

Effectiveness of the Use of Peer Support Workers in Criminal Justice Settings:

A Literature Review

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INTRODUCTION

Most individuals in the criminal justice system face challenges that contribute to their legal troubles, including substance use disorders and mental health issues, barriers to employment and housing, and poverty. Peer support workers¹ (PSWs) are used by many jurisdictions across the country as a resource to assist those involved with the criminal justice system with their challenges. This literature review will discuss the theory behind the use of PSWs, define the features of peer support programs, and examine the application of PSWs in both healthcare and criminal justice settings. It will also summarize the current research and its limitations, best practices for implementation, and implications of the research.

Although there is a growing body of literature around peer support in criminal justice settings, the theory behind it is somewhat underdeveloped. There are some strong quantitative studies, even randomized controlled trials, but much of the research is descriptive in nature and lacking comparison groups. More importantly, programs seem to vary widely in their implementation, though some studies do control for frequency or intensity of treatment. A telling fact is that there is almost no mention of the use of PSWs in 'clearinghouses' that address 'what works' in criminal justice reform, such as Blueprints, CrimeSolutions.gov, or Results First. That said, there are reasons to believe PSWs could be a fruitful new approach to addressing issues that exacerbate criminal behavior.

DEFINITION AND THEORY

Peer support workers are individuals with a history of substance use, mental health disorders, justice involvement, and/or other challenges who have recovered and who use their lived experience to help others who are struggling with the same issues. One theory supporting the use of PSWs relates to common lived experiences. Both having and sharing common lived experiences is a central component of the work of PSWs and is something that sets them apart from other professionals (Barrenger et al., 2019). Having shared experiences, it is thought, helps PSWs better relate to clients² and could also help clients feel more comfortable and less stigmatized. Their mutual experiences can create a sense of connection and a place where "people are able to 'be' with each other without the constraints of traditional (expert/patient) relationships" (Mead et al., 2001, p. 135). Additionally, PSWs may provide suggestions based on their own experiences and recovery that other professionals may not know about. Another important component of peer support is self-disclosure. When PSWs are vulnerable and share their own life experiences with their clients, it might make their client more likely to reciprocate and open up as well (Lenkens et al., 2020). Importantly, PSWs can be seen as role models, since they have successfully navigated some of the same issues their clients are facing, instilling hope in clients that they could accomplish the same (Portillo et al., 2017).

Peer Support in New Mexico

The qualifications to be a PSW vary from state to state, but PSWs usually must be certified in the state in which they wish to practice. To become a peer support worker in New Mexico, one is required to be 18 years or older, have a high school diploma or GED, be a former or current user of mental health and/or substance use support services, and have at least three years of demonstrable recovery from a substance use or mental health disorder (Office of Peer Recovery and Engagement [OPRE], n.d.-a). In addition to these qualifications, a prospective peer support worker must complete 40 hours of supervised volunteer or paid work at an approved behavioral health agency. To acquire certification, a prospective PSW must complete a 40-hour training through the OPRE and pass the certification exam with a 75% or higher (OPRE, n.d.-a). To maintain their certification, PSWs must complete 40 hours of continuing education in relevant topics every two years and follow the Certified Peer Support Worker Code of Ethics (New Mexico Credentialing Board for Behavioral Health Professionals [NMCBBHP] & OPRE, n.d.). According to the Office of Peer Recovery and Engagement, in New Mexico, there are more than 500 Certified Peer Support Workers and nearly 200 behavioral health organizations that have been approved to provide training (OPRE, n.d.-b), but it is unknown how many serve criminal justice-involved individuals. In New Mexico, peer support services are reimbursable by Medicaid (New Mexico Human Services Department, 2021), and peer support is also part of the standards for treatment courts (New Mexico Administrative Office of the Courts, 2021).

Peer Support Workers in Healthcare Settings

Peer support typically has been used in mental health and healthcare settings, where it has generally shown promising results. In mental health and healthcare settings, peer support can be used in many types of programs, including both inpatient and outpatient programs, primary care practices, crisis care, emergency departments, peer-run organizations, and community-based programs. Peer support can be used for chronic health conditions and/or mental health conditions.

