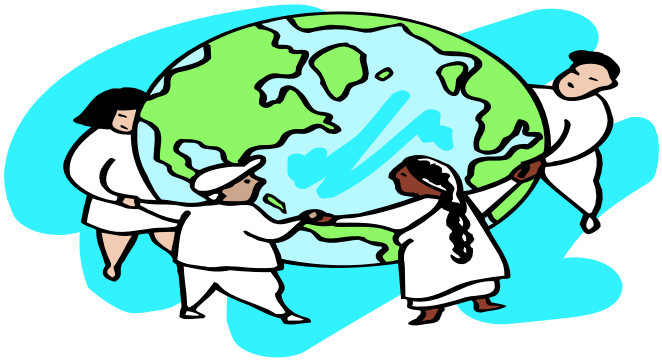
The Philadelphia Department of Behavioral Health and Mental Retardation Services (DBHMRS)

Tools for Transformation Series: Peer Culture/Peer Support/Peer Leadership



Recovery is the process of pursuing a contributing and fulfilling life regardless of the difficulties one has faced. It involves not only the restoration, but also continued enhancement of a positive identity as well as personally meaningful connections and roles in one's community. It is facilitated by relationships and environments that promote hope, empowerment, choices and opportunities that promote people in reaching their full potential as individuals and community members.

Philadelphia Department of Behavioral Health/Mental Retardation Services (DBHMRS, 2006)

The Philadelphia Department of Behavioral Health and Mental Retardation Services (DBHMRS)
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Tools for Transformation Series: Peer Leadership Authorship page

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Introduction

Creating a recovery-oriented system of care is a top priority of the Philadelphia Department of Behavioral Health and Mental Retardation Services (DBH/MRS). A recovery-oriented system is committed to supporting people in moving beyond their problems and challenges to develop a full and meaningful life in the community. This process involves discovering the hopes and dreams of people, who have experienced mental health and/or substance use issues, and using the assets of these individuals, their families and the community to achieve these hopes and dreams. It is grounded in the evidence that people impacted by such behavioral health issues can successfully achieve long-term recovery. In a recovery-oriented system of care, the thoughts and ideas of individuals and family members in recovery are taken seriously; service providers assertively include people in recovery and their families (as defined by the person) in making decisions. Each individual is treated as a whole person (body, mind and spirit) and in the context of his/her culture.

This document is one of a series of resource packets produced by the DBH/MRS to provide tools and a greater understanding of key recovery concepts for persons in recovery, family members, service providers and DBH/MRS staff as part of the Philadelphia DBH/MRS Recovery Transformation.

Each packet in the Tools for Transformation series focuses on a system transformation priority area that has been identified as important by numerous stakeholders in the system. During the next 12 months, these priority areas will be the focus of our recovery transformation. Other resource packet topics include:

- recovery planning/person directed planning,
- family inclusion and leadership,
- holistic care,
- partnership,
- quality of care.

Each packet has:

- Information for persons in recovery, providers, and DBHMRS staff about the priority area;
- A self assessment checklist for providers that lets them evaluate their own practice in the topic area;
- A similar checklist for people in recovery to think about ways their provider is supporting them in this area and to develop ideas about other ways that support could be given;
- A checklist for people in recovery to explore how they are doing in the area and to get some new ideas for ways they could take more steps in their own recovery;
- A checklist for DBH/MRS staff that lets them evaluate their practices in a priority area; and
- A resource list with information that can be obtained through websites, books and articles.

Peer Culture/Peer Support/Peer Leadership

Concept to Practice Paper

Of the many shifts required to move to a recovery oriented system, understanding and elevating the role of the person in recovery is perhaps the most critical. Many provider organizations as well as departments of DBH/MRS have been working within a Recovery oriented framework for some time. It is essential that we recognize this work, celebrate it and continue to learn and grow together. At the heart of a recovery oriented system is the belief (supported by a growing body of scientific research) that people with serious mental health issues and substance use disorders can and do recover, that people in recovery can provide vital support to each other in achieving long-term recovery, and that they can also play important roles in designing, delivering, and evaluating services. A growing number of programs and organizations are harnessing the power of peer support through the development of strong peer cultures and assertively linking consumers to local communities of recovery.

