The Role of the Peer within a Clinical Team

Highlights & Key Concepts

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Summary Ideas:

Although peer specialists may work on a clinical team or in a clinical setting, they are not clinical staff. What peer specialists do not do:

- they do not use clinical language
- they do not assess
- they do not encourage/discourage compliance
- they do not attribute motive to peers

When the role of the peer starts to drift, and they start to think, speak, and act like a clinician, the team loses out on their unique contribution. The roles and responsibilities for peer specialists working in traditional mental health programs include:

- **Relationship building**
  - Develop relationships with program participants that include connecting around their shared mental health experience
- **Influencing team culture**
  - Positively influence team culture by emphasizing the perspective and experience of participants
- **Embracing creative narratives**
  - Explore and discuss multiple frameworks for understanding life experiences including personal understandings of what clinicians call mental illness
- **Advocacy and empowerment**

Support people in having a voice and choice in all aspects of mental health care, including decisions about medications

Questions & Responses:

Q1	***"Conspiracy of hope" – it's a phrase that appears in your online presence, social media, etc. Can you expand on what this means for you and in your work?***
A1	"Conspiracy of hope" refers to a paper that I wrote back in 1988. It seems like ancient history now, but I think it's as real and as relevant as ever before. The idea of a conspiracy of hope was to say that if we plant a seed in a desert and it fails to grow, do we ask what's wrong with the seed? Or do we look at the seed's environment and ask what needs to change in this environment so that this seed can thrive, not just grow, but even thrive? So, "Conspiracy of hope" is a call to stop blaming poor outcomes in mental health services on the fact that people are sick. Instead, start saying if we're not getting the outcomes we are hoping for, then there's probably something wrong with the environments in which we're asking them to grow. So, the conspiracy of hope became a sort of a clarion call to the community, providers, family members, and individuals to say, hey, let's conspire together to create hope-filled environments.

Q2	***What would be your advice for a peer to push back against a supervisor or entire agency that continues to ask peers to take on clinical roles? What language or approach should be utilized?***
A2	One approach that can be utilized to push back against supervisors who continue to ask peers to take on clinical roles is to get that supervisor to a conference or a webinar like this one today. Today's webinar wasn't only for peer specialists, supervisors were invited as well, and that was intentional. To ensure that a peer stays within their role it is just as important for supervisors to learn the role of peer specialists as peer specialists themselves. However, if the supervisor or agency is unwilling to keep you within the role of a peer specialist and your values are not aligned with theirs, then sometimes you may have to leave.
Q3	***What are your thoughts on creating goals and objectives for service plans?***
A3	Utilizing the power statement is an effective way to create goals and objectives for service plans. A power statement is a powerful and effective way of helping people say how they want a particular treatment to help them. While there will always be a bit of twisting and bending to make the tool work for the specific situation you are in, overall, it's a great and simple tool for creating goals and objectives for service plans.
Q4	***Have you been involved with family partner programs or peer specialists/peer supports with youth and/or Intellectual and Development Disability (IDD) services? If so, what advice or insight could you provide?***
A4	I think bringing individual voices and choices to the center of the care team is a way to protect human dignity. It's the suppression of voice that violates dignity. So, promoting and safeguarding human dignity-- that's what the work is. My company's mission is to create tools and technologies that protect voice and choice. Sometimes the protection is not because there are evil and cruel providers out there but because of the sheer volume and busyness and the pace at which the field is moving, which makes it easy to make the mistakes of taking shortcuts. I think we should start thinking about what are some assistive technologies that can assist in amplifying the voices. I think it's about creating assistive technologies and tools that amplify voice and choice so that within the constraints of a very busy public sector, people have a chance of getting a word in edgewise.
Q5	***What boundaries or recommendations would you make for a peer support specialist joining a clinical team from which she also received treatment?***
A5	I don't claim any real expertise here. But I would say that our role is not an identity. It is not an identity any more than being a psychiatrist is an identity or being a service user and or new worker is an identity. Personally, on a peer-to-peer level, I encourage my peers to seek elsewhere. However, some organizations are very large, and if I'm working in an inpatient unit and the position is in the outpatient clinic, I get that can lead to some distance that allows for a greater level of comfort. But to be a previous service user and to go back and become a peer specialist there can be difficult. I advise folks not to, but some people and teams have done it successfully.

Resources:

- My Power Statement handout
- My Power Statement handout in Spanish: Mi Power Statement (en español)