

HOW DOES PEER SUPPORT HELP?

The role of a peer support worker complements, but does not duplicate or replace the roles of therapists, case managers, and other members of a treatment team.

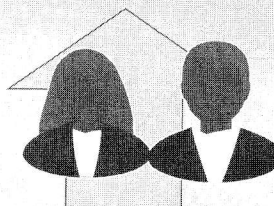
Peer support workers bring their own personal knowledge of what it is like to live and thrive with mental health conditions and substance use disorders. They support people's progress towards recovery and self-determined lives by sharing vital experiential information and real examples of the power of recovery. The sense of mutuality created through thoughtful sharing of experience is influential in modeling recovery and offering hope (Davidson, Bellamy, Guy, & Miller, 2012).

REFERENCES

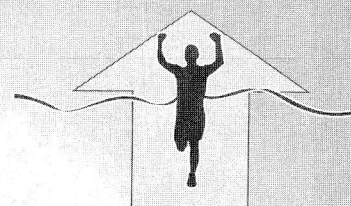
- Chinman, M. J., Weingarten, R., Stayner, D., & Davidson, L. (2001). Chronicity reconsidered: improving person-environment fit through a consumer-run service. *Community mental health journal*, 37(3), 215-229.
- Coatsworth-Puspok, R., Forchuk, C., & Ward-Griffin, C. (2006). Peer support relationships: an unexplored interpersonal process in mental health. *Journal of psychiatric and mental health nursing*, 13(5), 490-497.
- Davidson, L., Bellamy, C., Guy, K., & Miller, R. (2012). Peer support among persons with severe mental illnesses: a review of evidence and experience. *World Psychiatry*, 11(2), 123-128.
- Davidson, L., Chinman, M., Kloos, B., Weingarten, R., Stayner, D., & Tebes, J. K. (1999). Peer support among individuals with severe mental illness: A review of the evidence. *Clinical psychology: Science and practice*, 6(2), 165-187.
- Dumont, J., & Jones, K. (2002). Findings from a consumer/survivor defined alternative to psychiatric hospitalization. *Outlook*, 3(Spring), 4-6.
- Forchuk, C., Martin, M. L., Chan, Y. L., & Jensen, E. (2005). Therapeutic relationships: From psychiatric hospital to community. *Journal of psychiatric and mental health nursing*, 12(5), 556-564.

DOES PEER SUPPORT MAKE A DIFFERENCE?

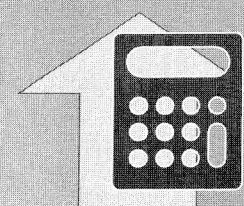
Emerging research shows that peer support is effective for supporting recovery from behavioral health conditions. Benefits of peer support may include:



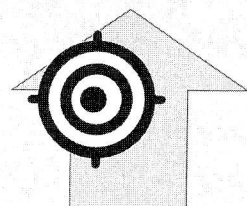
Increased self-esteem and confidence
(Davidson, et al., 1999; Salzer, 2002)



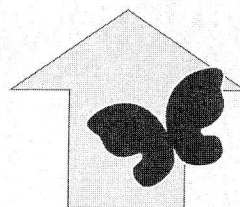
Increased sense of control and ability to bring about changes in their lives
(Davidson, et al., 2012)



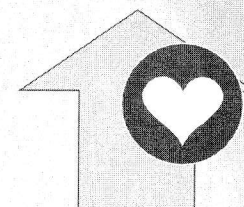
Raised empowerment scores
(Davidson, et al., 1999; Dumont & Jones, 2002; Ochocka, Nelson, Janzen, & Trainor, 2006; Resnick & Rosenheck, 2008)



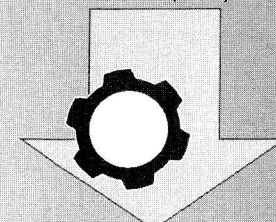
Increased sense that treatment is responsive and inclusive of needs
(Davidson, et al., 2012)



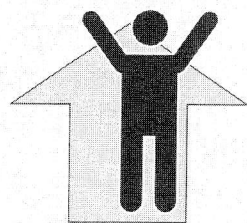
Increased sense of hope and inspiration
(Davidson, et al., 2006; Ratzlaff, McDiarmid, Marty, & Rapp, 2006)



