

Powerful Partnerships: The Impact of Peers on Clinically Oriented Services

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Discussion

Peer Specialists and Clinicians

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Strengths and Limitations

Different Perspectives, With Overlap

Peer Specialist Perspective	Overlap	Clinical Perspective
Work is guided by the Principle of Mutuality defined as a focus on the connection between the Peer Specialist and the peer wherein there is reciprocity.	**Unconditional positive regard for the individual being served.**	Clinicians are in the role of helping and supporting participants with a focus on diagnosis, identification of strengths and treatment. There is not an expectation of reciprocity in clinician/participant relationships.
Focus on learning together rather than assessing or prescribing help.	**A desire to support recovery and the person's achievement of their human potential.**	Focus on assessing and helping.
Emphasis on sharing and exploring life experiences where both individuals share personal experiences and perspectives.	**The importance of connection, finding common ground, and respect.**	Emphasis on exploring program participants' experiences, with less expectation for the clinician to share their personal experiences.

(Deegan, 2017)

Different Perspectives, With Overlap (cont'd)

Peer Specialist Perspective	Overlap	Clinical Perspective
There are many ways to understand the experience of what gets diagnosed as mental illness: bio-psycho-social; spiritual; cultural; distress as teacher; altered states; a natural variation of human experience, etc.	**A commitment to support the person in making meaning of their experience.**	The bio-psycho-social approach is the main framework for diagnosis and treatment while utilizing a cultural competency framework.
Do not participate in the delivery of involuntary interventions such as commitment to a hospital or outpatient commitment.	**Both clinicians and Peer Specialists recognize the importance of choice and self-determination in the recovery process.**	Involuntary interventions such as commitment to a hospital can be justified as clinicians struggle to balance the Duty to Care with the Dignity of Risk.
Trained to be advocates for and with participants. Advocacy may include speaking up about participant's needs and goals, and/or coaching participants in speaking for themselves. Advocacy may also include advocating for participant's legal rights, civil rights and human rights.	**Both clinicians and Peer Specialists strive to listen carefully to the needs, preferences, goals and aspirations of participants.**	Many are trained in recovery oriented practice which is strengths based, person-centered and aimed at supporting participants in achieving their unique goals.

(Deegan, 2017)

Different Perspectives, With Overlap (cont'd)

Peer Specialist Perspective	Overlap	Clinical Perspective
Peer Specialists are members of a socially devalued group often referred to as "the mentally ill". As such they are keenly attuned to stigma, dehumanizing practices, objectifying language, prejudice, discrimination and even offensive or traumatizing practices in mental health, health and social service systems. As advocates, Peer Specialists will speak up if clinicians slip into language or practices that (often unintentionally) devalue participants or reinforce the status of being socially devalued.	**Together, clinicians and Peer Specialists strive to create a culture of respect throughout behavioral health systems and in the general public.**	Clinicians who have not self-disclosed a personal psychiatric history, are not part of the socially devalued group known as the mentally ill.

(Deegan, 2017)

Two Examples of Clinical Services Employing Peer Specialists

OnTrackNY

My health. My choices. My future.

CCBHC

Certified Community Behavioral Health Clinics

OnTrackNY
My health. My choices. My future.

Clinician and Peer Roles

Primary Clinician (Drapalski, et al., 2015)

- Provide emotional and practical support
- Outreach, engagement, and retention
- Conducts needs assessments
- Provide psycho-education
- Recovery coaching sessions that focus on skill building
- Safety planning and wellness management
- Connects participants and families with the services and supports

Peer Specialist (Altman DuBrul, et al., 2017)

- Outreach/Engagement/Bridge Building
- Relationship Building
- Embracing Creative Narratives
- Co-Creating Support and Wellness Tools
- Influencing Team Culture

How do these roles differ? How might they overlap?

“Embedded” Peer Specialists

“Working as part of a team allows for productive synergy to take place between the clinical and peer roles, helping to support and define each other, while positively influencing one another’s perspectives and cultures.” (Altman DuBrul, et al., 2017)

“One of [peer specialists’] more significant contributions…may be to contribute to organizational change. [Georgia’s peer specialist program stated they may] ‘act as change agents in the mental health system by providing professional, clinical, and administrative colleagues with their unique insight into mental illness and what makes recovery possible’” (Jones, 2015)

Clinician and Peer Roles

Clinician

- To partner and learn how to become more attuned towards how supplemental Supports (e.g. Peer specialist, CASAC) can improve quality of care and sustain higher therapeutic outcomes (e.g. staying out of hospital)
- To help Identify, refer or invite partnering with supplemental supports separate from the CCBHC structure of care that will be most effective for an individuals successful path to wellness

