



Inclusion of Peer Support: Catalyst to Recovery, Trauma Informed and Community integrated based services

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Peer Support

Inclusion of Peer Support - intentionally, in the supports we offer people in recovery is about offering new relationships based on experiential knowledge of what has worked and not worked;

VERSUS

Traditional helper relationships based on the theoretical and academic expertise of what a person in recovery needs.

No One Shoe:

- Peer Specialists/Coaches (i.e. trained person in recovery to role model and support.)
- “Consumer” (our customers) input and advisory roles
- Advocates (i.e. experience with navigating the system and its barriers)
- Therapeutic and Community Supports based on mutuality and equality, (i.e. use of disclosure and person centered)

Positive Outcomes Associated with Peer Support Services: How do we know this works?

- Self Help groups improve symptoms, increase participants' social networks and quality of life (Davidson et al., 1999)
- Peer provided Services as effective or more than Non-Peer provided services (Solomon and Draine, Chinman, Rosenheck et al., 2000)
- Improved social functioning and reduced substance abuse (Klein, Cnaan et al., 1998; Whitecraft et al., 2006)
- Consistent findings of decreased hospitalization or shortened length of hospital stay for both peer provider services & peer providers themselves (Solomon, 2004)

Employment Outcomes

- 82% CPS were working in some capacity one year after the training.
- 77% were working one-year after training in what were defined as peer specialist positions.
- 67% were working in some capacity.
- Salzer, M.S., Katz, J., Federici, M.R., Kidwell, B, & Ward-Colosante, C. (2009) Pennsylvania Certified Peer Specialist Initiative: Training, Employment and Work Satisfaction Outcomes. *Psychiatric Rehabilitation Journal*, 32, 301-305.

Ingredients to Inclusion of Peer Specialists

- All staff adopt an understanding and belief in recovery values (e.g. staff orientation).
- Peer Specialist are not see as special employees but as specialist in peer and self help approaches
- Job Descriptions clearly focus on wellness role modeling and peer relationships/mentoring tasks
- Supervisors are trained in peer support relationships, self help models and performance management skills

RECOVERY BASED LEADERSHIP = PROMOTING PEER BASED WORKPLACE

- LEADERSHIP:
 - Constantly facilitates and validates the value of experiential knowledge and creates a safe environment for disclosure. Recovery Story telling on many levels becomes the norm of conversation
 - Encourage and provide support for all staff to use directive and intentional self-disclosure (Egan, G. (2002) The Skilled Helper: A Problem-Management and Opportunity-Development Approach to Helping. 7th edition Brooks/Cole.

- Set and communicates strategic goal of at least 25% expectation for workforce and roles to be based on Peer Support (i.e. self help, recovery coaches, family advocates, Peer Specialist)
- Plans for Services Users on Boards , Advisory Councils, and Speakers Bureaus
- Pro-actively seeks service recipients input on quality of services from multiple approaches i.e. surveys, focus groups, exit interviews etc...

Boundaries, Ethics & Peer Support

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- Largest **perceived** concern:
 - Peers **ability** to handle confidentiality and boundaries
 - *(based on literature review around implementation concerns with consumers as providers and focus groups with administrators and existing agency workforce)*
- Reality

Largest challenge is the agency and organization's ability to handle confidentiality and boundaries between people as members of their community and their workforce

Boundaries, Ethics & Peer Support

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- The biggest contributing factor to ethical and boundary problems is when the roles are not clearly defined and communication is not occurring
- This is not only true when we transition from one's friend in the hospital to their paid support, but also when we transition from their colleague to their boss or supporter to colleague
- The contexts of our relationships are fluid and not static relationships

RECOVERY BASED LEADERSHIP = PROMOTING PEER BASED WORKPLACE

- **Boundaries and Ethics**

- Need to be flexible and on-going - discussions in group and 1:1 supervision (ethical and boundaries challenges should be expected if we are doing community integration)
- Dual relationships are not an issue of inclusion of current and former services recipients and peer supporters, but an issue of a shift from institutional supports to community based programs

*Based on Old Standards, New Dilemmas: Ethics and Boundaries in Community Support Service
by Laurie C. Curtis and Martha Hodge*

[Self-Disclosure and Its Impact on Individuals Who Receive Mental Health Services](http://www.samhsa.gov/)

<http://www.samhsa.gov/> . For a print copy of the CMHS monograph, contact SAMHSA's Health Information Network at 1-877-SAMHSA-7 (1-877-726-4727). Request inventory number SMA08-4337

Hiring Peer Supporters, Recovery Coaches & Peer Specialists

- When people see a value on sharing what they know they will show.
- Focus on what people know about recovery and wellness - not mental illness.
- It's about *recovery* from life's difficulties regardless of cause or diagnosis - *Ability not disability*.
- If you can ask anyone you can ask a potential.
- Recovery story tellers and effective testimonials.
- Completion **Peer Certification Course** where effective sharing of ones experience within the system of mental health services is the cornerstone of the demonstrated skills.

WRAP[®] = Recovery, Peer Support & Trauma Informed

- People in support roles and professional supports often experience signs of “burn out... and include irritability, disturbed sleep, feeling overwhelmed, feeling emotionally disconnected to things that have meaning in life...”
Supporters that respond to crisis often experience trauma and/or vicarious trauma that goes unaddressed for long periods of time.
- Everybody in Crisis Response needs the “Green Room.”
- “Unfortunately many people respond to burn out by trying harder at everything, a strategy that is bound to fail.”

- Mary Ellen Copeland

WRAP[®] = Recovery, Peer Support & Trauma Informed

- Wellness Recovery Action Plan is for everyone and based on recovering our wellness which is self defined.
- “It is a system for self monitoring, reducing and eliminating uncomfortable or dangerous physical and emotional difficulties.” –Mary Ellen Copeland PhD
- Peer Support and recovery is seen in the context of non-clinical and non-diagnostic perspective of wellness.
- Peoples’ challenges are seen as normal responses to traumatic events and circumstances not as symptoms of an illness or result of a disability.

— Copeland, M. (2009) *Value’s and Ethics. Mental Health Recovery Including Wellness Recovery Action Plan Curriculum: Facilitator Training Manual*

WRAP[®] = Recovery, Peer Support & Trauma Informed

- Seminar I Developing a WRAP[®] can be facilitated with staff, service recipients and peer supports together breaking down artificial barriers between these groups.
- WRAP Facilitator courses are based on learning a core set of values and ethics whereby peer support occurs and relationships are based on the common pursuit of wellness
- WRAP Facilitators are doing groups to help individuals achieve wellness in their support roles, holistic health issues, relationships, and groups to develop team and organization Wellness Recovery Action Plans.

WRAP[®] = Recovery, Peer Support & Trauma Informed

Effective Leaders create an organizational culture that identifies and tries to live by key values

(Anthony and Huckshorn, 2008)

WRAP Facilitator Values and Ethics were developed by a group of peers who asked what is working when we share our recovery with others to create:

- **Hope**
- **Personal Responsibility**
- **Education**
- **Self Advocacy**
- **Support ...**

in the lives of those participating