In a recovery oriented program and system, the unique contribution of each person is recognized. The person receiving services is seen as the expert in their own lives. The provider is seen as a person with expertise based on training and experience. Their relationship is a partnership between two or more people who recognize and respect the unique contribution that each brings to the table and who work together to develop solutions, approaches and plans.

The current increase in interest in peer support mirrors changes that have been taking place in physical health care and substance abuse care for many years. The critical importance of the lived experience of "survivors" of breast, prostate, colon cancer, of gastric bypass, of open heart surgery, stroke and substance abuse issues has become an accepted and vital part of the healthcare system. While the role of the medical team is obviously essential, most individuals faced with challenging medical issues such as these, also gain strength from hearing the wisdom and hope from others who have been faced with similar challenges. The stories of survival and success that those with lived experience bring, does not take away from the needed expertise of the physician, nurse, social worker, clinician, but rather supplement it. This assumes that with appropriate support the person in recovery can and will assume responsibility for their own healthcare.

The movement toward "patient responsibility" is a greater leap in behavioral health because of the long standing and deeply held stigma and prejudice that exists in society toward those with substance use and mental health issues. This stigma exists in society as a whole, in the behavioral health system, and in many cases is internalized in the person who is receiving services. The healing partnership works at all levels to identify and erase this stigma that holds all participants in the system back from their full potential.

Just as a cancer survivor can offer a variety of expertise based upon the wisdom gained through survival, struggle and success, to those in treatment, so also can recovering persons in mental health and substance abuse services. Central to recovery is sharing what you have learned and developing the role of "contributor" to the recovery of others. This is the heart of peer support.

A growing body of evidence suggests that peer support is a powerful resource in many ways. People can give support and guidance to others who are struggling with concrete issues they may have faced. Who better to talk about medication side effects than those who have experienced them? Who better to work at issues of integrating into life in the community than those who are further down the road and have developed resources? Who better to explore the varieties of strategies and coping mechanisms for symptom management with someone who is struggling than those who have found success using them?

At the provider level, peer support offers the opportunity for staff to learn new strategies that they in turn can share with others. A true peer culture recognizes the contributions of each in a spirit of mutual respect, mutual learning and partnership.

In addition to enhancing the pool of recovery strategies, peer support is a potent motivator to both the person gaining support and the person receiving it. As people gain confidence and competence giving support, they have the potential to develop their inherent leadership skills. Many people who deal with the challenges of mental illness, addictions or both have tremendous courage and determination and only need support and education to channel those assets into leading others in their recovery. This experience is especially meaningful to people who might appear, at first, to be "unmotivated." These are often people who have tried to change before and have failed or they have been discouraged from trying by a system that does not always value risk-taking that leads to growth. Moreover, people who share their own journey with others who may be struggling, convey hope and instill motivation. They show that recovery is real and send the message that "if I can do it you can too".

The delivery of volunteer or paid services by recovering persons not only motivates other people in recovery, it also reminds professional staff of the reality of recovery. Their presence at the table counteracts stigma, including the "we/they" language and negative diagnostic and clinical language that destroys hope and that conveys a diminished social and human status to the person being served.

There are many ways to infuse peer support throughout the behavioral health system and into the community. All services and participants can recognize and support the use of mutual support. Creating opportunities for peer-led community meetings, linking people who have worked through specific problems with each other for support, developing alumni organizations, providing leadership opportunities on agency boards and committees, enlisting the knowledge and resources of the community of people in recovery in planning and policy development, and

seeding and linking with peer support groups at the agency and in the community are all critical elements of using peer support and creating a peer culture.

End

Peer Culture/Peer Support/Peer Leadership

Document for People in Recovery:

What does it mean to develop a peer culture, what is different?

In the traditional behavioral health system the "provider" was seen as the expert who had knowledge that could be shared with or taught to the person seeking support and help. In a recovery oriented system this expert/patient way of looking at things shifts to be two (or more) people coming together to solve problems. A peer culture recognizes that everyone in the "community" has knowledge and skills that can be used for solving whatever challenges they face together.

