Incorporating Peer Recovery Support into Treatment Courts: Practice Guidelines for Treatment Court Professionals

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November 2023
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Treatment courts perform their duties without manifestation, by word or conduct, of bias or prejudice, including, but not limited to, bias or prejudice based on race, gender, national origin, disability, age, sexual orientation, language, or socioeconomic status.
ACKNOWLEDGMENTS

All Rise and the Treatment Court Institute are grateful to the Bureau of Justice Assistance at the U.S. Department of Justice for the support that made this publication possible.

All Rise is grateful to the following professionals who provided invaluable contributions to the development of these guidelines.

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PURPOSE AND SCOPE OF THE GUIDELINES

The goal of these Practice Guidelines is to provide treatment court professionals with a working understanding of the value of peer support and a framework for the successful integration of peer recovery support specialists into a treatment court setting. The guidelines are informed by the Core Competencies for Peer Workers in Behavioral Health Services and the National Practice Guidelines for Peer Specialists and Supervisors and reflect commonly accepted practices at this time. Appendix A summarizes the core values contained in the National Practice Guidelines. Updating these guidelines to further align with the emerging consensus and research will be necessary as the field evolves. All Rise will conduct a review of the literature and science on an ongoing basis to provide necessary updates.

The Practice Guidelines described here support treatment courts at different stages of implementing peer recovery support services. They may be used as a planning tool to implement peer recovery support or as a self-assessment tool to improve the delivery of peer support in treatment court settings. The guidelines apply to treatment court staff working in adult treatment courts, DWI courts, hybrid adult/DWI courts, opioid courts, veterans treatment courts, and co-occurring courts.

These guidelines address three areas: planning, implementation, and maintenance of a peer recovery support program. Each guideline references policies or practices from the peer recovery support field and implementation strategies.
**GLOSSARY**

**Peer support:** The process of giving and receiving help among people in similar situations based on key principles that include respect, shared responsibility, and mutual agreement on what is helpful. Peer support is an evidence-based model of care that consists of a qualified peer support practitioner who assists individuals with their recovery from substance use disorder and/or mental health conditions.

**Peer recovery support specialist (PRSS):** An individual currently in recovery who has lived experience with addiction and/or co-occurring mental health disorders and has been trained to help their peers with a similar experience to gain hope, explore recovery, and achieve life goals. Other terms agencies use include peer support worker, peer navigator, peer recovery coach, peer mentor, and peer support specialist.

**Recovery:** A process of change through which individuals improve their health and wellness, live a self-directed life, and strive to reach their full potential. The Substance Abuse and Mental Health Services Administration (SAMHSA) has identified four major dimensions that support life in recovery: health, home, purpose, and community.

**Recovery support services:** Nonclinical services that assist individuals and families in recovering from and stabilizing after substance use disorder. Services include social support, linkage to supportive community resources, and a full range of human services that facilitate recovery and wellness, contributing to an improved quality of a prosocial life.
INTRODUCTION

What Is Peer Support?

Peer support is defined as:

“... a system of giving and receiving help founded on key principles of respect, shared responsibility, and mutual agreement of what is helpful.”

Peer support encompasses a range of activities and interactions between people who share similar experiences of being diagnosed with substance use disorders, mental health conditions, or both. Peer support offers a level of acceptance, understanding, and validation not found in many other professional relationships. By appropriately sharing their own lived experience and knowledge of recovery resources and many recovery pathways, peer recovery support specialists help people to develop their own goals, create strategies for self-empowerment, and take concrete steps toward building fulfilling, self-determined, prosocial lives for themselves.

Who Are Peer Recovery Support Specialists?

A peer recovery support specialist is a person in recovery from a behavioral health condition (substance use disorder, mental health, or co-occurring) with the proper training and experience to work in a peer support provider role who provides mentoring, access to recovery resources, and available support services to others who are experiencing behavioral health challenges.

Peer recovery support specialists may be referred to by different names, depending on the setting in which they practice. Common titles include peer specialist, peer recovery coach, peer advocate, and other variations. For consistency, the term peer recovery support specialist is used by All Rise and throughout this document to capture treatment courts’ focus on substance use recovery. “Support specialist” reflects the general structure of treatment courts and the importance of formal training in an evidence-based service delivery model.

What Do Peer Recovery Support Specialists Do?

Peer recovery support specialists use their knowledge, skills, and experience to perform a range of tasks that include:

- Developing formal and informal support
- Serving as a positive role model of hope and recovery
- Sharing experiential knowledge, hope, and skills mentoring and assisting the individual with problem solving, goal setting, building recovery capital, and skill building
- Helping the individual develop self-advocacy skills
Reinforcing that recovery is possible and is built on multiple strengths, coping abilities, and the resources of the individual

Providing and supporting linkages to community recovery support services and reintegration into a prosocial life in the community

How Are Peer Recovery Support Specialists Trained?

Peer recovery support specialists are certified to ensure that they have received specialized training and have demonstrated competence in providing effective and ethical peer support services. Certification programs, available in many states, are designed to ensure standardized and evidence-based training of peer recovery support professionals and to provide evidence that these professionals are equipped with the necessary knowledge, skills, and competencies to provide effective and ethical support to individuals during their recovery.

States have taken various approaches to certifying peer recovery support specialists. The eligibility requirements to become a certified peer vary by state but typically include (1) establishing a minimum amount of time in recovery, (2) passing a criminal background check, (3) completing training courses, and (4) passing an exam. The required number of training hours varies by state, ranging from 20 to 100 hours. The most common requirement is between 40 and 46 hours of approved education. Educational programs typically cover a range of topics, including:

- Best practices in peer support
- Communication skills
- Ethics and boundaries
- Cultural competence
- Mental health and addiction recovery
- Trauma-informed care

By completing a certification program, peer recovery support specialists demonstrate their commitment to providing ethical and effective support services. They also gain recognition and credibility within the field of peer recovery support, which can lead to more opportunities for professional growth and advancement.

Most states require a specified length of time in recovery, between one and two years, before an individual can apply to work as a certified peer recovery support specialist, although this varies by state. Certifications typically expire every two years and require continuing education hours and completion of a renewal application.
How Are Treatment Court Alumni Similar to and Different from Peer Recovery Support Specialists?

