



How supervision can help peer specialists remain peer when working on clinical teams

Patricia E. Deegan PhD

June 7, 2022

pat@patdeegan.com

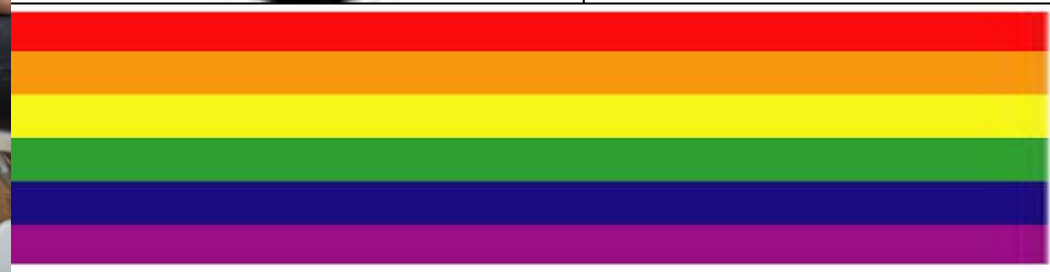


Peer support is a system of giving and receiving help founded on key principles of respect, shared responsibility, and mutual agreement of what is helpful.

Sherry Mead

Self-help for medical conditions

- ✓ Cancer support
- ✓ MS
- ✓ Parkinson's



Peer Specialist Do's and Don'ts



Learn together and co-create tools for success



Seek to understand the person's evolving understanding of what is going on



Use peer developed wellness tools and resources such as Personal Medicine Coaching, WRAP, The Hearing Voices Network, Medication Empowerment



Support people in gathering resources to empower self-advocacy



Prescribe help



Use clinical language



Use clinical methods such as CBT, motivational interviewing, suicide assessment, etc.



“Get people to do things”, including take medications

Supervisor's Tip:

Peer support is a disruptive innovation and sets into motion a culture shift in clinical programs



Disruption 1:
Peer specialists
are the evidence
that recovery is
real



How this culture shift may affect clinical staff: Cognitive Dissonance



In my training I was not taught about recovery



If recovery was common, I would have been trained to support recovery



Does this mean my training and education are not relevant?



These peer specialists are the exception, not the rule



These peer specialists are not like the people I work with



These peer specialists don't have advanced degrees and lack training

Disruption 2:
Peer specialists
blur the boundaries
between health and
sickness



Can you find the staff?



Can you find the staff?



How this culture shift may affect clinical staff:

Questioning my status



I have a trauma history. I was in therapy. Does that mean I am a peer?



I use psychiatric medication. Does that qualify as lived experience?

