Agency Supports for Quality Peer Recovery Services

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Learning Objectives

• Understand the importance of creating an environment of recovery orientation through self assessment and the development and implementation of training, policy and procedures, and reflective supervision.

• Identify common characteristics of an effective multi-disciplinary team aimed at achieving common recovery outcomes with peer involvement and social equality.

• Identify roles, responsibilities, and practices that support persons receiving services and peer accountability for recovery planning and values.

• Identify different approaches and interventions that Peers can employ in various types of service settings.
Common Terms

- **Certified Recovery Peer Specialist** – Certification status by the Florida Certification Board with specific criteria and requirements including lived experience, 500 hours of formal work or volunteer experience related to mental health issues, 40 hours training in specific areas, background screening, and exam. Not related to specifically "mental health issues." 250 hours must be documented as "providing peer to peer support to individuals with similar lived experience."

- **Parent Partner** – term of a parent in the dependency system who has lived experience with child removal and dependency case resolution who can share lived experience with another parent in the child dependency system. The parent may or may not have a behavioral health diagnosis.

- **Peer** – An individual offering and receiving help, based on shared understanding, respect and mutual empowerment between people in similar situations.

- **Recovery** - a process of change through which individuals improve their health and wellness, live a self-directed life, and strive to reach their full potential. (SAMHSA’s working Definition, 2012)

- **Recovery Community Organization (RCO)** – Independent, non-profit, led and governed by people in recovery.

- **Recovery Oriented System of Care** – A ROSC is a network of clinical and nonclinical services and supports that sustain long term, community-based recovery.

- **Reflective Practice/Reflective Supervision** – a method of learning through reflecting on situations and outcomes in order to set a course to implement new strategies to achieve a more desired outcome.

- **Social Equality** - the social state of affairs whereby all the people in the society have equal rights under the law, including right to vote, physical security, freedom of speech and assembly, and the right to own property and to protect it.

- **Social Inclusion** - the provision of certain rights to all individuals and groups in society, such as employment, adequate housing, health care, education and training, etc.
Related Models and Resources

• **NAMI Peer-to-Peer** is a free, 10-session educational program for adults with mental illness who are looking to better understand their condition and journey toward recovery.

• **It's My Life: Social Self-Directed Care Program:** MHA developed a highly innovative intervention called It’s My life: Social Self-Directed Care that combines the evidence-based practices of Peer Support and Psychiatric Rehabilitation and the emerging best practices of Self-Directed Care and Life Coaching into an integrated skill and support strategy to help people build networks of friends and intimate relationships.

• **WRAP – Wellness Recovery Action Plan** – Developed by Mary Copeland and in the evidence-based registry by SAMHSA.

• **Vet to Vet** is a consumer/provider partnership program that utilizes veterans in recovery in a peer-counseling capacity to help other veterans. Vet to Vet is administered by veterans who themselves have been consumers of VA mental-health services.

• **Faces & Voices of Recovery** “is dedicated to organizing and mobilizing the over 23 million Americans in recovery from addiction to alcohol and other drugs, our families, friends and allies into recovery community organizations and networks, to promote the right and resources to recover through advocacy, education and demonstrating the power and proof of long-term recovery.”

• **Strengthening Families Protective Factors Framework** – framework that focuses on risk mitigation based on resiliency, social connections, social and emotional competence, concrete support, and knowledge of development.
Self Assessment

• A tool agencies can use to determine readiness for adaptation of a recovery oriented framework – one that can “move from more traditional and limiting views of what is possible for persons with behavioral health disorders to practices that reflect a recovery vision.”

• SAPT Survey - There are 50 items divided up among the three domains—administration items, treatment items, and community integration items. Each of these domains have subcategories that utilize a Likert scale (survey scoring method.)

• Each domain addresses key areas that should be present in agencies seeking to conduct work in a recovery oriented framework.