Alumni may remain engaged with the treatment court following graduation. Common roles for treatment court alumni include:

- Facilitating alumni groups to provide ongoing support for people after treatment court
- Organizing and hosting prosocial activities (picnics, bowling, dinners) for current treatment court participants, their families, and previous participants
- Increasing community awareness of treatment court benefits by speaking at public events
- Providing ad hoc mentorship to current treatment court participants

Alumni operate in an informal capacity. Some alumni go on to pursue the additional training and experience needed to become certified peer recovery support specialists. As a general guideline, former treatment court participants should have a period of at least two years of sustained recovery and a year of sustained recovery in the community post-treatment court before serving as peer recovery support specialist in the treatment court. This waiting period allows individuals to establish a strong foundation in their own recovery. It also allows former participants to gain the necessary skills to navigate their own community reentry process after treatment court before attempting to support others.

How Does Peer Recovery Support Impact Individuals in the Justice System and Treatment Court Participant Outcomes?

Research has associated peer recovery support services with reductions in the recurrence of substance use, improved treatment engagement and retention, higher participant satisfaction, and reductions in emergency service utilization and hospitalizations.

Research on peer recovery support services with justice-involved populations has associated peer recovery support with a reduction in new incarceration rates and a decrease in the number of self-reported crimes. A quasi-experimental evaluation of the Texas Department of State’s Health Services Access to Recovery (ATR) project involving drug court participants found that during the month before discharge from treatment, participants who received peer recovery support services were significantly more likely to abstain from drug use and had higher rates of treatment completion than the comparison group.

A more recent pilot study reported the preliminary outcomes of the Maintaining Independence and Sobriety Through Systems Integration, Outreach, and Networking – Criminal Justice (MISSION-CJ) intervention in two Massachusetts drug courts using a pre-post design. Participants engaged with peer support...
spent fewer nights in jail and had less drug and alcohol use compared with the six months before enrollment in the MISSION-CJ program. Additionally, there was a significant decrease in the percentage of patients reporting hospitalizations related to substance use.

A study of treatment court participants, probationers, and non-criminal justice participants referred from child protective services found that participants who received peer recovery support services were significantly more likely to abstain from drug use than were criminal justice system-involved participants and non-criminal justice participants without a peer recovery support specialist during the same period.

A more recent study randomly assigned treatment court participants to either work with a peer recovery support specialist or receive services as usual. During the nine-month follow-up period, participants who engaged with a peer recovery support specialist showed reduced rearrests and improved treatment court engagement. There was no impact on substance use recurrence or treatment engagement.

Finally, researchers recently completed a survey of adult treatment court programs that aimed to determine the extent to which peer support is implemented in adult drug treatment courts and to describe how peer recovery support specialists are being used by adult drug treatment courts. Of the 784 adult treatment courts that responded, 46% (n=364) reported having at least one peer recovery support specialist (PRSS) available to support treatment court participants. Eighty-three percent of programs required certification of the PRSS, with 54% employed by a treatment agency and 30% employed by a nonprofit or recovery center.

Given the increasing inclusion of peers in the treatment court process, All Rise carefully reviewed the literature, peer certification requirements, various state peer codes of ethics, and current practices in order to create the following guidelines for the treatment court field.
GUIDELINE 1: Treatment court staff receive training on the core competencies of peer recovery support.

Overview

In order for peer support services to be successfully incorporated into a treatment court setting, a thoughtful planning process must occur. Peer support services are less successful when there is a lack of understanding of the peer recovery support specialist's role or when team members have reservations about peer recovery support services. During the planning phase, agency or program leaders provide training for existing treatment court team members that describes how peer support services will be incorporated into the treatment court. Orientation for existing staff includes training on the philosophy of peer support, how peer support differs from other team roles, stigma, and how peer services can improve program outcomes.

The National Practice Guidelines for Peer Specialists and Supervisors establish values based on mutuality, equality, and freedom of choice. As such, treatment courts should avoid mandating peer support services as a requirement for participation in a treatment court program.

Implementation Strategies

1. Prior to implementing peer recovery support services, training is provided for all treatment court team members addressing the following topics:
   - What is peer support?
   - What is a peer recovery support specialist, and what do they do?
   - What are the benefits of peer support?
   - How are peer recovery support specialists trained (by whom, how often)?
   - How is the peer recovery support specialist's role different from other roles on the treatment court team, including alumni?

2. Treatment court staff are given the opportunity to discuss any concerns they have about incorporating peer recovery support services into the treatment court program. Appendix B addresses common myths and concerns about peer recovery support services.

3. Peer support services are incorporated into the treatment court program as an optional recovery support service designed to improve participant engagement and achievement of long-term prosocial behavior and recovery.
GUIDELINE 2: The treatment court has written roles and responsibilities that align with peer recovery support services’ nationally recognized competencies and ethics.

Overview

Peer recovery support specialists perform a variety of functions in different settings. Organizations that successfully implement peer services clearly define the role of peer recovery support specialists. Appropriate tasks for peer recovery support specialists leverage the support specialists’ lived experience of recovery and provide an opportunity for them to connect with participants in a way that builds rapport and facilitates connection.

Peer recovery support specialists avoid roles and responsibilities that create a power imbalance (or perception of a power imbalance) between the support specialist and the person they are supporting. Such power imbalance is inconsistent with Core Value 9 of the National Practice Guidelines for Peer Specialists and Supervisors (“Peer supporters do not express or exercise power over those they support”). They do not represent themselves as “experts” but as people living in recovery.

Implementation Principles

1. The treatment court has a written description of the roles, responsibilities, and typical appropriate tasks of the peer recovery support specialist and a job description that is specific to the treatment court.

2. Peer recovery support specialists are not used as a substitute for case managers, van drivers/transportation assistants, clinicians, 12-step sponsors, or community supervision officers. These roles diminish the value of the peer recovery support specialist’s role, create role ambiguity, and are inconsistent with the training and experience of the support specialists.

3. Peer recovery support specialists do not monitor treatment court compliance by performing drug tests, monitoring curfews, conducting home checks or employment checks, or any other duty that verifies compliance with treatment court requirements and reports back to the team.