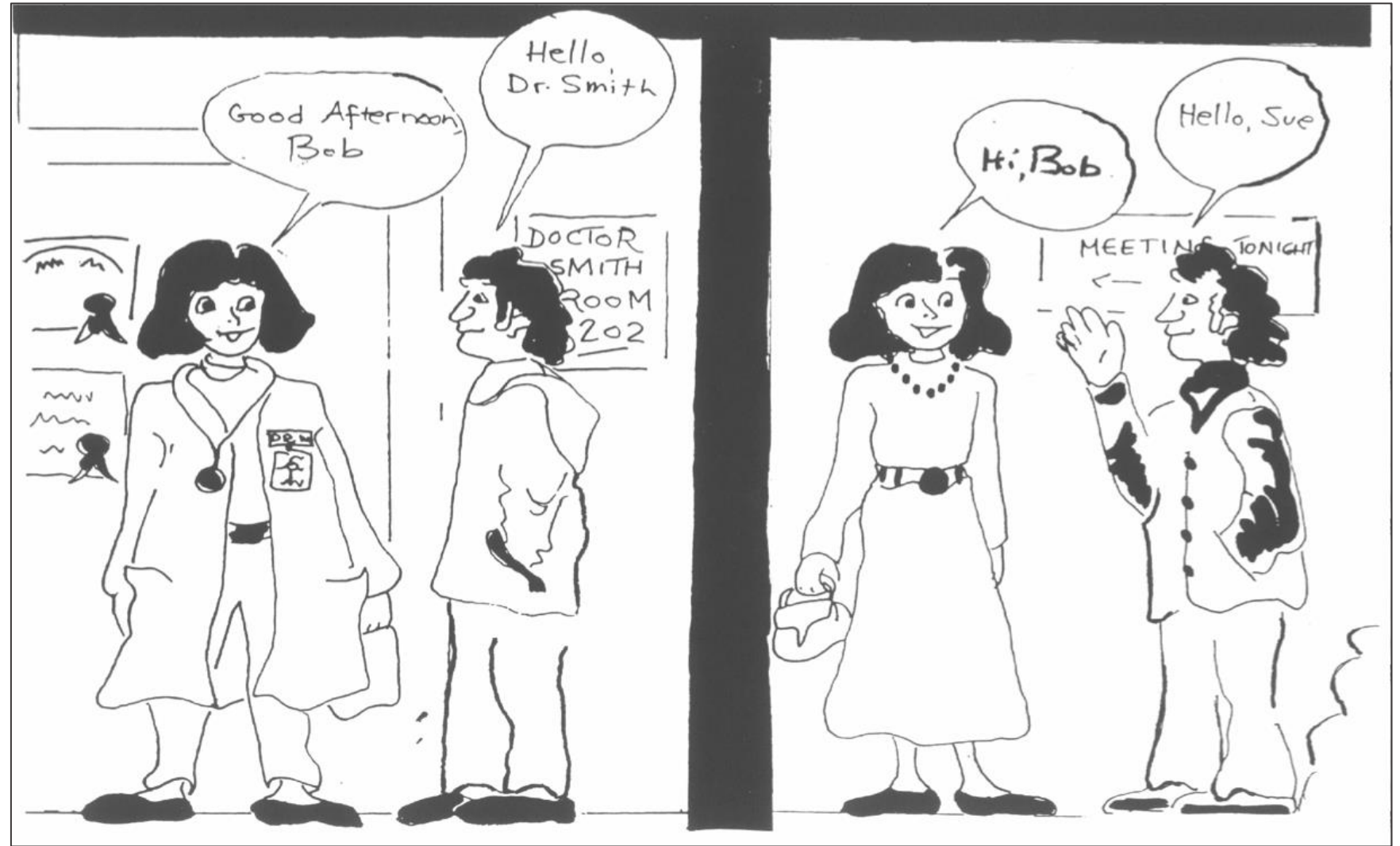


I saw a counselor when I was a teenager. Does that mean I have to tell my clients that?



I work as a social worker. When I was younger, I spent time in a psychiatric hospital. But that is my private life. Do they expect me to disclose my personal life at work?

Disruption 3: Role conflict



How this culture shift may affect clinical staff:

Role conflict



I remember when this peer specialist was a patient in the hospital. Now he is my co-worker



The peer specialists seems to be having symptoms. Is it OK to mention that?



Is it okay to use the phrase low-functioning or high-functioning when a peer specialist is in a meeting with us?



There is a staff party after work tonight. I'm not sure if we should invite the peer specialist



I was supervising the peer specialist and she told me she went off her medication. I didn't know what to say



Supervisor Tip

Beware of drift from role of supervisor, to therapist role –
A common error



Resistance to Culture Shift

- ✓ Microaggressions
- ✓ Assimilation of peer specialist into clinical culture

—

“Thank you so much for your inspiring talk. I was wondering, how do you feel about being misdiagnosed with schizophrenia?”



Microaggressions are small acts of prejudice, whether they're intentional or not, that take a large toll on the person who's on the receiving end





I was having a hard time in my own recovery, but I kept coming to work because it helped me stay grounded and structured. One day, when I got back from lunch, someone had put an advertisement for a psych medication on my desk.



A group text went around to everyone on the team except me. They were planning to go out for drinks and celebrate a case manager's birthday. I wasn't supposed to find out.



