INTEGRATING PEER SUPPORT INTO TREATMENT COURTS

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Notes

◦ PowerPoint Format

  ◦ The level of detail is intentional, while it makes for some overwhelming slides, the hope is that by providing more information this presentation can serve as a reference for expanding your programs in the future

◦ Recovery Support Specialists

  ◦ At this time, there is no state certification for Recovery Coaches, but I am using the term Peer Support Specialist inclusively to include Recovery Coaches.

◦ Terms

  ◦ I prefer the use of the term "client" or "individual" although most sources use the term "peer", "consumer", or "offender".

✓ Understand the expectations and challenges peer specialists face in the criminal justice field.

✓ Identify which roles are appropriate for a peer specialist in the criminal justice field.

✓ Explore best practices for both supervision and quality assurance of peer support programming.

✓ Consider ways that peer support can maximize the effectiveness of existing programming.

OBJECTIVES

DEFINITIONS & BACKGROUND

History

◦ There has truly always been peer support, it is the oldest form of helping others

◦ 1830 Jean Baptiste Pussin founds hospital in Paris that employed cured patients as staff

◦ 1960's Deinstitutionalization/Mental Patient's Liberation and Anti-Psychiatry Movement
  ◦ Institutions were closed but patients had limited access to services in the community
  ◦ Many were traumatized by their institutionalization and refused treatment from the medical community
    ◦ Early names like Insane Liberation Front and Network Against Psychiatric Assault
  ◦ Marginalized groups and LGBTQ community were especially important to the beginnings of the peer support movement
    ◦ Again in the 1980's with the HIV/AIDS community

◦ 1980 Federal Government founds The Community Support Program and funds first peer programs

◦ 1983 First State funded peer programs

◦ 1985 *Alternatives* - first national conference for "consumers" (people with lived experience)

◦ 1986 SAMHSA publishes first manual, *Reaching Across*, with instructions and guidelines for peer support

◦ 1988 SAMHSA funds 13 self-help demonstration programs

◦ 1999 Surgeon General's report on mental illness was the <u>first</u> government document to say recovery was possible

◦ 2002 First study (Salzer) indicating Peer Support as a best practice

◦ 2004 Federal report of the New Freedom Commission calls for "consumer" driven, including peer support, recovery focus

◦ 2007 Medicaid allows billing for Peer Support nationally and concludes it is evidence-based care
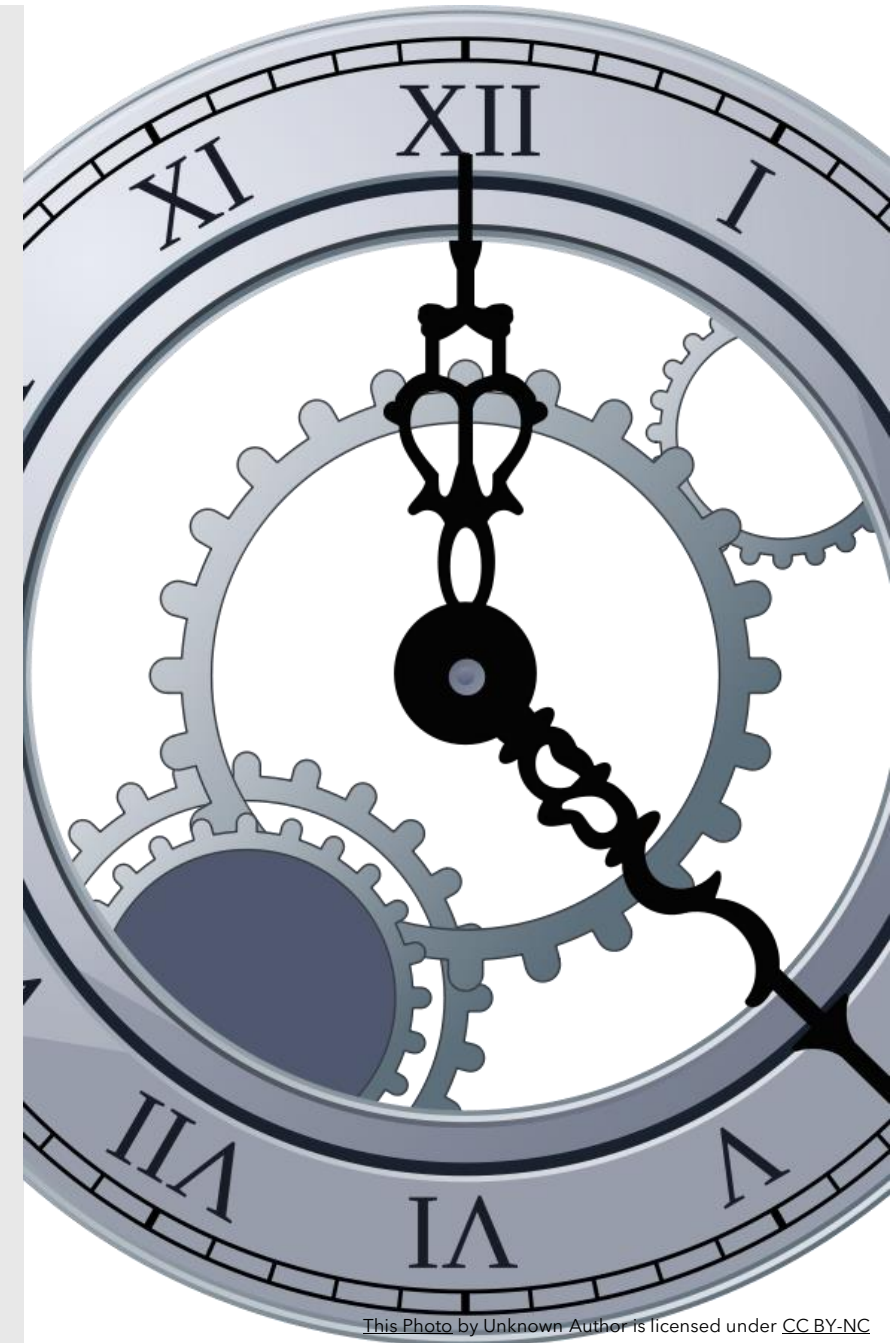
Definitions – Peer Support (SAMHSA)

