



Bureau of Justice Assistance
Comprehensive Opioid, Stimulant, and Substance Abuse Program (COSSAP)
Effective Integration Toolkit

Appropriate Peer Supports: Technology-assisted Support

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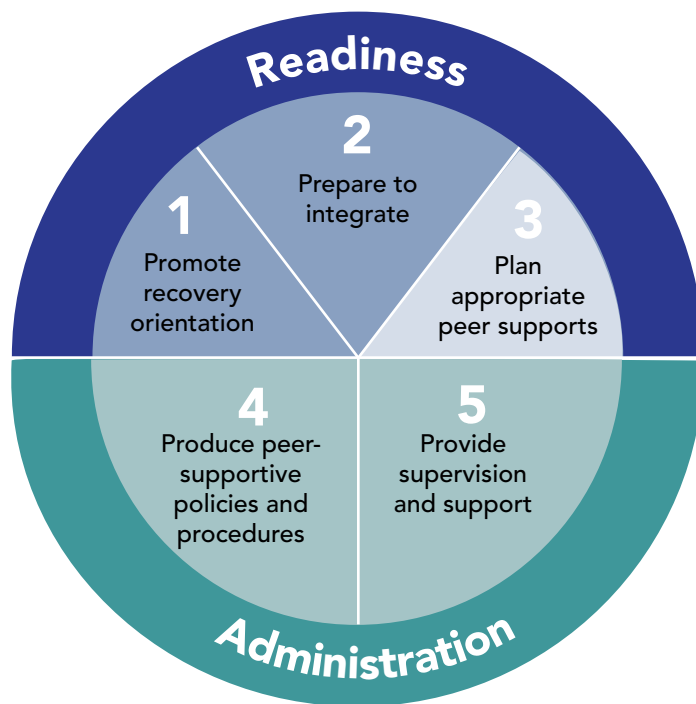
Overview

As peer practitioners move into a variety of roles in the criminal justice system, programs need to carefully plan and prepare to integrate peer supports into their portfolio of services. This technical assistance (TA) package addresses one step in the process—planning and implementing appropriate peer supports.

This publication focuses on technology-assisted supports, examining the different types, the advantages and challenges of each, and their potential uses within the criminal justice arena.

Introduction

Peer recovery support services (PRSS) for criminal justice-involved individuals occur in a variety of settings, including on the street; in hospital emergency rooms, jails, prisons, behavioral health and primary care settings, peer-run organizations, and recovery community centers; and as part of programs in therapeutic courts, including veterans courts, opioid courts, and family courts (Substance Abuse and Mental Health Services Administration, 2017). In each, both one-on-one and group supports and services help individuals on their path to recovery.



Technology-assisted peer support (TAPS) can be defined as any support or service that (1) uses technology as a mediating force to promote recovery outcomes and (2) is provided by persons with lived experience of criminal justice involvement and recovery from substance use and/or mental health disorders. Technology-based supports that focus on empowerment, self-efficacy, self-determination,

and social connections may be particularly suited for peer support settings. These sources of information and support are consistent with the philosophy and spirit of PRSS, which embrace empowerment, shared decision making, and exchanges of information and social support (Aschbrenner, Naslund, Grinley, and Bienvenida, 2018).

The successful implementation of chat rooms, discussion forums, emails, and newsgroups for general health-related peer-to-peer support has facilitated the growth of virtual peer communities. Efficacy studies have consistently reported positive outcomes in technology-based peer support using phone calls, texting, and online groups. Peer support provided via telephone has been shown to increase engagement in wellness activities, increase peer support accessibility, improve self-management of health in low-literacy minority groups, and increase social connectedness to new communities. In addition, online support groups have been associated with greater life satisfaction (McColl, Rideout, Parmar, and Abba-Aji, 2014).

Historically, little attention was given to the potential for these technologies to address the substance use disorder (SUD) and mental health recovery needs of persons in community-based settings. However, the COVID-19 pandemic presented opportunities to pursue technological options for providing PRSS that had not previously been utilized.