4. When designing the role of the peer recovery support specialist, treatment court teams carefully consider the pros and cons of having the support specialist attend treatment court staffing. The lived experience that peer recovery support specialists provide offers an important perspective during staffing discussions. However, staffing discloses to the peer recovery support specialist information about the peer they are working with that the peer has not chosen to share and may create relationship and trust barriers that can undermine the support specialist’s effectiveness. In addition, participating in discussions about incentives
and sanctions is a form of exercising power over the individuals they support that is at odds with the Practice Guidelines. If peer recovery support specialists attend staffing, they should abstain from directly weighing in on sanctions, incentives, and discussions centered on termination.

5. When establishing an appropriate and reasonable caseload size for a peer recovery support specialist, it is essential to consider the responsibilities of the support specialist and the complexity of the needs of the clients in your program. A typical caseload size for a peer recovery support specialist expected to conduct weekly check-ins, attend in-person meetings in the office or the field, participate in community reengagement activities, serve as a crisis contact, and update case documentation should be no more than 20 cases. Treatment courts should consider the phase status of participants who will be assigned to a peer recovery support specialist, the inevitable secondary and vicarious trauma facing the support specialist, and a realistic caseload size when planning for resources.
GUIDELINE 3: The treatment court program has established processes for recruiting, hiring, and orienting peer recovery support specialists to the treatment court.

Overview

A key decision during the planning stage is determining which agency will employ the peer recovery support specialist. Treatment courts frequently choose to partner with a treatment agency or a peer-run organization rather than employ a peer recovery support specialist directly through the court. Leveraging the expertise of partner organizations is beneficial for a variety of reasons:

1. Most states, territories, or districts that have a certification process for peer recovery support specialists specify the requirements for the types of professionals that can supervise the certified support specialists (typically behavioral health professionals or individuals with peer recovery expertise). To comply with these requirements, treatment courts need to partner with an organization for supervision of the peer recovery support specialist.

2. Most treatment and peer support organizations offer training opportunities for new peer recovery support specialists that allow new staff to learn from experienced support specialists. Peer recovery support specialists benefit from connecting with others in similar roles to share resources and support each other.

3. Receiving supervision from someone with expertise in peer recovery support services is essential to enable peer recovery support specialists to maintain the integrity of peer support.

Recruitment and Compensation

Agencies should work closely with their human resources department to develop a job description and recruitment strategy that considers applicable laws, regulations, and agency policies. Appendix C provides a sample job description. The job advertisement should explicitly state that the peer recovery support specialists will be working in a treatment court setting, so applicants can determine their interest and expertise for working in that setting. Many peers have previous experiences interacting with law enforcement, being court-involved or incarcerated, or being on probation, and some may not be comfortable working in those settings. Other applicants with similar experience may be highly motivated to work in that environment, and it is just such experience that facilitates a “peer-to-peer” relationship for the treatment court participant.
Retention of peer recovery support specialists is an ongoing challenge for many agencies. Peer recovery support specialists are frequently hired as contract workers and receive no benefits or mileage reimbursement. The relatively low wages, often based on a fee-for-service or billable hour compensation model, as well as the lack of opportunities for professional development, can result in low morale, low job satisfaction, and high turnover rates. Some peer recovery support specialist positions are less than full-time. These considerations are important when determining compensation models, rates, hours, and benefits.

**Interviewing**

Treatment courts should collaborate closely with their treatment partners and human resources departments to develop a set of interview questions appropriate for a peer recovery support specialist that also considers applicable laws, regulations, and agency policies. Appendix D provides a set of potential interview questions that can be modified as needed. Treatment courts should involve at least one peer recovery support specialist or supervisor in the hiring process.

**Orientation**

Developing a thoughtful orientation process that effectively supports peers is essential to the program's long-term sustainability. Peer recovery support specialists must be oriented and provided with training, as other team members are. The orientation should include information specific to the role of the peer recovery support specialist and the roles, duties, and ethical requirements of other team members.

**Implementation Principles**

1. The treatment court has fully oriented all team members to the work that will be done by a peer recovery support specialist.
2. The treatment court and/or agency has a written job description.
3. The treatment court and/or agency has a written orientation plan for peer recovery support specialists that includes:

» Reviewing the job description with the peer recovery support specialist.

» Providing an overview of the treatment court and the partner agencies.

» Providing a copy of the policy and procedures and participant handbook.

» Reviewing the agency’s organizational chart and discussing each team member’s role.

» Allowing the peer recovery support specialist to shadow relevant staff or team members to better understand how the agency or team functions.

» Conducting a tour of the agency and other essential locations in the community relevant to the peer recovery support specialist’s role.

» Reviewing standard terminology used in staffing and court.

» Discussing the agency, team, and any special norms related to communication and documentation relevant to the peer recovery support specialist.

» Discussing appropriate attire for each work setting (e.g., courtroom, office, and community) and how to address specific people, such as a police chief or a judge.

» Discussing protocols during court hearings or agency meetings, if applicable.

» Reviewing agency policies on hours of work, crisis response protocols, transportation of participants, exceptions to the general confidentiality policies, what reports are required should a peer disclose that they have broken a treatment court rule, and the rules regarding spending personal funds on participants.

4. If a peer recovery support specialist has not had previous experience in an office setting, additional training is provided on operating the photocopier, telephone system, and other office equipment.

5. The treatment court plans introductory activities. The peer recovery support specialist should have the option to share with the team their personal experiences. It is essential to create opportunities for the peer recovery support specialist and the other members of the team to talk about their previous experiences, perspectives, and goals. These interactions build trust and understanding among colleagues. These discussions should take place outside of the treatment court staffing.
GUIDE Line 4: The treatment court ensures that peer recovery support specialists receive regular and ongoing external supervision from qualified staff.

