Foundation *for* Opioid Response Efforts

July 2021
Policy Brief

Understanding and Bolstering the Peer Recovery Workforce

As people with lived experience of addiction and recovery, peer recovery coaches (PRCs) are often the lynchpin to engaging people in opioid use disorder (OUD) treatment and helping them rebuild their lives. Despite their expanding role — driven over the past 10 years in part by increased coverage of their work through Medicaid and State Opioid Response funds — little is known about the scale of this workforce, the scope of their assignments, and the challenges they face in launching and maintaining their careers. To better understand what policy changes are needed at the national, state, and organizational levels to support and develop this workforce, FORE commissioned a study of PRCs in 2021.

FORE plans to use the findings from this qualitative study of 47 PRCs to launch a larger, quantitative study examining the peer recovery coach workforce in different U.S. states. The intent of both phases of the study is to hear directly from PRCs what supports and training they need to reach their highest potential and to identify how OUD treatment providers, as well as public and private payers, can make the most effective use of their skills. While we use the term peer recovery coach, people working in the field use many titles, including peer support specialist, certified peer recovery specialist, and peer navigator.

FINDINGS

Motivations for Becoming a PRC

We first sought to understand participants' motivations for becoming PRCs and explore how their lived experiences inform their efforts to help others recover.

Nearly all participants emphasized that serving as a PRC gave them a clear sense of purpose and accomplishment. Often spurred by their experiences with Narcotics Anonymous or other recovery programs, many PRCs had a desire to be of service to others and had volunteered in addiction recovery programs before becoming coaches. They said becoming certified added a layer of legitimacy to their work and gave them an opportunity to move into a paid role.

TAKEAWAYS

Peer recovery coaches (PRCs) play an important role in addiction treatment and recovery, but little is known about the scale of the workforce, the scope of their assignments, and the challenges they face.

A qualitative study of PRCs revealed a high degree of job satisfaction, as well as opportunities to improve the certification process and better integrate them into care teams.

To build this workforce, employers and policymakers may need to remove barriers to employment, create opportunities for advancement that bring higher wages, and provide supports that allow PRCs to realize their potential.

"It made me feel like all my life experiences were not going to go to waste, that I could offer hope to those still struggling."

— Female, white, mainly supports people involved in the criminal justice system

"I didn't know what a PRC was until I started going through my own recovery process. Peers had helped me along the way, so I wanted to do the same. The biggest motivation was me wanting to help and the reality that this was my first job in 10 yrs. I was ready and willing to help people who were like me."

— Male, white, mainly supports young adults

Certification Process

Certification processes to become PRCs are set at the state level and vary significantly from state to state in terms of the content, required number of training and fieldwork hours, type of supervision, and recertification timeframes. This study asked peers what the process was like for them and what challenges they faced.

PRCs said they were satisfied with the training curriculum overall. About two-thirds of PRCs found the certification process mostly or very easy. PRCs note the benefits of learning with their peers in a supportive environment, acquiring new information and skills, and the ease of completion. PRCs generally felt the training prepared them for their work, pointing in particular to content on ethics.

"It made me feel excited to be provided with trainings around motivational interviewing. It was also very fulfilling to be able support people on any pathway to recovery. I started to value the idea that connection is a huge factor in outcomes."

—Male, white, mainly supports people involved in the criminal justice system

Among those who found the process challenging, the problems included a lack of clarity about required steps, difficulty finding classes or fieldwork, and anxiety about testing as well as finding the time to complete the training. Those whose first language is not English may face additional barriers, given that the training content and testing are mainly in English.

"Having to jump through hoops to get certified while making a very low wage as a peer was very stressful and there was a lack of direction on how to actually make the process happen."

—Male, white, mainly supports people involved in the criminal justice system

"The trainings are all done in English, so we do have a large population of monolingual peers that would make excellent peer advocates or recovery coach; however, due to the fact that they are not [English-speaking, there is a barrier]."

—Male, Hispanic, mainly supports people involved in the criminal justice system

People went through several different certification programs and there was substantial variation in the content and length of training — from a single 25-minute webinar to 136 hours of class time. Required fieldwork, including volunteer activities and direct work with people in recovery, ranged from 200 hours to 900 hours.