The one peer support program that has been evaluated by a clearinghouse received the highest rating. This program was for men who had undergone a radical prostatectomy for prostate cancer and was tested in a randomized controlled trial where the PSWs were men who had similar treatments and side effects. Participants assigned to the peer support group reported significant decreases in depression and increases in self-efficacy compared to the control group after the 8-week program (Weber et al., 2007). Although results are not consistent, some studies on health conditions have found potential benefits of peer support for other chronic health conditions, including HIV, cardiovascular disease, various types of cancer, and diabetes (Thompson et al., 2022). For mental health conditions, several systematic reviews and meta-analyses found limited evidence that peer support is effective at improving clinical outcomes such as hospitalizations, service satisfaction, or symptomology, but might be useful for improvements in empowerment, quality of life, and recovery (Lloyd-Evans et al., 2014; Lyons et al., 2021; White et al., 2020). Additionally, although there is limited research on the economic impacts of peer support, it may be cost effective in medical settings (Magidson et al., 2021).

The research on peer support in healthcare settings faces important methodological issues. Many studies have low internal and/or external validity, and there is often high variation in the characteristics of participants, programs, and peers, as well as a risk of bias. Nevertheless, it is unclear what exactly makes a program successful in the healthcare field, and conclusions cannot be confidently made about its overall effectiveness.

PEER SUPPORT PROGRAMS

There are a few defining features of peer support programs, but there is not one consistent model for how peer support is administered. PSW approaches tend to be person-centered, strengths-based, trauma-informed, and recovery-oriented (Substance Abuse and Mental Health Services Administration [SAMHSA], 2022). Typical responsibilities of PSWs include connecting clients with resources, improving mental health and coping skills, advocating for clients, goal setting, community and relationship building, assisting clients in navigating multiplesystems, and education and awareness building (Jacobson et al., 2012). PSWs can provide beneficial practical, emotional, and social support to clients (Gidugu et al., 2014). There are many differences in the way peer support programs can be run and their specific features. Peer support can be administered both in one-on-one and in group settings. The positions can be voluntary or paid, full-time or part-time. Peer support programs are administered by many different types of organizations, including state-led and third-party organizations.

PEER SUPPORT WORKERS IN CRIMINAL JUSTICE SETTINGS

There is increased interest with the use of PSWs in criminal justice-settings, due to high recidivism rates and the prevalence of mental health and substance use disorders, among other challenges faced by those involved with the criminal justice system. PSWs working with justice-involved populations usually have prior or current experience with the criminal justice system themselves. The application of PSWs in criminal justice settings may be especially effective given the importance of shared experiences and their ability to help others navigate a system in which they have had firsthand experience. This intersection may be a fruitful area of further study.

APPLICATION OF SEQUENTIAL INTERCEPT MODEL

The sequential intercept model can provide a helpful framework to understand how PSWs can be utilized in the criminal justice system. The sequential intercept model is an outline of the different ways an individual can interact with the criminal justice system along six distinct intercept points. The Substance Abuse and Mental Health Services Administration (SAMHSA) released a document that highlights how peer support can be utilized at any point throughout this model (SAMHSA, 2017). The bullets below explain the intersection between the sequential intercept model and PSWs. Main bullets describe the sequential intercept model while sub-bullets talk about the role of a PSW in that particular intercept.

- Intercept 0, community services, happens before an individual becomes involved in the criminal justice system.
 - Peer support can involve outreach efforts, crisis lines and crisis outreach teams, support groups, and other services in the community.
- Intercept 1 includes law enforcement and emergency services. Both Intercepts 0 and 1 are aimed at preventing future crime.
 - PSW can work with these agencies to target individuals who are interacting with law enforcement/emergency services due to substance use or mental health disorders.
- Intercept 2 covers pretrial proceedings, including the initial detention and initial court hearings.
 - PSWs can help to explain the process of arrest, detention, and arraignment, as well as the bail and pretrial release process.
 - They can also act as advocates for clients who have mental health or substance use disorders and connect them with services.
- Intercept 3 involves courts' and jails' interactions with clients after adjudication.
 - In the courts, PSWs can work with treatment courts including drug/recovery and mental health courts.
 - In the jails, some individuals may simultaneously be PSWs and incarcerated. In other programs, non-incarcerated PSWs visit clients during their incarceration. The PSWs can help lead support groups, provide mentoring, and help teach necessary coping and life skills.

