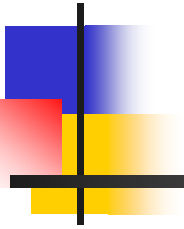


THE POWER OF PEERS WITHIN A MENTAL HEALTH CARE SYSTEM



Used With Permission of Kathy Dohoney, Psy.D., CPRP

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Dallas VA Medical Center**

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Presentation Format

Will Be To Answer the Questions.....

- **What?**
- **How?**
- **Why?**
- **Who?**

....and will address some common
MH staff concerns

- **Two Peers will speak about their recovery and peer support work**



WHAT

Is Peer Support?

There is no one accepted definition, but a good one is...

“Peer support is a system of giving and receiving help founded on key principles of respect, shared responsibility, and mutual agreement of what is helpful.”

Shery Mead, “Defining Peer Support”, 2003



WHAT Is Peer Support?

“Who then can so softly bind up the wound of another as he who has felt the same wound himself?”

Thomas Jefferson

“It is one of the most beautiful compensations of this life that no man can sincerely try to help another without helping himself.”

Ralph Waldo Emerson

WHAT

Is A Peer Support Provider in a Mental Health Setting?

- A person with a mental health and/or a co-occurring disorder, who has been trained to help others with these disorders identify and achieve specific life and recovery goals
- A person who is actively engaged in his/her own personal recovery
- A person who volunteers, or is hired, to provide peer support services to others engaged in mental health treatment

WHAT

Is the Purpose of a Peer Support Program?

- To provide opportunities for veterans to take control of their own recovery
- To teach and support the learning of skills needed to facilitate one's recovery
- To make veterans aware of available services and choices
- To promote the use of natural resources in one's community
- To help veterans develop a sense of "wellness" and self-worth

WHAT

Do Trained Peers Do?

1. They serve as role models:

- By sharing their personal recovery stories, and showing that recovery from mental illnesses is possible
- By revealing ways they have taken responsibility for their own wellness
- By demonstrating ways they use their skills to manage stress and control symptoms
- By modeling functioning as an independent adult in their local communities

WHAT

Do Trained Peers Do?

2. They teach:

- That recovery from mental illness is possible
- Goal setting
- Problem-solving
- Signs and symptoms of mental illnesses
- Symptom management skills
- Effective “self-talk”
- Conflict resolution
- Variety of recovery tools

WHAT

Do Trained Peers Do?

3. They empower:

- By helping others identify their strengths, supports, resources, and skills
- By showing that there is hope for recovery, and leading a quality life
- By helping each person identify their potential for recovery and a quality life
- By showing others how to collaborate with staff providers

WHAT....

Do Trained Peers Do?



4. They advocate:

- By working to eliminate the stigma of mental illness
- By collaborating with staff to identify problems and potential solutions in the VA system (e.g., MH Consumer & Advocacy Council)
- By helping other veterans achieve full integration into their communities

WHAT....

Do Trained Peers Do?

5. They act as community liaisons:

- By establishing relationships with community-based organizations
- By identifying social supports in the community
- By encouraging the expansion of local community resources



How

Are Peers Trained?

- Usually, provided by an outside agency that has put together a curriculum of topics relevant to peer support services. Peers take exams on the material.
- The agencies that Dallas VA has used to date are: Depression and Bipolar Support Alliance (DBSA), and Texas Mental Health Consumers (THMC).
- A national VA workgroup is now deciding whether to contract with such an outside agency for this training, OR to develop a VA “in-house” training curriculum that would be used nationwide.

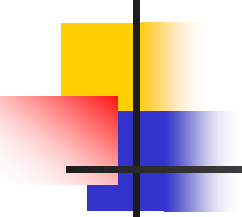
How

Are Peers Trained?

- 
-
- Overview of peer support
 - Ethics, boundaries, and confidentiality
 - Professional conduct
 - The 5 stages of recovery
 - Helping someone set personal recovery goals
 - Basics of PSR
 - Using one's recovery story effectively to help others
 - The group facilitator's role; co-facilitating grps.
 - Effective "self-talk"
 - Problem solving
 - Facilitating "Recovery Dialogues"
 - Creating the life one wants
 - Wellness Recovery Action Plan (WRAP)
 - Evidence-based practices for people with SMI's
 - Avoiding burnout
 - Integrating into one's community

How.....

