



Foundation *for*
Opioid Response Efforts

7/14/2021

Understanding and Bolstering the Peer Recovery Workforce

Findings from In-Depth Discussions
with Peer Recovery Coaches

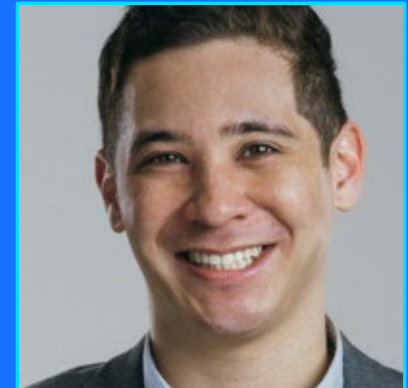
Introduction



02

Ken Shatzkes, PhD

Senior Program Officer
Foundation for Opioid Response Efforts



Findings from the study can be found:
<https://www.ForeFdn.org>

Webinar Logistics

03

1. Webinar is being recorded and will be on www.ForeFdn.org shortly after the session ends.
2. Presentation slides will be made available for download on our website.
3. Please use the “Q&A” found at the bottom of your Zoom screen.
 - If you have a similar question, please upvote using the thumbs up button on the question.
 - We will read as many questions live as time permits.
4. There will be a brief survey immediately following the webinar. Please provide us with feedback!

About FORE

Founded in 2018, the **Foundation for Opioid Response Efforts (FORE)** is a 501(c)(3) private, national, grantmaking foundation focused on one urgent public health emergency – **the opioid crisis**.

04

Vision

To inspire and accelerate action to end the opioid crisis

Mission

To convene and support partners advancing patient-centered, **evidence-based solutions** addressing the opioid crisis



Focus

With **patients at the center**, our focus includes:



Professional
education



Payer & Provider
strategies



Policy initiatives



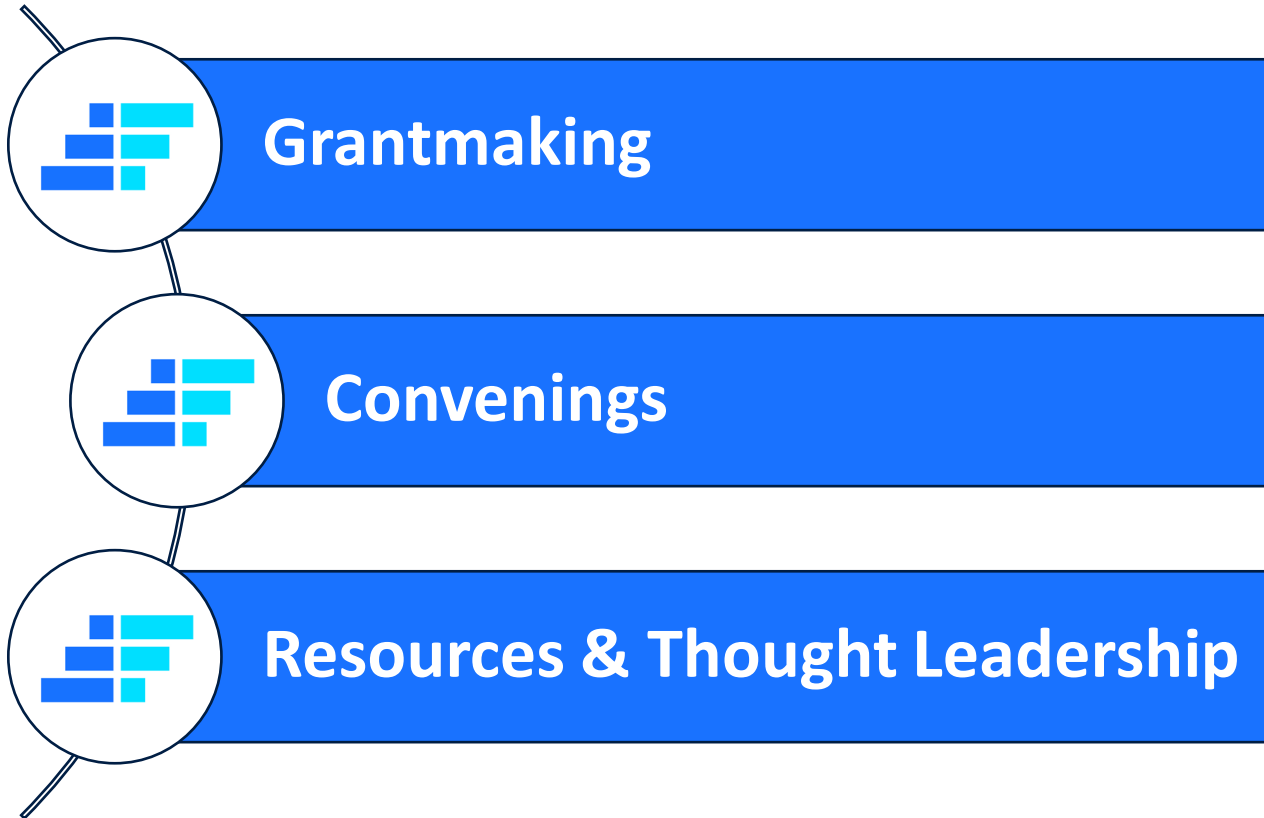
Public awareness



FORE

National Work Across Three Complimentary Activities

05





06

Karen A. Scott, MD, MPH
President
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Understanding and Bolstering the Peer Recovery Workforce: A FORE/SSRS Study, 2021

07



As people with lived experience of addiction and recovery, peer recovery coaches are often the lynchpin to engaging people in opioid use disorder treatment and helping them rebuild their lives. The Foundation for Opioid Response Efforts (FORE) is engaged in efforts to explore the challenges and experiences of this workforce.

SAMHSA's Efforts to Build the Peer Recovery Workforce



08

Tom Coderre

Acting Deputy Assistant Secretary for
Mental Health and Substance Use
Substance Abuse and Mental Health
Services Administration (SAMHSA)



Findings from the study can be found:
<https://www.ForeFdn.org>

Study Findings: Methodology and Results



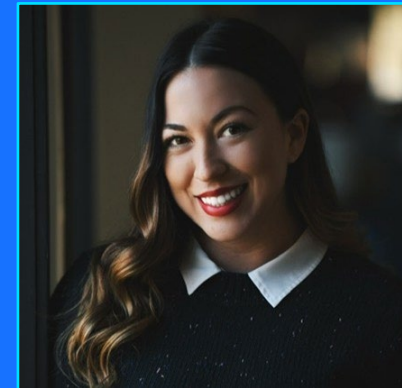
09

Aubri Kaufman, MA, LAC, NCC

Moderator and Research Analyst

SSRS

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<https://www.ForeFdn.org>

About the Research

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, little is known about the workforce.

The intent of the study is to hear directly from PRCs about 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.

FORE plans to use the findings from this qualitative study of 47 PRCs to launch a larger, quantitative survey.

Methodology

Qualitative research took place in two phases between March 8th and May 13th, 2021. A total of 47 PRCs from various backgrounds and demographics participated in the research.

Phase 1

- Engaged 31 PRCs in an online bulletin board (OLBB)
- Questions were posed over a period of 3 days. PRCs could sign in daily and up to a week to complete their responses.
- Content of the questions included: Motivation for becoming a PRC, certification journey, workplace experiences including challenges in their current work environment, along with a specific focus on pandemic-related issues.

Phase 2

- Web-enabled in-depth interviews (IDIs) with 20 PRCs (including 4 participants from the OLBB phase).
- Interviews explored themes that arose from the OLBB.

This initial 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.

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

Motivations for Becoming a PRC

- Serving as a PRC gives participants a clear sense of purpose.
- Many started as volunteers before becoming a PRC.
- Getting certified added a layer of legitimacy to their work and provided an opportunity to move into a paid role

12

“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.”

“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.”

Certification Process

Overall, participants were satisfied with the training curriculum

“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.”

Two-thirds of PRCs who participated found the certification process mostly or very easy.

Common themes among those who found the process difficult include:

- Lack of clarity about required steps
- Difficulty finding classes/doing fieldwork
- Anxiety about testing
- Finding time to complete training

Peers also noted that those whose first language is not English may face additional barriers since the training content and testing are mainly in English.

“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].”

13

“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.”

Certification Process

Certification processes are set at the state level and vary significantly from state to state and across different certification programs.

- PRCs report substantial variation in the content and length of training – from a single 25-minute webinar to 136 hours of class time. Required fieldwork ranged from 200 to 900 hours.

