sam walk down the hall to Robert's office. When they arrive, the office door is open. Robert is sitting at his desk, typing on his computer.]

DR. ROSS: *[Knocks gently on the door frame.]* Knock, knock! *[Robert looks up, sees Dr. Ross, and smiles at her.]* Here we are. Are you finishing something up?

ROBERT: Just typing up some notes. There, I'm done. *[Smiling at Sam.]* Please, come in and have a seat. *[Robert gestures at two empty chairs across from his desk. Sam sits down in one of the chairs.]*

DR. ROSS: Robert, I want you to meet Sam, the gentleman I was telling you about who might be interested in becoming a peer specialist. *[Turning toward Sam.]* Sam, this is Robert. He's been a peer specialist at this clinic for about ten years and now he also supervises other peer specialists. He'll be a great resource for you.

ROBERT: Good to meet you, Sam.

SAM: You as well. Thanks for making time to talk with me.

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DR. ROSS: Well, I'll leave you two to it. Sam, I'll see you in a month?

SAM: Sounds good. Thanks, Dr. Ross.

[Dr. Ross leaves, pulling the door behind her so Sam and Robert can have some privacy.]

ROBERT: So, Sam, Dr. Ross tells me that you might be interested in becoming a peer specialist. I think that's excellent!

SAM: Well, I've been at this recovery thing for a long time now—almost thirty-five years. And it definitely hasn't been easy. I never would have been able to do it without the support of my doctors and the recovery community.

ROBERT: I'm glad to hear that you've had good support.

SAM: I guess that's partly why I want to look into becoming a peer specialist. I know how tough it can be and that none of us get through this alone. And even when things are going well, a slip can be right around the corner. That almost happened to me … *[Sam pauses and looks away for a few seconds.]* But thanks to Dr. Ross and the other staff here, including the peer specialists, I was able to keep that from happening. I swear, I wake up every day so grateful. I just feel like, if I can help even one person stop using and move forward with their lives … well, I think I'd really like that.

ROBERT: That's really powerful, Sam. You sound like you've learned some important lessons throughout your recovery and are very motivated to start this type of work.

SAM: Oh, I am. I can't start soon enough. Problem is, I don't even know where to start. I was hoping you could tell me a little about how you got to where you are and what I need to do to get there too.

ROBERT: Of course. You know, when I was just starting out, it would have been really helpful to talk to another peer worker so I could get the inside scoop, but I never thought of it myself and no one on my recovery team suggested it. So I'm really glad Dr. Ross said something to you about this and that you're open to talking with me.

SAM: Me too. The inside scoop sounds great. So where do I need to begin?

ROBERT: Well, I think the first thing is to learn about the job and make sure it's really what you want to do. But it sounds like you're already familiar with peer specialists' work and know this is something you're interested in.

SAM: Yep. No problem there.

ROBERT: Well, when I was trying to figure things out, I didn't really know what the steps were, so I just decided to see if I could start volunteering as a peer worker. I knew the recovery community organization I attended at the time used peer workers, so I asked one of the administrators I knew there if I could start volunteering. She said yes, and that was that.

SAM: So that's basically all I have to do? Just get some volunteer hours under my belt? That doesn't sound too bad. I work part-time, so I should be able to swing that.

ROBERT: *[Laughs.]* Well, no, this was more than fifteen years ago. Back then, we didn't know as much about peer workers and why what they do is so important. It wasn't as clear how exactly to get into this kind of work. You sort of had to figure it out on your own and go from there. Nowadays, nearly every state has some sort of certification for peer specialists, and a lot of clinics like ours can bill Medicaid for their services. That has really changed the process. It's much more clearly defined now because we have to make sure peer workers have the necessary training and experience.

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SAM: Ah. I was sort of hoping that was all there was to it. *[Laughs.]* So, does that mean I shouldn't look for volunteer work?

ROBERT: No, I actually think that would still be helpful. It's a way to learn on the job, so to speak. And you will need to have some paid or unpaid peer work experience before you can get certified anyway. But even if you don't get certified, doing volunteer work is still an excellent way for you to learn whether or not you really enjoy this job and how to handle the day-to-day responsibilities. I highly recommend it.

SAM: I hear you. It sounds like certification is a big part of this, right?

ROBERT: Well, yes and no. It could be optional depending on where you want to work. A lot of places will want you to get certified, especially if they're billing to Medicaid.

SAM: I see. Well, I was thinking I could just skip all that certification stuff. I feel like I'm too old to be taking tests and going back to school. *[Laughs.]*

ROBERT: Are you kidding me? You're never too old to stop learning! *[Laughs.]* I know it sounds like a pain, but you can do it. And when you love what you do, you don't mind putting in the work. When I got certified, I had to get sixty hours of classroom training. I also needed five hundred hours of in-person experience working with people who have substance use disorders and twenty-five hours of supervision.

SAM: Five hundred hours? Man, that's a lot! This is going to be more work than I thought. *[Sam looks disappointed.]*

ROBERT: I know it seems like it, but don't let that get you down. Look, it's a marathon, not a sprint—just like recovery, right? It doesn't happen overnight—it's a journey. Even though I had to put in all those hours for training and work experience, by the time I got certified and was interviewing for jobs, I was very well prepared. I knew what to expect on the job, and the places that interviewed me all said they were impressed with my knowledge and service.

SAM: Well, when you put it that way, I guess it's not so bad. I guess I thought it was more like, take this test and go get hired. So, where do I go to get this training?

ROBERT: There's an agency within the state health department that certifies peer specialists. I'll give you the web address so you can look up the certification requirements and fees and see what training information it has. I can tell you that Nikki in our business office keeps a listing of peer specialist trainings in this county and the next county over. We can stop by her office on your way out and get that from her.

SAM: That'd be great—thanks.

ROBERT: A couple of other tips: Some places with peer specialists will pay for the cost of the training needed for certification. Our clinic does. Also, you should go online and look up job descriptions for peer specialist positions in this area, to see what sort of qualifications and experience different places require.

SAM: You know, the last time I was job hunting, I just opened up the newspaper. I guess that's not really how things work nowadays, huh? So it sounds like I need to get more comfortable with the Internet. I can do that—I'm sure my nephew can help me out. But you know what kind of worries me? Job interviewing. I've worked at the same place for so long that I haven't gone on a job interview in years.

ROBERT: *[Smiling.]* I actually have a printout of some questions you might be asked during an interview for a peer specialist position. I can share that with you. In fact, if you want, before you start job hunting, you and I could practice together, like role-playing. That way you can practice your answers.

SAM: Man, that would be great. I'd really appreciate that.

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ROBERT: The other thing I'd do when you're ready to start job hunting is ask around and talk to people in the recovery community.

SAM: You mean like networking?

ROBERT: Exactly. That was how I found my first job as a peer specialist. I had mentioned something to a social worker at the recovery community organization where I was volunteering, and she had a colleague in a nearby city whose organization was looking to hire a team of peer specialists. One thing led to another, and within about a month, I had my first paid position in peer services.

SAM: That's great that it came together so easily. I hope it's like that with me.

ROBERT: Well, like I said, this is a process. Focus on learning what you need to learn to do your job well and help others. And remember to look after yourself while you're doing the training and the job hunting.

SAM: Thanks again, man. I can't tell you how much this helps. And hearing it from you makes me feel like I really can do this, because I know you were in my shoes at one point too.

ROBERT: It's no problem, really. I'm happy to share whatever knowledge I can. And maybe one day after you've been doing this awhile, you can do the same thing for someone else too! Now, let's go see Nikki about that listing of trainings.

Summary

Sam came to Robert to get firsthand advice about how to get a job as a peer specialist. Rather than just walking through the steps or giving Sam some handouts, Robert shared his personal story about what he did. He also linked Sam to peer recovery resources and offered to help him use these resources (for example, role-playing a job interview, helping Sam look up websites). Throughout their conversation, Robert offered words of encouragement and support to help Sam stay motivated and feel confident in his ability to complete the steps needed to become a peer specialist, especially when Sam seemed to feel overwhelmed. He also validated Sam's worries but helped him reframe his fears in a more positive light. By making the conversation personal and collaborative, Robert helped make their discussion a meaningful and useful experience for Sam.

Chapter 7—How Family Peer Specialists Can Help Families Affected by Problematic Substance Use

KEY MESSAGES

- Families affect, and are affected by, a family member's problematic substance use, treatment, and recovery. Offering comprehensive care to individuals in recovery means including their families in the process as needed and desired.
- The lived experience of caring for a family member with problematic substance use is a key part of what family peer specialists offer families of people in substance use disorder (SUD) treatment. They have firsthand knowledge about coping with the effects of substance use–related problems on a family.
- Family peer specialists play a key role in helping families access recovery support resources and other services and systems that will be helpful to them during their loved one's treatment and recovery and can help improve quality of life for all family members—including the individual in recovery. Education empowers and enables families to be a source of positivity and strength for their family member with problematic substance use—and for one another. Family peer specialists can educate family members of individuals who have problematic substance use to better understand SUDs, treatment, and recovery.
- Families often know that they need help but don't know how to get it. Family peer specialists in SUD treatment programs can connect them to resources that will enable them to support the individual in recovery, and all family members, in living the healthiest life possible.
- While more programs are implementing family peer support, the impact of and outcomes related to the role of family peer specialists in supporting families of individuals in recovery are still emerging and require additional attention.

Substance use disorders (SUDs) are a major stressor on families, potentially causing significant problems with physical and behavioral health, work and education, finances, housing, social relationships, and the criminal justice system. Families and loved ones may respond with coping mechanisms that can be counterproductive to other family members and the person with the disorder. Family members of a person in or seeking recovery may have needs related to the loved one's treatment, including basic education about SUDs, treatment, and recovery as well as support needs of their own (e.g., instrumental support, such as transportation, or emotional support, such as comfort, care, and help with improving social relationships).

Each family can be viewed as a system, consisting of different members. A change affecting one family member can impact the entire family system. A family member's problematic substance use can create significant challenges for the family

system, during treatment and throughout recovery. Therefore, recovery support may be necessary for both the individual who has problematic substance use and the entire family system.

Because problematic substance use can affect the entire family, SUD treatment programs that don't address family members' needs, or that exclude them from treatment and recovery activities, can make it harder for both the family and the individual in or seeking recovery to get and stay healthy. **Just as individuals who have problematic substance use can benefit from working with peer specialists who have lived experience with SUDs, family members of those in or seeking recovery can also learn from other family members who have walked the same path.** By drawing on their knowledge and unique lived experience of caring for a family member with an SUD, family peer specialists in SUD treatment programs can be powerful role models and play a key role in providing education, support, and linkages to resources that many family members want and need. However, family peer support is an emerging intervention. Although more programs are implementing these types of supports, the effectiveness of family-based peer support services (PSS) is an area that requires further attention and study.

Chapter 7 is geared toward SUD treatment providers and explains why families of individuals in or seeking recovery might need PSS. The chapter describes how family peer specialists working in an SUD treatment program or related service setting can meet families' needs by linking them with family-based PSS. This chapter identifies family-focused PSS resources and addresses:

- How family-focused PSS benefit families of people with problematic substance use.
- How family peer specialists can support family members in addressing their individual needs.
- How family peer specialists can engage families in their loved one's SUD treatment, recovery, or both by offering education, support, and linkages to resources.
- The many roles family peer specialists fill and specific services they offer to families of individuals in or seeking recovery.

Chapter 6 provides information on how family members of individuals in or seeking recovery can become family peer specialists and discusses training and certification processes.

This chapter includes brief examples of interactions between peer specialists and individuals in or seeking recovery. These examples are simplified for demonstration purposes and may not reflect the complexities or nuances of actual peer relationships.

RESOURCE ALERT: *SUBSTANCE USE DISORDER TREATMENT AND FAMILY THERAPY*

The Substance Abuse and Mental Health Services Administration's Treatment Improvement Protocol 39, *Substance Use Disorder Treatment and Family Therapy* (https://store.samhsa.gov/product/treatment-improvement-protocol-tip-39-substance-use-disorder-treatment-and-family-therapy/PEP20-02-02-012), contains indepth information about problematic substance use, the family system, and recovery support.

Effects of Problematic Substance Use on the Family

There is no single definition of family. **For this Treatment Improvement Protocol, "family" includes the people who the individual in or seeking recovery feels closest to emotionally.** Asking individuals who are in or seeking recovery about the people they are closest to, or consider the most important in their lives, can help providers learn more about their unique concept of family. They could name:

- Traditional family members, like blood relatives and extended family (including stepfamily, in-laws, and adopted family members).
- Nontraditional family members (e.g., foster family members, unmarried partners).

- Nonblood relatives or friends (e.g., close friends, godparents, godchildren, members of a shared residential community such as recovery housing).

The individual in or seeking recovery may or may not live under the same roof with the people they think of as family. **Providers do not decide who an individual who is experiencing problematic substance use considers family. Family is defined by the individual in or seeking recovery and will be different for each person.** In many cases, how the family is addressed depends on who is identified as "family" when the individual enters treatment. Family peer specialists in SUD treatment programs work with many different family members, such as parents of adolescents with problematic substance use, spouses who are not in or seeking recovery, and adult children who continue to be closely involved with their parents into adulthood.

Families and Recovery From Problematic Substance Use

Families may play a central role in the life of an individual in or seeking recovery.[700] Substance use–related problems take a significant emotional, social, and financial toll on the relatives and close friends of the more than 46.3 million Americans ages 12 and older with a past-year SUD.[701,702] People with problematic substance use often have family members who also have issues with substance use, which can make initiating and maintaining their recovery harder. Furthermore, families of people with SUDs or with co-occurring mental and substance use disorders often:

- Provide direct care for their family member.[703,704]
- Help pay for the high cost of SUD treatment, which can be a burden even with health insurance.[705,706]
- Are involved in helping their family member start and remain in treatment.[707]
- Take on roles that their loved one cannot fill because of their problems with substance use (e.g., caring for a child and supporting a significant other).[708,709]
- Experience caregiver-related stress and burdens from looking after their family member with problematic substance use. This stress often places caregivers at an increased risk for chronic medical and psychiatric problems.[710,711,712,713]
- Feel responsible or blamed for their family member's substance use or recovery.[714]
- Feel the need to protect other family members from behaviors related to problematic substance use.[715]
- Feel guilty about blaming or mistrusting their loved one, which can lead to social withdrawal or negatively affect relationships with others—especially their relationship with the individual in recovery.[716,717]
- Feel shame and experience stigma and isolation associated with their loved one's substance use–related problems.[718]

Some family members may have negative attitudes toward SUD treatment and recovery, including not supporting the individual with their recovery[719] or denying that SUD is a disease.[720,721] Families also may have poor communication or unhealthy relationships, which can complicate the recovery process.[722,723] Additionally, family members may have their own views and expectations of what recovery looks like, and their loved one may not be meeting those expectations. Therefore, families may need support to understand that there are multiple pathways to recovery for those with problematic substance use.

Family systems theory helps to explain how families organize themselves through their interactions, including around a loved one's problematic substance use. All members of a family play a role in how the family functions. Families will try to maintain a steady state (or homeostasis) when facing challenges related to problematic substance use.[724] Understanding the roles members play, including how homeostasis affects family dynamics, can help inform efforts to support the family.

Families can influence a person's problematic substance use, treatment, and recovery.[725] Family involvement can increase an individual's chances of succeeding at treatment and recovery. Research has shown that couples- and family-based treatments can be effective for individuals

recovering from SUDs.[726,727] For example, family member involvement in treatment plans for adolescents in outpatient SUD treatment can:

- Improve treatment engagement.[728]
- Increase treatment retention.[729]
- Enhance family functioning.[730]
- Reduce short- and long-term substance use.[731,732,733]

RESOURCE ALERT: COMMUNITY REINFORCEMENT AND FAMILY TRAINING

Community Reinforcement and Family Training (CRAFT) is an evidence-based approach to helping spouses, parents, and siblings of people with problematic substance use. It helps family members get the person into SUD treatment while improving their own self-care.[734] CRAFT has been shown to be effective at helping people with substance use–related problems enter treatment, while reducing depression and other mental strains family members may be experiencing, improving their mental health, and increasing relationship happiness.[735] The Center for Motivation & Change website (https://motivationandchange.com/family-services/what-is-craft/) contains more information about CRAFT.

Family Support Needs

Many families need support to manage the stress of having a loved one with substance use–related problems in their lives because:[736]

- Problematic substance use is harmful to all family members' development and health.
- Problematic substance use can harm intimate family relationships; parent–child bonding; sibling relationships; kinship networks; and family roles, rules, rituals, and relationships.
- SUDs and related problems can be passed down from generation to generation, both genetically and through learned behavior.
- Recovery can be a difficult time for families. Individuals in or seeking recovery may struggle emotionally and physically as they address their problematic substance use. This can destabilize families who don't receive strong support during the process.
- Family members' physical health may have been neglected for years.
- Family members may have to take on added responsibilities while their loved one is in treatment or focusing on recovery.
- Family members can develop unhealthy behaviors as a result of the stress of a loved one's problematic substance use.

Family members of individuals in or seeking recovery have specific education, skill-building, emotional, resource, and advocacy needs. For instance, partners of people in the early stages of recovery from problematic substance use may:[737]

- Have difficulty adjusting to and expressing feelings about their partner's recovery.[738]
- Experience loneliness and separation (e.g., when the individual in or seeking recovery enters residential treatment).
- Struggle with changes in intimacy and communication with their partner.[739]
- Feel threatened by their partner forming new and emotionally intimate bonds with others in or seeking recovery (e.g., other participants in mutual-help groups) or spending much of their time participating in recovery activities that do not involve the partner.
- Struggle with no longer being the person's only source of support.
- Feel that their partner has made recovery, not the relationship, the primary focus and top priority.
- Feel left out of the recovery process (especially if not invited to participate in services).[740]
- Have difficulty adjusting to various life changes that no longer include shared activities, events, people, or places, and may feel grief associated with these losses or changes.

Addressing unmet needs is critical in helping families connect completely to the recovery process. Family peer specialists support families' needs by sharing their lived experience with similar problems; knowledge of family-based resources available; and understanding of how to navigate the healthcare, behavioral health, and other service systems. Family peer specialists also must recognize that family dynamics differ among cultural groups. Being culturally responsive ensures that providers are better serving the individual needs of families. (Chapter 3 has more information about cultural responsiveness and peer worker functions, and Chapter 6 has more information about training related to cultural responsiveness.)

FAMILY PEER SPECIALIST WORK SETTINGS

Family peer specialists work in a variety of settings and contexts, including with families involved in the child welfare system and families of adolescents with problematic substance use, among others. For example, a family peer specialist in the child welfare system may serve as an ally to a parent whose child is involved in the system. The family peer specialist may be a parent in recovery who faced a similar situation with their child. The family peer specialists may help engage the parent in services to improve outcomes for both the parent and their child.[741] Although family peer specialists work in other settings, this chapter focuses on the roles of family peer specialists in SUD treatment programs.

Family peer specialists in SUD treatment programs can fill many roles to meet the needs of families affected by problematic substance use, such as:[742]

- **Education/informational support.** Family peer specialists give information about available resources to support families, including the purpose of family-focused PSS and how these services can help families.
- **Skills development support.** Family peer specialists support families in developing skills to better communicate with their loved one with problematic substance use, solve problems, manage crises, cope with stress, and deal with emotional difficulties.
- **Emotional support.** Family peer specialists assist families in feeling understood, heard, validated, and supported. They listen openly and without judgment, share their experiences, and offer support. They do not lecture or tell families what to do.
- **Instrumental support.** Family peer specialists assist families in accessing resources for everyday needs, like transportation, child care, respite care, and safe and stable housing.
- **Advocacy.** Family peer specialists support families who are interested in advocating for and with individuals in or seeking recovery. They can educate families about their rights (especially parental rights in the case of children and adolescents), teach them about substance use–related problems and the power of treatment and recovery, be a voice in the community and speak with local leaders and policymakers, and guide them on working confidently and cooperatively with the individual's healthcare and behavioral health service providers.