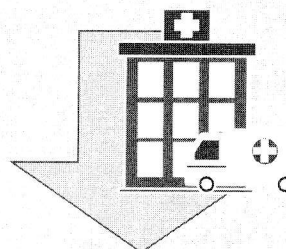
Increased empathy and acceptance (camaraderie)
(Coatsworth-Puspok, Forchuk, & Ward-Griffin, 2006; Davidson, et al., 1999)



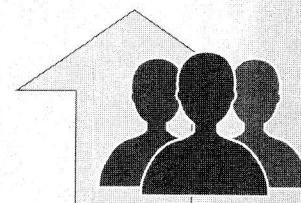
Decreased psychotic symptoms
(Davidson, et al., 2012)



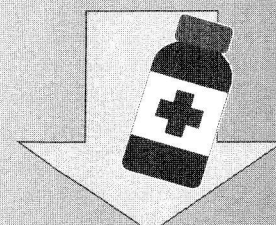
Increased engagement in self-care and wellness
(Davidson, et al., 2012)



Reduced hospital admission rates and longer community tenure
(Chinman, Weingarten, Stayner, & Davidson, 2001; Davidson, et al., 2012; Forchuk, Martin, Chan, & Jensen, 2005; Min, Whitecraft, Rothbard, Salzer, 2007)



Increased social support and social functioning
(Kurtz, 1990; Nelson, Ochocka, Janzen, & Trainor, 2006; Ochocka et al., 2006; Trainor, Shepherd, Boydell, Leff, & Crawford, 1997; Yanos, Primavera, & Knight, 2001)



Decreased substance use and depression
(Davidson, et al., 2012)

- Kurtz, L. F. (1990). The self-help movement: Review of the past decade of research. *Social Work with Groups*, 13(3), 101-115.
- Min, S. Y., Whitecraft, J., Rothbard, A. B., & Salzer, M. S. (2007). Peer support for persons with co-occurring disorders and community tenure: a survival analysis. *Psychiatric rehabilitation journal*, 30(3), 207-213.
- Mead, S., & McNeil, C. (2006). Peer support: What makes it unique. *International Journal of Psychosocial Rehabilitation*, 10(2), 29-37.
- Nelson, G., Ochocka, J., Janzen, R., & Trainor, J. (2006). A longitudinal study of mental health consumer/survivor initiatives: Part 1—Literature review and overview of the study. *Journal of Community Psychology*, 34(3), 247-260.
- Ochocka, J., Nelson, G., Janzen, R., & Trainor, J. (2006). A longitudinal study of mental health consumer/survivor initiatives: Part 3—A qualitative study of impacts of participation on new members. *Journal of Community Psychology*, 34(3), 273-283.
- Ratzlaff, S., McDiarmid, D., Marty, D., & Rapp, C. (2006). The Kansas Consumer as Provider program: measuring the effects of a supported education initiative. *Psychiatric Rehabilitation Journal*, 29(3), 174-182.

- Resnick, S. G., & Rosenheck, R. A. (2008). Integrating peer-provided services: a quasi-experimental study of recovery orientation, confidence, and empowerment. *Psychiatric Services*, 59(11), 1307-1317.
- Salzer, M. S. (2002). Consumer-Delivered Services as a Best Practice in Mental Health Care Delivery and The Development of Practice Guidelines: Mental Health Association of Southeastern Pennsylvania Best Practices Team Philadelphia. *Psychiatric Rehabilitation Skills*, 6(3), 355-382.
- Trainor, J., Shepherd, M., Boydell, K. M., Leff, A., & Crawford, E. (1997). Beyond the service paradigm: The impact and implications of consumer/survivor initiatives. *Psychiatric Rehabilitation Journal*, 21(2), 132-140.
- Yanos, T. P., Primavera, L. H., & Knight, E. L. (2001). Consumer-run service participation, recovery of social functioning, and the mediating role of psychological factors. *Psychiatric Services*, 52(4), 493-500.

PEER SUPPORT

"Because of peer support I am alive!"

