

The Peer Role: The Critical Role of Ethics in Efficacy

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For decades, the United States has
led with a criminal injustice
approach to a
public health crisis.

Public Health Continuum

- Prevention
- Intervention
- Multiple Pathways of Recovery (includes Treatment)
- Recovery Supports

Working Definitions

- **Recovery:** self-identified resolution of problematic substance use or in process of resolving problematic use
- **Peer:** Person with past or present experience with substance use
- **Person/People Who Use(s) Drugs (PWUD):** Person or people who currently use(s) substances
- **Living Experience:** Current use of substances
- **Lived Experience:** Past use of substances
- **Peer Worker:** Person with relevant experience and training who is employed or volunteers in supporting others with similar experiences
- **Peer Workforce:** Everyone working in peer support roles across all domains, settings, and populations
- **Ask them:** Person receiving support - whatever language they prefer
- **None of the Above**

Recovery Oriented System of Care

A ROSC is a coordinated network of community-based services and supports that is person-centered and builds on the strengths and resiliencies of individuals, families, and communities to achieve improved health, wellness, and quality of life for those with or at risk of alcohol and drug problems.

Adapted from Substance Abuse and Mental Health Services Administration, U.S.A.

Recovery Oriented System of Care

In other words:

Policies, providers and practices across systems who utilize a recovery-oriented, strength-based, and person-driven approach to supporting people.

The Peer Role



Centering the Peer Role

Peers use lived and living experience of wellness and recovery from substance use and/or mental health challenges to provide emotional, informational, instrumental and affiliate supports.

Centering the Peer Role

Working with an individual to:

- Identify their wellness goals and barriers to progress and success
- Reduce and eliminate barriers
- Build Wellness and Recovery Capital (internal and external)
- Make any positive change

Service Delivery Settings

- Healthcare
- Justice
- Clinical
- Faith Based
- Community
- Recovery
- Education
- First Responders
- Independent
- Other

Many and Evolving Titles for the Peer Role

Mental Health

- Peer
- Peer Recovery Advocate
- Peer Specialist
- Family Peer
- Certified Peer Specialist
- Other

Substance Use

- Recovery Coach
- Certified Recovery Coach
- Peer Recovery Coach
- Recovery Support Specialist
- Recovery Navigator
- Peer Mentor
- Other

*There are many peers working across these silos.

Lack of Understanding of Peer Roles

- Cheap Case Managers
- Chauffeurs, Taxis, UBERs, etc.
- Crisis Interventionists
- Translators
- Sponsors
- Administrative Assistants
- Busy Workers
- Babysitters

Challenges and Solutions



Organizational Policies and Practices

- Hiring, Compensation, Benefits
- Diversity in the workforce
- Lack of policies that support the role
- Limited definitions of recovery disregard individuality and sovereignty
- Lack of recovery orientation
- Wellness and recovery based on dominant culture
- Lack of representation on all levels (board, senior management and frontline)

Requirements of Lived and Living Experience

- Typical job listings include “Two years of sustained recovery from substance use disorder”
- Challenging to measure
- Limits participation of others who may be effective in the role
- Sets expectation for policing wellness

Eliminate Requirements of Lived Experience

- Eliminate requirements of self-identifying as being in recovery
- Hire based on cultural humility, understanding of addiction/recovery, empathy, and other job duty requirements

Justice Impacted

- Common convictions for peers that may be barriers: Sex work, trafficking substances, arson, embezzlement, violent crimes, theft and fraud
- Discriminatory policies based in morality and sustained stigma

*Policies are evolving regarding criminal background checks for the hiring of peers.

Value Experience of Being Justice Impacted

- Consider justice involvement a qualification as opposed to a barrier
- Eliminate background checks

Training and Credentialing

- Hiring people without proper preparation and training.
- Lack of access to quality and ongoing training.
- Requiring everyone that is hired has a credential.
- Prohibitive costs for training and credentials.

Provide Quality Training and Appropriate Credentialing

- Require training before being on the job and provide no-cost training prior to hiring
- Provide ongoing professional development once hired
- Allow paid time off for training
- Target inequity and remove barriers to achieve appropriate credentialing created for the role
- Recognize and value lived/ living experience and non-traditional ways of learning outside of formal education

Supervision

- Lack of understanding of the peer role and multiple pathways of recovery
- Peers supervised by clinical personnel
- Dual roles: service delivery and supervisory responsibilities
- Policing peer recovery and wellness status
- Large focus on administrative tasks
- Boundary violations

Provide Skilled Role-Specific Supervision

- Fund Peer Supervisory Roles
- Make Peer Supervision a requirement
- Maintain single role for Peer Supervisors
- Provide ongoing, consistent, supportive non-clinical supervision
- Create Certification for Peer Supervisors

Codes of Ethics

- Multiple Codes of Ethics and lack of understanding
- Lack of cultural responsiveness in codes of ethics
- Lack of understanding and practice of ethical standards
- Lack of accountability for employers and employees
- Imposing clinical ethical standards on non-clinical employees

Implement and Uphold Role-Specific Code of Ethics

- Code of ethics that reflects the community and culture the program exists in
- Code of ethics that reflects ROSC orientation and peer role with clear differentiation from clinical ethics
- Require training on ethics in general and the organization's specific code of ethics
- Ensure ALL staff understand peer roles and how they intersect with their own
- Accountability for organizations providing peer services to recognized peer code of ethics

Prevalent Themes

- Failed relationships: policies, procedures, intentions, and practice
- Criminalization, moralization, discrimination, and the monetization of suffering
- Overzealous power differentials between employer and peers
- “Extraction” approach without investment in peers
- Internalized stigma within peer workforce
- Fear of retaliation/loss of job and potential inability to meet basic needs

Strategies:

How can we do
better?



Implement Recovery Principles

- Hope
- Trauma Informed
- Supported by Peers
- Person-Driven
- Built on Culture
- Multiple Pathways
- Relational
- Respect
- Holistic
- Strengths/
Responsibility

Center Equity and Opportunity

- Equity in hiring, pay and benefits; offering a living wage
- Build infrastructure for peers to have more advanced and powerful roles, including supervisory oversight of peer programs and peer employees
- Lead with equity: hiring diverse staff that reflects community
- Policies that specifically address disparity in advancement

Support Recovery and Wellness

Develop organizational policies and hiring processes that fully:

- Support multiple pathways and definitions of wellness
- Measure performance with job metrics and outcomes – not recovery
- Flexibility for employees to attend to their own wellness
- Refer employees to elective supportive services if needed*
- Provide supports for employees struggling with personal wellness

*It is unlawful in the United States and universally unethical to fire someone based on a recurrence of use

Support Recovery and Wellness

Develop organizational policies and hiring processes that fully:

- Have universal employee policies regarding substance use
- Allow substance use status to be self-reported and confidential according to law and ethics.
- If surveillance of wellness is required, have it carried out by neutral parties, not direct supervisors.
- Hire, retain and supervise peers with an expectation of success according to ROSC principles of trust, dignity, and a strengths-based orientation

The
Bottom
Line:
Discrimination
and
Criminalization



The criminalization and moralization of substance use and resulting discrimination against peers in the workplace is the primary source of challenges.

Addressing and reducing this discrimination is key to the efficacy and overall success of one of our best tools to reduce drug-related deaths and associated challenges: The Peer Workforce.

Opportunities for Progress

- Advocate for better policies for peers in your workplace
- Move your organization towards a ROSC framework
- Prioritize equity in hiring, supervising and retaining peers
- Pursue additional education on ROSC and the peer role

Takeaways



References

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Reach out with questions or for more trainings!

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