Integrating Well-Trained Peer Support Specialists for Authentic Recovery Outcomes

James Ritchie, Ph.D., CMPSS
Director of Operations,
Recovery Resilient Solutions
Crestwood Behavioral Health, Inc.

Mindfulness: Snap, Clap, Stomp

3 minutes

Integrating Well-Trained Peer Support Specialists for Authentic Recovery Outcomes

Being Authentically Recovery-Focused means fully integrating Peer Support Specialists into all service-delivery and planning components of the program, and especially including making sure everyone, from Leadership, supervisors, PSS and non-service delivery staff (admin; HR; contracts, etc.) know what PSS do, how they do it, and how they can best be supported in performing that role. And it requires modeling by all throughout.

The Colgate Challenge....

- Please pay close attention to each of the three photos.

- As you do, think about what dental floss is designed for.

So what did you see?

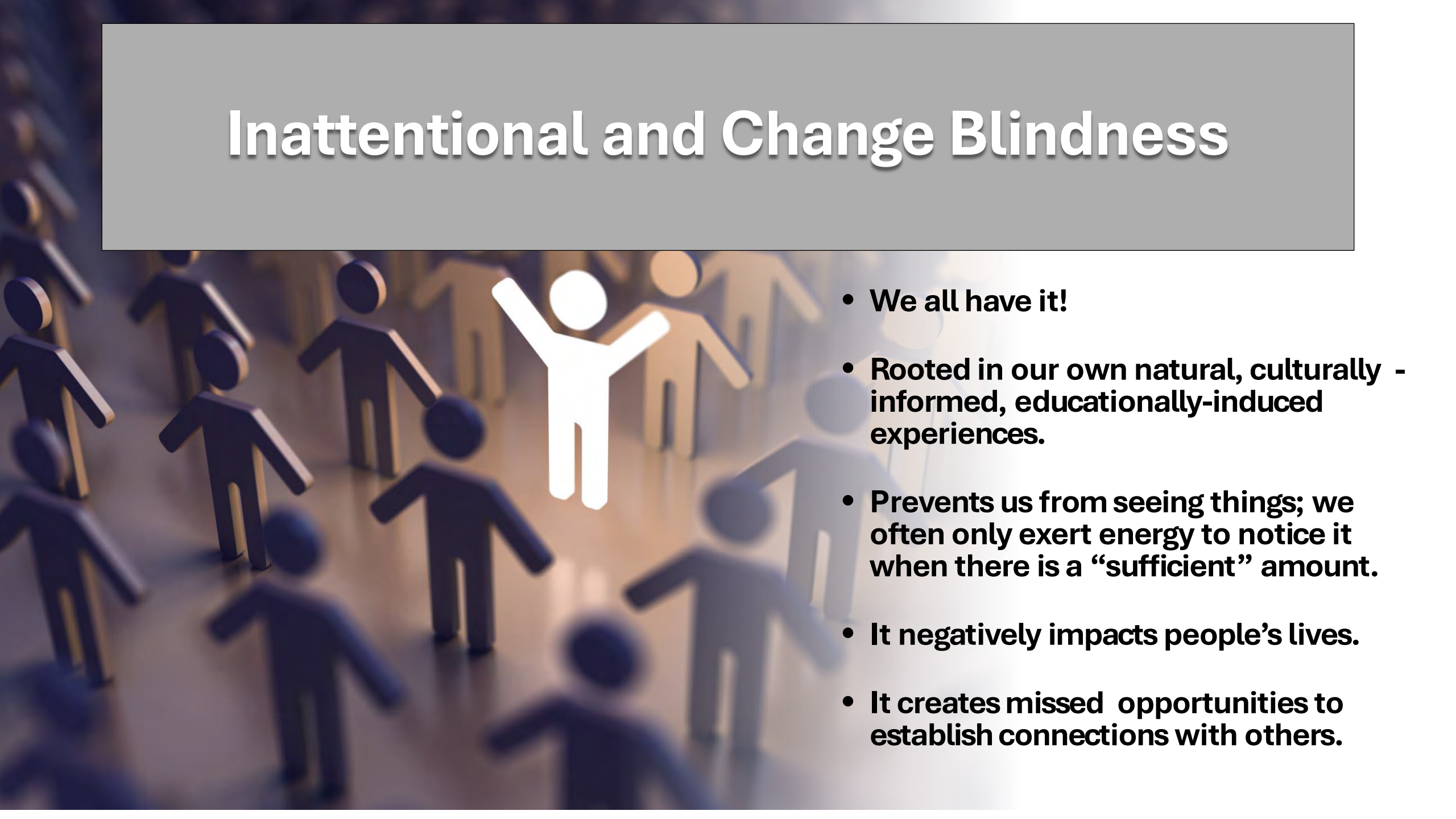**Six Fingers**

Missing an ear

Phantom wrist and hand

It's called **Inattentional Blindness** (and its close cousin, **Change Blindness**)

Inattentional and Change Blindness

- We all have it!

- Rooted in our own natural, culturally - informed, educationally-induced experiences.

- Prevents us from seeing things; we often only exert energy to notice it when there is a "sufficient" amount.

- It negatively impacts people's lives.

- It creates missed opportunities to establish connections with others.

How on earth is this related to Integration of Peer Support?

Let's hold off on that question for a moment

# Inattentional & Change Blindness: **Group Discussion**

- How does either one show up in a clinically-oriented behavioral health setting?

- What is the impact of it on the people receiving services?

- How is it reinforced in a clinical setting?

- What is the overall impact to the system of care?