> "Becoming a CPS [Certified Peer Specialist] was challenging; it took over four years to finally get accepted."
>
> —Female, Black, mainly supports veterans

When prompted, the PRCs identified opportunities to improve the certification process: making the process easier to navigate; streamlining and shortening the time between steps; offering support to cope with test-taking anxiety and personal needs (e.g., time off work and childcare). PRCs also suggested having more peers involved in curriculum development to better ground the content in real-world scenarios. They also suggested more training on use of technology, basic contracting and other business skills (which could help those who work as independent contractors), and cultural competency.

> "Ideally, lay out the process, make it simple to navigate but deep in content. Please use peers to develop the process. Speak our language and keep recovery a value."
>
> —Female, white, mainly supports people involved in the criminal justice system

Given that most of the PRCs were already working in the recovery field, many said they'd had little difficulty finding employment after earning certification; those without such connections reported that it had been challenging to find positions.

Work Experiences

Peers work in a range of settings that offer treatment and other support people with OUD — including hospitals, emergency departments, primary care clinics, community organizations, and specialty addiction treatment programs — thereby working with a range of other professionals. The study explored the factors associated with positive or negative work experiences and what it might take to build more supportive workplaces for PRCs.

While nearly all participating PRCs were positive about their roles, their work experiences varied, mediated in large part by whether their services were valued and their role well defined. PRCs who said they felt included on care teams tended to work in settings where staff appreciated their roles as specialists and understood the value of lived experience. Having a supervisor who is trained, understands their role, and in recovery themself also helps, according to the peers.

> "I'm very fluent in Spanish. I speak it very well...So I'm an asset, because I'm also bilingual. So, I help out that community, the monolingual individuals, [in] a situation where I can communicate and get the information across."
>
> — Male, Hispanic, mainly supports people experiencing homelessness

> "Even my supervisor is in recovery... yeah, I have a great supervisor. We went from [recovery] to this program together. So, she knows me, you know what I mean? And she knows my stance, and she knows my background, and she knows I'm for the people. So, she advocates for me a lot."
>
> — Female, Hispanic, mainly supports people in the criminal justice system

Many PRCs felt they were often disrespected by people outside of their own organizations (e.g., law enforcement officers or clinicians), some of whom seemed to view them as "addicts first" rather than as professionals. PRCs suggested that, along with educating people about their roles, having badges and clear titles, such as Certified Peer Recovery Specialist, can help.

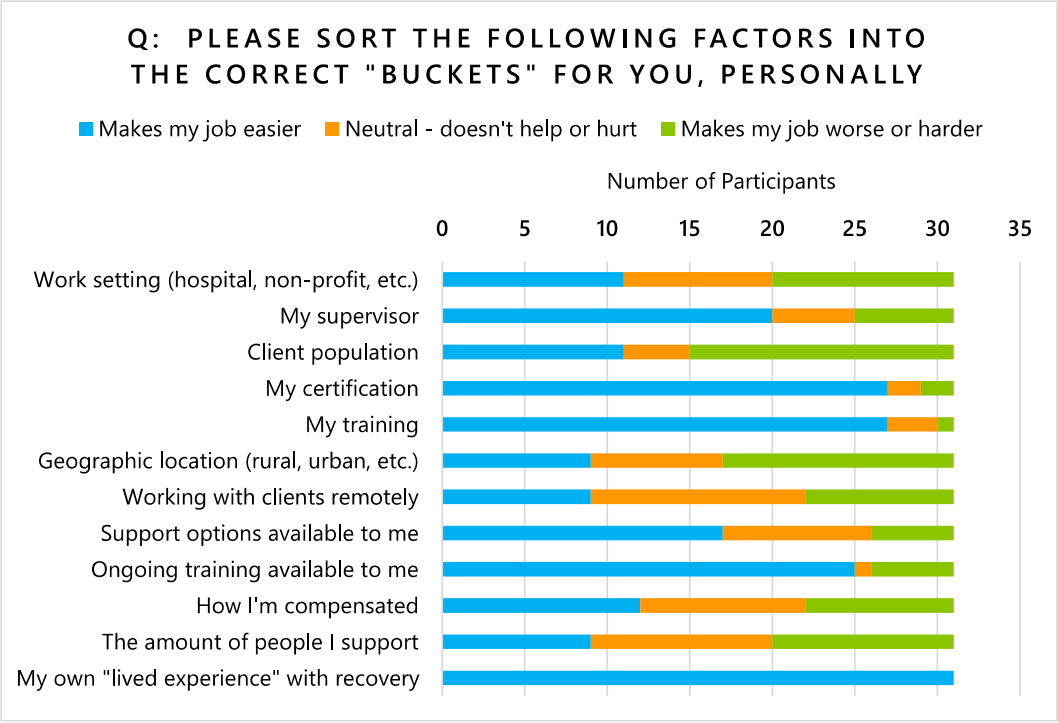
PRCs said they, themselves, generally had a good understanding of their roles and appropriate boundaries and appreciated having the latitude they need to build rapport with clients (e.g., being able to disclose their prior substance use or offer rides).