In this kind of system, the person receiving services is seen as being in charge of their own recovery, and the "provider" is seen as an important and helpful resource. The community of peers is also seen as a resource. Each person's pathway to recovery is different but learning for all can happen through recognizing that sharing those pathways can spur others on in their own growth.

In a peer culture, people in recovery are employed at all levels of the system. Some of the professionals in the system are also open about their own journeys of recovery. There is representation of recovering people at all levels of the system. Further, recovering people are members of planning committees and agency boards. This representation is not just a "token" representation, but based in the shared knowledge that with the recovering voice present, decisions are fully informed.

In a true peer culture there will also be services that are "operated by people in recovery." These are services that are planned, managed and provided by people in recovery. There may also be services that are "partnership services" where delivery and control of the services is shared with people who are not in recovery.

What is the nature of peer support?

At some time or another in life, all of us have had peer support. In the face of a challenge in our lives we turned to people who had walked a similar path. Their thoughts and ideas were of special value to us because we felt they could relate to us, they had been where we were and had found a way out. Groups like AA, NA, Reach for Recovery, MADD, and SAD are all examples of groups that were formed out of the recognition of the power of peer support.

The peer support relationship is one that is based on shared respect, shared experience, honesty and a commitment to helping. Peers help us realize that while each of us has unique challenges there are also similar aspects to any challenge that we face. Peers can help each of us see new ways of using our resources and can even help us understand better how professional support can be helpful. Knowing that other people have faced these challenges and found a way through can help all of us find hope. Helping someone else feels good, it helps you recognize how far you have come and have more hope for your own ability to move even further along in your journey.

What is the role of the peer specialist?

Peer specialists receive special training to provide peer support. They go through an intensive two week training from a provider approved by the state to learn skills in providing peer support. They learn to tell their own recovery story, to identify their own recovery tools, to develop and use a Wellness Recovery Action Plan (WRAP) and to share this tool with others. They learn communication skills, learn about boundary issues in working for an agency and providing peer support and learn about other aspects of working in the health care field. Once they have completed this training and have been certified, they can be employed as certified peer support specialists (CPS) in provider agencies or on independent peer specialist teams.

Peer specialists model for the staff of an agency and for the people in recovery that recovery is possible. Their primary role is to provide peer support, to help people identify and achieve their own goals that will move them toward having the life they want in the community. They may do this through being with people in the community as they try out new skills and learn and experience new things. CPS may lead groups, participate in treatment team meetings, support new program development, advocate for people in recovery and help to connect people to support systems in the community like mutual self help groups, faith based groups or educational opportunities.

What Can I Do To Promote a Peer Culture/Peer Leadership and Give Peer Support?

- The most important thing is to be aware of the people around you who may be struggling as you have struggled in the past and to offer a helping hand. You don't have to have the answers to their problems, you can be a listener. If they are interested you can share some of the coping skills you found that helped you.

- Another idea is to volunteer or work at your agency . Join committees and help with consulting about services and what people in recovery can do to help them be better.

- Another idea is to make plans with other people to do things together. Are there other people who might not know what you know about taking the bus, the El or the train? Do you know about free music performances in the community that someone else might enjoy? Do you know about good self help groups in the community that someone else might want to attend?

- Ask the staff for time to have community meetings that you and others might be able to lead. Gather topics for discussion from the group, have people share their recovery stories, or exchange information. Plan to bring food sometimes, make a meal together or make something else together.

You have more to offer than you know! We all need each other!

Peer Culture/Peer Support/Peer Leadership

Four checklists follow this definition of Peer culture/Peer leadership. If the checklists are provided separately, you may decide to include this definition.

