Identifying peer recovery support specialist primary work settings and activities: A 9-state pilot study

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Introduction

The crisis of fatal overdose, exacerbated by the Covid-19 pandemic, demands urgent action. The likelihood of full recovery for each person that is engaged in treatment for their SUD will be influenced by providers of recovery support services. Peer recovery support specialists (PRSS) are certified, trained professionals who identify as being in recovery from a SUD and are now playing a critical role in the ongoing transformation of SUD treatment and long-term recovery. Unfortunately, the PRSS role is poorly understood and lacks a standard taxonomy of job titles, job-related activities, and primary work settings.[1] As a result, not knowing *what* PRSS are doing within a wide range of service models is a critical barrier to studying the impacts of PRSS services. This has resulted in an urgent need to improve clarity about PRSS work roles and scope of practice across regional service networks or "recovery ecosystems" to quantify contributions as they relate to SUD treatment and recovery outcomes.

Aims and Methods

Aim 1: Eight subject matter experts (PRSS, recovery scientists and methodologists) improved the design of an existing web-based survey to measure common PRSS work activities and settings.[2]

Aim 2: The improved web-based survey instrument was disseminated by state certification boards and assocations to a non-probability sample of PRSS in nine states (FL, KY, NC, NM, PA, TN, VA, WI, WV).

659 PRSS responded to the survey.

PRSS Demographics

Avg. age: 43 years

47% female

45% male

8% other gender description

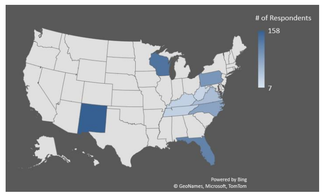
94% currently employed

Avg. years working in addictions field: 6.2

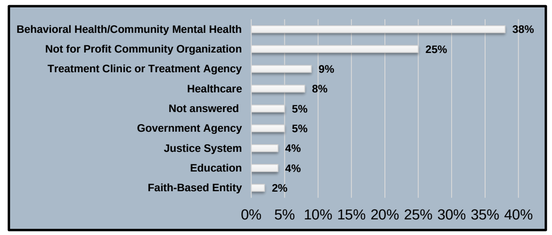
Avg. years in recovery: 9.5

44% report justice system involvement

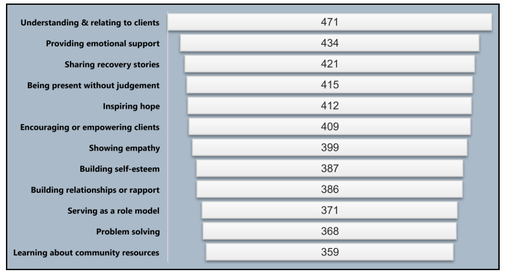
States PRSS Participants Work In
Note: participants may work in more than one state



PRSS Employer by Type (*N*=659)

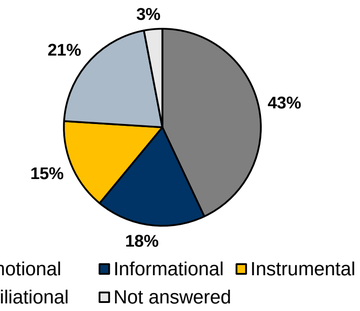


Top 12 Most Frequently Selected Activities

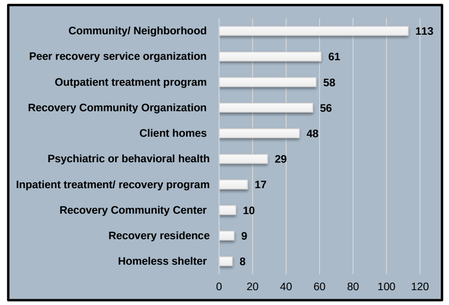


Sixty-two (62) exclusive service activities were provided in the survey. On average, PRSS selected 24 activities that they perform MOST of the time.

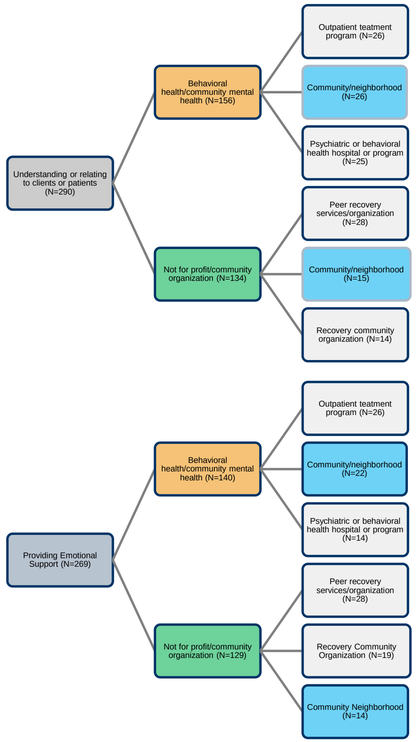
Percent of time spent engaging in each of the four types of SAMHSA-defined PRSS support



Activity Micro-Setting by Frequency



Top 2 Activities by Macro and Micro Setting



Note: Total N for each activity only reflects the total number of respondents who said they perform the selected activity in one of the top two most frequently selected settings.

Conclusion

To our knowledge, this is the first study to explore the full array of service activities that PRSS provide and the specific macro and micro settings in which these activities are delivered. Study results indicate that PRSS participants (*N*= 659) perform MANY different activities in their service roles, and that these activities are frequently performed in communities and neighborhoods where people live. PRSS in this sample spend approximately half of their time providing Emotional support to their patients/clients, and less than 25% of their time providing Informational, Instrumental, and Affiliational peer support as defined by the Substance Abuse and Mental Health Services Administration (SAMHSA).[3]

A national dissemination of an improved *PRSS Work Settings and Activities* survey could be used to formalize a taxonomy of standard PRSS service activities by setting which could thereby inform new studies to measure the effectiveness of PRSS work.

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2 . Hagaman, A., Foster, K., Kidd, M. and Pack, R., 2023. An examination of peer recovery support specialist work roles and activities within the recovery ecosystems of Central Appalachia. *Addiction Research & Theory*, *31*(5), pp.328-334.
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