



Providers  
Clinical Support  
System

# Supporting Individuals Engaged in Opioid Use Disorder Treatment for Peers

....

Chris Allende, CPSS

# Housekeeping

- This event is brought to you by the Providers Clinical Support System – Medications for Opioid Use Disorders (PCSS-MOUD), a program funded by the Substance Abuse and Mental Health Services Administration (SAMHSA). Content and discussions during this event are prohibited from promoting or selling products or services that serve professional or financial interests of any kind.
- PCSS-MOUD aims to increase the knowledge and skills of healthcare and counseling professionals about available evidence-based treatment approaches for substance use disorder (SUD) with a particular focus on opioid use disorder (OUD). PCSS-MOUD provides free training and mentoring to practitioners on the use of medications for OUD (MOUD) and the integration of these services into mainstream health care.

*Funding for this initiative was made possible by cooperative agreement no. 1H79TI086770 from SAMHSA. The views expressed in written conference materials or publications and by speakers and moderators do not necessarily reflect the official policies of the Department of Health and Human Services; nor does mention of trade names, commercial practices, or organizations imply endorsement by the U.S. Government.*

# Disclosure to Learners

**AAAP is committed to presenting learners with unbiased, independent, objective, and evidence-based education in accordance with accreditation requirements and AAAP policies.**

**Presenter(s), planner(s), reviewer(s), and all others involved in the planning or content development of this activity were required to disclose all financial relationships within the past 24 months**

**All disclosures have been reviewed, and there are no relevant financial relationships with ineligible companies to disclose.**

*All speakers have been advised that any recommendations involving clinical medicine must be based on evidence that is accepted within the profession of medicine as adequate justification for their indications and contraindications in patient care. All scientific research referred to, reported, or used in the presentation must conform to the generally accepted standards of experimental design, data collection, and analysis.*

# Presenter(s)

**Chris Allende, CPSS**



# Educational Objectives

At the conclusion of this activity participants should be able to:

- 1 Describe the role of peer professionals in supporting individuals receiving treatment for opioid, stimulant, and other substance use disorders.
- 2 Demonstrate strategies for encouraging engagement, adherence, and progress within treatment settings.
- 3 Identify appropriate boundaries and professional responsibilities when providing peer-based support services