“Becoming a CPS [Certified Peer Specialist] was challenging; it took over four years to finally get accepted.”

- There are opportunities to improve the certification process

“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.”

- Job opportunities after certification differed for those who had connections prior to certification and those who did not.

Work Experiences

15

- Peers work in a range of settings – including hospitals, EDs, primary care clinics, community organizations, and specialty addiction treatment programs – and alongside a range of different professionals.
- Work experiences among participating PRCs varied depending on how their role is valued and how well it is defined.

“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.”

- Having a supervisor who is trained, understands their role, and is in recovery themselves helps, according to participating PRCs.

“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.”

- Many PRCs reported feeling disrespected by those outside their organizations (e.g., law enforcement officers or hospital-based clinicians).

Work Experiences

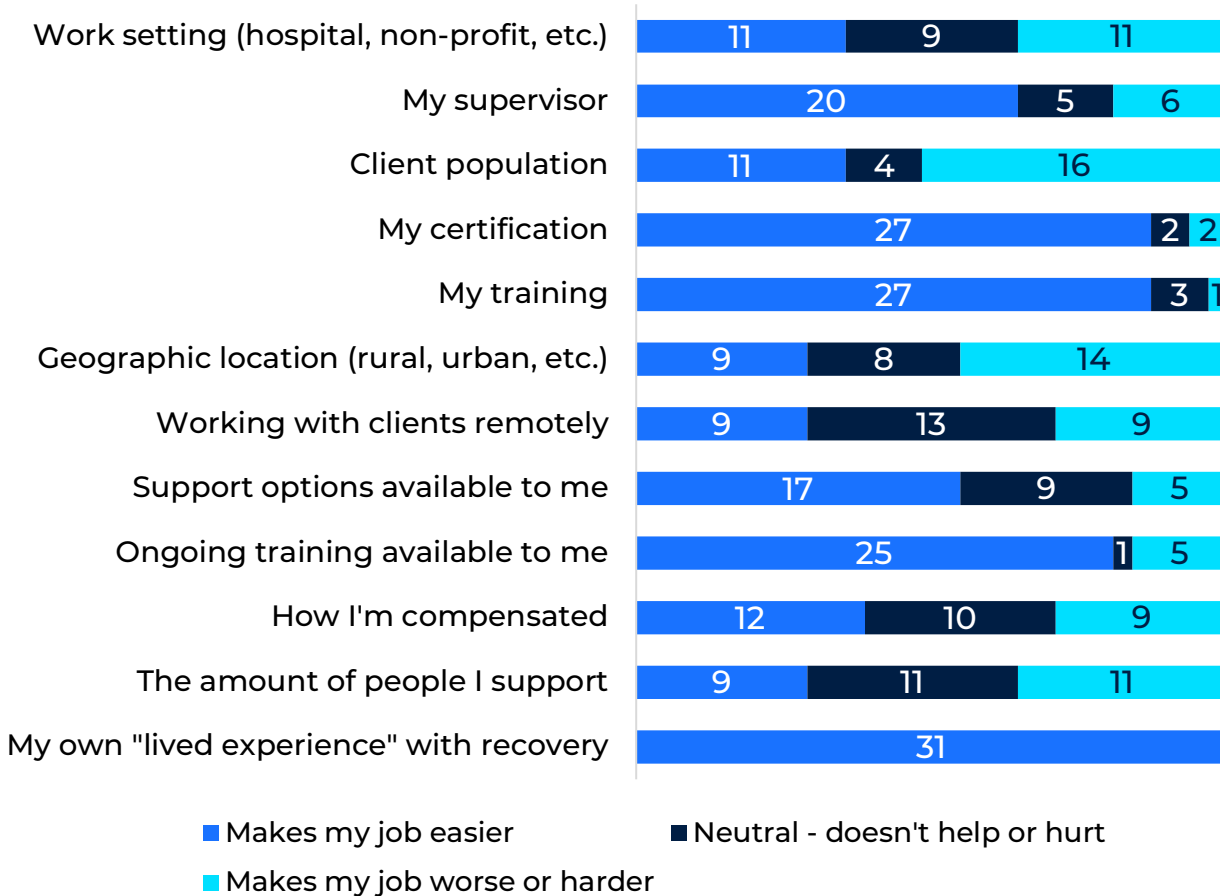
- PRCs said they generally had a good understanding of their own roles and boundaries and appreciate having latitude to build rapport with clients.
- Most PRCs are comfortable sharing their own recovery story, but some need to adjust based on the recovery approaches of their organizations.

