



Northwest (HHS Region 10)

MHTTC

Mental Health Technology Transfer Center Network

Funded by Substance Abuse and Mental Health Services Administration

Peer Delivered Services: A Broad Exploration

with Adrienne Scavera & Janie Gullickson

May 13, 2020

SAMHSA
Substance Abuse and Mental Health
Services Administration

 **MHAIO**
MENTAL HEALTH & ADDICTION ASSOCIATION OF OREGON

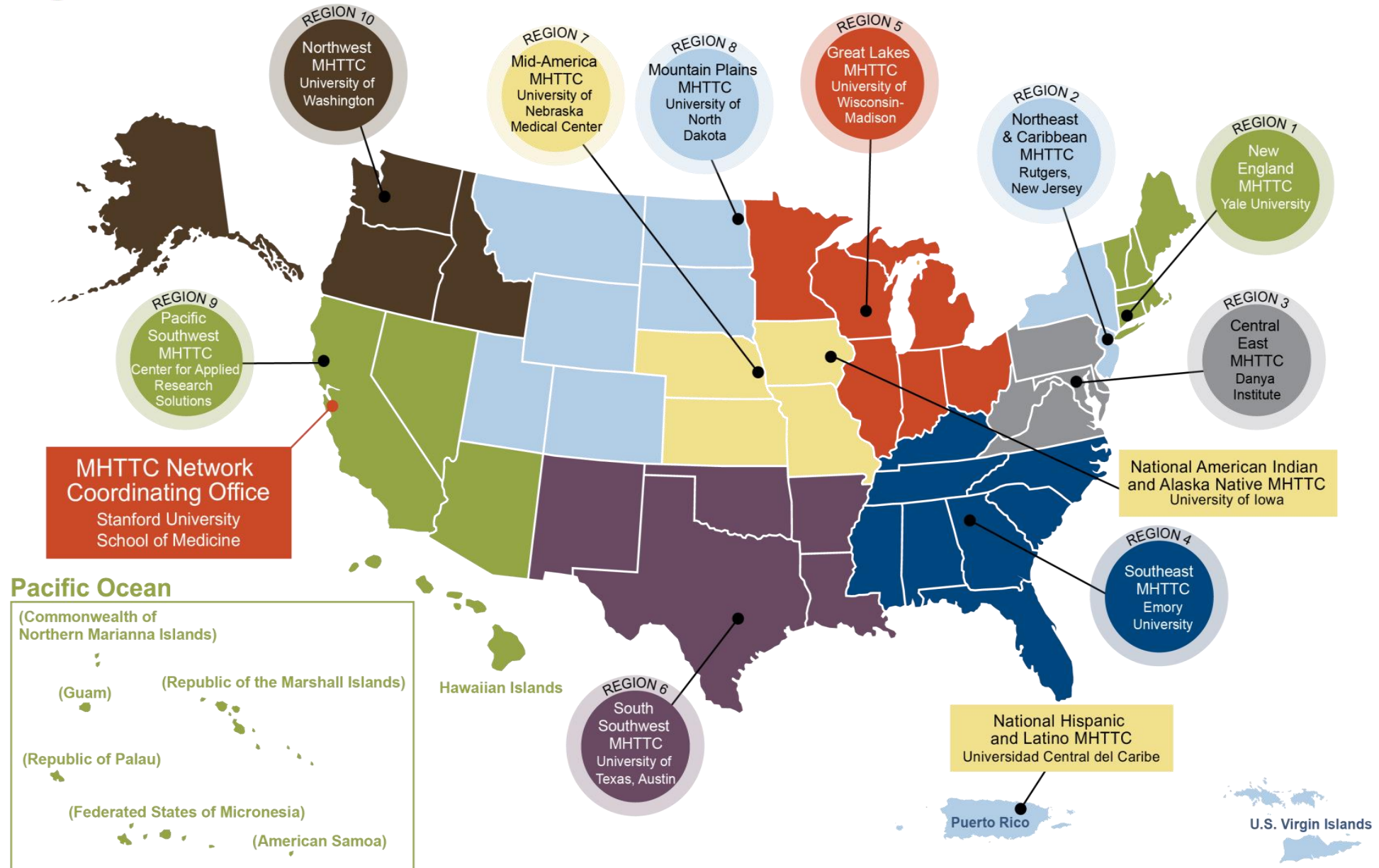


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Northwest Mental Health Technology Transfer Center