Family members have their own separate recovery processes and will need to develop individualized recovery plans that addresses issues such as self-care and boundaries.

Providers shouldn't wait for family members to ask for assistance. However, if a family turns down assistance, their wishes should be respected. Not all family members, even those close to the individual who has problematic substance use, want to participate in all components of recovery. That's okay. Providers can always gently revisit the idea with the family later.

Providers should offer the family linkages to PSS—for example, basic education or informational brochures about such services—or the provider can introduce them to a family peer specialist if one is available. When family members receive support from a family peer specialist, which can happen no matter where their loved one is in their SUD recovery plan, it's important to discuss privacy and confidentiality rights with everyone involved, including the person in or seeking recovery

and their family members. People in or seeking recovery have a right to privacy and confidentiality. Some individuals may not want providers or other members of their treatment team to share certain information with their family members. Providers should work to encourage and improve communication among family members, including being assertive, clear, direct, and respectful, as outlined in the Community Reinforcement and Family Training (CRAFT) approach discussed earlier.

Although communication with the family and the clinical team should be closely coordinated, family peer specialists must maintain strict confidentiality in their work with families. Family peer specialists may be inclined to share information with family members that they think may be helpful; however, they should consider each member's need for privacy and confidentiality in these discussions. Family peer specialists should develop a confidentiality agreement with families to clarify informational boundaries and ensure that all parties agree to maintain confidentiality, except in instances where personal safety or the safety of others may be at risk.

IDENTIFYING THE CLIENT: RESPECTING PRIVACY AND OBSERVING CONFIDENTIALITY WHEN WORKING WITH FAMILIES

Family peer specialists work primarily with the family members of the individual who has problematic substance use. Although the goal of family-based PSS is to help the family, these services can indirectly help the individual in recovery as well; however, they are not the family peer specialist's focus. **Like those in recovery, all family members have a right to privacy and confidentiality.** Some may prefer that family peer specialists not share certain information with the person in recovery. Family members must give the family peer specialist permission to share information with the individual in recovery.

Educating Families About the Benefits of PSS

Families need information about family-focused PSS to understand how these services can help them. Many people have never heard of PSS and are unaware of their benefits. Learning what family peer specialists in SUD treatment programs do and how their services are used throughout the continuum of care empowers families to commit to supporting the person in or seeking recovery.

Family members may know of family therapy, but they may be unfamiliar with the term "family peer specialist." **Providers can help families understand not only the peer specialist's role in the context of the SUD treatment program, but also the benefits of PSS.** Specifically, families need to know that family peer specialists:

- Have lived experience as a partner, parent, or other close relative or friend of a person with problematic substance use.
- May be trained (and in some states certified) in providing family peer support and teaching families the skills to help them with recovery.
- Are supervised by an SUD treatment or recovery services provider.
- Can help navigate the many adult and child systems of care that the family may need to access (e.g., physical health, mental health, substance use, education, criminal justice).
- Know how to access SUD treatment and recovery services.
- Help families identify and link to family-based resources.
- Can support families in developing their own person-driven wellness plans.
- Advocate for recovery and the recovery community and help family members be advocates for themselves and the individual who is recovering from problematic substance use.

Families should know what to expect when working with family peer specialists in SUD treatment programs. Providers should plan to discuss:

- What family peer specialists do.
- What family peer specialists do not do, such as:
  - Provide treatment (e.g., therapy, medication).
  - Tell families what to do.
  - Provide information about an individual in or seeking recovery without their permission.
  - Teach religious doctrine or promote their own religious beliefs.
  - Give medical or legal advice.
- The details of the program and the family-based PSS available within that program. This includes discussing the importance of clear boundaries and letting them know that PSS are offered throughout recovery and are not just a one-time service.

Families should understand that PSS are not always available in SUD treatment programs. These services are available in many other settings, and family-focused peers may provide SUD recovery support in any of these settings, which include:

- Mental health service programs.
- Recovery community organizations (RCOs).
- Hospitals (e.g., emergency departments).
- Problem-solving courts and juvenile justice agencies.
- Child welfare agencies.

Families can connect with family PSS by speaking with the individual in or seeking recovery's treatment provider, peer support provider, case manager, or a local RCO. Families can also contact a national family peer support organization to ask about local services, such as a local RCO. (The appendix at the end of this chapter includes a list of family-based PSS organizations and mutual-help programs.)

MAKING A DIFFERENCE FOR FAMILIES

A 2018 study looked at the activities of 28 family mentors working with more than 780 families experiencing child mistreatment and parental SUD.[743] The services family mentors provided to families and individuals in recovery included:

- Recovery support, such as:
  - Recovery coaching and encouragement.
  - Education on how to develop daily living skills.
  - Accompanying a parent with an SUD to court.
  - Accompanying the parent in recovery to SUD treatment.
- Services for child safety and well-being, such as:
  - Sober parenting coaching.
  - In-home education about child safety.
  - Accompanying a parent with an SUD on child visitation appointments.
- Personal contact, including face-to-face meetings and phone calls.
- Coordinating services with the parent, including:
  - Following up on community resources and referrals given to the parent.
  - Coordinating child services.
  - Working with the SUD treatment provider and the parent.
- Completing other tasks for the family, like seeking support.

Family Peer Specialists and PSS for Families

Benefits of Peer Support for Families

As previously mentioned, the study of PSS for families of individuals in recovery is an emerging field. Robust research on PSS for family members of people with problematic substance use is lacking. Most studies have focused on PSS for family members of people with mental health needs—often for parents of children with mental illness. Though there are differences between PSS for substance use–related problems and services to support mental health, these studies can still provide valuable insights into PSS for problematic substance use. In fact, some of the research includes SUDs among the behavioral health concerns studied. Similarly, there is limited research available on problematic substance use and family recovery. What is known indicates that family members facing these challenges should be approached with compassion and offered resources to support their recovery.

Studies have shown the value of family PSS. For instance, a 2017 study examined the effects of family peer services among nearly 600 members of Learn to Cope (https://learn2cope.org/), a peer-led family support organization for loved ones of people recovering from SUDs (primarily opioid use disorder; OUD).[744] Researchers found that:

- Members of the organization thought participating in Learn to Cope was moderately helpful for getting their loved one access to and engaged in SUD treatment.
- Visitors to the Learn to Cope website found the online forum helpful for handling, understanding, and learning more about their loved one's SUD.
- Members reported that joining Learn to Cope:
  - Increased their understanding of SUDs.
  - Reduced their feelings of self-blame.
  - Lowered their stress.
  - Improved their coping abilities.
  - Helped them communicate better with loved ones.
- Of the nearly 66 percent of service recipients who reported receiving naloxone training, 86 percent received naloxone training through a Learn to Cope meeting, which they found "very helpful."
- Members liked that the organization's services:
  - Were informative.
  - Instilled a sense of connectedness and belonging.
  - Demonstrated the value of shared experience.
  - Showed them that they are not alone.
  - Gave them feelings of hope and inspiration.
  - Were an outlet for them to share their emotions and tell their story.
  - Improved their self-esteem and self-worth.

Challenges of Working With Families

Although the core PSS for families are similar to those for individuals in or seeking recovery (e.g., education, support, linkages to resources), **working with families can be challenging for peers who have worked only with those in or seeking recovery.** Family peer specialists who learn about potential family challenges ahead of time and have a plan for responding to or preventing such challenges can help keep families involved in family-focused PSS and in their loved ones' treatment, recovery, or both.

Negative Family Dynamics and Unhealthy Relationships

Understanding how an individual in or seeking recovery's family functions (or gets along with one another) is very important. **Unhealthy family dynamics can act as a barrier to recovery or increase problematic substance use. They can also prevent families from engaging in family PSS.** These include:

- Negative attitudes about SUD treatment and recovery, including a lack of support[745] and the presence of problematic substance use in other family members.[746]

- Negative attitudes or feelings toward the individual in or seeking recovery (e.g., denying that there's a real problem or that SUD is a disease, blaming themselves or others for the person's problematic substance use, stigma).[747,748]
- Poor communication or unhealthy relationships among family members (e.g., stressful relationships, high-conflict relationships).[749,750]
- A lack of family boundaries.[751,752]
- Disempowering the individual in or seeking recovery or other family members—that is, doing or saying things that support the individual's problematic substance use or make recovery more difficult. This includes making statements like:
  - "Why do you have to totally stop drinking? It's just one glass of wine. What's the big deal?"
  - "You don't really have to go to one of those silly 12-Step meetings tonight, do you? Let's go catch a movie instead. You can go to your meeting next week."
  - "You don't have a problem. Everybody drinks sometimes. You just don't know how to have fun."
  - "If you start treatment this weekend, what's the harm in having one last hit for old times' sake?"
- Destructive or other harmful parenting styles (e.g., open substance use, child abuse or neglect, lack of parental monitoring, and inconsistent communication patterns with children and adolescents).[753,754,755]
- Intimate partner violence.

Positive family relationships can support SUD treatment and recovery and protect against recurrence, thereby improving the well-being of all family members.

Families can learn strategies to improve functioning and overcome unhealthy patterns, even if the individual in or seeking recovery's treatment and recovery are not progressing.

Families with traits and dynamics that do support recovery may be willing to participate in family-based PSS. Such recovery-supportive traits include:

- Honesty.[756]
- Having a positive attitude toward treatment.[757]
- Emotional closeness.[758]
- Consistent and reliable support.[759]
- Parental warmth.[760]

Family dynamics can change as a person enters and progresses in SUD treatment and recovery. Families who at first were not receptive to family-based PSS may become more interested in participating as time goes on. Therefore, to successfully engage some families in PSS, **providers may need to check in with family members on occasion about their desire for family PSS.**[761,762] Family peer specialists can implement motivational interviewing strategies to help family members resolve their ambivalence about participating.[763] (More information about motivational interviewing can be found in Chapter 3.)

Lack of Education About Substance Use–Related Problems

Families may need basic information about problematic substance use, treatment, and recovery to understand the value of engaging in family-based PSS. **Misunderstandings about substance use–related problems and recovery can lead to misconceptions, negative attitudes, and hurtful behaviors that make recovery more difficult.** This, in turn, may negatively influence the well-being of the family and their interest in participating in family PSS. Family members who have not been affected by problematic substance use cannot fully understand what it's like to have an SUD or to be in treatment or recovery. They may not understand the value of and need for family-based PSS.

By educating families about problems related to substance use and the difficulties families of individuals in or seeking recovery often face, providers can help families develop a more open, accepting, and tolerant attitude. Families need information about:

- SUDs, including that they are chronic illnesses (not indicators of failed morals or weak character).
- Recovery and its many pathways (including family recovery, and with medications).
- Recovery statistics and stages of personal and family recovery.
- Common myths about problematic substance use.
- The effects of substance use–related problems on the family and the effects of the family on substance use–related problems.
- How families affect SUD treatment and recovery and vice versa.
- The ways in which families can achieve their own recovery from the effects of the individual's problematic substance use.
- How families can unknowingly hurt the individual's recovery.
- Medications to support recovery, including training on naloxone administration.
- Appropriate boundary setting.
- Family crisis survival strategies.

Many people falsely believe that problematic substance use is easy to control and results from lack of willpower. Such attitudes are harmful and may leave individuals in or seeking recovery feeling unsupported, judged, and belittled. To correct or prevent harmful and stigmatizing beliefs, families need to know that:[764,765]

- **Using language that doesn't stigmatize** an individual or substance use–related issues is an important first step to developing nonjudgmental and understanding attitudes toward individuals in or seeking recovery.
- **Problematic substance use differs from person to person** in its onset, course, symptoms, and more. No two people will experience their illness, or their recovery, in the same way. Families should not compare their loved ones' experiences with anyone else's experiences.
- **Some SUDs are acute and may respond to treatment quickly, whereas others are more severe, complex, and longer lasting.** Yet personal and family recovery is possible across the entire continuum.
- **Most substance use–related problems require long-term management,** often involving more than one type of treatment. They are not fixed instantly by residential/inpatient treatment or by taking medication alone (although inpatient treatment and medication can be very effective for some people—and for people with opioid use disorder can be lifesaving).
- **Recovery is possible for everyone and happens often.** A person may experience several recurrences of problematic substance use before they reach long-term recovery. The individual who is experiencing problematic substance use and family members should not give up hope that recovery is possible. Introducing family members to those who have sustained recovery for long periods of time can be encouraging and reinforce that recovery is possible for everyone.
- **Recurrences can happen.** They can be part of the recovery process and do not mean that the person's recovery efforts have not been successful. Success is defined differently for each individual, just as recovery is self-defined. There are multiple pathways to recovery.
- **Family and friends are natural supports** and are important to a person's long-term recovery.
- **Time and effort are needed to address a family member's substance use–related problems** (e.g., health problems, legal issues, child welfare and custody issues). Some problems require help from a variety of professionals, including SUD treatment and mental health service providers.
- **Individual and family-based peer support can improve a person's chances of long-term recovery.**

FAMILY BENEFITS OF A LOVED ONE'S RECOVERY

Family members who recognize the value of recovery are more likely to engage in and support their loved one's use of PSS. Providers can share with families the benefits that other families have enjoyed from their loved one's recovery.

Researchers in the United Kingdom asked more than 1,500 family members of individuals in recovery to describe their experiences of their loved one's SUD recovery.[766] Results from the Families Living in Addiction and Recovery survey found that families saw many improvements in their finances; family and social life; health; and legal, work, and education situations. Families also saw improvements in their loved one's life as they entered and maintained recovery. Improvements in individuals in recovery included:

- Increases in the likelihood of paying bills.
- Decreases in financial debt.
- Regaining custody of children.
- Reductions in the number of violent behaviors directed toward the family.
- Increases in participation in family activities.
- Better care of health.
- Fewer arrests.
- Decreases in the likelihood of driving while under the influence of alcohol or other intoxicating substances.
- Increases in keeping a job.
- Decreases in the likelihood of getting fired or suspended from work.
- Increases in positive work performance evaluations.

The Substance Abuse and Mental Health Services Administration (SAMHSA) has several resources to help families learn more about substance use–related problems, treatment, and recovery:

- *Family Therapy Can Help.* This booklet provides information about how family therapy can be useful for people in recovery from mental illness, problematic substance use, or both. (https://store.samhsa.gov/sites/default/files/d7/priv/sma13-4784.pdf)
- *What Is Substance Abuse Treatment? A Booklet for Families.* This brochure helps family members understand different SUD treatment options and how to access family resources. (https://store.samhsa.gov/product/What-Is-Substance-Abuse-Treatment-A-Booklet-for-Families/SMA14-4126)

More resources are available in Chapter 8.

RESOURCE ALERT: FRIENDS OF RECOVERY–NEW YORK: *FAMILY TO FAMILY RECOVERY RESOURCE GUIDE*

Friends of Recovery–New York has published a resource guide for families of people with problematic substance use. It explains SUDs, recovery, and how families can help themselves as well as their loved one. The *Family to Family Recovery Resource Guide* includes basic education, links to online videos, and real-life stories from families of individuals in recovery. Topics include:

- An explanation of SUDs and the concept of addiction.
- Effects of substance use–related problems on the family.
- The importance of self-care for families affected by problematic substance use.
- Recognizing signs of SUDs.
- Recognizing and responding to overdose.
- SUD treatment options.
- Ways to help a loved one access treatment and other recovery services (including PSS).
- Navigating SUD treatment and recovery systems.
- Payment options and ways to access private and public health insurance.

(https://preventioncouncilputnam.org/wp-content/uploads/2017/07/Family_to_Family_Resource_Guide.pdf)

Ambivalence About Family-Based PSS

Families of an individual in or seeking recovery may feel isolated or struggle with stigma and shame related to their loved one's problematic substance use. This may contribute to feelings of ambivalence about engaging in family peer services.[767] Some family members may be unsure if they want family PSS or may not understand how family-based PSS can help them. Working with family members who have mixed feelings about family PSS can be frustrating; however, ambivalence is normal. **Many strategies can help families understand the benefits of family-based PSS.** The following strategies help prevent initial reluctance and can be used with all family members, regardless of whether they have decided to participate in family PSS:

- **Providers shouldn't try to change or "fix" a person who clearly indicates disinterest.** Doing so may cause negative or hostile interactions that push the family member further away and strengthen their resistance. Watch for signs of transference, wherein a family member may unconsciously direct their feelings for the individual in or seeking recovery toward the family peer specialist.
- **Providers should try to find out why the family member doesn't want to engage in family PSS.** Basic education may help them understand problematic substance use and the value of participating in family PSS. A little information can go a long way.
- **Providers should keep a warm and nonjudgmental attitude.** Whatever mixed or negative feelings family members have toward family PSS, they are likely not about the provider. Such feelings are often about them and their own beliefs and experiences.
- Providers should include family members by asking—not telling—them what their needs are and what services would benefit them most. **Providers should not assume that they know the family member's wants and needs better than they do.**
- **Providers should not push family members.** Change can be tough and does not happen overnight. Some family members may need more time to think about the information they receive, especially if they are dealing with longstanding negative beliefs or feelings about problematic substance use.
- **Providers should recognize that family members have different needs.** Each family member will have their own journey and may benefit from working with their own peer specialist, independent from the family unit. How families choose to work with peer specialists may also evolve over time. Supports should be based on the needs of the family and will not necessarily reflect what the family peer specialists needed in their own recovery.
- **Providers should find out what family members may be willing to do and offer options.** For instance, would they be willing to talk to a member of a family support group on the phone or virtually rather than go to an in-person family-based support meeting? Discuss other barriers to participating, such as transportation difficulties or childcare needs, along with options for addressing these barriers.
- **Providers should offer examples of hope through success stories** that show how family PSS have benefited others.
- **Providers should focus on those who are ready to receive support.** Some people simply do not wish to access PSS. Try different engagement strategies, but if none are successful, move on and work with the family members who do want to participate. Provide families information in an accessible way.
- **Providers should reinforce the idea that everyone is responsible for their own recovery.** Each family member should focus on their own recovery journey and cannot be responsible for the actions of other members of the family, including the individual in or seeking recovery. Avoid telling family members that "if they don't get well, their loved one will not get well."

Practical Barriers

Practical issues may prevent family peer specialists working in SUD treatment programs from engaging fully with family members of the individual in or seeking recovery. For instance:

- The individual's family might live far away and be unable or unwilling to use telehealth or remote services (e.g., telephone- or web-based family peer support).
- Family members might be hard to reach because they are incarcerated or are experiencing housing insecurity or homelessness.
- Working with family members might not be possible if there are safety concerns, such as an abusive family member in the household.
- Family members may not be able to get to the family peer specialist because they lack transportation, or they feel unsafe traveling to the meeting site.
- Family members may not have access to child care.
- Family members may not have sufficient technology or be comfortable with how to use the technology needed to support ongoing communication or virtual visits with a family peer specialist.
- Family members may lack access to a private space, which can hinder their ability to meet with a family peer specialist and speak freely about their concerns.

If a family peer specialist notes safety concerns among a family they're supporting, the family peer specialist should work with their supervisor to determine how best to support the family and address the issue (e.g., whether to involve law enforcement or child protective services). This includes mandatory reporting for suspected child abuse or neglect.

Family members who are willing to participate but do not live nearby can join meetings and discussions by telephone or using web-based services. Family peer specialists in SUD treatment programs should connect family members who need assistance with child care to available resources in their community.

Conclusion

Problematic substance use can negatively influence the health and well-being of families, and SUDs often have long-lasting effects on family members of individuals in or seeking recovery. Family members play a big role in their loved one's recovery success. Though the impact of and outcomes related to the role of family peer specialists in supporting families of individuals in or seeking recovery is still emerging and requires additional attention, more programs are implementing family peer support. Family peer specialists in SUD treatment programs help families in crisis get the information, support, and resources they need. This effort can indirectly help the individual in or seeking recovery as well, although family-based PSS focus on the family itself. This work is critical to reducing the occurrence and influence of SUDs throughout communities everywhere. To receive the full benefits a family peer specialist can offer, families need to understand what exactly these services are and how they aid in recovery.