○ "**A peer support worker is someone with the lived experience** of recovery from a mental health condition, substance use disorder, or both. They provide support to others experiencing similar challenges. **They provide non-clinical, strengths-based support and are "experientially credentialed" by their own recovery journey** (Davidson, et al., 1999)."

Inspire hope that people can and do recover.

Support people in identifying their goals, hopes, and dreams, and creating a roadmap for getting there

Provide self-help education and link people to tools and resources

Walk with people on their recovery journeys.

Dispel myths about what it means to have a mental health condition or substance use disorder.

Definitions – Forensic Peer Support

A Forensic Peer Specialist is a peer support working in the criminal justice field who usually has their own history of criminal involvement.

- Adams & Lincoln - "Forensic peer specialists (FPSs) are a small but growing subset of Peer Support workers who utilize their **own history of criminal justice system involvement** and mental health recovery to deliver services related to behavioral health and criminal justice system . . . FPSs serve as community advocates, model skills, assist individuals with locating resources, work with staff, **attend to incarceration culture and are trauma aware**, all tasks that participants in this research confirm. This data also confirms that forensic peer support is provided in a **variety of settings and at multiple entry points within the criminal justice system**."

- Davidson & Rowe - "Forensic Peer Specialists assist people through a **variety of services and roles**. Given the history of stigma and discrimination accruing to both mental illness and incarceration, perhaps **the most important function of Forensic Peer Specialists is to instill hope and serve as valuable and credible models of the possibility of recovery**. Other roles include helping individuals to engage in treatment and support services and to **anticipate and address the psychological, social, and financial challenges** of reentry. They also assist with maintaining adherence to conditions of supervision. Forensic Peer Specialists can serve as **community guides, coaches, and/or advocates**. . . Forensic Peer Specialists **embody the potential for recovery** for people who confront the dual stigmas associated with serious mental illnesses and criminal justice system involvement."

DOES PEER SUPPORT MAKE A DIFFERENCE?

Emerging research shows that peer support is effective for supporting recovery from behavioral health conditions. Benefits of peer support may include:

Increased self-esteem and conf dence (Davidson, et al., 1999; Salzer, 2002)

Increased sense of control and ability to bring about changes in their lives (Davidson, et al., 2012)

Raised empowerment scores (Davidson, et al., 1999; Dumont & Jones, 2002; Ochoka, Nelson, Janzen, & Trainor, 2006; Resnick & Rosenheck, 2008)

Increased sense that treatment is responsive and inclusive of needs (Davidson, et al., 2012)

Increased sense of hope and inspiration (Davidson, et al., 2006; Ratzlaff, McDiarmid, Marty, & Rapp, 2006)

Increased empathy and acceptance (camaraderie) (Coatsworth-Puspokey, Forchuk, & Ward-Griffin, 2006; Davidson, et al., 1999)

Decreased psychotic symptoms (Davidson, et al., 2012)

Increased engagement in self-care and wellness

Reduced hospital admission rates and longer community tenure (Chinman, Weingarten, Stayner, & Davidson, 2001 Davidson, et al., 2012)

Increased social support and social functioning (Kurtz, 1990; Nelson, Ochocka, Janzen, & Trainor, 2006; Ochoka et

Decreased substance use and depression (Davidson, et al., 2012)

Outcomes

- Peers have more success engaging the most challenging participants

- Caveats on the research
  - Meta-analysis of studies generally do NOT show significant gains
    - Very little standardization
    - Low sample sizes
    - Many are survey based or anecdotal
    - No common methodology
    - Groups are self-selected and not randomly assigned (peer support must be voluntary)
    - Lack of studies on criminal population

EXPECTATIONS & CHALLENGES

First Objective

Areas of Competency

Peer Competencies
- Ability to use own experience to inspire hope and belief in recovery; Support self-determination through connections from a mutual stance; Facilitate self-exploration and discovery, etc; Act as a change agent to support environments, systems and approaches to move forward.