■ 1

# Bridging Treatment and Peer Support

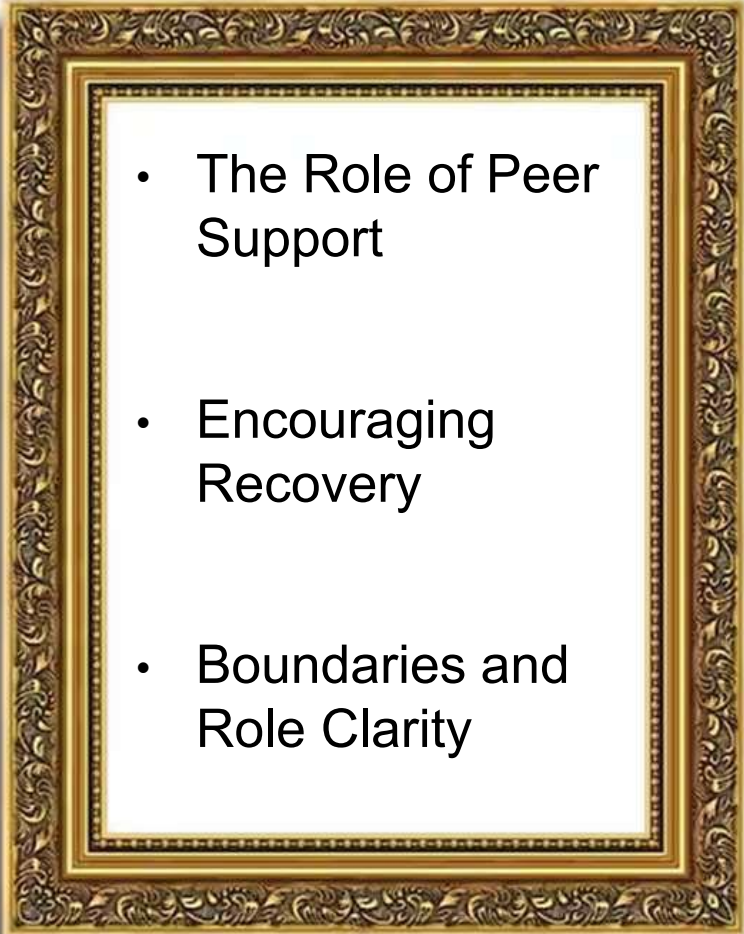
The Power of Peer Support




## Learning Objectives

By the end of this training, you will understand the role of peer support in treatment settings, apply practical strategies to support engagement and progress, and navigate boundaries in a way that is ethical, effective, and grounded in authentic, recovery-centered relationships.

# Training Framing

- 
- The Role of Peer Support
  - Encouraging Recovery
  - Boundaries and Role Clarity

- 
- Engagement and Retention
  - Addressing Bias and Myths
  - Wrap up /Takeaways

# What Is Peer Support

- ▶ According to SAMHSA, peer support is a nonclinical, strengths-based service provided by people with lived experience of mental health or substance use recovery. These workers, known as peer specialists, use their unique "peerness" and shared lived experience to inspire hope, build trust, and provide guidance to individuals in recovery.

Peers are not clinicians; we are bridges, translators,  
and hope carriers

# Peer Roles VS Clinical Roles

**Clinical roles are focused on:**

- ▶ Diagnosis
- ▶ Treatment planning
- ▶ Therapy
- ▶ Medication management

**Peer roles are focused on:**

- ▶ Connection
- ▶ Trust-building
- ▶ Lived experience
- ▶ Supporting recovery in real life

# Treatment VS Recovery

- ▶ **Treatment** is what happens within a program or service:
  - ✓ Appointments
  - ✓ Medication
  - ✓ Clinical interventions
  
- ▶ **Recovery** is much broader:
  - ✓ Purpose
  - ✓ Stability
  - ✓ Relationships
  - ✓ Quality of life



# Core Functions of Peer Work

Peers support people, not just services, by:

- ❖ Building connection & trust
- ❖ Modeling recovery in real life
- ❖ Navigating systems & reducing barriers
- ❖ Advocating for voice & choice


# Barriers to Engagement

- ▶ Stigma (especially around MOUD)
- ▶ Transportation & housing instability
- ▶ Fear of systems
- ▶ Past negative experiences

**Engagement is relational, not compliance-driven**

# What Supports Engagement

- ▶ Motivational communication (OARS)
- ▶ Strength-based language
- ▶ Meeting people in ambivalence
- ▶ Normalizing challenges in recovery



Treatment can  
support recovery,  
but it's not the  
whole picture.



## Real World Scenarios

- ▶ Missed appointments
- ▶ Medication hesitancy
- ▶ “I don’t need treatment anymore”