As we have seen since the start of the COVID-19 pandemic, technology can enhance and extend the value and reach of in-person peer supports, providing a unique opportunity to combine cost-effective interventions with on-demand information. An increasing number of initiatives are combining in-person, telephone, and online approaches (National Voices, n.d.). Technology also has the potential to increase access to PRSS by:

- ◀ Serving individuals who are reticent to approach programs addressing opioid use disorders.
- ◀ Making PRSS more convenient, which may make it more likely to keep people engaged.
- ◀ Enabling those who lack necessary transportation to receive services from home.

- ◀ Providing access to services in rural, remote areas where in-person services are not available or are inaccessible because of distance.
- ◀ Allowing continuity of care until new supports are established, if a person moves outside of the local service area.

Defining Technology-assisted Peer Supports

TAPS are distinct from telehealth in that their domains and services are based on a non-medical, social model of support. However, what they have in common with telehealth are their approaches to the use of technologies. There are three general categories of TAPS, defined by the type of communication: synchronous, asynchronous, and *in tempore* (extrachronous).

- ◀ Synchronous communication is defined as communication between two or more persons that takes place simultaneously. **Synchronous TAPS** are delivered in real time.
- ◀ Asynchronous communication is defined as communication between two or more persons in which there is a delay or time lag between the messages. **Asynchronous TAPS** are peer supports that allow both the peer specialist and the participant to decide when to receive messages and when to respond to them.
- ◀ Extrachronous (*in tempore*) communication is defined as “just-in-time” communication—information is given when it is needed. **In tempore TAPS** are primarily one-way communications from a PRSS program to participants that are on-demand and impersonal. Often, this information is provided for self-directed learning.

With advances in technology, any of these three types of supports can be delivered via smartphone, tablet, laptop, or desktop computer. Mobile devices allow for peer support to be delivered virtually (as opposed to in person) and practically anywhere, providing flexibility regarding time and place of PRSS. Interactions with participants can be one-on-one or group communications; they can

Peer Support Group Versus Peer Support Network

In many articles about online peer support, often the terms “peer support group” and “peer support network” are used interchangeably. **For this publication, the terms are distinct.** “Peer support group” is used here to refer to a peer-facilitated, primarily real-time online group whose members may also have asynchronous communication between sessions. “Peer support network” refers to an online group that interacts entirely via asynchronous communications (e.g., text messages, message board posts, closed Facebook group posts), which are peer-moderated and may or may not be anonymous.

be textual, visual, or auditory in nature, and individuals may be involved in different types of interactions at any one time. Table 1 provides examples of the different technology tools that are associated with each of the technology-assisted support types. Emerging and potential uses are considered in the next section.

Emerging Technology-assisted Peer Supports

Synchronous TAPS extend emotional, informational, instrumental, and affiliational supports into the virtual realm. While it may seem contradictory, technology can be used to further collaborative and caring relationships, offer person-centered support, share knowledge and

information, increase access to resources, reduce barriers, and facilitate connections with others. All the core values and competencies still guide the work but are adapted for the technology-mediated context. Current and possible future uses of synchronous TAPS are summarized in table 2.

One notable advantage of synchronous technology-assisted supports is the ability to reach underserved populations, reducing barriers to participation. For example, a high percentage of women use online support groups and networks (more than 60 percent). This is a dramatically higher percentage of women than that found in treatment admissions and surveys of face-to-face recovery support groups (Kurtz and White, 2007).

Table 1. Technology Tools by Category

Tools	Synchronous	Asynchronous	Extrachronous (<i>in tempore</i>)
Text	Text-based chat rooms (online locations where individuals can exchange messages in real time) may be text-based or employ vocal exchanges or visual contact through webcams.	Email Instant (text) messaging Message board Email group or newsgroup (group email in which messages are sent to all group members); it is often moderated. Each message passes through a group monitor, who is responsible for ensuring that it is relevant to concerns of the group and does not violate group standards (e.g., listserv, GoogleGroup).	Web page Digital article
Voice (Auditory)	Telephone (person-to-person call)	Robocalls (automated messages)	Dial-in, automated information line
Voice + Visual	Video call/conferencing (e.g., FaceTime, Skype, Teams, Zoom)	Video chat (e.g., Snapchat)	Video on-demand
Multimedia	Multimedia meeting (e.g., Skype meeting, Google Hangout)	Multimedia messaging (e.g., Facebook Group, WhatsApp, Mighty Networks)	Web-based learning system/platform self-monitoring/tracking apps