Appendix

Case Study

The case study below provides an example of the role of family peer specialists in supporting family members of a loved one with problematic substance use. It illustrates for providers how family peer support can help families that are facing difficulties related to problematic substance use, including strategies for engaging families and key activities offered through family peer support. Providers can use the case study to learn more about how family peer specialists support family members and the types of challenges families may be facing.

The case study highlights key concepts discussed in this chapter:

- Engaging willing and supportive family members in the recovery process gives the individual who is experiencing problematic substance use a better chance of successful recovery.
- Families of individuals in recovery often have unmet needs, whether informational, emotional, instrumental, affiliational, or any combination thereof.
- Family peer specialists have lived experience that gives families of individuals in recovery an opportunity to learn firsthand how best to cope with their loved one's problematic substance use and recovery.

How To Approach the Case Study

This case study describes the experience of the mother and the wife of a man, Andrew, who has recently completed inpatient treatment for OUD. His family members are speaking with a family peer specialist at the outpatient treatment program where Andrew attends counseling support groups, sees a psychologist for individual psychotherapy, receives medication treatment for OUD, and meets with a family peer specialist. The story consists of an introduction outlining the family's and Andrew's stories, including presenting concerns and treatment needs; learning objectives; the family–peer dialog; and a summary.

INVOLVING ANDREW'S FAMILY IN THE RECOVERY PLAN

Overview

This story illustrates how family peer specialists can engage family members in their loved one's recovery by building rapport and acknowledging the family's struggles. By exploring what the family knows about problematic substance use and recovery, family peer specialists learn what education might be supportive. Questions about support and access to services help family peer specialists determine which linkages to resources to offer the family to address the family's specific needs and wishes.

Andrew's Case History

Andrew is a 28-year-old man with a 10-year history of OUD. About 2 months ago, Andrew entered inpatient withdrawal management and treatment after his wife, Rachel, came home from work to find that he was at the emergency department following an overdose. After completing an inpatient SUD treatment program and receiving buprenorphine, Andrew was released and started intensive outpatient treatment at an opioid treatment program.

Rachel supports his entering treatment, as does his mother, Mrs. Walsh. However, both Rachel and Mrs. Walsh find it difficult to keep track of what types of treatment Andrew is currently receiving, including his prescription for buprenorphine. Andrew's father, Mr. Walsh, has not been involved in Andrew's treatment or recovery and never visited him at the inpatient treatment facility, even though Mrs. Walsh and Rachel visited him every weekend. This situation has caused much tension in the family; Mrs. Walsh feels torn between helping her son and being supportive of her husband's desire to "stay out of it" and "let Andrew handle this like an adult—on his own." Rachel has grown somewhat distant from her in-laws; she feels hurt that Mr. Walsh hasn't shown more interest in his son's recovery. She and Andrew used to have dinner with his parents every Sunday, and she kept up with the tradition even when Andrew first entered treatment. But she has cancelled the last two Sunday dinners because she feels uncomfortable being around Mr. Walsh.

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Andrew mentioned to Rachel that he meets with a peer specialist at the intensive outpatient program he attends. He noted how helpful his peer specialist has been in helping him cope with life outside of treatment. Andrew told Rachel that the program also has family peer specialists to help family members better understand and navigate their loved one's SUD. Rachel and Mrs. Walsh agree to speak with one of the family peer specialists to learn how the family—including Mr. Walsh—can work together to feel better and function better. They also would like to better support Andrew.

Learning Objectives

- To show how family peer specialists can engage an individual in or seeking recovery's family in family-based PSS by building a relationship with them, acknowledging their struggles, and offering hope
- To describe the importance of asking the family of an individual in or seeking recovery about their education, support, and resource needs
- To highlight how family PSS can meet a family's unique needs

Family–Peer Dialog

[Rachel and Mrs. Walsh arrive at the opioid treatment program where Andrew is receiving treatment and recovery services. A receptionist greets them and takes them to a small conference room. In the middle of the room is a circular table with a box of tissues and six chairs. The women sit down next to each other and wait for one of the program's family peer support workers, Scott, to arrive.]

SCOTT: *[Opens the door and enters the conference room.]* Good morning! I'm Scott—one of the family peer specialists here. *[Extends his hand to Rachel and then Mrs. Walsh.]* You must be Andrew's wife and mother. It's good to meet you both.

RACHEL: *[Shakes his hand.]* Nice to meet you.

MRS. WALSH: *[Shakes his hand.]* Thank you for meeting with us, Scott.

SCOTT: *[Pulls up a chair and sits down across from Rachel and Mrs. Walsh.]* It's my pleasure. So, Rachel, I understand that Andrew meets with one of our peer specialists and that he told you a little about our family services.

RACHEL: That's right. *[Glancing at Mrs. Walsh.]* We both wanted to hear more about what you offer and how you might be able to help us.

SCOTT: I'd be happy to walk you through it. We know that families dealing with addiction face a lot of difficulties, and we're here to help however we can. I'm so glad that you two decided to come today. But before we start, I need to talk to you first a little about privacy and confidentiality. Federal laws prevent me from sharing certain information with you about Andrew without his permission—things like any medical information or what is going on with his treatment here.

MRS. WALSH: Okay, that makes sense. *[Rachel nods in agreement.]*

SCOTT: I also want you to know that Andrew already gave me permission to speak with you both today, so there's no problem there. However, if there is anything we talk about today that you do not want me to share with Andrew, just let me know. Just like he has a right to privacy, so do you two.

RACHEL: We appreciate that, but I don't think we will mind you sharing with him whatever we talk about today.

MRS. WALSH: That's right. But if something comes up, we will be sure to mention it and ask you to keep it private.

SCOTT: That sounds like a good plan. *[Turns to Mrs. Walsh.]* Why don't you start by telling me a little about your son and his struggles with addiction.

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MRS. WALSH: Well, I feel like it all started because Andrew fell in with the wrong crowd during his senior year in high school—almost didn't graduate. As it turns out, not graduating was the least of our worries. He started taking pain pills, then began using heroin. Who knows what else he was doing. Over the last 10 years, it's caused him all sorts of problems. He had to drop out of college. He's been arrested twice. And, as I'm sure you know, he nearly died from an overdose. *[Pats Rachel's hand.]*

RACHEL: It's been a long road, but I am so glad Andy is finally in treatment. We all had been begging him to do this for years, but he just wouldn't go. I just don't understand why it took something as drastic as almost dying for him to get clean, but I guess it doesn't matter. What matters is that he did.

SCOTT: That's right. You learned that addiction is powerful; however, I hear you saying that you're relieved that Andy is open to treatment now.

RACHEL: Completely. I mean, I can't relate to this at all. I've never had a problem putting down a drink or not smoking a cigarette. But I know that everyone is different.

SCOTT: Everyone's addiction is different. For some people, it's drinks or drugs or pills. For others, it's something else entirely. It wasn't until I started working with other families of people in recovery that I really understood that—the idea that although the substance use–related issues may be different, we all have the same need to be well.

MRS. WALSH: But what he's fighting… I don't have a clue how to help him. If you've never had that problem yourself or known someone who has, how are we supposed to know what to do?

SCOTT: *[Smiling.]* You're not, for exactly the reason you just said—you've never had to deal with this before. But families who have can be a great resource for helping people like you and Rachel deal with whatever stressors or worries you have about Andrew. In fact, what would each of you say are your biggest concerns about your family or about Andrew right now?

RACHEL: For me, I just want Andy to be healthy and happy. And he seems like he is, at least compared to when he was using. But he's doing so many different things in this program… I don't even know what all he's doing, much less how he is doing in them or if they are working. But I worry that it's all too much at once and that he's going to become overwhelmed and just say, "Forget it. I'm outta here."

SCOTT: I understand what you mean. We offer a lot of different treatments and services here. And it sounds like Andrew is participating in many things—medication treatment, support groups, individual therapy. It's a lot for you two to keep track of. When families understand about the treatment process, it makes it easier to be a cheerleader and support recovery. That can really increase his chances of staying in recovery and not returning to substance use. *[Turns to Mrs. Walsh.]* And what about you, Mrs. Walsh? What do you most worry about?

MRS. WALSH: My biggest concern is his future. I worry so much that this drug thing has totally ruined his life. I would never say this to him, of course, but how is he going to get a job with people knowing he's an addict? What is he supposed to tell his future children—"Daddy almost died because he's a druggie"? *[Takes a tissue from the box on the table and dabs at both eyes.]* What do we say to the neighbors who saw the ambulance take him away? *[Sighs.]* I just worry, what if he's messed things up so much that he can't have a normal life ever again?

SCOTT: You know, language is a powerful thing. The way we think about and speak about people with problematic substance use can affect how others react. It can be helpful to understand that addiction is no different than a physical illness. Unfortunately, some people still don't see it this way, which I know can make things more difficult.

RACHEL: That's much easier said than done. People are so cruel about this sort of thing. If they know you do drugs, they look at you like you're a monster… like you've ruined your life and are infecting society with your problems, too. No one understands what it's like for us.

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SCOTT: *[Smiling.]* Well, I know it might feel that way, but let me reassure you that that's not true. Many families out there know exactly what you're going through. We can connect you with a family peer specialist who's walked in your shoes before. And as someone who watched a family member struggle with alcoholism for decades and end up not only recovering but going to law school and becoming a drug court attorney, in my opinion, Andrew has not ruined his life. But he needs your support and positive attitude to remind him of this. And I think engaging with a family peer specialist can remind you of this, too.

RACHEL: *[Nodding her head and looking over at Mrs. Walsh, who nods back in agreement.]* I think that would be really helpful.

MRS. WALSH: *[Rolling her eyes.]* But I wish you could get my husband to understand all of this.

SCOTT: Well, what does your husband think about Andrew's problematic substance use?

MRS. WALSH: Oh, gosh... I don't even know where to start. I don't know if it's anger or sadness or what, but he won't talk about it. Won't even acknowledge it, hardly. Jeff constantly points out that he started drinking after coming home from his service in Iraq during the Gulf War, but once we had Andrew's older brother, he stopped cold turkey because he knew he had to "be a man" and "get it together" to support his family. I think he thinks Andrew is weak or somehow just not trying hard enough. And I know I'm no doctor, but I just don't see it that way. I see how hard Andrew has worked over the past 2 months, and I feel like... this isn't something he can just turn on and off, like a switch. It's bigger than that. It's like his addiction took over his brain. But Jeff just doesn't see it that way... it breaks my heart. *[Stares at her hands folded in her lap and is silent for a few moments, then looks back up at Scott.]* Did you know that, as a little boy, Andrew used to dress up in his father's clothes and pretend he was "going to the office, like Dad"? *[Smiling, her eyes filling with tears.]* He just looks up to his father so much.

SCOTT: I can see that. It sounds like your husband has a lot of strong feelings about Andrew's problematic substance use and perhaps substance use in general. Sometimes when family members don't fully understand addiction, they say or do things that are harsh and hurtful. This is why one of the first things our family peer specialists do is give people some very basic but important information about problematic substance use and recovery. It's critical that everyone understand what their family member is dealing with.

MRS. WALSH: That makes sense. There's so much to learn. I get it all confused. I can't even remember the name of his medication. So, trying to explain it to my husband is impossible when I can barely understand it all myself.

SCOTT: We also offer referrals to local counselors who help families with any problems they are having with anyone connected to a loved one's addiction. Family conflict can really make it hard on a person's recovery—especially when that person really looks up to or wants approval from someone in the family who's behaving in a hurtful way, kind of like what you described with Andrew and your husband.

MRS. WALSH: Well, if you can get Jeff to go to one of those people, that would be a miracle in and of itself. I'd love to see him and Andrew patch things up. Fathers and sons need one another.

SCOTT: *[Looking at Rachel.]* And those local family counseling services also include family educational sessions. How would you say things are between you and Andrew?

RACHEL: I guess they could be worse, but... *[Trails off without finishing her sentence.]*

SCOTT: ...they could also be better?

RACHEL: *[Looks down.]* Yes. They definitely could.

SCOTT: Have you and Andrew talked about his addiction at all?

RACHEL: Not really. I mean, we have a little but not like we should, I guess. I wouldn't even know what to say. I don't want to complain and then make him feel like he's a burden or is making me feel all these terrible things.

SCOTT: It sounds like both of you could use more help from other people in the same boat as you. Let me ask you, who do you each turn to when you need help or just want to vent?

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[Mrs. Walsh and Rachel look at each other and smile.]

RACHEL: Each other, mostly.

MRS. WALSH: Rachel has been with Andrew since the beginning, so she really understands how this has affected him and what he's been through. I can talk to her in ways I can't talk to my friends. I can't even imagine sharing the personal, private details of all this drama with someone outside the family.

RACHEL: *[Nods.]* I'm on the exact same page. I don't want any outsiders knowing about our problems. They won't get it anyway, so what's the point in talking to them?

SCOTT: I know that, for many families, there's a real fear about talking with others because, when it comes to addiction, so many people are judgmental and unkind—and uneducated, frankly. But that's another upside to working with family peer specialists. They may technically be "outside the family," but we're all members of the same family here, in a way. We all understand what it's like to have a family member with addiction. There's no judging or lecturing or any of that.

MRS. WALSH: So, where do we find these people? I've heard of Al-Anon, so I know there are groups for people related to alcoholics. But what about people like Rachel and me? Where do we fit in?

SCOTT: There are support groups just like Al-Anon but for people with family recovering from addiction. And there are other forms of support, too—like one-on-one support services and people to help you with more practical things like, "How do I help my son find a job? Does my husband qualify for disability payments because of his addiction? What if he has surgery and needs to take an opioid medication for pain?"

RACHEL: Wow, you're hitting on things I never even thought of but realize now that I have no clue how to answer!

SCOTT: *[Smiling.]* That's why we're here. There's no way you could possibly know everything you need to know. Let the people who have walked this path already help you figure that out.

MRS. WALSH: *[Looking at Rachel.]* I'm willing if you're willing?

RACHEL: *[Smiling.]* Definitely. Anything to help Andy and our family.

SCOTT: I can introduce you to one of our family support workers right now if you have time. She's been working with families here for several years. And I know her schedule opened up recently, and she's looking to work with a new family. I bet she'd love to meet you both.

MRS. WALSH: I have time now. She sounds lovely.

RACHEL: Me, too. Let's go talk to her. The sooner we can start working with her, the sooner we can help Andy start piecing his life back together.

MRS. WALSH: And piecing our family back together, too.

SCOTT: Great. Why don't you follow me down to her office, and she can tell you how you can get started working together.

Summary

Rachel and Mrs. Walsh met with Scott to learn more about the family PSS offered at the opioid treatment program where Andrew, Rachel's husband and Mrs. Walsh's son, receives treatment for OUD. Scott used several rapport-building techniques to engage them in family peer services, such as asking them questions about their needs, validating their feelings, and explaining how family peer services could be helpful. Scott also used their discussion to offer basic information about problematic substance use and recovery and to tell Rachel and Mrs. Walsh about potential resources for instrumental and emotional support. Rachel and Mrs. Walsh felt that Scott truly heard and understood their concerns, which made them open and willing to accept his offer to engage with a family peer specialist. Rather than give them a name and phone number, Scott walked Rachel and Mrs. Walsh over to the office of a family peer specialist and helped them connect with her in person.

Resources

Family Resources About Peer Support in SUDs

- **SAMHSA:**
  - *Peer Support.* This easy-to-understand brochure provides general information on peer support. (https://www.samhsa.gov/sites/default/files/programs_campaigns/brss_tacs/peer-support-2017.pdf)
  - *Family, Parent and Caregiver Peer Support in Behavioral Health.* This brochure explains the value of peer support in SUD recovery. (https://www.samhsa.gov/sites/default/files/programs_campaigns/brss_tacs/family-parent-caregiver-support-behavioral-health-2017.pdf)
  - *What Are Peer Recovery Support Services?* This manual provides indepth information on PSS. (https://store.samhsa.gov/product/What-Are-Peer-Recovery-Support-Services-/SMA09-4454)
- **Administration for Children & Families.** This division of the Department of Health and Human Services promotes the economic and social well-being of families, children, individuals, and communities. (https://www.acf.hhs.gov/)
- **Children and Family Futures.** This nonprofit organization provides consultation, training and technical assistance, strategic planning, and evaluation services focused on improving practice and policy at the intersections of child welfare, mental and substance use disorder treatment, and court systems. (https://www.cffutures.org/)
- **Friends of Recovery–New York: *Family to Family Recovery Resource Guide.*** This guide includes resources for families of individuals who have problematic substance use and information about addiction, recovery, and how to help people in recovery. (https://preventioncouncilputnam.org/wp-content/uploads/2017/07/Family_to_Family_Resource_Guide.pdf)
- **Learn to Cope.** This peer-led support network offers education, resources, and hope for families and friends. (https://learn2cope.org/)
- **National Alliance on Mental Illness:**
  - The Family-to-Family program is a free, eight-session educational program for families, significant others, and close friends. (https://www.nami.org/Support-Education/Mental-Health-Education/NAMI-Family-to-Family)
  - The Family-to-Family class locator assists families with finding a free 8-week course for family caregivers of individuals living with mental illness. (https://www.nami.org/Find-Your-Local-NAMI/Affiliate/Programs?classkey=a1x36000003TN9YAAW)
- **National Federation of Families** (https://www.ffcmh.org/): This nationwide advocacy organization focuses on bringing lived experience to family support. It provides:
  - Resources for peer support specialists. (https://www.ffcmh.org/resources-peersupport)
  - Resources about family-run organizations. (https://www.ffcmh.org/resources-familyorg)
  - Webinars and presentations about family peer support. (https://www.ffcmh.org/resources-webinars)
- **Partnership to End Addiction.** This website includes a parent blog, stories of hope from parents of children with problematic substance use, and a parent helpline. (https://drugfree.org/get-support/)

Family Resources About SUDs and Recovery

- **SAMHSA:**
  - *Family Therapy Can Help.* This booklet provides information about how family therapy can be useful for people recovering from mental illness, problematic substance use, or both. (https://store.samhsa.gov/sites/default/files/d7/priv/sma13-4784.pdf)

  - *Finding Quality Treatment for Substance Use Disorders.* This factsheet serves as a guide for individuals seeking treatment. It describes three necessary steps to complete before using a treatment center and the five signs of a quality treatment center. (https://store.samhsa.gov/product/Finding-Quality-Treatment-for-Substance-Use-Disorders/PEP18-TREATMENT-LOC)
  - *What Is Substance Abuse Treatment? A Booklet for Families.* This brochure helps family members better understand different SUD treatment options and how to access family resources. (https://store.samhsa.gov/product/What-Is-Substance-Abuse-Treatment-A-Booklet-for-Families/SMA14-4126)

- **Adult Children of Alcoholics® & Dysfunctional Families.** This 12-Step mutual-help program is for adult children of people with alcohol use disorder. (https://adultchildren.org/)
- **Al-Anon and Alateen.** These 12-Step mutual-help programs are for family members, adolescents, and friends of people with alcohol use disorder. (https://al-anon.org/)
- **Families Anonymous.** This 12-Step mutual-help program is for families and friends of people struggling with problematic substance use or with mental illness. (https://www.familiesanonymous.org/)
- **Nar-Anon Family Groups.** This 12-Step mutual-help program is for family members of people who are addicted to drugs. (https://www.nar-anon.org/)
- **National Association for Children of Addiction.** This nonprofit organization offers resources for children, adolescents, and adult children of people who use alcohol and other substances and for families in recovery. (https://nacoa.org/families/)
- **National Institute on Drug Abuse: If You Have a Problem with Drugs: For Teens and Young Adults.** This website for adolescents and young adults with problematic substance use and their parents answers common questions about drugs and drug problems. (https://archives.nida.nih.gov/publications/step-by-step-guides-to-finding-treatment-drug-use-disorders/if-you-have-problem-drugs-teens-young-adults)
- **SMART Recovery® Family & Friends.** This program uses SMART Recovery® and CRAFT techniques to explain how families and friends can help their loved one who has problematic substance use. The website provides information about online meetings, a family message board, and links to a handbook and a facilitator manual (both can be purchased for a small fee). (https://www.smartrecovery.org/family/)

Chapter 8—Resources

Chapter 8, which lists resources on peer support services for all audiences, is organized into 12 sections:

- General Resources
- Community-Related Resources
- Implementing and Integrating Peer Support Services
- Peer Support Services in Specific Settings
- Resources for Peer Specialist Workforce Development
- Resources for Peer Providers
- Tools for Peer Specialists
- Resources for Peer Specialist Supervisors and Administrators
- Tools for Supervisors and Administrators
- Resources for People In or Seeking Recovery
- Resources for Families of People In or Seeking Recovery
- Selected State Resources

General Resources

General Information

Substance Abuse and Mental Health Services Administration (SAMHSA):

- **Directory of Single State Agencies (SSA) for Substance Abuse Services** (https://www.samhsa.gov/sites/default/files/ssa-directory.pdf): Some states use dedicated funds or general revenues to help provide peer support services. More information can be provided by each state's behavioral health authority using this directory.
- **Peer Support Workers for those in Recovery** (https://www.samhsa.gov/brss-tacs/recovery-support-tools/peers): This webpage explains who peer workers are and provides links to additional materials that describe how peers support and advance the recovery process.
- **Medications, Counseling, and Related Conditions** (https://www.samhsa.gov/medication-assisted-treatment/medications-counseling-related-conditions#opioid-dependency-medications): This webpage discusses medication-assisted treatment, which is the use of medications, in combination with counseling and behavioral therapies, to provide a "whole-patient" approach to the treatment of substance use disorders.
- **Mental Health and Substance Use Disorders** (https://www.samhsa.gov/disorders): This website provides basic information about co-occurring mental and substance use disorders and links to related resources.
- **Peer Recovery Center of Excellence** (https://www.peerrecoverynow.org/): Led by peer recovery leaders across the nation, the Center provides training and technical assistance related to substance use disorder recovery. Areas of focus include integrating peer support workers into nontraditional settings, building the capacity of recovery community organizations, developing the peer workforce, and providing evidence-based and practice-based resources.
  - The Center also hosts monthly Communities of Practice calls for peer support specialists and those who supervise them. Participants on the calls engage in sharing, networking, and mutual learning on topics relevant to the peer workforce. The schedule can be accessed at https://peerrecoverynow.org/training/communities-practice.aspx.

