

# PEERS in CRISIS RESPITE

Crisis Respite or Peer Respite provide short-term crisis services in a home-like environment that offers a restful step-down for individuals who are experiencing a crisis. Peer Respite are staffed and operated by peers with lived experience, are voluntary, community-based, and offer non-clinical crisis supports. This resource will describe the crucial role Peer Specialists fulfill in crisis respite services.



Published in 2024 by the South Southwest Mental Health Technology Transfer Center (MHTTC)

Texas Institute for Excellence in Mental Health  
1823 Red River St  
Austin, TX 78701  
United States

This publication was prepared by the South Southwest Mental Health Technology Transfer Center (TTC) Network under a cooperative agreement from the Substance Abuse and Mental Health Services Administration (SAMHSA).

All material appearing in this publication, except that taken directly from copyrighted sources, is in the public domain and may be reproduced or copied without permission from SAMHSA or the authors. Citation of the source is appreciated. Do not reproduce or distribute this publication for a fee without specific, written authorization from the South Southwest Mental Health Technology Transfer Center.

For more information on obtaining copies of this publication, email us at [southsouthwest@mhttcnetwork.org](mailto:southsouthwest@mhttcnetwork.org) or [txinstitute4mh@austin.utexas.edu](mailto:txinstitute4mh@austin.utexas.edu).

At the time of this publication, Dr. Miriam Delphin-Rittmon, served as Assistant Secretary for Mental Health and Substance Use in the U.S. Department of Health and Human Services and the Administrator of the Substance Abuse and Mental Health Services Administration.

The opinions expressed herein are the view of the South Southwest Mental Health Technology Transfer Center (MHTTC) and do not reflect the official position of the Department of Health and Human Services (DHHS), SAMHSA. No official support or endorsement of DHHS, SAMHSA, for the opinions described in this document is intended or should be inferred.

## ADDITIONAL STAFF REQUIREMENTS FOR CRISIS RESPITE

Crisis Respite can be provided without the need for other (non-peer specialist) staff. It is available either through either a Peer-Operated/Managed Organization or in a conventional behavioral health organization.

### PEER CRISIS RESPITE TASKS

Lead recovery support groups.

**Provide family support by trained family supporters.**

Troubleshoot problems with individuals as requested.

**Provide a welcome and orientation to services.**

Participate in/arrange community support groups (e.g. AA/NA).

**Support crisis planning (including psychiatric advance directives).**

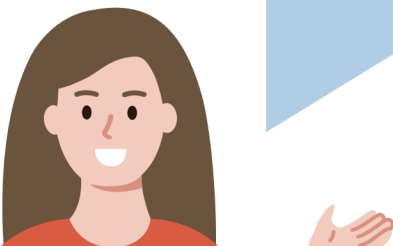
Support the development of Wellness Recovery Action Plans (WRAP).

**Assist with communication between individual and clinical staff as requested.**

Pay attention to the physical environment to ensure it remains comfortable and conducive to healing.

**Engage in activities for recreation/creative expression/distraction (e.g. line dancing, container gardening, art, outings, etc.).**

Engage in activities to support community life (e.g. preparing for appointments; sharing recipes for healthy meals; learning/participating in using the bus; assisting with connection to resources).



## PEER CRISIS RESPITE TOOLS

*“..so many people end up in distress (suicidal, etc.) in relation to loss of power and control in their lives, it can be absolutely essential that they have supports that are intentionally designed to minimize power imbalances. Even with clinical roles, it is critical that providers be trained to share power absolutely wherever possible, but it is much easier to achieve this balance with peer supporters.”*

-Sera Davidow

## PEER CRISIS RESPITE TASKS

<b>Empathetic listening.</b>	<b>Collaborating with peer guests.</b>
<b>Modeling recovery/providing hope.</b>	<b>Sharing personal stories.</b>
<b>Asking open-ended questions.</b>	<b>Advocating for individuals to direct their own life and recovery goals.</b>
<b>Role playing activities that may be new or difficult (e.g. medical appointments, court appearances, housing interviews, etc.).</b>	<b>Engaging/responding in ways that are culturally sensitive and aware. Peer staff ideally “look/sound like” peer guests.</b>
<b>Finding a point of commonality as a way of rapid engagement.</b>	<b>Assisting peer guests in seeing crisis as an opportunity for growth.</b>

*“A listening compassionate ear that is not driven by a medical systems approach makes a big difference because people don’t have to fear that what they say is being evaluated and that it might lead to unwanted things being done ‘to them’ rather than ‘with them.’*

*-Eduardo Vega*

## **APPROPRIATE USE OF CRISIS RESPITE PEER SPECIALISTS**

Ensure the individual’s services are voluntary.

**Ensure the environment is relaxed, and interactions are patient.**

Understand/recognize trauma, and deliver support in a way that does not re-traumatize.

**Focus on strengths and skills.**

Represent demographics of the area including both language and culture.

