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Session Facilitators:

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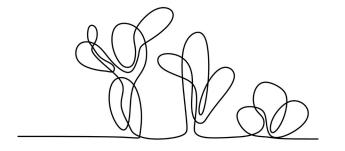
Recovery Institute Director

Amy Pierce, MHPS, PSS, ALF

Recovery Institute Deputy Director

Session 1:

"An Overview of Peer Programs for Employers"



The Recovery Institute at Via Hope

Recovery Institute: Who We Are

- Team of peer & clinical professionals
- Working to make fundamental improvements in the Behavioral Health system
- In-house expertise draws from decades of professional & personal experiences
- Partnerships with trusted consultants with similar/ complementary expertise

Recovery Institute: Themes

All Recovery Institute initiatives incorporate:

- topics on recovery,
- themes in social justice,
- the role of lived experience,
- the ethical imperative of staff wellness, and
- necessity of trauma-responsive environments.





2021-2023 Collaborative for Recovery Focused Change

- PHBHA is 1 of 7 Texas-based teams selected to participate in this 2 year learning collaborative
- Emphasis on recovery-oriented projects that reflect local priorities for agency/community growth
- PHBHA focus: increasing availability of peer services
- Training & consultative support thru June 2023

The Role of Relationships

Over 75 years of research has shown that a trusting, empathic, and accepting relationship is a more influential factor than any specific clinical approach on a person's treatment/ services outcomes.

Research:

- Recovery is a fundamentally **social** process (Jacobson & Greenley, 2001; Mezzina et al., 2006)
- People in recovery often attribute their recovery to **someone "really believing in me" or** "**seeing something inside me I couldn't see**" (Davidson, Stayner, et al., 2001; Ragins, 1994)
- Regardless of the number of tools or interventions a practitioner uses, the heart of any effective intervention is the relationship between the practitioner and the client (Anthony, 1993)

Peer Support

What is peer support?

A peer support worker is someone with the lived experience of recovery following a **significant life disruption** (caused by mental health and/or substance use challenges, trauma, loss, or other major stressors).

The peer worker provides support to others experiencing similar challenges. This **shared experience** that serves as the foundation for a trusting relationship may also be from navigating certain systems (e.g., public BH or criminal justice system).

Peer support is...

- Non-clinical
- Strengths-based
- Never directive or expert-driven

"Peer specialists are experts at not being experts, and that takes a lot of expertise."

- Author Unknown

Vignette #1

Hector, peer specialist, sits with Jay in Admissions while Jay is waiting to be evaluated by the psychiatrist. As the two of them talk, Hector shares with Jay that he was also hospitalized for mental health challenges. This opens up further conversation between the two of them, and, as a result, Jay talks about his fears of being involuntarily admitted if he tells the truth during the assessment.

Specialty Areas According to Lived Experience (associated with specific certifications)

Recovery & system navigation associated with:

- 1. Mental health challenges (MHPS)
- 2. Substance use challenges (RSPS)
- 3. Criminal justice involvement (RPS)
- 4. Peer specialist supervision (PSS)
- 5. Caregiver navigation of children's MH system i.e family to family support (CFP)



Types of Peer Certification (Texas)

RSPS = Recovery Support Peer Specialist (specializes in substance use recovery)

MHPS = Mental Health Peer Specialist (specializes in MH recovery)

RPS = Reentry Peer Specialist (specializes in recovery after incarceration)

PSS = Peer Support Supervisors

CFP = Certified Family Partner (uses experience of navigating children's MH system to support caregivers)

DOES PEER SUPPORT MAKE A DIFFERENCE?