—Melodie

"When I saw that other people recovered, it gave me hope that I could too."

—Corinna

"Peer support allowed me to feel 'normal.'"

—Jean

BRINGING RECOVERY SUPPORTS TO SCALE
Technical Assistance Center Strategy (BRSS TACS)

WHAT IS PEER SUPPORT?

Peer support encompasses a range of activities and interactions between people who share similar experiences of being diagnosed with mental health conditions, substance use disorders, or both. This mutuality—often called “peerness”—between a peer support worker and person in or seeking recovery promotes connection and inspires hope.

Peer support offers a level of acceptance, understanding, and validation not found in many other professional relationships (Mead & McNeil, 2006). By sharing their own lived experience and practical guidance, peer support workers help people to develop their own goals, create strategies for self-empowerment, and take concrete steps towards building fulfilling, self-determined lives for themselves.

WHAT DOES A PEER SUPPORT WORKER DO?

A peer support worker is someone with the lived experience of recovery from a mental health condition, substance use disorder, or both. They provide support to others experiencing similar challenges. They provide non-clinical, strengths-based support and are “experientially credentialed” by their own recovery journey (Davidson, et al., 1999). Peer support workers may be referred to by different names depending upon the setting in which they practice. Common titles include: peer specialists, peer recovery coaches, peer advocates, and peer recovery support specialists.






Peer support workers can help break down barriers of experience and understanding, as well as power dynamics that may get in the way of working with other members of the treatment team. The peer support worker’s role is to assist people with finding and following their own recovery paths, without judgment, expectation, rules, or requirements.

Peer support workers practice in a range of settings, including peer-run organizations, recovery community centers, recovery residences, drug courts and other criminal justice settings, hospital emergency departments, child welfare agencies, homeless shelters, and behavioral health and primary care settings. In addition to providing the many types of assistance encompassed in the peer support role, they conduct a variety of outreach and engagement activities.

Peer support has been there for me no matter what, and now I am able to help others...

—Liza

PEER SUPPORT WORKERS

-  inspire hope that people can and do recover;
-  walk with people on their recovery journeys;
-  dispel myths about what it means to have a mental health condition or substance use disorder;
-  provide self-help education and link people to tools and resources; and
-  support people in identifying their goals, hopes, and dreams, and creating a roadmap for getting there.

IC&RC Peer Recovery Domains and Tasks

Domain 1: Advocacy

- I1 Relate to the individual as an advocate.
- I2 Advocate within systems to promote person-centered recovery/wellness support services.
- I3 Describe the individual's rights and responsibilities.
- I4 Apply the principles of individual choice and self-determination.
- I5 Explain importance of self-advocacy as a component of recovery/wellness.
- I6 Recognize and use person-centered language.
- I7 Practice effective communication skills.
- I8 Differentiate between the types and levels of advocacy.
- I9 Collaborate with individual to identify, link, and coordinate choices with resources.
- I10 Advocate for multiple pathways to recovery/wellness.
- I11 Recognize the importance of a holistic (e.g., mind, body, spirit, environment) approach to recovery/wellness.

Domain 2: Ethical Responsibility

- II1 Recognize risk indicators that may affect the individual's welfare and safety.
- II2 Respond to personal risk indicators to assure welfare and safety.
- II3 Communicate to support network personal issues that impact ability to perform job duties .
- II4 Report suspicions of abuse or neglect to appropriate authority.
- II5 Evaluate the individual's satisfaction with their progress toward recovery/wellness goals.
- II6 Maintain documentation and collect data as required.
- II7 Adhere to responsibilities and limits of the role.
- II8 Apply fundamentals of cultural competency.
- II9 Recognize and adhere to the rules of confidentiality.
- II10 Recognize and maintain professional and personal boundaries.
- II11 Recognize and address personal and institutional biases and behaviors.
- II12 Maintain current, accurate knowledge of trends and issues related to wellness and recovery.
- II13 Recognize various crisis and emergency situations.
- II14 Use organizational/departmental chain of command to address or resolve issues.
- II15 Practice non-judgmental behavior.

Domain 3: Mentoring and Education

- III1 Serve as a role model for an individual.
- III2 Recognize the importance of self-care.
- III3 Establish and maintain a peer relationship rather than a hierarchical relationship.
- III4 Educate through shared experiences.
- III5 Support the development of healthy behavior that is based on choice.
- III6 Describe the skills needed to self-advocate.
- III7 Assist the individual in identifying and establishing positive relationships.
- III8 Establish a respectful, trusting relationship with the individual.
- III9 Demonstrate consistency by supporting individuals during ordinary and extraordinary times.
- III10 Support the development of effective communication skills.
- III11 Support the development of conflict resolution skills.
- III12 Support the development of problem-solving skills.
- III13 Apply principles of empowerment.
- III14 Provide resource linkage to community supports and professional services.

Domain 4: Recovery/Wellness Support

- IV1 Assist the individual with setting goals.
- IV2 Recognize that there are multiple pathways to recovery/wellness.
- IV3 Contribute to the individual's recovery/wellness team(s).
- IV4 Assist the individual to identify and build on their strengths and resiliencies.
- IV5 Apply effective coaching techniques such as Motivational Interviewing.
- IV6 Recognize the stages of change.
- IV7 Recognize the stages of recovery/wellness.
- IV8 Recognize signs of distress.
- IV9 Develop tools for effective outreach and continued support.
- IV10 Assist the individual in identifying support systems.
- IV11 Practice a strengths-based approach to recovery/wellness.
- IV12 Assist the individual in identifying basic needs.
- IV13 Apply basic supportive group facilitation techniques.
- IV14 Recognize and understand the impact of trauma.

**Idaho Recovery Capital Scale (Adapted from William White at williamwhitepapers.org.)
for the Idaho Response to Opiate Crisis Project**

Place a number by each statement that best describes your situation today.

5 - *Completely Agree*

4 - *Mostly Agree*

3 - *Agree a little*

2 - *Mostly disagree*

1 - *Completely disagree*

My first name: _____

Today's Date: _____

I live in an environment that is free from alcohol and other drugs

I have an intimate partner that is supportive of my recovery

I have family members who are supportive of my recovery

I have friends who are supportive of my recovery

I have people close to me (intimate partner, family, friends) who are also in recovery

I have a job that provides for my basic needs

I have a written plan for my recovery

I am in reasonably good physical health

I am in reasonably good mental health

I have a plan to manage my mental health

I am taking prescribed medication to support my mental health

I am taking prescribed medication to help my cravings for alcohol or other drugs

I have access to regular healthy meals

I have clothes that are comfortable and clean and do not represent drug using

I have access to recovery support groups in my community

I am regularly involved with a local recovery support group

I have a sponsor or other mentor for my recovery

I have people who look to me as a mentor for their recovery

I have completed or am complying with all legal requirements related to my past

I have recovery rituals that are part of my daily life

I have goals for my future

I feel I am a part of my community

Services to others is an important part of my life today

My Score

Five areas of recovery capital I want to increase in the next 6 months:

1.

2.

3.

4.

5.

In the next week I will do the following activities to help me increase my recovery capital:

1.

2.

3.

Who will help me work on these activities?

1.

2.

3.

BRSS TAGS

Bringing Recovery Supports to Scale

TECHNICAL ASSISTANCE CENTER STRATEGY

Supervisor of Peer Workers Self-Assessment

This Supervisor of Peer Workers Self-Assessment is designed to help you reflect on your own supervision practice and identify areas you would like to develop to become a more effective supervisor of peer workers. For areas that are learning needs, speak to your supervisor about strategies for learning the needed competencies.