“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.”

- Nearly all PRCs reported some type of burnout or compassion fatigue at some point in their career.

“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.”

Work Experiences



17

PRCs were asked to complete a sorting activity entitled "Aided Role Challenges." They were asked to sort a list of factors related to their work into one of three different categories/ buckets.

Financial Opportunities and Career Advancement

18

Low pay – that may not be sufficient to cover their basic needs – was one of the greatest concerns among participating PRCs.

Worries about job stability, particularly for grant-funded positions.

No clear opportunities for advancement in their careers as PRCs.

Several PRCs reported considering training to become counselors.

“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.”

Experiences During the Pandemic

The stress and isolation of the pandemic took a toll on PRCs. They also observed greater needs and increased instances of relapse, overdose, and death among those they sought to support during this time.

- Not being able to support those with OUD in person presented unique, unprecedented challenges.

“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.”

“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.”

Experiences During the Pandemic

20

The pandemic necessitated changes and limited how PRCs were able to support those with OUD. While most PRC's had internet access and technology to maintain remote connections, many of those who they support did not have access.

“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.”

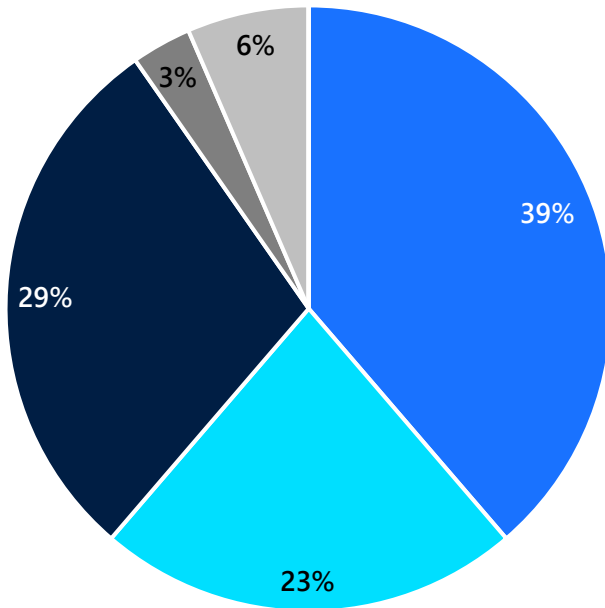
Positive changes included larger reach and more frequent connections. Some PRCs envision remote services augmenting in-person services in the future, but they stress that they need more technology training if this happens.

“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.”

Experiences During the Pandemic

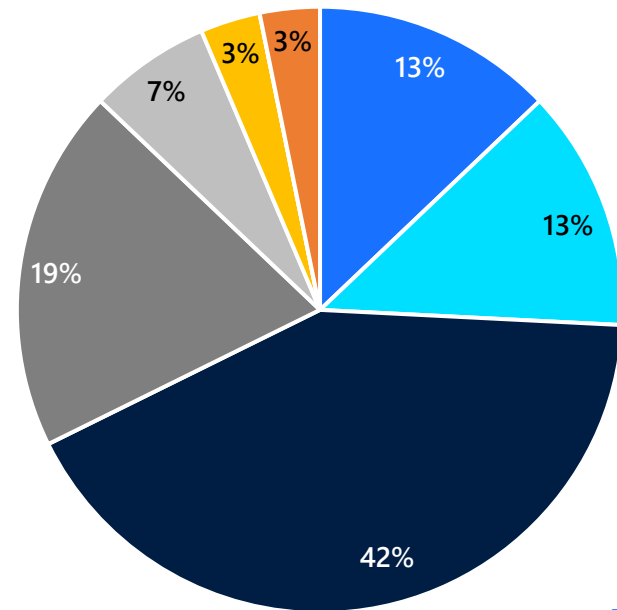
PRCs in the OLBB were asked to rate their overall confidence in their roles as Peer Recovery Coaches on a 1-10 scale. After discussing the impact of the COVID-19 pandemic, PRCs were asked to rate their confidence in their ability to perform their jobs during the pandemic.