Most PRCs said they openly share their own stories of recovery. Given that PRCs followed varying recovery pathways (e.g., abstinence-only approaches versus medication-based treatment), some found they needed to adjust to organizations with different recovery approaches than their own. But most said they were able to work with diverse clients and meet them where they were in their recovery journeys.

> "No one has ever given me any rules about what I can and cannot share. I definitely know that there are multiple pathways to recovery and that everyone recovers differently. So, I am careful when/how I share my pathway to not influence or press it on someone.
>
> —Female, white, mainly supports people experiencing homelessness

Notably, nearly all PRCs reported experiencing some type of burnout or compassion fatigue at some point in their careers; this was particularly true among those who felt unsupported in their roles or shouldered large caseloads. They note the importance of caring for themselves so they can sustain their own recovery, for example through exercise, recreation, and support meetings, but say that finding the time to do so is often hard.

Figure 1. PRCs' Reports of Factors That Help or Hinder Them in Their Work



Source: Robyn Rapoport, Rob Manley, and Aubri Kaufman, Exploring Peer Recovery Coaches: Report on Qualitative Research (SSRS, May 2021)
Note: The figure is based on a qualitative study among a small number of PRCs; the results cannot be extrapolated to the broader PRC population.

"I also get down and out when I do not take care of my own priorities in regard to recovery. Also, being criticized at work for poor performance resulting from lack of self-care instead of providing opportunities to take more time off and breaks while assuring that my clients will be taken care of while I am out. A lot of times I feel guilty when I take time off because the thought of my people not having me as a resource stresses me out."

—Male, white, mainly supports people involved with the criminal justice system

Financial Opportunities and Career Advancement

PRCs working with people with OUD are primarily funded through public or private insurance programs, or through grants such as the State Opioid Response Grants. These sources of funding have expanded the workforce, but some may have drawbacks (e.g., grant funding may be time-limited).

Low pay was one of the greatest concerns among the PRCs; many peers report earning just $13 to $15 an hour and some don't work full time. Along with low morale, the low wages mean some PRCs are concerned about being able to cover their basic needs. PRCs also worry about their job stability (particularly those in grant-funded positions) and don't see many opportunities for raises.

What's more, many PRCs say there aren't clear opportunities for them to advance in their careers. Several report they're considering further training to serve as counselors, though this is not a practical option for all.

"I don't know [if I can afford to stay in this role]. I really don't. I don't know if going forward I had to think about myself and I have to think about my family and being able to care for myself. And so, if I can go back to school and get a bigger paycheck, then I might have to do that. Even though to be fair, I love my job. And I really don't want to change."

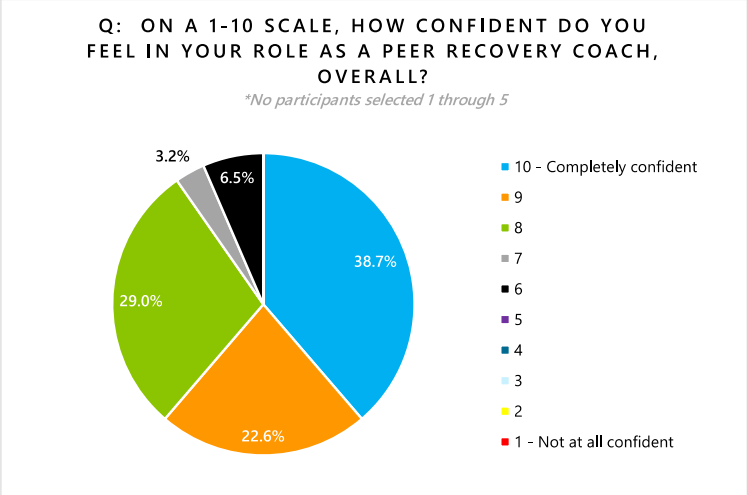
—Female, white, mainly supports people experiencing homelessness