Overview

A robust system of supervisory support allows peer recovery support specialists to flourish not only in their daily work but in their professional development. Supervision for peer recovery support specialists consists of three primary functions: administrative, educational, and supportive. **Administrative supervision** is similar to the oversight that all employees receive. It can be provided by a professional with any background. **Educational supervision** focuses on the professional development of the peer recovery support specialist through training, modeling, and structured learning experiences. It is delivered by professionals with experience or knowledge of peer support work. **Supportive supervision** focuses on the peer recovery support specialist’s morale and job satisfaction. It is provided by staff with expertise in supervising support specialists and may include peer-to-peer support. Most states, territories, or districts that have certification of peer recovery support specialists also specify requirements for the professionals who supervise them.42

Table 1. Types of supervision

<table>
<thead>
<tr>
<th>Administrative</th>
<th>Educational</th>
<th>Supportive</th>
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<tbody>
<tr>
<td>• Orient new staff.</td>
<td>• Provide time and space to reflect on peer practice.</td>
<td>• Provide feedback on work.</td>
</tr>
<tr>
<td>• Plan, assign, and delegate work.</td>
<td>• Focus on knowledge, skills, and attitudes.</td>
<td>• Discuss personal reactions to the work.</td>
</tr>
<tr>
<td>• Assist with time management.</td>
<td>• Provide individualized training and support.</td>
<td>• Validate and provide encouragement.</td>
</tr>
<tr>
<td>• Explain treatment court policies.</td>
<td>• Provide a venue for supporting the peer recovery support specialist’s professional development.</td>
<td>• Promote self-care practices</td>
</tr>
<tr>
<td>• Discuss the appropriate level of collaboration with the team.</td>
<td></td>
<td>• Advocate for peer support roles.</td>
</tr>
<tr>
<td>• Review documentation and data as required by the agency or funder.</td>
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The National Practice Guidelines for Peer Specialists and Supervisors, drafted by the National Association of Peer Supporters, are designed to educate supervisors about the core peer support values applied in supervisory relationships.
Implementation Principles

1. The supervisor has a fundamental understanding of the principles of recovery and the role of peer recovery support services in building and sustaining each participant's own recovery goals.

2. The supervisor understands the core competencies of peer recovery support specialists.

3. The supervisor has been trained on the best practice standards associated with the treatment court.

4. The supervisor has knowledge and awareness of the roles and contributions of the peer recovery support specialist and knows the difference between the support specialist's role and the roles of other treatment court team members.

5. The supervisor advocates for the role of peer recovery support services in the organization in which they work and in the community.

6. Peer recovery support specialists working within an agency regularly network, meet, and debrief their roles in support of each other. If there is only one peer recovery support specialist within an agency or organization, the treatment court team should establish a regional network of support with fellow support specialists from other treatment courts or programs in the area. This could be accomplished by holding meetings of peer recovery support specialists facilitated by network providers.
GUIDELINE 5: Peer recovery support specialists receive annual ethics training, and policies and procedures are in place to address ethics issues.

Overview

Many states require peer recovery support specialists to review and sign a code of ethics as part of the state peer certification process. Common ethics issues that may arise involve confidentiality, boundaries, and dual relationships.

Confidentiality: Peer recovery support specialists are required to maintain confidentiality regarding the personal information and experiences shared by the individuals they support. They should be trained in the applicable privacy regulations for their role and in agency policies regarding mandated reporting of alleged abuse and/or imminent risks to the safety of the client or others. Treatment court team members should be made aware of these confidentiality requirements and what the support specialist can and cannot share.

Boundaries: Peer recovery support specialists maintain clear boundaries with the individuals they support to prevent the development of inappropriate or harmful relationships. Boundaries are important because they provide protection for the peer recovery support specialist and for the people they serve.

During the initial meeting with a new participant, the peer recovery support specialist discusses the nature of the peer-participant relationship and establishes appropriate expectations, including specifics about appropriate tasks and agency policies regarding certain tasks. Training for peer recovery support specialists includes discussions on recognizing when the support specialist is becoming too involved with a participant or when the participant seeking help is becoming too dependent on the support specialist.

Dual relationships: Peer recovery support specialists avoid dual relationships. This is the most frequent requirement in peer recovery support specialist codes of ethics and is included in 84% of all available state peer certification codes of ethics. Dual relationships may include sexual relationships, business relationships, or financial relationships.

Implementation Principles

1. Policies and procedures are in place that address appropriate confidentiality, boundaries, and dual relationships.

2. Peer recovery support specialists participate in annual ethics training.

3. Treatment agencies have policies and procedures in place to protect the confidentiality and rights of any peer recovery support specialists who also currently receive services from the agency where they are employed (or have received services from the agency in the past). This may occur in small or rural
communities where provider choice is limited. Clinical records of employees who are currently receiving services within the treatment agency where they are employed are accessible only to their direct service providers to the extent feasible. The peer recovery support specialist is made aware of any limitations in this confidentiality protection of their clinical records.

4. Treatment courts that use peer recovery support specialists who previously graduated from the treatment court have policies and procedures in place to protect the confidentiality of the employee and his or her records. Access to the previous records of the support specialist is restricted. The support specialist is made aware of any limitations in this confidentiality protection of their records.
APPENDIX A: Summary of the National Practice Guidelines for Peer Supporters

The National Practice Guidelines for Peer Supporters were first issued by the National Association of Peer Supporters (formerly known as the International Association of Peer Supporters) in 2013. A revised version, issued in 2019, has been expanded to include supervisors. The guidelines have been recognized in all 50 states and by the World Health Organization (WHO) for training and guiding peer recovery support specialists and supervisors.

The guidelines are based on 12 core values, as summarized in the following table.

<table>
<thead>
<tr>
<th>Core Value</th>
<th>Practice Guidelines</th>
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<tr>
<td>Core Value 1. Peer support is voluntary.</td>
<td>Practice: Support choice.</td>
</tr>
<tr>
<td>Recovery is a personal choice. The most basic value of peer support is that people freely choose to give or receive support. Being coerced, forced, or pressured is against the nature of genuine peer support. The voluntary nature of peer support makes it easier to build trust and connections with another.</td>
<td>1. Peer recovery support specialists do not force or coerce others to participate in peer support services or any other service.</td>
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<td></td>
<td>2. Peer recovery support specialists respect the rights of those they support to choose or cease support services or use the peer support services from a different support specialist.</td>
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<tr>
<td></td>
<td>3. Peer recovery support specialists also have the right to choose not to work with individuals with a particular background if the support specialist’s issues or lack of expertise could interfere with the ability to provide effective support to these individuals. In these situations, the support specialist would refer the individuals to other support specialists or other service providers to assist with the individuals’ interests and desires.</td>
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<tr>
<td></td>
<td>4. Peer recovery support specialists advocate for choice when they observe coercion in any mental health or substance use service setting.</td>
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### Core Value 2. Peer supporters are hopeful.