- **Recovery Support Tools and Resources** (https://www.samhsa.gov/brss-tacs/recovery-support-tools-resources): This webpage explains what recovery is and contains links to tools and resources that behavioral health professionals, peers, parents, and families can use to help support people in recovery.
- ***SAMHSA's Working Definition of Recovery: 10 Guiding Principles of Recovery*** (https://store.samhsa.gov/sites/default/files/d7/priv/pep12-recdef.pdf): This brochure explains the 10 guiding principles of recovery.
- ***Value of Peers, 2017*** (https://www.samhsa.gov/sites/default/files/programs_campaigns/brss_tacs/value-of-peers-2017.pdf): This PowerPoint presentation provides information about peer workers and how recovery programs can benefit from their support.
- **Video Trainings** (https://www.samhsa.gov/brss-tacs/video-trainings#peer-support): These video trainings cover a wide range of topics for peer workers, including core competencies, recovery coaching, and integrating peers into the behavioral health service arena.

American Society of Addiction Medicine (ASAM) (https://www.asam.org/): ASAM is a professional medical society representing over 6,000 physicians, clinicians, and associated professionals. It is dedicated to increasing access to and improving the quality of addiction treatment, educating physicians and the public, supporting research and prevention, and promoting the appropriate role of physicians in the care of patients with addiction.

NAADAC's Recovery to Practice (RTP) Initiative (https://www.naadac.org/recovery-to-practice-initiative): This initiative led to the development of educational products to help guide the practical application of recovery principles to the addictions workforce. These curriculums, along with a certification program and other recovery resources, can be found on this webpage.

National Institute of Mental Health (NIMH) (https://www.nimh.nih.gov/): NIMH is the lead federal agency for research on mental disorders. Its website provides facts and information about a wide range of mental health categories and conditions.

National Institute on Alcohol Abuse and Alcoholism—Alcohol's Effects on Health (https://www.niaaa.nih.gov/alcohols-effects-health): This webpage provides research-based information on alcohol and its impact on individuals and families.

National Institute on Drug Abuse (NIDA) (https://www.drugabuse.gov/): The NIDA website provides information about different drugs and related topics, like the health consequences of drug misuse research topics, viral hepatitis, and HIV and AIDS.

Peer Recovery Center of Excellence, Peer Recovery Support Resources (https://peerrecoverynow.org/about/coe-products.aspx): This website contains information and videos on topics that are foundational to the recovery community, including recovery community organizations, peer support, recovery capital, and recovery-oriented systems of care.

Recovery Research Institute (https://www.recoveryanswers.org/): The Recovery Research Institute is a leading nonprofit research institute of Massachusetts General Hospital, an affiliate of Harvard Medical School, dedicated to the advancement of addiction treatment and recovery.

Rural Health Information Hub's Peer Specialist Programs (https://www.ruralhealthinfo.org/toolkits/substance-abuse/2/recovery/peer-specialist): The Rural Health Information Hub's Peer Specialist page discusses how to implement a peer specialist program and meaningful roles for peer specialists in integrated health care, and includes examples of successful programs.

Safe Project: Addiction & Mental Health Resources for the Black Community (https://www.safeproject.us/resource/black-community/): This webpage provides substance use–related and mental health resources for the Black community.

Publications

SAMHSA:

- ***Addictions and Mental Health Recovery Dialogue: Similarities and Differences in Our Communities*** (https://www.samhsa.gov/sites/default/files/similarities-differences-dialogue.pdf)

- ***Advisory:* Prescribing Pharmacotherapies for Patients With Alcohol Use Disorder** (https://store.samhsa.gov/product/prescribing-pharmacotherapies-patients-with-alcohol-use-disorder/pep20-02-02-015)
- ***Comparative Analysis of State Requirements for Peer Support Specialist Training and Certification in the United States*** (https://peerrecoverynow.org/about/coe-products.aspx)
- ***Know Your Rights. Rights for Individuals on Medication-Assisted Treatment*** (https://www.samhsa.gov/sites/default/files/programs_campaigns/medication_assisted/Know-Your-Rights-Brochure.pdf)
- ***Medication for the Treatment of Alcohol Use Disorder: A Brief Guide*** (https://store.samhsa.gov/product/Medication-for-the-Treatment-of-Alcohol-Use-Disorder-A-Brief-Guide/SMA15-4907)
- ***Peer Support*** (https://www.samhsa.gov/sites/default/files/programs_campaigns/brss_tacs/peer-support-2017.pdf)
- ***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)
- **TIP 39, *Substance Use Disorder Treatment and Family Therapy*** (https://store.samhsa.gov/product/treatment-improvement-protocol-tip-39-substance-use-disorder-treatment-and-family-therapy/PEP20-02-02-012)
- **TIP 42, *Substance Use Disorder Treatment for People With Co-Occurring Disorders*** (https://store.samhsa.gov/product/tip-42-substance-use-treatment-persons-co-occurring-disorders/PEP20-02-01-004)
- **TIP 57, *Trauma-Informed Care in Behavioral Health Services*** (https://store.samhsa.gov/system/files/sma14-4816.pdf)
- **TIP 59, *Improving Cultural Competence*** (https://store.samhsa.gov/system/files/sma14-4849.pdf)
- **TIP 60, *Using Technology-Based Therapeutic Tools in Behavioral Health Services*** (https://store.samhsa.gov/product/TIP-60-Using-Technology-Based-Therapeutic-Tools-in-Behavioral-Health-Services/SMA15-4924)
- **TIP 63, *Medications for Opioid Use Disorder*** (https://store.samhsa.gov/product/TIP-63-Medications-for-Opioid-Use-Disorder-Full-Document/PEP21-02-01-002)
- ***What Are Peer Recovery Support Services?*** (https://www.store.samhsa.gov/system/files/sma09-4454.pdf)

National Institute on Drug Abuse–*Principles of Drug Addiction Treatment: A Research-Based Guide* (Third Edition) (https://www.drugabuse.gov/publications/principles-drug-addiction-treatment-research-based-guide-third-edition/preface): This guide provides an overview of the addiction treatment landscape in the U.S. and an outline of evidence-based treatment approaches.

North Star Guide for Recovery Leaders (https://facesandvoicesofrecovery.org/wp-content/uploads/2021/06/Race-Equity-in-Recovery-North-Star-final-2.pdf): Faces & Voices of Recovery provides this overview of the key elements for committing to an antiracism stance in any treatment environment.

The Recovery Coach: ROLE CLARITY MATRIX (https://www.chestnut.org/resources/60ae2e1e-c67b-4fca-9610-21daf5b2ef5b/2016-Recovery-Coach-Role-Role-Clarity-Matrix.pdf): This article discusses the differing roles of peer recovery coach, addiction counselor, and professional recovery coach.

State of the New Recovery Advocacy Movement (https://www.chestnut.org/resources/5cd82f5d-f9cb-4e50-8391-7eadb9700e34/2013-State-of-the-New-Recovery-Advocacy-Movement.pdf): In this article, Bill White offers his perspective on the accomplishments of the recovery movement.

Working While Disabled: How We Can Help (https://www.ssa.gov/pubs/EN-05-10095.pdf): This brochure helps people with disabilities learn about obtaining employment without losing Social Security benefits.

Mutual-Help Groups

AA Agnostica (https://aaagnostica.org/): AA Agnostica meetings are 12-Step meetings for agnostics, atheists, and freethinkers who feel uncomfortable with the religious focus of traditional Alcoholics Anonymous® meetings.

Adult Children of Alcoholics® & Dysfunctional Families (https://adultchildren.org/): This is a 12-Step program of men and women who experienced abuse, neglect, and/or trauma in the home while growing up.

Al-Anon Family Groups (https://www.al-anon.org/): Al-Anon offers group meetings where friends and family members of people with substance use issues share their experiences and learn how to apply the principles of the Al-Anon program to their individual situations.

Alcoholics Anonymous® (AA) (https://www.aa.org/): AA offers group meetings for people who have problems with drinking and wish to stop. AA sponsors provide members with more personal support from experienced individuals.

Celebrate Recovery® (https://www.celebraterecovery.com/): Celebrate Recovery® is a Christianity-focused 12-Step recovery program for anyone experiencing hurt, pain, or addiction of any kind. Celebrate Recovery® is a safe place to find community and freedom from the issues that are controlling a person's life.

Cocaine Anonymous® (https://ca.org/): Cocaine Anonymous® is a mutual-help support program for people with cocaine use disorder. Cocaine Anonymous® follows the 12-Step tradition and offers meetings worldwide.

Crystal Meth Anonymous® (https://crystalmeth.org/index.php): Crystal Meth Anonymous® describes itself as a fellowship of people who share their experience, strength, and hope with each other, so they may solve their common problem and help others to recover from addiction to crystal meth.

Drug Addicts Anonymous® (https://daausa.org/): Drug Addicts Anonymous® is a fellowship of people who have recovered from addiction and are committed to helping those who have not yet recovered.

Dual Recovery Anonymous™ (http://www.draonline.org/): Dual Recovery Anonymous™ is a mutual-help support program that follows 12-Step principles in supporting recovery from drug and alcohol addiction and emotional or mental illness.

Families Anonymous (https://www.familiesanonymous.org): Families Anonymous is a 12-Step fellowship for the family and friends of individuals with drug, alcohol, or related behavioral issues.

Grief Recovery After a Substance Passing (GRASP) (http://grasphelp.org/): GRASP was created to offer understanding, compassion, and support for those who have lost someone they love through addiction and overdose.

Heroin Anonymous (http://www.heroinanonymous.org): Heroin Anonymous is a nonprofit fellowship of individuals in recovery from heroin addiction committed to helping each other stay sober. This organization holds local support meetings, a directory of which can be found on its website.

Learn to Cope (https://www.learn2cope.org/): Learn to Cope is a secular mutual-help support group that offers education, resources, and peer support for the family of people with substance use disorders (although they are primarily focused on opioid use disorder).

Medication-Assisted Recovery Anonymous (MARA®) (https://www.mara-international.org/): MARA® supports the idea that medication is a therapeutic tool of recovery that may or may not be discontinued in time, dependent on the needs of the individual.

Millati Islami (http://www.millatiislami.org/): Millati Islami is an Islam-focused 12-Step recovery program where people share experiences, strengths, and hopes while recovering from active addiction to mind- and mood-altering substances.

Nar-Anon Family Groups (https://www.nar-anon.org/): This organization offers group meetings where friends and family of people with drug use problems can share their experiences and learn to apply the 12-Step Nar-Anon program to their lives. Nar-Anon groups also offer more individualized support from experienced individuals in the program who act as sponsors.

Narcotics Anonymous (NA®) (https://www.na.org/): NA® is a global, community-based organization with a multilingual, multicultural membership that supports recovery from addiction through a 12-Step program, including regular attendance at group meetings. NA® does not focus on any particular addictive substance.

Parents of Addicted Loved Ones (https://palgroup.org/): This is a secular support group for parents who have a child with a substance use disorder. They only have meetings in some states but also host telephone meetings.

Recovery Dharma (https://recoverydharma.org/): Recovery Dharma is a peer-led, grassroots, democratically structured organization whose mission is to support individuals on their path of recovery from addiction using Buddhist practices and principles. The site contains links to virtual meetings worldwide.

Refuge Recovery (https://refugerecovery.org/): Refuge Recovery is a peer-led movement using Buddhist-inspired practices and principles, combined with successful recovery community structures, to overcome addiction.

Sober Faction (https://thesatanictemple.com/pages/sober-faction): Sober Faction meetings assist those who are suffering from addiction in finding sobriety without having to experience the burden of religious dogma and superstition.

Secular Organizations for Sobriety (http://www.sossobriety.org/): This is a nonprofit, nonreligious network of autonomous, nonclinical local groups that support people in achieving and maintaining abstinence from alcohol and substance use disorder.

SMART Recovery® (https://www.smartrecovery.org/): SMART Recovery® is an international self-empowering recovery group that supports multiple pathways to a life beyond addiction. The website provides links to online and in-person meeting information and access to 24/7 chats, discussion board forums, YouTube videos, and publications. Using science-based recovery tools, participants learn how to design their own plans for change from addictive behaviors.

Women for Sobriety (https://womenforsobriety.org/): This is an abstinence-based mutual-help support program that helps women find their individual paths to recovery by addressing their unique needs during recovery. It offers recovery tools to help women in recovery develop coping skills focused on emotional growth, spiritual growth, self-esteem, and a healthy lifestyle.

Advocacy and Guild Organizations

Association of Alternative Peer Groups (https://www.aapg-recovery.com/): The mission of the Association of Alternative Peer Groups is to develop and sustain effective alternative peer groups that support recovery.

Bringing Recovery Supports to Scale Technical Assistance Center Strategy (BRSS TACS) (https://www.samhsa.gov/brss-tacs): In 2011, SAMHSA initiated BRSS TACS to promote the widespread adoption of recovery-oriented supports, services, and systems for people in recovery from substance use and mental disorders. BRSS TACS offers resources to a wide audience, including peer supervisors and peer support workers. This link (https://www.samhsa.gov/brss-tacs/recovery-support-tools/peers) provides access to no-cost webinars and other resources on peer support services.

Buddhist Recovery Network (https://www.buddhistrecovery.org/): The Buddhist Recovery Network is a nonprofit organization that promotes the use of Buddhist teachings and practices to help people recover from the effects of addictive behaviors. It is open to people of all backgrounds and respectful of all recovery paths.

Doors to Wellbeing, National Consumer Technical Assistance Center (TAC) (https://www.doorstowellbeing.org): Doors to Wellbeing, a SAMHSA-funded National Consumer TAC, has as part of its mission working to enhance and expand peer support, especially that provided by youth and young adults. The Doors to Wellbeing website contains a range of materials on peer support and a database of state-specific information on peer specialist certification requirements, training providers, and funding. The site also provides links to a peer respite directory, webinars and trainings, and recovery curricula and videos.

Dual Diagnosis Recovery Network (https://www.dualdiagnosis.org/resource/ddrn/): Part of Foundations Recovery Network, the Dual Diagnosis Recovery Network is an advocacy group for people with co-occurring disorders. They offer information on mutual-help support programs, outreach, and education.

Faces & Voices of Recovery (http://facesandvoicesofrecovery.org/): This national recovery advocacy organization promotes recovery from SUDs and advocates for social and policy changes to reduce stigma and discrimination against people in recovery. This website contains recovery stories, news and events information, publications, and webinars. In addition, its Mutual Aid Resources page (https://facesandvoicesofrecovery.org/resources/mutual-aid-resources) provides an extensive list of additional mutual-help groups.

Hazelden Betty Ford Foundation (https://www.hazeldenbettyford.org/recovery/families-friends): This website includes support and tools for people in recovery and their families and friends.

Latino Recovery Advocacy (http://lararecovery.org/): This website offers strategies for recovery community organizations to build culturally appropriate addiction recovery services and language accessibility for the Hispanic and Latino population.

Legal Action Center (https://www.lac.org/): This organization offers information about the rights of people with criminal records, HIV and AIDS, and substance use disorders.

Mental Health America's Center for Peer Support (https://www.mentalhealthamerica.net/center-peer-support): The Center for Peer Support provides background and resource links on topics ranging from the history of peer support to current research. The Center also publishes an online newsletter and a blog.

NAADAC, The Association for Addiction Professionals (https://www.naadac.org/): NAADAC offers the National Certified Peer Recovery Support Specialist credential and webinars on peer support–related topics.

National Alliance for Recovery Residences (NARR) (https://narronline.org/): NARR's mission is to support people in recovery from addiction by improving their access to quality recovery residences through standards, support services, placement, education, research, and advocacy.

National Empowerment Center (https://power2u.org/): The National Empowerment Center has an extensive resource listing, including a directory of consumer-run organizations, peer support, and webinars.

National Federation of Families (https://www.ffcmh.org/resources-familyorg): This nationwide advocacy organization focuses on bringing lived experience to family support and provides resources on family-run organizations.

National Harm Reduction Coalition (https://harmreduction.org/): This national advocacy and capacity-building organization advances harm reduction policies, practices, and programs that address the adverse effects of drug use including overdose, HIV, hepatitis C, addiction, and incarceration.

Oxford House™ (https://www.oxfordhouse.org): Oxford Houses are democratically run, self-supporting, and drug-free homes. This publicly supported nonprofit is the umbrella organization that provides the network connecting all Oxford Houses and allocates resources to duplicate the Oxford House™ concept where needs arise.

Recovered (https://recovered.org/): This nationwide network of nearly 100 affiliates (previously known as the National Council on Alcoholism and Drug Dependence, or NCADD), provides information and referrals to local services, including counseling and treatment for addiction and mental issues.

Texas Institute for Excellence in Mental Health (https://sites.utexas.edu/mental-health-institute/publications/reports/): The Reports page of this website includes publications relating to peer providers, including training and certification (https://sites.utexas.edu/mental-health-institute/files/2017/01/Peer-Specialist-Training-and-Certification-Programs-A-National-Overview-2016-Update-1.5.17.pdf); youth behavioral health; recovery initiatives; and financing.

