PEER SPECIALISTS and CRISIS STABILIZATION UNITS

Crisis stabilization units enlist individuals with mental health lived experience to provide support and understanding to those in acute crisis. These Peer Specialist professionals play a crucial role in offering peer support, sharing strategies, and fostering a sense of hope and recovery within crisis stabilization environments. Their unique perspective enhances the overall effectiveness of crisis intervention and contributes to the well-being of individuals in distress. This paper discusses the vital role peer specialists fulfill on crisis stabilization units.

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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.

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CRISIS STABILIZATION UNIT

A Crisis Stabilization Unit is a mental health facility that provides short-term, community-based crisis intervention and stabilization services. The inclusion of Peer Specialists on the unit aims to empower individuals in crisis and promote recovery through shared experience and understanding. focusing on creating a supportive and non-judgmental environment.

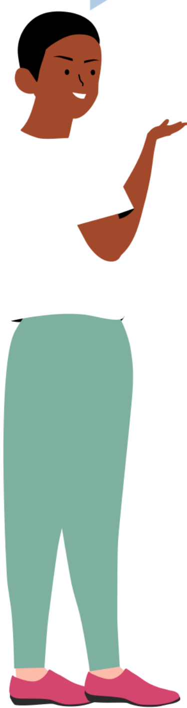
“Peers should not coerce clients into doing the prescribed treatment, but support and empower the client in advocating for themselves and taking an active role in their own treatment. Peers should not be operating in any scope as a nurse, therapist, or doctor. Peers can support the client in talking with the nurse, doctor, and therapist for areas in this scope. They shouldn’t be an enforcer but a supporter. -Tony Stelter

CRISIS STABILIZATION UNIT/CRISIS RECEIVING UNIT

Crisis receiving and stabilization facilities provide short-term observation and stabilization in a non-hospital environment for all individuals.

ADDITIONAL STAFF REQUIREMENTS FOR CSU

Psychiatrists or psychiatric nurse practitioners (telehealth may be used), nurses, and licensed and/or credentialed clinicians capable of completing assessments in the region.



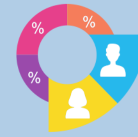
“a peer supporter is like having an internal consultant that leads from the lens of the person in front of the desk, not the person behind the desk. So, peer supporters sharing how the environment, program, practices and processes need to be designed to engage people, create safety and trust, and be effective is really important. Organizations just need to listen, seek, and value their wisdom.”
Cherene Caraco

PEER TASKS IN THE CSU

- Conduct orientation to services and let visitors know what treatment will entail and how it has helped others or even themselves.
- **Utilize relevant aspects of personal experience to connect and foster a sense of safety. Assist in averting escalating emotions/issues.**
- Support the development of wellness and recovery plans.
- **Provide individualized support to visitors.**
- Facilitate support and educational groups.
- **Perform mental health role while modeling recovery.**
- Assist in warm hand-offs and targeted follow-up between levels of care.
- **Participate with the treatment team to advocate, empower, and be a voice for the visitor's perspective when needed.**
- Lead collaborative processes for developing an Advance Crisis Directive/ Psychiatric Advance Directive and/or assist in finding/implementing Psychiatric Advance Directives if already developed by the person.
- **Explore past responses to similar circumstances and explore whether similar responses are applicable in the present circumstance.**
- Conduct activities that help reduce isolation such as taking walks, cooking, playing games, artistic activities, and general social or occupational activities.
- **Conduct debriefing and processing following coercive intervention (requires that Peer Specialist has not been involved in intervention).**
- Explore intense feelings including suicidal intensity and rage.

APPROPRIATE USE OF PEER SPECIALISTS IN CSU

Focus on strengths and skills



Represent demographics of the area including both language and culture

Be open to moments of quiet contemplation

Ability to voice/communicate disagreement with involuntary commitment decisions made by non-peer workers

Encourage discussing taboo topics openly, including self-harm, drug withdrawal, and hearing voices, without judgment or stigma.