Recovery Oriented Workforce Competencies
- Ability to work with people from a strengths perspective, support people's recovery process, support dignity of risk

Treatment Workforce Competencies
- Ability to work with people respectfully, navigate regulations, recognize roles of different workers, work independently, etc.

General Workforce Competencies
- Ability to get to work on time, interact with other co-workers and supervisor, pick up on the cultural norms of the agency, communicate needs & respond to others' communications, etc.

Professionalism

Expectations

- **Peer Specialists are treated the same as other professionals on the treatment team**
  - They are State certified
  - Certifications are offered both nationally and internationally as a professional role
  - National Center on Substance Use & Child Welfare -"Recovery specialists are **professionally trained** in substance use disorder treatment and recovery. These **experts** can facilitate timely access to substance use assessment and treatment, foster engagement during and after completion of treatment, and **support . . .court professionals to better understand the treatment and recovery processes."**
- "Because of their life experience they provide expertise that professional training cannot replicate"

Challenges

- **Lack of professional job experience/education**
  - **Solutions:** more coaching, supportive supervision, expectations shape reality
- **Dual Stigmatized Status**
  - *"While many individuals in the United States have lived experience of past incarceration and mental illness, these histories and statuses are frequently concealed from employers, coworkers, and others. For FPSs, however, their chosen professional identity depends on those experiences; the FPS occupation requires disclosure.."*
  - **Solutions:** integrate into teams, provide additional roles/opportunities, model respect for the peer role
- **Peers Become More Professional than Peer**
  - **Solutions:** Value the peer role for being a peer, maintain appropriate boundaries

Ethics & Boundaries (External)

Expectations

- **Peer Specialists are required to honor ethical standards and maintain proper boundaries**

- WI State Peer Support Core Competencies
  - 3.2 – Knowledge of Ethics & Boundaries
  - 4.14 – Ability to know when to ask for assistance and/or seek supervision
  - 4.15 – Ability to set, communicate, and respect personal boundaries of self and others
  - 4.17 Ability to Balance own recovery while supporting someone else's

- "Forensic Peer Mentors maintain boundaries and resist the temptation to collude [*note: should challenge directly*] with individuals against the system, especially in the face of perceived or actual injustice."

Challenges

- **More Complicated Situations**
  - More personal, in-depth, and extended interactions
  - More personal history and connections
  - "'Boundaries' –at least in relationship to the mental health system– are often based on an organization or particular profession's beliefs, rather than being about personal limit-setting by an individual or in the context of a given relationship. However, **in peer-to-peer relationships, there's generally a shift away from system-set boundaries** and toward individual limits set by people directly involved in a given situation."
  - More "gray" areas
  - **Solutions**
    - Continuing education, group troubleshooting, supportive and safe supervision

Boundaries (Internal)

Expectations

- **Peers are _IN_ the system but _NOT OF the system_**

- WI State Peer Support Core Competencies
  - 3.3 Knowledge of the scope of practice of a Certified Peer Specialist
  - 4.13 Ability to work collaboratively and participate on a team
  - 4.19 Ability to advocate for self in the role of a Certified Peer Specialist

- "Forensic Peer Mentors do not collude with the system against the individual, or act as an agent of the system ("Junior probation officer")."

Challenges

- **Staffing Meetings**
  - Pressure to be "junior clinician" or confidential informant
  - **Solutions:** include clients in decision making meetings, acknowledge peer role and limits, educate team members about peer roles and limits, protect peers from being placed in compromising situations

- **Documentation**
  - CM viewing PS - Risks violating confidentiality
  - PS viewing CM - "learning about someone through the provider's eyes clearly orients someone to the provider's agenda and ways of interpreting various events and experiences."
  - **Solutions:** Separate documentation systems

Confidentiality

Expectations

- **In general, peer specialists have a <u>HIGHER</u> standard of confidentiality than other team members**

- WI State Peer Support Core Competencies
  - 3.4 Knowledge of confidentiality standards

- Mutuality cannot exist without trust

- In but not of the system

- "Peer-to-peer supports make a special effort not to talk about anyone without them present"

- "CPS strive to ensure that no decisions are made without the knowledge and consent of the person they're supporting."

Challenges

- **Different Reporting Standards**
  - "Peer Specialists will respect and validate **how their peers define "crisis,"** and will not identify or report a crisis when one has not occurred. "
  - "Certified Peer Specialists are not mandated reporters by virtue of completing the WI CPS Training."
- **Solutions**:
  - Reexamine policies and procedures
  - Parallel reporting and documentation systems
  - Educate team members about peers' confidentiality standards
  - Avoid putting peers in situations where there is pressure to violate confidentiality

Voluntary Services

Expectations

- **All peer support services must be voluntary and may be terminated without any negative consequences at any time**
- Peer Specialist Code of Ethics
  - 1) My primary responsibility is to help peers understand recovery and achieve **their own recovery needs, wants, and goals**. I will **be guided by the principle of self-determination** for each peer."
  - 5) I will **never intimidate, threaten, harass, unduly influence**, physically force or restrain, verbally abuse, or make unwarranted promises of benefits to the peers I support.
  - 7) I will advocate with peers so **that individuals may make their own decisions when partnering with professionals.**
- "When the visit is focused on treatment plan goals (unless at the individual's request) or trying to get someone to do something they don't want to do" it is "NOT consistent with Peer role"

Expectations cont. . .