Peer culture/Peer support/Peer Leadership **system value and priority is defined in the following way:**

The power of peer support within communities of recovery is recognized through:

1) ***hiring persons in recovery into Certified Peer Specialists and other positions,***

2) ***assuring representation of people in recovery at all levels of the system,***

3) ***developing respectful, collaborative referral relationships between service structures and local recovery mutual aid societies, assertively linking people to peer- based recovery support services (i.e. mutual self help groups, informal peer support, etc.),***

4) ***acknowledging the role that experiential learning can play in initiating and sustaining a recovery process,***

5) ***ensuring people in recovery have active leadership roles at all levels of the system***

(Blueprint for Change, Philadelphia DBH/MRS, 2006)

Provider Checklist- Please think about your own practices and see how many of these activities support peer culture/support and leadership.

Statement	Yes	No	Notes
I know the benefits of mutual self- help groups and share them with the people I work with**.**			
Mutual self -help is a core component of our service approach.			
I have a list of all the self -help groups in the community where I work.			
I refer people to self help groups.			
People in recovery are on agency committees and our board of directors.			
People in recovery who serve on agency committees and boards are encouraged to speak up; their comments are taken seriously; and they aren't interrupted in meetings.			

Provider Checklist continued on the next page

Statement	Yes	No	Notes
We have bathrooms for all people, not one for staff and one for people who receive services at our agency.			
I connect people in recovery to their peers who may have had similar experiences or challenges.			
I seek input and feedback from people in recovery about approaches I take in my work.			
I work to connect people in recovery with education, training and support to develop their talents and leadership skills.			
I have attended a self-help group in order to understand their process and the resources they offer.			
We have planning committees at our agency that are facilitated or co-facilitated by people in recovery.			
We hire people in recovery at all levels in our program/agency.			
Peer specialists are seen as valued members of the team who participate in clinical, treatment and general staff meetings.			

Provider Checklist continued on the next page

Statement	Yes	No	Notes
Peer specialists have their own desk/office space, their own phone lines and access to private space to meet with the people they work with.			
I support people as they attend self-help groups.			
Our agency has peer led WRAP groups.			
In our programs, decisions are made with input from peer led community meetings.			
Staff and volunteers at my agency recognize the legitimacy of religious, spiritual and secular pathways to recovery.			
I have a resource list of how to access particular Online recovery support meetings.			
Informational literature on the major recovery support groups is available to clients being served at my agency.			

Provider Checklist continued on the next page

Statement	Yes	No	Notes
Our organization meets with the service committees of local recovery support groups to refine client linkage procedures.			
My organization has a strong consumer council that provides input into program decision-making and offers support for clients while they are in treatment.			
My organization has a strong alumni association.			
My organization has a strong volunteer program that exposes clients to many recovering role models.			
My organization has a client library filled with recovery focused literature and media.			
My organization expects staff and volunteers to expose themselves to a variety of recovery support group meetings in the community so they will be well informed to orient clients to such resources.			
My organization assesses each client's recovery environment (e.g., the degree of family and social support for recovery).			

End of Provider Checklist

Person in Recovery Working with Provider Checklist I- Use this checklist to help you think about how you and your provider are working together to develop peer support and to develop your leadership skills.

Statement	Yes	No	Notes
My provider has encouraged me to attend mutual self-help groups.			
My provider has talked to me about how support groups can help my recovery and why they are important.			
My provider has given me a list of all the self-help groups in the community where I work and live.			
My provider has referred me to a specific self-help group.			
If I am interested, my provider has helped me get on an agency committee.			
If I am on a committee, I feel like the other people there want to hear what I have to say and they take my comments seriously.			
Our agency has the same bathrooms for all people, not separate ones for staff and people who receive services.			

PIR I checklist continued on the next page

Statement	Yes	No	Notes
My provider has helped me connect to other people in recovery who have had some of the same challenges that I have.			
My provider listens to suggestions I make about how she/he might support me better in my recovery.			
My provider has suggested training and educational programs to help me develop my skills and leadership ability.			
I know that my provider has been to a self-help group in order to understand them better.			
We have planning committees at our agency that are facilitated or co-facilitated by people in recovery.			
There are people working at the agency where I receive services who are open about the fact that they are in recovery**.**			
Listening to and learning from stories of recovery from me and other people is an important part of what happens at our agency.			