The belief that recovery is possible brings hope to those feeling hopeless. Hope is the catalyst of recovery for many people. Peer recovery support specialists demonstrate that recovery is real—they are the evidence that people can and do overcome the internal and external challenges that confront people with mental health, trauma, or substance use challenges. As role models, most peer recovery support specialists commit to continue to grow and thrive as they “walk the walk” in their pathway of recovery. By authentically living recovery, support specialists inspire real hope that recovery is possible for others.

<table>
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<th>Practice Guidelines</th>
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<tr>
<td><strong>Practice: Share hope.</strong></td>
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<tr>
<td>1. Peer recovery support specialists tell strategic stories of their personal recovery in relation to current struggles faced by those who are being supported.</td>
</tr>
<tr>
<td>2. Peer recovery support specialists model recovery behaviors at work and act as ambassadors of recovery in all aspects of their work.</td>
</tr>
<tr>
<td>3. Peer recovery support specialists help others reframe life challenges as opportunities for personal growth.</td>
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### Core Value 3. Peer supporters are open-minded.

Being judged can be emotionally distressing and harmful. Peer recovery support specialists “meet people where they are at” in their recovery experience, even when the other person’s beliefs, attitudes, or ways of approaching recovery differ from their own. Being nonjudgmental means holding others in unconditional positive regard, with an open mind, a compassionate heart, and full acceptance of each person as a unique individual.

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<th>Practice Guidelines</th>
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<tr>
<td><strong>Practice: Withhold judgment about others.</strong></td>
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<tr>
<td>1. Peer recovery support specialists embrace the differences of those they support as potential learning opportunities.</td>
</tr>
<tr>
<td>2. Peer recovery support specialists respect an individual’s right to choose the pathways to recovery that the individual believes will work best for them.</td>
</tr>
<tr>
<td>3. Peer recovery support specialists connect with others where and as they are.</td>
</tr>
<tr>
<td>4. Peer recovery support specialists do not evaluate or assess others.</td>
</tr>
<tr>
<td>Core Value</td>
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<tr>
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<tr>
<td><strong>Core Value 4. Peer supporters are empathetic.</strong></td>
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</table>
| Empathy is an emotional connection created by “putting yourself in the other person’s shoes.” Peer recovery support specialists do not assume they know exactly what the other person feels, even if they have experienced similar challenges. They ask thoughtful questions and listen with sensitivity to respond emotionally or spiritually to what the other person is feeling. | 1. Peer recovery support specialists practice effective listening skills that are nonjudgmental.  
2. Peer recovery support specialists understand that although others share similar life experiences, the range of responses may vary considerably. |
| **Core Value 5. Peer supporters are respectful.** | **Practice: Be curious and embrace diversity.** |
| Each person is valued and seen as having something important and unique to contribute to the world. Peer recovery support specialists treat people with kindness, warmth, and dignity. They accept and are open to differences, encouraging people to share the gifts and strengths of human diversity. Peer recovery support specialists honor and make room for everyone’s ideas and opinions and believe every person is equally capable of contributing to the whole. | 1. Peer recovery support specialists embrace the diversity of culture and thought as a means of personal growth for those they support and themselves.  
2. Peer recovery support specialists encourage others to explore how differences can contribute to their lives and the lives of those around them.  
3. Peer recovery support specialists practice patience, kindness, warmth, and dignity with everyone they interact with in their work.  
4. Peer recovery support specialists treat each person they encounter with dignity and see them as worthy of all basic human rights.  
5. Peer recovery support specialists embrace the full range of cultural experiences, strengths, and approaches to recovery for those they support and themselves. |
### Core Value

**Core Value 6. Peer supporters facilitate change.**

Some of the worst human rights violations are experienced by people with psychiatric, trauma, or substance use challenges. They are frequently seen as “objects of treatment” rather than human beings with the same fundamental rights to life, liberty, and the pursuit of happiness as everyone else. People may be survivors of violence (including physical, emotional, spiritual, and mental abuse or neglect). Those with certain behaviors that make others uncomfortable may find themselves stereotyped, stigmatized, and outcast by society. Internalized oppression is common among people who have been rejected by society. Peer recovery support specialists treat people as human beings and remain alert to any practice (including the way people treat themselves) that is dehumanizing, demoralizing, or degrading and will use their personal stories and/or advocacy to be agents for positive change.

### Practice Guidelines

**Practice: Educate and advocate.**

1. Peer recovery support specialists recognize and find appropriate ways to call attention to injustices.
2. Peer recovery support specialists strive to understand how injustices may affect people.
3. Peer recovery support specialists encourage, coach, and inspire those they support to challenge and overcome injustices.
4. Peer recovery support specialists use language that is supportive, encouraging, inspiring, motivating, and respectful.
5. Peer recovery support specialists help those they support explore areas needing change for themselves and others.
6. Peer recovery support specialists recognize injustices peers face in all contexts and act as advocates and facilitate change where appropriate.
### Core Value 7. Peer supporters are honest and direct.

Clear and thoughtful communication is fundamental to effective peer support. Difficult issues are addressed with those who are directly involved. Privacy and confidentiality build trust. Honest communication moves beyond the fear of conflict or hurting other people to the ability to respectfully work together to resolve challenging issues with caring and compassion, including issues related to stigma, abuse, oppression, crisis, or safety.

**Practice Guidelines**

**Practice:** Address difficult issues with caring and compassion.

1. Peer recovery support specialists respect privacy and confidentiality.
2. Peer recovery support specialists engage, when desired by those they support, in candid, honest discussions about stigma, abuse, oppression, crisis, or safety.
3. Peer recovery support specialists exercise compassion and caring in peer support relationships.
4. Peer recovery support specialists do not make false promises or misrepresent themselves, others, or circumstances.
5. Peer recovery support specialists strive to build peer relationships based on integrity, honesty, respect, and trust.