Everyone was told we were getting business cards. We all filled out the forms. But when the team leader passed out the new cards a few weeks later, I was the only staff that did not get one.



One day I spoke up passionately during a team meeting. I felt the program participant was being treated unfairly. After the meeting my supervisor told me I was being unprofessional. He said I had had to stop personalizing the issue.



Supervisor Tips

- Validate peer specialist
- Train team on culture shift
 - Focus = growing pains not policing
- Speak privately with repeat offenders



Supervisor Tips

- Sometimes teams get impatient with a non-clinical perspective.
- The peer specialist is not “off topic” if, during a clinical meeting, they are sharing how a situation looks or is understood from a participant’s point of view.
- Actively invite and make room in the meeting for peer specialists to speak up.
- Peer specialists help deepen the clinical formulation into a more wholistic story of a resilient human being.



Resistance to culture shift 2 →
Assimilation of peer specialist into clinical culture



Drift

When peer
specialists
think, speak,
document and
act like
clinicians

A silhouette of a person with long hair, seen from the side, standing by a window. The person's hand is resting on their chin in a thoughtful pose. The window has a decorative, repeating pattern. The background to the right of the window is a light gray gradient.

Drift: Example 1

A peer working in a state hospital said to her supervisor:

I was working with a patient who was non-compliant with her diabetic diet. In order to motivate her, I showed her pictures of people whose feet had been amputated and she never knew about that. It was like a wake-up call for her and really helped.

Signs of Drift into Clinical Culture

- Peer specialist is in a “fixer” role in relation to the peer
- Peer specialist is trying to “motivate” and therefore is not working side-by-side with peer
- Using a scare tactic which is power-over, instead of reaching across
- Trying to achieve patient compliance w/ diabetic diet
- Working on a goal that may not be the peer’s goal
- Using clinical language such as patient and noncompliance

Clinical narrative

Drift: Example 2

LM is a black cisgender female in her early 20s who began working with the team in March 2022. She is bright, motivated and engaged with the team. She has been experiencing auditory hallucinations prior to working with us. She is currently in college but unable to complete the semester because she is failing her course work. Her hallucinations are preventing her from being productive at school. She recently started responding inappropriately (laughing and smiling) to internal stimuli. She presents as distraught and often cries out of frustration with the voices. In March she was prescribed olanzapine which seemed to help decrease the intensity of the voices. However, for the past 2 weeks LM has refused to take meds stating they are unhealthy for her. Team is concerned she lacks insight.

A peer specialist was in the clinical meeting. During the discussion the peer specialist said:

LM is home now. I could reach out to her sister to see if she would be willing to supervise LM's med compliance.