Our Role:

Provide training and technical assistance (TA) in evidence-based practices (EBP) to behavioral health and primary care providers, and school and social service staff whose work has the potential to improve behavioral health outcomes for individuals with or at risk of developing serious mental illness in SAMHSA's Region 10 (Alaska, Idaho, Oregon, and Washington).

Our Goals:

- Ensure availability and delivery of free, publicly-available training and TA to Region 10 providers.
- Heighten awareness, knowledge, and skills of the workforce addressing the needs of individuals with mental illness.
- Accelerate adoption and implementation of mental health-related EBPs across Region 10.
- Foster alliances among culturally diverse mental health providers, policy makers, family members, and clients.

The use of affirming language inspires hope and advances recovery.

LANGUAGE MATTERS.

Words have power.

PEOPLE FIRST.

The MHTTC uses affirming language to promote the promises of recovery by advancing evidence-based and culturally informed practices.



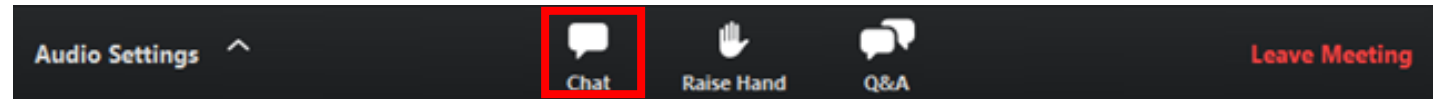
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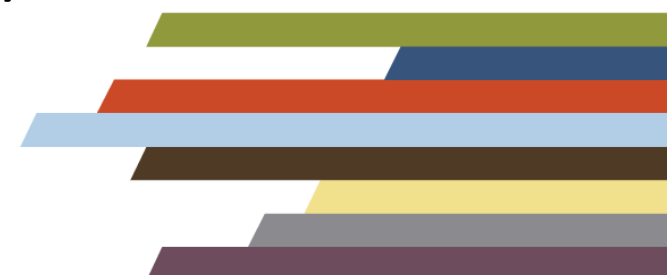
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CHAT Box



- We'll share info about logistics
- Let us know if you are having tech issues
- To you: from our training team
- From you: only visible to hosts/panelists
- NOT for content-related questions (see next slide)





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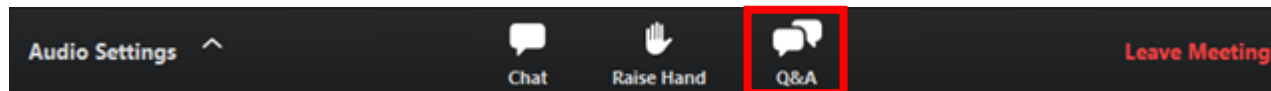
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Questions – 2 options (participants are muted):

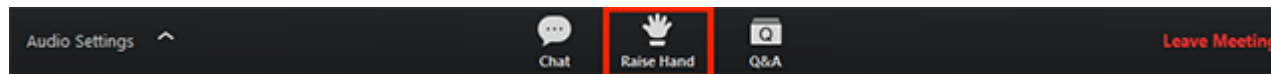
1. Type question into Q&A Window



OR

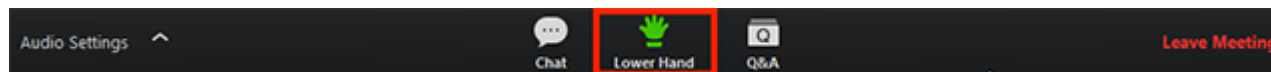
2. Raise hand (will be called on/unmuted in order)

Click **Raise Hand** in the Webinar Controls.