### Core Value 8. Peer support is mutual and reciprocal.

In a peer support relationship, each person gives and receives in a fluid, constantly changing manner. This is very different from what most people experience in treatment programs, where people are seen as needing help, and staff are seen as providing that help. In peer support relationships, each person has things to teach and learn. This is true whether you are a paid or volunteer peer recovery supporter.

**Practice Guidelines**

**Practice:** Encourage peers to give and receive.

1. Peer recovery support specialists learn from those they support, and those supported learn from support specialists.
2. Peer recovery support specialists encourage those they support to fulfill a fundamental human need—to be able to give and receive.
3. Peer supporters facilitate respect and honor a relationship with those they support that evokes power-sharing and mutuality, wherever possible.
<table>
<thead>
<tr>
<th>Core Value</th>
<th>Practice Guidelines</th>
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<tr>
<td><strong>Core Value 9. Peer support is equally shared power.</strong>&lt;br&gt;By definition, peers are equal. Sharing power in a peer recovery support relationship means equal opportunity for each person to express ideas and opinions, offer choices, and contribute. Each person speaks and listens to what is said. Abuse of power is avoided when peer recovery support is a true collaboration.</td>
<td><strong>Practice: Embody equality.</strong>&lt;br&gt;1. Peer recovery support specialists use language that reflects a mutual relationship with those they support.&lt;br&gt;2. Peer recovery support specialists behave in ways that reflect respect and mutuality with those they support.&lt;br&gt;3. Peer recovery support specialists do not express or exercise power over those they support.&lt;br&gt;4. Peer recovery support specialists do not diagnose or offer medical services but offer a complementary service.</td>
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<tr>
<td><strong>Core Value 10. Peer support is strengths-focused.</strong>&lt;br&gt;Each person has skills, gifts, and talents they can use to better their life. Peer recovery support focuses on what's strong, not what's wrong, in another's life. Peer recovery support specialists share their experiences to encourage people to see the “silver lining” or the positive things they have gained through adversity. Through peer recovery support, people get in touch with their strengths (the things they have going for them). They rediscover childhood dreams and long-lost passions that can be used to fuel recovery.</td>
<td><strong>Practice: See what's strong, not what's wrong.</strong>&lt;br&gt;1. Peer recovery support specialists encourage others to identify their strengths and use them to improve their lives.&lt;br&gt;2. Peer recovery support specialists focus on the strengths of those they support.&lt;br&gt;3. Peer recovery support specialists use their own experiences to demonstrate the use of one's strengths and to encourage and inspire those they support.&lt;br&gt;4. Peer recovery support specialists encourage others to explore dreams and goals meaningful to those they support.&lt;br&gt;5. Peer recovery support specialists operate from a strengths-based perspective and acknowledge the strengths, informed choices, and decisions of those they support as a foundation of recovery.&lt;br&gt;6. Peer recovery support specialists don't fix or do for others what they can do for themselves.</td>
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<td><strong>Core Value 11. Peer support is transparent.</strong></td>
<td><strong>Practice: Set clear expectations and use plain language.</strong></td>
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<td>Transparency refers to setting expectations with each person about what can and cannot be offered in a peer recovery support relationship, and clarifying issues related to privacy and confidentiality. Peer recovery support specialists communicate with everyone in plain language so people can readily understand, and they “put a face on recovery“ by sharing personal recovery experiences to inspire hope and the belief that recovery is real.</td>
<td>1. Peer recovery support specialists clearly explain what can and cannot be expected of the peer support relationship.</td>
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<td>2. Peer recovery support specialists use language that is clear, understandable, and free of value and judgment.</td>
<td>3. Peer recovery support specialists use language that is supportive and respectful.</td>
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<td>4. Peer recovery support specialists provide support in a professional yet humanistic manner.</td>
<td>5. Peer recovery support specialists roles are distinct from the roles of other behavioral health service professionals.</td>
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<td>6. Peer recovery support specialists make only promises they can keep and use accurate statements.</td>
<td>7. Peer recovery support specialists do not diagnose, nor do they prescribe or recommend, medications or monitor their use.</td>
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<tr>
<td>Core Value</td>
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<td><strong>Core Value 12. Peer support is person-driven.</strong></td>
<td><strong>Practice: Focus on the person, not the problems.</strong></td>
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</tbody>
</table>
| All people have a fundamental right to make decisions about their lives. Peer recovery support specialists inform people about options, provide information, and respect their decisions. They encourage people to move beyond their comfort zones, learn from their mistakes, and grow from dependence on the system toward their chosen level of freedom and inclusion in the community of their choice. | 1. Peer recovery support specialists encourage those they support to make their own decisions.  
2. Peer recovery support specialists, when appropriate, offer options to those they serve.  
3. Peer recovery support specialists encourage those they serve to try new things.  
4. Peer recovery support specialists help others learn from mistakes.  
5. Peer recovery support specialists encourage resilience.  
6. Peer recovery support specialists encourage personal growth in others.  
7. Peer recovery support specialists encourage and coach those they support to decide what they want and how to achieve it without judgment. |
APPENDIX B: Common Myths and Concerns About Peer Recovery Support Services

The table below is adapted from *The Provider’s Handbook on Developing & Implementing Peer Roles* by Lyn Legere, with additional input from the field.

