Peers: A Vital Support in the Treatment Continuum

By Mita M. Johnson, EdD, LPC, LMFT, LAC, MAC, SAP, CTHP-II, NAADAC President

Workforce recruitment and retention – those are words that have been tossed around in so many conversations because we have more people needing help than we have helpers. Our profession can be highly rewarding, and it has its share of challenges. Not everyone who needs help can afford it. Not everyone who needs help lives in a location where there are available addiction professionals. Access and cost are significant barriers to treatment for many. In addition, services need to be available along the entire continuum of care from prevention and intervention throughout treatment and into recovery and maintenance. The longer a client remains engaged in the continuum of care, the longer they are able to maintain their sobriety or moderation plan. As a treatment provider, I know that we do not have the resources or funding to provide all that our clients need. So quietly and diligently, the peer movement has been gaining momentum and it is now time, as clinicians, for us to collaborate with and refer to peer mentors for recovery support. One thing I love about NAADAC is that NAADAC was founded as a peer focused organization 49 years ago. And this year, in San Antonio, Texas, I had the privilege to honor the visionary Mr. Joe Powell, LCDC, PRSS, RSPS, PSS, with the William F. “Bill” Callahan Award in recognition of his contribution to the peer recovery support movement. Joe is one of the original founders of the Association of Persons Affected by Addiction (APAA) which began in 1988 as the first peer-to-peer recovery support program in Texas. Joe and others have reminded me about the value of peers along the continuum of care, especially now that we have such a shortage of qualified treatment providers.

Peers are a valuable relationship for our clients to initiate and maintain. Peers help to reduce isolation and loneliness, feelings that can fuel emotional distress and trigger a recurrance of use. Especially in rural areas, peers who are working face-to-face or via telehealth have provided essential support to those needing a lifeline who would not have found it otherwise. Peers offer a recovery perspective when the client has concerns about their treatment and recovery. Clients experience greater levels of self efficacy, empowerment, and engagement in treatment and recovery when they have a peer mentor or recovery coach. The social connectedness can help clients with serious mental illness such as schizophrenia, bipolar disorder, and other psychoses to value the feelings of belonging that comes from sharing stories and experiences. The valuable exchange of strategies for coping with the everyday challenges of living with a substance use disorder is an important characteristic of the peer-to-peer community. Relationships like these build confidence, hope, and perseverance. If clients cannot afford therapy and do not have insurance, peer support is a great option and insurance providers like Medicaid will reimburse for peer services. For clients currently in therapy or looking to engage in treatment, peers are a source of substantial additional support. Clients feel better when they know they are not alone in their experiences; clients need to understand the universality of their experiences. Some have concluded, based on available research, that peer interventions are an untapped resource in global mental health.

Peers establish collaborative and caring relationships, provide support by conveying hope and celebrating accomplishments, and personalize the support to meet the individualized needs of the client. NAADAC has been a leader in supporting peers by developing many peer-specific resources, such as the National Certified Peer Recovery Support Specialist (NCPRSS) credential through the National Certification Commission for Addiction Professionals (NCCAP), specialized webinars and trainings, discounted peer-specific liability insurance through the American Professional Agency Inc. (APA, Inc.), and a peer-specific Code of Ethics. NAADAC has also joined with the State of Arkansas to develop the Arkansas Peer Specialist Program (APSP), an innovative three-tiered credentialing process that allows an individual the opportunity to progress through the core, advanced, and supervision levels of The Arkansas Model. This process is designed to produce highly trained and knowledgeable peer specialists. This organized system will streamline each step of the credentialing process and allow users access to a one-stop shop for all their peer credentialing needs. The goal is to take this model and support other states who want to organize their peer specialists who bring a variety of pathways to recovery and experiences in the behavioral health system.

As addiction professionals and treatment providers, we need to nurture more collaborative relationships with peers. Peers provide services and experiences that we cannot provide – everything from building basic skills for the business of daily living to making appointments for recovery and community services. All of us can work collaboratively together for the good of the client. At the end of the day, we all want the same thing and we need each other to truly be successful. In such a collaborative relationship, our clients grow, heal, transform – and find their voices. They journey for a season with supportive individuals who have walked where they are walking. Clients gain support so they can make it to their sessions, work on their pain and trauma with us, and debrief when it all gets too heavy. Before going down a path towards reoccurrence, clients can connect with their peer mentors to determine the best next steps. The client prevails with a collaborative care team. As NAADAC comes up on its 50th birthday, it is good to see where we started, where we have been, and where we are headed. Peers have an important place in NAADAC’s story and are valuable members of support along the entire continuum of care. Treatment providers will benefit from working with peers, and peers will benefit from supporting treatment providers. And, in the end – the client wins!

Mita M. Johnson, EdD, LPC, LMFT, LAC, MAC, SAP, CTHP-II, has been practicing in the world of mental health, marriage and family, and addictions counseling for the past 30 years. She earned her Doctorate degree in Counselor Education and Supervision and is a core faculty member in the School of Counseling program at Walden University. In addition, she has a thriving private practice where she provides telebehavioral health services, clinical supervision, counseling to our military, and addiction-specific training and education. She has been providing telebehavioral health services to individuals and groups for several years and is a board-certified telehealth practitioner. She is involved in regulatory and credentialing activities in Colorado and regional workforce recruitment and retention initiatives. Her areas of specialization include pharmacology, co-occurring disorders, ethics, culturally-responsive care, and clinical supervision. She has been an active member of NAADAC for the last 15 years, has served as the Chair of the NAADAC Ethics Committee, and began her term as the NAADAC President in October 2020.