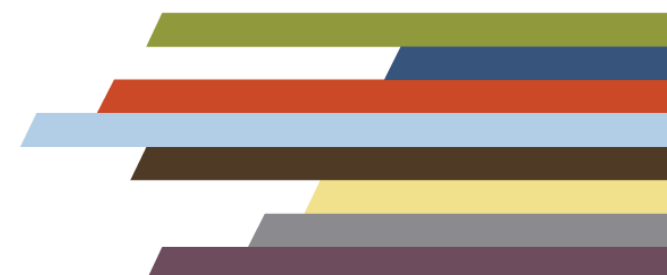


The host will be notified that you've raised your hand.

Click **Lower Hand** to lower it if needed.



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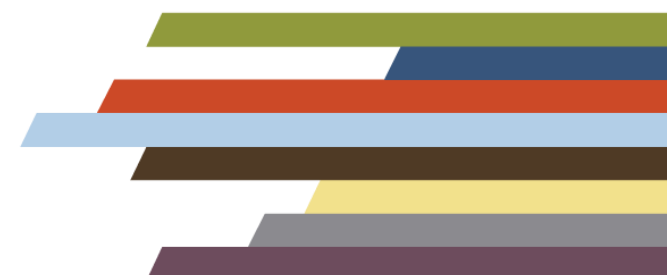
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**After today's session,
please complete the evaluation survey (LINK):**

- Will be shared in the chat box during & also emailed out
- Helps our team plan future sessions as well as evaluate today's webinar
- *There will NOT be certificates or CEUs for this series*
- *Slides & resources WILL be posted after the session*

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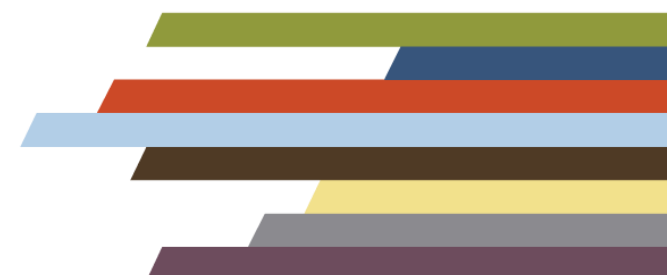
Today's Presenters



Adrienne Scavera, Training and Outreach Director for Mental Health & Addiction Association of Oregon



Janie Gullickson, Executive Direction of Mental Health & Addiction Association of Oregon

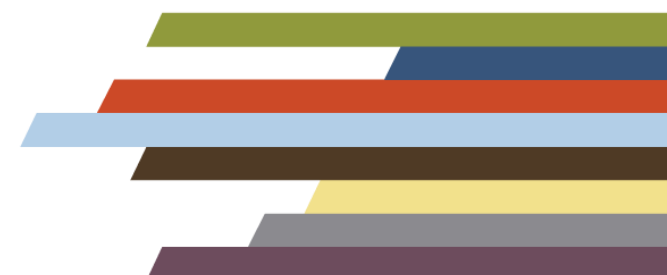




Today's Agenda

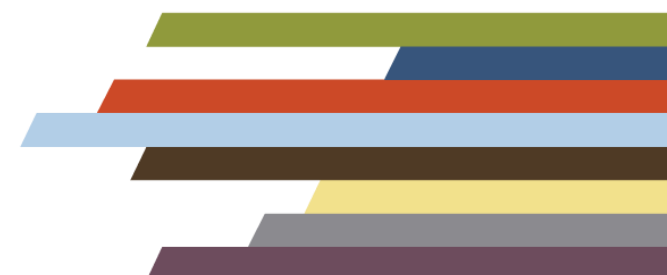
Broad Overview of Peer Support

- Brief History
- Addressing Misconceptions
- Peer Delivered Services as a Profession
 - Supervision and Implementation
- Research Base
- Question and Answer Period



Mental Health and Addiction Association of Oregon (MHAAO) *is an inclusive peer-run organization dedicated to self-direction honoring the voice of lived experience.*

The services provided by MHAAO include direct peer services, training, technical assistance, and consultation - all from the Peer Recovery Perspective. We have peer staff in a variety of programs across Washington, Multnomah, and Clackamas counties in Oregon, in addition to TA provided across 14 US states and territories.



