

Preventing Violence, Trauma and the Use of Seclusion and Restraint in Mental Health Settings

Peer Roles in Inpatient Settings A Core Strategy ©

A Primary Prevention Tool

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NASMHPD



Peer Roles in Inpatient Settings: Consumer Movement History

- 1970's

Radical Liberation Movement:

- Demonstrations, Conferences, Newsletters

- 1980's

Movement received funding and support from
Federal Government

- First Alternatives' Conference
Baltimore, 1985

- Consumer-Run Drop-In Center

Demonstration Grants (*Van Tosh & Delvecchio, 2000*)

Peer Roles in Inpatient Settings: Consumer Movement History

- 1990's
Recognition of peer roles, research projects and recovery orientation
- Since 2000
Peer roles have become more accepted and integrated in all areas of mental health

Peer Roles in Inpatient Settings: Surgeon General's Report

- Mental Health: A Report of the Surgeon General (US DHHS, 1999) recognized self-help as an important adjunct to traditional mental health services and concluded that self-help activities serve as powerful agents for change in service programs and policy.

Peer Roles in Inpatient Settings: The President's New Freedom Commission

- In 2003, The President's New Freedom Commission on Mental Health called for the complete inclusion of consumers and family members as providers, advocates, policymakers, and full partners in creating their own plans of care.

(The President's New Freedom Commission on Mental Health, 2003)

Peer Roles in Inpatient Settings: Peer Support As Emerging New Practice

- Peer-run support services holds promise for improved outcomes for a public mental health system that:
 - is under-funded
 - fails to reach the majority of those with mental illnesses

(Campbell & Leaver, 2003)

Peer Roles in Inpatient Settings: Involving Those You Serve

- Integrate consumer choices at every opportunity
- Promote cultural change through inclusion of service recipients:
 - Service delivery systems reform
 - Policy development & revision
 - ┌ Program design/re-design
 - ┌ Environment & physical design changes

(Bluebird, 2008)

Peer Roles in Inpatient Settings: Why Hire Consumers?

- Peers can serve as role models, communicators, mediators, advocates, teachers and legal protectors
- Peers provide support from a perspective of experiential rather than professional authority

(Borkman, 1975)

- First hand experiences provide unique insights and analyses

Why Hire Consumers? (cont.)

- Self-help, peer support, and self-advocacy are being recognized as components of wellness, recovery, and even treatment *(Curtis & Hodge, 1995)*
- Peers understand the need for reform and often have the initiative to begin the task of creating new approaches to care
- Persons in recovery hired as staff at all levels, promote movement towards organizational culture shift!

Peer Roles in Inpatient Settings: Delivering Services Differently

- First hand experiences dealing with psychiatric disabilities equip peers with extensive practical knowledge and information in a way professional training cannot.

(Solomon, 2004)

- Peer relationships often incorporate friendship and encouragement; hope for recovery!

Delivering Services Differently (cont.)

- Peers may have greater tolerance for unusual behaviors and are less hampered by the need for “professional distance”

(Clay, 2005)

- Peers can help to implement creative strategies.
- Many peers are trauma survivors who can best relate to others with trauma histories

Peer Roles In Inpatient Settings: Core Values

- Built on trusting relationships
- Founded in philosophy of empowerment and recovery
- Self disclosure is central
- Based on mutual self-help

“Peer Principle” and “Helper Principle”

The “Peer Principle” emphasizes the equality and reciprocity that should exist within the peer relationship, with both peers learning from each other.

The “Helper Principle” suggests that working for the recovery of others facilitates one’s own recovery.

(Clay, 2005)

Peer Specialist Training

- Most peer specialists receive some training prior to taking role
- May be person already certified with a professional degree
- Georgia Peer Specialist Certification Project – providing training since 2001
- META or Recovery Innovations of Arizona another major training program
- DBSA now providing training around the country using the Georgia Model

Peer Roles in Inpatient Settings: Guidelines for Hiring

- Hospitals need to refine organizational structures and practices to accommodate peer providers
- Hospital staff needs to understand the importance of the peer role through training covering broad subjects

(Mowbray et al, 1998; Fisk et al, 2000)

- Support mechanisms for peer providers need to be put in place
- Important that a peer position be placed at executive level

(Bluebird, 2008)

Evidence Base for Peer Specialist Services

- (1995) Solomon and Draine found that consumer case management teams were equally effective as non-consumer teams
- (2000) Clarke et al found that fewer people were hospitalized or visited emergency rooms when served by consumer providers rather than non-consumer providers.
- (2002) Salzer and Shear show the benefits of peer specialists themselves, including improvement in their own recovery, increased feelings of social approval and stable employment.

