Evidenced-based Practices of Peer Support

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Introductions

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Learning Objectives

Participants will be able to:

- Learn about the history of peer support and connect it to the work of the present.
- Describe various ways peer recovery supports can be used in the behavioral/health workforce.
- Learn about the evidence of peer support and the various frameworks and models.

The Power of "Peer Services"

- *"The peer-to-peer model is an exceptional example of the innovative ways in which we can help the system overcome its own barriers. Peer-support programs are not just empowerment programs…*

- *They are an expression…and an example…of the way the system is going to have to fundamentally change to foster healing relationships, and create an environment conducive for recovery."*
  - A. Kathryn Power, CMHS

Core Principles of Recovery and Peer-delivered Services

- A peer staff person is a person in recovery who offers services and supports to other people in recovery (Davidson, 2006).
- Peer support is a system of giving and receiving help based on values of respect and mutual agreement.

Five Overarching Philosophies

- Recovery
- Person-Centered Planning
- Citizenship and the 5 Rs
- Intentional Peer Support
- Trauma Informed Care

What is Recovery?

- Recovery is what people experience as they become empowered to manage their mental illness and/or substance use disorder in a manner that allows them to achieve a meaningful life and a positive sense of belonging in their community (State of Connecticut's Department of Mental Health and Addictions Services (DMHAS), 2002).

Person-Centered Perspective

- ***Being person-centered*** refers to an approach toward working with others that views the person as an expert on him or herself. Work starts with the goals, hopes and dreams of the person.

- ***Person-centered planning (PCP)***, at its core, is about recognizing that people with mental illnesses and/or people with a history of incarceration want the exact same things in life as ALL people.

Voices of Person-Centered Recovery

Citizenship

"Reentry is a time when people are learning to be a citizen instead of being under the thumb of the correctional system" (Taxman, 2004)

- Introduction of Citizenship
- The 5Rs: a measure of the strength of one's connections to the *rights and responsibilities*, *roles*, and *resources* that society makes available to its members and to *relationships* involving close ties, and supportive social networks in one's community.
- Background/History
- Current work on Citizenship

Intentional Peer Support

4 Tasks:

- Connection vs. Disconnection
- Worldview/Contextual Factors
- Mutuality
- Moving Towards

(Mead & Hansen, http://www.intentionalpeersupport.org/)

The Evidence…

Engage Studies

- **1992-93: Small RCT of frequently hospitalized clients.** Those randomized to a peer support group (Engage) had fewer readmissions & hospital days & increased use of OP services & self-help groups than those in usual care.
- **2006-2010: NIMH Replication Study**: Those receiving Engage had a greater increase in social functioning, increased rating of the importance of alcohol tx, greater reductions in 'problem drinking' & increased time spent in care than control group.

Evidence… Peer-delivered Services

CT Peer Engagement Specialist Study (2000-2002): RCT of people unengaged in tx with histories of violence or the threat of violence vs. self or others who received Peer Engagement Specialist (PES) care or case management care.

- Those receiving PES care experienced more positive regard from PES's than did those in standard care from their case managers. (continued)

Benefits of Peer-delivered Services

CT Peer Engagement Specialist Study (cont.)

- PES recipients were more motivated to receive care at 6 months than those receiving usual care.
- PES recipients showed more motivation in response to *negative* regard from their PES than did those receiving *negative* regard from their case managers in usual care. ('Tough love' from peers worked.)

Evidence… Peer-delivered Services

The Citizens Project (2001-2003): An RCT comparing a citizenship intervention (classes, valued role projects and wraparound peer mentor support) to usual care for persons with MI and criminal justice charges.

- Citizenship participants had decreased drug & alcohol use, increased quality of life & increased satisfaction with work than usual care participants. (cont.)

Evidence… Peer-delivered Services

The Citizens Project (continued)

- Both groups had decreased arrests.
- Qualitative finding: Citizens Project participants (students) built a strong self-help community geared toward supporting members' citizenship and social inclusion aspirations and activities.

Recovery-oriented interventions that are accumulating an evidence base

- Peer support in a variety of forms (e.g., recovery mentoring, recovery coaching, peer specialists, peer bridgers, health navigators)
- Person-centered care or recovery planning
- Wellness Action Recovery Planning (WRAP)
- Pathways to Recovery (self-help)
- Whole Health Action Management (WHAM)

Peer Support

has been found to:

- reduce readmissions by 42%
- reduce days in hospital by 48%
- Improve relationship with providers
- increase engagement with care
- decrease substance use
- decrease depression
- Increase hopefulness
- increase activation and self-care
- increase sense of well-being

Recent review by Chinman et al in Psych Services

WRAP and WHAM

- WRAP was found to significantly decrease symptoms and increase hopefulness, enhance quality of life, and lead people to be more likely to engage in self-advocacy with their service providers

- WHAM was associated with significantly greater increases in patient activation and engagement in primary care

Current & Previous Research by Yale PRCH

- PCORI – Increasing healthcare choice and outcomes (Bellamy)
- NIMH Peer Support Research Project to study Peer effectiveness in increasing community tenure - across 3 conditions (Project PEP)
- OptumHealth PeerLink Pilot Evaluation Project in Wisconsin and Tennessee
- Evaluation of Peer Life Coaching Project at CT Recovery Employment Consultation Service (C-RECS FOR-U, Inc.)
- Citizens project (involvement of PIR as Co-Researchers)

How Peer Specialists Can Assist

Social isolation

Disconnection with ongoing outpatient treatment

Powerlessness & demoralization regarding illness

How Peer Specialists can assist

Enhance social networks by

- role modeling
- facilitating peer support activities

Engages clients; makes treatment more relevant through collaboration

Activates clients; teach coping and street smarts; provides hope through role modeling

How Peer Specialists Can Assist

Overburdened/under-resourced providers

Fragmented services

Systemic lack of emphasis on recovery

How Peer Specialists can assist

Supplement existing treatment

Assist case managers/ Assist in system navigation to increase access

Emphasize recovery

-liaison

-challenge stigma

-community inclusion over symptom stabilization

What are some gifts Peers can offer?

