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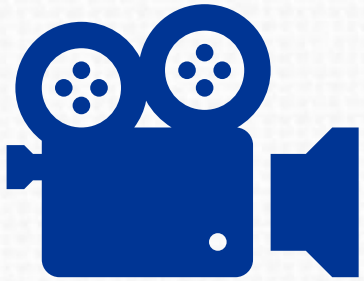

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Pose questions in the chat to **all participants**.

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- Everyone on every Learning Network webinar is **valued**. Everyone has an expectation of **mutual, positive regard** for everyone else that respects the **diversity** of everyone on the webinar.
- We operate from a **strength-based, empathetic, and supportive** framework – with the people we serve, and with each other on these webinars.
- We encourage the use of **affirming language** that is not discriminatory or stigmatizing.
- We treat others as **they** would like to be treated and, therefore, avoid argumentative, disruptive, and/or aggressive language.

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- Information presented in Learning Network sessions has been vetted. We recognize that people have different opinions, and those **diverse perspectives** are welcomed and valued. Questions and comments should be framed as **constructive feedback**.
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Acknowledgements

- The COE project is a partnership of the University of Pittsburgh and the Pennsylvania Department of Human Services; and is funded by the Pennsylvania Department of Human Services, grant number 601747.

- **COE vision: The Centers of Excellence will ensure care coordination, increase access to medication-assisted treatment and integrate physical and behavioral health for individuals with opioid use disorder.**

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The Scope and Practice of Providing Peer Support

2026 COE Training on Peer Role & Function

William Stauffer, LSW, PMAC, PECS
Executive Director
The Pennsylvania Recovery Organizations Alliance

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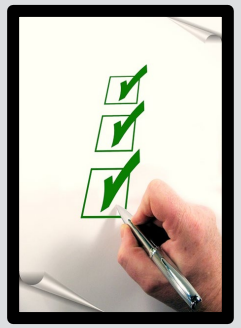
Training Objectives



Description – Attendees will explore the scope of practice of peer support in consideration of applicable, laws, regulations, certification standards, practice setting and practice experience. We will consider tools and supervisory processes to support the determination of scope and practice considerations in the provision of peer services.

Objectives:

- **Attendees will consider how the peer discipline functions within a scope of practice that differs from but augments clinical and other disciplinary orientations**
- **Attendees will explore how to use the supervisory process for skill augmentation training plans as part of peer worker development**
- **Attendees will gain insight into decision tree rubrics which can support the provision of peer services within its scope of practice as part of the COE interdisciplinary team framework**

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Overview of Peer Recovery Services

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Define Recovery Support Services

They are…

- Peer-based
- Non-clinical
- Community based services
- Provide support to individuals in or seeking recovery

Services occur before, during and after formalized treatment

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Origins of PRSS

Peer Recovery Support Services (PRSS) emerge from:

- Research on the limitations of treatment models
- Calls to reconnect treatment to the more enduring process of addiction recovery
- A shift from pathology and treatment paradigms to a recovery paradigm
- A shift from acute care to models of sustained recovery management
- The significant recent efforts that have been conducted that highlights the role of families in recovery

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The Growth of Peer Recovery Services

History Unfolding

- The broad utilization of SUD Peer Services has only occurred within the last decade
- The SUD epidemic has led to the more acceptance of these workers and the services offered
- Funding and research efforts related to SUD peer support services has lagged those of MH peer services which were embraced a decade earlier
- It is important to understand the relationship between SUD peer services, ROSC and the history of how these concepts have been conceived and implemented in order to effectively move them forward

Peer Worker Roles

Many and Evolving

- Outreach worker
- Motivator
- Confidant
- Mentor
- Resource broker
- Monitor
- Tour Guide
- Advocate
- Educator
- Community organizer
- Lifestyle Guide

Peer Recovery Specialist

- Reflects a collaborative and strengths-based approach
- Assists individuals in achieving sustained recovery from a substance use disorder
- Gain access to community-based resources
- Bridge gaps between needs and available resources

