

## Peer Recovery Support Specialists: Role Clarification and Fit Within the Recovery Ecosystems of Central Appalachia

*A summary of dissertation findings by Angela Hagaman, DrPH(c), MA*

### KEY Quotes

*“As a peer support, I believe my job is to inspire hope in the future of my clients and to support them in achieving their goals. I believe that it is important to know that recovery looks different for every client and that is ok.”*

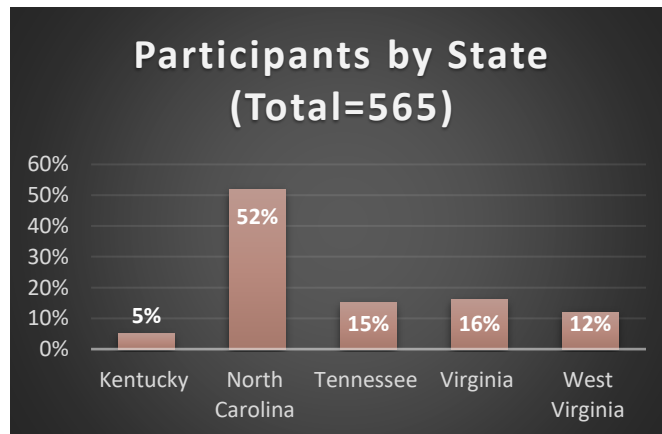
*“A PRSS is extremely valued within my organization. There is always a need to for them, not only with SUD, but also with mental health recovery. If providers aren't privy to what a PRSS does, once they learn more, the PRSS is always valued and utilized amongst the treatment team. As a PRSS, I always feel supported and valued by other mental health professionals.”*

### Abstract

The Peer Recovery Support Specialist (PRSS) is a certified professional who self-identifies as being in recovery from a substance use disorder (SUD), mental illness, or co-occurring disorders. While it is widely accepted that peer support in recovery is effective, little research has been conducted to support this view. This exploratory mixed-methods study surveyed 565 peer recovery support specialists (PRSS) in five states of Central Appalachia to better understand their work, personal recovery characteristics, and their interactions within existing recovery networks. Results indicated that PRSS frequently provide emotional support to persons they serve and are overwhelmingly satisfied with their work but have few professional advancement opportunities and generally feel that others misunderstand their roles. These results can serve as the foundation for improved measurement of effective PRSS service delivery if driven by PRSS perspectives.

### Study Sample

Survey participants were 67% female and 68% identified their race as white. The average age was 46 with an average of 10 years in recovery and 6 years working in the addictions field. 34% had a high school diploma, GED or equivalent, 26% had a bachelor’s degree, 25% had an associate degree or technical certificate and 14% had a master’s or doctoral degree. 44% were working in an Appalachian County.



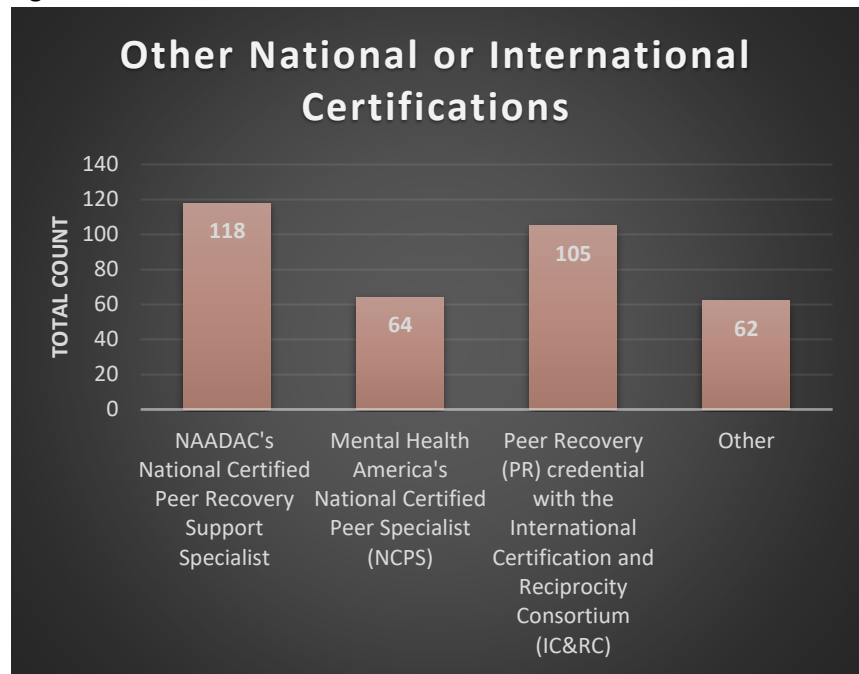
## KEY Quotes

*“I think a part of the training module should include a real-world practicum element. Auditing or shadowing a program or agency that effectively utilizes peer support specialists could be a great way to model and demonstrate real peer work. I took my first job as a peer support specialist without actually knowing what would be expected of me by my employer, or what to expect of myself as an employee. It took a while for me to be comfortable in my role.”*

*“The general PRSS training was excellent. A sub-training for my particular facility and the role I'm expected to play, is where I would've appreciated significantly more guidance. When I first started, I'd asked my supervisors on multiple occasions, what my job description/expectations entail, to which I received the response, 'We're building this plane as we fly it.'”*

## Training and Certification

Participants in this study actively seek and obtain additional certification and many stated that they would like for their state trainings to be longer and more applicable to the work they do in the field. They also desired more specialized training modules on topics such as crisis response, trauma, working with veterans, and ethical and legal considerations such as HIPAA.



