

# Transcom: Establishing a Strong Peer Support Workforce in Massachusetts

Transcom<sup>1</sup> is affirming the importance of the Peer Support workforce for mental health and substance use systems. This is a call for action to ensure fidelity to the role in accordance with the values, principles and conduct detailed in national guidelines and codes of ethics recognized in Massachusetts. While the Commonwealth has created a multitude of Peer Support roles, these roles are not well understood and are often not used as intended. This lack of fidelity is compromising the integrity of the workforce, limiting its potential benefit among those using the service, and reducing potential cost savings and system-wide quality improvements.

## Peer Support Workers

Peer Support workers have differing histories and go by different names in different settings, but they all share a common commitment to leveraging the power of lived experience to help others, coming from an empowered, strength-based perspective. The Commonwealth's Peer Support workforce includes Certified Peer Specialists (CPS), Recovery Coaches, Peer Mentors, Young Adult Peer Mentors, and other paid and volunteer positions.

Peer Support workers are individuals in recovery who have lived experience with a psychiatric diagnosis, trauma, or substance use and are trained to help people struggling with a similar experience (their peers) to gain hope, explore recovery and achieve life goals. A Peer Support worker shares their story and personal experiences in an effort to establish an equitable relationship, not to provide clinical treatment. Peer Support workers are skilled at "recovery messaging" and affirm that, "recovery is real!" They are actively engaged in their own personal and family recovery and share that real-world knowledge and experience to foster individual change and promote recovery-oriented practices.

The primary responsibility of a Peer Support worker is to support the voices and choices of the people they work with. They are responsible for minimizing power differentials as much as possible and not participating in tasks that have the potential for or appearance of coercion, including medication administration, acting as a personal driver and handling an individual's funds. The purpose of the Peer Support role is to create a relationship between equals that is non-clinical and supports a partnership aimed at growth and recovery. Peer Support workers focus on building relationships that:

- Respect mutuality, reciprocal exchange, and the wisdom of lived experience.
- Support individuals to expand their engagement in cultures of recovery.
- Prioritize self-determination by each person using services and advocate for each individual's voice and choice.
- Partner to overcome personal and environmental obstacles and act as a guide to navigate complicated systems.
- Facilitate connections to community resources, while considering each individual's cultural context.
- Strive to understand the impact and role of unresolved trauma in each person's experience.

## Benefits of Peer Support Workers

Studies on Peer Recovery supports have shown reduced relapse rates, improvements in psychiatric symptoms, decreased homelessness, expansion of social support networks, and enhanced functioning, and decreased lengths of stay in hospitals, resulting in lower costs. Benefits from utilizing this workforce include:

- Organizational and contractual integration of Peer Support roles into treatment and community settings improves the lives of those receiving mental health and substance use services.
- Open, honest, judgment-free conversations with someone who has had similar experiences and feelings can be the spark of hope that "change is possible".
- Instead of focusing on clinical assessment and treatment, Peer Support workers share their real-world knowledge and experience, thereby connecting with individuals in a mutual and person-centered relationship. This relationship empowers people using services to activate their personal assets and sustain recovery on their own.

<sup>1</sup> *Transcom is a subcommittee of the MA State Mental Health Planning Council founded in 2004 with funding from a CMS Transformation Grant. Transcom is a broad-based coalition of stakeholders from the mental health and substance use fields who are committed to strengthening recovery supports throughout the Commonwealth. Transcom has determined that establishing roles for Peer Support workers as integrated and respected members of the workforce is the most effective strategy for achieving this aim.*  
Additional publications: <http://transformation-center.org/contact/about/outcomes-quality/transcom-transformation-committee/>

## Workforce in Jeopardy

The Peer Support workforce is at risk of being undermined and undervalued. Contractual and organizational fidelity is essential to achieving the individual and economic benefits of the workforce. As a relatively new profession, it will become compromised or mistrusted if it is misused. Peer Support workers are frequently asked to perform tasks outside of their training and incompatible with standards of practice and codes of ethics. Such requests have led to both external conflicts, between employer and employee, and internal conflicts, for employees who are then forced to grapple with being asked to perform tasks that are inconsistent with the role. Internal and external conflicts and inadequate supervision have contributed to high turnover rates among the Peer Support workforce.

