



UW PACC

Psychiatry and Addictions Case Conference

UW Medicine | Psychiatry and Behavioral Sciences

PEER SUPPORT SPECIALIST

WALKING ALONG SIDE PEERS IN THE RECOVERY JOURNEY

HARBORVIEW MENTAL HEALTH & ADDICTION SERVICES

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SPEAKER DISCLOSURES

✓ Any conflicts of interest?

PLANNER DISCLOSURES

The following series planners have no relevant conflicts of interest to disclose; other disclosures have been mitigated.

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OBJECTIVES

- Describe who ***Peer Support Specialists*** are and how they contribute to clients/consumers/patients' recovery
- Identify historical currents that contributed to the development of formal ***peer support***
- Conceptualize ***recovery*** – describe its origins, rationales, & controversies

PEER SUPPORT SPECIALISTS

MODELING RECOVERY AND HONORING A PEER'S JOURNEY

- We are individuals who have lived experience with and in recovery from mental health challenges and/or substance use disorder.
- As Professionals, *Peer Support Specialists* can uniquely facilitate recovery within care systems and social services by:

“Drawing on our own lived experience to connect with others, to highlight strengths, promote dignity, nurture hope, enhance empowerment, and facilitate person-centered recovery.”



HISTORICAL EVOLUTION OF PEER SUPPORT

We grow as humans by sharing our stories of resilience.
When one person becomes stronger,
the whole community becomes stronger.



RECENT ORIGINS OF PEER SUPPORT

- Early 1800s: Moral treatment movement emphasized compassion and community.
- Mid-20th century:
 - Recovering from addiction (AA began late 1930's)
 - Mid-20th century: Psychiatric survivor movement began challenging institutionalization.
 - Resistance (social and intellectual):
 - 1960s Social Movements → MH “Consumer/Survivor” movements (early 1970s, e.g., Madness Network News, Oregon Insane Liberation Front)
The publication of personal (“survivor’s”/consumer’s) accounts of mental illness & recovery (late 1970s, e.g., Judi Chamberlin’s *On our own: patient-controlled alternatives to the mental health system*)
- Peer support emerges informally among people seeking alternatives to the medical model moving toward collaboration rather than just instruction.

GROWTH OF THE CONSUMER/SURVIVOR MOVEMENT

- 1960s–1980s: Civil rights and disability rights movements influenced mental health advocacy.
- Critical intellectual movements problematize “mental illness”:
 - *“If you are not like everyone else then you are abnormal, if you are abnormal then you are sick. These three categories, **not being like everybody else, not being normal** and **being sick** are in fact very different but have been reduced to the same thing.”* (M Foucault, in an interview, 1975)
 - E.g., protest psychosis, non-heterosexuality
- Peer-led organizations formed to promote autonomy, choice, and dignity.
- Self-help groups expanded across the U.S. and internationally.

FORMALIZATION OF PEER SUPPORT ROLES

- 1990s-2010s – Peer support integrating into:
 - Community mental health services and, more recently, crisis response, housing, & employment wellness programs.
 - Acute care settings
 - Major MH/BH agencies and organizations (e.g., SAMHSA)
- Research evidence grew supporting the effectiveness of peer support.
- Peer specialists began receiving structured training and certification.

TODAY

curiosity self-care purpose recreation and fun
cultural humility person first language giving back
hope self-determination education
motivational interviewing self-responsibility self-advocacy trauma informed

- Peer support recognized globally as essential to mental health recovery.
- Further integration into hospitals, community programs, and digital platforms.
- Increased leadership roles for peers, policy influence, and research advancement.

RECOVERY



SAMHSA'S RECOVERY STATEMENT

“A process of change through which individuals improve their health and wellness, live a self-directed life, and strive to reach their full potential.”
(SAMHSA, 2024)



THE 4 MAJOR DIMENSIONS OF RECOVERY (SAMHSA)

- **Health:** Overcoming or managing one's disease(s) or symptoms & making informed, healthy choices that support physical and emotional wellbeing.
- **Home:** A stable and safe place to live.
- **Purpose:** Meaningful daily activities (e.g., a job, school, volunteerism, family caretaking, or creative endeavors) and the independence, income and resources to participate in society.
- **Community:** Relationships and social networks that provide support, friendship, love, and hope.