## Job Satisfaction

PRSS respondents were asked to rate their job satisfaction based on variables modeled after an existing survey of peer support specialists (Lapidos 2018). Results from the 8-item categorical variable are displayed below. Furthermore, an exploratory factor analysis was performed for this 8-item response set, indicating that the items loaded onto one main factor with an internal consistency reliability (Cronbach's Alpha) score of .88. As a result of this analysis and as a tool for better understanding overall job satisfaction, an index was designed to create a score for each response on the Likert scale with a total score of 40 for very satisfied or 1 for very dissatisfied. **Average satisfaction among this study population was 32 indicating that these PRSS are generally satisfied with their work.**

## KEY Quotes

*“I wish someone had explained about how billing works when you are working in the community as it relates to what a billable note looks like and how to get your 25 billable hours in order to get paid by the agency for a 40-hour work week. I don't have that problem now, however this is why I do not like to work in the community. Community work is very stressful, not the client, just the push for getting the billable hours. We know we work with a population that has commitment issues with keeping appointments. I don't feel like a PRSS should have to rip and run all over town to make a forty-hour work week. It is stressful. I also feel like the use of our own car is not right.”*

## Job Satisfaction



## Work Setting, Work Activity and Strength of Skill

PRSS respondents indicated that they spend an average of 52% of their time providing emotional support as defined by SAMHSA compared to less than 30% of their time on average spent providing affiliational, instrumental or informational support. Furthermore, an additional set of questions modeled on Lapidos (2018) work asked respondents to indicate the frequency of time spent in a given activity followed by a strength of skill question. The table below demonstrates the percent of PRSS who engage in each activity at least “sometimes,” and the second lighter colored bar shows the percent of respondents who feel that their skill is “moderately strong” or “very strong.” The scale of difference between frequency of engagement and strength of skill is greatest for housing assistance, benefits, assistance, vocational assistance and financial education. Moreover, many PRSS indicated in open text responses that they would be interested in additional training in these areas.

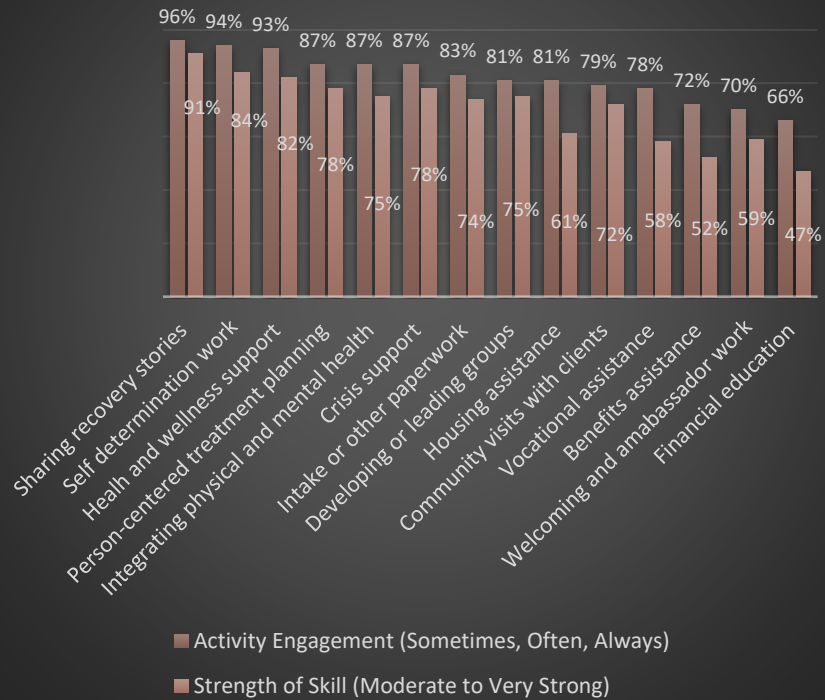
**Reference:**

Lapidos, A., Jester, J., Ortquist, M., Werner, P., Ruffolo, M. C., & Smith, M. (2018). Survey of Peer Support Specialists: Professional Activities, Self-Rated Skills, Job Satisfaction, and Financial Well-being. *Psychiatric services*, 69(12), 1264-1267. <https://doi.org/10.1176/appi.ps.201800251>

## KEY Quotes

*“We are at a glass ceiling. I talked to somebody in human resources today about getting together and starting to have a conversation about career ladders for peers and internships because peers go through this training and do all this hard work, then have nowhere to get their hours and they are just floundering around and so when they get in these positions because clinicians don’t really know what we do and who we are so we are tasked with driving people around, things that peers were not meant to do. There’s this hierarchy that is very noticeable. It is not discreet.”*

**PRSS Activity Type and Self-reported Strength of Skill**



## Conclusion

The goal of this study was to improve clarity about PRSS roles and activities within existing recovery networks, or as more recently described “recovery ecosystems.” Future research on improving measurement of PRSS outcomes would be well served by engagement of PRSS in research; our study suggests that most (75%) would be willing to take part in such research.

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