# Supporting Consistency in Treatment

## ▶ We support - not monitor or enforce

- Encourage consistence
- Reinforce personal goals
- Problem-solve barriers



# Strategies That Work

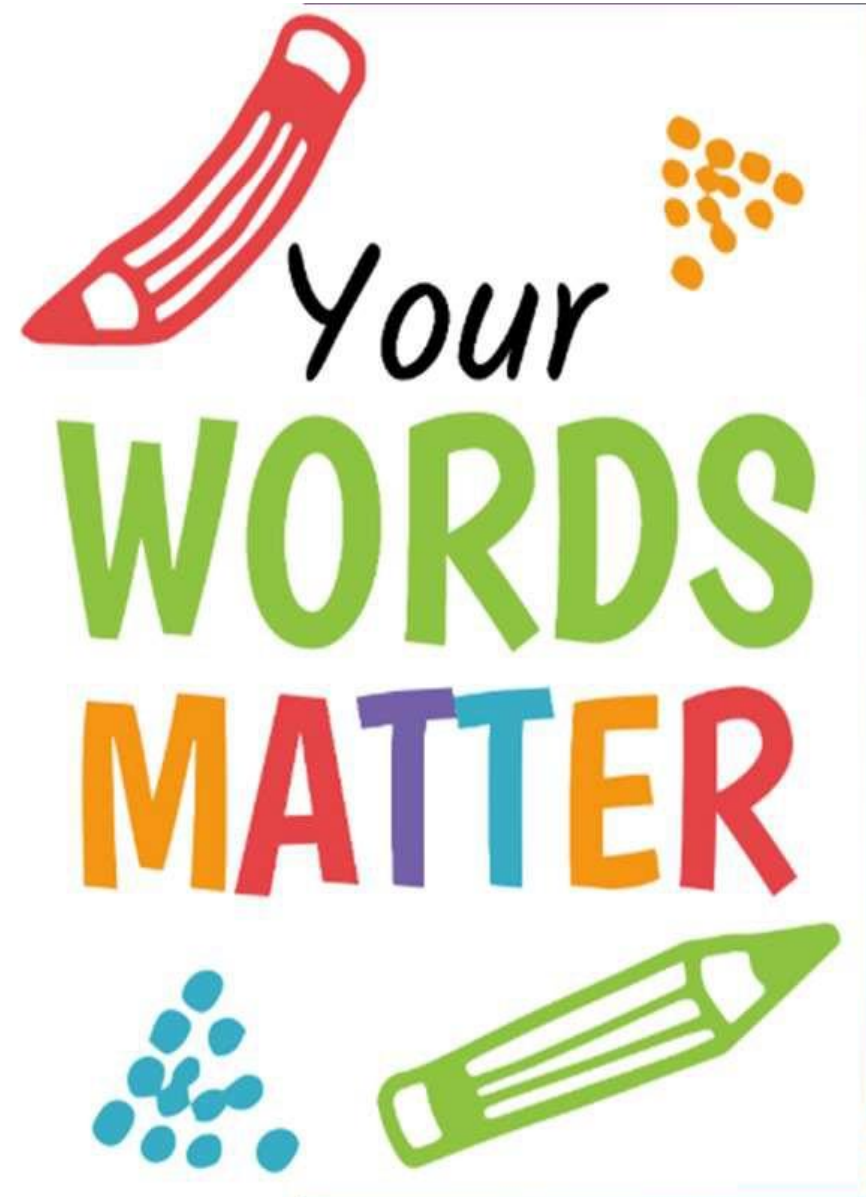
- ▶ Connect treatment to personal goals
- ▶ Normalize challenges
- ▶ Use curiosity, not correction



## Language Matters

✗ “You need to take your meds”

✓ “What’s been your experience with the medication so far?”



## Curiosity > Control

- ▶ Ask, don't tell
- ▶ Explore, don't assume
- ▶ Partner, don't direct



■ 2

# Addressing Bias & Myths (MOUD/MAT)

Stigma kills: peers must actively challenge it



# Common Myths About MOUD/MAT

- ▶ “You’re not really in recovery if you’re on medication”
- ▶ “Suboxone is just replacing one drug with another”