2 Ways Inattentional and Change Blindness are related to PSS

1. The way people are viewed gets filtered through the clinical lens (Dx, problems, disease-model, case number). Peers bring the vision of having been there; of seeing the person, positive change, and -what is obvious to us– the strengths, joys, meaning, hopes, reasons, and dreams of the person, unfiltered.

2. PSS bring awareness of the inattentional blindness infused in our service delivery models– they can support awareness of the need for specific system changes by sharing the gaps that are obvious to those who have experienced that system and the blind spots in it.

Enhancing Recovery Outcomes: What we can do is....
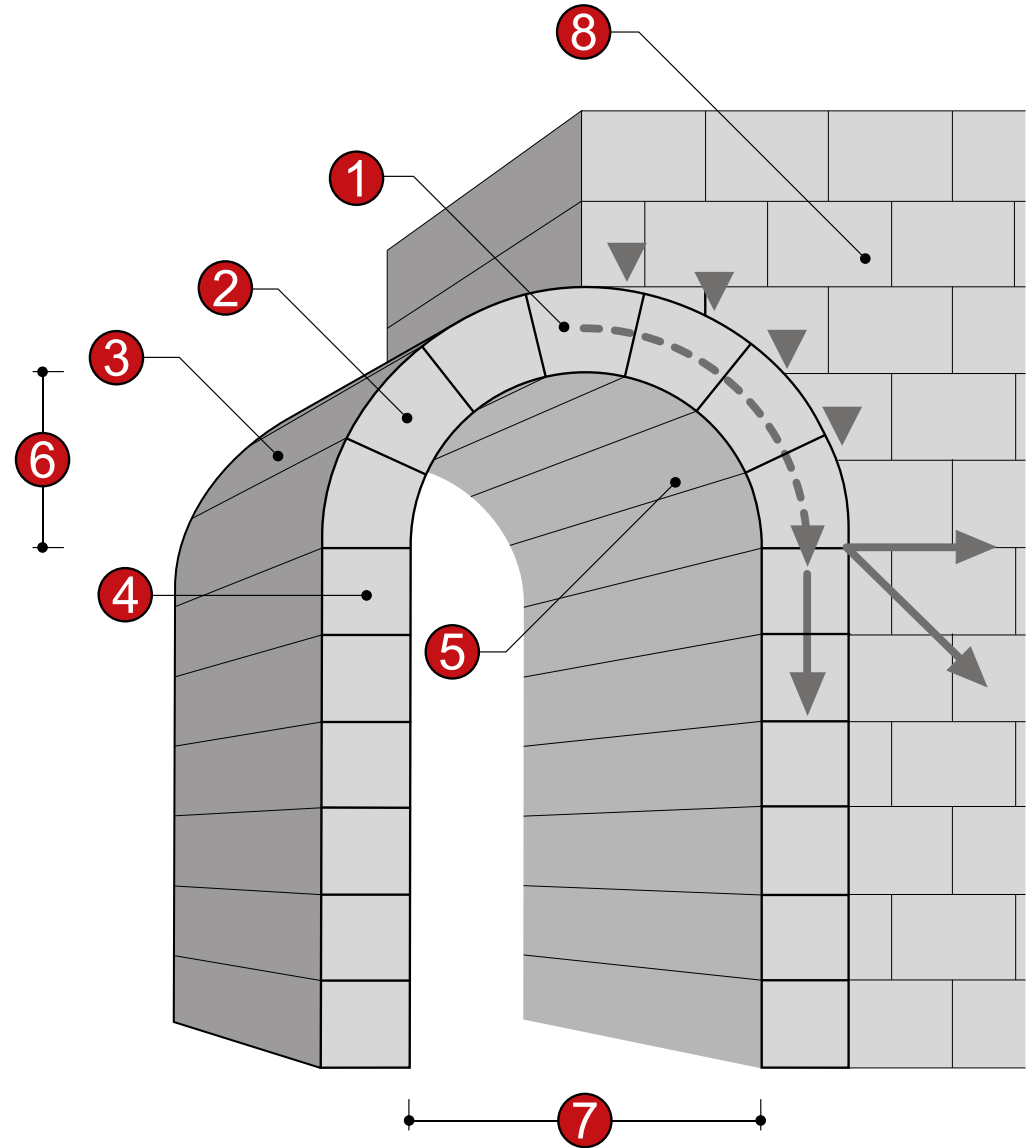
Yearning & Learning– Because of our journey = giving back; Meaning & Purpose

...not in spite of our journey

Relationship is foundational; Healing happens in Relationship

Empowering individuals

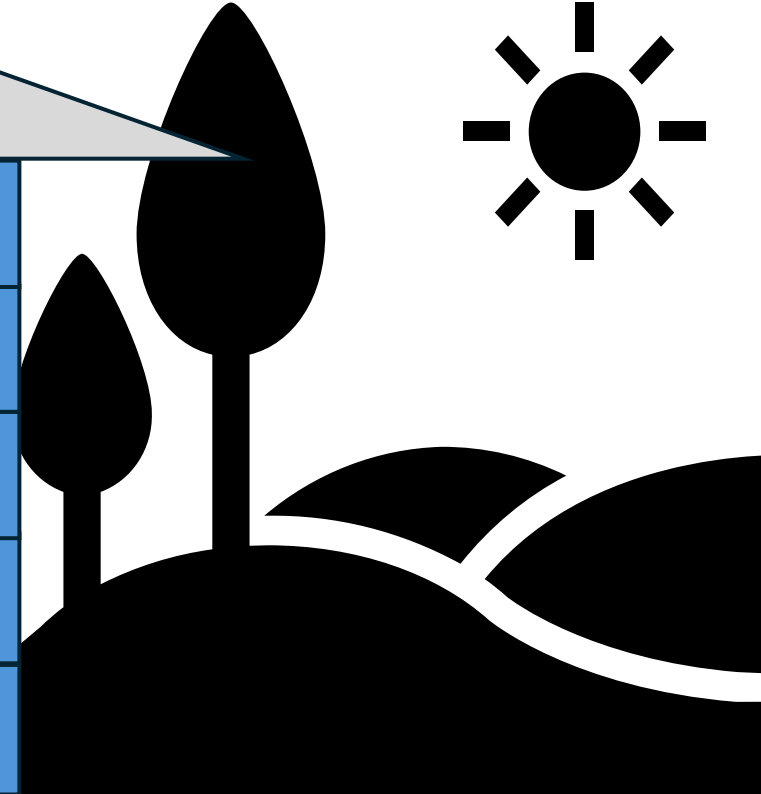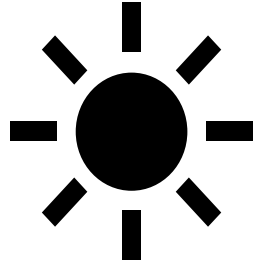Validation of experiences that support people