Table 2. Uses of Synchronous Technology-assisted Peer Supports

Support individuals in crisis or near-crisis	Peer specialists can staff warmlines and/or hotlines to address incoming calls/potential crisis calls. Warmlines take calls from individuals who would like to have a conversation with someone; hotlines are aimed at helping people through emergencies (crises). The main goal of both is to make sure the individual is safe (NAMI, 2017).
Engage individuals on waiting lists	Individuals on waiting lists are often ambivalent about services, may continue to use substances while on a waiting list, and often fail to enter services when their immediate crises pass. Using technology to engage criminal justice-involved individuals in peer supports while waiting for services can help them maintain motivation for positive change and can be used as a vehicle for building a helping alliance. Peer specialists can: <ul style="list-style-type: none"> ◀ Offer recovery planning and phone-based recovery coaching. ◀ Assist in finding and engaging in in-person support services (e.g., sober housing, 12-step fellowships, recovery readiness, and support groups). ◀ Serve as an advocate in criminal justice processes.
Get people to first appointments	Research related to treatment for SUDs indicates that drop-out rates between the call scheduling and the actual appointment range from 50 to 64 percent. One study showed that the closer the appointment time to the initial call, the greater the probability of the individual attending their first appointment.
Maintain contact between face-to-face meetings	Consistent contact is an important element in peer support, particularly when providing services to individuals involved in the criminal justice system. Peer programs can use technology so that peer specialists can stay in touch between face-to-face meetings, for example, offering additional support for a participant going through a particularly difficult period. Programs can also offer a virtual one-on-one peer session as an alternative to a cancelled or missed in-person appointment or alternate face-to-face and virtual sessions to reduce travel time and expenses for participants.
Provide recovery planning and recovery check-ins	For many PRSS programs, two of the main supports are recovery planning and recovery check-ins. While it may be optimal for recovery planning and check-in sessions to be in-person, synchronous telephone- or web-based sessions can be used to increase the frequency of sessions or for booster sessions to review progress, celebrate accomplishments, problem-solve around challenges, and identify next steps.
Offer online support groups	Facilitated online support groups serve the same purpose as in-person groups and use the same technology as web-based meetings or video conferencing. These groups may also encourage message board or other text posts among members between sessions.
Offer virtual workshops/learning sessions	Any workshop or learning session that is offered in person can be adapted to be delivered in real time online, either as a stand-alone session or as a session with both in-the-room and online participants.
Provide transitional support	Peer programs might progressively reduce the intensity of supports across time by replacing face-to-face meetings with virtual meetings as participants increase their recovery capital and gain more time in recovery, for example, as they transition through later stages of specialty court programming. Peers who are transitioning from a formal program or from corrections may benefit from being provided a cell phone that is pre-programmed to call only the program staff members. Peers would be encouraged to use the phone to check in with staff members on either a routine basis or when a crisis arises that could threaten their safety, recovery, or recidivism. Research with women on parole from state prison indicates significant reductions in alcohol and drug use with such support (Johnson et al., 2015).
Reconnect with those who have disengaged	Peers who have disengaged from support services may have the greatest need for reconnection and support. Research has shown that telephone-based outreach can be effective in reconnecting and re-engaging individuals in treatment; the same may be true for PRSS.

One challenge in synchronous technology-assisted PRSS is to mimic the positive aspects of in-person support as much as possible while capitalizing on the unique aspects and benefits of using technology—to be both high-touch and high-tech. “High-touch” means remembering

that technology-assisted PRSS is not really about the technology; it is about helping people achieve recovery outcomes. “High-tech” means understanding the unique advantages and the limits of technology. For example, purposeful multitasking via text chat is one of

the advantages that a virtual group meeting or workshop has over a face-to-face meeting; facilitators and participants alike can ask clarifying questions and share information and resources that complement the discussion in a way that would be rude or distracting during an in-person meeting. One of its limitations is that sessions tend to be shorter than in-person sessions because of shorter attention spans while sitting in front of a computer.

A second challenge is that not all individuals will have access to or adequate proficiency in using computers or hand-held devices or access to reliable Wi-Fi/internet (Kurtz and White, 2007). It is imperative to provide initial and ongoing training and support in the use of the technology for both staff and participants. A third challenge is ensuring that the technology used meets the legal and ethical requirements for data security, participant confidentiality, privacy, and other safeguards.