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

INAPPROPRIATE USE OF PEER SPECIALISTS IN CSU

Anything coercive, non-empowering, or out of scope.
Assume roles not related to peer support.
Be involved in decisions or activities that lead to involuntary hospitalizations or jail.
Act as a clinician.
Give advice ("you should," "you could," "you won't," "you don't," etc.) or "fix" problems.
Share their personal contact information and address.
Accept gifts or money from peer guests.
Assess, diagnose, treat, or ask someone questions like, "Do you have a plan?" that tend to shut down real conversations.
EMPOWER individuals to advocate for themselves; do not instruct or coerce individuals regarding medication or treatment.

PEER BOUNDARIES IN CRISIS STABILIZATION

Avoid anything that is coercive, non-empowering, or out of scope, specifically:

Act as a clinician

Assume roles not related to peer support

Accept gifts or money from peer guests

Share personal contact information or address

Be involved in decisions or activities leading to involuntary hospitalizations or jail

Assess, diagnose or treat, or ask someone questions like, "Do you have a plan?" that tend to shut real conversations down

Give advice (e.g., "you should," "you could," "you won't," "you don't," etc.) or "fix" problems

Peers support and empower the individual to advocate for themselves. They do NOT tell someone to stop taking their medications or coerce them into participating in prescribed treatment or medication.

KEYS TO PEER SPECIALIST SUCCESS

Fair and adequate compensation.

Opportunities for career growth and advancement.

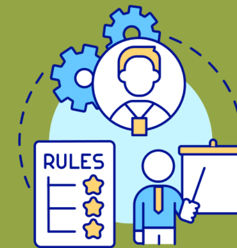
Supervision from a knowledgeable peer or an experienced professional in peer support.

Collaboration with clinician co-workers who comprehend and value the peer role.

Cleary defined roles and responsibilities aligned with peer principles.

Awareness of personal boundaries, triggers, and the impact of the work, along with self-care strategies.

Respect individuals' expertise in their experiences, regardless of current distress or support needed to recall their knowledge.



Comprehensive training, including continuous staff development covering peer roles, ethics, boundaries, and duties, particularly in crisis intervention.

GUIDELINES FOR SUPPORTING PEERS IN CSU

The biggest challenge[s] [for Peer Specialists] are a lack of clear roles and responsibilities in crisis services [as well as] a lack of recognition of [unique] peer crisis support contributions and core competencies, [and] stigma, including doubt and low expectations within provider systems related to the effectiveness of peer support in the crisis context." -Eduardo Vega

HIRING

Organizations must hire Peer Specialists with transferable skills and not hire "token consumers."

Be willing to hire Peer Specialists who have serious mental health lived experience (not limited to substance use and/or mild issues).

Hire enough Peer Specialists for their presence to be felt. In other words, hiring one will not make a difference.

SUPERVISION

Ensure supervisors comprehend the principles of peer support and foster the development of professional skills and knowledge among Peer Specialists.

Educate supervisors on the boundaries of Peer Specialists and support Peer Specialist values and ethics.

Preferably, have peer supervisors (those with lived experience) take on supervisory or co-supervisory roles.

Establish peer-to-peer groups, excluding non-peer providers, to facilitate mutual support and co-supervision from a peer specialist perspective.

Establish consistent expectations for ALL employees, particularly regarding leave policies.

Incorporate consciousness-raising, reflection, and group supervision to address coercion, trauma-informed care, and coercive interventions regularly (weekly/monthly).

LEADERSHIP

The role of leadership of the agency/organization:

Demonstrate respect for peer supporters.

Shift program protocol from a risk assessment approach to one centered on emotional support, empathy, and acceptance.

Involve Peer Specialists and individuals knowledgeable about peer services in leadership roles for program design, including policy and procedure development.

Acknowledge the value of peer support beyond cost-saving, preventing chronic underfunding and undervaluation, recognizing its broader benefits and skill involved.

Define clear Peer Specialist roles separate from other providers, reducing coercion risks. Document explicit policies for staff guidance and reference.

Peer-led training prioritizes peer values, principles, and expertise, avoiding generic crisis response training for non-peers. Facilitate by a progressive peer-led group.