- Intercept 4, reentry, happens after release from jail or prison.
 - PSWs can help connect clients with services and help them navigate those services, including employment, housing, benefits, and healthcare.
- Intercept 5 is community corrections.
 - At this stage, PSWs can assist with the parole and probation process and continue to provide connections to resources and services.

These are some of the ways PSWs can help clients at different intercepts of the criminal justice system. Research on the effectiveness of PSWs will be examined and discussed in the next section.

OVERVIEW OF RESEARCH

There have been several studies over the years that investigate the effectiveness of PSWs in the criminal justice system. The main themes include substance use, mental health outcomes, criminal justice outcomes, and engagement in services, treatment, or court programs. Only studies in which peer support was a central part of the treatment or intervention are included in the following sections.

Substance and alcohol use

One study of people with active or past substance use and criminal justice involvement found reductions in substance and alcohol use (Cos et al., 2020). Another study found reductions in alcohol use but no differences in substance use (Rowe et al., 2007). However, another study found no significant impacts on the recurrence of substance use (Belenko et al., 2021), and yet another study found that there were no differences in substance use between three groups that received different intensities of peer support treatment (Nyamathi et al., 2016). Unfortunately, results from the few studies examining the impact of PSWs on substance use behavior are too inconsistent to be able to draw any conclusions.

Mental health outcomes

There is some evidence connecting the use of PSWs to improvements in mental health outcomes. Two quantitative studies have found positive results for mental health outcomes. One study found reduced depression and anxiety scores (Cos et al., 2020). Another study found some evidence that clients felt more confident that they could abstain from substance use 60 days following their participation in peer support program compared to before the intervention (Marlow et al., 2015). A meta-analysis on peer support in prisons found support from mainly qualitative studies that PSWs themselves could have positive mental health outcomes from offering peer support to others (South et al., 2014).

Criminal justice outcomes

One randomized controlled trial that tested PSWs in a drug court found that those assigned to the group that received peer support had a lower prevalence of re-arrest (Belenko et al., 2021). Another randomized controlled trial found that those in the group that received peer support in addition to standard reentry services were less likely to have a parole violation, their single measure of recidivism, than those in the control group who received standard reentry services alone (Sells et al., 2020). Additionally, a study of an in-jail and reentry-based peer support program found that the chance of reincarceration for participants one-year post release was 22%, just over half the United States average of 43% (Bellamy et al., 2019).

Some research, however, finds no effect of peer support on criminal justice outcomes. For example, one study found no differences in criminal justice involvement either 6 or 12 months after baseline in the group that received peer support versus the control group that did not receive peer support (Rowe et al., 2007). Another randomized controlled trial study found no differences in rearrests or reincarcerations between three groups that received different levels of peer support (Nyamathi et al., 2016). Additionally, researchers found no significant difference in the 2-year return-to-custody rate between those who did and did not engage with the peer support program (Jardine & Whyte, 2013). The results of some studies are inconsistent. For example, one study found a decrease in self-reported crime but an increase in days in jail or prison (Cos et al., 2020). Based on these studies, it is unclear whether peer support can improve criminal justice outcomes.

Engagement in services/treatment/court

One study found increased engagement in medical services because of a PSW program (Cos et al., 2020). Another study found better overall drug court engagement but no significant impacts on treatment participation (Belenko et al., 2021). In another study, parolees with PSWs were no more likely to attend an optional 12-step program, or contact their sponsor if they did participate, during a 60-day follow up compared to baseline (Marlow et al., 2015). Thus, the impact of peer support on engagement in services/treatment/court is as yet uncertain.