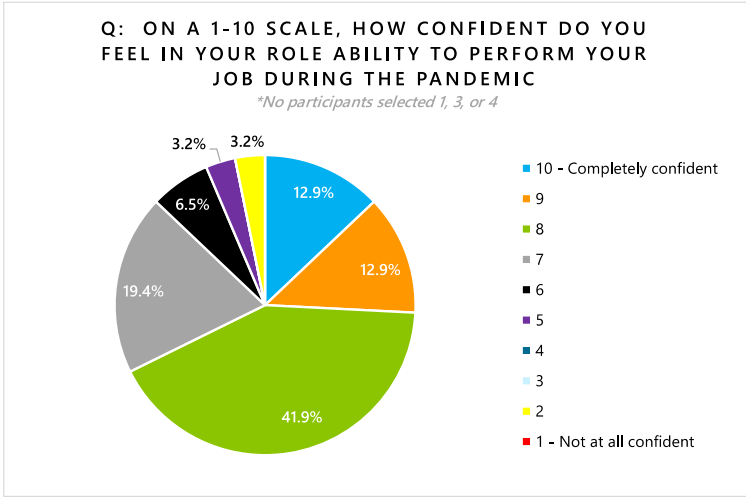
Experiences During the Pandemic

As with all frontline workers, PRCs had to make changes to how they worked in order to keep themselves and the people they support safe during the pandemic. This included social distancing and interacting virtually. Additionally, the stress and isolation of the pandemic took a significant toll on those with OUD and many of those in recovery. We asked PRCs what it has been like working through this past year.

The PRCs report that the pandemic has limited what they can do to support recoverees and they've observed increased instances of relapse, overdose, and death, which they attribute to increased fear and stress as well as lack of in-person supports. While most PRCs had internet access and other technology needed to maintain remote connections, the people they support often did not. PRCs' shift from in-person to virtual work may be reflected in a drop in confidence they had in performing their role during the pandemic.

Figure 2. The Percentage of Peer Recovery Coaches Who Felt Completely Confident to Perform the Job Dropped Dramatically During the Pandemic





Source: Robyn Rapoport, Rob Manley, and Aubri Kaufman, Exploring Peer Recovery Coaches: Report on Qualitative Research (SSRS, May 2021)
Note: The figure is based on a qualitative study among a small number of PRCs; the results cannot be extrapolated to the broader PRC population.

> "Before COVID, I would get 5 to 6 referrals in the hospital [per day]. Now, I get 20 or more a day. The hospital hired two more counselors to help me and [they are] wanting to hire one more. Suicides, alcohol, drugs, and domestic violence [have] jumped since COVID. Everyone seems to be stressed out. I had to make calls, and not connect in person. Now, we are back to seeing people face to face, [but] the numbers are still up."
>
> — Male, Hispanic, mainly supports young adults

Some PRCs reported that the pandemic led to some positive changes, including that use of remote platforms enabled them to reach new people or connect with people more often. For these reasons, they envision remote services augmenting in-person services in the future. Still, they stress that they need more technology training if this happens.

> "The pandemic changed a lot. It increased stress and anxiety for most. We saw an increase in addiction and mental health issues at the local, state, and national level. It changed how we lived, worked, and delivered services. We pivoted to a more virtual model. It has been challenging but also has broken down barriers so it's not all bad."
>
> —Female, white, mainly supports people involved with the criminal justice system

PRCs' offered a valuable frontline view of the experiences of people in recovery during the pandemic:

"I have gotten into the swing of things in the new digital world but, sadly, I know that a lot of folks are not benefitting from my services due to inability to access reliable internet and financial resources to obtain devices to engage with a peer. Especially our unhoused population and the folks in jail or prison."

— Female, white

"Especially now because of COVID, [we're seeing] what we consider co-occurring, comorbidities, like co-occurring disorders. Because not only are they dealing with their opioid addictions, [but they are] also dealing with mental health: depression and anxiety disorders. Many have to combat that on top of the list of substance use."

