Peer Recovery Support Services in Times of Crisis

An externally initiated crisis—no matter the scale or cause—has short- and long-term consequences for individuals, families, and entire communities. This was made clear in early 2020, when the COVID-19 pandemic emerged, and life as we knew it came to a halt. With stay-at-home and social distancing orders in place, many people experienced feelings of loneliness, anxiety, and depression. These feelings can be exacerbated by the loss of loved ones, uncertainty about the future, economic insecurity, and unemployment. Additionally, the traumatizing events of a crisis can reactivate past personal traumas.

Individuals who are incarcerated or who have histories of criminal justice involvement face unique challenges during crises, including high risk of retraumatization. Peer recovery support services (PRSS) provide critical emotional and instrumental support during times of crisis by adapting and innovating to meet people’s needs. During the COVID-19 pandemic, PRSS programs have quickly responded to meet those needs despite challenges to the delivery of services.

History of Peer Support During Crises

The rapid deployment of peer supports during crises dates back to the Oklahoma City bombing in 1995 when the Federal Emergency Management Administration included the Oklahoma Mental Health Consumer Council in its response efforts. Peer specialists provided crisis counseling, extensive community outreach, referrals to long-term care, and transportation for individuals affected by the bombing (Fisher et al., 2006).

In the aftermath of subsequent disasters, such as the terrorist attacks on September 11, 2001, and Hurricane Katrina in 2005, the stress of the events and anxiety about the future led to increased consumption of alcohol and other drugs, steering some into paths of addiction and relapse. Following the attacks on September 11, the Project Liberty Peer Support Initiative was created to meet the needs of residents who were retraumatized by the disaster. This initiative was staffed by people who had lived experience with mental illness and incarceration who provided individuals with connections to the community, self-help and recovery resources, and access to traditional and peer-driven mental health services. Reflecting on their experience, peer specialists found they were well prepared to help, since they had so much lived experience coping with crises.
During Hurricane Katrina, more than one million people were displaced and many people in recovery were relocated to entirely new regions. Starting over meant finding a new recovery community. In many areas across the South, substance use disorder peer programs, which were relatively new at the time, were essential to helping people reestablish themselves in new recovery settings as well as making peer specialists available to individuals and families seeking recovery.

**Peer Recovery Support Services During the COVID-19 Pandemic**

Now, during the COVID-19 pandemic, PRSS programs have faced massive disruptions of their day-to-day services. To effectively engage and support individuals throughout the pandemic, peer specialists have had to quickly learn new skills, use new technologies, and adapt to virtual service delivery while contending with the risks posed by COVID-19.

On the plus side, digital capabilities are much more evolved now than during past crises, easing the facilitation of support services. There are multiple platforms for online mutual support meetings and resources, which have been a boon for recovery communities to meet and stay organized during the pandemic. Peer support services have largely gone digital as well, leveraging mobile apps, text and phone capabilities, and video conferencing—both one-on-one and in group settings—to keep people in recovery engaged and focused, supported in daily recovery tasks, and connected to others in recovery. Peer specialists, most of whom were trained to provide support through face-to-face contact, have transitioned to using telephones and computers to maintain regular contact with peer members, facilitate support groups, and create socialization activities. To prepare peer specialists for the rapid shift to virtual service delivery, virtual trainings and resources have been quickly disseminated to the field.

In addition, PRSS programs have made changes to existing policies and procedures that both help people and at the same time protect the health and safety of staff members.

For example, some jails and prisons have implemented early release programs due to the high risk of contracting COVID-19 in correctional settings. Rapid release has led to an increased need for reentry supports, including peer recovery services and housing. To ensure that people in recovery, including those recently released from incarceration, have access to housing, some Oxford Houses—peer-run recovery residences—have lifted a rule requiring that recipients demonstrate 14 consecutive days without substance use to qualify as a resident during the pandemic (Knopf, 2020).

Many peer programs anticipate that the changes wrought by COVID-19 will remain in place well into the future. The fact that peer support services have responded to the pandemic with innovation and adaptability augurs well for PRSS programs as they continue to address the ongoing substance use crisis.
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PRSS Resources During COVID-19

Virtual Recovery Resources (SAMHSA)

Peer, Friend, and Self Support in the COVID-19 Crisis: How to Provide Support for Ourselves and Others Through Times of Fear & Isolation (Mental Health America)

Introduction to Virtual Support Services (Faces & Voices of Recovery)

COVID-19 Resources for Recovery Residents, Residents, and Staff Members (National Alliance for Recovery Residences)

Taking on the Challenge of Working Remotely and in Community During the Virus Crisis (NYAPRS)

Online (Zoom, etc.) Meeting Set Up: Help! (Inter-Group Association of A.A. of New York, Inc.)

References