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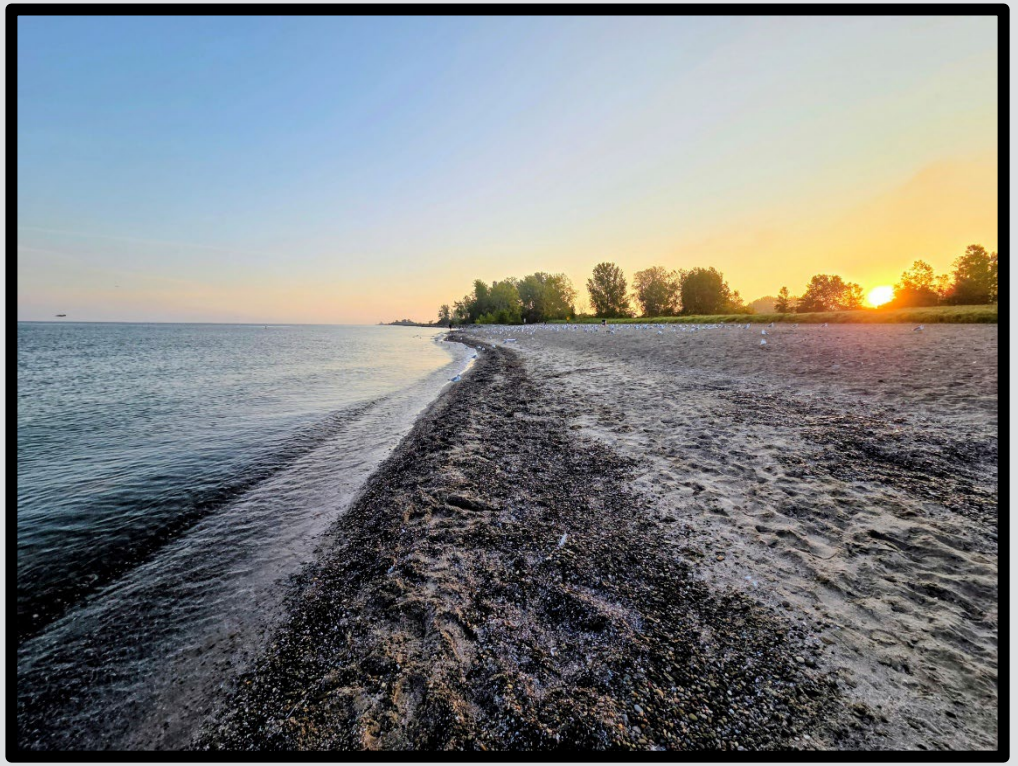
Overview of Peer Worker Role

Walking Along Side Through the Recovery Process

- Advocating for people in recovery
- Sharing resources and building recovery capital / skills
- Developing individualized recovery plans
- Building community network and supporting relationships
- Facilitating recovery groups
- Mentoring / setting individualized goals