**Ensure confidentiality, and that peer guest is present in any conversation about them.**



## **INAPPROPRIATE USE OF CRISIS RESPITE PEER SPECIALISTS**

Act as a clinician

**Assess, diagnose or treat**

Administer medication

**Give advice (“you should”, “you could”, “you won’t”, “you don’t”, etc.)**

Assume roles not related to peer support  
Be involved in decisions or activities leading to involuntary hospitalizations or jail

**Require peer guests to participate in any available activities**

Accept gifts or money from peer guests  
fix problems for the peer guest.

## SUCCESSFUL PEER CRISIS RESPITE

*When everyone else is talking about you or at you, the peer supporter is the one person that is connecting with you... Not for the intention of persuading or pressuring you ... not for the intention of analyzing you or getting the inside information to share the "truth" with the clinical team, rather for the purpose of understanding your experience, sharing their own with vulnerability and humility, establishing trust, seeing your pain and validating it.*

*-Cherene Allen-Caraco*

### **Clear roles and duties consistent with peer support.**

Adequate supervision by someone who understands peer support, ideally another more experienced peer.

### **Clinician co-workers who understand and respect the peer role.**

Healthy boundaries.

**Adequate training, including ongoing staff development about peer roles, ethics, boundaries, and job duties (including working with people in crisis) at a minimum.**

Career opportunities for advancement.

### **Adequate and equitable pay.**





## POTENTIAL CONFLICTS & REMEDIES

Like all professional disciplines, there is an ethical code for peer specialists. Some routine practices to maintain cleanliness and/or safety might compromise ethics and values. Organizations need to consider these and design policies in ways that reduce these conflicts for peer specialists.

### Potential Conflict

### Potential Remedies

**Taking notes or maintaining documentation about peer guests without involving them.**

**Discuss content of the note as it is being developed.**

Organizations may opt to not require Peer Specialists to write treatment notes.

**Allowing clients to read the note and suggest edits or additions.**

**Organizations can ensure that job descriptions include duties consistent with the peer support role.**

**Job expectations that do not fall within a peer support role.**

Expect all staff to perform functions included in their job descriptions, and not go beyond these duties and functions.

**This conflict is easier to avoid when service is provided exclusively by peer specialist/supporters through a peer run organization.**

**Hygiene measures or constraints may be enforced for hazardous behavior or hygiene issues like bedbugs.**

**It is advisable for organizations to avoid routinely engaging peer specialists in situations requiring restraint.**

Emphasize the use of restraints as a last resort for de-escalating a situation.

**Peer guest might confide to peer specialist that he/she does not want to take his/medication or participate in prescribed treatment.**

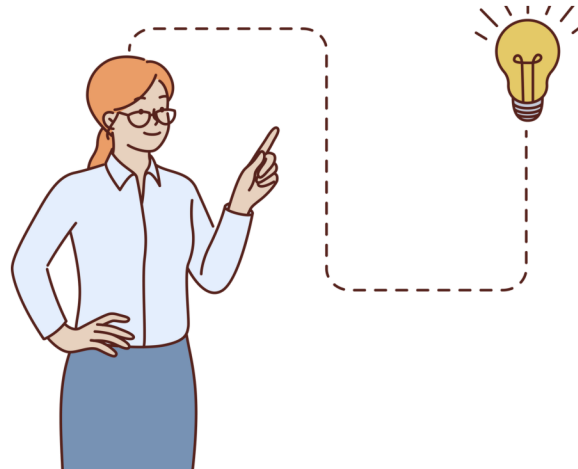
**While Peer Specialist should not advise participant about program participation, Peer Specialist can support participant in speaking up about his/her concerns about prescribed treatment.**

Peer Specialist may share personal stories that could help the client find a way out of their conflict about treatment.



There is a lack of unanimous agreement on certain aspects. For instance, while all surveyed peers concur that peer specialists should not engage in coercive actions like forced restraints, medications, or hospitalizations, opinions differ. Some respondents advocate complete dissociation of peers from programs involving such activities or any potential for force or coercion, including police presence.

Certain respondents propose establishing “firewalls” within programs, allowing peers to offer services outside these sensitive domains. Disagreement persists among peer experts regarding the extent to which peers should be distanced from any form of coercive activities and whether appropriately trained clinicians can provide supervision.



## COLLABORATORS

**Stephanie Jack**, Program Manager, P.E.E.R.S. for Hope House

**Cherene Allen-Caraco**, CEO/Chief Global Strategist, Promise Resource Network

**Keris Myrick**, Vice President of Partnerships, Inseparable

**Nev Jones**, Assistant Professor, University of Pittsburgh

**Sera Davidow**, Executive Director, Wildflower Alliance

**Morgan Pelot**, Research Program Manager, Live & Learn Inc.

**Eduardo Vega**, CEO and Founder, Humannovations

**Vanessa Williams**, CEO, Elevate Recovery

Disclaimer: Contributors provided expertise; their contribution does not imply endorsement nor does it imply opposition to the document. Lists are not exhaustive, but represent items provided by surveyed peer experts who have provided Peer Crisis Respite Services.

### Additional Resources:

Substance Abuse and Mental Health Services Administration (SAMHSA). Peer Support Services in Crisis Care. Advisory. SAMHSA Publication No. PEP22-06-04-001 Published June 2022.

Description and directory of Peer Respite: <https://power2u.org/directory-of-peer-respites/>