

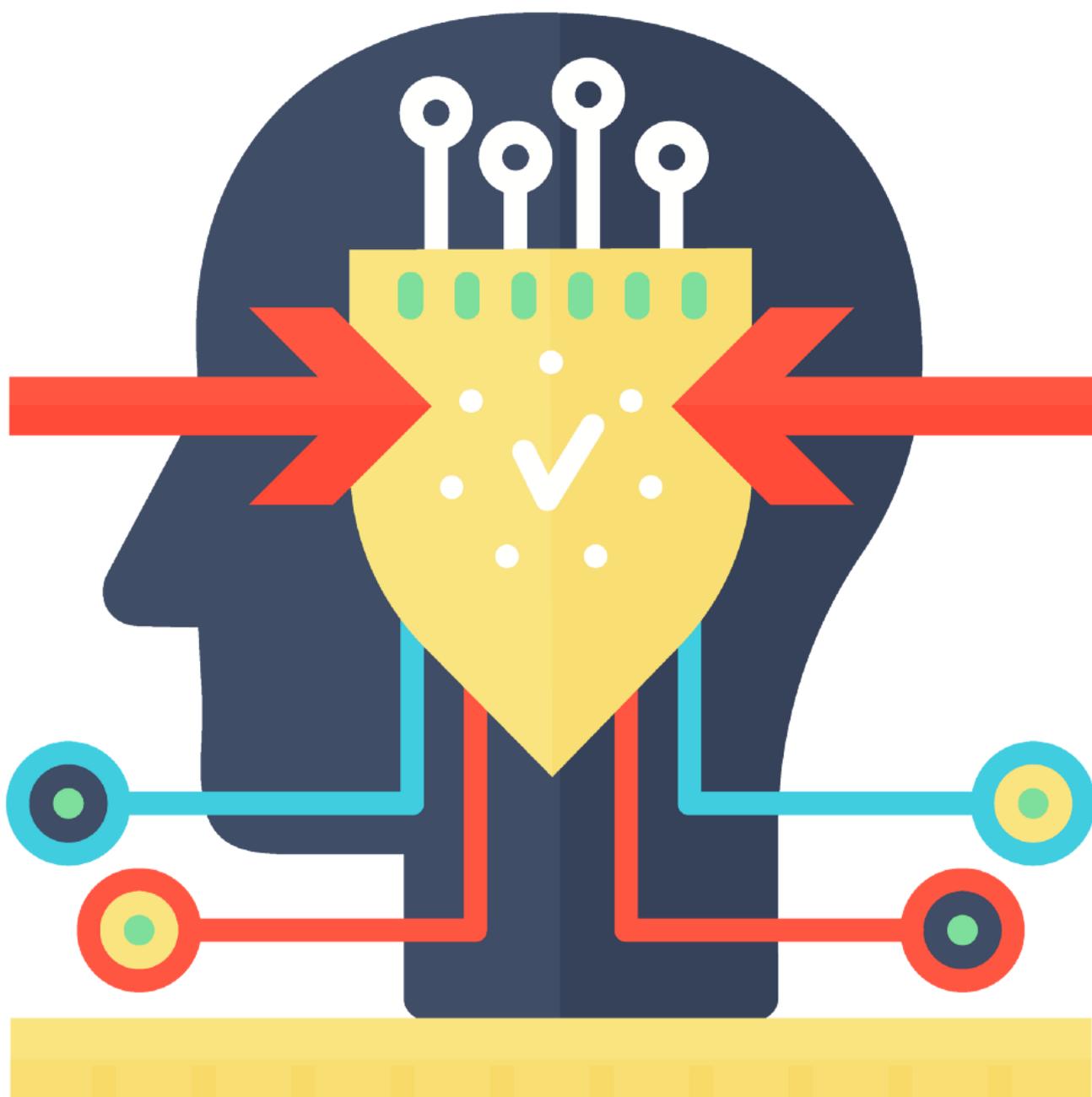
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## Peer Support Specialists: It's time to discuss their true value.