## Protecting the Workforce - How Policymakers Can Help

Policies and service contracts must be tied to peer support standards detailed below:

1. Incorporate and protect fidelity to the unique functions of the Peer Support role in contract requirements and funding.
2. Support progressive stages of volunteer and professional development as described in Transcom's *Peer Professional Workforce Development Guidelines*<sup>1</sup> which identifies required competencies and masteries gained through experience.
3. Endorse and establish supervisory and leadership positions for experienced Peer Support workers. Require that Peer Support workers be supervised by a trained supervisor who has also completed an approved Peer Support Supervisor program.
4. Ensure that job descriptions are consistent with Peer Support relationships and with national guidelines and codes of ethics recognized in Massachusetts. Tasks should not include responsibilities that overlap with other roles or promote a power imbalance between the Peer Support worker and the person that they are supporting.
5. Endorse the definition of "peer" not as a label for one individual, but as a "peer relationship" between people with similar or shared experiences who work together in partnership toward growth.
6. Consider the specialized expertise, training, and the level of independence and responsibility required of Peer Support workers when determining compensation levels.
7. Build institutional capacity and articulate practices that promote employee recovery and continual self-care.
8. Value Peer Support workers equally to all other roles, as demonstrated by soliciting their input into policies, recommendations, procedures and other relevant aspects of the organization and program.
9. Recognize best practices in recruiting, hiring and retaining Peer Support workers.
10. Prevent misuse of the Peer Support workforce and promote cultures of respect by supporting agency-wide education and orientation to the values and benefits of this unique role.
11. Expect Peer Support workers and supervisors to collaborate with each other and with other staff to enhance the practice of working as a team with the 'whole person'.
12. Foster professional development through continuing education programs and by requiring and maintaining Peer Support worker certification.
  - Incorporate existing specialized training for those working with specific populations, examples include people in re-entry from incarceration, those with gambling addictions, post-partum women, Deaf and hard of hearing, and Veterans.
13. Commit resources to cross training for Peer Support workers in both mental health and substance use communities to increase awareness, familiarity, and improve access to the distinct strengths of each community.
14. Expand Peer Support services to a wide range of environments, such as community coalitions, residential services, hospitals, detox programs, primary care, emergency rooms, drug courts, police departments, and emergency response teams.

## Research and References

- **National Practice Guidelines for Peer Supporters** (2012).  
<https://na4ps.files.wordpress.com/2012/09/nationalguidelines1.pdf>
- **International Code of Conduct for Recovery Coaches**.  
[http://www.recoverycoaching.org/content.aspx?page\\_id=22&club\\_id=263697&module\\_id=142737](http://www.recoverycoaching.org/content.aspx?page_id=22&club_id=263697&module_id=142737)

<sup>1</sup> *Transcom is a subcommittee of the MA State Mental Health Planning Council founded in 2004 with funding from a CMS Transformation Grant. Transcom is a broad-based coalition of stakeholders from the mental health and substance use fields who are committed to strengthening recovery supports throughout the Commonwealth. Transcom has determined that establishing roles for Peer Support workers as integrated and respected members of the workforce is the most effective strategy for achieving this aim.*

Additional publications: <http://transformation-center.org/contact/about/outcomes-quality/transcom-transformation-committee/>