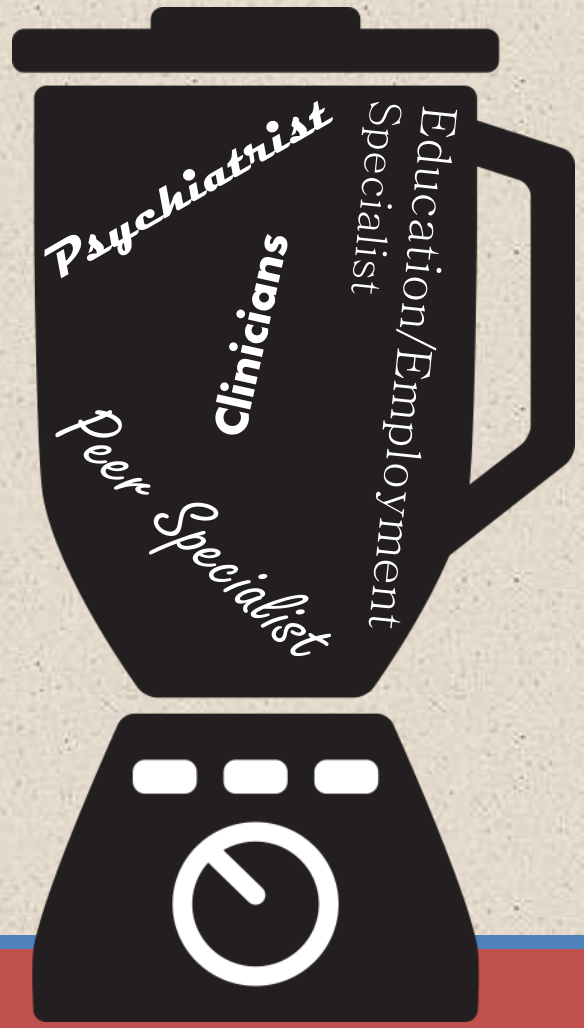
Peer Specialist

- To partner with Clinicians, Psychiatrist and other Mental Health and substance Abuse professionals to provide collaborative servicing
- Implement Consistent and Ongoing Peer Professional Engagement through individual and group contexts that augments traditional Clinical Mental Health interventions

How do these roles differ? How might they overlap?