Summary of research findings

In sum, a few studies find positive effects from PSWs in reducing substance use, reducing recidivism, and engaging in court and medical services. Some of these studies have strong methods, such as the randomized controlled trials that found PSW reduced

recidivism. However, a substantial number of other studies, some of which also have strong methods, find no effect on these outcomes. As the use of PSWs in criminal justice settings is a relatively recent development, neither the theory nor the practice of PSWs has developed enough to allow substantial testing.

LIMITATIONS OF CURRENT RESEARCH

The main limitation of the research on PSWs in criminal justice settings is inconsistent program implementation. For example, between programs, there is inconsistency in the training of PSWs, level of involvement that the PSWs have, roles that PSWs fill, goals of implementation, length of programs, characteristics of clients, and other factors that might be context specific. Additionally, there are differences in how ‘peer’ is defined among studies. For example, some studies do not require their PSWs to have a criminal justice background to work with criminal justice populations (for example, Bellamy et al., 2019). Additionally, many studies lack methodological rigor in that they have small sample sizes and, for quantitative studies, lack control groups. The lack of methodological rigor is also apparent in that no peer support program for criminal justice populations to date has been evaluated by a clearinghouse.

The integration of peer support into the criminal justice system is still a relatively new phenomenon; the results of a few studies are not necessarily generalizable to other settings. As programs develop, the topic would benefit from additional research. Yet despite the lack of an across-the-board approach to peer support work at the present time, there are still some best practices for an organization wanting to incorporate PSWs into their programs.

BEST PRACTICES FOR ORGANIZATIONS IMPLEMENTING PEER SUPPORT WORKERS

Advocates have developed best practices, based on theory, for organizations wanting to implement a peer support program. Although some criminal justice-focused programs use PSWs that do not have past criminal justice experience (see Bellamy et al., 2019), some researchers suggest that use of PSWs with criminal justice involvement is an important component in gaining credibility (Matthews, 2021). Therefore, prior criminal justice experience should be prioritized when hiring a PSW. It is important that PSWs have clearly defined job descriptions and a comprehensive understanding of their specific roles and expectations so the best candidate is hired and so the PSWs, once hired, can successfully integrate into their team (Jacobson et al., 2012). Organizations should ensure that the PSWs have the correct training or qualifications, which may include formal training and can require certification depending on location. Additionally, volunteer based PSWs should have opportunities for advancement to paid positions; similarly, paid PSWs should be adequately compensated and given opportunities to advance in the position and take on leadership roles. PSWs should also be included in decisions regarding the policy and practice among their organizations. Both non-peer staff and criminal justice system partners should be informed of the roles, expectations, and purpose of PSWs and should take steps to reduce any potential stigma toward those in the position (SAMHSA, 2017). Finally, data should be collected and evaluated to test the effectiveness of the peer support program and to see if any changes need to be made (SAMHSA, 2017).

CONCLUSION AND IMPLICATIONS

Some issues are currently not being explored in depth by the current research. As more programs come into existence and their implementation becomes more consistent, future research should aim to answer the following questions:

- At what point(s) in the sequential intercept model or in what settings is peer support most effective?
- How does the method of implementation affect the outcomes?
- What is the cost-effectiveness of peer support programs versus other programs?
- What are the effects on specialized populations such as women or juvenile offenders?
- How do outcomes vary based on the characteristics of the target population and the characteristics of the PSWs?
- How does offering peer support affect the PSWs themselves?

PSWs working with criminal justice populations use their shared lived experience to help clients along different aspects of the sequential intercept model. PSWs connect clients with resources, provide support and advocacy, and teach life skills. Although the research is limited, it does suggest potential for the use of PSWs for justice-involved populations.

ENDNOTES

1. Peer support workers are referred to by many names, including peer navigators, peer support specialists, peer specialists, peer advocates, and peer mentors. For the sake of consistency, the term “peer support worker” (PSW) will be used throughout this paper.
2. “Clients” refers to those that are on the receiving end of the support offered by PSWs.

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