- **MA Certified Peer Specialist Code of Ethics.** <http://transformation-center.org/wp-content/uploads/2012/06/CPS-Code-of-Ethics-update-20131.pdf>
- Barker, S. L., & Maguire, N. (2017). **Experts by Experience: Peer Support and its Use with the Homeless.** *Community Mental Health Journal*, 53(5), 598–612. <http://doi.org/10.1007/s10597-017-0102-2>
- Bassuk, E.L. et al. (2016). **Peer-delivered Recovery Support Services for Addictions in the United States: A Systemic Review.** *Journal of Substance Abuse Treatment*, 63, 1-9. <http://dx.doi.org/10.1016/j.jsat.2016.01.003>
- Biringer, E., Davidson, L., Sundfjør, B., Ruud, T., & Borg, M. (2016). **Experiences of Support in Working Toward Personal Recovery Goals: A Collaborative, Qualitative Study.** *BMC Psychiatry*, 16, 426. <http://doi.org/10.1186/s12888-016-1133-x>
- Boisvert, R. A., Martin, L. M., Grosek, M. and Clarie, A. J. (2008). **Effectiveness of a Peer-Support Community in Addiction Recovery: Participation as Intervention.** *Occupational Therapy International*, 15: 205–220. doi:10.1002/oti.257. <http://onlinelibrary.wiley.com/doi/10.1002/oti.257/full/>
- Cabral, L. et al. (2014). **Clarifying the Role of the Mental Health Peer Specialist in Massachusetts, USA: Insights from Peer Specialists, Supervisors and Clients.** *Health and Social Care in the Community*, 22(1). 104–112. <http://onlinelibrary.wiley.com/doi/10.1111/hsc.12072/abstract>
- White, W. (2006). **Sponsor, Recovery Coach, Addiction Counselor: The Importance of Role Clarity and Role Integrity.** Philadelphia Department of Behavioral Health and Mental Retardation Services. <http://www.williamwhitepapers.com/papers/>
- Cabral, L. et al (2011). **Evaluation of the Massachusetts Peer Specialist Training and Certification Program (Phase Two).** *Commonwealth Medicine Publications*, 51. [http://escholarship.umassmed.edu/commed\\_pubs/51](http://escholarship.umassmed.edu/commed_pubs/51)
- 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.** DOI: 10.1093/clipsy.6.2.165 <http://onlinelibrary.wiley.com/doi/10.1093/clipsy.6.2.165/full>
- Davidson, L., White, W. et al. (2010). **Enabling or Engaging? The Role of Recovery Support Services in Addiction Recovery.** *Alcoholism Treatment Quarterly*, 28, 391-416. [https://www.researchgate.net/publication/232914249\\_Enabling\\_or\\_Engaging\\_The\\_Role\\_of\\_Recovery\\_Support\\_Services\\_in\\_Addiction\\_Recovery](https://www.researchgate.net/publication/232914249_Enabling_or_Engaging_The_Role_of_Recovery_Support_Services_in_Addiction_Recovery)
- Delman, J., Albert, K., & Simon, L. J. (2015). **The Recovery Learning Community (RLC) Outcomes Study: Perspectives of RLC Participants [English & Spanish versions].** *Psychiatry Information in Brief*, 12(5). <http://escholarship.umassmed.edu/pib/vol12/iss5/1>
- Doughty, C. & Tse, S. (2011) **Can Consumer-Led Mental Health Services be Equally Effective? An Integrative Review of CLMH Services in High-Income Countries.** *Community Mental Health Journal*, 47(252). <https://doi.org/10.1007/s10597-010-9321-5>
- Jenkins, S.E. (2015). **Are Peer Specialists Happy? How Training and Role Clarity Affect Job Satisfaction.** USFSP Honors Program Theses (Undergraduate). 213. <http://digital.usfsp.edu/honorsthesis/213>
- Office of Quality Management and Policy. (2010). **Report on the 2010 Peer Workforce Survey.** Massachusetts DMH.
- SAMHSA. (2017). **Value of Peers.** [https://www.samhsa.gov/sites/default/files/programs\\_campaigns/brss\\_tacs/value-of-peers-2017.pdf](https://www.samhsa.gov/sites/default/files/programs_campaigns/brss_tacs/value-of-peers-2017.pdf)
- Repper, J. & Carter, T., (2011). **A Review of the Literature on Peer Support in Mental Health Services.** *Journal of Mental Health*, 20(4). <http://dx.doi.org/10.3109/09638237.2011.583947>
- White, W. (2016). **Peer Recovery Coaching: Recent Evidence Reviews.** <http://www.williamwhitepapers.com/blog/2016/06/peer-recovery-coaching-recent-evidence-reviews.html>
- Scholz, B. et al (2017). **Consumers in Mental Health Service Leadership: A Systematic Review.** *International Journal of Mental Health Nursing*, 26, 20–31. <http://doi.org/10.1111/inm.12266>
- Valentine, P. (2014). **Understanding the Role of Peer Recovery Coaches in the Addiction Profession.** NAADAC, the Association for Addiction Professionals. [https://www.naadac.org/assets/2416/2014-05-01\\_understanding\\_role\\_peer\\_recovery\\_coaches\\_webinar\\_slides.pdf](https://www.naadac.org/assets/2416/2014-05-01_understanding_role_peer_recovery_coaches_webinar_slides.pdf)
- Vandewalle, J. et al. (2016). **Peer Workers' Perceptions and Experiences of Barriers to Implementation of Peer Worker Roles in Mental Health Services: A Literature Review.** *International Journal of Nursing Studies*, 60, 234 – 250. <http://dx.doi.org/10.1016/j.ijnurstu.2016.04.018>
- Wendt, D. C., Hallgren, K. A., Daley, D. C., and Donovan, D. M. (2017). **Predictors and Outcomes of Twelve-Step Sponsorship of Stimulant Users: Secondary Analyses of a Multisite Randomized Clinical Trial** *Journal of Studies on Alcohol and Drugs*. 78:2, 287-295 <http://www.jsad.com/doi/full/10.15288/jsad.2017.78.287> <https://www.recoveryanswers.org/research-post/mounting-evidence-of-the-benefits-of-12-step-sponsors/>

<sup>1</sup> *Transcom is a subcommittee of the MA State Mental Health Planning Council founded in 2004 with funding from a CMS Transformation Grant. Transcom is a broad-based coalition of stakeholders from the mental health and substance use fields who are committed to strengthening recovery supports throughout the Commonwealth. Transcom has determined that establishing roles for Peer Support workers as integrated and respected members of the workforce is the most effective strategy for achieving this aim. Additional publications: <http://transformation-center.org/contact/about/outcomes-quality/transcom-transformation-committee/>*