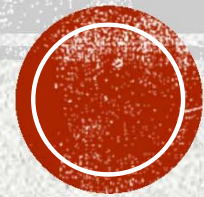


WHO DEFINES PEER SUPPORT?: **The Danger of Substituted Values & Voice**

Darby Penney
NYAPRS 2017



C/S/X MOVEMENT: A BIT OF HISTORY

■ 1970s:
users/survivors
of psychiatry
organized to:

Protest inhumane treatment
by institutional psychiatry

Protect & expand human
rights

Demand an end to forced
treatment and other abuses

Demand broad access to
freely chosen alternatives

Penney & Prescott, 2016

■ Movement's organizing principles:

Freedom of
choice

Voluntariness

Equality

Self-
determination

Nothing
About
Us
Without
Us!

PSYCHIATRIC ESTABLISHMENT RESPONSES

- Harmful practices 'in the past; things are better now'
- Force unfortunate, but necessary & effective
- By virtue of diagnoses, survivors are incompetent to speak to their own needs

CO-OPTATION:

The process by which a dominant group tries to absorb or neutralize a smaller, weaker group that poses a threat to its continued power.

Penney & Prescott, 2016

CO-OPTATION TAKES MANY FORMS

Appropriate other group's language without adopting underlying values

Single out individuals from other group for recognition but no power

Articulate support for other group's goals while secretly working to undermine them

Appropriate other group's personal narratives & interpret them in ways that diminish their power

CO-OPTATION & THE MOVEMENT

■ Survivors invited to policy meetings but disadvantaged by:

- Included as tokens; insufficient numbers
- Lack of familiarity with bureaucratic procedures & unspoken codes

NAMING OURSELVES

- Naming oneself is fundamental to claiming one's identity

Around the world, we refer to ourselves by many names

Psychiatric
survivors

Users &
survivors of
psychiatry

Ex-patients

Ex-inmates

People with
psychiatric
labels/histories

BEING RE-NAMED BY OTHERS

- 1980s: “CONSUMERS”

2010s: “PEOPLE WITH
LIVED EXPERIENCE”



HOW 'PEER SUPPORT' MORPHED INTO 'PEER SPECIALIST'



WHAT IS PEER SUPPORT?



SEEMS SIMPLE...

Peer

- An equal
- Shared demographic/
social position
- Similar life experiences/
challenges

Support

- Empathy
- Encouragement
- Assistance
- Reciprocal relationship

Blanch, Filson, Penney & Cave, 2012;
Penney, Prescott & Mead, 2009

PEER SUPPORT IS...