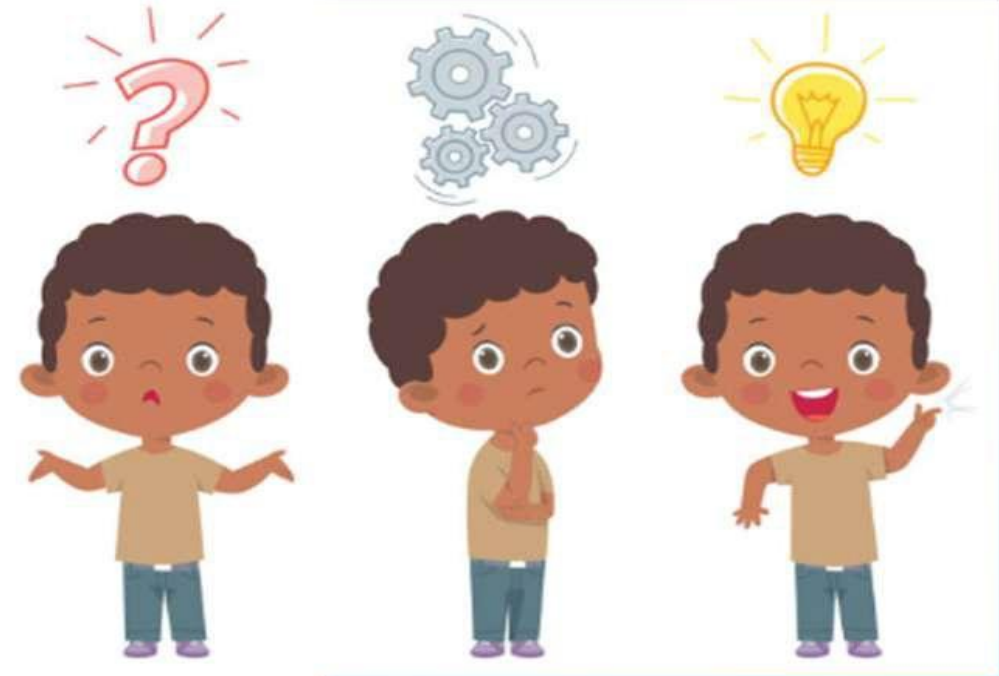


## What the Evidence Shows

- ▶ Reduces mortality by 50% or more
- ▶ Improves treatment retention
- ▶ Supports long-term recovery outcomes

# Reflective Exercise

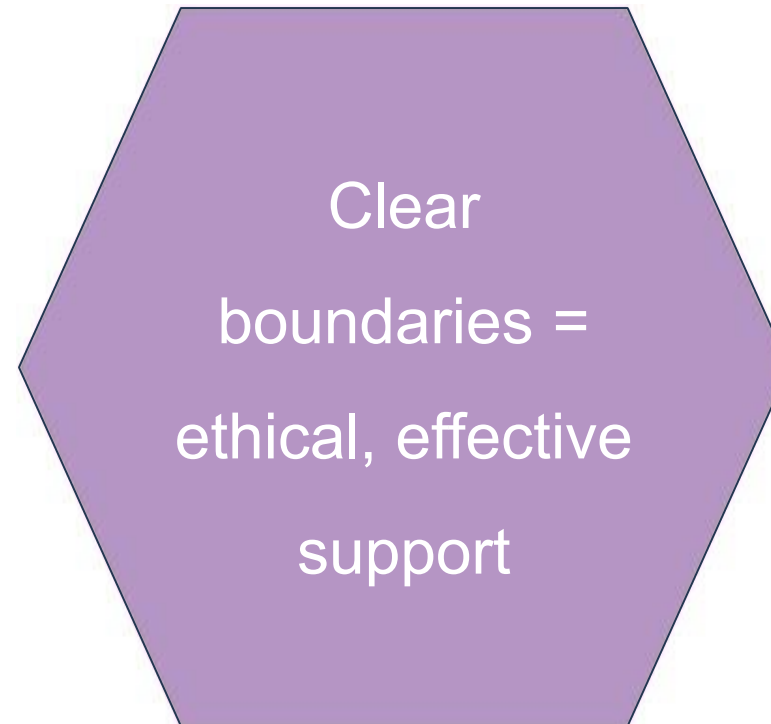
- ▶ What messages did you hear about medication in recovery spaces?
- ▶ How might that impact your support today?