Outcomes that shift the narrative; Optimism

Competencies that inform the skills and practices

Expectation, not the exception; Engagement, not enticement

Recovery = a way of being; Real; a way of life; a Reset in thinking

We Can Lay the Foundations of Recovery Culture

Recovery Culture: What is it? How do we know it's there?

- How staff members positively engage with each other and the people we serve.

- How recovery language is being spoken - accented by empowering words of hope, heart, and healing.

- There's a positive, vitalizing energy which inspires and calls everyone to their highest potential.

- In how recovery outcomes will be the experience and expectation, not the exception.

From *Peer Support Learning for the 21st Century,*- Martin, C. and Ashcraft, L., 2015

Two Critical Pathways to Support a Recovery Culture

1. Establish

Establish policies that promote the use of recovery-oriented <u>principles and practices.</u>

Integrate into all organizational training.

Align HR, leadership, supervision, and performance/coaching to these

2. Equip

Equip staff with Recovery Skills that inspire people to become self-determining and to begin <u>their recovery journey.</u>

Integrate Peer Support Specialists

Recovery Begins with Belief Backed By Fact

- **Recovery is not only possible, it's the expectation.**

- **All humans, regardless of their circumstances, can recover and live meaningful and productive lives.**

- **Recovery is accomplished by the work of the expert.**

- **The Recovery journey is unique to the individual.**

- **Therefore, the _only_ expert available is the very person on their Recovery journey.**

- **Peer Support Specialists are experts at not being the expert and that takes a lot of expertise!**
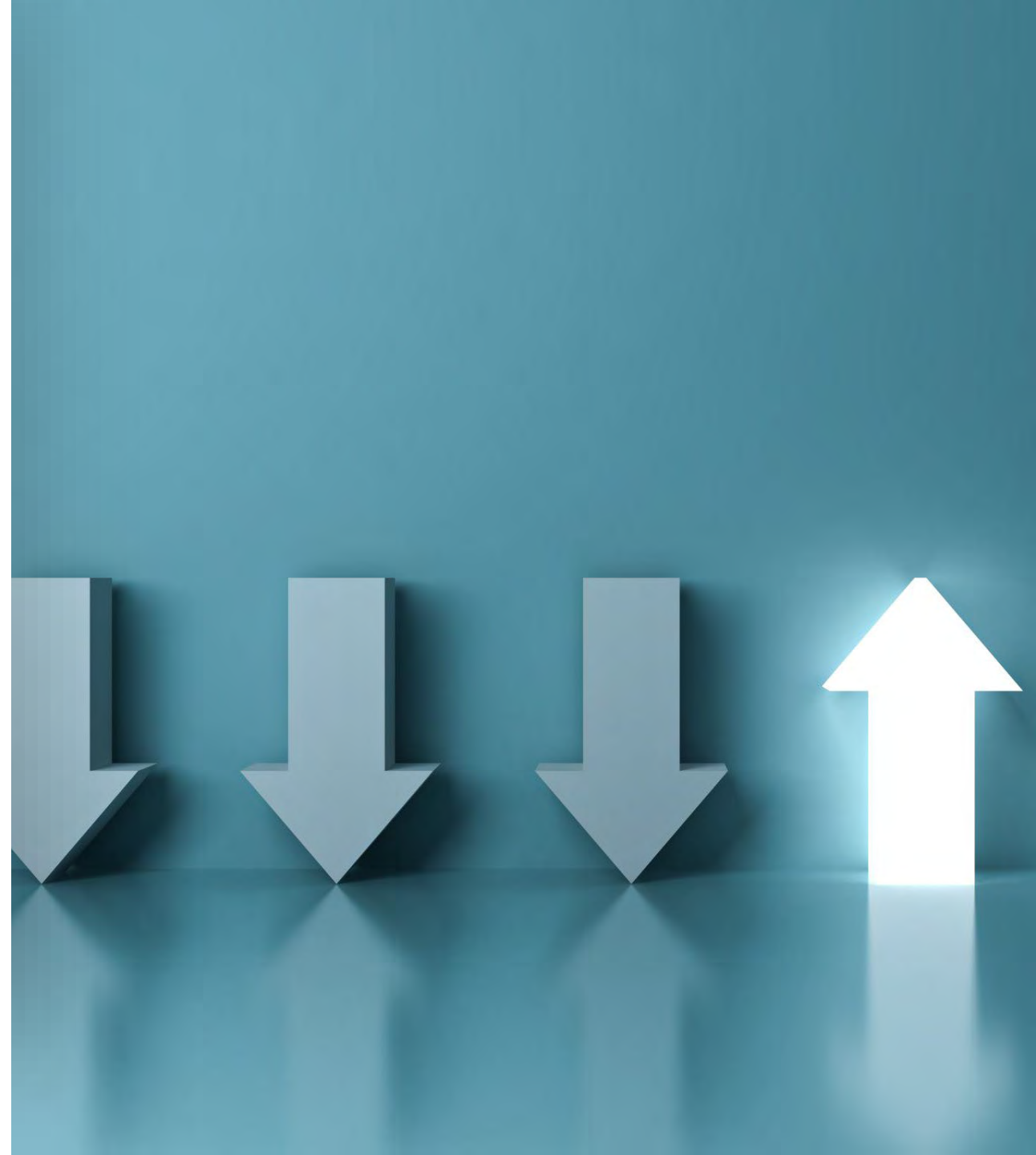
Recovery Is Real!