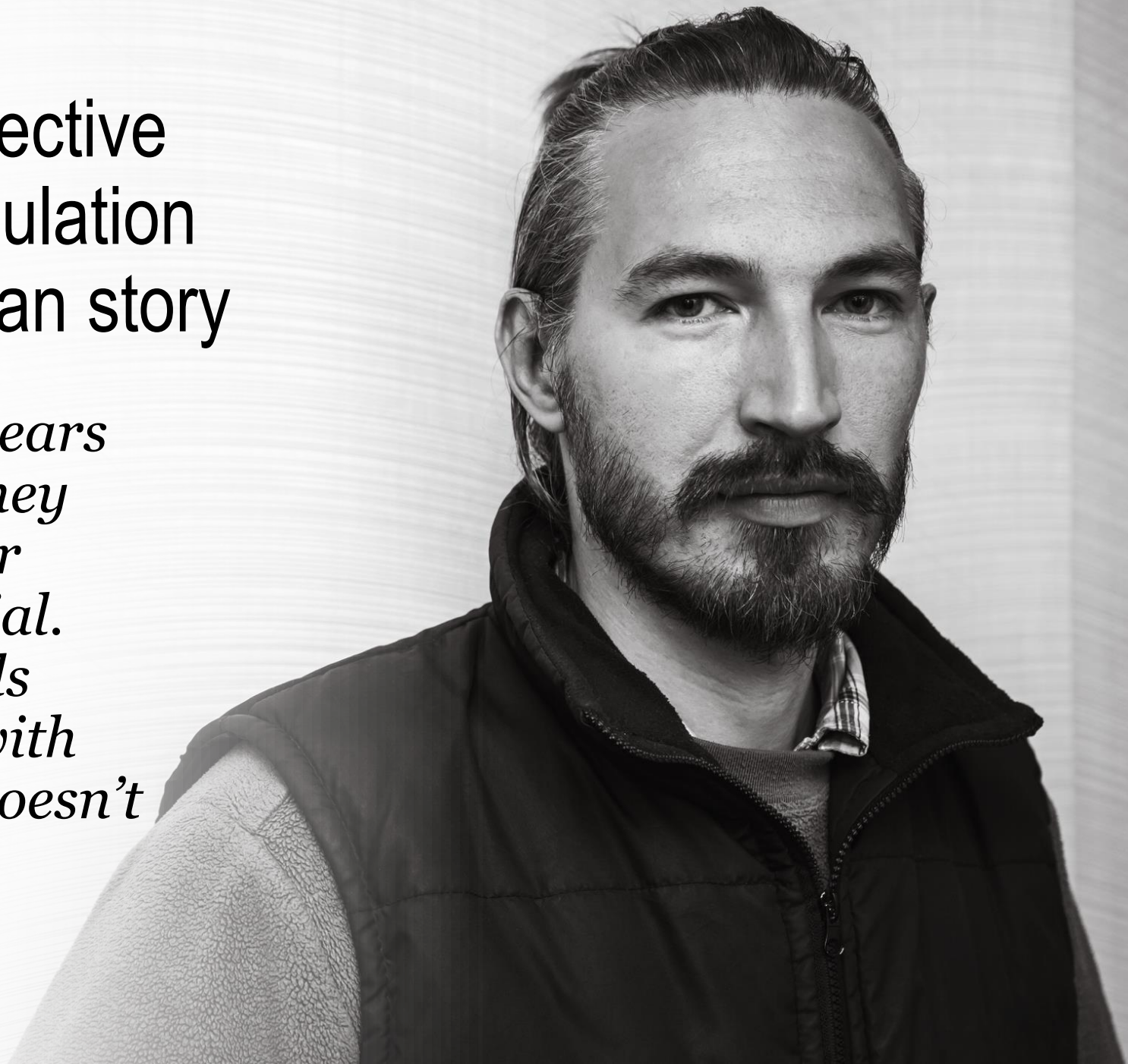


Signs of Drift into Clinical Culture

- Peer specialist is in a “fixer” role in relation to the peer
- Peer specialist is not transparent and is going behind participant’s back to plan with sister
- Trying to achieve patient compliance w/ meds
- Working on a goal that may not be the peer’s goal

Peer specialist perspective
deepens clinical formulation
into a more fully human story

*Some of the voices LM hears
are really wonderful. They
comfort her and help her
believe she's really special.
LM doesn't take the meds
because they interfere with
those good voices. She doesn't
want to get rid of them.*



Drift: Example 3

John and this writer met in the park today. He was agitated, needed to walk the whole time and was very delusional. He thought he was being watched.

John and I met together in the park today. John didn't want to sit on the park bench or play chess the way we often do. Instead, he wanted to walk really fast. He said he felt scared he was being followed. I told him I was good with walking fast if that helped him feel safer. After a half hour of fast walking, he said he felt like going home. He thanked me for hanging out and said he didn't feel so alone. If he wants to talk when we meet next week, I'll ask if fast walking with another person is Personal Medicine that helps him feel safer.