Aaron Matthew Laxton, LMSW [Follow](#)

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One of the most valuable tools that we have as a recovery movement is certified-peer-specialists. A person sharing their lived experience often has the highest impact on a person actively in substance use or at the highest-risk of returning to active substance use. I fear, however, that our industry is not safeguarding our peers, and in failing to do so, conditions are created for increased risk for relapse. Yes, the recovery process is personal to each person but the zeal and enthusiasm of helping others are far too often replaced by the personal toll that this highly demanding work takes on our peers.

## **The Demand Placed on Peers**

Increasingly, peers are doing more critical and higher-skill level work with others who are impacted by substance use, based on their personal experiences. But along the way, many people and organizations have placed them in a variety of positions that jeopardize their mental health and recovery without properly ensuring their safety and development. As a movement, it is unthinkable that we would simply exhaust our most effective resource without giving any thought to their long-term mental health or personal recovery. For every peer who experiences a relapse, either with substances or their mental health, a large portion of responsibility is with us as a movement for not making their care a priority.

As a recovery movement and as an addiction industry, increasingly peers are asked to do work within interdisciplinary teams however most are not given the training that positions them for success. Time and time again, I hear stories of peers who have their mental and emotional capacity on others, at a huge cost personally. When the peer experiences a relapse or decline in their mental health they leave the field, we are left wondering what could have been done differently. Astoundingly, many of these peers have asked for help, have sought help, but help is simply not there. For others, they might have been afraid to ask for help for fear or stigma. For example, if a peer relapses on alcohol, which is not illegal, will they be viewed differently? Is their recovery somehow diminished? Only if recovery is viewed through a 12-step lens of abstinence-only. If a peer who is living with bipolar starts to experience mania, how would a disclosure benefit or harm them as a role?

Currently, in many states, there is an initial training for peer specialist but beyond that, there's only a minimum requirement for continuing education. As I reflect on my own process to become a licensed clinical social worker there is a very rigid expectation of what I will do in order to obtain my 3000 hours of clinical supervision. It is understood that it is a practice and a process by which we learn to care for others and for ourselves.

There is also a greater problem when we ask peers, based on their own lived experience to do work that is oftentimes far ahead of their skill sets or emotional capacity. There is little doubt that they will give their all, but at what cost? Am I suggesting that we not utilize peers? Quite the contrary; peers are our best asset! The human connection starts when one person relates to another human and their shared life-experience. What I am saying, and what peers are demanding, is that we create an infrastructure of training and development that improves their skill set, their knowledge base, and their practice. I am proud to be working with an amazing team that is currently developing a program to provide the reforms that I am suggesting. I also know that others around the country are working on similar issues.

## **Dual Relationships**

As a movement, we must also contend with another challenge across the United States in a variety of settings. Peers are placed in a variety of situations where there is a twofold problem. The very thing that helps peers to be successful is also a challenge. A peer's personal relationship with an individual helps them to connect with a person who is considering recovery however most of these situations are created by a dual relationship. For example, peers work within a housing setting but they may also work within a clinical setting. There are times where information from a housing setting creeps into clinical conversations, albeit well-intentioned, but unethical, at the same time. This is not done maliciously these are situations that arise naturally and as a movement, we have yet to address. These issues are covered extensively in training programs and through practice, something that peers often do not have access to unless it is on-the-job.

It is unfair to put the onus of development on the peer, especially when the cost of continuing education and workshops can be quite expensive. It is not realistic to ask a person living in recovery-housing, on a limited income, to pay forty dollars for a two-hour workshop. We must demand and create a fair and equitable infrastructure that supports our peers if the industry is going to continue to use them in the manner that we are currently utilizing them.

## **Stop Tokenizing Peers**

It is critical that as a movement, we view our peers as more than their story or their lived experience. When their story or their identity is the only thing that is valued, there is a risk that they are tokenized and their trauma is exploited, much of which has never been processed. What happens when their story has been exhausted, or when they become

exhausted? If a peer experiences a relapse, they leave the field and another one steps into their place. There is a sense that the industry is always looking for a better story or a more dramatic story; a story that shows more perseverance, determination or ability to overcome.

It is in the conundrum that as we repeatedly tell our stories, we become numb and desensitized. It is a protective measure, so as a movement how are we protecting our peers against the trauma that is re-lived every time their story is shared. Ultimately every peer is a person traveling their own recovery journey, assisting others to travel their own recovery journey.

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