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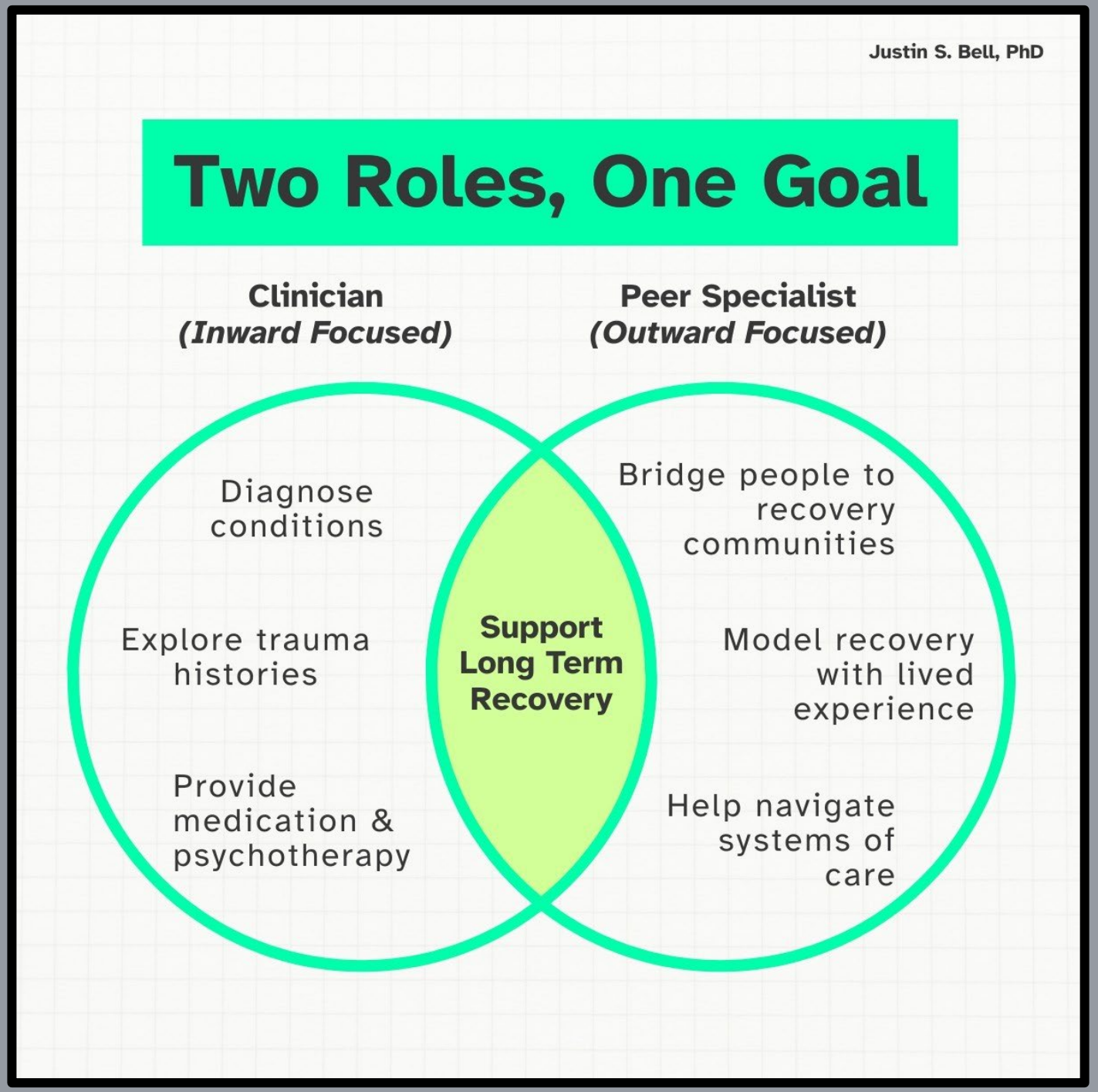

The role and function of peer services from their inception has been community oriented and outwardly focused

Two Roles One Goal. [JPG Image]. Justin S Bell, 2025, Chestnut Health Systems. Reprinted with permission

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Facets of a Peer Scope of Practice

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What is it?

A peer service scope of practice defines the specific, non-clinical roles and responsibilities of peer support workers (PSWs), ensuring they operate within ethical and, when applicable, legal boundaries. It clarifies what peer workers are sanctioned to do—such as mentoring, advocacy, and resource navigation—while outlining the limits of their practice to prevent role drift into clinical territory

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Let's Consider…

What goes into a heart surgeon scope of practice?

They may be an MD, but do they have the specialized cardiac surgical training they need?

Are they operating with a license and hospital privileges?

Have other options to the procedure been considered with the patient?

Does the surgeon have the proper tools in the proper surgical setting?

Would other surgeons do the surgery in consideration of the diagnosis and health status of the patient?

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While Peer Services may not be heart surgery, all of the same considerations are applicable…

How often do we consider all facets of a peer service scope of practices before deploying a peer worker in any given practice environment?

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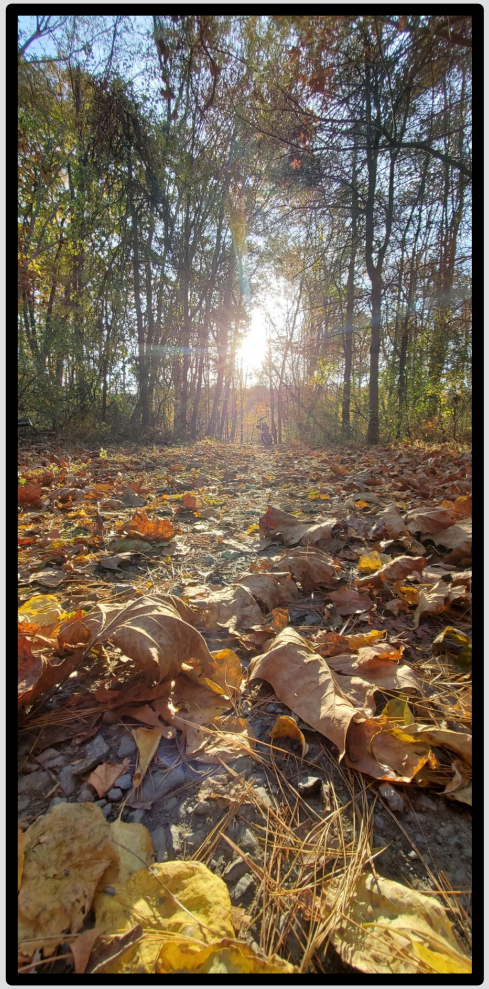
Training