What is Peer Support?

“ Peer support is a system of giving and receiving help founded on key principles of respect, shared responsibility, and mutual agreement of what is helpful.¹ ”

-Mead, Hilton, & Curtis, 2001

“ The terms mentoring or coaching refer to a one-on-one relationship in which a peer leader with more recovery experience than the person served encourages, motivates, and supports a peer who is seeking to establish or strengthen his or her recovery.² ”

-SAMHSA, 2009

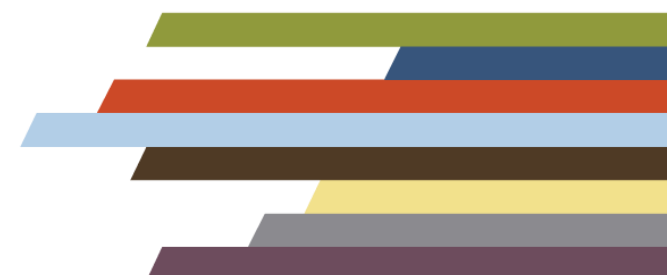
¹ Mead, S., Hilton, D., & Curtis, L. (2001). Peer support: A theoretical perspective. *Psychiatric Rehabilitation Journal*, 25(2), 134-141.

² SAMHSA (2009). What are peer recovery support services? <https://store.samhsa.gov/shin/content/SMA09-4454/SMA09-4454.pdf>

A Peer Delivered Service Worker is...

An individual who:

- **has made a personal commitment to their own mental health and/or addiction recovery.**
 - In their road to health and wellness is in recovery, recovering, or recovered;
 - or has lived experience of supporting youth/families with complex behavioral health needs.
- **has navigated their recovery over a period of time** and is **willing to share** their lived experience to **support others on their individualized path** to successful recovery.
- **believes recovery is probable for all.**
- **works collaboratively** with the self-direction of consumers and with the medical care and treatment professionals, natural supports, and community partners to improve recovery outcomes and behavioral health systems through health literacy, holistic alternatives, and trauma informed approaches.
- has **trained** in ethics, legal responsibilities, confidentiality, HIPAA, and mandatory reporting in addition to other recovery topics.





History of Peer Support

Early Pioneers

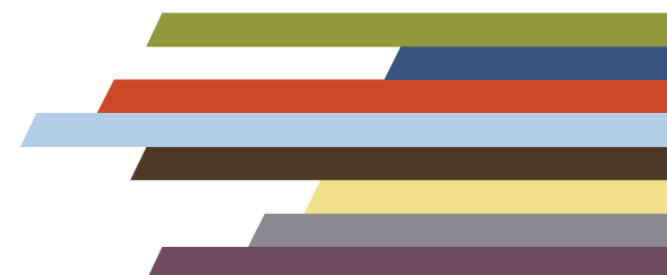


“As much as possible, all servants are chosen from the category of mental patients. They are at any rate better suited to this demanding work because they are usually more gentle, honest, and humane.”

-Jean Baptiste Pussin in a 1793 letter to Phillippe Pinel.

Early Pioneers cont.

- Late 1700s and early 1800s: Mutual Aid Societies appear and Native American “Recovery Circles.”
- 1810: Dr. Benjamin Rush advocates for the creation of “Sober Houses” staffed with “reformed drunkards”.
- Peer support has existed in various forms for many years (e.g. AA, NA, support groups, cancer survivor groups, grief groups, parenting groups, etc.).
- In the 1980s – 90s, funding started to become available for peer groups and the movement became more organized.