- "**A core value in peer support is self-determination. Participation is entirely voluntary** and it is up to each person to decide what is best for him or herself. **It is the responsibility of the organization to give people the choice of whether and how they use peer supports offered.** Peer support workers **should not have people assigned to them** or carry a "case load.". . . In considering the value of self-determination and how best to prese
- "It is also important to consider how the organization will protect against someone working in a peer role being drawn into situations where there's **even the appearance of force, coercion** or lack of priority on the individual's self-determination."

Voluntary and Non-Coerced

Challenges

◦ **Treatment Courts are inherently coercive**

   ◦ "In other words, **'therapeutic jurisprudence' sets out to utilize the coercive potentials of the law** in conjunction with methods of rehabilitation and treatment to facilitate and achieve therapeutic outcomes with offenders…While, for some, the DTC concept ideology seems to symbolize a sort of 'magical solution', others have suggested that the principles and practices of justice/punishment, and treatment rehabilitation are 'diametrical and irreconcilable' (Hoffman, 2000: 1475). . . .For example, these different perspectives stand opposed with regards to the subject's voluntary, participatory and consensual involvement in the treatment and related key decisions, as well as the relationship between subject and the provider of punishment versus treatment (see Hoffman, 2000). **So while the DTC rhetoric sends enthusiastic signals of 'partnership', 'integration' and 'joining forces' between punitive and rehabilitation approaches** as the promising solution to addiction problems, **the actual meaningfulness** of jointly applying the figurative 'tomahawk' and the 'healing balm' (Turano in Lindesmith, 19) **is an open question**."

Solutions

◦ Ensure no negative consequences for not attending peer support

   ◦ Rewards must be limited and commensurate

◦ Peer Support as a <u>support not an intervention</u>

◦ Peer assistance is available for all treatment court activities

   ◦ Support meeting with CM
   ◦ Support in court
   ◦ Assistance completing interventions and response to behavior
   ◦ Waiting with clients going into custody
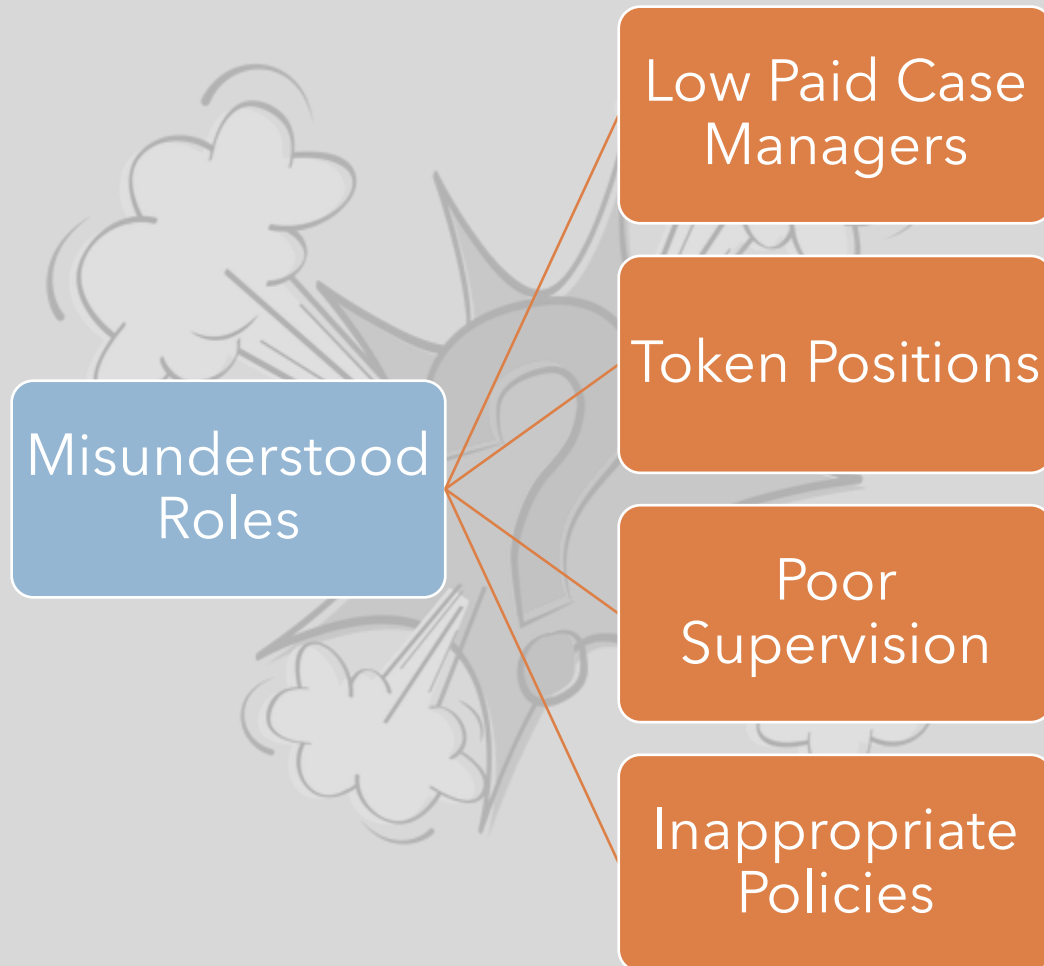
◦ Menu of options