Peer training



This includes “basic training” for certification as well as additional training consistent with the practice setting

Example of practice setting training: If we have a peer working in a medical care setting, they need to understand medical terminology and process to a degree in which they can support other members of the care team

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Experiential Learning

In life and on also on the job

Peer work has inherent life experiential facets but learning also occurs in the practice setting, which is true for most of our SUD workforce

Classroom training is important but not the only way any of us learn….

Do we progressively prepare workers for more intense work settings?

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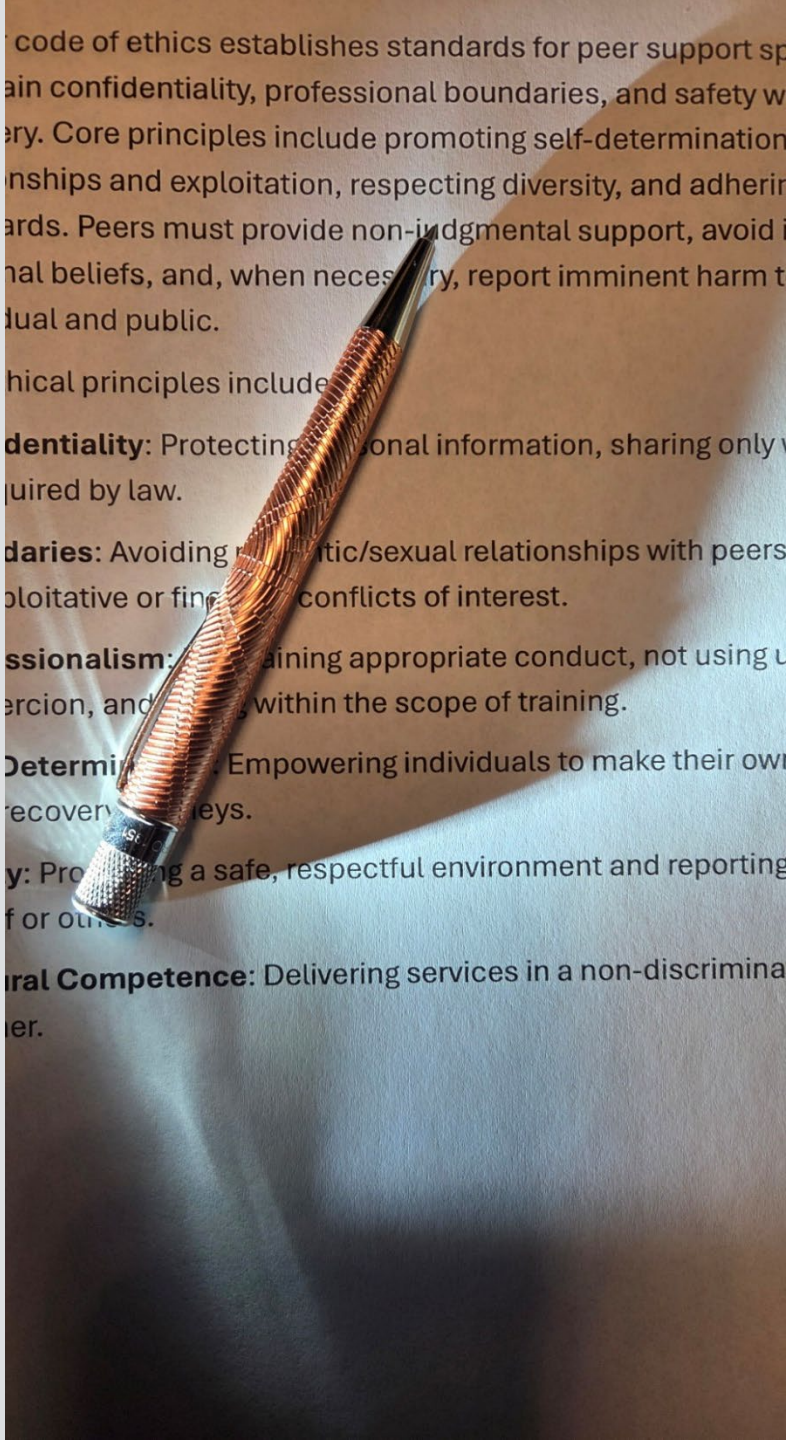
Codes of Ethics