Fact or
Fiction?

Common Misconceptions

- Peers can't work full time
- Peers will relapse
- Peers will try to replace you
- Peers will encourage criminality
- Peers are too fragile and can't handle the job stress
- Peers can't handle administrative demands
- Peers will cause harm to clients that professionals have to undo

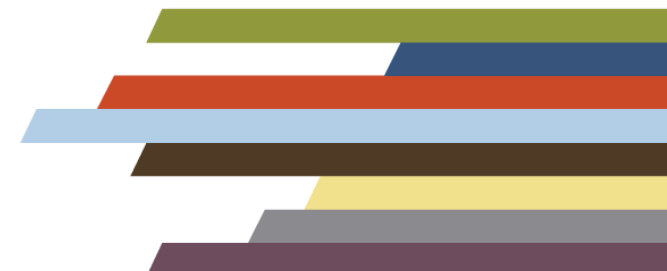




Peer Delivered Services as a Profession

Peer Delivered Services

- A Recovery Model based discipline
- In many states, a background checked state-certified position
- Specialty-driven supports
- Supports and promotes consumer recovery
- Unique discipline that supports choice
- Research-based positive outcomes



Steps to Successful Implementation



- Preparation
- Recruitment
- Ongoing Development
- Evaluation

Implementation

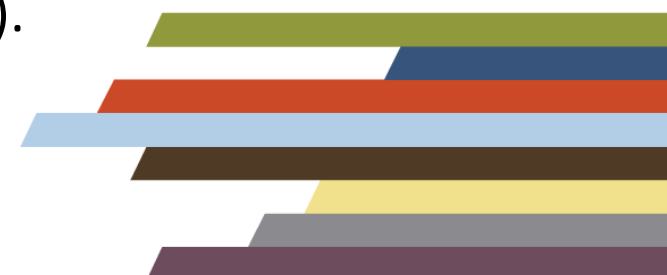
Before hire:

- Ensure job descriptions clearly define roles and responsibilities and include lived experience as a core component.
- Training of partners/clinical teams increases awareness of the benefits of peer delivered services. It also improves understanding of the discipline and encourages a collaborative work environment.

Throughout process, ensure peers are included in all aspects. Solicit feedback, and course correct as needed.

Post-hire:

- Opportunities for peers to engage in continuing education and workforce development.
- Inclusion in national and state conferences to increase support networks, educational opportunities, and promote workforce development.
- Co-supervision: NASMHPD's publication "Enhancing the Peer Provider Workforce: Recruitment, Supervision and Retention" lists comprehensive guidelines for supervision models for peer support employees (Jorgenson & Schmook, 2014).



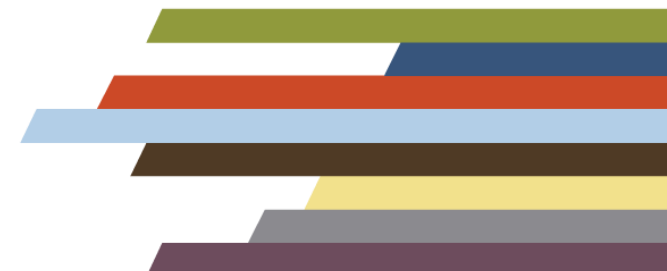
Hiring and Supervision

Hiring

- Competitive process
- Lived experience is not singular qualification
- Follow universal policies on hiring employees
- Value the need to recruit and hire qualified peers

Supervision

- Both administrative and consultative
- Needs to be knowledgeable about PSS role and scope of work
- Supports development of PSS roles
- Different when supervisor does not have a PSS background
 - Best practice is peer supervisor





