



Central East (HHS Region 3)

MHTTC

Mental Health Technology Transfer Center Network  
Funded by Substance Abuse and Mental Health Services Administration

# The Logic of Scientific Revolutions: Peer Support Workforce and Mental Health System Transformation

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July 16, 2019

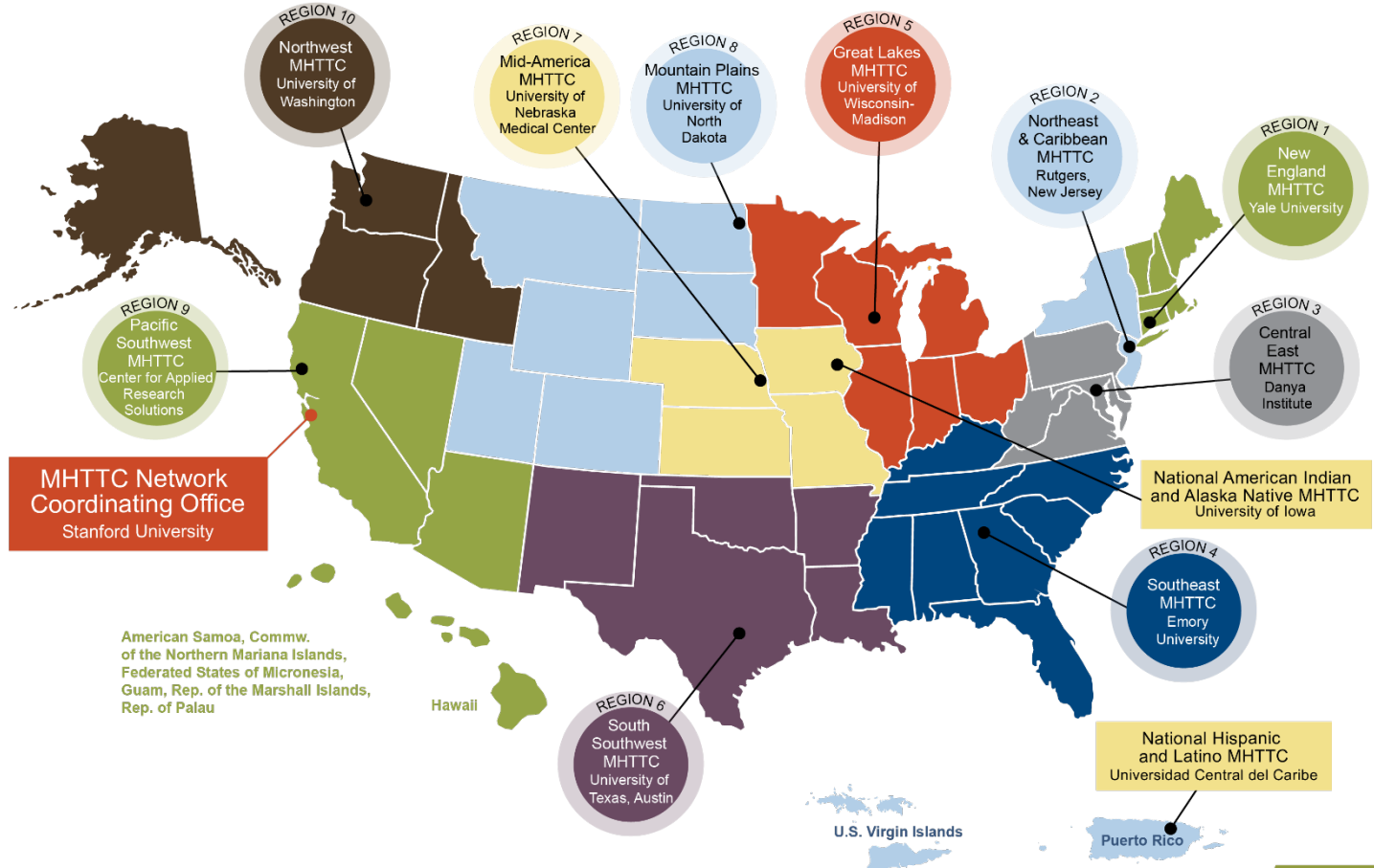
# MHTTC Network



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# Central East MHTTC Goals

## Funded by SAMHSA to:

- **Accelerate** the adoption and implementation of mental health related evidence-based practices
- **Heighten** the awareness, knowledge, and skills of the behavioral health workforce
- **Foster** alliances among culturally diverse practitioners, researchers, policy makers, family members, and consumers
- **Ensure** the availability and delivery of publicly available, free of charge, training and technical assistance