# Boundaries & Role Clarity

## What Peers Do:

1. Support
2. Encourage
3. Connect
4. Model recovery



## What Peers Don't Do

1. Diagnose
2. Provide therapy
3. Enforce program rules
4. Act as case managers (*unless role-specific*)



# Common Boundary Challenges

1. Over sharing
2. “Rescuing”
3. Dual relationships



## Wrap-Up & Key Takeaways

- ▶ Relationship is the intervention
- ▶ Recovery is self-defined
- ▶ Medication is recovery
- ▶ Boundaries protect everyone



### Reflection:

- ▶ *What's one thing you'll do differently after today?*

# References

1. National Institute on Drug Abuse. (2023). Medications for opioid use disorder. Retrieved April 16, 2026, from <https://nida.nih.gov/research-topics/medications-opioid-use-disorder>
2. Centers for Disease Control and Prevention. (2024). Treatment of opioid use disorder. Retrieved April 16, 2026, from <https://www.cdc.gov/overdose-prevention/treatment/opioid-use-disorder.html>
3. Centers for Disease Control and Prevention. (2024). Recovery is possible: Treatment for opioid addiction. Retrieved April 16, 2026, from <https://www.cdc.gov/overdose-prevention/treatment/opioid-addiction.html>
4. Centers for Disease Control and Prevention. (2024). Treatment of substance use disorders. Retrieved April 16, 2026, from <https://www.cdc.gov/overdose-prevention/treatment/index.html>
5. Substance Abuse and Mental Health Services Administration. (2024). Supporting and financing peer services. Retrieved April 16, 2026, from <https://library.samhsa.gov/sites/default/files/supporting-financing-peer-services-pep24-02-012.pdf>

## PCSS-MOUD Steering Committee

- ▶ PCSS-MOUD is led by the American Academy of Addiction Psychiatry (AAAP), in collaboration with a coalition of national professional and healthcare organizations.



Learn more about the Steering Committee and its partner organizations:  
<https://pcssnow.org/about/steering-committee/>



# PCSS-MOUD Mentoring Program

- ▶ Designed to offer general information to clinicians about evidence-based clinical practices in prescribing medications for opioid use disorder (MOUD).
- ▶ Supported by a national network of providers with expertise in addictions, pain, and evidence-based treatment, including MOUD.
- ▶ Three mentoring options are available to meet your needs.
- ▶ No cost to participate.