Highlights from Existing Research

Research Base

- A challenge in evaluating peer supports is that there are lots of variations among peer support programs and how peer supporters do their work. This variation/flexibility has many advantages, but it is difficult to determine how effective peer supports is an approach in general for research purposes.
- Relatively new field, and research is being developed. More research (particularly longitudinal) exists related to coaching and mentoring, two aspects of peer support.
- Several studies found peer-delivered services compared to professional services had better outcomes in a number of ways, including higher service use rates, reduced rates of hospitalization, and improved sense of hope and self-esteem.¹
- A 17-year research analysis, *Peer Recovery Support for Individuals With Substance Use Disorders: Assessing the Evidence 1995-2012*, evaluated studies meeting a minimum criteria for moderate or greater evidence of effectiveness. These studies included randomized control trials, quasi-experimental studies, pre vs. post research, and research reviews.

¹Rogers, E. S., Kash-MacDonald, M., & Brucker, D. (2009). Systematic review of peer delivered services literature 1989 – 2009. Boston: Boston University, Sargent College, Center for Psychiatric Rehabilitation, Accessed from <http://www.bu.edu/drrk/research-syntheses/psychiatric-disabilities/peer-delivered-services>.

Research cont.

“Peer recovery support services provide social support to individuals at all stages on the continuum of change that constitutes the recovery process. Services may be provided at different stages of recovery and may:

- Precede formal treatment, strengthening a peer’s motivation for change;
- Accompany treatment, providing a community connection during treatment;
- Following treatment, supporting relapse prevention; and
- Be delivered apart from treatment to someone who cannot enter the formal treatment system or chooses not to do so.”¹

¹Kaplan, L. (2008). The Role of Recovery Support Services in Recovery-Oriented Systems of Care. DHHS Publication No. (SMA) 08-4315. Rockville, MD: Center for Substance Abuse Treatment, Substance Abuse and Mental Health Services Administration. Article accessed from <http://maapp.org/media/MAAPP-EFFECTIVENESS.pdf>

How do Peer Delivered Services Benefit the Individuals We Serve?

Research has shown that recipients of peer services experience:

Reductions in:

- Symptoms
- Hospitalizations
- Use of crisis services
- Substance abuse
- Level of worry
- Life problems
- Stigma

Increases in:

- Quality of life
- Coping ability
- Medication adherence
- Social network and support
- Illness management
- Self-esteem
- Rate of employment
- Earnings

Source: Solomon, P. (2004). Peer support/peer provided services underlying processes, benefits, and critical ingredients. *Psychiatric rehabilitation journal*, 27(4), 392.



Question & Answer

Contact

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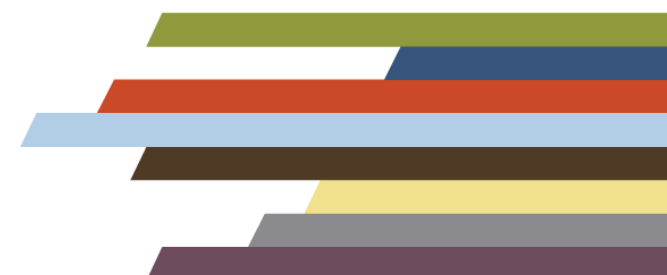
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Solomon, P. (2004). Peer support/peer provided services underlying processes, benefits, and critical ingredients. *Psychiatric rehabilitation journal*, 27(4), 392.

Acknowledgements

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We offer our sincere thanks to all contributors and hope that these efforts contribute to the continued recovery and healing of those in our community.



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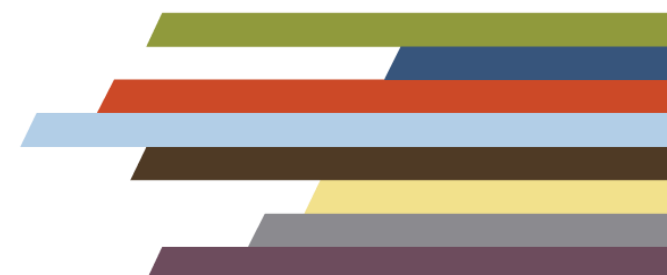


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