Behavioral Health is Essential To Health

Prevention Works

Treatment is Effective

People Recover
The views, opinions, and content expressed in this presentation do not necessarily reflect the views, opinions, or policies of the Center for Mental Health Services (CMHS) or the Center for Substance Abuse Treatment (CSAT), the Substance Abuse and Mental Health Services Administration (SAMHSA), or the U.S. Department of Health and Human Services (HHS).
Strategies for Effective Integration of Peer Support in Mental Health Service Settings

National Center for Trauma-Informed Care Virtual Learning Network (VLN)

Session Five – June 2017
## Agenda for the call

<table>
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<tr>
<th>Agenda Item</th>
<th>Presenter</th>
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<tr>
<td>Check-in &amp; Attendance</td>
<td>Melody Riefer</td>
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<td>Introduction of Guest</td>
<td>Leah Harris</td>
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| **Strategies for Effective Integration of Peer Support in Mental Health Service Settings**  
- Cathy Cave - | Leah Harris |
| Q&A/Discussion | Leah Harris |
| Action Steps & Wrap-up | Melody Riefer |
Interactive Virtual Learning Network

• Use the Chat Box for introductions, questions and thoughts to share with your colleagues
  • *Press *6 on your phone to Mute/UNmute your phone
  • We do want to limit background noise and cross-talk

• Consistent attendance is really helpful!
  • When you join the call please type into the chat
    • Who’s on the call. *This is really important for teams that are sitting together and sharing a computer and phone*
Check-in & Attendance

<table>
<thead>
<tr>
<th>Facility</th>
<th>Location</th>
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<tbody>
<tr>
<td>Aspire (Albany GA)</td>
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<td>BHD Arlington County (Arlington VA)</td>
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<td>Chesapeake Integrated BH (Chesapeake VA)</td>
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<td>King County (Seattle WA)</td>
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<td>KishHealth System (DeKalb IL)</td>
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<td>Life Link (Santa Fe NM)</td>
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<td>Sertoma Centre (Alsip IL)</td>
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</table>
Strategies for Effective Integration of Peer Support in Mental Health Service Settings

Cathy Cave, Consultant
Inspired Vision, LLC
cathycave55@gmail.com

June, 2017
Real World Strategies

Mental Health Transformation Grant

- State Mental Health Authority
- Goal: Incorporate trauma-informed approaches, trauma screening and peer inclusion into mental health clinical service programs
- Recovery Support Specialist Roles: Vary depending on the setting and their expertise: participate in team meetings, complete trauma screenings, meet with individuals, facilitate peer support and other kinds of groups, etc.
- My role: Train all staff and facilitate shared leadership on regularly occurring support call for Recovery Support Specialists
“The commitment of the Program Manager made it possible to effectively support the Recovery Support Staff (peer supporters) and continually work to remove the barriers to sustaining this process.”

Site Visit Summary Report
What Would Peer Staff Say About Your Work Setting?

**Setting Facilitates Integration**
- Continuous Respect
- Viewed as Colleagues
- Viewed as Skilled
- Supported to do the work
- Clearly define roles and are negotiated with transparency as organization’s or individual’s needs change

**Setting Impedes Integration**
- NOT DOING THAT
Values Base: Understanding Trauma

- Commitment to see core values in evidence at every step of the process
- Believing in what is necessary to support healing:
  - Transparency
  - Voice
  - Collaboration
  - Mutuality
  - Choice
  - Trustworthy caring others
  - Belief in self-healing
  - Empowerment
Messaging

- People are not made less by their experiences
- Healing comes in defining, accessing, and honoring people’s approaches to recovery
- We can create environments based on relationships that foster hope and healing
- People who have experience navigating mental health systems are essential partners for effective practice within clinical settings
- We want our practice to be inclusive of people in peer roles
Clarity About Intentions For Inclusion: Who Peers Are and What Peers Bring

“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... It is about understanding another’s situation empathically through the shared experience of emotional and psychological pain.” (Shery Mead 2003)
Identified Role of Peer Support Staff

To bring a different type of conversation to treatment and service settings

- Identify organizational policies and practices that hinder recovery or
- Interfere with healing and growth or
- Disempower people who use services
Open Conversations About The Disconnects That May Occur in the Work