For more information visit:  
<https://pcssNOW.org/mentoring/>

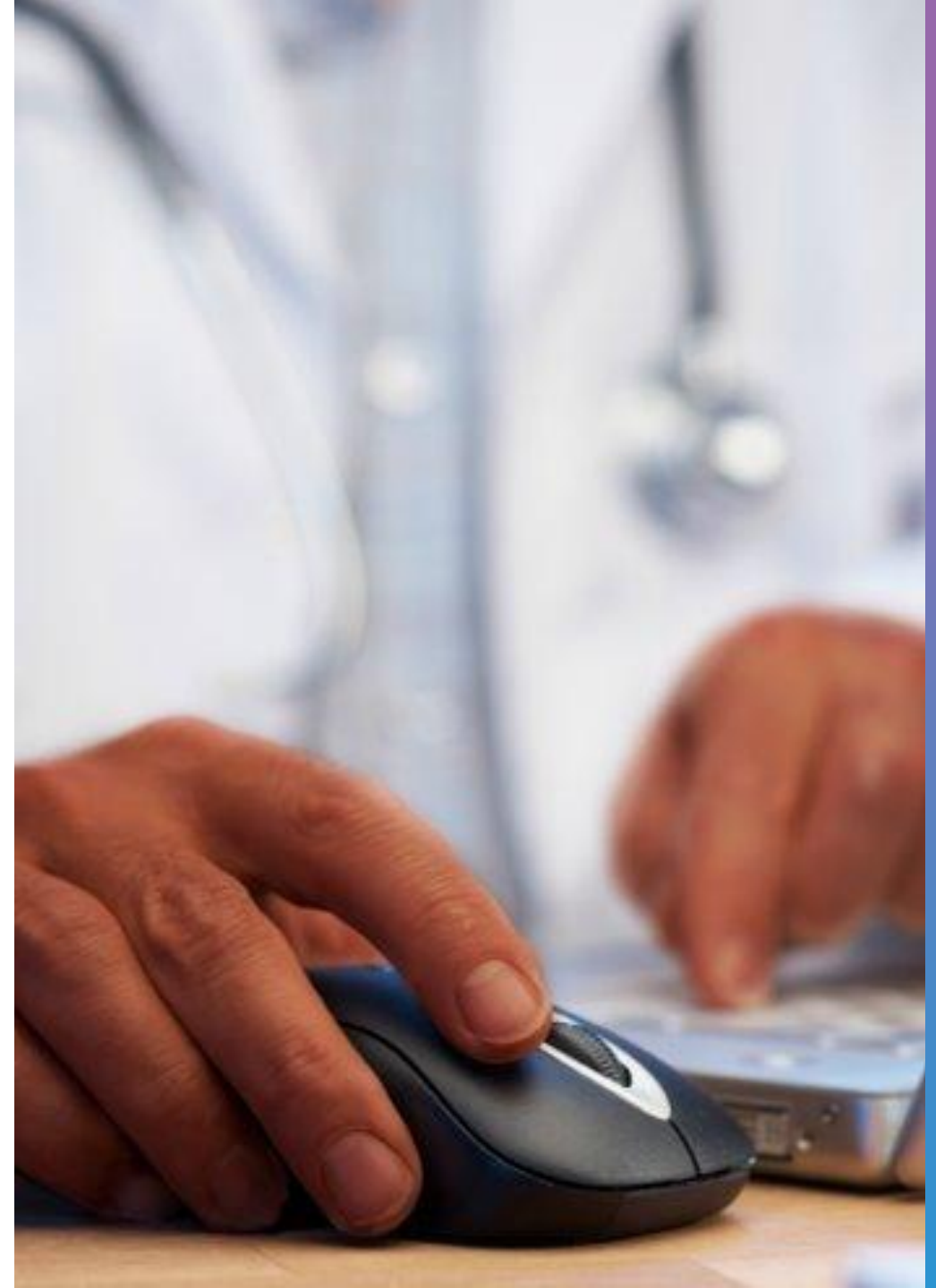
# 1: Discussion Forum

- ▶ An online discussion forum moderated by addiction specialists where health professionals can post questions and receive answers from clinical experts and other colleagues.

 [Register here at no cost!](#)



For more information visit:  
<https://pcssNOW.org/mentoring/>



## 2: Ask a Clinical Question

- ▶ A simple and direct way to receive an answer related to Substance Use Disorder, Opioid Use Disorder, and other related topics. Designed to provide a prompt response to clinical questions via email.



[Submit your clinical question](#)



For more information visit:  
<https://pcssNOW.org/mentoring/>



## 3: One-on-One Mentoring

- ▶ Provides individualized, one-on-one guidance via email, phone, or in-person (if feasible), to discuss specific clinical issues. Members are “matched up” with one of our mentors in their region. This is the most in-depth of the three PCSS-MOUD mentoring tools. Please contact [pcssmentoring@aaap.org](mailto:pcssmentoring@aaap.org) to receive a mentor request form.



[Browse our Mentors](#)



For more information visit:  
<https://pcssNOW.org/mentoring/>



# Contact us



[PCSS-MOUD: Educate, Train, Mentor](#)



[PCSS-MOUD | Facebook](#)



[PCSS-MOUD.org](#)



[pcss@aaap.org](mailto:pcss@aaap.org)

*Funding for this initiative was made possible by cooperative agreement no. 1H79TI086770 from SAMHSA. The views expressed in written conference materials or publications and by speakers and moderators do not necessarily reflect the official policies of the Department of Health and Human Services; nor does mention of trade names, commercial practices, or organizations imply endorsement by the U.S. Government.*