Supervisor tips

Role model person
first language for the
whole team

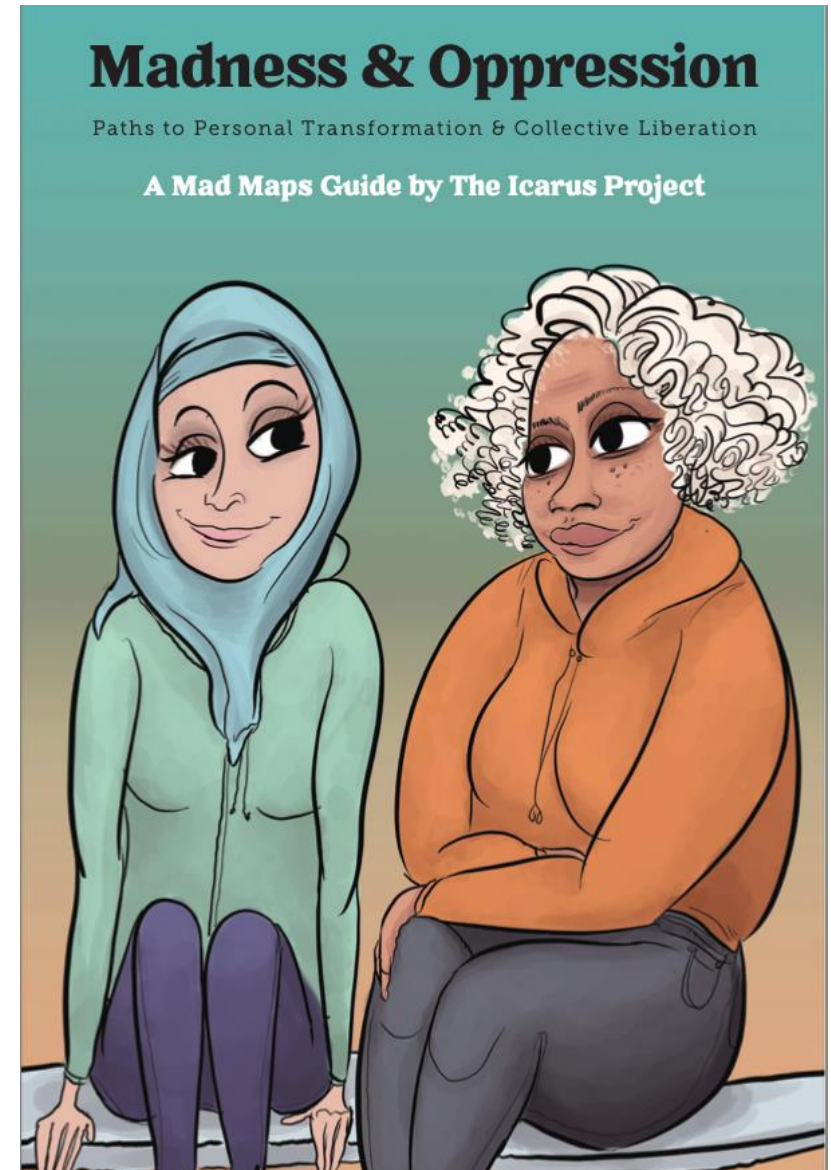
Encourage collaborative
documentation

Review documentation
and reinforce good
descriptive examples that
avoid drift into clinical
language.

Supervisor Tip: Diversify Use of Peer Support Tools



- ✓ Peer specialists do not prescribe wellness tools
 - ✓ DRIFT: We do WRAP here
 - ✓ DRIFT: I do a WRAP with all my clients.
- ✓ Peer Specialists are skilled in using many tools
- ✓ Recovery oriented tools compliment each other. They don't compete.



T-MAPS

transformative mutual aid practices





CREATING A HEALTHIER LIFE

A STEP-BY-STEP GUIDE TO WELLNESS



Adapted from Swarbrick, M. (2006). A Wellness Approach. *Psychiatric Rehabilitation Journal*, 29(4), 311-314.