◦ Unscheduled availability

IDENTIFYING APPROPRIATE ROLES

Misunderstood Roles

Misunderstood Roles

- Low Paid Case Managers
- Token Positions
- Poor Supervision
- Inappropriate Policies

- Retention Issues
- Poor Morale
- Ethical Dilemmas
- Legal Risk
- Poor Outcomes
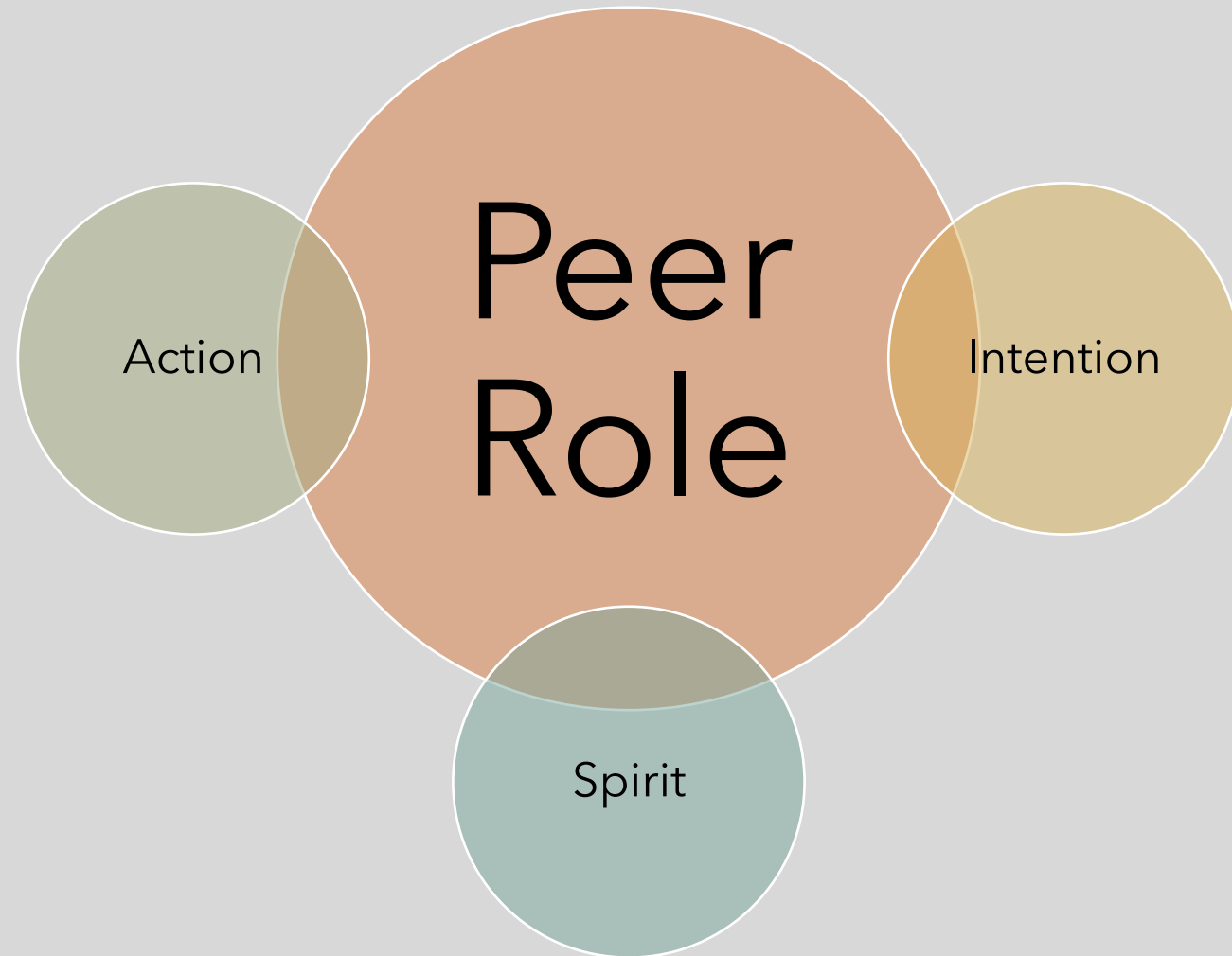
Action: Forensic Peer Support Services