Long-term studies: people can recover from severe mental illness

Study	Sample Size	Follow-Up (in years)	% Significantly Recovered
Bleuler (1972)	208	23	53%-68%
Huber et al. (1979)	502	22	57%
Ciompi & Muller (1976)	289	37	53%
Tsuang et al. (1979)	186	35	46%
Harding et al. (1987)	269	32	62-68%

1. Bleuler (1978). The Schizophrenic Disorders. New Haven, Yale Press
2. Huber et al (1975). Long-term followup…Acta Psychiatrica Scand. 53:49-57.
3. Ciompi & Muller (1976). Lebensweg und alter…Berlin. Verlag Springer.
4. Harding et al. (1987). Vermont longitudinal study…Am. J. of Psychiatry 144: 718-735.
5. Tsuang,M. et al (1979). Long-term outcome…Arch. Gen. Psych. 36:1295-1301

Medical Criteria for "recovery" used:
1. "No current signs and symptoms of any mental illness;
2. No current medications;
3. Working, relating well to family and friends;
4. Integrated into the community;
5. Behaving in such a way as to not being able o detect having ever been hospitalized."

Let's
Consider
What Peer
Support Is.

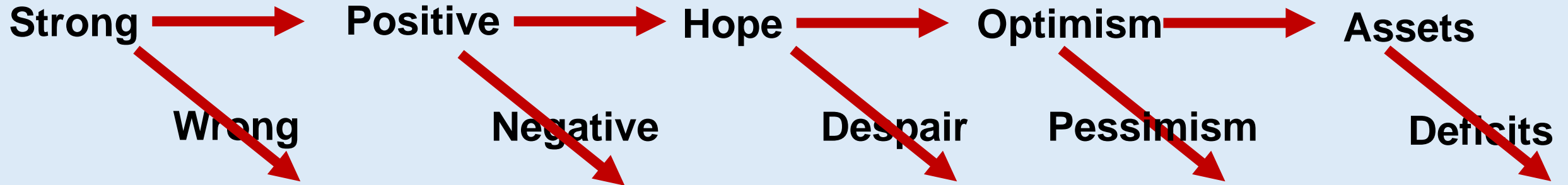Strengths and Opportunities in What You Saw?

Strengths

- Ruth was very loving and kind.

- Ruth clearly wants to help James out with his stated challenge.

- Ruth was focused on finding a solution.

- Ruth body language was very open and supportive.
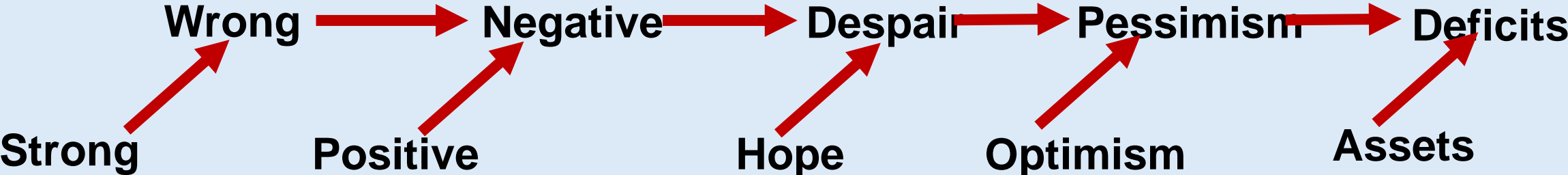
- Others?

Opportunities

- Ruth uses sympathy instead of empathy

- It's better to empower James to arrive at his own solutions

- Important to use open-ended questions to support envisioning as solution

- Avoid power-robbing language ("should-"ing all over someone)

- Robbed James of the opportunity to validate his strengths

- No opportunity to celebrate James' solutions

- Others?

Recovery: A Formidable Formula of Overcoming

Strong → **Positive** → **Hope** → **Optimism** → **Assets**

Wrong **Negative** **Despair** **Pessimism** **Deficits**

Recovery: A Formidable Formula of Overcoming

Strong → **Wrong** → **Negative** → **Despair** → **Pessimism** → **Deficits**

Positive

Hope

Optimism

Assets

Flat Affect
High Risk
Med Seeking
Treatment Resistant

DSM5 R
Consumer
Mental Illness
Client
Delusional

Symptomatic
Addict
Hopelessness

Attention Seeking

PSS help us envision beyond what we are often only seeing because of our blindspots

Past History

Patient Presenting Problem
Fragile
Awoler
Relapses
A Case
Patient
High Risk
High Needs
Manic

