



Harm Reduction Training for Peer Recovery Coaches

Peer recovery coaches (PRCs) are people currently or formerly living with substance use disorder (SUD) and/or mental illness who serve as a guide and resource to those entering recovery. PRCs often help clients address and overcome barriers to recovery by providing access to treatment resources and services. Research indicates that PRC services are associated with positive outcomes among clients, such as reduced recidivism, reduced hospitalization and increased adherence to treatment resources.¹⁻⁸ Many states have developed a PRC training and certification process to better integrate this workforce into behavioral health systems to bridge clinical and community services. In a [recent study](#) CBHJ researchers explored the role of PRCs in the creation of a reentry program for inmates with SUD, and this revealed that PRCs reported a desire for more training focused on harm reduction in the context of SUD.⁹

To address this gap, the CBHJ partnered with Pam Werner (Manager of the MDHHS [Peer Specialist and Recovery Coach Initiative](#)) and Deb Monroe (Recovery Concepts of Michigan) to integrate harm reduction into PRC training. [Maya Doe-Simkins](#) (background in public health and infectious disease prevention and has trained and written curricula for various audiences) and [Valery Shuman](#) (licensed clinical professional counselor and board-certified art therapist with a specialty in substance use and harm reduction) provided the harm reduction training along with guest speakers for “deep dives.” The team developed a train-the-trainer approach that started as three large introductory training sessions; 3 hours each with 81 trainees total, focused on integrating harm reduction concepts and strategies into day-to-day work with clients.

CBHJ researchers conducted observations and surveys to understand the training effectiveness. Post-training [survey results](#) showed that introductory training participants had mostly positive feelings about the trainers, the content, and their likelihood to recommend others. The main critique was that trainings were not long enough. Observations made by CBHJ researchers echoed this criticism as trainees often ran out time because of discussion and sharing. The key strengths of the training were the dialogue it provided around non-abstinence-based recovery, sometimes allowing for this conversation to carry into the PRC agencies, and to provide harm reduction strategies that help can pave multiple pathways to recovery.

From the introductory training, “champions” were identified. These Champions, who conducted trainings themselves, engaged in bi-weekly sessions for 16-weeks focused on tangible harm reduction strategies. Champions made connections with harm reduction-informed practitioners in the field to understand their daily work, build capacity and to have support to conduct future harm reduction trainings in their communities. Pre-training [survey results](#) for the Champions series showed that PRCs had various amounts of previous training and familiarity with harm reduction entering the training.

In order to facilitate the ongoing evaluation of harm reduction trainings to PRCs the CBHJ also developed a pre-post [survey tool](#). The CBHJ worked with stakeholders and trainers to identify the [harm reduction acceptability scale \(HRAS\)](#), a validated tool with 25 Likert-items (ranging from strongly disagree to strongly agree) which measures a respondent’s openness to harm reduction concepts and practices.^{10,11} In addition to utilizing the survey to evaluate ongoing Champions sessions, the survey has been modified for implementation by the Michigan Department of Corrections.



References

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