Rating Scale

1. Professional Learning Need—I don't know how to do this
2. Personal Learning need—I know how to do this but unable to make it happen
3. Sporadically Competent—I occasionally do this fine
4. Consistently Competent—This has become a part of my natural way of doing things
5. Mastery—I can role model this and can teach it to others

| Supervisory knowledge and skills | Learning need | | Competent | | Mastery |
|--|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| | 1 | 2 | 3 | 4 | 5 |
| 1. I understand and can clarify organizational systems, structures and processes | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. I understand the values and practice of peer support | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. I understand the roles and responsibilities of peer support workers | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. I can maintain a balance between the administrative, educational, and supportive functions of supervision | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. I can establish a relationship characterized by trust and mutuality | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. I can provide an environment that promotes reflection on peer support practice and ethics | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. I can help a person set and plan for the achievement of professional goals | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. I can teach and model skills needed for effective peer practice | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 9. I can deliver strengths-based supervision and can use affirmations | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 10. I can give feedback that assists the person in recognizing a professional development need | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 11. I can advocate for recovery-oriented services within the agency | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

This document was supported by contract number HHSS2832012000351/HHSS28342002T from the Substance Abuse and Mental Health Services Administration (SAMHSA). The views, opinions, and content of the document are those of the authors and do not necessarily reflect the views, opinions, or policies of SAMHSA or the U.S. Department of Health and Human Services (HHS).

Supporting Recovery

Recovery and Relationships

The process of recovery is supported through relationships and social networks. This often involves family members who become the champions of their loved ones' recovery. They provide essential support to their family member's journey of recovery and similarly experience the moments of positive healing as well as the difficult challenges. Families of people in recovery may experience adversities in their social, occupational, and financial lives, as well as in their overall quality of family life.

These experiences can lead to increased family stress, guilt, shame, anger, fear, anxiety, loss, grief, and isolation. The concept of resilience in recovery is also vital for family members who need access to intentional supports that promote their health and well-being. The support of peers and friends is also crucial in engaging and supporting individuals in recovery.

Peer support assists individuals to engage or stay connected to the recovery process through a shared understanding, respect, and mutual empowerment. Peer support extends beyond the reach of clinical treatment into the everyday environment providing non-clinical, strengths-based support. This relationship can help lay the foundation for SAMHSA's four dimensions of recovery.

Recovery Support

SAMHSA advanced recovery support systems to promote partnering with people in recovery from mental and substance use disorders and their family members to guide the behavioral health system and promote individual, program, and system-level approaches that foster health and resilience; increase housing to support recovery; reduce barriers to employment, education, and other life goals; and secure necessary social supports in their chosen community.

Recovery support is provided in various settings. Recovery support services help people enter into and navigate systems of care, remove barriers to recovery, stay engaged in the recovery process, and live full lives in communities of their choice.

Recovery support services include culturally and linguistically appropriate services that assist individuals and families working toward recovery from mental and/or substance use problems. They incorporate a full range of social, legal, and other services (PDF | 409 KB). that facilitate recovery, wellness, and linkage to and coordination among service providers, and other supports shown to improve quality of life for people (and their families) in and seeking recovery.

Recovery support services may be provided before, during, or after clinical treatment, or may be provided to individuals who are not in treatment but seek support services.

These services, provided by professionals and peers, are delivered through a variety of community and faith-based groups, treatment providers, schools, and other specialized services. The broad range of service delivery options ensures the life experiences of all people are valued and represented.

Principles of Core Competencies

Core competencies for peer workers reflect certain foundational principles identified by members of the mental health consumer and substance use disorder recovery communities. These are:

- **Recovery-oriented:** Peer workers hold out hope to those they serve, partnering with them to envision and achieve a meaningful and purposeful life. Peer workers help those they serve identify and build on strengths and empower them to choose for themselves, recognizing that there are multiple pathways to recovery.
- **Person-centered:** Peer recovery support services are always directed by the person participating in services. Peer recovery support is personalized to align with the specific hopes, goals, and preferences of the people served and to respond to specific needs the people has identified to the peer worker.
- **Voluntary:** Peer workers are partners or consultants to those they serve. They do not dictate the types of services provided or the elements of recovery plans that will guide their work with peers. Participation in peer recovery support services is always contingent on peer choice.
- **Relationship-focused:** The relationship between the peer worker and the peer is the foundation on which peer recovery support services and support are provided. The relationship between the peer worker and peer is respectful, trusting, empathetic, collaborative, and mutual.
- **Trauma-informed:** Peer recovery support utilizes a strength-based framework that emphasizes physical, psychological, and emotional safety and creates opportunities for survivors to rebuild a sense of control and empowerment.

Last Updated

Last Updated: 04/14/2022

SAMHSA/ Recovery