Are Peers Trained?

- 
- Sx. of, and Tx's for, mental illnesses
 - Impact of Dx. on one's self-image
 - Beliefs/Values that support recovery
 - Facing one's fears
 - Creating relationships that promote recovery
 - Active listening and effective communication skills
 - Coping with change
 - Employment and recovery
 - Combating stigma
 - Self-advocacy
 - Handling crises
 - Cultural Competency
 - Consumer rights and advance directives
 - Creating program environments that promote recovery
 - Recognizing your value system

WHY

Use peers in a mental health setting?



The President's New Freedom Commission of Mental Health in 2003, said in Recommendation 2 .2, "involve the use of consumers of mental health services and their families":

"Because of their experiences, consumer-providers bring different attitudes, motivations, insights, and behavioral qualities to the treatment encounter."

AND.....

"Consumers who work as providers help expand the range and availability of service and supports that professionals offer."

WHY

Use peers in a mental health setting?

The VA's Mental Health Strategic Plan of 2006-2011 said to:

“Develop Peer Support Programs as an adjunct to mental health services.

- A. Explore models of peer support certification
- B. Determine whether a directive on Peer Support is advisable.”

(P.S. The VA Peer Support Handbook/Guide is NOW being reviewed in CO, and will be distributed to the field at a future date.)

WHY

Use peers in a mental health setting?

10 Fundamental Components of Recovery:

- Self-Direction
- Individualized and Person-Centered
- Empowerment
- Holistic
- Non-Linear
- Strengths-based
- *Peer Support*
- Respect
- Responsibility
- Hope

(National Consensus Conference on Mental Health Recovery and Mental Health Systems Transformation on December, 2004)

WHY

Use peers in a mental health setting?

“The Uniform Package of MH Services in the VA” (final draft of 3-17-08 is in CO now) states:

E. Peer Support:

- 1. “All Veterans with Serious Mental Illness must have access to Peer Support Services, either on-site or within the community.**
- 2. Hired Peer Support Technicians (PST’s) must have completed formal training.....**

WHY

Use peers in a mental health setting?

3. PST's must have PD's that specifically address:
 - supervision
 - authorization to provide services only to those who have SMI's.....and peer support is indicated in the veteran's individualized tx. plan.
 - ability to enter progress notes
 - documentation of adherence to ongoing continuing education

4. VA facilities must adopt policies and procedures which address the complex issues that may arise with PST's.

WHY

Use peers in a mental health setting?

And finally.....

5. VA facilities that utilize Volunteers or WOC employees to provide peer support services, must follow the same guidelines for training.....and supervision found in these specifications for employed PST's."

WHY

Use peers in a mental health setting?

Because of documented benefit to consumers:

- Improvement in psychiatric symptoms (Galanter, 1988)
- Decreased hospitalizations; (Galanter, 1988)
- Greater medication adherence; greater acceptance of illness; lower levels of worry and anxiety; higher satisfaction with their health (Galanter, 1988; Kennedy, 1989; and Kurtz, 1988)
- Reduced use of crisis services, reduced substance abuse, improved quality of life (Clarke et al., 2000; Klein et al., 1998)
- Peers reach and engage people unwilling to use MH services (Ashcraft and Anthony, 2007)

WHY

Use peers in a mental health setting?

- Improvement in illness management (Powell, 2001)
- Larger social support networks (Rappaport et al., 1992)
- Enhanced self-esteem and social functioning (Markowitz et al., 2004)
- Improvement in skill deficits and use of available resources to meet needs (Dunn and Tiegreen, 2004)
- Lower service costs overall (Dumont and Jones, 2002)

WHY

Use peers in a mental health setting?