Consider Peer Discipline Role and Function

Applicable codes of ethics are important

- Does the peer understand the ethical considerations?
- Is the supervisor fluent in the peer code if the supervisor comes from another discipline, such as social work?
- Is there broad understanding across the interdisciplinary team of differences and common ground in respect to each respective role and function?



Readiness to Practice question:

When we put someone into a position we should consider:

A. Only the credential that they hold
B. Only their experience and practice knowledge
C. Both A and B

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Role of Supervision - Peer Services in Scope of Practice

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Supervision: Definition

"A professional and collaborative activity between a supervisor and a worker in which the supervisor provides guidance and support to the worker to promote competent and ethical delivery of services and supports through the continuing development of the worker's application of accepted professional peer work knowledge, skills, and values"

Guidelines for Peer Supervision. (2019). SAMHSA https://www.samhsa.gov/sites/default/files/guidelines_peer-supervision_ppt_withpresenternotes_cp2.pdf

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SUD Peer Supervision

- The most important thing about supervision is **that it happens**
- All workers need **access** to supervision
- Supervision is a priority for early-career peer workers
- Supervision is an **investment**
- Supervision benefits employees, employers, and service recipients

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Why Focus on Peer Supervision?

Elemental to good care

- Relatively **unique** role in the SUD care system
- Lack of understanding makes it difficult to **integrate**
- Organizations may not be aligned with recovery-oriented values
- Providing good quality supervision promotes **good ethical practices**
- Supervisors play a **key** role in successfully integrating peer workers in the workplace

Challenges for Non-Peer Supervisors

Understanding the culture of recovery

- Supervisors may lack **experience** and working knowledge of peer practice
- Supervisor may have a **clinical framework** for service provision
- Lack of knowledge among non-peer staff about peer roles and practice
- Organizations may not be aligned with recovery-oriented values, practices, and culture
- Challenges in **integrating** peer workers and recovery values in a treatment setting

Foundational Competency One

Understands peer role

Supervisor fully comprehends the SUD peer recovery role and duties through core peer training, their lived recovery experience, and behavioral health occupational experience

Martin, E., Jordan, A., Razavi, M., Burnham, IV, V., Linfoot, A., Knudson, E., DeVet, E., Hudson, L., & Dumas, L. (2017). Substance use disorder peer supervision competencies. Portland, OR: The Regional Facilitation Center.

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Foundational Competency Two

Recovery orientation

2

Supervisor understands and supports the philosophy of recovery management and recovery-oriented systems of care including:

- Hope
- Self-disclosure
- Mutuality
- Person-first language
- Self-determination
- Empowerment
- Fostering independence
- Utilizes strength-based approach
- Addressing stigma and oppression
- Providing support appropriate to stage of change

Martin, E., Jordan, A., Razavi, M., Burnham, IV, V., Linfoot, A., Knudson, E., DeVet, E., Hudson, L., & Dumas, L. (2017). Substance use disorder peer supervision competencies. Portland, OR: The Regional Facilitation Center.

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Foundational Competency Three

Models principles of recovery

Supervisor models **recovery philosophy** and incorporates those tenets in all peer occupational roles and duties, the supervisory experience, and the orientation of the greater organization

Martin, E., Jordan, A., Razavi, M., Burnham, IV, V., Linfoot, A., Knudson, E., DeVet, E., Hudson, L., & Dumas, L. (2017). Substance use disorder peer supervision competencies. Portland, OR: The Regional Facilitation Center.