Psychotic
Crisis
Low Functioning

NON-RECOVERY	RECOVERY
Stability and Maintenance are the goals	Recovery is the goal
Low expectations of what a person can do	High hope; High expectations that person can reach their goals
No clearly defined exits	Graduation, celebration, Graduates invited to make contribution
People judged by their "motivation" and "compliance"	Practitioner asks "How can I inspire and empower?"
Practitioner controls the Tx Plan	Person is the expert and creator of their plan
Compliance is valued	Choice and independence are most valued
Coercion is used for compliance	People are empowered
People protected from themselves; protected from error	People encouraged to take risks and learn through the process
Dx-focused, one-size fits all approaches	Wide range of options and individualized
Little or no access to information	Transparency and education
No or menial employment, no opportunity to give back	Supports person exploring their meaning and purpose; contribute
Medication primary tool; Meds-only clients	Medication is one of many tools, including peer support
Emphasis is on treatment	Peer support, empowerment, resilience, and self-help

Guidelines for Recovery Language

1. A focus on what is _____**strong**_____ as opposed to what is _____**wrong**_____.

2. Use everyday _____**common**_____ language.

3. Use language that is _____**positive**_____ and _____**accurate**_____ in nature.

4. Be _____**empathic**_____ and _____**hopeful**_____.

5. And avoid _____**stereotypes**_____ and _____**generalizations**_____.

Adapted from *Peer Support Learning for the 21st Century*. Martin, C. and Ashcraft, L. 2015.

Non-Recovery vs Recovery Language

Consumer, Patient, (Client) ➡ A person, their name, participant

Manic, paranoid, panicking, etc. ➡ High-energy, has some fears, has some worries.

Unmotivated ➡ Looking for a way to move forward.

Attention-seeking; needy ➡ Looking for support. Has unmet needs.

Non-compliant; resisting ➡ Wanting choices; wanting their power back

Decompensating, -ed ➡ Having a bad day

Fragile ➡ In touch with their feelings

The Disaster Viewing Point

(The "D" List)

- 🔬 **Difficulty**
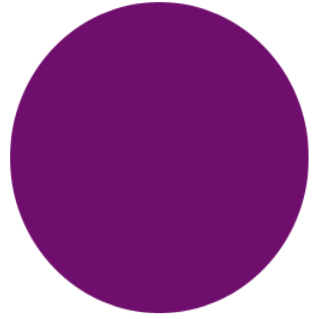- 🔬 **Diagnosis**
- 🔬 **Disease**
- 🔬 **Disabled**
- 🔬 **Disempowered**
- 🔬 **Disenfranchised**
- 🔬 **Demoralized**
- 🔬 **Disappointment**
- 🔬 **Dysfunctional**

Let's Shape Up!
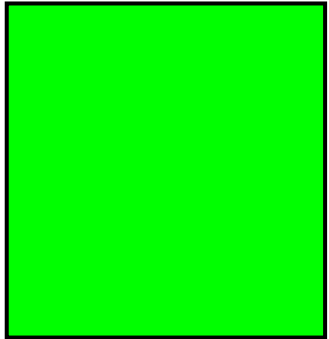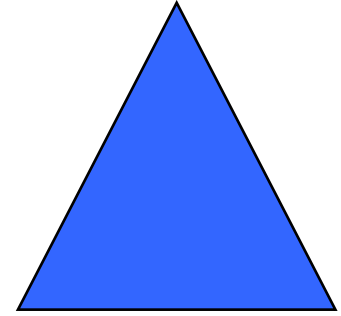
The Power of Focusing on Strengths
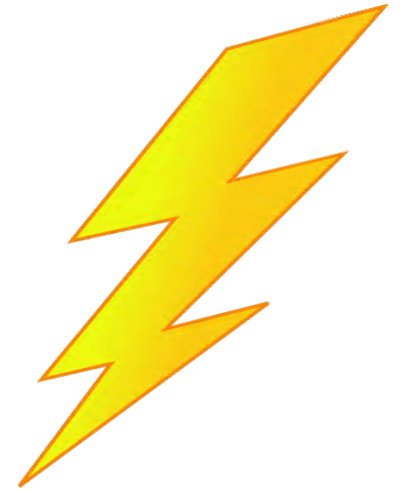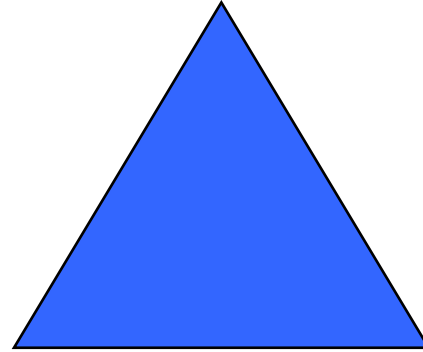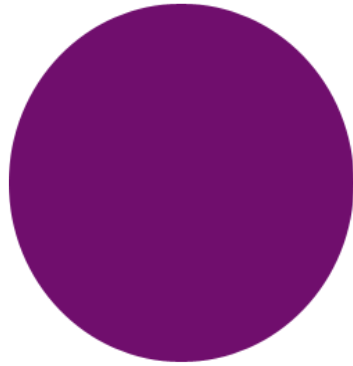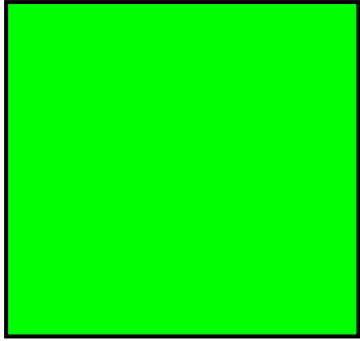
Based on where you are sitting, let's categorize you under one of these four shapes.