Young People in Recovery (https://youngpeopleinrecovery.org/): Young People in Recovery was founded in 2010 by a group of young people (ages 18–30) in recovery who wanted to help others. Its programs are designed for young people but serve individuals of every age. Chapters are usually led by a young person in recovery.

Online Boards and Chat Rooms

12-Step forums: A variety of online NA and AA meetings are available online, each with their own attitude toward medication.

- **12Step.org** (https://12step.org/social/online-meetings/) contains links to meetings for all types of 12-Step fellowships and other recovery groups.
- The **AA Online Intergroup Directory** lists numerous online AA meetings, which occur at specific times (https://www.aa-intergroup.org/).
- **Advocacy: Speak Out** (www.myusara.com/advocacy/speak): This resource is offered by the Utah Support Advocates for Recovery Awareness.
- The **Never Alone Club**, formerly known as the NA chatroom, is an ongoing chat group that asks participants not to talk about medication, although they may join the discussion (https://neveraloneclub.org/).

Facebook Forums and Groups: A handful of co-occurring disorders and drug and alcohol addiction recovery organizations are on Facebook. They include:

- **Clean and Sober Today** (https://www.facebook.com/groups/1822841161286327/).
- **Dual Diagnosis Co-occurring Mental Illness & Substance Disorders First Treatment Programs** (https://www.facebook.com/FirstDualDiagnosisTreatmentandPrograms1984/).
- **Living with Dual Diagnosis** (https://www.facebook.com/groups/202446319860866/).
- **Methadone Anonymous** (https://www.facebook.com/MethadoneAnonymous/).
- **Recovery Group for Dual Diagnoses** (https://www.facebook.com/events/139669280229645/).
- **Secular Organizations for Sobriety** (https://www.facebook.com/groups/251215211975/).
- **Social Media 4Recovery** (https://www.facebook.com/groups/748016625286020/).

Faces & Voices of Recovery, Mutual Aid Resources (https://facesandvoicesofrecovery.org/resources/mutual-aid-resources): This website provides a comprehensive listing of online and in-person mutual-help support programs for people in recovery and their family members.

In The Rooms® (https://www.intherooms.com/): This is an online social network for people in recovery, families, friends, and allies. Membership is free. Members have access to live online recovery support meetings.

LifeRing® Secular Recovery, Dual Diagnosis Recovery Online Support Groups (https://www.lifering.org/post/lifering-offers-dual-diagnosis-recovery-support-group-online): This online group offers a safe place for people with mental and substance use disorders to discuss problems and concerns.

Selected Papers of William L. White (https://www.chestnut.org/william-white-papers/blog): This site contains technical papers on peer recovery support services, including "The Varieties of Recovery Experience: A Primer for Addiction Treatment Professionals and Recovery Advocates" (https://www.chestnut.org/resources/a13cfc89-7920-43bf-b043-af7078aab8c7/2006-The-Varieties-of-Recovery-Experience-1.pdf), interviews with peer recovery support leaders, and numerous resources for peer specialists.

SMART Recovery® Online Forum (https://www.smartrecovery.org/community/forum.php): This online mutual-help resource allows people in recovery to share their own recovery stories in a virtual community environment. The site offers 24/7 access to a chat room and message board for individuals who cannot dedicate 1–1.5 hours to a meeting, but who still need access to recovery support resources and individuals.

Women for Sobriety's Online Community (https://womenforsobriety.org/community/): This forum for women includes a 24/7 message board where women can share and seek recovery support and participate in daily online chat meetings.

Recovery Schools

Association of Recovery in Higher Education (https://collegiaterecovery.org): This is a national organization of collegiate recovery programs that lists colleges and universities with recovery programs.

Association of Recovery Schools (https://recoveryschools.org): This is a national association of secondary schools built around recovery principles and school-based recovery support. The website provides information about advocacy and a listing of recovery schools.

Community-Related Resources

Advancing Health Equity Through Community Health Workers and Peer Providers: Mounting Evidence and Policy Recommendations (https://familiesusa.org/wp-content/uploads/2019/11/HEV_PCORI-CHW-Report_11-04-19.pdf): This report reviews results from nine studies that provide further support for including community health workers and peer providers as important components of healthcare delivery that are particularly effective in addressing health and healthcare inequities.

Central East Addiction Technology Transfer Center (ATTC) Network: *Anti-Stigma Toolkit: A Guide to Reducing Addiction-Related Stigma* (https://attcnetwork.org/sites/default/files/2019-04/Anti-Stigma%20Toolkit.pdf): This guide provides the addiction treatment and recovering community with practical information and tools to enhance their capacity to engage in effective stigma reduction efforts.

Faces & Voices of Recovery:

- ***Advocacy Toolkit*** (https://facesandvoicesofrecovery.org/wp-content/uploads/2020/02/ADVOCACY-TOOLKIT.pdf): This toolkit provides guidance and tips on how to build relationships with elected officials and their staff as part of local advocacy efforts.
- ***Advocacy With Anonymity*** (https://facesandvoicesofrecovery.org/wp-content/uploads/2019/06/Advocacy-with-Anonymity.pdf): This resource offers tips on how someone in a 12-Step program can advocate for recovery while still observing the 12-Step tradition of keeping membership in the program private.
- **All Recovery Meeting Format** (https://facesandvoicesofrecovery.org/publication/all-recovery-meeting-format/): This webpage provides access to a script for opening "All Recovery" meetings, as an alternative to 12-Step meetings, to welcome participants who support the recovery lifestyle.

- ***Community Listening Forum Toolkit: Taking Action to Support Recovery in Your Community*** (https://facesandvoicesofrecovery.org/wp-content/uploads/2020/02/Community-Listening-ForumToolkitHR-1.pdf): This toolkit provides practical steps and sample resources, such as flyers, agendas, evaluations, and training materials for speakers to help organize a forum in local communities.
- **Directory of Recovery Community Organizations** (https://facesandvoicesofrecovery.org/arco/arco-members-on-the-map/): This directory includes recovery community organizations that are members of the Association of Recovery Community Organizations (ARCO). The interactive map contains locations to visit RCOs and Recovery Community Centers throughout the United States.
- ***The Recovery Bill of Rights*** (https://facesandvoicesofrecovery.org/wp-content/uploads/2019/07/Recovery-Bill-of-Rights-legal.pdf): This product is an advocacy tool and statement of the principle that all Americans have a right to recover from problematic substance use.
- ***Recovery Voices Count: A Guide to Non-partisan Civic Engagement*** (https://facesandvoicesofrecovery.org/wp-content/uploads/2019/06/Recovery-Voices-Count-Guide.pdf): This toolkit provides a complete guide on how to organize the recovery community through community activities like voter registration, education, and participation.

Great Lakes Addiction Technology Transfer Center (ATTC) Network (https://attcnetwork.org/centers/great-lakes-attc/home): The Great Lakes ATTC has useful resources on building a recovery-oriented system of care (https://attcnetwork.org/centers/great-lakes-attc/recovery-oriented-systems-care-rosc-2) and online peer training through the Extension for Community Healthcare Outcomes (https://attcnetwork.org/centers/great-lakes-attc/calling-all-peers-learn-and-build-your-skills-peer-support-echo).

National Association of Recovery Residences' *A Primer on Recovery Residences* (https://narronline.org/wp-content/uploads/2014/06/Primer-on-Recovery-Residences-09-20-2012a.pdf): This guide provides an introduction to recovery residences and answers frequently asked questions.

National Council for Mental Wellbeing (formerly the National Council for Behavioral Health):

- ***Establishing Peer Support Services for Overdose Response: A Toolkit for Health Departments*** (https://www.thenationalcouncil.org/program/tools-for-overdose-prevention/): Although the toolkit focuses on harm reduction to prevent and respond to opioid overdose, it contains a number of checklists and resource lists useful when introducing peer support services in other contexts.
- **What is a CCBHC?** (https://www.thenationalcouncil.org/program/ccbhc-success-center/ccbhc-overview/): This website contains data showing that Certified Community Behavioral Health Clinics are having tremendous success in tackling the dual mental health and substance use crises in America.

Participatory Asset Mapping—A Community Research Lab Toolkit (www.communityscience.com/knowledge4equity/AssetMappingToolkit.pdf): This resource can be used for identifying community strengths and supporting change initiatives.

Recovery Research Institute: Recovery Residences (https://www.recoveryanswers.org/resource/recovery-residences/): Recovery residences provide safe housing and opportunities to build social and leadership skills. Most are self-supporting and operate via democratic principles of self-governance.

William White's Blog (https://www.chestnut.org/william-white-papers/): This blog provides articles and current news about peer support services and advocacy from a leader in the recovery advocacy movement.

Implementing and Integrating Peer Support Services

Toolkits and Manuals

Friends of Recovery New York's *Recovery Community Organization (RCO) Toolkit* (https://for-ny.org/wp-content/uploads/2017/08/RCO_Toolkit_HIGHRES.pdf): This resource includes a chapter on building recovery capital.

Illinois Department of Human Services, Division of Alcoholism and Substance Abuse's *Manual for Recovery Coaching and Personal Recovery Plan Development* (https://chess.wisc.edu/niatx/toolkits/provider/FayetteManual.pdf): This manual is for peer specialists in integrated behavioral health settings. It includes templates for recovery plans and contingency management plans.

Integrating Peers Into Treatment Programs in New York City: An In-depth Guide for Substance Use Disorder Treatment Providers (https://www1.nyc.gov/assets/doh/downloads/pdf/mh/peers-treatment-programs.pdf): Developed by the New York City Department of Health and Mental Hygiene, this guide includes several tools for assessing organizational readiness for integrating peer workers to support the recovery, rehabilitation, and health of people who use drugs and other substances.

Maintaining Independence and Sobriety through Systems Integration, Outreach, and Networking: The MISSION Treatment Manual (https://www.umassmed.edu/contentassets/58c9d438c9ef4f7f8a4a44e9452d471a/mission-manual-final.pdf): The MISSION Treatment Manual has been prepared to enable others who work with formerly homeless persons with co-occurring disorders to implement, learn from, and make adaptations of the MISSION services in their own settings and with their own resources.

McShin Foundation's *Recovery Coach Manual* (https://mcshin.org/wp-content/uploads/2019/07/McShin-RCM_for-web.pdf): The McShin Foundation provides this recovery coach manual for peer specialists in SUD treatment and recovery settings.

New York State Office of Alcoholism and Substance Abuse Services' *Peer Integration and the Stages of Change ToolKit* (https://oasas.ny.gov/system/files/documents/2019/08/PeerIntegrationToolKit-DigitalFinal.pdf): This toolkit addresses the different stages of organizational change when a peer support program is integrated into a behavioral health organization. Topics include billable services, readiness assessment, management of volunteers, and community- and home-based services.

OnTrackNY's *Recovery Coach Manual* (https://www.ontrackny.org/portals/1/Files/Resources/RecoveryCoach_2015.01.21.pdf): OnTrackNY provides a recovery coach manual for peer specialists in substance use disorder treatment and recovery settings. It includes material on skills training, implementation, and sample assessment tools.

Peer Services Toolkit: A Guide to Advancing and Implementing Peer-run Behavioral Health Services (https://www.leaders4health.org/resources/peer-services-toolkit-a-guide-to-advancing-and-implementing-peer-run-behavioral-health-services/): This detailed guide contains tools to support advocacy efforts and capacity building at the local level and provides payers with background information on the need for and efficacy of peer support services. The guidebook defines the roles and requirements of effective peer specialists and provides agencies with examples of peer-run programs for use in different settings.

Philadelphia Department of Behavioral Health and Intellectual disAbility Services' *Peer Support Toolkit* (https://dbhids.org/peer-support-toolkit/): This toolkit is designed to guide behavioral health service agencies in including peer specialists in their service settings. The kit is organized into four sections that discuss preparing the organizational culture, recruiting peer specialists, delivering services, and supervising and keeping peer specialists.

Recovery Community Organization Toolkit (https://facesandvoicesofrecovery.org/wp-content/uploads/2019/06/RCO-Toolkit.pdf): This toolkit is a product of Faces & Voices of Recovery. It describes the core principles and strategies for creating successful recovery community organizations.

Southern Plains Tribal Health Board, *Peer Support Toolkit* (https://sites.utexas.edu/ignitingthesparkofhope/files/2021/06/Peer-Support-Toolkit_Booklet.pdf): This document provides an overview about the effectiveness of peer support programs, important core roles, and items to consider for implementing a successful peer program.

University of Colorado Anschutz Medical Campus School of Medicine's *DIMENSIONS: Peer Support Program Toolkit* (https://www.bhwellness.org/toolkits/Peer-Support-Program-Toolkit.pdf): This toolkit explains how to create and sustain a peer support program. Topics covered include planning the program, identifying funding and peer-support champions, and understanding Americans with Disabilities Act requirements.

University of Massachusetts Medical School:

- ***Effectively Employing Young Adult Peer Providers: A Toolkit*** (https://www.umassmed.edu/globalassets/transitionsrtc/publications/effectivleyemployingyoungadultpeerproviders_a_toolkit.pdf): This toolkit was designed to help peer specialists serving youth with serious mental conditions learn how to effectively develop, integrate, and supervise a young adult peer workforce.
- ***Recovery Coaches in Opioid Use Disorder Care*** (https://www.mass.gov/files/documents/2019/05/24/UMass-Recovery-Coach-Report.pdf): This handbook is a guide for opioid use disorder treatment programs in successfully using peer specialists.

Veterans' Health Administration's (VHA) *Peer Specialist Toolkit: Implementing Peer Support Services in VHA* (https://www.mirecc.va.gov/visn4/docs/Peer_Specialist_toolkit_Final.pdf): Although designed for VHA programs, this toolkit provides valuable tips on how and why to use peer support services in other healthcare settings. It reviews peer support research outcomes, addresses common false beliefs about peer specialists, and offers suggestions on how to add peer specialists into clinical teams.

Webinars

SAMHSA:

- ***Building and Sustaining Peer Support Services in Practice: Tips From the Field*** (https://www.youtube.com/watch?v=VrYC1VmgdeE&feature=youtu.be): This webinar covers key issues in building or strengthening peer support services for people with serious mental illness or substance use disorders. It also helps agencies by offering information about how to hire and add peer specialists into recovery-oriented programs.
- ***Culturally Competent Care in Recovery Oriented Settings*** (www.youtube.com/watch?v=L7E9B_k7S8k): The authors use a social work lens to discuss culturally appropriate care as a central theme in recovery-oriented practice.

NAADAC's Cultural Humility Series, Part II: *Social Class Bias and the Negative Impact on Treatment Outcomes* (https://www.naadac.org/cultural-humility-social-class-bias-webinar): This presentation examines the role a counselor's implicit socioeconomic status bias may play in treatment disparities and whether training can effectively reduce clinician biases.

NAADAC's Peer Recovery Support Webinars (https://www.naadac.org/peer-recovery-support-webinars): These six free webinars from 2020 were created in collaboration with the Great Lakes ATTC. Topics include peer supervision and management, the integration of peer workers in addiction recovery services, and how to foster a peer recovery culture in addiction organizations.

National Association of Addiction Treatment Providers® (NAATP) Diversity, Equity, Inclusivity & Belonging (DEIB) Webinars and Events (https://www.naatp.org/resources/dei/webinars-events): NAATP offers webinars on DEI-related topics, including implementing DEI, 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.

National Federation of Families (https://www.ffcmh.org/resources-webinars): This webpage features links to webinars focused on family peer support, including its benefits, strategies for involving families, and certification.

Other Resources

Live Another Day (https://liveanotherday.org/bipoc/): This website offers substance use and mental health recovery resources to support the Black, Indigenous, and People of Color community.

National Association of State Mental Health Program Directors' ***Engaging Women in Trauma-Informed Peer Support: A Guidebook*** (https://nasmhpd.org/content/engaging-women-trauma-informed-peer-support-guidebook): This is a resource for peer specialists who want to integrate trauma-informed principles into their work with women.

New York Office of Mental Health's ***Best Practices for Effectively Integrating Peer Staff in the Workplace*** (https://www.academyofpeerservices.org/pluginfile.php/37061/mod_resource/content/1/presentation_pdf_best-practices_integrating_peer_staff_ja_2017.pdf): This slide presentation discusses methods for recruiting, training, and supporting peer specialists in a treatment setting. It describes the benefits that peers can bring to service delivery, describes their ability to engage with people in recovery through a shared experience, and provides evidence on the usefulness of including peer specialists in recovery services.

Recovery Café Network (https://recoverycafenetwork.org/): The Recovery Café Network provides spaces where people in recovery can socialize and support each other in a substance-free setting.

Recovery Friendly Workplaces (https://www.opioidlibrary.org/featured_collection/recovery-friendly-workplaces/): This website highlights initiatives on creating recovery-friendly workplaces where businesses create policies and procedures that offer support for employees working on substance use disorder treatment and recovery.

SAMHSA's ***Equipping Behavioral Health Systems & Authorities To Promote Peer Specialist/Peer Recovery Coaching Services*** (https://www.samhsa.gov/sites/default/files/expert-panel-03212012.pdf): This report is the result of an expert panel meeting sponsored by SAMHSA's BRSS TACS. The report addresses the challenges facing behavioral health systems when adding peer support services, and provides recommendations for overcoming these challenges.

University of California Los Angeles' Mindful Awareness Research Center (https://www.uclahealth.org/marc/): This website offers online classes and no-cost guided mindfulness practices and podcasts. It also provides links to other mindfulness resources.

Peer Support Services in Specific Settings

SAMHSA:

- ***Peer Support: A Critical Component in Supported Housing*** (https://www.nasmhpd.org/sites/default/files/NASMHPD%20Housing_Final%20Submission.pdf): This slide presentation focuses on the services that peer support workers can provide for people with mental or substance use disorders in supportive housing. The presentation shows how the peer support worker's role complements that of the case manager, and sets out some of the benefits of using peer providers in these settings.

- ***Peer Support Roles in Criminal Justice Settings*** (https://www.usf.edu/cbcs/mhlp/tac/documents/behavioral-healthcare/peer-roles-cj-settings.pdf): This brief report summarizes the roles and responsibilities of mental and substance use disorder peer specialists working with people in recovery who are involved in the criminal justice system.
- ***Telehealth for the Treatment of Serious Mental Illness and Substance Use Disorders*** (https://store.samhsa.gov/product/telehealth-for-treatment-serious-mental-illness-substance-use-disorders/PEP21-06-02-001): This evidence-based resource guide to telehealth for substance use disorder treatment reviews relevant literature and research findings, examines emerging and best practices, discusses gaps in knowledge, and identifies challenges and strategies for implementation.
- ***The Use of Peers and Recovery Specialists in Child Welfare Settings*** (https://ncsacw.samhsa.gov/files/peer19_brief.pdf): This brief highlights how child welfare agencies and family court programs have integrated peers into their service delivery to support families affected by substance use disorders. Funding, roles, communication protocols, and supervision are among the topics covered.

Building Recovery Capital Through Digital Health Technologies (https://www.nfartec.org/wp-content/uploads/2018/04/building-recovery-capital-introductory-webinar.mid-america.final_.pdf): This presentation slide deck features peer support services and digital recovery support tools to help people in recovery.

National Council for Mental Wellbeing (formerly the National Council for Behavioral Health):

- ***Building Recovery: State Policy Guide for Supporting Recovery Housing*** (https://www.thenationalcouncil.org/resources/building-recovery-state-policy-guide-for-supporting-recovery-housing/): This resource provides strategies, tools, and examples of policy language that addresses the role and contribution of recovery housing, standards of care for recovery housing, and protections for people in recovery served by such residences.
- ***Peer Support Workers in Emergency Departments: Engaging Individuals Surviving Opioid Overdoses–Qualitative Assessment*** (https://www.thenationalcouncil.org/wp-content/uploads/2022/02/22.01.12_NC_PCSS_Peer-Support-Workers-Issue-Brief.pdf): This issue brief describes the value of using peer workers in emergency departments (EDs) to help guide patients with opioid use disorder toward proper treatment and recovery interventions after they leave the hospital. The document also highlights current and promising practices used to integrate peer support workers into ED settings.