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Foundational Competency Four

Supports meaningful roles

Supervisor supports meaningful peer roles, including outreach and engagement, empathetic support, instilling hope, enhancing motivation, client advocacy, and system navigation

- Advocates to maintain **meaningful** roles and discourages use of peers in other roles that diminish the value of their work or create ambiguity in their occupational roles
- Embraces the value of **lived experience** and uses peers based on their lived experience (e.g., SUD treatment peers, forensic peers, mental health peers, and family peers)

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Foundational Competency Five

Importance of addressing trauma, social inequity & health care disparity

- Understands **trauma-informed care** and social and health care equity
- Incorporates that **understanding** into their supervision practices, peer programming, and administration
- Acknowledges trauma experienced by **historically oppressed** and/or underserved populations

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Supervision Question

Supervision is most effective in respect to peer scope of practice considerations when:

A. The Supervisor is familiar with the rest of interdisciplinary team operations but not peer service practices.
B. The Supervisor has clear insight into how all disciplines, including the peers they supervise work together in consideration to respective scope of practice considerations.
C. The Supervisor understands the peer role but not other disciplines on the team.

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Scope of Practice Considerations

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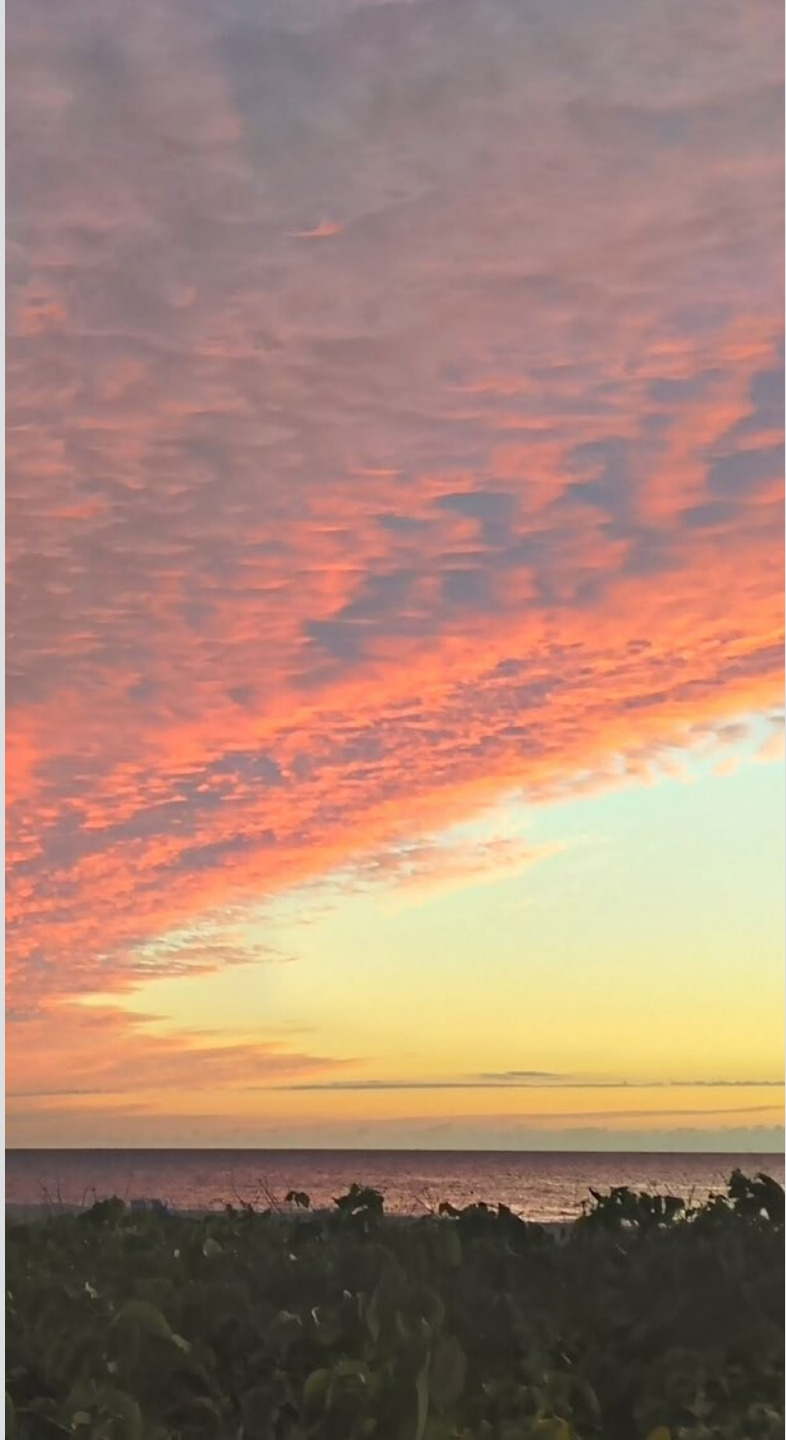
What do SUD Peer workers do?