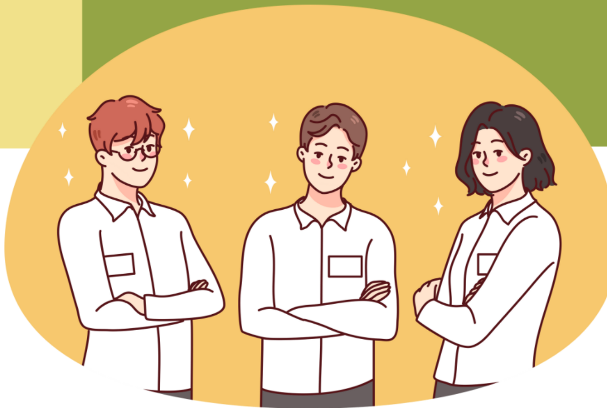
Educate policymakers on peer services, covering evidence-based practices, roles, and funding. Align legislation, policies, and regulations with peer support values.

CONFLICTS & RESOLUTIONS

Peer Specialists adhere to a professional ethical code. Certain commonplace practices in Crisis Stabilization Units may pose challenges to these ethics and values. Organizations should recognize these potential conflicts and formulate policies to address ethical dilemmas for peer specialists.

"It has not been my experience that peers need "special" care that is different from every other team member and that in fact when we work with peers through the lens of their challenges we hold them back. I always say, "Peer supporters should not be seen as mental patients who happen to be working, but rather as employees who happen to have some challenges, and who of us has no challenges?" - Lisa St. George

POTENTIAL CONFLICT	POTENTIAL RESOLUTIONS
Taking notes or maintaining documentation about the individual in services 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. Allow individual in services to read the note and suggest edits or additions.
Job expectations that do not fall within a Peer Specialist role.	Organizations can ensure that job descriptions include duties consistent with the Peer Specialist role. Expect all staff to perform functions included in their job descriptions, and not go beyond these duties and functions.
Restraint might be used when guest behavior is deemed to be dangerous.	Organizations should refrain from involving Peer Specialists in restraint situations. Ensure restraints are the last option used to de-escalate a situation.



CONFLICTS & RESOLUTIONS

Guest may disclose reluctance to adhere to medication or treatment.

Peer specialists shouldn't advise on program participation but should support participants in voicing concerns about treatment if they have them.

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

Adjudicated treatment orders into peer services.

The program, if privately operated, may refuse referrals from the court. This may not be true if the program receives public funds.

Peer specialists can't influence court-ordered treatment but can empower peer guests with choices beyond court directives in program participation.

Organizational leadership can educate the court regarding the need for peer services to be voluntary if expected to be effective.

There is ambiguity on certain aspects. While all surveyed peers unanimously agree that peer specialists should abstain from participating in coercive activities like forced restraints, medications, or hospitalizations, some peer experts argue that peers should receive training in trauma-informed safety interventions for emergency situations to safeguard themselves and others. Additionally, some respondents held the view that peers should have no affiliation with programs that permit such activities or any potential for force or coercion, including police presence.

There is a consensus that peers should not undertake tasks appropriate for other staff, primarily to prevent "peer drift." This phenomenon involves peers adopting the thoughts and actions of their non-peer colleagues, deviating from their distinctive experience, perspective, and training. Nevertheless, some express the belief that peers can engage in similar tasks as other staff, utilizing that time as an opportunity to discuss recovery or other aspects well within their purview.

All peer experts concur that supervision should be conducted by someone with a grasp of the peer role, with a preference for another peer. Certain respondents assert that peer supervision is deemed essential.

Some subject matter experts outlined the establishment of firewalls within CSUs to enable Peer Specialists to deliver services in alignment with their professional ethics. Others reported that peers should have no affiliation or involvement with CSUs unless they unequivocally align with the ethics, values, or practices associated with peer support.

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The content provided in this document is not exhaustive. Contributors provided expertise; their contribution does not imply endorsement nor does it imply opposition to the document.