



## Defining Peer Recovery Support to Preserve Role Integrity

### Introduction

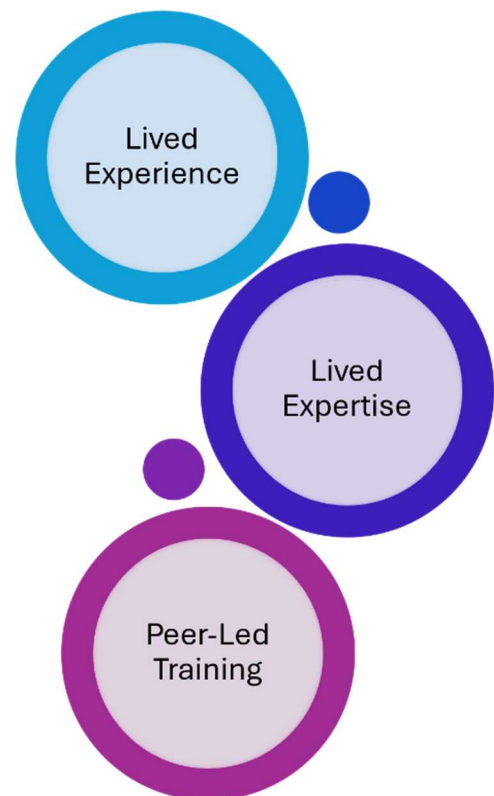
As the field of behavioral health continues to expand the inclusion of peer support services, it becomes essential to establish a shared and precise understanding of what peer recovery support truly is, and what it is not. This shared understanding is not just conceptual; it is a necessary foundation for protecting the fidelity of the peer role.

Too often, peer roles are unintentionally diluted or misaligned due to a lack of clarity or by pressure to conform to clinical or institutional norms. This phenomenon, known as role drift, can compromise the effectiveness and values of peer support. To prevent this, we must root our efforts in a definition of peer recovery support that honors its distinct identity, evidence-based foundation, and transformational power.

### Defining Peer Recovery Support: A Three-Part Model

At its core, peer recovery support is more than a job description or service type. It is a values-driven, relationship-centered practice rooted in solidarity, mutual respect, and shared lived experience. Unlike traditional service models that often emphasize professional distance, authority, or diagnosis, peer support draws its strength from connection, authenticity, and the ability to walk alongside others from a place of deep understanding. It is a model that challenges hierarchy, centers personal agency, and creates space for healing that honors each person's unique path. As peer roles are increasingly integrated into a wide range of service settings, it is critical to maintain clarity around what peer recovery support truly is—and what makes it distinct.

Peer recovery support is grounded in a unique model built on the integration of three core components:





## 1. Lived Experience

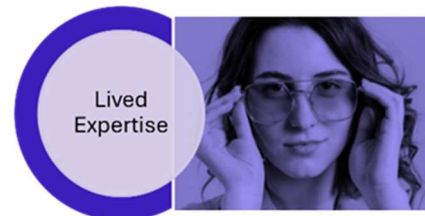


Lived experience refers to the **firsthand experience** of navigating mental health and/or substance use challenges. That experience may include intersections with trauma, incarceration and re-entry, discrimination, or being unhoused. It is not academic or theoretical. It is deeply personal, encompassing the experience of surviving stigma, trauma, and systemic barriers while journeying through recovery.

This component is the cornerstone of peer support. It is what creates authentic connection, credibility, and mutual understanding. Lived experience is what allows peer support workers to “meet people where they are” without judgment, because they have, quite literally, been there too.

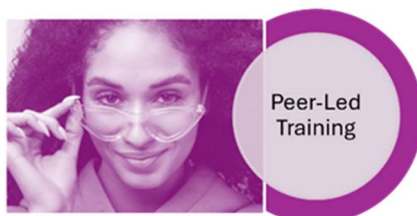
## 2. Lived Expertise

Lived expertise builds on lived experience and reflects the **insight, wisdom, and skills** developed through healing, growth, and self-determination. It is not merely surviving hardship; it is the ability to **translate personal recovery into purposeful support** for others.



Lived expertise includes the strength to advocate, the discernment to set boundaries, the self-awareness to engage ethically, and the confidence to use one’s story in ways that inspire rather than overwhelm. This kind of expertise is dynamic and evolving; it matures over time, shaped by reflection and engagement with others in recovery. It transforms pain into purpose and individual learning into collective power.

## 3. Peer-Led Training and Reflective Practice



The application of lived expertise in a service role requires **intentional training** and **ongoing reflective practice**, both of which are rooted in peer-developed frameworks. Peer-led training equips peer support workers with a deep understanding of the core values and ethics of the peer role: mutuality, shared power, hope, self-determination, and non-coercive support. It clearly defines the scope of the peer role and the boundaries that differentiate it from clinical, case management, and social work roles.

Reflective practice further enhances this by creating space for peer workers to continuously reconnect with their values, process ethical dilemmas, improve self-awareness, and sustain personal well-being. This discipline of reflection ensures that peer work remains grounded, responsive, and in alignment with the foundational principles of the peer movement.



## The Peer Support Equation

These three components—**lived experience, lived expertise, and peer-led training with reflective practice**—together form the peer recovery support model. No single component on its own fully constitutes the peer support model. Rather, it is their combination that ensures fidelity to the role, upholds its transformative impact, and preserves its non-clinical, person-centered nature.

Peer recovery support is not a general support role. It is not interchangeable with clinical treatment or social work. It is a **distinct model** that draws its power from the credibility, trust, and relational equity that only those with lived experience and lived expertise can offer when supported by robust training and a commitment to reflective growth.

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## The Importance of Clarity Around Lived Experience

While we acknowledge and deeply respect the lived experiences of family members, caregivers, and allies, particularly their roles in advocacy and support, it is important to distinguish these perspectives from the firsthand lived experience that defines a peer recovery support specialist.

Family members often walk alongside their loved ones through pain, uncertainty, and the challenges of navigating care systems—and their insights and advocacy have made important contributions to recovery-oriented approaches. At the same time, the peer support role is grounded in direct, personal experience of mental health and/or substance use challenges.

Conflating these different types of lived experience, however well-meaning, risks **diluting the voice and value of those in recovery**. Peer roles exist to ensure that people navigating recovery have access to support from others who have walked the same path, not from those who have witnessed it. The uniqueness of the peer role lies in that shared journey, not just in empathy, but in experiential knowing.

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## Conclusion

We assert that peer recovery support must be clearly defined, respected, and protected as a discipline with its own identity, competencies, and values. Upholding this clarity is not about exclusion, it is about **integrity**. It is about ensuring that peer support remains what it was always intended to be: a movement by and for people in recovery, grounded in shared experience and committed to hope, healing, and human dignity.

By anchoring our work in a shared understanding of what peer support is, we protect its power to transform lives and systems alike.

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