Traditional Peer Support

Model Pro-Social Behaviors

Discussing Conditions & Rights

Practical Supports

Holding Safe Spaces

Recovery Programming
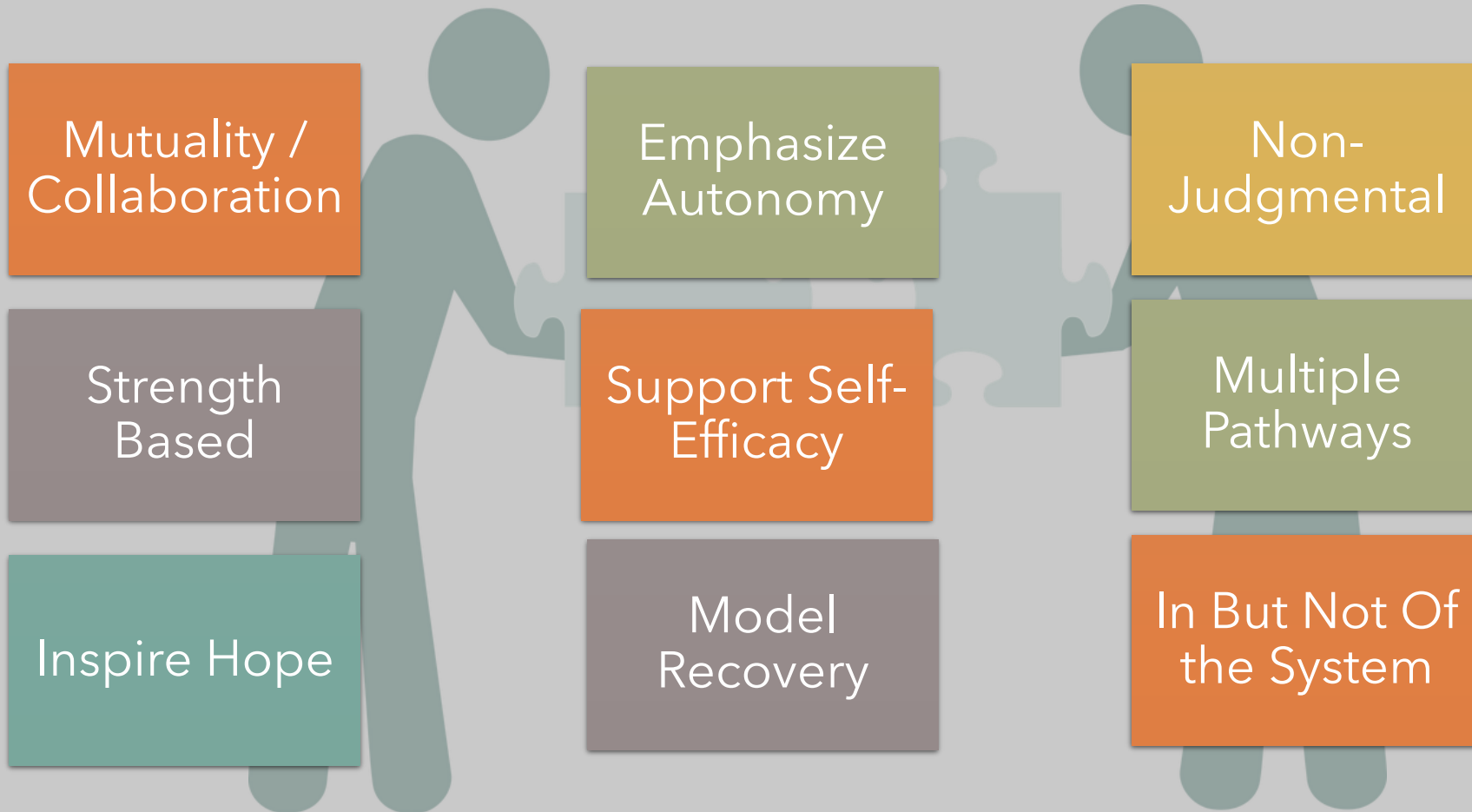
Client Education

Host Meetings

Improve Staff Competency

Intention: Themes, Actions, and Impacts

Table 1

Thematic Codes, Associated Actions, and Intended Impact

Theme	Action	Intended impact
Having lived experiences	Navigating services	To facilitate use of services
	Increased understanding of consumers' situations	To improve communication and understanding between peer and consumer
Sharing lived experiences	Disclosing past experiences to achieve multiple aims (interactional, instructional, inspirational)	To engage in authentic interactions
		To lay the foundation for engagement
		To allow consumers' to learn from peers' mistakes and successes
Engagement	Identifying as a peer ("ID'ing")	To develop trust
	Displaying respectful talk	To be approachable
		To make deep connections
Priority of relationship	Taking a relational, non-directive approach	To show respect for consumers' choices and their recovery process
	Believing in "right to fail"	
	Enhancing self-efficacy	
Instilling hope	Being a role Model	To inspire consumers
	Sharing past mistakes and successes	To provide hope for a fulfilling life
Providing an alternative service	Advocating for less restrictive interventions	To provide more humane and responsive mental health treatment
	Acting as a liaison between consumers and other providers	
	Navigating difficult moments with consumers	