RECOVERY

*In contrast to how its common conceptualization in clinical research, here **Recovery** is:*

- A **process**, rather than a dichotomous end state or outcome, involving the **individual, but also** her/his/their care **system, community**
- **Subjectively** (not objectively) experienced; defined & evaluated in **individuated, non-clinical** terms (not externally measured nor generalizable)
- Recovery is **strengths-based** (not symptom-based) and involves *hope, respect, and empowerment*

SNAPSHOT OF RECOVERY IN THE USA

50.2 million USA adults considered themselves to be in recovery:

- **2 in 3** adults who ever had a mental health problem
- **7 in 10** adults who ever had a substance use problem

PEER SUPPORT SPECIALIST



- A peer in behavioral health is not a clinician, but someone in recovery from SMI and/or SUD with lived experience and training to offer hope, empathy, and practical support.
- We work **with—not for—others**, walking alongside peers as equals, supporting their voice and choice in finding the resources and recovery paths they seek.

EVIDENCE BASE & IMPROVED OUTCOMES

- Evidence based research shows that peer support services (PSS) **improve outcomes** in recovery for substance use and behavioral health contexts, including better engagement, retention, satisfaction, and reduced relapse risk.
- Peer support complements clinical care, expanding reach and facilitating continuity beyond traditional treatment settings.
- As part of Recovery-Oriented Systems of Care (ROSC), peer specialists help bridge gaps in care, reducing barriers linked to stigma, mistrust, or system navigation complexity.

CORE COMPETENCIES & PRACTICE PRINCIPLES

- **Person-centered:** Services directed by the person's own goals, needs, preferences .
- **Voluntary:** Participation is by choice — peers do not impose services
- **Relationship-focused:** A trusting, respectful, mutual connection is foundational
- **Trauma-informed & strength-based:** Emphasizing safety, resilience, empowerment
- **Ethical boundaries & self-care:** Recognizing limits of role, preventing burnout, maintaining boundaries

PEERS USE A STRENGTH BASED APPROACH

HOW WE ADDRESS, SPEAK IN A RELEVANT WAY ABOUT AND WRITE NOTES:

- **People-First Language** is our respectful way of communicating that **emphasizes the individual before their condition, diagnosis, or circumstance**. Instead of defining someone by a disability, illness, or behavior, PFL acknowledges that these are only *one part* of who our peers are.
 - ◆ **Focus:** Person → then condition.
 - ◆ **Purpose:** Reduce stigma, promote dignity, builds reliance and highlight humanity.
 - ◆ **Example:** Say *“person experiencing a substance use disorder”* instead of *“addict.”*
- In short: **People are not their diagnosis**. PFL reminds me to recognize everyone's full identity, strengths, and potential — not just the challenges they are experience this moment.

Trauma-Informed Care (TIC) – Peer Specialist Role

- Many peers entering services have a **history of trauma** (abuse, incarceration, homelessness, systemic inequities)
- Trauma shapes how people **engage with care, trust providers, and navigate recovery.**
- Peer Specialists, through their own lived experience, are uniquely positioned to:
 - ❖ Model resilience and recovery.
 - ❖ Build trust and reduce stigma.
 - ❖ Support self-determination and healing.

Trauma-Informed Care (TIC) – Peer Specialist Role

Safety – Creating spaces where people feel physically and emotionally safe.

Trustworthiness & Transparency – Building relationships based on honesty and reliability.

Peer Support – Leveraging lived experience to build connection and hope.

Collaboration & Mutuality – Leveling power differences; “doing with, not for.”

Empowerment, Voice & Choice – Honoring each person’s autonomy and strengths.

Cultural, Historical & Gender Awareness – Recognizing and addressing cultural, racial, and historical trauma.

EDUCATION, NOT THERAPY-PEER SUPPORT ROLE

Focus Areas for Peers Education

- **Self-Knowledge** → Awareness of strengths, values, and needs
- **Health Promotion** → Strategies for lifestyle, stress, and wellness
- **Advocacy Skills** → Speaking up for personal needs and preferences, self-determination on purpose and employment
- **Support Systems** → Creating networks of peers, family, and community organizations and resources

EXAMPLES OF EVIDENCE BASE PROGRAMS

Examples of Structured Curricula in the Peer Bridger Program

WRAP (Wellness Recovery Action Plan)

- Daily wellness tools
- Identifying stressors & early warning signs
- Crisis & post-crisis planning

VA Program: Taking Charge of Your Life and Health

- Self-knowledge & personal health goals
- Whole Health approach (mind, body, spirit)
- Building supportive networks

RECOVERY IS...