The additional communication tools used in asynchronous TAPS—such as text messaging, message boards, and automated phone calls—complement and enhance other PRSS. Table 3 presents examples of uses.

Real-time Telephone-based Peer Supports

Telephone-based supports are among the oldest technology-assisted supports. Real-time supports—such as guidance in a crisis, help with finding resources, and recovery check-ins—are still relevant today because of their immediacy, accessibility, and personalization. Three programs engaging in real-time telephone-based supports are summarized below.

Under the philosophy that connection is the opposite of addiction, the **Georgia Council on Substance Abuse** operates the CARES Warm Line, a service that promotes wellness and self-directed care. Certified addiction recovery empowerment specialists listen; offer encouragement; validate callers' feelings, thoughts, and actions; and empathize with their experiences. Calls are completely confidential. Individuals in crisis may be referred to emergency services or a crisis line. The CARES Warm Line staff also respond to messages that come in via text messaging apps and Facebook Messenger.

Recovery coaches are at the heart of **Faces and Voices of Recovery Greenville (FAVOR Greenville)**, promoting recovery by removing barriers and obstacles to recovery and by serving as personal mentors for people seeking or already in recovery. A team of coaches is dedicated to integrating PRSS with law enforcement efforts to divert individuals with SUDs who are arrested for low-level crimes. FAVOR Greenville recovery coaches provide telephone and "techno-coaching" to further assist people in their recovery. Peers who are new to recovery receive weekly check-in calls from their recovery coach. Outcome data show that telephone recovery support is highly effective.

The Pennsylvania Recovery Organization-Achieving Community Together (PRO-ACT) is a grassroots advocacy and recovery support initiative of The Council of Southeast Pennsylvania (The Council). The Council runs an alcohol and other drug information and recovery support line as a free and confidential service that connects individuals to information specialists, who answer questions concerning alcohol, tobacco, and other drugs. Information is also provided about support groups, drug- and alcohol-free activities, and other recovery support services to help sustain long-term recovery. The information specialists connect individuals to local resources in their community and provide referrals for drug and alcohol treatment, mental health services, sober housing, family programs, domestic violence help, and more. Individuals who are matched with one of PRO-ACT's certified recovery specialists receive individualized peer support, both in person and via telephone supports.

Table 3. Uses of Asynchronous Technology-assisted Peer Supports

Provide appointment prompts	Individuals involved in the criminal justice system may face many obstacles that make keeping appointments difficult, but appointment prompts for vulnerable populations have been shown to increase the probability of maintaining appointments. Appointment prompts may also be used to enhance peer-program participation and reduce disengagement. Reminder calls and texts have also been shown to increase appointment attendance (Howat et al., 2016), and contact following missed appointments can be critical to quick reengagement.
Support compliance with specialty courts or supervision requirements	Peers involved in the criminal justice system may be expected to check in regularly. Interactive voice response programs allow peers to call and respond to automated voice prompts asking key questions related to their mood and activities; leave voice messages; or have a call forwarded to their peer support specialist, case manager, or counselor.
Facilitate online community building and support	Pro-social online peer networks can encourage individuals to connect with others in recovery who provide positive reinforcement for health-seeking behaviors.
Send regular motivational messages	Peer specialists use text messages to conduct recovery check-ins and encourage abstinence from substance use and desistance from criminal behavior. Automated, yet personalized, messages can also have a positive effect. One study of individuals in intensive outpatient treatment found that daily treatment reminder cues delayed and reduced return to use (Ritter, 2015).

Peer Support Networks

Peer support networks are an accessible source of support and advice for health conditions. One study investigated the perceived advantages and disadvantages of a peer support network by analyzing posts from message boards and found seven important themes:

Positive personal change. One of the top two themes to emerge from members’ posts related to positive personal changes associated with participating in the board. In addition to specific emotional, cognitive, and behavioral changes that were reported, many members reported nonspecific positive changes.

Valued social interactions and support. The second major theme to emerge was that the network provided an opportunity for its users to engage in valuable social interactions and to receive support. Members frequently expressed gratitude to other members for their responsiveness.