Table 3. Myths About Peer Recovery Support Solutions, and How to Address Them

<table>
<thead>
<tr>
<th>Myth</th>
<th>Resolutions</th>
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<tbody>
<tr>
<td>If peer roles are all about developing relationships and sharing experiences, they won’t understand the importance of boundaries and confidentiality.</td>
<td>• Peer recovery support specialist boundaries differ from those of clinical team members due to the nature of the work, but boundaries do exist.</td>
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<td>• Confidentiality when serving on a treatment court team requires strong agency policies about appropriate information sharing to enable a helpful peer relationship.</td>
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<td>• Certification training will cover this topic.</td>
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<td>• Peer recovery support specialists are generally subject to the same policies and procedures as the rest of the team, although some job expectations and their related policies may differ.</td>
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<td>• Peer recovery support specialists are in control of the aspects of their experience that they choose to share.</td>
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<td>• Negotiating boundaries and confidentiality in recovery-supporting relationships can be challenging for all team members.</td>
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<td></td>
<td>• Supervision and support allow reflection on issues such as boundaries and confidentiality.</td>
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<td>Myth</td>
<td>Resolutions</td>
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<td>Peer recovery support specialists aren't professional workers.</td>
<td>• Peer recovery support specialists should have gone through training prior to hiring.</td>
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<td></td>
<td>• Certified peer recovery support specialists have a professional code of ethics, as well as professional best-practice standards. These parallel the standards for other professional positions.</td>
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<td>Peer recovery support specialists won't be able to handle the stress of working.</td>
<td>• A common myth is that working is too stressful for people. Much of the research has demonstrated that work is, at least, no different than not working and, at best, therapeutic and healing.</td>
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<td>• Unemployment, social isolation, and poverty are frequently more stressful than work.</td>
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<td>People who have had similar experiences will “trigger” peer recovery support specialists.</td>
<td>• Peer recovery support specialists who cannot hear the lived experience of another are not far enough along in their recovery to perform the support specialist role.</td>
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<td>• Most peer recovery support specialists have heard the stories many times before and are not overwhelmed by them.</td>
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<td></td>
<td>• Supervision should support the peer recovery support specialist in clarifying issues when there is a specific type of experience that becomes triggering (as it would be for all employees).</td>
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<tr>
<td>Myth</td>
<td>Resolutions</td>
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<tr>
<td>Peer recovery support specialists are incapable of doing the same work as other practitioners.</td>
<td>• The role is not the same as those of other practitioners, and doing the activities of another role would often conflict with the definition of “peer support.”&lt;br&gt;• Good peer recovery support specialists are highly skilled individuals capable of doing many things.</td>
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<tr>
<td>Peer recovery support specialists will become unwell or relapse.</td>
<td>• This is possible, but the same is true for all workers.&lt;br&gt;• Some evidence suggests that fulfilling a peer recovery support specialist role can support and enhance personal recovery.</td>
</tr>
<tr>
<td>Peer recovery support specialists cannot handle the administrative demands of the job.</td>
<td>• This has been shown not to be the case: Peer recovery support specialists can complete needed paperwork associated with administrative tasks. A greater challenge for employers is understanding how traditional documentation may conflict with the support specialist role.</td>
</tr>
<tr>
<td>Since peer recovery support specialists are not professionals, they will invariably cause harm to individuals that the other staff members will have to undo.</td>
<td>• Any agency staff member may possibly cause harm to people receiving services. This is why good hiring practices, regular supervision, on-going training and internal protective policies are needed to ensure that any subpar employee is easily recognized and terminated.</td>
</tr>
<tr>
<td>This big push for the use of peer recovery support specialists, combined with shrinking budgets, means I may be replaced by a support specialist.</td>
<td>• The peer recovery support specialist role complements but does not duplicate any other role. Workers in other roles don't need to fear that support specialists will replace them.</td>
</tr>
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APPENDIX C: Sample Job Description

General Statement of Duties

The peer recovery support specialist will provide peer support services to participants in the [insert name of court] treatment court program. The peer recovery support specialist will use their lived experience in recovery and history of criminal justice involvement to provide direct services and support to participants. They will serve as a role model for participants in recovery by demonstrating effective coping behaviors, life strategies, and the use of resources available to them to achieve a sense of well-being. This position will also assist treatment court participants in developing and building skills toward a meaningful and individualized recovery plan, including establishing a social support system. The peer recovery support specialist will work as a member of the Adult Outpatient Services team under the direct supervision of the Supervisor of Community Outreach. A successful candidate must be willing to self-identify as a person with direct personal experience living in recovery from substance use and/or mental health conditions.

Duties

• Works directly with treatment court participants to support them in establishing social support systems and linking them to appropriate recovery supports.

• Coordinates with the treatment court staff to help address any barriers for treatment court participants to achieving their stated goals and program expectations.

• Provides opportunities for people receiving services to direct their own recovery process (self-determination) and is an advocate for peoples’ needs and rights.

• Shares personal recovery experiences and develops authentic, mutual peer-to-peer relationships.

• Offers instruction and support to help people develop the skills that will help them reach their own desires and goals.

• Supports people in discovering available service options within and beyond the treatment court team.

• Supports people in developing a network of support in the community.

• Accompanies people, when requested, to support access and utilization of community resources.

• Supports people to take an active, self-directing role in their recovery process.

• Models personal responsibility, self-advocacy, and hopefulness through telling one's recovery story and describing the tools and strategies that support recovery.
• Interacts with community resources on the participant’s behalf, as necessary, to establish linkages with services.

• Adheres to all policies and procedures, including confidentiality, professional ethics, training requirements, and electronic health records documentation.

• Participates in regular supervision.

• Complies with agency policy, participant rights, and confidentiality.

**Required Knowledge, Skills, and Abilities**

• Certification as a peer recovery support specialist is required.

• Personal experience in recovery is required; two years of sustained recovery is required.

• Excellent interpersonal and communications skills, both written and verbal.

• Experience building relationships with multiple constituencies.

• Self-motivated and persistent.

• Able to develop courteous and cooperative relationships with service providers.

• Able to positively engage with diverse cultures, lifestyles, and life choices.

• Able to manage multiple priorities, utilize time management skills, and exercise sound judgment.

• Knowledge of formal and informal community agencies and resources.

• Able to travel to multiple offices and home locations with a personal vehicle (reliable transportation, valid driver’s license, and automobile insurance are required).

• Able to work collaboratively with community agencies, including criminal justice, law enforcement, treatment facilities, social services, etc.

• Able to share lived experiences in a way that supports, empowers, and brings hope.

• Able to listen with empathy and support people to discover their own solutions.

• Able to work independently.

• Able to model and mentor the recovery process.