National Drug Court Institute's E-Learning Center (https://www.ndci.org/resource/training/e-learning/): This resource makes online training available on a variety of topics, including medication for SUD treatment and trauma awareness.

Project Muse®: *Establishing Peer Recovery Support Services to Address the Central Appalachian Opioid Epidemic: The West Virginia Peers Enhancing Education, Recovery, and Survival (WV PEERS) Pilot Program* (https://muse.jhu.edu/article/801145/pdf): The WV PEERS program is based on peer recovery support, to engage individuals using opioids and link them with a range of services.

University of Massachusetts' *Recovery Coaches in Opioid Use Disorder Care* (https://rizema.org/wp-content/uploads/2019/01/UMass-Recovery-Coach-Report.pdf): This handbook guides opioid use disorder treatment and service delivery programs in successfully using peer workers.

Resources for Peer Specialist Workforce Development

SAMHSA:

- ***Advisory:* Peer Support Services in Crisis Care** (https://store.samhsa.gov/product/advisory-peer-support-services-crisis-care): This *Advisory* discusses the role of peer support workers and models of peer support services that are available to assist individuals who are experiencing a crisis.

- ***Core Competencies for Peer Workers in Behavioral Health Services*** (https://www.samhsa.gov/sites/default/files/programs_campaigns/brss_tacs/core-competencies_508_12_13_18.pdf): This report is a summary of core knowledge, skills, and abilities needed to ensure best practices in peer support services.
- ***Using Core Competencies to Support Peer Workers and Improve Service Delivery*** (https://www.youtube.com/watch?v=LamgkgijxX8&feature=youtu.be): This webinar addresses questions about using core competencies in the delivery of peer support services and about continuing professional development for peer specialists.

Government Accountability Office's *Leading Practices for State Programs to Certify Peer Support Specialists:* Mental Health Report to Congressional Committees (https://www.gao.gov/assets/700/695435.pdf): This report describes best practices for certifying peer specialists as identified by program officials in selected states that receive funding from SAMHSA. Leading practices include standardizing the competencies of peer specialists through training and certification.

Great Lakes ATTC: Workforce Recruitment and Retention, Part 3: *Strategies for Rural Areas and Recruiting and Retaining Peer Support Workers* (https://attcnetwork.org/centers/great-lakes-attc/workforce-recruitment-and-retention-part-3-strategies-rural-areas-and-0): This is the third webinar in a three-part series on workforce recruitment and retention in behavioral health, with a specific focus on the drug and alcohol addiction field. Part of the webinar is dedicated to recruiting and retaining peer specialists (not just in rural areas).

ICAADA Credential: Code of Ethics (https://icaada.org/credentials/code-of-ethics/): ICAADA, a subsidiary of Mental Health America of Indiana, provides credentialing and certification for behavioral health professionals. It offers the ICAADA CAPRC (Certified Addiction Peer Recovery Coach) Code of Ethics from the list of ethics documents on its website.

Mental Health America: The Peer Workforce (https://www.mentalhealthamerica.net/peer-workforce#Overview): This webpage briefly discusses and links to resources on peer support certification and compensation and other peer support workforce issues.

RESPECT Model (https://thinkculturalhealth.hhs.gov/assets/pdfs/resource-library/respect-model.pdf): Originally developed in 2002, 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 competent manner.

Peer Specialist Certification

SAMHSA's National Model Standards for Peer Support Certification (https://www.samhsa.gov/about-us/who-we-are/offices-centers/or/model-standards): These standards, which were drafted in collaboration with federal, state, tribal, and local partners and are inclusive of mental health, substance use, and family/youth peer certifications, recommend specific criteria for becoming a certified peer specialist. The domains addressed include, but are not limited to, training, examinations, formal education, and work experience.

BRSS TACS' *State-by-State Directory of Peer Recovery Coaching Training and Certification Programs* (https://c4innovates.com/brsstacs/BRSS-TACS_State-by-State-Directory-of-Peer-Recovery-Coaching-Training-and-Certification-Programs_8_26_2020.pdf): This SAMHSA resource is an alphabetical directory that lists certification requirements for peers in all 50 states and Washington, DC.

CARES Academy (https://gasubstanceabuse.org/cares-academy/): The CARES Academy provides in-class training, typically in the metro Atlanta area, to become a Certified Addiction Recovery Empowerment Specialist. Upon successful completion of the CARES exam, individuals working in eligible facilities can bill Medicaid for Certified Peer Specialist–Addictive Disease services.

Connecticut Community for Addiction Recovery Trainings (https://addictionrecoverytraining.org/training-products/): This site provides information on peer specialist training opportunities and credentialing.

Council on Accreditation of Peer Recovery Support Services (https://caprss.org/): The Council is an accrediting body for recovery-oriented organizations and other programs offering addiction-oriented peer support services.

Doors to Wellbeing (https://copelandcenter.com/peer-specialists): This program of the Copeland Center for Wellness and Recovery offers an online state-by-state database of certification requirements for peer specialists.

International Certification & Reciprocity Consortium (IC&RC) (https://www.internationalcredentialing.org/): IC&RC is a nonprofit international organization that establishes standards and facilitates reciprocity for the credentialing of substance use disorder treatment providers. Many different certification and licensing boards in the United States and elsewhere oversee IC&RC credentials and examinations.

- More information on IC&RC's Peer Recovery credential can be found at https://www.internationalcredentialing.org/creds/pr.
- Member U.S. states that offer the Peer Recovery credential can be found at https://www.internationalcredentialing.org/memberboards.
- A study guide and other materials for exam preparation can be found at https://internationalcredentialing.org/examprep.
- A description of the reciprocity process for peer specialists holding the IC&RC peer recovery credential can be found at https://internationalcredentialing.org/reciprocity.
- The *Candidate Guide for the IC&RC Peer Recovery Examination* can be found at this link: https://internationalcredentialing.org/resources/Candidate%20Guides/PR_Candidate_Guide.pdf.

Mental Health America of Indiana Training Institute (https://www.mhaitraininginstitute.org/training-calendar-new/): This webpage contains a calendar for courses that provide continuing education units for certified peer support professionals.

NAADAC (https://www.naadac.org/ncprss): This website includes information about the certification process for becoming a National Certified Peer Recovery Support Specialist.

National Association of State Alcohol and Drug Abuse Directors' Member Directory (http://nasadad.org/ssa-web-sites): This website provides links to state and territory single state agencies for substance use disorder treatment and prevention, including information about state certification of peer specialists.

National Federation of Families' National Family Peer Specialist Certification (https://www.ffcmh.org/certification): This website provides information about the certification process for becoming a family peer specialist.

RI International, Peer and Organizational Activation and Training (https://riinternational.com/consulting/training/): This website features links to Certified Peer Support Specialist training opportunities and materials, including online courses.

University of Texas's *Peer Specialist Training & Certification Programs—National Overview 2016* (http://sites.utexas.edu/mental-health-institute/files/2017/01/Peer-Specialist-Training-and-Certification-Programs-A-National-Overview-2016-Update-1.5.17.pdf): This document provides a compilation of information about peer specialist training and certification programs in the United States. The emphasis is on mental health–focused peer specialists.

Virginia Department of Behavioral Health & Developmental Services, Office of Recovery Services (https://dbhds.virginia.gov/office-of-recovery-services/): This website contains examples of training opportunities for peer specialists.

White Bison's Warrior Down/Recovery Coach (https://whitebison.org/warrior-down/): Facilitators can be trained to implement the curriculum on this website, which provides a relapse prevention and recovery support program for Native Americans/Alaska Natives who are completing treatment, returning to the community from incarceration, or who have been working on their recovery journey.

Resources for Peer Providers

SAMHSA:

- ***Core Competencies for Peer Workers in Behavioral Health Services*** (https://www.samhsa.gov/sites/default/files/programs_campaigns/brss_tacs/core-competencies_508_12_13_18.pdf): This report is a summary of core knowledge, skills, and abilities needed to ensure best practices in peer support services.
- ***Cultural Humility Primer*** (https://attcnetwork.org/sites/default/files/2020-11/Peer%20Primer%20FINAL.pdf): Developed by the Northwest ATTC, this publication provides guidance to peer support specialists and recovery coaches for serving and supporting diverse individuals in their recovery journeys.
- ***Engaging Women in Trauma-Informed Peer Support: A Guidebook*** (http://www.nasmhpd.org/sites/default/files/PeerEngagementGuide_Color_REVISED_10_2012.pdf): This guide is a resource for peer specialists who want to learn how to integrate trauma-informed principles into their work.
- **Frequently Asked Questions for Core Competencies for Peer Workers** (https://www.samhsa.gov/brss-tacs/recovery-support-tools/peers/core-competencies-peer-workers-behavioral-health-services/frequently-asked-questions): This resource defines core competencies for peer specialists. The document also discusses the benefits of these competencies and how they can be used effectively to increase healing and wellness in people with mental illness or substance misuse.

Academy for Addiction Professionals' "A Day in the Life: Peer Support Specialist" Blog (https://www.addictionacademy.com/2017/08/a-day-in-the-life-peer-support-specialist/): This blog posting gives readers an inside look into peer specialist jobs.

Agency for Healthcare Research and Quality's *Implementation Quick Start Guide: Warm Handoff* (https://www.ahrq.gov/sites/default/files/wysiwyg/professionals/quality-patient-safety/patient-family-engagement/pfeprimarycare/warm-handoff-qsg-brochure.pdf): This guide aims to improve patient safety in primary care settings by engaging patients and families.

Connecticut Community for Addiction Recovery Trainings (https://addictionrecoverytraining.org/training-products/): This site provides information on peer specialist training opportunities and credentialing.

DEI Mission and Definitions (https://www.thrivebhri.org/about-us/diversity-equity-inclusion/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.

Faces & Voices of Recovery (https://facesandvoicesofrecovery.org): This national recovery advocacy organization promotes recovery from substance use disorders and advocates for social and policy changes to reduce stigma and discrimination against people in recovery. Personal stories about recovery by people from all walks of life can be found at https://facesandvoicesofrecovery.org/resources/recovery-stories.

Faces & Voices of Recovery's LGBTQ+ Recovery Resources (https://facesandvoicesofrecovery.org/2019/08/16/lgbtq-recovery-resources/): This webpage includes tips for making recovery spaces more inclusive for individuals who identify as LGBTQ+ as well as access to online communities, social media connections, gatherings and events, sober spaces, publications, meetings, and podcasts.

Improving Cultural Competency for Behavioral Health Professionals (https://thinkculturalhealth.hhs.gov/education/behavioral-health): The goal of this e-learning program is to help behavioral health professionals increase their cultural and linguistic competency.

Medication-Assisted Recovery Services (MARS™) Project (http://marsproject.org/): This peer-initiated and peer-based recovery support website includes links to upcoming trainings about medications that support recovery from problematic substance use, and offers an online Peer Recovery Network.

Motivational Interviewing Values Card Sort (https://www.motivationalinterviewing.org/sites/default/files/valuescardsort_0.pdf): This website showcases example of values cards, with a brief description of each value. The cards can be downloaded, printed, and cut into separate cards. Also included is a link (https://motivationalinterviewing.org/sites/default/files/valuesinstructions.pdf) to specific instructions for using the card sort.

NAADAC's Peer Recovery Support Resources (https://www.naadac.org/peer-recovery-support-resources): Resources on this webpage include online trainings, such as the Peer Recovery Support webinar series, the NAADAC code of ethics for peers, networking information, and credentialing support.

National Center for Cultural Competence, Georgetown University Center for Child & Human Development: ***Self-Assessment Checklist for Personnel Providing Behavioral Health Services and Supports to Children, Youth and their Families*** (https://nccc.georgetown.edu/documents/ChecklistBehavioralHealth.pdf): This checklist is intended to heighten the awareness and sensitivity of personnel to the importance of cultural diversity and cultural responsiveness in human service settings. It provides concrete examples of the kinds of values and practices that foster such an environment.

Northwest ATTC's ***Supporting Recovery from Opioid Use: A Peer's Guide to Person-Centered Care*** (https://attcnetwork.org/centers/northwest-attc/supporting-recovery-opioid-use-peers-guide-person-centered-care-online): This free online course was developed by the SAMHSA-funded Northwest ATTC for peer specialists and outreach workers. Its goal is to help peer providers better understand how to use person-centered care to engage people with opioid use disorder in recovery.

One Sky Center, American Indian/Alaska Native National Resource Center for Health, Education and Research (http://www.oneskycenter.org/): The Center provides culturally appropriate prevention and treatment resources, services, and training for Native population clients with mental and substance use disorders.

Peer Recovery Center of Excellence, State Certification Database (https://peerrecoverynow.org/resources/state-certifications.aspx): This directory contains information regarding the training and certification processes for all 50 U.S. states, 5 U.S. territories, and the District of Columbia.

Peer Support Provider: Walking the Tightrope Between Helping Others & Maintaining Your Own Wellness (https://www.mirecc.va.gov/visn1/docs/products/Peer_Support_Provider_Self-Care_Presentation.pdf): This resource aims to make peer support providers more aware of stressors commonly associated with their work, and offers them steps to maintain their own wellness.

Stages of Recovery (https://www.recoveryanswers.org/resource/stages-of-recovery/): The Recovery Research Institute explains the different stages of change that necessitate different recovery strategies.

Understanding the Role of Peer Recovery Coaches in the Addiction Profession (https://www.naadac.org/understanding-the-role-of-peer-recovery-coaches-in-the-addiction-profession): This webinar explains the roles of the peer recovery coach and discusses how a peer recovery coach's work differs from and complements that of an addiction counselor. The webinar also looks at the professional and personal development of peer recovery coaches.

The University of Missouri's Alcohol and Drug Education for Prevention and Treatment's Presentation: *Motivational Interviewing Philosophy and Principles* (https://adept.missouri.edu/wp-content/uploads/2017/06/Module-One-Motivational-Interviewing-Philosophy-and-Principles.pdf): This slide deck discusses motivational interviewing (MI) and the differences between MI as a counseling technique and MI as a philosophy of care.

Careers at VA (https://www.vacareers.va.gov/): Eligibility for peer apprentice and specialist positions is limited to veterans with at least 1 year in recovery. This webpage offers an interactive database of available positions.

Ethical Guidelines

Ethical Guidelines for the Delivery of Peer-based Recovery Support Services (https://www.naadac.org/assets/2416/whitew2007_the_pro-act_ethics_workgroup.pdf): This document provides an indepth look at ethical guidelines and decision making for peer specialists. The guidelines provide scenarios demonstrating ethical dilemmas commonly encountered by peer specialists.

NAADAC's *National Certified Peer Recovery Support Specialist (NCPRSS) Code of Ethics* (https://www.naadac.org/assets/2416/nccap-peer-recovery-support-specialist-code-of-ethics-final06-22-16.pdf): These guidelines summarize ethical standards for the National Certification Commission for Addiction Professionals' Peer Specialists.

N.A.P.S.' *National Practice Guidelines for Peer Supporters* (https://na4ps.files.wordpress.com/2012/09/nationalguidelines1.pdf): These guidelines provide ethical and practice guidelines for peer specialists in behavioral health services.

Northeast & Caribbean ATTC's *Professional Boundaries for Peer Advocates* (https://attcnetwork.org/centers/northeast-caribbean-attc/webinar-professional-boundaries-peer-advocates-0): This training resource provides guidance on building a safe working environment, using boundaries between people in recovery and peer specialists.

The Vermont Certified Recovery Coach Academy Curriculum Overview (https://recoveryvermont.org/wp-content/uploads/2020/12/VRCA-Curriculum-Overview-2021.pdf): This resource can be downloaded for free and provides information on ethics, conduct, and standards. Page 9 describes a module on recovery coaching ethics and boundaries.

Tools for Peer Specialists

Mobile Applications Supporting Recovery

Addiction-Comprehensive Health Enhancement Support System (A-CHESS) (https://www.c4tbh.org/program-review/addiction-comprehensive-health-enhancement-support-system-a-chess/): A-CHESS is a smartphone application designed to provide continuing care to patients with alcohol use disorder. It offers support through static content and interactive features (e.g., alerts when the person using the app is nearing a high-risk location, such as a bar).

Pear reSET® & reSET-O® (https://peartherapeutics.com/products/reset-reset-o/): 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.

Recovery Capital Assessments

The Assessment of Recovery Capital and the Recovery Capital Scale are assessment tools to measure a person's recovery capital. They can also be used to guide conversations about recovery capital and recovery planning.

Building Recovery Capital Through Digital Health Technologies (www.nfartec.org/wp-content/uploads/2018/04/building-recovery-capital-introductory-webinar.mid-america.final_.pdf): This presentation describes peer support services and digital recovery support tools to help people in recovery.

The Comprehensive Opioid, Stimulant, and Substance Abuse Program's *Peer Support Core Concept: Recovery Capital* (https://www.cossapresources.org/Content/Documents/Articles/Altarum_Peer_Support_Recovery_Capital_for%20BJA.pdf): This document contains resources on assessing recovery capital.

Development and Validation of a Brief Assessment of Recovery Capital (BARC-10) for Alcohol and Drug Use Disorder (http://shura.shu.ac.uk/15835/2/Best%20-Development%20and%20validation%20of%20a%20Brief%20Assessment%20of%20Recovery%20Capital%20%28BARC-10%29%20%28Scale%29.pdf): This tool is a shortened version of the Assessment of Recovery Capital (ARC) that may be helpful in establishing recovery priorities.

Friends of Recovery–New York's *Recovery Community Organization (RCO) Toolkit* (https://for-ny.org/wp-content/uploads/2017/08/RCO_Toolkit_HIGHRES.pdf): This toolkit includes guidance and tools to help develop local recovery community organizations.

Maryland Assessment of Recovery Scale—MARS-12 (https://www.providerexpress.com/content/dam/ope-provexpr/us/pdfs/clinResourcesMain/rrToolkit/rrMARS.pdf): The scale is a 25-item self-report instrument that measures recovery of people with serious mental illness.

National Association of Drug Court Professionals' E-Learning Center (https://www.nadcp.org/e-learning-center/): This resource lists current courses available from the National Association of Drug Court Professionals, including trainings on medication for substance use disorder and trauma awareness.

National Federation of Families' Peer Support Specialist Resources (https://www.ffcmh.org/resources-peersupport): This nationwide advocacy organization lists numerous resources on its webpage.

Policy Research Associates–*Achieving Well-Being in Recovery: A Review of Existing Measures* (https://www.prainc.com/resources/achieving-recovery-existing-measures/): This 18-page resource includes sample research articles regarding each identified instrument for measuring wellness and their psychometric properties.

The *Recovery Capital Scale & Plan* (http://www.brauchtworks.com/assets/docs/Recovery_Capital_Scale__Plan_130611.176185022.pdf): This assessment tool helps recoverees measure their available recovery capital.

Wisconsin Recovery Thermometer Tool (https://www.dhs.wisconsin.gov/library/p-01289.htm): This tool can be used by people seeking mental health or co-occurring mental health and substance use recovery, or by those already on their recovery journey.

Assessment of Recovery Capital

Please check the box if you agree with the statement. (Score 1 for each item checked.)

SUBSTANCE USE & SOBRIETY

- I am currently completely sober.
- I feel I am in control of my substance use.
- I have had no 'near things' about relapsing.
- I have had no recent periods of substance intoxication.
- There are more important things to me in life than using substances.

Score:

GLOBAL HEALTH (PSYCHOLOGICAL)

- I am able to concentrate when I need to.
- I am coping with the stresses in my life.
- I am happy with my appearance.
- In general, I am happy with my life.
- What happens to me in the future mostly depends on me.