# Central East Region

## HHS REGION 3

Delaware

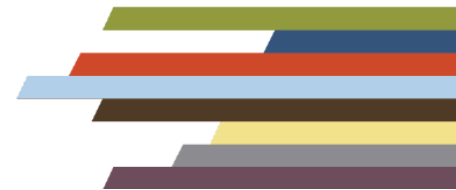
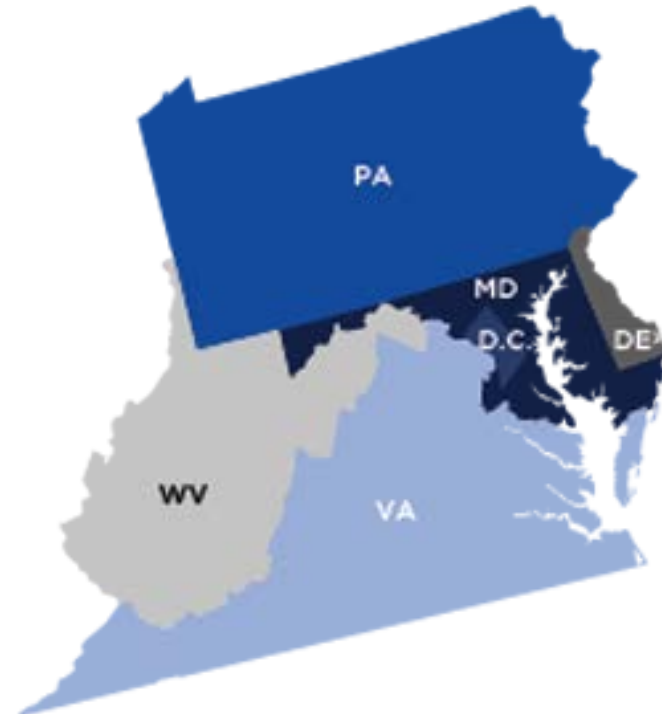
District of Columbia

Maryland

Pennsylvania

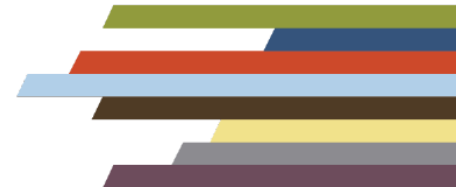
Virginia

West Virginia



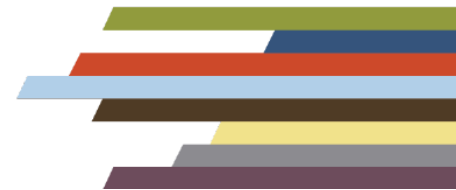
# The Webinar Series

- The first in this series of 3 webinars (June 25<sup>th</sup>) explored how and why the peer support workforce evolved.
- Today's webinar focuses on mental health system change and peer workforce.
- The July 30<sup>th</sup> webinar will address specific practices supporting and sustaining change including peer workforce roles and improved user outcomes.



# Learning Objectives

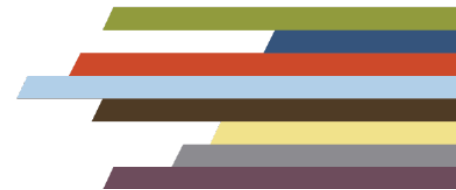
1. Understand and apply organizational change concepts to mental health system change and peer support workforce employment.
2. Recognize the critical role of agency leadership and supportive organizational culture in promoting and implementing mental health agency change with full inclusion of peer support roles.
3. Explore and understand practice implications of organizational change based on recovery values and peer support workforce employment.



# Chat Exercise



- In your experience, has your agency implemented actions to evolve towards mission-driven recovery values including employment of peer support workers in authentic, accepted roles? If yes, how?
- If no, why not and what can be done to change towards more recovery-oriented, peer support inclusive practice?



# Introduction to Scientific Revolutions

Thomas Kuhn's book, *The Structure of Scientific Revolutions* (1962) suggests scientific changes occur in a pattern:

- First, someone challenges received wisdom and is considered a heretic (Galileo)
- Then, over time, evidence emerges challenging the prevailing paradigm and consistent with a new paradigm:

(Formerly) prevailing:

- “the world is flat;”
- “medication is the only way to treat mental illness and people with mental illnesses are condemned to living on disability”

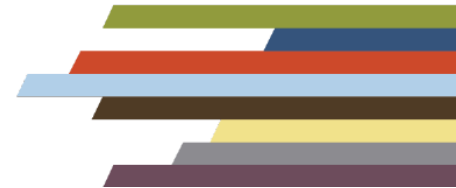
Emerging:

- “the world is round;”
- “with support and encouragement, wellness techniques and sometimes judicial use of medications, people with mental illnesses can recover.”