Valued opportunities to disclose/express feelings or views. The message board was seen as a safe place for members to express their feelings or views. In particular, a number of members referred to the importance of the board as a place to vent.

Positive environment and accessibility. Other posts related to the environment and its accessibility. The network was seen as providing a means for people to

reach out. Some members saw the message board as an accessible alternative when face-to-face or therapist support was unavailable.

Distress upon learning of others’ experiences. Some descriptions of negative experiences caused distress to those reading them. Several members indicated that they were sorry, sad, or worried to learn of another member’s problems.

Rules of moderation provide both structure and strictures. For reasons of safety, the message board was governed by strict rules and careful moderation according to preestablished protocols. This was seen as unnecessarily restrictive by some members.

Unhelpful social interactions/contact with other members. Although all members registered anonymously, one member reported that they believed they were being stalked on the board by a person from their offline life with whom they were in conflict.

(Griffiths, Reynolds, and Vassallo, 2015)

Toward Evidence-based Mobile Applications (Apps)

The use of mobile applications is becoming more widespread in the health care industry, making “mHealth” a popularly used term. The World Health Organization defines mHealth as “medical and public health practice supported by mobile devices, such as mobile phones, patient monitoring devices, personal digital assistants, and other wireless devices.” Although there are few studies evaluating peer support services delivered via app, there is increasing research on behavioral and physical health care apps. Interactive cognitive behavioral therapy apps, for example, have been identified as being potentially beneficial clinical tools for a variety of mental health disorders. Apps for self-assessment and symptom and treatment monitoring have also shown promise. In turn, information obtained from these apps can then be shared with the individual’s health team, tracked, and then synthesized to provide information regarding potential treatment outcomes (National Voices, n.d.).

One challenge of asynchronous technology-assisted PRSS arises from the nature of the peer relationship, which is based on mutuality, reciprocity, and proximal social distance. Programs need to set clear, appropriate guidelines for peer specialist use of the technology tools; without such guidance, boundary issues may arise or be exacerbated.

A second challenge arises from the nature of asynchronous technologies. Certain formats generally are not encrypted and therefore are not private nor secure (e.g., SMS text messaging). Others are prone to speeding the spread of hoaxes and spam. Programs need to minimize the privacy and confidentiality risks for participants while still affording ease of use, which is a third challenge. The diversity of participants requires that, as with synchronous TAPS, applications must be designed with an eye toward maximizing usability (McColl, Rideout, Parmar, and Abba-Aji, 2014).

In tempore (or extrachronous) technology-assisted PRSS offer the most independent and self-directed resources. Examples include:

- ◀ **Web-based coaching.** One program combines a personalized web-based home page offering learning and self-assessment modules that will guide individuals through early recovery with weekly contacts with a recovery coach. The program also has a system that alerts the recovery coach of warning

signs of relapse revealed in online assessment items (Kurtz and White, 2007).

- ◀ **Screening for substance use, mental health, and/or other disorders.** Automated telephone screenings provide an anonymous, potentially more comfortable introduction to seeking help, as do web- and app-based screening tools. The Alcohol Use Disorders Identification Test (AUDIT), for example, has been found to be a reliable, valid, and anonymous method of screening people who may have otherwise not sought help for an SUD. Research suggests that these tools have significant potential to reach more individuals than can be screened in person.
- ◀ **Self-directed learning.** While recovery is something that happens in the community, it also involves individualized learning and skill development. Multimedia resource libraries with links to blog posts, videos, podcasts, and self-paced educational courses on SUD- and recovery-related topics can supplement in-person workshops. One PRSS program offers a platform for participants and family members to access educational resources anytime, anywhere, on any device.

One key challenge of *in tempore* technology-assisted supports is related to content. It can be resource-intensive to identify or produce high-quality content and to keep content fresh and updated. Other challenges are similar to those of asynchronous supports: privacy, security, and usability.

Conclusion

While peer support has an important role in comprehensive programs addressing opioid and other SUDs among criminal justice-involved individuals, there can be barriers to accessing in-person supports. TAPS have been shown to provide a cost-effective method to overcome these barriers. With current technologies, PRSS programs have new opportunities to improve access to services through innovative approaches that combine in-person and technology-assisted supports and services.

Synchronous, asynchronous, and *in tempore* technology-assisted tools have all been found to be useful in peer support, particularly in terms of improving the participant experience and enhancing emotional well-being.