— Male, Hispanic, mainly supports people experiencing homelessness

CONCLUSIONS AND NEXT STEPS

The clearest messages emerging from the PRCs who participated in this study is that while they find their roles satisfying and a valuable opportunity to improve the lives of others, they see several opportunities to strengthen their role. These include: standardizing training and certification processes; helping hiring organizations have a clear understanding of, and respect for, PRCs' role and communicating that among all staff members; having supervisors who are specifically trained to manage peers; and creating employment opportunities with livable wages and good benefits.

The PRCs who participated shared examples of workplaces that have successfully integrated them on teams by offering educational seminars, sometimes led by PRCs, and by demonstrating respect for PRCs as specialists. They also said that having supervisors with training on the PRC workforce and an understanding of the interpersonal nature of their work can contribute to PRCs' positive work experiences and well-being.

We heard about burnout, with potential causes including work environments in which PRCs did not feel respected, instability of their positions, and the challenge of attending to their own recovery while doing their job.

For some, accepting a job as a PRC marks a transition from treatment and early recovery to a more stable life. Employment policies are needed to support their transition, including ensuring access to medications for OUD or other health care and offering training to supervisors and other colleagues to help them understand the PRC role. Creating opportunities for coaches to support one another is also important.

We also got a glimpse of the frontlines of working with people with OUD during the COVID-19 pandemic. PRCs can be highly valuable resources for providing real-time understanding of the impact of current events on people in OUD treatment and recovery. In this case, PRCs saw that for some people lack of access to technology, increased stress, and reduced availability of social services hampered their recovery.

While the PRCs in this study overwhelming said they were well trained and comfortable working with a diversity of people, a couple needs stood out: 1) training on specific issues facing particular groups (e.g., pregnant/parenting people or people with co-occurring behavioral health conditions) and 2) attention to recruiting and training more Spanish-speaking PRCs. Of the four Hispanic PRCs recruited for the study, only one felt able to speak to the unique needs of Hispanic recoverees. Intensive recruitment efforts were needed to identify three additional bilingual Hispanic PRCs, who were able to speak more fully to the needs of Hispanic recoverees. The bilingual Hispanic PRCs noted the lack of certification materials available in Spanish and say that Hispanic people struggling with addiction are less likely than others to seek help because of the lack of culturally appropriate community resources and bilingual clinicians.

This qualitative study contributes to discussions about how to build the addiction treatment and recovery workforce, which is gaining momentum nationally. It is also the first step in FORE's work to bring more data and understanding to this policy discussion. The themes and questions will inform a larger quantitative survey of PRCs, planned for later this year.

APPENDIX: MEMBERS OF THE NATIONAL ADVISORY GROUP

Our thanks to the following individuals who helped develop the interview scripts used in this study and provided overall guidance:

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Methodology

The study was conducted by the research firm SSRS from March to May 2021.

The first phase engaged 31 PRCs of various ages, genders, and ethnicities with different areas of expertise (e.g., working with pregnant and parenting people, those experiencing homelessness, or those involved in the criminal justice system). The PRCs work in recovery programs, emergency departments, primary care practices, and elsewhere.

The researchers used an online bulletin board to ask questions about the PRCs' work over three consecutive days. Participants were asked about their motivation for becoming a PRC, their certification journey, and the challenges they face, including during the COVID-19 pandemic. To encourage reflection and candid responses, the PRCs were asked to write two letters: one to their younger selves describing things they've learned that they wish they'd known sooner and another to a friend "venting" about their job frustrations and changes they'd like to see.

The PRCs also took part in a sorting activity, determining whether different aspects of their role (i.e., their supervisor, lived experience, and the population they support) made their job easier, harder, or neither. Participants were also encouraged to discuss whether they experienced burnout or compassion fatigue, how and whether they engaged in self-care, and how the COVID-19 pandemic affected their work.

In the second phase, 20 PRCs (including 16 new recruits) took part in hour-long, online video interviews to explore the themes that arose in the first phase.

It is important to note that this research is qualitative in nature and should be used directionally. The nature of the data collection and the sample sizes do not allow for extrapolation of results to a larger population. The data are not necessarily representative of all peer recovery coaches. These findings focus on understanding how and why peer recovery coaches view their experiences, not how many have the same views.

FORE and SSRS thank all the PRCs who shared their time and insights for this study.

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FORE is a national, private, grantmaking foundation focused on inspiring and accelerating action to end the opioid crisis.

We are committed to convening and supporting partners advancing patient-centered, innovative, evidence-based solutions to make the greatest impact on the crisis.