Spirit of Peer Support

Mutuality / Collaboration

Strength Based

Inspire Hope

Emphasize Autonomy

Support Self-Efficacy

Model Recovery

Non-Judgmental

Multiple Pathways

In But Not Of the System

BEST
PRACTICES

Organizational Culture

Goal

◦ "Experience shows that having strategic support for the development of peer roles is vital. Having **senior management who champion the role shows leadership and organizational commitment.** Successful implementation is enhanced where teams and organizations are well informed about the peer worker role, and **supportive of its development at all levels."**

Best Practice

◦ Educate all levels of the agency on peer support
  ◦ Board of Directors
  ◦ Executive Director
  ◦ Management

◦ Education and workshops should be a shared responsibility of leadership and peer support

◦ Conduct an Agency Self Assessment
  ◦ *A Provider's Handbook on Developing and Implementing Peer Roles*

◦ Use the introduction of peer support as a new lens to reexamine your agency

Policies & Procedures

Goal

◦ "The reality is that all employees have the potential to be good or bad at their jobs, or have personal issues that arise and impact their work. Anyone who has served as a manager in any field will know that. **Peer Specialists should not be treated any differently. While an organization may benefit from re-evaluating its policies to make sure they represent at least some degree of flexibility, fairness, and compassion toward their workforce, the policies should be applied across the board**. "

Best Practice

◦ Employment policies and practices should be uniform.

  ◦ "While it's fine to ask people how they're doing and to care if they seem to be having a hard time (just like anyone might with any other human being), **it's critical to not treat employees as fragile and to not get into a place of monitoring or assessing their well-being**. It is also not advisable to require **employees to complete wellness plans of any kind; this is a discriminatory practice and feeds into the idea that people working in peer roles are less capable than anyone else**."

◦ Opportunity to revisit policies from a fresh perspective

◦ Approach from the perspective of universal design

◦ Job duties/procedures must be specific to the role and expectation of peers in your organization

Supervision

Goal

◦ "**The peer specialist supervisor should model the principles of recovery through their knowledge, language, and behaviors**. This includes having a person-centered approach to wellness and resiliency, strength based and holistic models of service, promoting hope and empowerment, and the use of person first language. **The supervisor should encourage the peer specialist to model recovery and resiliency** when sharing their story as a part of their peer support services, with the goals of instilling hope, engagement, building a trusting relationship, and encouraging skill building for those served."

◦ "The best supervisors are "champions" of developing the agency peer provider workforce"

Best Practice

◦ Same as for other employees
  ◦ "Supervision must be regular, accessible, and meaningful."
  ◦ Person centered; strengths based
  ◦ Believe in the growth potential of staff
  ◦ Clear and consistent expectations and accountability

◦ Expect more supervision needs due to the nature of peer interactions
  ◦ "Supervisors must be available for consultation at all times for peer providers, at least by phone"

◦ Supervisor must work to understand the peer role and peer values
  ◦ "There is absolutely no question that the most qualified supervisor for someone working in a peer role is someone else who has also worked in a peer role"
  ◦ Must be willing to stand up to organization to defend the unique role of peer support

Hiring

Goals

◦ "We concur with the recent report on peer support programming for individuals involved with the criminal justice system suggesting that **FPSs should have personal involvement with the criminal justice system in order to adequately support their peer clients** (Temple Collaborative on Community Inclusion, 2017). Indeed, recent work by Barrenger, Hamovitch, and Rothman (2019) found **that shared lived experience formed the basis of work for peer specialists with histories of criminal justice system involvement**. However, data from this study shows that many FPS-trained and/or employed workers in Pennsylvania do not have lived experience with the criminal justice system. This indicates a central challenge with the implementation of forensic peer support that relates to barriers of employing individuals with criminal records, especially for positions that require these individuals to interact with justice system employees and to gain entry to jails and prisons. Davidson and Rowe (2008) identified these as central barriers to the implementation of FPS work over a decade.

Best Practice

◦ Develop a detailed and clear job description

◦ "Hire people who are qualified to do the job—no tokenism; <u>lived experience by itself is not enough.</u> CPS need relevant work experience, training, skill sets, and values that align with the employer's"

◦ Lived experience should be relevant to the target population
  ◦ For Forensic Peer Support this means a history of involvement with the criminal justice system

◦ Practice Universal Design in hiring process and in accommodations

◦ Pros and Cons associated with hiring from program participants
  ◦ Pro – Most direct peer experience
  ◦ Con – Favoritism, lack of fresh viewpoint
  ◦ Most benefits from those who struggled

Retention

Challenges

◦ In addition to criminal record related barriers, the recruitment and retention of the FPS workforce faces several additional challenges that should be addressed to expand the workforce. Many have been identified previously, **including resistance from nonpeer workers** (Davidson & Rowe, 2008), **and hiring only one peer support specialist in an organization** (National Association of State Mental Health Program Directors [NASMHPD], 2014). However, another main challenge to expanding forensic peer support in these data is financial. **Low pay is a significant barrier** to the recruitment and retention of workers.