You are empowered to change seats to match if you want a different shape than the one arbitrarily assigned to you based on where you are sitting.
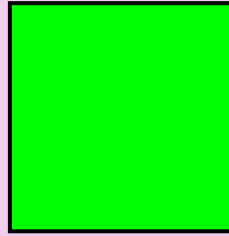
Disaster Frame

Diag-nonsense = Exquadra

Diag-nonsense Characteristics:

- You're rigid and controlling.
- Anyone who steps outside the lines gets squished.
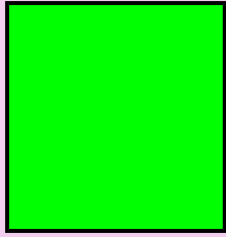
Strengths Based or A Frame

- You tend to be very organized.

- You like clearly defined boundaries.

- You take responsibility for your own actions.

- Rules are your friends -- the more the better.

- You prefer to navigate around the emotional. You like to "just stick to the facts," and get things done.

- You are accountable and an achiever!
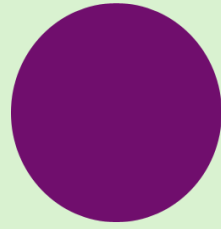
Disaster Frame

Diag-nonsense = Circuitous

Diag-nonsense Characteristics:

- **You are manipulative and fixated on pulling everyone into your circle of beliefs and emotions.**

- **You can get overly emotional about your views**

- **Alternatively, if they don't fit in, they need to go somewhere else.**
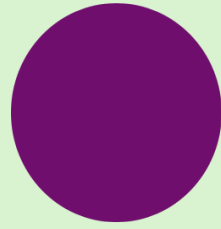
Strengths Based or A Frame

- **You are solution-oriented and influential**
- **Your goal is to have everyone on the same page, to be on the team and go with the flow.**
- **You don't mind emotions, and are ok with others expressing theirs, too**
- **Your main goal in life is to make others happy, which makes you happy.**
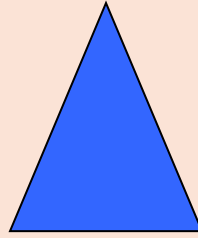
Disaster Frame

Diag-nonsense = Triangulation

Diag-nonsense Characteristics:

- **You are a procrastinator, and take forever to get anything done, if at all.**
- **You have a hard time setting firm limits with others.**
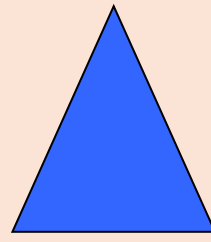
Strengths Based or A Frame

- You are a deep thinker and take a lot of time to mull things over before you act.
- You are willing to bend the rules for the greater good, when it's right.
- You are very curious and always ask "why"
- You try to get as much information as you can before deciding.
- You are always "fair" and give others lots of opportunities when things don't work out as planned.

42

Disaster Frame

Diag-nonsense = Fulminous

Diag-nonsense Characteristics:

- **You are impulsive.**
- **You think you know more than everyone else and don't mind telling them so.**

Strengths Based or A Frame

- You are the first person at work, to offer solutions, to respond to a crisis

- You are resolute, confident, and competent

- You like adventure and excitement and end up in challenging situations.

- You want to invent a better mousetrap, to look for an easier way, & to help others.

- You are transformational!

The **A**sset Viewing Point

(The "A" List)

💪 **A Person- WITH A NAME**

💪 **Authentic**

💪 **Authority**

💪 **Able**

💪 **Autonomous**

💪 **Achiever**

💪 **A Meaning & Purpose**

💪 **Aspiring**

💪 **Awesome**

Professional Reluctance Toward Peer Support Specialists Joining the Team

Patrick Corrigan, Psychologist at the Chicago Consortium for Stigma Research "…stigmatizing views about mental illness are not limited to uninformed members of the general public; even well-trained professionals from most mental health disciplines subscribe to stereotypes about mental illness."

Stigma: Practitioners can become unaware of stigma because they:

- See people almost exclusively in their most unwell moments.
- Don't get to experience people succeeding or to celebrate the recovery successes.
- Don't get to see the person thrive-- get assigned new person who is unwell, and cycle continues.
- Experience feelings of hopelessness, burn-out, fatigue.

Fear: Some practitioners may fear:

- the PSS is there to take jobs away.
- the PSS will become unwell; exposed to "triggers" and "re-traumatized".
- the PSS can become another "Client" on my team in stressful moments, when they need a professional colleague instead.
- that PSS do not understand or recognize ethics, laws and boundaries (confidentiality, cross boundaries with persons receiving services; unaccountable).

Job Tasks	Doctor	Nurse	Counselor	Case Manager	Peer Support Specialist
Orientation	Diagnoses and prescribes treatment modality	Supports doctor to administer and oversee treatment	Assesses, guides, and empowers per therapeutic approach	Coordinates treatment plan services and resources	**Shares recovery story, models recovery, inspires, empowers, is relationship oriented**
Service Focus	DSM's; psychiatric and whole health needs	DSM, psychiatric and whole health needs	DSM, treatment plan goals	Treatment plan goals	**Promotes self-determination; promotes discovery of hopes/dreams**
Power Dynamic	Advisory and collaborative	Advisory and collaborative	Advisory and collaborative	Advisory, assists supports, coordinates	**Mutuality; promotes self-advocacy, and empowers**
Process	Diagnoses, assesses, and prescribes medication	Administers medication; assesses; provides medical care	Applies therapeutic approach with clinical expertise	Generates reports and maintains docs. and required paperwork	**Provides strength based, interpersonal and intentional peer support; honors person as the expert**
Skill Transfer	Advisory	Advisory	Advisory; therapeutic process	Advisory; delivers life skills training, ident...	**Experiential; facilitates recovery classes; models how to be a resource**