• Able to maintain effective relationships with participants based on courtesy, compassion, and respect.
Qualifications

• At least 18 years of age.
• Certification as a peer recovery support specialist.
• Previous involvement with the criminal justice system.
• Able to assist in the development of a culture of recovery.
• Demonstrated commitment to sustained recovery of two years or longer.
APPENDIX D: Sample Interview Questions

The sample interview questions in this appendix were adapted from The Provider’s Handbook on Developing & Implementing Peer Roles by Lyn Legere.45

1. Can you tell us some ways you might use your personal lived experience to support the people you’d be working with? (Answer should include ideas for “inspiring hope” and connecting with people from the place of shared experience AND the tools or strategies that the person used to move to a better place.)

2. This job requires a willingness to share some of your personal story when it makes sense to do so during your work. When could you see sharing your story as a part of your work here? (Answer may include ideas for one-to-one interactions, at staff meetings or trainings, when acting as a change agent, etc.)

3. How would you define the peer role, and how would you describe its key role or tasks? (Should include mutuality, sharing mutual experience, nonexpert role, supporting people to become self-determining, modeling and inspiring hope, being a change agent, being an advocate, etc. Should NOT be about “making people better,” “counseling people,” etc.)

4. What do you know about the concept of “recovery”? What is your personal knowledge of this, and how did you come to this understanding? (SAMHSA’s working definition of “recovery” defines it as a process of change through which individuals improve their health and wellness, live self-directed lives, and strive to reach their full potential. While the candidate’s pathway to recovery will be their own, answers should acknowledge pathways to recovery beyond just 12-step substance use recovery and acknowledge that recovery is highly personal and occurs via many pathways.)

5. In many ways, the peer position is a pioneering role. What skills will you bring to the job that will allow you to advocate for people while partnering with other team members? (Answer should include using a personal story to demonstrate the experience from the perspective of using services; it should also include something about respectful communication with everyone, knowing when to advocate and when to assist a peer in self-advocacy, and an excellent response would include something about negotiating power and conflict.)

6. Peer recovery support specialists are often considered “change agents” within organizations and teams. How will your experiences help you to be a change agent, and how would you see this happening? (Anything about being able to share experiences with staff/the team to give them a greater understanding of the experience from the perspective of someone who’s “been there,” sharing approaches that augment the work of clinicians [like WRAP, recovery capital, and 12-step facilitation], sharing about many pathways to recovery, etc.)

7. Some staff here may be apprehensive about peer support. How would you deal with this?
Below are some questions you might ask to help you get a sense of someone's overall ability to be in the setting(s) involved, their dependability, etc.

1. **This position will require you to work with a treatment court team that consists of a judge, a prosecutor, a defense attorney, a probation officer, a law enforcement officer, and a treatment representative. How will your personal lived experience support your working on a multidisciplinary team?** (If someone says that they can’t think of any strategies to work on a team or says anything to indicate that they would be uncomfortable in the setting, it may be a bad match. Focus on listening skills, respectful but open communication, understanding, and sharing how the criminal justice system can be intimidating and mysterious.)

2. **If you felt your job was causing an increase in your stress level, what would you do?** (Answer should include seeking supervision, finding a support network of other peer recovery support specialists, and strengthening one’s own personal recovery practices. It should NOT include anything about going to another team member in a “client” way.)

3. **Can you tell me about your history of dependability in prior positions (or, if no recent positions, in other activities)?** (You cannot ask about the history of hospitalizations, history of taking medical leave, or prior relapses).

4. **Do you function better with the independence to create your own work structure, or do you work better with a clear structure?** (Look for willingness to abide by agency policies and creativity and initiative in providing services within the policies.)

5. **Can you tell me about a time you experienced a conflict with a co-worker? How did you handle it?** (Alternatively, ask about a time they experienced a conflict with a supervisor. Do not just ask this in a “yes or no” format, as it is much less likely to elicit useful information.)

6. **If a supervisor or another team member asked you to perform a job that you believed took you out of your “lane,” how might you handle this?** (Look for the peer to ask clarifying questions about the fit of that task, how that task might interfere with the peer relationship, or how the task fits with the peer’s job description.)

It can also be very useful to ask questions about:

- Understanding the relationship between trauma and substance use
- Familiarity with various community resources
- Familiarity with local and statewide peer-to-peer organizations (often, those who do the best peer work will come with an investment in staying connected to others in similar jobs)
ENDNOTES


6 Ibid.


Cos et al., “Do peer recovery specialists improve outcomes for individuals with substance use disorder in an integrative primary care setting? A program evaluation.”

Davidson et al., “Peer support among persons with severe mental illnesses: A review of evidence and experience.”

Kamon & Turner, *Recovery coaching in recovery centers: What the initial data suggest.*


Armitage et al., “Recovery Association Project (RAP), Portland, Oregon.”

Smelson et al., “A wraparound treatment engagement intervention for homeless veterans with co-occurring disorders.”


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L. Mangrum, *Creating access to recovery through drug courts: Final evaluation report* (2008), Gulf Coast Addiction Technology Transfer Center, Austin, Texas.

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Peer Recovery Center of Excellence, *Comparative Analysis of State Requirements for Peer Support Specialist Training and Certification in the United States.*

Ibid.

https://www.peersupportworks.org/resources/national-practice-guidelines/


Ibid., https://www.psresources.info/peer-roles-handbook
All Rise is the leading training, membership, and advocacy organization for advancing justice system responses to individuals with substance use and mental health disorders. All Rise impacts every stage of the justice system, from first contact with law enforcement to corrections and reentry, and works with public health leaders to improve treatment outcomes for justice-involved individuals. Through its four divisions—the Treatment Court Institute, Impaired Driving Solutions, Justice for Vets, and the Center for Advancing Justice—All Rise provides training and technical assistance at the local and national level, advocates for federal and state funding, and collaborates with public and private entities. All Rise works in every U.S. state and territory and in countries throughout the world.

Founded as the National Association of Drug Court Professionals (NADCP) in 1994, All Rise has been at the forefront of justice system transformation for nearly three decades. As the leader of the treatment court movement, All Rise helps prove that a combination of evidence-based treatment and accountability is the most effective justice system response to individuals with substance use and mental health disorders. All Rise has trained over 800,000 public health and public safety professionals, and the number of treatment courts in the United States has grown to more than 4,000, helping more than 1.5 million people access treatment.