Meta-analytic reviews of research found peers:

- More able to empathize with other consumers
- More able to help them access services
- More able to appreciate other consumers' strengths
- More able to be tolerant, patient, and responsive to consumers' needs and desires

(Christensen and Jacobsen, 1994)

- Research Controlled Trials (RCT's) comparing consumer-provider (CP) outcomes to non-CP outcomes found either equivalent outcomes among staff provider and consumer providers or superior outcomes for consumer providers.

(Edmundson et al., 1984; Kaufman, 1995; Paulson et al., 1999; Solomon and Draine, 1995a&b; Felton et al., 1995; Klein et al., 1998; Chinman and Davidson et al., 2000)

WHY

Use peers in a mental health setting?

- Largest RCT of peer-run programs comparing “traditional MH services” to “traditional MH services + peer programming”. Study used 8 sites from 1998-2005, N=1827, and multiple follow-up measures.

Results:

- Overall increase in well-being (WB) among all participants.
- Strong relationship between increase in WB and recovery-oriented features of social inclusion, hope, meaning of life, quality of life, peer support, choice, and self-expression.

WHY

Use peers in a mental health setting?

Because of documented benefit to the Peer Providers themselves:

- Greater self-confidence; enhanced ability to cope with their illnesses; greater self-esteem and sense of empowerment; greater ability to combat feelings associated with stigma (Sherman and Porter, 1991; Salzer, 1997)
- Improved quality of life (Armstrong et al., 1995; Mowbray et al., 1998)

WHY

Use peers in a mental health setting?



Because of the benefit to the MH Staff:

- Peers who work alongside, or collaborate with, staff provide living proof that recovery is possible, which leads to increased staff morale.
- Peers can free up professional staff to do other tasks that can only be performed by licensed professionals

WHY

Use peers in a mental health setting?



- Peers' personal experiences can be a valuable asset to the clinical staff. MH services are enhanced, extended, and infused with hope and self-determination.
- Peers can provide insights into the strengths and weaknesses within a MH system, and help develop ideas for making changes.

(Ashcraft and Anthony, 2007)

Who....

Are the Hired Peers (PST's) in the VA?

- 139 Peer Support Tech's in the VA nationwide; 113 full-time, 26 part-time
- 123 positions are filled; 33 are in the recruitment phase
- Placements are in: PRRC's, Dom's, CWT-TR, SARRTP, MHICM, Outpatient MH Clinics, and Homeless Programs
- In NTX VA's---2 current hired PST's in CSTP and PRRC; 6 PST positions in recruitment for Bonham Dom, Dallas Dom, MH Access, DRVRP, and 5N-SARRTP

Who....

Are the Volunteer Peers in the VA System?

- Tuscaloosa, AL
- Marion, IL
- Poplar Bluff, MO
- Houston, TX
- Madison, WI
- Providence, RI
- Chicago, IL
- N. Chicago, IL
- Waco, TX
- Charleston, SC
- Bedford, MA
- Beckley, W. VA
- Cleveland, OH
- Salem, VA
- Fresno, CA (future)
- Minneapolis, MN (future)

Who

Are the Volunteer Peers at the Dallas VA?

- 10 veterans trained and certified from 2005 to the present.
- All are enrolled in Voluntary Serv., were fingerprinted, passed their background checks, and follow VS policies.
- Are currently providing 24 hours per week of structured and topical peer support groups in MHS---on 3N, 3S, PRRC, CSTP, Dallas Dom, Homeless Info Groups, 5N-SARRTP, DRVVRP.

Who

Are the Volunteer Peers at the Dallas VA?

- This Volunteer Peer Provider Program is very structured, with:
 - written referral criteria;
 - policies and guidelines about ethics, boundaries, and confidentiality, and the Weekly Supervision and Support Group
 - written group facilitation standards;
 - written competency checklists; and
 - expectations for continuing education.
- All meet weekly with their Supervisor of record, Dr. Dohoney, but often also meet with her individually during the week.

Common Concerns of MH Staff



Q: “Will the MH staff start losing their jobs to PST’s?”