P = psychiatric

A = advance

D = directive

Get the free app in
Google Play or Apple
App Store



my MHCP

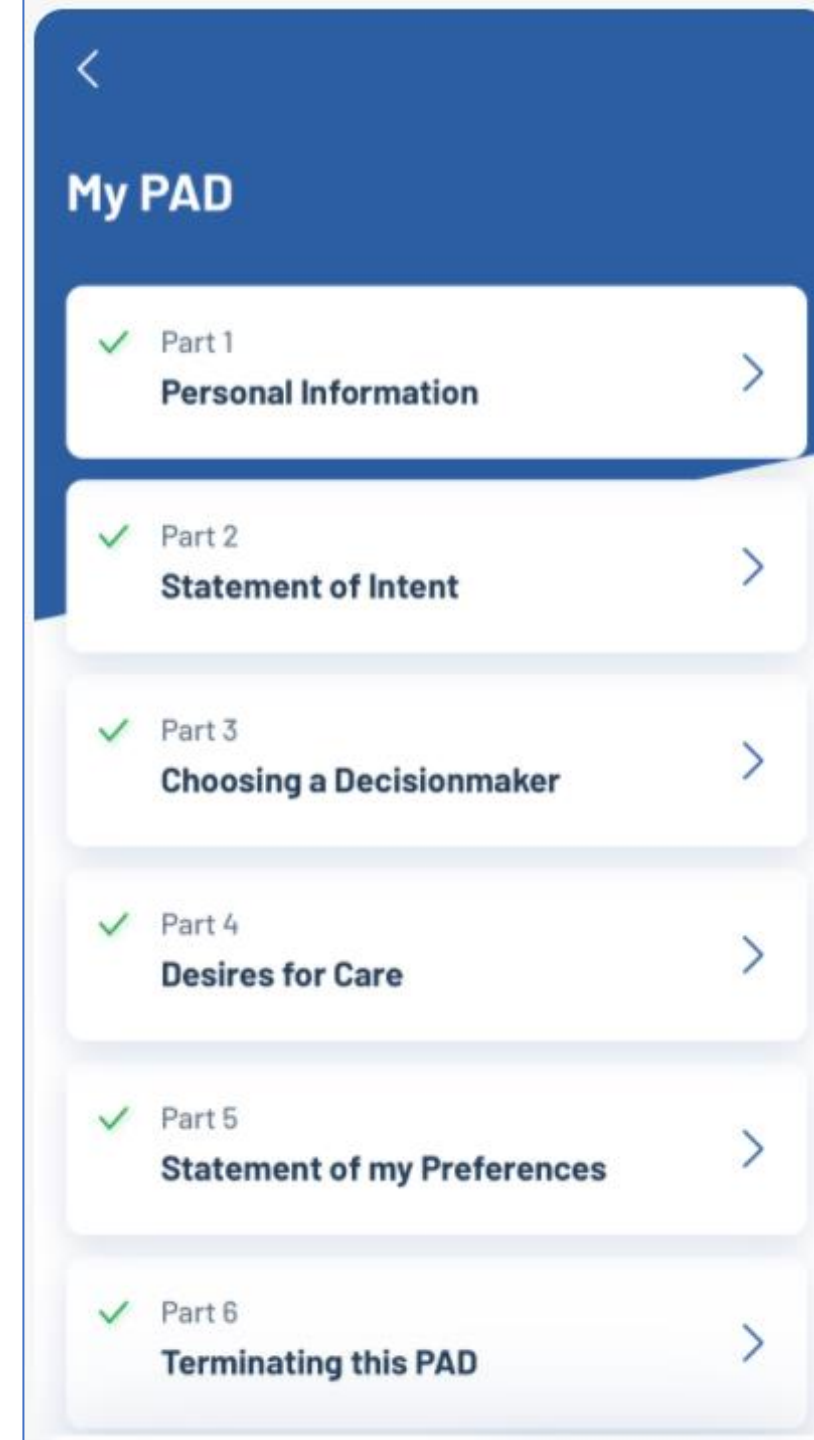
My Mental Health Crisis Plan

Let YOUR Choices Guide Care
American Psychiatric Association
Designed for iPad

★★★★★ 5.0 • 10 Ratings

Free

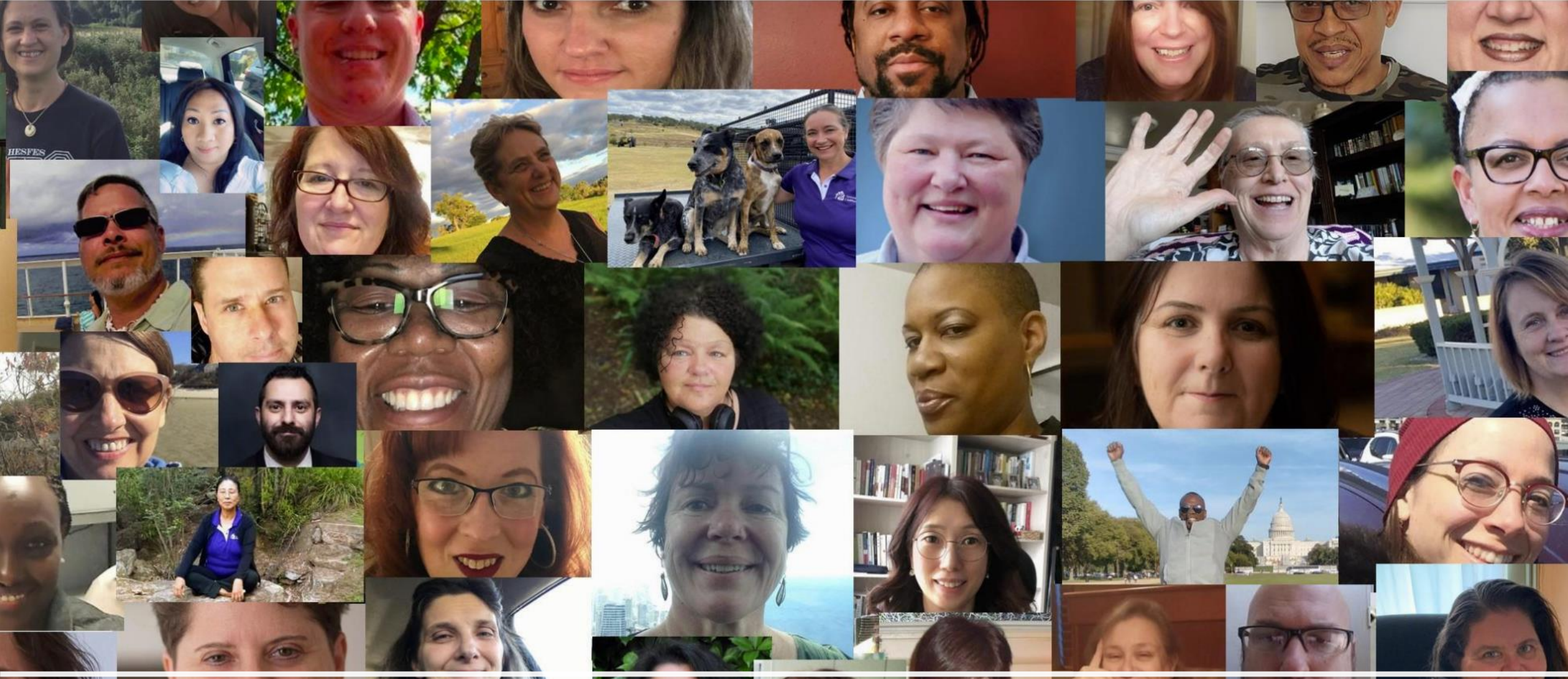
[View in Mac App Store ↗](#)



<

My PAD

- ✓ Part 1
Personal Information >
- ✓ Part 2
Statement of Intent >
- ✓ Part 3
Choosing a Decisionmaker >
- ✓ Part 4
Desires for Care >
- ✓ Part 5
Statement of my Preferences >
- ✓ Part 6
Terminating this PAD >



Certified Personal Medicine Coaching



Show compassion for my voices

It can be helpful to think of our voices as an early warning system trying to protect us from harm. Seen from this perspective, voices may be trying to help us. Using our compassionate self, we can thank them for the warning and tell them we will stay safe as we go about our day.