Overall Confidence



Confidence During Pandemic

- 10 - Completely confident
- 9
- 8
- 7
- 6
- 5
- 4
- 3
- 2
- 1 - Not at all confident



Study Findings: Conclusions and Next Steps



22

Karen A. Scott, MD, MPH
President
Foundation for Opioid Response Efforts



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Areas for Further Consideration

How should health care and other organizations hiring peers educate colleagues and other professionals about the PRC role and the ways these organizations can most effectively partner with PRCs in supporting recoverees?

What employment policies may help support PRC transition, such as ensuring access to health care, including medications for OUD, and supports for their own recovery processes?

What can be done to clarify the required steps for certification? What are potential gaps in the certification and ongoing education process (e.g., training about specific recoveree sub-populations)? How can PRCs be engaged in the content development and delivery?

What efforts can be made to support the recruitment and training of Spanish-speaking/bilingual PRCs?

How can we develop PRC roles that offer higher wages with benefits, security and opportunities for advancement?

Peers are a valuable component of our frontlines of addressing the opioid crisis. How do we engage in ongoing learning from their experiences?

Spotlight on Peer Recovery Coaches



Foundation for
Opioid Response Efforts

July 2021
Grantee Spotlight

24

Using Hard-Won Wisdom to Help Others Coping With Opioid Addiction: An Interview With Three Peer Recovery Coaches



Chetwyn "Arrow" Everard Archer II
IDEA Exchange
Miami, FL



Emily Hash
Ballad Health
TN & VA



Tommie Trevino
CA Bridge
Davis, CA

What can we learn?
What has changed over time?



25

Cortney Lovell

Partner and Co-Founder
Our Wellness Collective



To learn more about training from Our Wellness Collective, visit:
RecoveryTraining.Online



“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.”

WELLNESS IN RECOVERY

COACH & ADVOCATE TRAINING

Recovery Coach Training developed to meet the IC&RC Peer Competencies with 46 total hours delivered virtually!



46 HOURS

Ethics: 16 hrs
Advocacy: 10 hrs
Mentoring & Education: 10 hrs
Recovery & Wellness
Supports: 10 hrs



LIVE

1 hr - Advocacy
4 hrs - Ethics
2 hrs - Mentoring & Education
3 hrs - Recovery & Wellness
Supports



DISTANCE LEARNING

9 hrs - Advocacy
12 hrs - Ethics
8 hrs - Mentoring & Education
7 hrs - Recovery & Wellness
Supports



Training that is
consistent and
accessible

27

Meeting You Where You Are... That's Our Promise

Recovery Training Should Be As Valuable As You Are.

Wellness in Recovery
coach & advocate training



RecoveryTraining.Online



- dates
- register
- more info

Perspective from Recovery Research Field



29

John F. Kelly, PhD, ABPP.

Elizabeth R. Spallin Professor of Psychiatry in Field
of Addiction Medicine, Harvard Medical School
and
Founder and Director, Recovery Research Institute



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Questions?



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Robyn Rapoport
Executive Vice President
Health Care, Public Policy, &
International Research,
SSRS



Cortney Lovell
Partner and Co-Founder,
Our Wellness Collective



John F. Kelly, PhD, ABPP
Elizabeth R. Spallin Professor of Psychiatry,
Harvard Medical School
Founder and Director,
Recovery Research Institute



Take Care of Yourself!
Thank You For Your Work!



About the Foundation for Opioid Response Efforts

The Foundation for Opioid Response Efforts (FORE) was founded in 2018 as a private 501(c)(3) national, grant-making foundation focused on addressing the nation's opioid crisis. FORE is committed to funding a diversity of projects contributing solutions to the crisis at national, state, and community levels. FORE's mission is to convene and support partners advancing patient-centered, innovative, evidence-based solutions impacting people experiencing opioid use disorder, their families, and their communities.

For more information on FORE, please visit www.ForeFdn.org.

About SSRS

SSRS is a full-service market and survey research firm managed by a core of dedicated professionals with advanced degrees in the social sciences. Service offerings include the Omnibus Survey, Probability Panel and other Online Solutions as well as custom research programs – all driven by a central commitment to methodological vigor.

The SSRS team is renowned for its multimodal approach, as well as its sophisticated and proprietary sample designs. Typical projects for the company include complex strategic, tactical and public opinion initiatives in the US and in more than 40 countries worldwide. SSRS is research, refined. Visit www.ssrs.com for more information.

For more information on SSRS, please visit <https://ssrs.com/>.



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www.ForeFdn.org

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