- Instillation of hope
- Modeling one example of Recovery
- Mentoring
- Engagement
- Street Smarts and navigating system or living day-to-day life, e.g., poverty, discrimination, unstable housing, etc.
- Community networking/connecting
- “Lift as We Climb”

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Benefits of Peer Support?

- Provides an evidence-based, cost-effective adjunct to traditional treatment modalities
- Instills authentic hope for recovery
- Can provide continuity of relationships for persons moving across levels of care
- Helps with navigation and advocacy in complex and unfamiliar systems
- Based on voluntary (helper-therapy/wounded healer) principles reinforcing strengths, abilities, self-determination, and person-hood

Organizational Benefits of Peer Supports

- Organizational benefits:
  - Can fill identified service-gaps
  - Provides “expert” knowledge across agency as a whole, e.g., organization’s committee structures, materials, etc.
  - Influences agency culture and overall recovery-orientation (Chinman, CAI and O’Connell et al., RSA)
  - Establishes a cohort of known talent for career development

Key Factors for Implementation

- Convene Stakeholders (Mental Health; Courts; Probation; PIR; Community-based organizations; Family Groups, etc.)
- Gain Organizational Buy-In on Principles of Recovery and Citizenship
- Training for all staff in strengths-based person centered approach.
- Training for Peers in various models of Peer Support
- Training, preparation and support for Supervisors
- Development and training of PIRs to become Supervisors

Challenges faced by Peers in behavioral health workforce

- Criminal Justice Backgrounds – Going into prisons… being hired by organizations
- Creating a career and vocational path in a mental health system (What comes next? Advancement?)
- Role clarity and Salary Equity
- Supervision: administrative, educational & supportive (work stress, setting limits, adjusting to work, cultivating new skills)
- Changing organizational culture & coming to terms with where it stands now
- Training – initial and ongoing

Questions ?

Suggested Readings

- Rowe, M., Bellamy, C., O'Connell, M., Benedict, P., Davidson, L., Baranoski, M., Sells, D. (2007). Reducing Alcohol Use, Drug Use, and Criminality among Persons with Severe Mental Illness: Outcomes of a Group- and Peer-Based Intervention. *Psychiatric Services, 58*, 955-961.

- Tondora, J., O'Connell, M., Miller, R., Dinzeo, T., Bellamy, C., Andres-Hyman, R., & Davidson, L. (2010). A Clinical Trial of Peer-Based Culturally Responsive Person-Centered Care for Psychosis for African Americans and Latinos. *Clinical Trials: Journal of the Society for Clinical Trials, 7*(4), 368-379. PMID: 20571133

- Davidson, L., Bellamy, C., Guy, K., & Miller, R. (2012). Peer support among persons with severe mental illnesses: a review of evidence and experience. *World Psychiatry, 11(2*), 123.

- Bellamy, C. D., Rowe, M., Benedict, P., & Davidson, L. (2012). Giving Back and Getting Something Back: The Role of Mutual-Aid Groups for Individuals in Recovery From Incarceration, Addiction, and Mental Illness. *Journal of Groups in Addiction & Recovery,* 7(2-4), 223-236.

Suggested Readings

- Sells D, Davidson L, Jewell C, Falzer P, Rowe M. The treatment relationship in peer-based and regular case management services for clients with severe mental illness. *Psychiatric Services*, 2006, 57 (8), 1179-1184. PMID: 16870970. At a time when the innovative practice of employing persons with mental illness (peers) on community-based treatment agencies was gaining momentum but lacked a scientific basis, this article reported on positive findings regarding the special engagement skills of peers, based on finding from a randomized trial under my direction as Principal Investigator.

- Rowe M, Bellamy C, Baranoski M, Wieland M et al. A peer support, group intervention to reduce substance use and criminality among persons with severe mental illness. *Psychiatric Services,* 2007, 58(7), 955-961. PMID: 17602012. This article reported on the positive findings of a randomized controlled trial of an experimental intervention, based on the citizenship framework, for persons with mental illness and criminal justice histories. It provides the first scientific evidence of the effectiveness of a citizenship-based approach.

- Rowe M, Benedict P, Sells D et al. Citizenship, Community, and Recovery: A Group- and Peer-Based Intervention for Persons with Co-Occurring Disorders and Criminal Justice Histories. *Journal for Groups in Addiction and Recovery*, 2009, 4 (4), 224-244. This article provides an in-depth description of the citizenship intervention and includes qualitative findings on innovative elements of the intervention such as applying citizenship skills and learning in practice (through community valued role projects), the use of ritual to develop a cohesive community of participants (graduation at City Hall), and other elements.

For more information…

- For more Information on Peer Support, please contact:
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