Remove my crown

Often we get angry when we think that things should go our way. For example, *“Other drivers should never cut me off.”* *“I should be able to go to the front of the line at a restaurant.”* *“My partner should attend to my needs first.”* We act entitled, like we are royalty. Maybe it’s time to take off our crown.



My “crown” (entitled thought) that leads to anger:

Traffic should never interfere with me getting to where I need to be in a timely and comfortable manner.

I remove my crown by saying to myself:

Traffic is not out to get me and doesn’t single me out. I can change my route or leave earlier.

Does this Personal Medicine work for me?

Yes - it helps me *(describe)*:

Helps to remind me I am not the center of the universe. Traffic is not personal

No - I will try another

MEDICATION EMPOWERMENT



patdeegan.com



... it's about ME

Supervisors Checklist for Peer Supporters



Supervisor Checklist for Peer Supporters

This checklist is intended for use by supervisors of people in the role of peer supporter/peer specialist. It will help supervisors support the unique contribution of peer supporters. It will also help determine if the peer supporter is remaining peer, or drifting into clinical culture.

The supervisor can use this checklist to structure supervision of the peer supporter. It will help determine if key job responsibilities are being performed. Remember, peer supporters are not junior clinicians. They have a unique job and function, which is captured in the checklist below:

Remaining Peer

- When working with program participants, the peer supporter keeps the focus on learning together, rather than assessing problems and prescribing help?
- The peer supporter is skilled in sharing relevant personal experiences in-the-service-of supporting program participants' self-discovery/recovery/wellness?
- The peer supporter seeks to understand program participants' evolving understanding of "what happened to me" which often involves non-traditional, non-clinical meaning making?
- The peer supporter's program notes and verbal communication to clinicians are peer-centric and do not include overtly clinical language. Specifically, communication does not include common clinical idioms (e.g. diagnosis, low functioning, manipulative, decompensating, suicidal, etc.) and does not attribute motive to behavior (triangulating, manipulative, sabotaging, help-seeking-rejecting, etc.)?
- The peer supporter is networking with other peer supporters via mentoring, training, conferences, publications, web-forums, etc. The peer supporter is not isolated from others in similar peer roles?
- Check for signs of "drift" from the role of peer supporter:
 - Is the peer supporter adopting clinical language and terms in verbal or written communication?
 - Is the peer supporter reluctant to share lived experience with participants and families?
 - Is the peer supporter telling/advising what to do?
 - Is the peer supporter performing assessments such as determination of suicide risk?
 - Is the peer supporter making decisions for program participants?
 - Is the peer supporter inviting program participants to co-produce or review notes in the record?

Influencing Organizational Culture

- The peer supporter is not being "siloeed" as the only voice of self-discovery/recovery/wellness in the org?
- What are the peer supporter's impressions/observations of the culture shift that is occurring on the team/org?
- What are the peer supporter's experience(s) of micro-aggression and role conflict at work?
- Are the peer supporter's opinions carefully considered in the clinical decision-making process?
- (If applicable) Does the peer supporter feel free to express diverse cultural/ethnic and socioeconomic identities, sexual orientation/gender identification and do they experience respect in the workplace?

Remaining Peer

- Keeps focus on learning together?
- Personal disclosure in-the-service of participant?
- Develops understanding of participant's evolving understanding of "what is going on"?
- Program notes and verbal communication are peer-centric and non-clinical?
- Peer supporter is networking w/ other peer supporters for support?
- Drift is evident?

Join our conspiracy of hope



patdeegan.pda



patdeegan



patdeegan.pda



patdeegan.pda



www.patdeegan.com/



CommonGround Software



Recovery Academy



Hearing Distressing Voices Simulation



Certified Personal Medicine Coaching



Personal Medicine Guides



Medication Empowerment