PIR Checklist I continued on the next page

Statement	Yes	No	Notes
Peer specialists are seen as valued members of the team who participate in clinical, treatment and general staff meetings.			
Peer specialists have their own desk/office space, their own phone lines and access to private space to meet with the people they work with.			
I know that people in our agency have been supported in starting their own mutual self- help groups.			
Our agency has peer -led WRAP groups.			
My input is considered when decisions are made that affect the community in my program or living situation.			
I have been offered coaching on how best to present my personal recovery story to others.			
While in treatment, I was informed about local recovery celebration and recovery advocacy activities in which I might choose to participate.			

Person in Recovery Checklist I continued on the next page

Statement	Yes	No	Notes
I met a representative of the alumni association while I was in treatment.			
I met volunteers in recovery during my treatment with whom I could identify.			
I have been oriented to the potential role a recovery home could play in my recovery.			
I can name at least 5 notable people of my gender and ethnicity who are in long-term recovery.			

End of Person in Recovery Checklist 1

Person in Recovery-Assessing One's Own Daily Activities

Checklist II- The purpose of this checklist is to help you think about how you are developing your leadership skills and promoting peer support.

Statement	Yes	No	Notes
I've listened to a peer who was also in recovery.			
I shared some of my coping skills with a peer.			
I offered to join a committee at my agency to develop new services or make existing services better.			
I made plans with a peer to attend a social event.			
I shared information with my peers about recreational events in the community.			
I shared information about public transportation with a peer.			
I went along with a peer to support them when they were undertaking a new activity in the community such as taking public transportation or attending a community event.			

PIR Checklist II continued on the next page

Statement	Yes	No	Notes
I went along to a support group with a peer.			
I lead a community meeting at my agency.			
I gathered topics from other people receiving services at my agency and asked them to lead a community meeting with me.			
I have a "home group" (recovery mutual aid meeting) which I regularly attend.			
I have a sponsor or recovery mentor (someone in recovery who serves as a personal guide to the recovery process).			
I try to do small acts of kindness and service to others every day.			
I am involved in formal or informal service work within my recovery support group.			
I have a group of recovering people with whom I regularly socialize.			

End of Person in Recovery Checklist 2

DBHMRS Staff Checklist-Use this checklist to increase peer culture and peer leadership in your own work and daily activities.

Statement	Yes	No	Notes
I advocate for people in recovery to participate in committees that I am a part of.			
I know the benefits of mutual self help groups and share them with the people I work with.			
People in recovery are involved in planning and implementation of all activities within my unit.			
Self identified people in recovery are employed at DBH/MRS.			
Planning meetings are facilitated or co-facilitated by people in recovery.			
Listening to and learning from stories of recovery are important parts of our work.			
I have attended Recovery oriented trainings.			

DBHMRS checklist continued on the next page

Statement	Yes	No	Notes
Recovery principles are discussed during staff meetings.			
I am aware of the system transformation priority areas.			
I receive/provide recovery-oriented supervision.			
I talk to my supervisor/colleagues about the implication of peer culture/peer leadership on my day to day work.			
I talk to my supervisor/colleagues about the implication of peer culture/peer leadership on my day to day work.			
I have attended open meetings of various recovery support groups to increase my understanding of these groups and the power of peer support.			
We have discussed in my unit the implications of peer culture and peer leadership for our particular work activities.			

DBHMRS checklist continued on the next page

Statement	Yes	No	Notes
We have identified and altered procedures/regulations that might pose obstacles to effective peer culture and peer leadership development.			
We utilize resources and external consultants to develop more recovery oriented policies and procedures.			