Score:

GLOBAL HEALTH (PHYSICAL)

- I cope well with everyday tasks.
- I feel physically well enough to work.
- I have enough energy to complete the tasks I set for myself.
- I have no problems getting around.
- I sleep well most nights.

Score:

CITIZENSHIP/COMMUNITY INVOLVEMENT

- I am proud of the community I live in and feel part of it – sense of belonging.
- It is important for me to contribute to society and/or be involved in activities that contribute to my community.
- It is important for me to do what I can to help other people.
- It is important for me that I make a contribution to society.
- My personal identity does not revolve around drug use or drinking.

Score:

SOCIAL SUPPORT

- I am happy with my personal life.
- I am satisfied with my involvement with my family.
- I get lots of support from friends.
- I get the emotional help and support I need from my family.
- I have a special person that I can share my joys and sorrows with.

Score:

Continued on next page

Continued

MEANINGFUL ACTIVITIES

I am actively involved in leisure and sports activities.
I am actively engaged in efforts to improve myself (training, education and/or self-awareness).
I engage in activities that I find enjoyable and fulfilling.
I have access to opportunities for career development (job opportunities, volunteering, or apprenticeships).
I regard my life as challenging and fulfilling without the need for using drugs or alcohol.

Score:

HOUSING AND SAFETY

I am proud of my home.
I am free of threat or harm when I am at home.
I feel safe and protected where I live.
I feel that I am free to shape my own destiny.
My living space has helped to drive my recovery journey.

Score:

RISK TAKING

I am free from worries about money.
I have the personal resources I need to make decisions about my future.
I have the privacy I need.
I make sure I do nothing that hurts or damages other people.
I take full responsibility for my actions.

Score:

COPING AND LIFE FUNCTIONING

I am happy dealing with a range of professional people.
I do not let other people down.
I eat regularly and have a balanced diet.
I look after my health and well-being.
I meet all of my obligations promptly.

Score:

RECOVERY EXPERIENCE

Having a sense of purpose in life is important to my recovery journey.
I am making good progress on my recovery journey.
I engage in activities and events that support my recovery.
I have a network of people I can rely on to support my recovery.
When I think of the future I feel optimistic.

Score:

Possible Score: 50 My Total Score:

Your total score is the total number of items you checked. The higher your total score, the more recovery capital you have. Look at where your score is low and think about what you can do to build more recovery capital in that area.

Source: Adapted from Groshkova et al. (2012).[768]

Recovery Capital Scale

Place a number by each statement that best summarizes your situation.

5. Strongly Agree 4. Agree 3. Sometimes 2. Disagree 1. Strongly Disagree

— I have the financial resources to provide for myself and my family.
— I have personal transportation or access to public transportation.
— I live in a home and neighborhood that is safe and secure.
— I live in an environment free from alcohol and other drugs.
— I have an intimate partner supportive of my recovery process.
— I have family members who are supportive of my recovery process.
— I have friends who are supportive of my recovery process.
— I have people close to me (intimate partner, family members, or friends) who are also in recovery.
— I have a stable job that I enjoy and that provides for my basic necessities.
— I have an education or work environment that is conducive to my long-term recovery.
— I continue to participate in a continuing care program of an SUD treatment program, (e.g., groups, alumni association meetings, etc.).
— I have a professional assistance program that is monitoring and supporting my recovery process.
— I have a primary care physician who attends to my health problems.
— I am now in reasonably good health.
— I have an active plan to manage any lingering or potential health problems.
— I am on prescribed medication that minimizes my cravings for alcohol and other drugs.
— I have insurance that will allow me to receive help for major health problems.
— I have access to regular, nutritious meals.
— I have clothes that are comfortable, clean, and conducive to my recovery activities.
— I have access to recovery support groups in my local community.
— I have established close affiliation with a local recovery support group.
— I have a sponsor (or equivalent) who serves as a special mentor related to my recovery.
— I have access to online recovery support groups.
— I have completed or am complying with all legal requirements related to my past.
— There are other people who rely on me to support their own recoveries.
— My immediate physical environment contains literature, tokens, posters, or other symbols of my commitment to recovery.
— I have recovery rituals that are now part of my daily life.
— I had a profound experience that marked the beginning or deepening of my commitment to recovery.
— I now have goals and great hopes for my future.
— I have problem-solving skills and resources that I lacked during my years of active addiction.
— I feel like I have meaningful, positive participation in my family and community.

Continued on next page

Continued

— Today I have a clear sense of who I am.
— I know that my life has a purpose.
— Service to others is now an important part of my life.
— My personal values and sense of right and wrong have become clearer and stronger in recent years.

Possible Score: 175 My Score:

The areas in which I scored lowest were the following:

1.
2.
3.
4.
5.

Recovery Capital Plan

After completing and reviewing the Recovery Capital Scale, complete the following. In the next year, I will increase my recovery capital by doing the following:

Goal # 1:

Goal # 2:

Goal # 3:

Goal # 4:

My Recovery Capital "To Do" List

In the next week, I will do the following activities to move closer to achieving these goals:

1.

2.

3.

4.

Source: Adapted from White (2018).[769]

Sample Recovery and Wellness Plans

These recovery and wellness plans are examples that can be used with people in recovery in different settings. Recovery and wellness plans should be filled out and kept by the person in recovery.

Sample Recovery Plan

The following is a sample wellness plan. It has been filled out by a recoveree named Thomas, whose goal is to get a job and go back to work. First, Thomas lists the goals that are most important—the things that will motivate him to follow through with his recovery. Then he lists the strengths that will help him reach the goals and the barriers that might get in his way. The short-term objective (i.e., the small first step) for Thomas is for him to work at a job for 5 or more hours a week. This might seem small, but it is a good step for Thomas as he works toward his longer term goal of going back to work full time and getting off of disability. The last part of the wellness plan is completed by Thomas, his peer worker, and his clinician.

GOALS – Goals are what you want to work on in your life. Describe your goals in your own words.

- I want to go back to work. I really want a job.

BARRIERS – Barriers are things that stand in the way of you accomplishing your goal.

- I feel nervous and anxious while looking for job openings or filling out applications.
- I have difficulty getting up in the morning, due to intense sadness and crying.
- I need help filling out paperwork and creating a résumé.

STRENGTHS – Strengths are things that you're good at—your talents, abilities, skills, and past experiences.

- I have a strong work ethic.
- I have work experience as a cashier.
- I am a good communicator.
- I have a strong connection with my peer worker.

OBJECTIVE – An objective is the short-term step that moves you toward your bigger goal.

In the next 90 days, I will find a paying job and work at least 5 hours per week.

INTERVENTIONS – Interventions are the things that you, your provider, and your peer worker will do to help you accomplish your objective and move you toward your goal.

- Psychiatrist will meet with Thomas once monthly for 30 minutes for the next 3 months to decrease symptoms by adjusting medication when needed.
- Clinician will meet weekly with Thomas for 45 minutes for 3 months to work with him on cognitive–behavioral therapy techniques (e.g., thought stopping, visualization, deep breathing) to manage his symptoms, which increase when he is pursuing job-related activities.
- Peer worker will support Thomas by helping him finish his résumé in the next 4 weeks and work on job applications for the next 3 months.
- Thomas will participate in the Wellness Recovery Action Planning group (facilitated by his peer worker) every other week to come up with simple, safe, and effective strategies for staying well and increasing his sense of control over his life and symptoms.

Source: Adapted with permission from the Yale Program for Recovery and Community Health.

Sample Wellness Plan

Wellness Plan

This plan is written, maintained, and kept by YOU. This is YOUR plan. It can be helpful in guiding the conversations between YOU and your recovery coach.

What is my overall goal?

It is often helpful to break down wellness into smaller parts; these will be listed below. Under each heading, you will find some questions to get you thinking. Some will seem more important than others—please pay attention to these. There is an opportunity to set a goal under each heading, yet you do not need to have a goal under each heading. Oftentimes, it gets confusing to have more than a few goals at a time.

1. Connection to My Community

- Do I have contact on a regular basis with people who do not use drugs/alcohol?
- Am I or do I want to be involved in a drug-free support group?
- Am I or do I want to be involved with a faith community?
- Do I spend social time with others who do not use drugs/alcohol?
- Other questions I should be asking myself?

Wellness Goal

Steps I need to take to reach my goal

Who else might be involved?

When do I want to have this goal accomplished?

2. Physical Health

- Do I eat a balanced diet?
- Do I exercise regularly?
- Do I get enough sleep?
- Do I need to see a doctor or dentist?
- If I have been prescribed medication for my physical health, am I taking it as prescribed?
- Other questions I should be asking myself?

Continued on next page

Continued

Wellness Goal

Steps I need to take to reach my goal

Who else might be involved?

When do I want to have this goal accomplished?

3. Emotional Health

- Do I work at being in healthy relationships?
- Am I seeing a therapist/counselor or need to be seeing one?
- Am I happy most days?
- Do I talk about my emotions?
- Other questions I should be asking myself?

Wellness Goal

Steps I need to take to reach my goal

Who else might be involved?

When do I want to have this goal accomplished?

4. Spiritual Health

- Am I comfortable with my spirituality?
- Do I need to develop a spiritual sense and spiritual practices?
- Am I disciplined about my spiritual practices?
- Do I take time each day for prayer, meditation, and/or personal reflection?
- Any other questions I should be asking myself?

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Continued

Wellness Goal

Steps I need to take to reach my goal

Who else might be involved?

When do I want to have this goal accomplished?

5. Living Situation

- Does where I live support me?
- Does who I live with support my choice to stop using drugs/alcohol?
- Do I need to make any changes in my living situation?
- Any other questions I should be asking myself?

Wellness Goal

Steps I need to take to reach my goal

Who else might be involved?

When do I want to have this goal accomplished?

6. Job/Education

- Do I have or need a job?
- Am I satisfied with my education?
- Do I need to return to some form of education?
- Do I need assistance with my education (tutoring)?
- Any other questions I should be asking myself?

Continued on next page

Continued

Wellness Goal

Steps I need to take to reach my goal

Who else might be involved?

When do I want to have this goal accomplished?

7. Other

Are there any other areas I wish to explore?

Wellness Goal

Steps I need to take to reach my goal

Who else might be involved?

When do I want to have this goal accomplished

Participant's Signature _____ Date _____

Recovery Coach's Signature _____ Date _____

Source: Reprinted with permission from New York State Office of Alcoholism and Substance Abuse Services (2018).[770]

Resources for Peer Specialist Supervisors and Administrators

SAMHSA:

- **Addiction Technology Transfer Center (ATTC) Network** (https://attcnetwork.org/centers/selection): Administrators can access their specific ATTC for technical support and training by logging onto this website.
- ***Advisory:* Using Motivational Interviewing in Substance Use Disorder Treatment** (https://store.samhsa.gov/product/advisory-using-motivational-interviewing-substance-use-disorder-treatment/pep20-02-02-014): Based on TIP 35, this *Advisory* addresses the spirit, application, and fundamentals of motivational interviewing.
- **Certified Community Behavioral Health Clinics (CCBHCs)** (https://www.samhsa.gov/certified-community-behavioral-health-clinics): SAMHSA provides information on CCBHCs' goals, funding, and requirements at this webpage.
- **Diversity, Equity, and Inclusion Resources** (https://soarworks.samhsa.gov/article/dei-resources): This SAMHSA webpage provides multiple resources associated with the document *Guidance for Improving Staff Engagement: Integrating Diversity, Equity, and Inclusion in SOAR Work.*
- ***Hiring and Supervising Peer Providers to Support Integrated Care*** (https://www.thenationalcouncil.org/resources/hiring-and-supervising-peer-providers-to-support-integrated-care-3/): This slide presentation, developed by the SAMHSA–HRSA Center for Integrated Health Solutions, covers supervision and support of peer specialists, basic knowledge requirements, and challenges of peer supervision.
- **SAMHSA Regional Offices** (https://www.samhsa.gov/about-us/who-we-are/regional-offices): Administrators can contact the appropriate regional offices to learn which local programs are providing peer support services.
- ***State-by-State Directory of Parent Peer Support Training and Certification Programs*** (https://c4innovates.com/brsstacs/BRSS-TACS_State-by-State-Parent-Peer-Support-Training-Directory_2020.pdf): This directory lists information on family peer worker certification programs for states that had them as of 2020.
- **Substance Abuse Confidentiality Regulations** (https://www.samhsa.gov/about-us/who-we-are/laws-regulations/confidentiality-regulations-faqs): SAMHSA provides fact sheets and answers to frequently asked question regarding the substance abuse confidentiality regulations at this site.
- ***Supervision of Peer Workers*** (https://www.samhsa.gov/sites/default/files/programs_campaigns/brss_tacs/brss-209_supervision_of_peer_workers_overview_cp6.pdf): This fact sheet describes and explains how to use a group of resources created by SAMHSA's BRSS TACS for people supervising peer specialists. Parts of this resource includes a:
  - Slide deck with trainer notes. (https://www.samhsa.gov/sites/default/files/guidelines_peer-supervision_ppt_withpresenternotes_cp2.pdf)
  - 1-page supervisor self-assessment. (https://www.samhsa.gov/sites/default/files/programs_campaigns/brss_tacs/guidelines-peer-supervision-2-self-assessment-cp9.pdf)
  - Supervisor resource list. (https://www.samhsa.gov/sites/default/files/programs_campaigns/brss_tacs/guidelines-peer-supervision-3-resources-cp4.pdf)
- **TIP 35: *Enhancing Motivation for Change in Substance Use Disorder Treatment*** (https://store.samhsa.gov/product/TIP-35-Enhancing-Motivation-for-Change-in-Substance-Use-Disorder-Treatment/PEP19-02-01-003): This TIP describes how substance use disorder treatment providers can use these approaches and strategies to increase participation and retention in substance use disorder treatment.

American Society of Addiction Medicine (ASAM) ASAM Criteria® (https://www.asam.org/asam-criteria/about-the-asam-criteria): This resource includes criteria for placement, continued stay, transfer, or discharge of patients with addiction and co-occurring conditions.

Cal Voices' ***Employer Toolkit: Implementing Essential Organizational Changes To Successfully Integrate Peers*** (https://15d85744-5333-41e2-91ff-18e506035f98.filesusr.com/ugd/44a48f_97fd3e1daf754ed3b3646388dfb043b9.pdf): This toolkit will help guide agencies through the process of integrating peer workers into behavioral health programs.

COBRE Lecture Series: ***Compensating for Systems Failures: The Transformation of the Community Health Worker/Peer Recovery Specialist Roles During Covid-19*** (https://www.youtube.com/watch?v=8WV5Qx2tYZo): The presenters discuss the transition of peer recovery specialists from systems navigators and resource brokers within settings that adopted recovery-oriented patient care to supporting the basic needs of clients who are confronting interlocking systems failures, especially in the fragmented and privatized housing and mental health markets.

Community Catalyst: ***Peers Speak Out: Priority Outcomes for Substance Use Treatment and Services*** (https://communitycatalyst.org/resource/peers-speak-out/): The report details the research findings and recommended actions for service providers, policymakers, and researchers.

Council on Accreditation of Peer Recovery Support Services:

- **Accreditation Readiness Self-Assessment** (https://caprss.org/accreditation-readiness-self-assessment/): This short self-assessment will help program administrators to determine whether their program is accreditation ready. It focuses on key criteria for each of the accreditation domains and standards.
- **Accreditation Resource Book** (www.manula.com/manuals/caprss/accreditation/main/en/topic/c-2017-caprss-council-on-accreditation-of-peer-recovery-support-services): This resource lists program-wide standards required for peer support specialist accreditation.

Diversity, Equity, Inclusivity & Belonging Resources (https://www.naatp.org/resources/dei): This National Association of Addiction Treatment Providers website provides a wealth of resources, including links to webinars, videos, manuals, a blog, research, and other publications to help organizations learn and implement DEIB best practices.

Diversity, Equity, and Inclusion (DEI) Organizational Assessment Tools: A Resource Guide (https://heller.brandeis.edu/iere/pdfs/dei_organizational_assessment_tools.pdf): The instruments included in the guide outline a set of dimensions through which DEI is assessed, with specific indicators to reflect the extent to which DEI is put into practice.

How to Organize a Town Hall Meeting: A Planning Guide (https://facesandvoicesofrecovery.org/wp-content/uploads/2020/04/2-How-To-Org-A-Town-Hall-Mtg.pdf): This advocacy guide offers step-by-step instructions for holding effective town hall meetings to support recovery efforts in the community.

Magellan Health Services, Inc.'s ***Effective Supervision of Peer Specialists*** (https://alphacarecms.magellanhealth.com/training2/peersupport/magellanmodule7/main.htm): Magellan Health Services partnered with the Depression and Bipolar Support Alliance to develop this online course on the practice, power, and potential of peer specialists.

Medicaid Health Homes (https://www.medicaid.gov/resources-for-states/medicaid-state-technical-assistance/health-home-information-resource-center/index.html): The Medicaid Health Home State Plan Option allows states to design health homes to provide comprehensive care coordination for Medicaid beneficiaries with chronic conditions. This website is the health home information resource center.

National Alliance for Recovery Residences' (NARR) ***National Standard 3.0. Compendium*** (https://narronline.org/wp-content/uploads/2019/02/NARR-Standard-Compendium-v3.pdf): The NARR Standard provides guidance for certifying effective recovery residences and incorporates the collaborative values of acute care and social models of recovery.

National Association of Peer Supporters' *National Practice Guidelines for Peer Specialists and Supervisors* (https://www.peersupportworks.org/resources/national-practice-guidelines/): This document outlines the core values of peer support and describes each value in practice.

National Association of Peer Supporters' *Supervision Resources* (https://www.peersupportworks.org/resources/supervision-resources/): This webpage includes links to recent peer supervision resources from a variety of government and nongovernmental sources. Topics include training for peer supervisors, trauma-informed peer supervisory practice, and personnel policies.

National Association of State Mental Health Program Directors' *Supervisor Guide: Peer Support Whole Health and Wellness* (https://www.peersupportworks.org/wp-content/uploads/2021/05/Supervisor-Guide-to-Peer-Support-Whole-Health-and-Wellness-c-2013.pdf): This manual contains information, resources, and strategies that supervisors and managers of community behavioral health agencies can use to successfully introduce the peer support whole health and wellness service and the wellness coach role into the Georgia service delivery system.

National Conference of State Legislatures: *The Value of Certified Community Behavioral Health Clinics* (https://www.ncsl.org/research/health/the-value-of-certified-community-behavioral-health-clinics-magazine2022.aspx): This website contains information on connections and coalitions of CCBHCs as well as funding mechanisms.

National Council for Behavioral Health's *Certified Community Behavioral Health Clinics, Peer-Delivered Services and Peer-Operated Agencies: Opportunities for Collaboration and Expansion* (https://www.thenationalcouncil.org/wp-content/uploads/2022/03/110920_CCBHC_Peer_Services_Mtg_Toolkit-2.pdf): This report discusses partnerships between certified community behavioral health clinics and peer organizations that provide valuable opportunities to ensure the delivery of fidelity-level peer services that are especially successful in engaging individuals who have not connected to or responded to more traditional treatment and rehabilitation approaches.

The Regional Facilitation Center's *Substance Use Disorder Peer Supervision Competencies* (https://oasas.ny.gov/system/files/documents/2019/12/peer-supervision-competencies-2017.pdf): This report from The Regional Facilitation Center in Portland, Oregon, contains a list of 20 core competencies for peer specialists supervisors, along with details for each core competency.

Resources for Integrated Care: Peer Supports (https://www.resourcesforintegratedcare.com/concepts/behavioral-health/peer_supports): This organization offers guidance to providers and agencies on how to add and coordinate care for individuals who are dually eligible for Medicare and Medicaid services. The website includes several resources to help reduce stigma, discrimination, and bias against peer specialists, including tip sheets and videos.