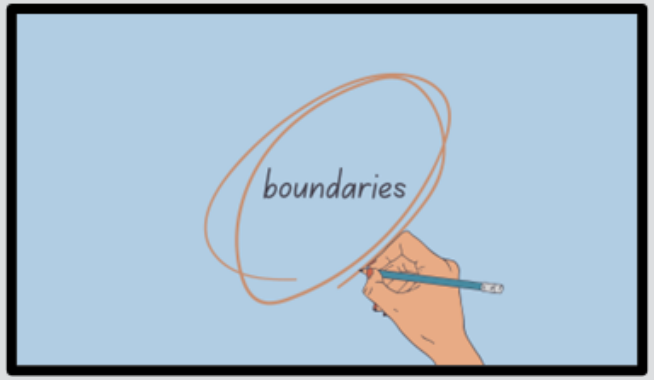
Think of it like a discipline contributive to the team

- Provide non-clinical, person-centered, strengths based, wellness focused support
- Connect people to mutual aid consistent with multiple pathways of recovery
- Assist in the expansion of recovery capital with the person or families that they are providing care to prior to, during and following engagement with formal treatment services



Role Boundaries

Boundaries can be fuzzy



- There are slippery slopes of need and service gaps
- Programs may not understand the role enough to register where the boundaries are
- There can be conflicting rules and policies
- The training and experience of the peer can be a factor
- What is done in an emergency may differ from routine practice, yet emergencies can become routine

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What goes into a Scope of Practice?

- Regulatory or funding stipulations
- Licensing or certification standards
- Individual competence / experience
- Practice level determination
- Institutional policies

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Scope of Nursing Practice Decision-Making Framework

In 2015, several groups:

- The American Association of Colleges of Nursing (AACN)
- The American Nurses Association (ANA)
- The American Organization for Nursing Leadership (AONL)
- The National League for Nursing (NLN)

Collaborated with the National Council of State Boards of Nursing to develop a scope of practice decision tree. They methodically reviewed the literature and existing decision-making algorithms to develop a tool to assist nurses and their employers in determining the responsibilities a nurse can safely perform.

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If NO	Is the activity, intervention or role **prohibited** by the Nurse Practice Act and rules/regulations or any other applicable laws, rules/regulations or accreditation standards or professional nursing scope and standards?
If YES	Is performing the activity, intervention or role **consistent** with evidence-based nursing and health care literature?
If YES	Are there practice setting **policies and procedures** in place to support performing the activity, intervention or role?
If YES	Has the nurse completed the **necessary education** to safely perform the activity, intervention or role?
If YES	Is there documented evidence of the nurse's **current competence** (knowledge, skills, abilities, and judgments) to safely perform the activity, intervention or role?
If YES	Does the nurse have the **appropriate resources** to perform the activity, intervention or role in the practice setting?
If YES	Would a **reasonable and prudent** nurse perform the activity, intervention or role in this setting?
If YES	Is the nurse prepared to **accept accountability** for the activity, intervention or role and for the related outcomes?

While there are a myriad of differences between a nursing scope of competency, such a framework can be helpful in considering if peers are performing in their role.

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If YES — Is the activity, intervention, or role **permissible** under applicable laws, regulations, certification standards, and organizational policies?

If YES — Is performing the activity, intervention, or role **consistent with evidence-based standards** of practice?

If YES — Are there practice setting **policies and procedures in place** to support performing the activity, intervention, or role?

If YES — Has the peer worker **completed the necessary education and training** to safely and competently perform the activity, intervention, or role?

If YES — Is there documented evidence of the peer worker's **current competence** (knowledge, skills, and attitudes) to safely and competently perform the activity, intervention, or role?

If YES — Does the peer worker have the **appropriate resources** to perform the activity, intervention, or role in the practice setting?

If YES — Would a **reasonable and prudent** peer worker perform the activity, intervention, or role in this setting?

If YES — Is the peer worker **prepared to accept accountability** for the activity, intervention, or role and its related outcomes?

If the answer to **any question** is "NO"

STOP

Peer Worker Scope of Practice Rubric - Adapted from the Scope of Nursing Practice Decision-Making Framework (2016)

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Group Discussion

Let's consider the scope of competency rubric for a peer worker encountering a recent overdose reversal survivor who needs formal TX

Move through the rubric and consider different facets?