Ten Competencies of Peer Support - An Inside Job

Positivity
10

Recovery & Resilience
1

Relationship
2

Life Long Learning
9

Authenticity
3

Peer Support DNA

Ethics
8

Mutuality
4

Accountability
7
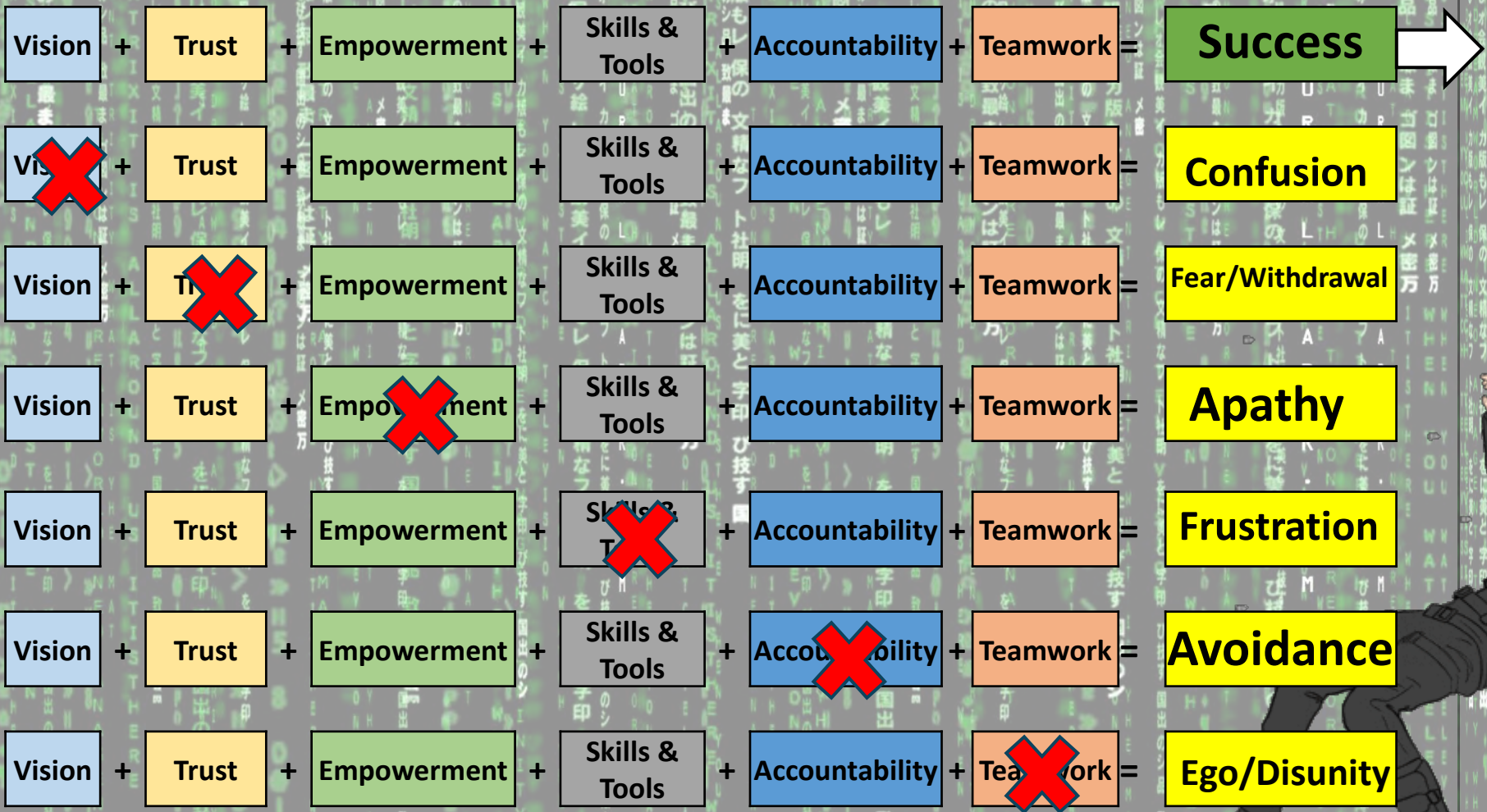
Integrity
6

Empowerment
5

Pages 40

What Peer Support Specialists Do

1. Listen and "be with" people – stay fully present, mutually, unconditionally and without judgement.

2. Hold the hope for others.

3. Identify and affirm people's strengths; validate what is strong and right.

4. Encourage people to make choices about their recovery- honoring them as the experts.

5. Share parts of our recovery story that may be helpful for the person.

6. Understand how trauma can affect the way people act and respond to themselves and/or others.

7. Keep our word with others.

8. Support people to learn how to access resources and explore options.

9. Talk through differences with a focus on reconciling the relationship; resolve conflicts respectfully.

10. Follow up with people and keep our word about following up.

11. Promote self-advocacy, self-efficacy, and personal responsibility.

12. Create opportunities for the person to give back and contribute in meaningful ways.

13. Remain accountable an equal member of the team by showing up on time and doing our job.

14. Strive to constantly grow and improve in the way we do our work.

A Glitch in the Matrix of Recovery Leadership

Vision	+ Trust	+ Empowerment	+ Skills & Tools	+ Accountability	+ Teamwork	= **Success** → **(RECOVERY OUTCOMES)**
~~Vision~~ ✗	+ Trust	+ Empowerment	+ Skills & Tools	+ Accountability	+ Teamwork	= **Confusion**
Vision	+ ~~Trust~~ ✗	+ Empowerment	+ Skills & Tools	+ Accountability	+ Teamwork	= **Fear/Withdrawal**
Vision	+ Trust	+ ~~Empowerment~~ ✗	+ Skills & Tools	+ Accountability	+ Teamwork	= **Apathy**
Vision	+ Trust	+ Empowerment	+ ~~Skills & Tools~~ ✗	+ Accountability	+ Teamwork	= **Frustration**
Vision	+ Trust	+ Empowerment	+ Skills & Tools	+ ~~Accountability~~ ✗	+ Teamwork	= **Avoidance**
Vision	+ Trust	+ Empowerment	+ Skills & Tools	+ Accountability	+ ~~Teamwork~~ ✗	= **Ego/Disunity**

Page 10

The End

THANK YOU!!!