Reciprocal process: people with something in common give & receive help

Mutual relationships based on shared experiential knowledge

Natural human tendency to respond compassionately to shared difficulties

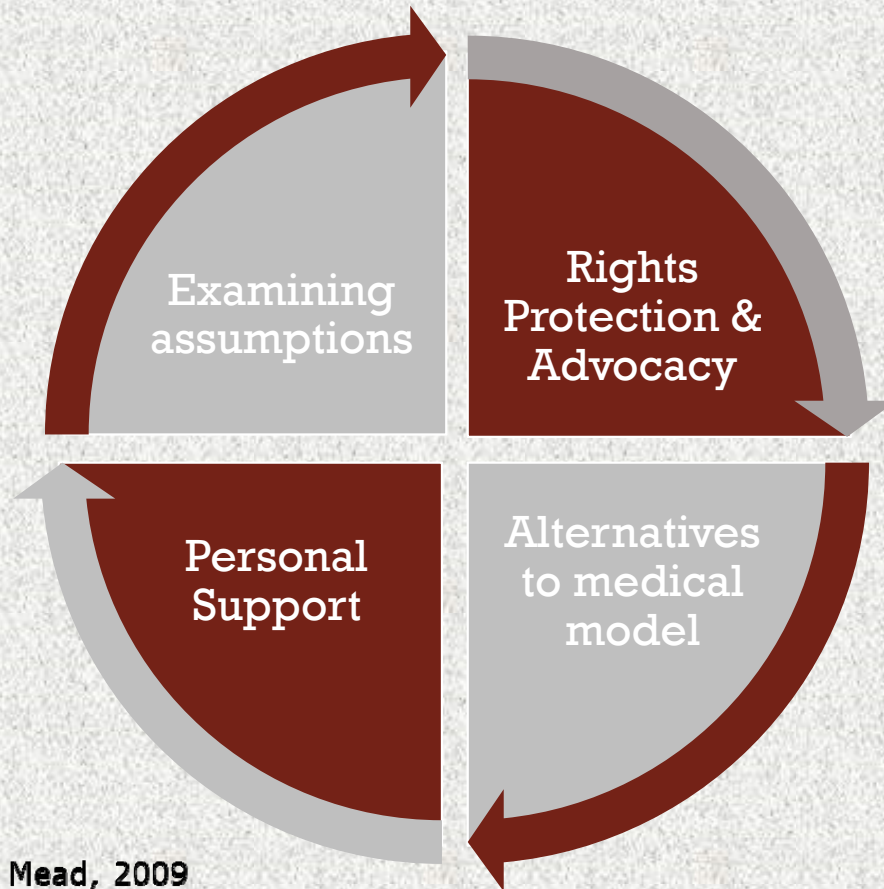
THE PERSONAL IS POLITICAL

Powerlessness: result
of mental health
practices & social
discrimination

You are not to blame;
you are not alone

Penney, Prescott & Mead, 2009

COMPONENTS OF PEER SUPPORT



Penney, Prescott & Mead, 2009

PEER SUPPORT IN US: MAJOR REVIEWS SINCE 2006

SAMHSA's
Assessing
the
Evidence
Base
Review
(Chinman,
et al,
2014)

Cochrane
Review
(Pitt ,et al.,
2013)

Walker &
Bryant,
2013

Davidson,
et al.,
2012

Rogers , et
al., 2010

Davidson.
et al.,
2006

Studies used a range of confusing, incompatible definitions

No one questioned whether what was under study was, in fact, “peer support”

ALL conflated “peer support” with *any service provided by someone working in a ‘peer’ job*

DUELING “PEER SUPPORT” DEFINITIONS

System of giving & receiving help among people with shared experiences, based on:

Respect

Shared responsibility

Mutual agreement of what is helpful

NOT based on psychiatric models and diagnostic criteria
Mead, 2008

Direct service delivered by a person with a serious mental illness to a person with a serious mental disorder

Chinman, et al., 2014

FINDINGS

Minimal to moderate evidence that adding peer-delivered services to traditional mental health services may be effective on some outcome measures.

FINDINGS

**Staff with
psychiatric
histories:**

- Work in para-professional roles in traditional programs
- Often perform the same tasks as non-peer staff

**Job
descriptions
vary:**

- clinical and/or para-professional services
- clerical staff ; janitors; van drivers
- undefined roles that evolve based on perceived needs of the organization.

FINDINGS

Most peer workers not trained in peer support values & skills

Assigned tasks may conflict with peer support values

- Pressuring clients for medication compliance
- Reporting clients' behavior to clinicians
- Keeping case notes

METHODOLOGICAL PROBLEMS NOTED BY REVIEWERS...

**Study design
problems**

**Insufficient
information
about service
models & context**

**Lack of clearly
defined jobs &
tasks**

BEGINNINGS OF PEER SPECIALIST JOBS

1986: Colorado
Mental Health
Consumer Case
Manager Aide
Program

1993: NY
State Peer
Specialist
civil service
job

1990: NIMH
Grant- Peer
Specialists on
ICM teams,
NYC

2001:
Georgia
Peer
Specialist
Certification

NY PEER SPECIALIST JOB, 1993

- Developed by psychiatric survivors

Intent: bring genuine peer support to state-run programs

Undermined by administrators & clinicians

Some quit, others experienced crises, others “failed” probation

CMS MEDICAID LETTER - 2007

Federal Center for Medicare and Medicaid Services defined reimbursable “Peer Support Services” as:

An evidence-based mental health model of care which consists of a qualified peer support provider who assists individuals with their recovery from mental illness and substance use disorders

CO-OPTATION HAPPENED

Appropriate other group's language without adopting underlying values

Single out individuals from other group for recognition but no power

Articulate support for other group's goals while secretly working to undermine them

Appropriate other group's personal narratives & interpret them in ways that diminish their power

HI. I'M LEO, YOUR PEER SUPPORT WORKER. LOOK. HERE IS MY I.D. BADGE. NOW, I HAVE TO CONDUCT A RISK ASSESSMENT AND I WILL DOCUMENT THIS VISIT IN YOUR CASE FILE. NOW THAT YOU ARE MY CLIENT, LET'S TALK ABOUT HOW WE WORK TOGETHER ON THE BASIS OF PEER VALUES OF EQUALITY, MUTUALITY AND RECIPROCITY!

I DON'T THINK SO SOMEHOW...



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January 2013

CO-OPTATION: AN ON-GOING PROBLEM

- Experience shows:
 - Survivor voices & values are undermined
 - Survivor influence is diminished

Issues of power & privilege must be addressed to enable survivors to work as partners with professionals

LET'S BE CLEAR ON THE DISTINCTIONS

Genuine peer support
promotes dialectical
inquiry in a quest for
healing and growth

Hiring peer staff as
paraprofessionals within
traditional agencies
supports the status quo