# Scientific Revolutions, cont.

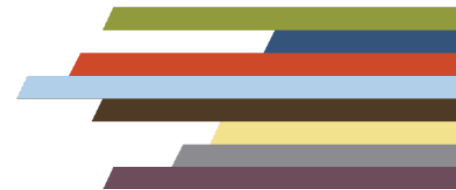
- These small signs continue to grow larger until the new paradigm replaces the old; and
- What appears to be a “revolution” is actually evolution
- In the first webinar, we explored the series of events that resulted in a major reorientation of federal government leadership relative to mental illness.
- Significant differences of opinion and perspective about treatment and recovery continue.
- Peer support workforce seems to be here to stay – an “evolving revolution.”



# Types of mental health agencies

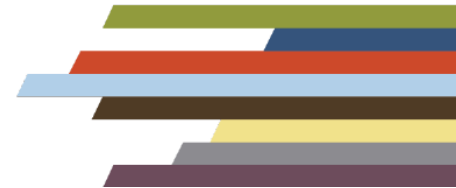
- Informal/grass-roots peer organizations
- Independent peer-run organizations
- Mainstream behavioral health treatment and service agencies – our focus today
- Integrated health care agencies/systems
- Variations on these

See O'Hagan, M. (2011). Peer support in mental health and addictions: a background paper. Kites Trust.



# The Conservative Impulse

- “Whether the change is sought or resisted....the response is characteristically ambivalent. The will to adapt to change has to overcome an impulse to restore the past which is equally universal.”
- “We accept resistance to change as a fact of life.”
- Universal human fear of change
- Fear of being displaced
- Fear of the unknown
- Fear of co-optation
- Inertia
- Opportunities for adaptation and resilience
  
- Peter Marris (1974). *The Conservative Impulse*. Chapter I in *Loss and Change*. London: Routledge & Kegan Paul.



# Organizational Behavior

- Organizations are created to accomplish a mission – their “manifest” or stated purpose
- However, over time, the manifest organizational mission often is replaced by the “latent” or underlying mission: survival of the organization (see Harold Wilensky’s classic book *Organizational Intelligence*, 1967)
- The latent organizational mission affects organizational culture – the prevailing attitudes and behavioral norms that govern organizations

# Organizational Change

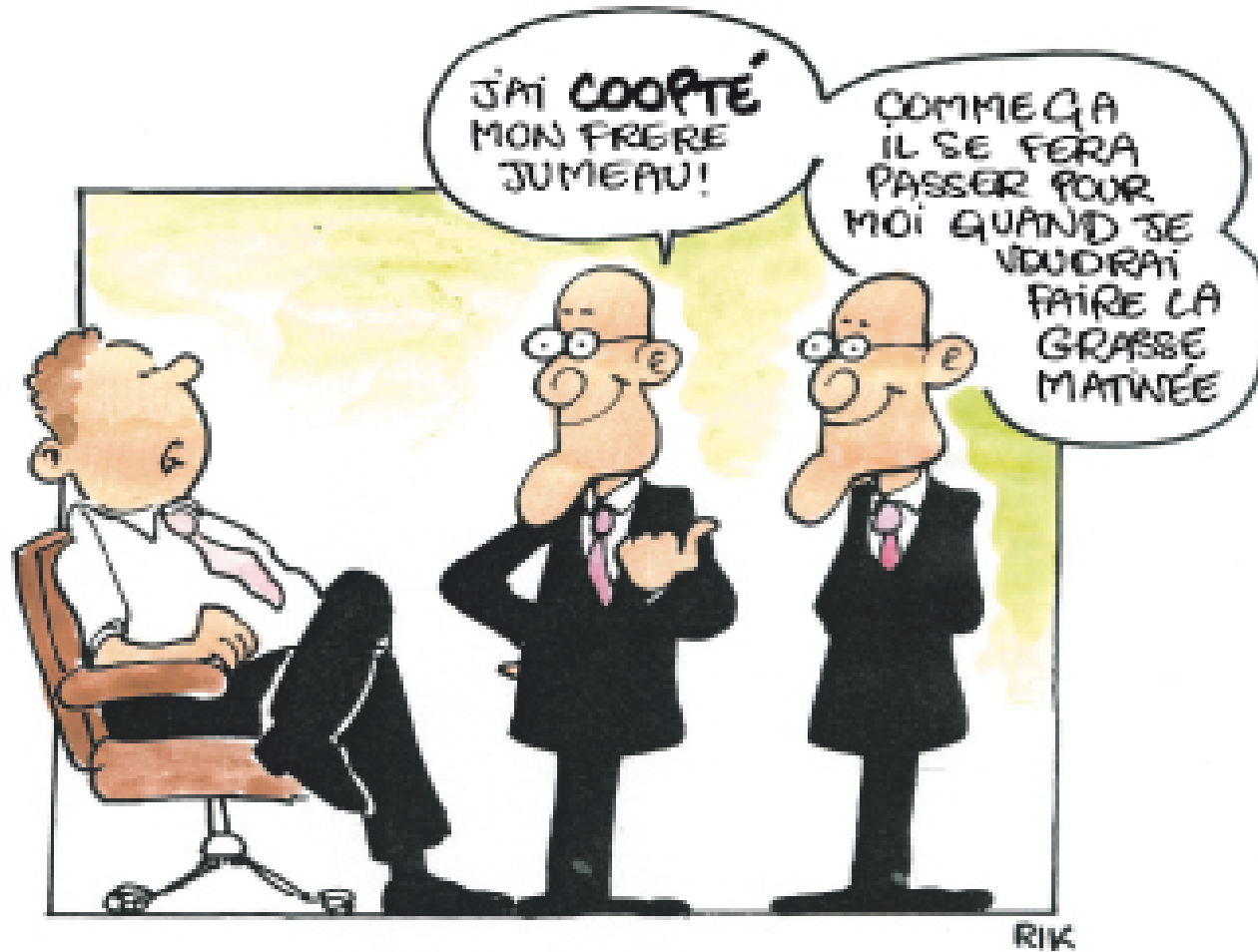
- Organizations resist change
- People resist change
- Why? Change is scary, requires venturing into the unknown, doing things differently. It may feel risky.
- To be successful, an organizational change process must take these realities into account
- "I never promised you a rose garden!"



# Co-optation

- What do people and organizations do when they avoid change?
- People: denial
- Organizations: co-optation – like water finding the most readily available channel to flow downhill, organizations and the people who comprise them, find an “easy way out” of a challenging circumstance, such as hiring “new” or “different” (read “peer support”) staff.
- Rather than learning what the value added may be of new roles and staff in these roles, resistant organizations and their staff find ways to sideline or divert the new staff from the new roles while giving lip service to implementing the roles.

# French co-optation cartoon



# What we know about organizational culture change

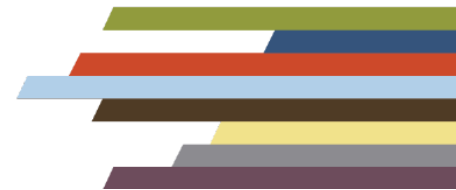
- Must be led from the top
- Must be both top down and bottom up
- Takes time
- Needs communication skills
- Staff training and involvement
- Culture change isn't easy





# How does positive organizational change occur?

- Leaders create and serve as champions for an environment that recognizes and validates challenges of change; and supports and sustains peer roles, allowing the organization to take in new values and practice
- Accepted organizational practice is changed in an evolutionary way
- New roles aren't just "added on"
- Through a synergistic process, the entire system changes and evolves towards a new way of being in which the whole is greater than the sum of its parts.



# “Grass tops” and “Grass roots”

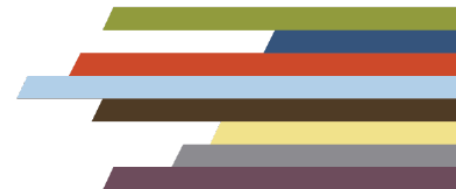
- Change must occur at all levels
- Leadership commitment must be demonstrated; and
- Leadership must communicate the importance of understanding and participation at all levels.
- Training and orientation of all staff throughout the organization on recovery values and peer support roles is essential.
- Communicating the “value added” through peer support roles is key.

# Topics for training for all staff

- Recovery values: people with mental health conditions can and do recover
- Evidence: see SAMHSA Infographics on Peer Support
- What is peer support (SAMHSA Infographics)?
- What is a peer support worker?
- What do peer support workers do?
- Peer support workers are not clinicians.
- Peer support workers fill valuable SUPPORT roles as team members and supporters to other peers.

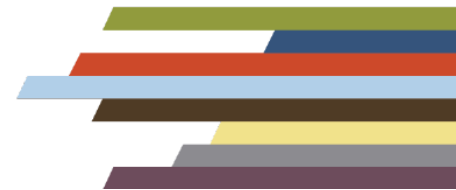
# Address change directly

- Change is challenging
- Adding peer support workers will add value and offer opportunities for positive outcomes for service users and staff
- Existing staff will have new colleagues and new, shared challenges and rewards
- We're all in this together – create a sense of team
- Zero tolerance for, and staff skill training about, stigma and othering within the organization



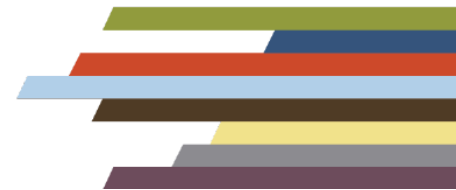
# Challenges of adding new roles

- Lack of familiarity of leadership and staff
- Fear of displacement
- Guilds/professionalism
- Human Resources challenges – non-discrimination vs lived experience
- Mixed messages – hiring peers without clear direction; assigning supervisors without orienting them to recovery values and peer roles

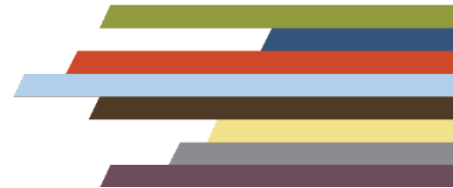


# Challenges for peer workers

- Being the “new staff”
- Coming into pre-existing structures and relationships and making their way
- Sometimes being the only peer or one of a few dispersed peer workers
- Benefits and challenges of disclosure
- Role clarity
- Isolation and community; lack of organizational support
- Stigma; micro-aggressions and micro-affirmations



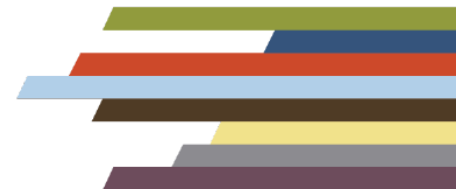
# At the mercy of the clinical “alligators?” “*Invasion*” of the *peer workers*?



# Effective implementation of peer roles

Organizational culture change to increase environmental support for all staff

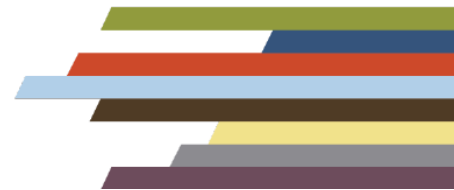
- Agency-wide training addressing existing attitudes
- Fostering recovery-oriented culture
- Formal orientation programs for peers and other staff
- Creating flexible and accommodating workplace
- More than one peer employed in agency teams
- Peers in senior management team roles
- HR staff trained, oriented, on board and proactive
- Validating concerns; safety and respect
- Model peer values





# Challenges facing mental health providers

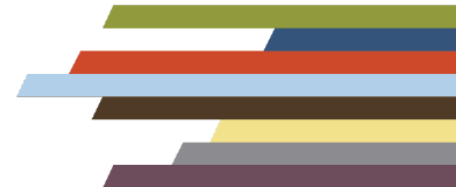
- Performance requirements
- Funding/reimbursement pressures
- Understaffing
- Bureaucratic complexities
- Competition
- Unpredictable changes – political environment
- Public image



# Beleaguered Bureaucrats...



*“Kindly fill out this application  
for the reduction of bureaucracy.”*



# Organizational Readiness

- Recovery values embedded in organizational mission
- Well-defined policies and practices to implement these values
- Staff knowledge of and attitudes towards recovery and peer roles
- Well-trained supervisors providing regular supervision and support

Gagne, C.A., Finch, W.L., Myrick, K.J., & Davis, L.M. (2018), S263.

# Improving mental health systems

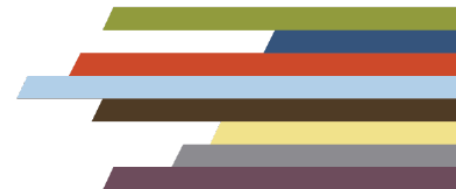
- “Peer support is valuable not only for the person receiving services, but also for behavioral health professionals and the systems in which they work.”
- “Peer workers educate their colleagues and advance the field by sharing their understanding of how practices and policies may be improved to promote wellness and resiliency. This is particularly important in mental health systems, where historical oppression, violence and discrimination present significant barriers to recovery for many people.”
- “Peer workers play vital roles in moving behavioral health professionals and systems towards recovery orientation.”

SAMHSA (2017), Peers Supporting Recovery from Mental Health Conditions.

# Towards recovery orientation

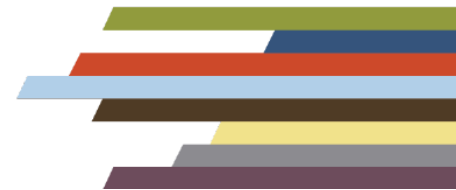
- **“The whole workplace needs to be adequately prepared for the introduction of peer roles.”**

Byrne, L., Roennfeldt, H., Wang, Y, & O’Shea, P. (2018), 579.



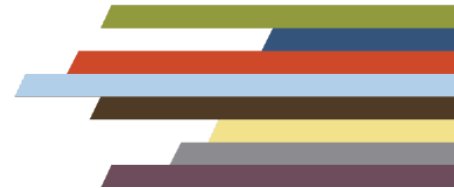
# Conclusion – Key Components for Successful Evolution

- Leadership commitment
- Mission statement
- Staff training
- H.R. involvement
- Peer role clarity
- Peer orientation
- Inclusion, training in communication skills
- Identifying and reducing stigma
- Career development



# Q and A

- Do it right vs do a half-baked job....?
- Realistic vs pie in the sky?
- Value-added, for real ??
- Chat responses and comments



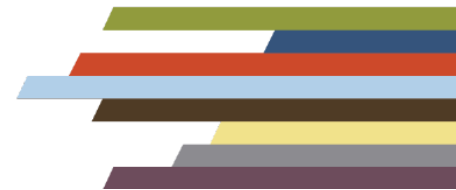
# Selected References

- Byrne, L., Roennfeldt, H., Wing, Y., & O'Shea, P. (2019). 'You don't know what you don't know': The essential role of management exposure, understanding and commitment in peer workforce development. *International Journal of Mental Health Nursing* 28, 572-581.
- Gagne, C.A., Finch, W.L., Myrick, K.J., & Davis, L.M. (2018). Peer workers in the behavioral and integrated health workforce: Opportunities and future directions. Special Article. *American Journal of Preventive Medicine*, 54 (6S3), S258-S266.
- SAMHSA (2017). Peers Supporting Recovery from Mental Health Conditions  
[https://www.samhsa.gov/sites/default/files/programs\\_campaigns/brss\\_tac/peers-supporting-recovery-mental-health-conditions-2017.pdf](https://www.samhsa.gov/sites/default/files/programs_campaigns/brss_tac/peers-supporting-recovery-mental-health-conditions-2017.pdf)
- Sunar, N. (2019). Beyond the medical model with Neesa. *City Voices*, 22(2, Summer), p. 10.



# Peer Support Collaborative

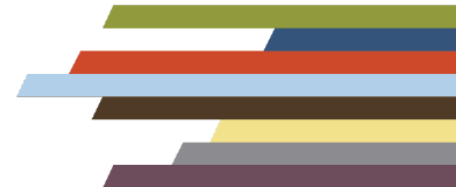
- **Objective**  
Discuss ways to improve authentic involvement of peers in the behavioral health workforce
- **Facilitator**  
John Hudgens, M.M.E.  
Senior Program Manager, Advocates for Human Potential's Center for Technical Assistance and Training
- **Meeting schedule**  
Monthly beginning September 2019
- **Interested?**  
Please email your contact information to [omorgan@danyainstitute.org](mailto:omorgan@danyainstitute.org)



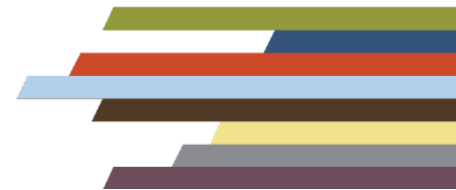
# The Webinar Series: Part 3

- Chop Wood and Carry Water: Key Elements in Progressive Peer Workforce Practice

**July 30<sup>th</sup> - 11:00 AM EDT**



# Appreciation



# Contact Us



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MHTTC

Mental Health Technology Transfer Center Network  
Funded by Substance Abuse and Mental Health Services Administration

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THE DANYA INSTITUTE

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240-645-1145

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