<table>
<thead>
<tr>
<th>Peer Support</th>
<th>Peer Support Is Not</th>
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<tbody>
<tr>
<td>Mutual</td>
<td>A “program model”</td>
</tr>
<tr>
<td>Voluntary</td>
<td>Focused on diagnoses or deficits</td>
</tr>
<tr>
<td>Non-judgmental</td>
<td>About “helping” others in a hierarchical way</td>
</tr>
<tr>
<td>Respectful</td>
<td>Being a “counselor”</td>
</tr>
<tr>
<td>Empathetic</td>
<td>Pressuring people to comply with treatment</td>
</tr>
<tr>
<td>Kind</td>
<td>Monitoring people’s behavior</td>
</tr>
<tr>
<td>Attuned</td>
<td></td>
</tr>
<tr>
<td>Understanding</td>
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Considered Challenges for Non-peer Staff

• Varied expectations about purpose and implementation of peer support
• Lack of role clarity
• Team coordination and communication
• Fear …What if?
• Administrative inconsistency
• Task coverage if there is only one peer
• Different views of helping
Considered Challenges For Non-peer Staff

• Concern and support for co-workers who are peer staff
• Staff who are not “out” as having personal experience with mental health services
• Staff who have trauma histories
• Social Exclusion
• Previous experience with colleagues who were formerly service recipients or part of the recovery community
Considered Challenges For Peer Staff

Everything non-peer staff face and …

• Organizational intent VS individual practice amongst non-peer staff
• Cooptation of peer support principles
• Expecting others to understand and support what they do
• Their role may be to teach
Considered Challenges for Peer Staff

- Disconnect between job descriptions and actual work
- Differences in pay and compensation
- Being called on as implementers or enforcers of other’s or the team’s agenda
- Unsure how to best use their lived experience
- Working without peer support
Meaningful Inclusion At Every Level

- **Writing the Grant** - considering infrastructure; non-peer staff roles, peer staff roles and service design
- **Creating Infrastructure** - direct supervisory lines and consistent supervisory practices for all staff (including but not only peer staff)
- **Facilitating access** to the Program Manager
- **Creating the Advisory Committee** - ensuring peer staff are well represented (1/3-1/2 of the advisory) and establishing and supporting their ongoing role and value
Meaningful Inclusion At Every Level

• **Training** - together everyone involved received the same training on trauma, trauma screening, Seeking Safety group facilitation, etc.

• **Establishing peer staff as integral and equal voices as part of the team**

AND…
Recognizing That Peer Staff:

• Were often the only person in their role, in their setting while their colleagues had a different experience
• Benefitted from non-peer staff consistently having more information about peer roles, expectations and responsibilities
• Because of confidentiality expectations, may experience challenges within their communities
• Sometimes were unable to continue their own community based recovery supports
• Benefitted from opportunities for peer support provided as part of their jobs (reason the recurring calls and efforts to increase the numbers were begun)
Organizational Strategies To Support People Working in Human Services

Parallel Process

Impact of stress and trauma on organizations

- Impact on staff who work there
- Impact on people accessing services

Bloom, S. SAGE for Organizations, 2009
Ingredients of Effective Supervisory Relationships In Organizations

- Values Base
- Ethics
- Strength-based and Problem-Solving Orientation
- Clear Expectations (Role Clarity, Supervisory Structure, Job Descriptions, Competencies)
- Accountability
- Modeling of Competence
- Feedback
- Developmental approaches for staff skill building
- Reflection

Cave, Johnan 2014, NCDVTMH 2015
I have to understand what my strengths and limitations are and work from a true place.

Sandra Cisneros
Reflective Supervisory Practices

• To sustain empathy and compassion for ourselves and others
• Reflection cultivates self-awareness and facilitates self-care
Incorporate Wellness: Enhancing Staff’s Capacities

EIGHT DIMENSIONS OF WELLNESS

- Emotional
- Spiritual
- Intellectual
- Physical
- Environmental
- Financial
- Occupational
- Social
Sharing What Works!
I know there is strength in the differences between us. I know there is comfort where we overlap.

Ani DiFranco
DISCUSSION QUESTIONS!
Action Plan & Wrap-up

• Next Learning Network call is **July 25\textsuperscript{th}**
• Complete a **PDSA Worksheet** based on our project
  • *Keep moving in small steps and scope*
  • *1 worksheet per step, action, or sub-goal*
• Submit completed PDSA Worksheet (or summary) for shared report out during the April Call no later than **noon on Wednesday, July 19\textsuperscript{th}**.
Our goal for this project...

We will increase meaningful involvement of peer workers within service delivery and leadership/management of programs by strengthening the definition and understanding of the role of peer services.

This is a priority because individuals with first person experience of recovery have a wealth of knowledge and compassion that is critical for continued improvement of the behavioral health system.

Tap into your experts!