End of DBHMRS Checklist

Resource List
Peer Culture/Peer Support/Peer Leadership

Online Resources

- The Institute for Recovery and Community Integration
  Register here for peer specialist and supervisor forums
  Library has Peer Support articles and research available through PDF files.
  www.mhrecovery.org

- National Consumer's Self Help Clearinghouse
  CPS can obtain many tools useful to the delivery of peer support. For example: guides for developing self-help groups.
  www.mhselfhelp.org/

- Phillyfunguide.com

- www.ProAct.org

- UPENN Collaborative on Community Integration
  Regional Rehabilitation and Training Center Promoting Community Integration of individuals with Psychiatric Disabilities
  Mark Salzer, Director
  Issue links to Peer Support. Contact Mark Salzer for research related to efficacy and outcome.
  www.upennrrtc.org/issues/issue_peersupport.html

- Advertising a new publication written by Mary Ellen Copeland and Shery Mead on WRAP and Peer Support
  Online access to Mary Ellen Copeland articles.
  www.copelandcenter.com
  Online PDF files of all Mental Health Recovery Newsletter issues.
  Announcements of upcoming trainings.
  Copeland Center for Wellness and Recovery
  Steve Parklington, Executive Director
  www.mentalhealthrecovery.com/articles.html

Resource List continued on the next page

- National Consumer Empowerment Center
  Daniel B. Fisher, Executive Director
  General recovery topics. Articles by Fisher and Deegan available on-line.
  Search peer support for listings of 46 articles.
  www.power2u.org

- Shery Mead's web site. Contains advertisement of her new book on peer support as an alternative approach that includes peer support models. Also articles available online.
  www.mentalhealthpeers.com

- SAMHSA kits - peer support not currently available.
  Search site for peer support
  mentalhealth.samhsa.gov

- National Research and Training Center on Psychiatric Disabilities
  University of Illinois at Chicago
  Peer Support Outcomes Protocol
  www.cmhsrp.uic.edu/nrtc

- Best Practice Guide for Consumer Operated Services:
  www.bhrm.org/guidelines/salzer.pdf

Articles

Davidson, L., Harding, C.M. & Spaniol, L. (2005). *Recovery from severe mental illnesses: Research evidence and im-plications for practice*. Boston, MA: Center for Psychiatric Rehabilitation of Boston University.

Davidson, L., O'Connell, M., Tondora, J., Staeheli, M.R. & Evans, A.C. (2005). Recovery in serious mental illness: A new wine or just a new bottle? *Professional Psychology: Research and Practice,* 36(5), 480-487.

Deegan, P.E. (1992). The independent living movement and people with psychiatric disabilities: Taking back control over our own lives. *Psychosocial Rehabilitation Journal, 15*(3), 3-19.

Deegan, P.E. (1993). Recovering our sense of value after being labeled mentally ill. *Journal of Psychosocial Nursing, 31*(4), 7-11.

Deegan, P.E. (1996). Recovery as a journey of the heart. *Psychiatric Rehabilitation Journal, 19*, 91-97.

Jacobson, N. & Greenley, J.R. (2001). What is recovery? A conceptual model and explication. *Psychiatric Services*, 52(4), 482-485.

Resource List Continued on the next page

O'Connell, M.J., Tondora, J., Evans, A.C., Croog, G. & Davidson, L. (2005). From rhetoric to routine: Assessing recovery-oriented practices in a state mental health and addiction system. *Psychiatric Rehabilitation Journal, 28*(4), 378-386.

Onken, S.J., Dumont, J.M., Ridgway, P., Dornan, D.H. & Ralph, R.O. (2002). Mental health recovery: What helps and what hinders? A National research project for the development of recovery facilitating system performance indicators. Phase One research report. Alexandria, VA: National Association of State Mental Health Program Directors (NASMHPD) National Technical Assistance Center (NTAC).

Ralph, R.O. & Corrigan, P. (eds.). (2005). *Recovery in mental illness: Broadening our understanding of wellness*. Washington, D.C.: American Psychological Association.

Ridgway, P., McDiarmid, D., Davidson, L., Bayes, J. & other Kansas Consumers. (2002). *Pathways to recovery: A strengths self-help workbook*. Lawrence, KS: University of Kansas, School of Social Welfare, Office of Mental Health Research and Training.

White, W. (2000*). Toward a new recovery movement: Historical reflections on recovery, treatment and advocacy*. Presented at Recovery Community Support Program (RCSP) Conference, April 3-5, 2000. Retrieved March 25, 2006 from http://www.facesandvoicesofrecovery.org/pdf/toward_new_recovery.pdf

End of Resource List