A: **NO!!** A comprehensive, well-balanced, and competent MH care system needs **BOTH** professionals and trained peers for their unique skills and experiences. In this case, $1 + 1 = 3$ or **MORE** and **enhanced** MH services!

Common Concerns of MH Staff



Q: “I’m not sure how to handle having a PST on our team. How should I treat that person?”

A: As you would treat any other VA employee on your team....with respect, as having value, and having important experiences and opinions to contribute for the benefit of the MH veterans being served.

Common Concerns of MH Staff



Q: “Should PST’s be hired on the teams where they get their MH treatment?”

A: NO!!! “Lessons learned” from VA’s and other agencies that provide MH services have suggested that PST’s NOT work on a Team, or in a program, where they have their own primary MH providers. This is because of the “dual role” this puts everyone in, so this is strongly discouraged.

Common Concerns of MH Staff



Q: "I'm concerned that PST's will get sick again, or relapse, or won't be able to handle the stress of the job. If that happens, what do we do?"

A: PST's are carefully hired using specific criteria, but there is no guarantee that they won't experience reoccurring sx. What is done now when an employee becomes ill or disabled? Usually they take SL and come back when they get better. If a staff member doesn't get better, they have to decide whether or not to leave the job.

Common Concerns of MH Staff



Q: “What are the liability issues involved in working with a Peer who doesn’t have a degree or license? If I’m a supervisor of a PST, is my license in jeopardy if something goes wrong in their work?”

A: No. There are many VA employees that don’t have licenses or certifications. Their actions and those of their supervisors are covered by the Federal Tort Claims Act.

Federal Tort Claims Act (FTCA)

The Federal Tort Claims Act (FTCA), August 2, 1946, ch. 753, title IV, 60 Stat. 842, 28 U.S.C. § 1346(b) and 28 U.S.C. § 2671–2680, is a statute enacted by the United States Congress in 1946 permitting private parties to sue the United States in a federal court for most torts.

§ 2671. Definitions

As used in this chapter and sections 1346 (b) and 2401 (b) of this title, the term “Federal agency” includes the executive departments, the judicial and legislative branches, the military departments, independent establishments of the United States, and corporations primarily acting as instrumentalities or agencies of the United States, but does not include any contractor with the United States.

“Employee of the government” includes:

- (1) officers or employees of any Federal agency, members of the military or naval forces of the United States, members of the National Guard while engaged in training or duty under section 115, 316, 502, 503, 504, or 505 of title 32, and
- (2) persons acting on behalf of a Federal agency in an official capacity, temporarily or permanently in the service of the United States, whether with or without compensation....

Common Concerns of MH Staff



Q: “What about our having a staff member co-lead groups with a Peer?”

A: This would not be a true “peer-led” group, and would defeat the benefit of having it facilitated by peers.....which is to provide consumers a place where they feel free to express themselves to someone who “has been there”, and who can share their own helpful experiences with them.

Effective alternatives would be to have trained peers co-facilitate groups, and to have the groups provided in rooms close by to clinical staff, in case the peers need help.

Common Concerns of MH Staff



Q: “How is what a PST does different than what I do in my role as a professional staff?”

A: Hired PST’s have specific duties outlined in their PD’s, which are usually quite different from those of licensed and trained professionals. Ask to see a typical PST PD. They do NOT provide professional assessments or individual or group “therapy”. They ARE trained to behave in a professional and therapeutic manner, but are clearly not trained in the skills that licensed professional staff provide. That’s why we need BOTH types of service providers!!

Common Concerns of MH Staff



Q: “As a supervisor of a PST, what if I see cognitive problems or other issues that might keep a PST from performing at an acceptable work level? How do I handle that?”

A: How do you currently handle a staff member’s difficulty performing their expected tasks? Usually, as supervisors, we “work with” that staff member, help them learn compensatory skills, make any necessary accommodations, monitor their progress, etc. You would do the same thing with a PST who wasn’t performing up to work standards.

Peers and The Power of Their Recovery Stories



- **Chris Swanson, PST in our Vet Recovery Center (PRRC)**
- **Marisol Perez, Volunteer Peer Support Provider**