Peer Roles in Inpatient Settings: State Offices of Consumer Affairs

- State Offices of Consumer Affairs expands the consumer voice in policy making, planning and practices:

- Policy and Regulation Development

- Program Planning

- Evaluation and Monitoring

- Contract Management

- Complaints and Grievances

- May support peer roles development

- Develop Peer Specialist Training

Peer Roles in Inpatient Settings: Peer Advocate

- Peer Advocate

(One of the oldest positions available to consumers. May not always be a staff position, but as part of disability rights staff)

- Complaint resolution
- Attends treatment team meetings at patient's request
- Protects patients' rights
- Consumer satisfaction
- Serves as "eyes and ears"

Peer Roles in Inpatient Settings: Peer Specialists

- Peer Specialists

(May also be called Recovery Specialists, Peer Mentors, Consumer Liaisons, Peer Bridgers and others)

- Participate in treatment team meetings
- Facilitate peer support groups
- Provide individual peer support

Peer Specialist Roles (cont.)

- Review and help develop hospital policies and procedures
- Serve as member of clinical team
- Assist with discharge transition
- Attend key hospital committee meetings
- Provide training to staff and service recipients

(Bluebird, 2008)

Peer Specialist Role (cont.)

Special activities may include

- Newsletter production
- Creative and artistic projects
- Environmental enhancements
- Creating “comfort rooms”
- Pet therapy
- Journaling and writing groups
- Alternative healing and wellness programs

(Bluebird, 2008)

Cindy Mayhew says:

- “What I am interested in is empowering people by just doing, like getting someone to stand up and tell their story. I want to see the patients in valued roles so they can first feel good about themselves and thus be more invested in their own wellness.”
- Cindy Mayhew, Recovery Support Specialist, Alton Mental Health Center, Alton, IL

Peer Roles in Inpatient Settings: Drop-In Center Director

Supervises drop-in center on hospital grounds to provide recreational and social opportunities

- Drop-in center is always a popular place
- Best if center operates independently
- Serves in various roles
 - Assist with orientation for newly admitted persons
 - Facilitate monthly unit government meetings
 - Administer consumer satisfaction surveys

From Ilisa Smukler, Drop In Center Director

- “For as long as I’ve been here, since 2002, there have been no safety incidents. We have 100–150 people come every day who claim it as their favorite place. They play pool, watch TV, hang out with their peers and have choices about what they want to do.”
- Ilisa Smukler, Director, Forest Park DIC and Patient Advocate, GEO Care, Inc. /South Florida State Hospital

Peer Roles in Inpatient Settings: Peer Bridger

- Provides support to individuals in institutions 3–5 months prior to discharge and 6 months to a year afterward in person's home
- Provides intensive support through a balance of social, recreational, and skills teaching
- Establishes linkages to community-based services and natural supports

(Mead, 2002)

From a Peer Bridger ...

“People served by a Bridger are often able to develop more trusting relationships. The difference between me and them is that I have power. I can come in to help mediate.”

(Marty Cohen, Baltic Street Mental Health, Staten Island, NY)

Peer Roles In Inpatient Settings

Client Liaison/“De-Briefer”

- Position created in Massachusetts, now in several MA state hospitals
- Conducts individual interviews following seclusion and restraint episodes
- Serves as a full member of the clinical team
- Works preventively with patients at risk for crises
- Works with patients proactively on their treatment plans

(Worcester State Hospital, MA)

Peer Roles in Inpatient Settings

Quote: Deni Cohodas

“In some cases peers may be the most able to reach someone, particularly if they approach them with their own history of seclusion and restraint, their history of trauma, or their own vulnerabilities as a person who experiences symptoms from their own psychiatric disability.”

(Deni Cohodas, De-briefer, Worcester State Hospital, MA)

Peer Roles in Inpatient Settings: Community Volunteers

- Integrating consumers from the community in volunteer capacities
 - Self-help groups (e.g. Schizophrenics Anonymous, Double Trouble in Recovery)
 - WRAP Groups (Mary Ellen Copeland)
 - NAMI Peer to Peer Training
 - Community and Statewide Consumer organizations (e.g. Florida PEER Network)

Peer Roles in Inpatient Settings: Emerging Roles for the Future

- New Specialized Areas of Practice:
 - Trauma Peer Specialist
 - Expanding Peer Debriefing Role
 - Art & Creativity
 - Documentary & Story Development
 - Crisis Prevention and Intervention
 - Emergency Room Peer Specialists
 - Personal Attendants

(Bluebird, 2008)

Peer Roles in Inpatient Settings

Barriers to Peer Roles

- Hiring only one peer
- Funding issues
- Staff not prepared
- Inadequate support
- Boundary issues
- Job description not clear
- Burnout – “overworked, overtired, overextended”

Peer Roles in Inpatient Settings: Hope, Transformation & Recovery

- The hope instilled in people recovering from mental illnesses through the dynamic exchange of peer support has the potential to foster hope and change for the mental health system.

(Campbell & Leaver, 2003)

Hope is Priceless!

“Hope is the thing with feathers --
That perches in the soul -- And
sings the tune without the words
-- And never stops -- at all”

– Emily Dickenson