Is the worker new or seasoned? Are they certified? Have they training in this area? Do they relevant experience? Are they getting routine supervision, etc. . .

PDF of Scope of Practice Handout

What do we think?

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Scope of Practice and Staff Retention

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Scope of Practice – Improved Roll Clarity

A well delineated scope of practice allows staff to:

- Exercise professional judgment and decision-making authority
- Have higher perceived autonomy
- Experience job satisfaction and psychological well-being
- Lower burnout leads to reduced turnover intention

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Scope of Practice – Reduced Team Friction

Improved understanding of Scope of Practice Considerations can reduce staff friction

A Scope of practice that is ambiguous or poorly operationalized causes friction across the team:

- Staff cannot delegate effectively.
- Tasks are duplicated or pushed onto higher-licensed clinicians.
- Interprofessional conflict increases. Research on nursing assistive personnel shows that unclear or inconsistent practice increases conflict

When scopes of practice are well defined programs can operate more efficiently as workload becomes predictable and manageable across the team

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To Summarize:

1. **A clearly defined** peer support scope of practice helps **ensure services remain ethical, effective, and aligned** with recovery-oriented principles
2. When **organizations understand peer roles** and provide appropriate training and supervision, **peer workers can contribute fully to interdisciplinary care** teams without role confusion or drift
3. **Strong scope-of-practice frameworks** ultimately **support better outcomes** for the people served **while improving workforce stability and staff retention**

"The secret of the care of the patient is in caring for the patient."
- Francis Peabody

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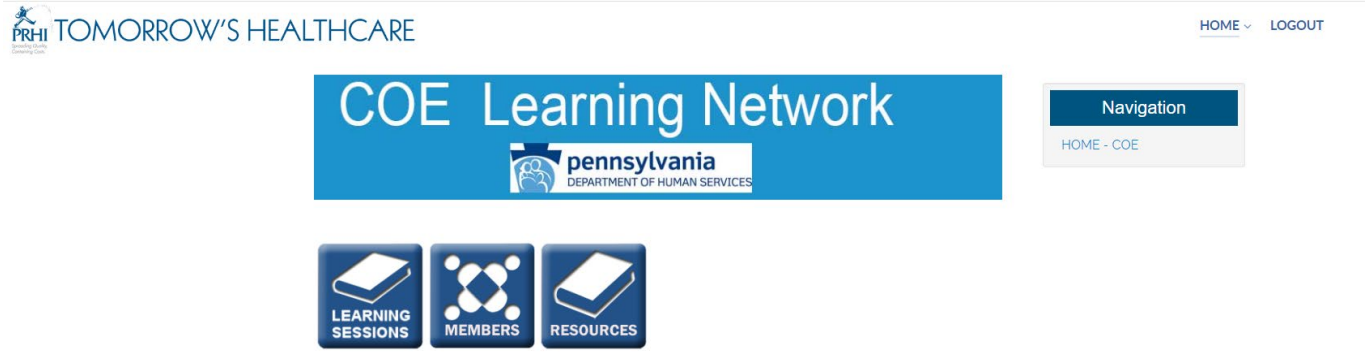
Wrap up and Next Session

- Please complete the **session evaluation**
- Slides and recording available on Tomorrow's Healthcare
- **Next Session:** October 7th- **Empowered Pathway:- Supporting Personal Choices in Recovery**



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Sources

Slide 18- Two Roles One Goal. [JPG Image]. Justin S Bell, 2025, Chestnut Health Systems. Reprinted with permission

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Slide 28 & 29 - Guidelines for Peer Supervision. (2019). SAMHSA https://www.samhsa.gov/sites/default/files/guidelines_peer-supervision_ppt_withpresenternotes_cp2.pdf

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Slide 44 & 43 - Ballard, K., Haagenson, D., Christiansen, L., Damgaard, G., Halstead, J., Jason, R., Joyner, J., O'sullivan, A., Ne-Bc, A., Silvestre, J., Cahill, M., Radtke, B., & Alexander, M. (2016). Scope of Nursing Practice Decision-Making Framework of Nurse Executives (AONE), and the National League for Nursing (NLN), in collaboration with the National Council of State Boards of Nursing (NCSBN). https://www.ncsbn.org/public-files/2016JNR_Decision-Making-Framework.pdf

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