Emerging
research shows that
peer support is effective
for supporting recovery
from behavioral health
conditions. Benefits of
peer support may
include:



Increased self-esteem and conf dence (Davidson, et al., 1999; Salzer, 2002)



Increased sense of control and ability to bring about changes in their lives (Davidson, et al., 2012)



Raised empowerment scores (Davidson, et al., 1999; Dumont & Jones, 2002; Ochoka, Nelson, Janzen, & Trainor, 2006; Resnick & Rosenheck, 2008)



Increased sense that treatment is responsive and inclusive of needs (Davidson, et al., 2012)



and inspiration (Davidson, et al., 2006; Ratzlaff, McDiarmid, Marty, & Rapp, 2006)



Increased empathy and acceptance (camaraderie) (Coatsworth-Puspokey, Forchuk, & Ward-Griffin, 2006; Davidson, et al., 1999)



Decreased psychotic symptoms (Davidson, et al., 2012)



Increased engagement in self-care and wellness (Davidson, et al., 2012)

Reduced hospital admission rates and longer community tenure (Chinman, Weingarten, Stayner, & Davidson, 2001; Davidson, et al., 2012;

Forchuk, Martin, Chan, & Jenson, 2005; Min,

Whitecraft, Rothbard, Salzer, 2007)



Increased social support and social functioning

(Kurtz, 1990; Nelson, Ochocka, Janzen, & Trainor, 2006; Ochoka et al., 2006; Trainor, Shepherd, Boydell, Leff, & Crawford, 1997; Yanos, Primavera, & Knight, 2001)



Decreased substance use and depression (Davidson, et al., 2012)

SAMHSA BRSS TACS

Peer Services Implementation: What It Takes

Peer Services Implementation

Five Domains:

- 1. Organizational Culture
- 2. Funding Peer Specialist Positions
- 3. Recruitment and Hiring
- 4. Role Definition and Clarification
- 5. Supervision and Career Advancement

Peer Services Implementation: **Must Do's**

- Be thoughtful regarding conditions for peerness
- Opportunities for impact beyond direct peer support (i.e., change agent)
- "In but not of the system"
- Career ladder & competitive wages
- Educate non-peer staff on peer specialist role

Peer Services Implementation: Must NOT Do's

- Don't create back-to-work program (i.e., DO set performance standards & high expectations)
- Don't be misled by credentials/experience irrelevant to the role when hiring
- Don't isolate the program or the peer provider

Supervision

OUTCOMES OF SUPERVISION



WAYS OF STRUCTURING SUPERVISION

- One-to-one
- Group
- Directly observing interactions with individuals
- Co-facilitating groups
- Reviewing documentation



National Practice Guidelines for Peer Supporters

Core ethical guidelines:

- Voluntary
- Hopeful
- Open minded
- Empathetic
- Respectful
- Facilitate change

- Honest and direct
- Support is mutual and reciprocal
- Equally shared power
- Strengths-focused
- Support is transparent
- Peer support is person-driven

CORE VALUE 1 Peer Support Is Voluntary

Recovery is a personal choice. The most basic value of peer support is that people freely choose to give or receive support. Being coerced, forced or pressured is against the nature of genuine peer support.

The voluntary nature of peer support makes it easier to build trust and connections with another.

PEER SUPPORTER GUIDELINES

SUPERVISOR GUIDELINES

Practice: Support Choice

Peer supporters do not force or coerce others to participate in peer support services or any other service.

- Peer supporters respect the rights of those they support to choose or cease support services or use the peer support services from a different peer supporter.
- Peer supporters also have the right to choose not to work with individuals with a particular background if the peer supporter's personal issues or lack of expertise could interfere with the ability to provide effective support to these individuals.

In these situations, the peer supporter would re-

The supervisor role is to:

- Encourage peer support specialists in promoting individuals' choices including becoming more knowledgeable about trauma-informed approaches that reduce or eliminate force and coercion to create a safer environment for all.
- Explore peer support specialists' choices about how they might or might not choose to work with certain individuals, especially if there are issues related to dual relationships or trauma.
- Provide guidance to peer support specialists when they are advocating for choice or speaking up when coercion occurs, especially when it is subtle or systemic.

To access tool on NAPS site:

