

PRSS: Peer Recovery Support Services

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Abstract

The number of peer recovery support services (PRSS) used for treatment of addiction as well as the general public's awareness of such programs have grown dramatically in the last few years. Many factors have contributed to the growing interests surrounding these types of treatment programs. So what are the reasons for this sudden increase? In this article, we will discuss what defines a peer recovery support service, the different types of treatment, techniques used in these recovery programs, and finally the benefits and drawbacks to such programs.

Peer recovery support services (PRSS) may be provided by a wide variety of organizations through either nonprofit, free-standing associations or an additional measure of treatment for clinical agencies (Center for Substance Abuse Treatment, 2009). These PRSS' are similar to 12 step programs such as Alcoholics Anonymous (AA); however, they do distinguish themselves in several ways. As the name implies, PRSS' are built around the use of individuals who have previously experienced both addiction disorder and the recovery process to help guide as well as counsel those who are currently going through a treatment themselves. Another distinguishing feature is that while most PRSS' do incorporate religious or spiritual aspects; they are predominately a strength based system which focuses on improving the individual's self-

efficacy. This is achieved by placing emphasis on enhancing the future of the individual by encouraging them to take control of their recovery rather than focusing on issues of the past (Center for Substance Abuse Treatment, 2009).

While some organizations may differ slightly, there are four generally accepted social support services provided by most, i.e., emotional, informational, instrumental, and affiliation (Center for Substance Abuse Treatment, 2009). Emotional recovery is designed to show a carrying, nurturing environment in order to help build a patient's self-esteem promoting the use of a hands on approach to their own recovery rather than relying strictly on a clinician. This process begins simply enough by labeling an individual not as a "patient or client" but as "friend," "friend in recovery," or "peer." This labeling system is also used when talking about the clinician (Alberta, Ploski, & Carlson, 2012). Support provided for the emotional aspect is usually achieved by utilizing peer mentoring services or a peer led support group system. This helps build a personal relationship with an individual who is further along in the program, motivating further recovery efforts.

Next is the informational support. Beginning in this level of the recovery program, the organization begins to help the patient get back on his own two feet (Alberta, et al., 2012). They offer job training programs, classes for parenting skills, as well as health and wellness seminars (Center for Substance Abuse Treatment, 2009). Though some facilities may follow a slightly different plan, it is also at this time that the patient may take their first steps into becoming a peer mentor if they wish to, as long as the individual has stuck to the programs with no major relapse. These mentors will be trained and taught provisions of behavioral health services. This includes doctor-patient, or in this case patient-to-patient confidentiality, "dual relationships, role conflicts, as well as the expectations for the peer support position" (Alberta, et al., 2012, p. 484).

During instrumental support, the agency begins to provide more concrete assistance allowing the client to focus on other tasks. Organizations, such as Peers Reach Out Supporting Peers to Embrace Recovery (PROSPER) or Walden House located in Los Angeles, California, provide services such as day care for the children, transportation for those who do not own a vehicle or those who cannot drive, helping patients establish a relationship with their community through either direct exposure or calling local "recovery friendly" companies, as well as health care and social services (Andreas, Ja, & Wilson, 2010). While PROSPER does not give jobs in the community to their clients, they do teach them how to create and maintain a job bank for the individual as well as the entire patient staff. This further encourages leadership skills increasing an individual's self-worth.

The affiliational support model utilizes events such as recovery center sports leagues and alcohol and drug free social functions. These events can range from a movie night for patients to a "block party" style cookout that not only involves the patients but the friends and families as well. This helps the client learn proper social and recreational skills helping to further integrate the patient back into a societal role, all while in a safe environment free of triggers that may lead to a relapse (Center for Substance Abuse Treatment, 2009). In programs where PRSS is an additional measure of the recovery, the clinician is seen less as a director and more as a supporter (Alberta, et al., 2012).

Utilization of PRSS' has been proven in being effective when combined with traditional medical and clinical treatments. In a study using veterans it was shown that patients who combine multiple treatment methods were "more than three times more likely" to show up to treatment appointments than those who only used traditional treatment methods (Tracy, Burton,

Nich, & Rounasville, 2011). Another major advantage to PRSS' is that they are incredibly cost effective. Because these programs utilize peer mentors to assist in the recovery process, agencies and communities can maintain a comparatively small professional staff and peer mentors, who are paid a fraction of the cost of a single clinician. Additionally, patients who relied more heavily on peer to peer programs reduced their annual health care costs by an average of \$5,000.00 with a 30% reduction in cost compared to most cognitive behavioral therapies that cost about \$8,078.00 (Humphreys & Moos, 2001; Cousins, Antonini, & Rawson, 2012, p. 326).

An interesting facet of using PRSS' is that because of the use of former addicts, they are able to use self-disclosure as a way of relating to patients who have not begun or who are new to the program. This helps a new client relate and feel more at ease in a new environment but it also benefits the mentor by allowing them to take the position of a role model (White, 2006). Finally and debatably, most significantly is the overall adaptability of these programs. In general, PRSSes are able to adapt to different levels in the recovery process as we evolve according to the host organization's needs. This allows them to extend support past regular treatment and out into the community providing real world advantages. Another important aspect within this type of program is cultural dexterity. Because the patients play a large role in the treatment process, the service providers may take suggestions of the mentors into consideration. This makes the client feel more at ease releasing tensions within the environment.

This being said there are some drawbacks to this type of program. One of the most basic but usually most conflicting is deciding exactly what role the peer mentors should play and what level of status should they have. Adding to the difficulty of this is the high turnover rates which require significant time to train peer mentors. Another issue is over-burdening the system as this problem may lead to a "problematic cycle of normally robust treatments being delivered in an inconsistent fashion" (Tracy et al., 2011, p. 527) reducing the overall effectiveness of the program.

One of the more challenging aspects to control is cooptation. This occurs when peer mentors "act more like clinicians than as peers" (Alberta, 2012). This usually occurs due to the mentor believing that the clinician has more power (based on experiences of being consumers of behavioral health services). This problem may be exacerbated by programs that lack a hierarchy system. Adding to the complexity of the situation is the fact that while most PRSS have a process to deal with, the issue of relapse which may include a probationary period, suspension, or termination from the programs, others may lack forms of disciplinary action. Specifically, Colorado River Behavioral Health Systems (CRBHS), a PRSS program in Arizona, uses a system of taking a day off when a peer mentor relapses (Alberta, 2012). Interestingly, it is the adaptive nature of these programs which seems so beneficial that may also lead to one of its major weaknesses.

In closing, peer recovery support program services are designed that enlist the aid of either current addicts in recovery or former addicts in order to assist individuals who are beginning the process of recovery. These programs may be used in a free standing fashion or in addition to traditional treatment methods. Peer assisted recovery programs were developed to be extremely adaptive in order to help the greatest number of patients possible. However, this adaptive nature is a source of great reward as well as a point of substantial vulnerability. Ultimately, the decision is up to the individual and clinician on what course of action to take, and any path that one chooses on the road to recovery is better than nothing at all.

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