- Some states are expanding their Medicaid coverage of peer support services using guidance provided by a 2007 letter about reimbursement from the Centers for Medicare & Medicaid Services (CMS) (https://downloads.cms.gov/cmsgov/archived-downloads/SMDL/downloads/SMD081507A.pdf).

Strategies for Effective Peer Supervision (2018) (https://soundcloud.com/resourcesforintegratedcare/how-behavioral-health-organizations-can-advocate-for-peers-2018): This podcast is supported through the Medicare–Medicaid Coordination Office at CMS.

Utah Supervisor Guide for Peer Support (https://dsamh.utah.gov/wp-content/uploads/2020/09/Utah-Peer-Support-Supervisor-Guide-3-9-2020.pdf): This guide is intended for those who supervise peer support specialists, family resource facilitators, family peer supporters, and youth peer supporters.

William White's *The Recovery Coach: ROLE CLARITY MATRIX* (https://www.chestnut.org/resources/60ae2e1e-c67b-4fca-9610-21daf5b2ef5b/2016-Recovery-Coach-Role-Role-Clarity-Matrix.pdf): The Matrix was developed to track and depict the evolving roles and key differences among peer recovery coaches, professional recovery coaches, and addiction counselors.

Training Manuals

Training manuals and toolkits can give the supervisor or administrator a sense of the roles, skills, and abilities of peer specialists. They also show peers what to expect if and when they undergo peer training. The following examples of peer training manuals and toolkits are included here only for information. They cannot be used in place of actual training.

- ***2019 Peer Toolkit for Workplace Success,* from Cal Voices' Workforce Integration Support and Education (WISE) Program** (https://bhdp.sccgov.org/sites/g/files/exjcpb716/files/calvoices-2019-peer-toolkit-for-workplace-success-handbook-2019.pdf)
- **City of Philadelphia Department of Behavioral Health and Intellectual disAbility Services, *Peer Support Toolkit*** (https://dbhids.org/wp-content/uploads/1970/01/PCCI_Peer-Support-Toolkit.pdf)
- **Connecticut Community for Addiction Recovery (CCAR) Training: *Coachervision: A Model for Recovery Coach Supervision*** (https://addictionrecoverytraining.org/coachervision/)
- **Department of Veterans Affairs, *Peer Specialist Toolkit: Implementing Peer Support Services in VHA*** (https://www.mirecc.va.gov/visn4/docs/Peer_Specialist_toolkit_Final.pdf)
- **Florida Department of Children and Families, Office of Substance Abuse & Mental Health, *Florida Peer Services Handbook*** (https://nuance.myflfamilies.com/sites/default/files/2022-12/DCF-Peer-Guidance.pdf)
- **McShin Foundation's *Recovery Coach Manual* for the Substance Use Disorder Recovery Program** (https://mcshin.org/wp-content/uploads/2019/07/McShin-RCM_for-web.pdf)
- **Mississippi Department of Mental Health *Certified Peer Support Specialist Provider Toolkit*** (http://www.dmh.ms.gov/wp-content/uploads/2015/01/CPSS-Provider-Toolkit-Final2.pdf)
- **OnTrackNY's *Recovery Coach Manual*** (https://www.ontrackny.org/portals/1/Files/Resources/RecoveryCoach_2015.01.21.pdf)
- **The Regional Facilitation Center's *Substance Use Disorder Peer Supervision Competencies*** (https://oasas.ny.gov/system/files/documents/2019/12/peer-supervision-competencies-2017.pdf)
- **Via Hope's *Texas Certified Peer Specialist Program Policy and Procedure Manual*** (https://www.viahope.org/wp-content/uploads/2018/03/Via-Hope-CPS-Policy-and-Procedure-Manual-April-2018.pdf)

Tools for Supervisors and Administrators

Sample Job Description for a Peer Specialist

Job Title: Outreach Peer Support Specialist

Summary: The Outreach Peer Support Specialist works with people in the community who need recovery support. Peer Support Specialists provide individual and group support in many settings and provide referrals for resources like withdrawal management, housing, outpatient treatment, clothing, food, and overdose prevention/Narcan training. This staff member also provides educational outreach to providers and community groups.

Job Responsibilities:

- Provides community outreach
- Provides individual recovery support
- Works with recovery support groups
- Provides information and referrals for community-based resources
- Serves as advocate for program participants and helps them in developing self-advocacy skills
- Completes all required documentation clearly and on time
- Communicates effectively and respectfully with all program participants, coworkers, and community partners
- Maintains positive relationships
- Completes all trainings as assigned
- Other duties and responsibilities as assigned

Qualifications: To perform this job successfully, an individual must:

- Show an understanding of, and belief in, the recovery process.
- Be a person with lived recovery experience, with a minimum 2 years of continuous recovery.
- Have positive communication skills.
- Be 21 years old or older.

Education or Experience:

- High School diploma or GED required
- Associates Degree or higher preferred
- State-certified recovery coach or plan to complete this within first year
- Understanding of community resources and the recovery-oriented systems of care model

Certificates, Licenses, and Registrations: Must have a valid driver's license, registration, and car insurance (Provide a copy of each to your manager.)

Other Skills and Abilities:

- Knowledge of basic crisis intervention, motivational interviewing, and some case management techniques
- Ability to act as an advocate for the needs of the person in recovery

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Physical Demands:

- The physical demands described here are those an employee must meet to successfully perform the essential functions of this job. Individuals with disabilities may be given reasonable accommodations to perform the essential functions.
- While performing the duties of this job, the employee must stand, walk, use his or her hands, feel objects or controls, talk, hear, and smell.
- The employee frequently must reach with his or her hands and arms, climb or balance, stoop, kneel, crouch, and sit.
- The employee may need to lift up to 25 pounds.

Work Environment: The work environment described here is one an employee faces while performing the essential functions of this job. Individuals with disabilities may be given reasonable accommodations to perform the essential functions.

Source: Adapted from University of Massachusetts Medical School (2018).[771]

Resources for People In or Seeking Recovery

SAMHSA:

- ***Learn the Eight Dimensions of Wellness*** (https://store.samhsa.gov/product/Learn-the-Eight-Dimensions-of-Wellness-Poster-/SMA16-4953): This poster encourages mental health consumers, professionals, and primary care providers to communicate about overall wellness.
- ***Know Your Rights. Rights for Individuals on Medication-Assisted Treatment*** (https://www.samhsa.gov/sites/default/files/programs_campaigns/medication_assisted/Know-Your-Rights-Brochure.pdf): This publication explains patient rights and federal laws that protect people receiving medication for opioid use disorder.
- **SAMHSA's Pacific Southwest Mental Health Technology Transfer Center, *COVID-19 and Mental Health Resources: Substance Use Recovery*** (https://cars-rp.org/_MHTTC/docs/COVID-19%20MH%20Resources-Recovery.pdf): This fact sheet lists resources for people in recovery, including mobile apps that can support recovery.

ADA National Network's Addiction, Recovery, and Employment Webpage (https://adata.org/factsheet/ada-addiction-recovery-and-employment): At this site, people in recovery who are interested in becoming a peer worker can get information on how the Americans with Disabilities Act (ADA) addresses a history of substance use disorder and recovery at different stages of the employment process.

Faces & Voices of Recovery's Personal Stories of Recovery (https://facesandvoicesofrecovery.org/resources/recovery-stories): This webpage offers personal stories about recovery by people from all walks of life. The site also offers a Mutual Aid Resources page (https://facesandvoicesofrecovery.org/resources/mutual-aid-resources/) that provides an extensive list of mutual-help recovery groups and resources for individuals in recovery.

National Disability Institute's *Disability Benefits Counseling Services* (https://www.nationaldisabilityinstitute.org/wp-content/uploads/2018/11/benefits-counseling-services.pdf): This fact sheet is a free resource for Social Security Administration disability beneficiaries returning to work.

Social Security Administration's Ticket To Work Webpage (https://choosework.ssa.gov/about/get-started-today/): This site provides employment support services for Social Security disability beneficiaries.

Wellbriety Recovery Circles (White Bison; https://whitebison.org/): This website offers culturally based recovery resources for Indigenous people.

Peer Specialist Locator

SAMHSA:

- **SAMHSA's National Helpline (1-800-662-HELP [4357])** (https://www.samhsa.gov/find-help/national-helpline): This is a free, confidential, 24/7, 365-days-a-year treatment referral and information service (in English and Spanish) for individuals and families facing substance use and mental disorders. This service provides referrals to local treatment facilities, support groups, and community-based organizations, including any program that provides peer support services.
- **FindTreatment.gov** (https://findtreatment.gov/): FindTreatment.gov is the most comprehensive resource for persons seeking treatment for mental and substance use disorders in the United States and its territories. FindTreatment.gov provides the ability to search for substance use and mental health facilities, healthcare centers, buprenorphine practitioners, and opioid treatment providers. Contact a treatment facility to ask about peer support services.

Faces & Voices of Recovery's Association of Recovery Community Organizations Member Listing (https://facesandvoicesofrecovery.org/arco/arco-members-on-the-map): This website lists recovery community organizations that offer peer support services and are members of the Association of Recovery Community Organizations.

ICAADA Credential Verification (https://icaada.org/credentials/credential-verification/): This locator can be used to identify every Certified Addiction Peer Recovery Coach in Indiana.

My Maps (www.google.com/maps/about/mymaps): My Maps is a no-cost tool to create local community-based asset maps by importing information from a spreadsheet or adding resources individually.

NAADAC's Organizational Members Directory (https://www.naadac.org/organizational-members-directory): The directory lists organizations and agencies that belong to this association for people who work in the substance use disorder treatment field. These organizations and agencies may provide peer support services themselves or know about peer support services in their area.

Ohio Department of Mental Health & Addiction Services' Online Peer Supporter Supervision Training (https://www.eventbrite.com/e/ohiomhas-online-peer-supporter-supervision-training-tickets-159118113561): This free 4-hour training will help supervisors develop an understanding about the role of peer supporters, the responsibilities of a supervisor, and effective supervision strategies.

Veterans' Health Administration (VHA) Substance Use Disorder Treatment Programs (https://va.gov/directory/guide/SUD.asp): This VHA webpage provides a map with links to state-by-state SUD treatment programs for veterans.

Resources for Families of People In or Seeking Recovery

SAMHSA:

- ***Learn the Eight Dimensions of Wellness*** (https://store.samhsa.gov/product/Learn-the-Eight-Dimensions-of-Wellness-Poster-/SMA16-4953): This poster encourages mental health consumers, professionals, and primary care providers to communicate about overall wellness. More information can be accessed at https://www.youtube.com/watch?v=tDzQdRvLAfM and in the SAMHSA publication *Creating a Healthier Life: A Step-by-Step Guide to Wellness* at https://store.samhsa.gov/sites/default/files/d7/priv/sma16-4958.pdf.

- ***Family, Parent and Caregiver Peer Support in Behavioral Health*** (https://www.samhsa.gov/sites/default/files/programs_campaigns/brss_tacs/family-parent-caregiver-support-behavioral-health-2017.pdf): This easy-to-read brochure explains the value of peer support in substance use disorder recovery.
- ***Family Therapy Can Help*** (https://store.samhsa.gov/system/files/sma13-4784.pdf): This booklet provides information about how family therapy can be useful for people in recovery from mental illness, substance use disorders, or both.
- ***Finding Quality Treatment for Substance Use Disorders*** (https://store.samhsa.gov/product/Finding-Quality-Treatment-for-Substance-Use-Disorders/PEP18-TREATMENT-LOC): This fact sheet serves as a guide for individuals seeking behavioral health treatment. It describes three necessary steps to complete before using a treatment center and the five signs of a quality treatment center.
- **988 Suicide & Crisis Lifeline** (https://www.samhsa.gov/find-help/988): The Lifeline provides free and confidential support for people in distress, prevention and crisis resources for individuals, and best practices for professionals.
- ***Peer Support*** (https://www.samhsa.gov/sites/default/files/programs_campaigns/brss_tacs/peer-support-2017.pdf): This easy-to-understand brochure provides general information on peer support.
- ***What Are Peer Recovery Support Services?*** (https://store.samhsa.gov/product/What-Are-Peer-Recovery-Support-Services-/SMA09-4454): This manual provides indepth information on peer support services.
- ***What Is Substance Abuse Treatment? A Booklet for Families*** (https://store.samhsa.gov/product/What-Is-Substance-Abuse-Treatment-A-Booklet-for-Families/SMA14-4126): This brochure helps family members of people with substance use disorders (SUDs) better understand different types of SUD treatment options and how to access family resources.

Administration for Children & Families (https://www.acf.hhs.gov/): This division of the Department of Health and Human Services promotes the economic and social well-being of families, children, individuals, and communities.

Adult Children of Alcoholics® & Dysfunctional Families (https://adultchildren.org/): This 12-Step mutual-help program is for adult children of people with alcohol use disorder.

Al-Anon and Alateen (https://al-anon.org/): These 12-Step mutual-help programs are for family members, adolescent children, and friends of people with alcohol use disorder.

Center for Motivation & Change (https://motivationandchange.com/family-services/resources-for-families/): This website provides no-cost evidence-based resources to family members of people in or seeking recovery.

Children and Family Futures (https://www.cffutures.org/): This nonprofit organization provides consultation, training and technical assistance, strategic planning, and evaluation services focused on improving practice and policy at the intersections of child welfare, substance use and mental disorder treatment, and court systems.

Community Reinforcement and Family Training (CRAFT) (https://www.apa.org/pi/about/publications/caregivers/practice-settings/intervention/community-reinforcement): The CRAFT program is a nonconfrontational evidence-based intervention that helps family and friends develop effective strategies for helping their loved one who has substance use issues or challenges and for feeling better themselves.

Evidence Base for Avoiding Family Separation in Child Welfare Practice (https://www.aliainnovations.org/research-brief): This research brief discusses the impacts of separating children from parents during their recovery from substance use-related problems.

Faces & Voices of Recovery (https://facesandvoicesofrecovery.org/resources/mutual-aid-resources/): The site includes a webpage that provides an extensive list of mutual-help recovery groups and resources for families of individuals in recovery.

Families Anonymous (https://www.familiesanonymous.org/): This 12-Step mutual-help program is for families and friends of people who misuse substances or have a mental illness.

Friends of Recovery New York's *Family to Family Recovery Resource Guide* (https://preventioncouncilputnam.org/wp-content/uploads/2017/07/Family_to_Family_Resource_Guide.pdf): This resource guide is designed to help families of people who misuse substances learn about drug and alcohol addiction, recovery, and how to help others who are significant in the person in recovery's life. It includes basic education, links to online videos, and real-life stories from families of people in recovery.

Learn to Cope (https://www.learn2cope.org/): This peer-based education and support organization is for family members of people who misuse substances (with a focus on opioid addiction). It includes chapters in several states, an online forum, and face-to-face group meetings.

Nar-Anon Family Groups (https://www.nar-anon.org/): This 12-Step mutual-help program is for family members of people who are addicted to drugs.

National Alliance on Mental Illness' Family-to-Family Program (https://www.nami.org/Find-Support/NAMI-Programs/NAMI-Family-to-Family): This peer-led family psychoeducation program is for families of people with mental disorders (including substance use disorders). The Family-to-Family class locator (https://www.nami.org/Find-Your-Local-NAMI/Affiliate/Programs?classkey=a1x36000003TN9YAAW) assists families with finding a free 8-week course for family caregivers of individuals living with mental illness.

National Association for Children of Addiction (https://nacoa.org/families/): This nonprofit organization offers resources for children, adolescents, and adult children of people who misuse alcohol and other substances and for families in recovery.

National Federation of Families (https://www.ffcmh.org/): This nationwide advocacy organization focuses on bringing lived experience to family support, including resources for peer specialists, family-run organizations (https://www.ffcmh.org/resources-familyorg), and webinars about family support.

National Institute on Drug Abuse, *If You Have a Problem with Drugs: For Teens and Young Adults* (https://archives.nida.nih.gov/publications/step-by-step-guides-to-finding-treatment-drug-use-disorders/if-you-have-problem-drugs-teens-young-adults): This website, for adolescents and young adults who misuse substances and their parents, answers common questions about drugs and drug problems.

Partnership to End Addiction (https://drugfree.org/get-support/): This website includes a parent blog, stories of hope from parents of children who misuse substances, and a parent helpline.

SMART Recovery®, Family & Friends (https://www.smartrecovery.org/family/): This program uses specific training techniques to explain how families and friends can help their loved ones move toward a more balanced and purposeful life. The website provides information about online meetings, a family message board, and links to a handbook and a facilitator manual (both can be purchased for a small fee).

Family Peer Specialist Certification (Selected States)

The following resources provide Peer Specialist training and certification for families:

- **Colorado's Peer & Family Specialist Certification** (https://coprovidersassociation.org/certifications/peer-family-specialist-certification/)
- **Florida's Certified Recovery Peer Specialist** (https://flcertificationboard.org/certifications/certified-recovery-peers-specialist/)
- **ICAADA Certified Addiction Recovery Coach** (https://icaada.org/credentials/carc/)

- **Idaho's Certified Family Support Specialists** (https://healthandwelfare.idaho.gov/Medical/MentalHealth/PeerSpecialistsFamilySupportPartners/tabid/2935/Default.aspx)
- **National Federation of Families' National Family Peer Specialist Certification** (https://www.ffcmh.org/certification)
- **New York's Certified Recovery Peer Advocate–Family** (http://www.asapnys.org/certified-recovery-peer-advocate-family/)
- **New York's Family Peer Advocate** (https://www.ftnys.org/training-credentialing/family-peer-advocate-credential/)
- **Pennsylvania Certification Board** (https://www.pacertboard.org/certifications)
- **Utah's Family Peer Support Specialist** (https://sumh.utah.gov/education/certification/peer-support)
- **Wisconsin Certified Parent Peer Specialist** (https://www.wicps.org/parent-peer-specialist/)

Selected State Resources

The resources in this section include some helpful peer support–related material created by state agencies and by organizations with a state-specific focus. The websites of statewide peer specialist networks can also be a good source of information.

California Association of Social Rehabilitation Agencies' ***Meaningful Roles for Peer Providers in Integrated Healthcare: A Guide*** (http://www.casra.org/docs/casra-meaningful-roles-for-peer-providers-in-integrated-healthcare-toolkit-11-13-14.pdf): This detailed 2014 guide covers topics that range from writing peer specialist job descriptions to creating job opportunities for peer specialists in an integrated healthcare setting, and from mentoring peer specialists to measuring the success of programs that use peer specialists.

Florida Department of Children and Families and Office of Substance Abuse & Mental Health's ***Florida Peer Services Handbook*** (https://nuance.myflfamilies.com/sites/default/files/2022-12/DCF-Peer-Guidance.pdf): This guidebook describes the roles of peer specialists and discusses the benefits of using them. It also addresses adding peers into the behavioral health workforce and provides tips for hiring and supervising peer specialists.

Indiana Association of Peer Recovery Support Services: (https://www.iaprss.org/): This website provides resources for advancing peer recovery support through education, collaboration, and professional development.

Montana's Peer Network (https://mtpeernetwork.org/): This website offers recovery podcasts, peer support services webinars and trainings, and topical resource lists.

Wisconsin Certified Peer Specialists Employer Toolkit (https://facesandvoicesofrecovery.org/wp-content/uploads/2019/07/Wisconsin-Certified-Peer-Specialists-Employer-Toolkit-.pdf): This toolkit reviews the benefits of using peer support services, discusses how to develop a peer workforce, and offers tips on creating a positive workplace for peer specialists.

Using a peer services agreement form sets out what people in recovery receiving PSS can expect of their peer workers and what programs expect of people in recovery. An example of such a form can be found through the PeerConnect Recovery Support Services webpage of the Alano Club of Portland (OR) at https://www.portlandalano.org/peerconnect. The forms can be adapted based on the unique needs of the people and communities served and the types of services provided at a given program.

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