Best Practice

◦ Pay a living wage and provide potential for full time employment
  ◦ **Write positions into contracts or grants**

◦ Provide opportunities for advancement and a clear career ladder

◦ Provide knowledgeable and supportive supervision

◦ Promote the role of peer support within your agency

◦ Hire more than one peer support

◦ Retain clarity of peer support role and mission
  ◦ Make services meaningful
  ◦ Maintain a commitment to the values of peer support

MAXIMIZE EFFECTIVNESS

Peer Support SPECIALISTS

SPECIALISTS at client interaction

Peer interactions are often longer than interactions with any other member of the treatment team

Peer interactions have more range and depth because they are safe places with mutuality

Interaction is the key to engagement and success in treatment programs

Recommended Trainings

Motivational Interviewing
•The Spirit of MI is completely consistent with Peer Support

Trauma Informed Practices

Manualized Self-Help Programming
•Finding Your Best Self
•Cognitive Behavioral Programming
•Anger Management

Evidence Based Practices

Educational Programming

Physiology of Addiction and Mental Health

Social Norms vs. Prison Norms

Social Skills

Community Resources

Medically Assisted Treatment

Healing Life Story

Group Programming

T4C, Seeking Safety, MRT, CBI series, SAMHSA Anger Management, etc.

Be aware of power differentials
•Best Practice: Peer supports either disclose difference in role or do not act as facilitators and peer supports at the same time
•Consider as co-facilitators
•In MRT consider letting them lead the self-study time

Peers supports are well placed to provide trainings to staff

Role of Peer Support

Trauma Informed Practice

Motivational Interviewing

Client Interactions

Response to Behavior

Model Potential of Recovery

REFERENCES

Top Resources

- Certified Peer Specialists (CPS) in the Workplace: A Guide for the Effective Hiring, Integration, and Supporting of CPS Services in Wisconsin.
  - https://www.wicps.org/wp-content/uploads/2020/01/employer_guide_CPS_2020-.pdf

- The Provider's Handbook on Developing & Implementing Peer Roles
  - http://www.psresources.info/images/stories/A_Providers_Handbook_on_Developing__Implementing_Peer_Roles.pdf

- Peer Respite Handbook: A Guide to Understanding, Building and Supporting Peer Respites
  - https://static1.squarespace.com/static/5630e573e4b0efc185471156/t/5abd7a9b70a6ad798f81aa55/1522367180975/Peer+Respite+Final+2017.pdf

- Wisconsin Peer Specialists Webpage
  - https://www.wicps.org/

- Substance Use Disorder Forensic Peer Best Practices Curriculum
  - http://maapp.org/media/ForensicPeerBestPractices2017.pdf
    - Note: Parts of the ethical guidelines section is outdated/inaccurate but otherwise it provides a good guide

Contact Information

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○ Professionalism

  ○ National Center on Substance Abuse and Child Welfare. (2020). NCSACW - Peer and Recovery Specialist Support . Retrieved 18 September 2020, from https://ncsacw.samhsa.gov/topics/recovery-specialists.aspx

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REMOVED SLIDES

Defining The Spirit of Peer Support

○ SAMHSA - "Peer support encompasses a range of activities and interactions between people who **share similar experiences** of being diagnosed with mental health conditions, substance use disorders, or both. This **mutuality**—often called "peerness"—between a peer support worker and person in or seeking recovery promotes **connection** and **inspires hope**. Peer support offers a level of **acceptance, understanding, and validation not found in many other professional relationships** (Mead & McNeil, 2006). By **sharing their own lived experience** and practical guidance, peer support workers help people to develop their own goals, create strategies for **self-empowerment**, and take concrete steps towards building fulfilling, **self--determined lives** for themselves."

○ NIJ- "Peer Support is a process whereby a person discusses a personal issue. . . **The person defines a problem and solves it [themself]**. The Peer Support Person utilizes good active listening skills, helps to clarify issues and supports the person through the problem-solving process. A person will select a peer support person primarily **based upon trust.** [They] will only share problems with someone considered **credible**, able to listen **without judgements** and capable of **maintaining confidentiality.** Peer Supporter have the responsibility of understanding their role and its limitations, learning and employing active listening skills, avoid "solving" or taking on the person's problems, knowing and, when appropriate, referring to professional resources."

Decision Process

Action

Is this someone else's job?

Is this busy work?

Is this task best done by peer support?

Intention

Is this task the agency agenda or the client's agenda?

Will the task increase a sense of connection or support?

Spirit

Will this task allow for genuine mutuality?

Is the task about the process or the outcome?

Does the client have true choice?

Leveraging Peer Supports

Engagement

- Orientation
- Greeting
- Open Availability
- Assessments

Dividing Responsibilities

- Non-mandated resources (housing, treatment, employment)/Alternative to mandatory services
- CBT responses
- Assist clients in completing program requirements or responses to behavior
  - Help clients research for or improve written assignments
- Talk through moments of frustration

Additional Programming

- Individual or Group Programming
- 12 Step or SMART recovery group