An intensely demanding, ongoing journey, undertaken intentionally by people who live with mental illness, trauma, and substance abuse.

Recovery-focused care means providers and peer specialists collaborate *with* people, not *on* them — supporting individuals as they define, pursue, and achieve their own version of recovery and a meaningful life in the community.

-Well said statement by a misplaced source

My Peer Mantra

- May I hold “**unconditional high regard**” –Carl Rogers- for all my peers, trusting that they are the **experts of their own lives**, and honoring their **culture, voice, and choice**.
- May I focus more on being **effective** rather than on being **right**.
- **WAIT — Why Am I Talking?**

Questions, Comments, Concerns

On what we've covered so far

RESOURCES AND CREDITS

Lake Washington Floating Bridge photo credit-Oldcastle Infrastructure, a CRH Company

Johann Hari, 2015 TED Talk *“Everything You Think You Know About Addiction is Wrong”* and in his book *Chasing the Scream: The First and Last Days of the War on Drugs*.

Anna Caroline Jennings, The Anna Institute www.annainstitute.com, “Important Souls”

Mental Health Coordinating Council (2013). *“Recovery Oriented Language Guide.”*

Adverse Childhood Experiences Study (ACES), www.cdc.org

Tonier Cain, www.healingneen.com “Where There’s Breath, There’s Hope

Risking Connection, The Sidran Institute www.traumainformedcare.org, Elizabeth Power Associates

Dr. Megan McEtheron <https://www.youtube.com/watch?v=P8nMgY5dkTs>

SAMHSA: Guiding Principles and Elements of Recovery-Oriented Systems of Care

RESOURCES AND CREDITS

Cognitive Behavioral Therapy of Borderline Personality Disorder, Marsha Linehan Ph.D.

Harborview Center for Sexual Assault and Traumatic Stress, HCSATS

<http://www.uwmedicine.org/locations/psychotherapy-harborview>

[Incorporating Peer Support Into Substance Use Disorder Treatment Services \[Internet\].](#)

Rockville (MD): Substance Abuse and Mental Health Services Administration (US); 2023. (Treatment Improvement Protocol (TIP) Series, No. 64.)

<https://www.ncbi.nlm.nih.gov/books/NBK596262/?term=peer%20support%20mental%20health>

White, S., Foster, R., Marks, J. *et al.* The effectiveness of one-to-one peer support in mental health services: a systematic review and meta-analysis. *BMC Psychiatry* 20, 534 (2020). <https://doi.org/10.1186/s12888-020-02923-3>

SAMHSA Peer Support Flyer

https://www.samhsa.gov/sites/default/files/programs_campaigns/brss_tacs/peer-support-2017.pdf?

RESOURCES AND CREDITS

Reif et al. (2014), *Peer Recovery Support for Individuals With Substance Use*

Found evidence of *reduced relapse rates, increased treatment retention, improved relationships with providers, and better social supports* among people receiving peer recovery support. [Psychiatry Online](#)

Eddie, D. et al. (2025), *Peer Recovery Support Services and Recovery Coaching for Substance Use Disorder: A Systematic Review*

In a review of 28 multi-group studies (n = 12,601), they conclude that peer recovery support services (PRSS) “improve SUD treatment engagement and retention,” with **preliminary but not yet conclusive** evidence of better substance use outcomes. [SpringerLink](#)

Horn et al. (2025), *Systematizing Peer Recovery Support Services*

Their systematic review indicates PRSS models are associated with **reductions in substance use and relapse rates, and improvements in treatment retention and satisfaction**. [Frontiers](#)

Ashford et al. (2021), *Peer-Based Recovery Support Services Delivered at recovery community organizations: Predictors of improvements in individual recovery capital*

Reports that peer recovery support is associated with improvements in mental health, reductions in emergency department visits, and lower overall substance use.

<https://doi-org.ewclibrary.idm.oclc.org/10.1016/j.addbeh.2021.106945>