For more resources related to planning appropriate peer supports or to request training and technical assistance (TTA), visit <https://www.cossapresources.org/Program/TTA>. For a list of virtual recovery resources from the Substance Abuse and Mental Health Services Administration (SAMHSA), visit <https://www.samhsa.gov/sites/default/files/virtual-recovery-resources.pdf>.

References

- The Council of Southeast Pennsylvania. (n.d.). *Alcohol and Other Drug Information and Recovery Support Line*. Retrieved from <https://www.councilsepa.org/programs/recovery-drug-and-alcohol-information-support-line/>.
- Faces and Voices of Recovery Greenville. (n.d.). *Individual Support: Rebuilding Lives*. Retrieved from <https://favorgreenville.org/recovery/individual-support/>.
- Griffiths, K. M., Reynolds, J., and Vassallo, S. (2015). "An Online, Moderated Peer-to-Peer Support Bulletin Board for Depression: User-perceived Advantages and Disadvantages." *JMIR Mental Health* 2(2). Retrieved from <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4607398/>.
- Howat, H., Forsyth, C. J., Biggar, R., and Howat, S. (2016). "Improving Court-appearance Rates Through Court-date Reminder Phone Calls." *Criminal Justice Studies* 29(1): 77–87. Retrieved from <http://doi.org/10.1080/1478601X.2015.1121875>.
- Johnson, J. E., Schonbrun, Y. C., Peabody, M. E., Shefner, R. T., Fernandes, K. M., Rosen, R. K., and Zlotnick, C. (2015). "Provider Experiences With Prison Care and Aftercare for Women With Co-occurring Mental Health and Substance Use Disorders: Treatment, Resource, and Systems Integration Challenges." *Journal of Behavioral Health Services & Research* 42(4): 417–436. Retrieved from <http://doi.org/10.1007/s11414-014-9397-8>.
- Kurtz, E., and White, W. (2007). *Telephone- and Internet-based Recovery Support Services*. Retrieved from <https://facesandvoicesofrecovery.org/resource/telephone-and-internet-based-recovery-support-services/>.
- McColl, L. D., Rideout, P. E., Parmar, T. N., and Abba-Aji, A. (2014). "Peer Support Intervention Through Mobile Application: An Integrative Literature Review and Future Directions." *Canadian Psychology* 53(4): 250–257. Retrieved from https://www.researchgate.net/publication/269278345_Peer_Support_Intervention_Through_Mobile_Application_An_Integrative_Literature_Review_and_Future_Directions.
- National Alliance on Mental Illness. (2017). *Warm Lines*. Retrieved from <http://namica.org/conference/wp-content/uploads/sites/2/2017/09/Warmlines.pptx>.
- National Voices. (n.d.). *Peer Support: What Is It and Does It Work?* Retrieved from https://www.nationalvoices.org.uk/sites/default/files/public/publications/peer_support_-_what_is_it_and_does_it_work.pdf.
- Ritter, K. (2015). "The Effects of Electronic Treatment Reminder Cues on Relapse Prevention." Ph.D. dissertation, University of Tennessee, Knoxville. Retrieved from https://trace.tennessee.edu/utk_graddiss/3462.

Scott, C. K., Johnson, K., and Dennis, M. L. (2013). "Using Mobile Phone Technology to Provide Recovery Support for Women Offenders." *Telemedicine Journal and e-Health* 19(10): 767–771. Retrieved from <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3787367/>.

Substance Abuse and Mental Health Services Administration. (2017). *Peer Support*. Retrieved from https://www.samhsa.gov/sites/default/files/programs_campaigns/brss_tacs/peer-support-2017.pdf.

About Altarum

Altarum is a nonprofit research and consulting organization that creates and implements solutions to advance health among vulnerable and publicly insured populations. Under a grant from BJA, Altarum provides nationwide training and technical assistance to COAP/COSSAP grantees, states, and communities to build, enhance, and sustain peer recovery support services programs as part of multidisciplinary criminal justice responses to the opioid epidemic. To learn more about the PRSS Training and Technical Assistance Center, visit URL. To learn more about Altarum, visit www.altarum.org.

Visit the COSSAP Resource Center at www.cossapresources.org.

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