Team Breakout Exercise

1. Describe a professional experience when there was a sudden change at your work. Did you feel supported by the organization/leadership through this period of doubt and uncertainty?

2. Have you ever had a work experience when you felt **supported** or unsupported during a period of doubt and uncertainty? How did that make you feel?

3. How can you prepare yourself as a leader to empower and support staff through a future period of change, doubt and uncertainty? **Or how have you done this?**
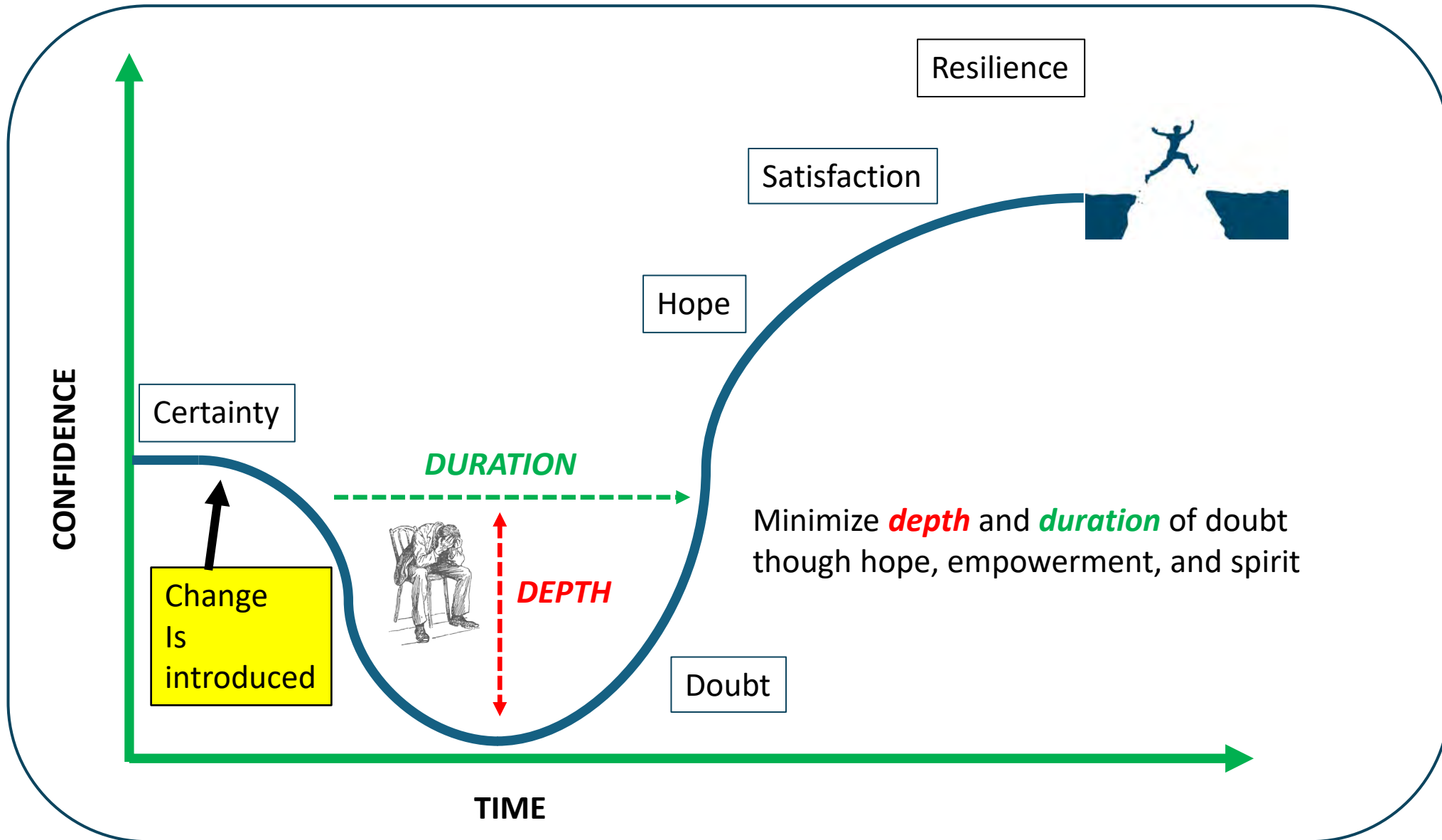
Recovery and Resilient Leadership Includes
Change Management Skills

- Change travels with uncertainty

- Some examples of change we've experienced are: ??????

- Good Leaders <u>inspire</u> staff through periods of uncertainty by:

  - Modeling Hope and Positivity

  - Validating staff's feelings and experiences

  - Empowering

  - Being Mutual

  - Being Kind and Caring

  - Building Resilience

The Curve of Change: Understanding the J-Curve:

Resilience

Satisfaction

Hope

Certainty

CONFIDENCE

DURATION

DEPTH

Change Is introduced

Minimize **depth** and *duration* of doubt though hope, empowerment, and spirit

Doubt

TIME

A Re- Start for James