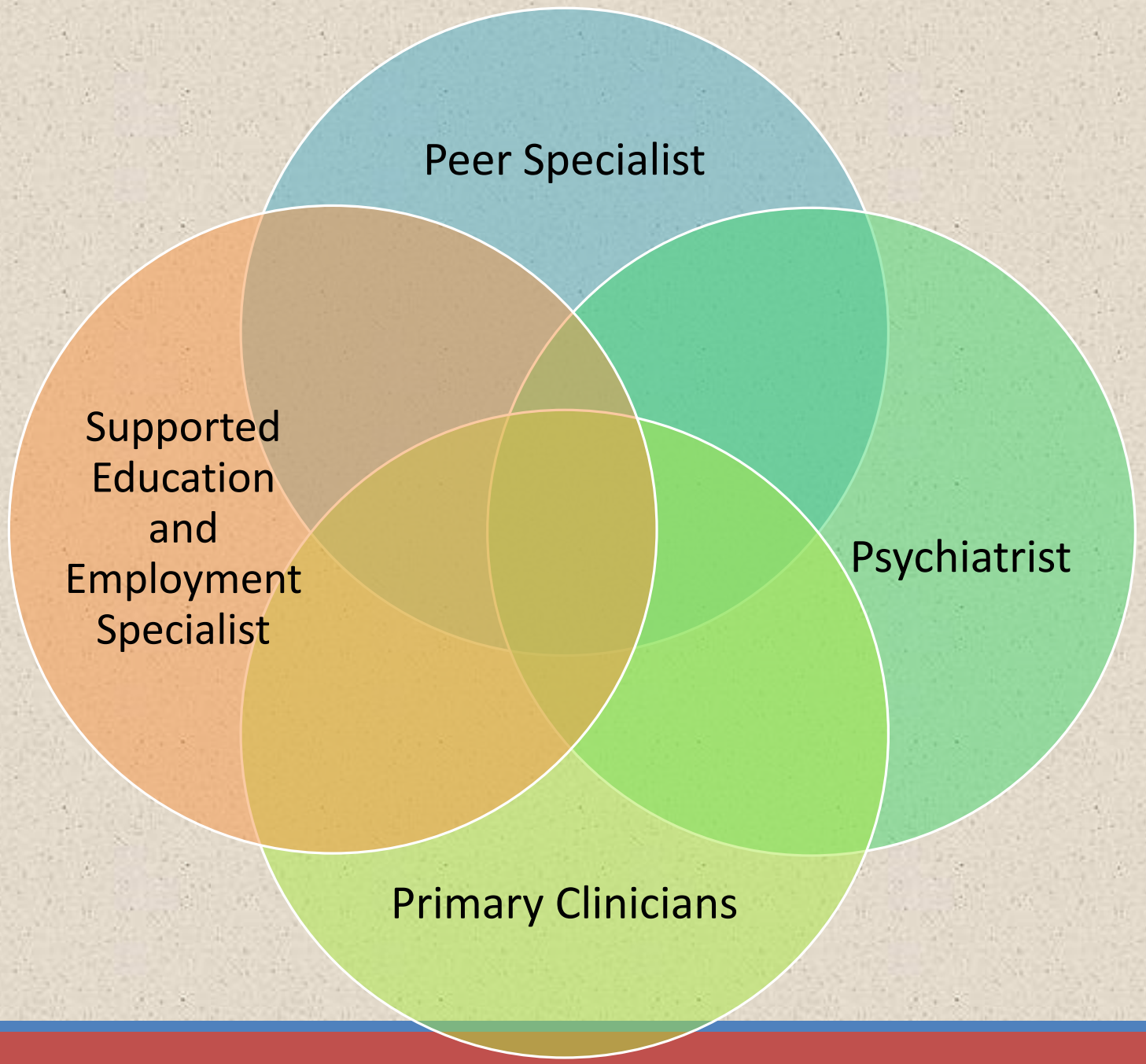
Role and Communication Flow Challenges

Lack of Role Clarity



Staying Inside the Box

An Integrated, Well-Defined Team



How do peer values fit into OnTrackNY and CCBHC?

iNAPS National Practice Guidelines for Peer Supporters

- Peer support is voluntary
- Peer supporters are hopeful
- Peer supports are open minded
- Peer supporters are empathetic
- Peer supports are respectful
- Peer supporters facilitate change
- Peer supporters are honest and direct
- Peer support is mutual and reciprocal
- Peer support is equally shared power
- Peer support is strengths-focused
- Peer support is transparent
- Peer support is person-driven

Intentional Culture Shift

"Peer Specialists are living proof that recovery is real"

(Altman DuBrul et al., 2017)

Intentional Culture Shift

Intentional culture shift in the context of the Peer Specialist role is about actively and intentionally demonstrating the magnitude of Peer Specialists' competencies…the impact is much more than just having a catch all, undefined, or limited role, title, or presence on a clinical team.

Peer Specialists can:

- Consistently share perspectives during professional interactions regarding problem solving and success with individuals and their families.
- Introduce new, non-traditional ideas, options, and possibilities for reaching collaborative solutions with clinical colleagues.
- Facilitate engagement with participants and families that demonstrates the effectiveness and overall impact of peer support to the entire team

Peer Drift

Peer Identity	Peer Drift
Comfort using recovery story as tool	Discomfort using recovery story as tool
Support relationship is a mutual learning experience between peer specialist and service recipient	Relationship is treated as an opportunity for expert instruction by peer specialist
Focus on strengths, skills and opportunities	Focus on problems, barriers, symptoms and diagnoses
Striving to keep interactions simple, authentic and real	Distant interactional style that focuses more on professional and objective standards than on subjective and flexible human connections
Advocate for individuals to find their own voices, make self-determined choices and take calculated risks in service of recovery and personal goals	Encourage individuals to comply with professional advice, defer decisions to others and avoid challenging situations that may be stressful
Self-confidence, security and pride about performing peer support role	Self-doubt, insecurity and shame about performing peer support role

Adapted from: Chinman, Henze & Sweeney (2013)

True Examples of Strong Collaboration

Barriers That May Prevent the Formation of Strong Peer/Clinician Partnerships in Clinical Services

- Traditional clinical structures
- Imbalanced perspectives
- Dominant roles
- Limits to integration
- Lack of training (or training is homogenous)
- Agency doesn't place high value on lived experience
- Poor communication due to time constraints, lack of understanding, or disinterest
- Rigidity/Defensiveness
- Poor role definition
- Power sharing issues
- Doing things the way they've "always been done"

Key Components That Will Promote the Formation of Strong Peer/Clinician Partnerships in Clinical Services

- Team culture that values diversity in perspectives and experiences (Open-minded)
- Agency culture that values lived experience
- Truly integrated approach to services
- "Embedded" Peer Role
- Open communication patterns
- Clearly defined roles, but with flexibility
- Creativity
- Willingness to embrace change
- Openness to sharing power and fully collaborating
- Good training at all levels

“There was so much wisdom brought to the table by peer workers, and because of the training environment, the clinicians were given the opportunity to be way more open than a conventional team. What this looked like in practice ranged from clinicians changing the kind of language they used in meetings to giving peer workers the authority, on the ground, to take the lead in situations where they clearly had more expertise.” (Altman DuBrul, 2019)


ANY
QUESTIONS
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Thank you!

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