• Recovery Self-Assessment (RSA) is a companion of the SAPT, and is a valuable tool to hear the voice of individuals receiving services.
Domains of Self Assessment

• Administration
  • Philosophy
  • Continuous Quality Improvement
  • Outcome Assessment
  • Staff Support
  • Peer and Family Support

• Treatment
  • Validation of the person
  • Person-centered Decision-making
  • Self-Care – Wellness
  • Advance Directives
  • Alternatives to Coercive Treatment

• Community Integration
  • Access
  • Basic Life Resources
  • Meaningful Activities and Roles
  • Peer Leadership

But we’ll get back to this later!
Dialogue Exercise

Agreements

• We are all social equals – no “experts” 😊
• Speak from your own experience
• Use “I” statements
• No put-downs of self or others
• Let each person share uninterrupted – no cross talking or feedback
• Stay with the group, turn off cell phones, and be attentive

Source: Parent Café in a Box: Strengthening Families and Be STRONG families: Conversations to keep your families strong.
Report Out - Feedback

• What was this like?
• What did this exercise have to do with the term “peer?”
• What kind of connections did you make?
• How safe did you feel?
• What will you take away?
• What on earth does this have to do with Peer integration?
Vulnerability Dyads

• Consider the last time you went to a place because you had to.
• What was the source of resistance to going there?
• How did you finally connect to the place or service?
• What made it difficult, if anything?
• What made it less painful or less challenging? How would you help someone through a similar experience?
Recruiting Peers works best when...

• Relationships are real and developed with the organization.
• There is a training program that allows peers to “experiment” with using their new found skill in safe and supportive surroundings.
• There is an onboarding process that allows time to learn the environment, processes, and expectations.
• Challenges are addressed early and specifically.
• Performance improvement is a journey that is not punitive or intimidating.
• There is a path toward upward mobility in the organization.
Four Types of Peer Support

1. Emotional - peer specialists demonstrating empathy and compassion while remaining honest, and non-judgmental. Informational
2. Informational - support sharing knowledge, information, and at times providing instruction on various topics
3. Affiliation - facilitate learning of social skills, build community, and give a person a sense of belonging
4. Instrumental - giving concrete assistance to help accomplish tasks such as providing transportation to access a community or social service
Working With Peers
Integrating Peers in the Behavioral Health Services Environment

• [https://youtu.be/z2aD5pFmTLM](https://youtu.be/z2aD5pFmTLM)
Roles and Responsibilities of Peers

• Provide support – share lived experience
• Help navigate systems and services
• Facilitate support groups
• Promote engagement and retention in services
• Inform policies and procedures
• Inform practices and public awareness activities
• Train professional and paraprofessional workforce
• Myth-busters and hope creators! 😊
• NOT – Chauffer, therapist, housing case management, AMSCOT, babysitter, housekeeper.
Four Broad Models of Peer Support

1. User run drop-in
2. Formalized peer specialists
3. Training programs for peer specialists
4. Peer education
Peers Can Be Assets in a Variety of Programs and Environments

• https://www.youtube.com/watch?v=5gGmooxRYjs&feature=youtu.be
DISCUSSION

What Kind of Environments Do YOU Think Could Be Improved by Peer Integration?
Questions We May Have Asked (and regretted)

• What is the benefit of having Peers?
• What if I don’t have all these policies and processes in place yet?
• Why can’t I just post a position and ask a supervisor to handle it?
• What could possibly go wrong?
• Can we be “Recovery Oriented” without them?
• Can’t some of “them” just volunteer for a couple of gas cards?
• Can I pay them less or just have them as subcontracted providers?
• Aren’t we supposed to avoid having dual relationships?
Integrating Peers in the Work Place

• Position description and reporting requirements
• Key leadership buy-in and full understanding
• Onboarding for success
• Table of Organization that makes sense
• Establishing the role as experts
• Evaluating how it’s going and creating space for reflecting
Approaches and Interventions

• Use of technology
• Motivational Approaches
• Working with persons receiving MAT when Peer is abstinence-based.
• Addressing challenges for peers who may decompensate or need to get additional support and treatment while they are employed.
• Connecting to various recovery networks (AA, NA, Celebrate Recovery, NAMI Peer to Peer, MHA “It’s My Life” and others)
• Support, advocacy, mentoring, modeling, navigating, connecting, inspiring.
• Provide positive examples of manageability, self care and wellness, able to set boundaries, and be empathetic without co-signing self-defeating behavior or activities.
Multi Disciplinary Teams with Peers

• Common characteristics that make an effective team.
• The person receiving services is the central team representative.
• Integrated Multi-disciplinary Team coordinates activities aimed at achieving common recovery outcomes.
• Algorithm for decision-making and defining roles and responsibilities
• Alignment with funding contracts, regulatory guidelines, and best practices.
• Regular and Reflective Supervision
• Ensuring a listening environment
• Following up to ensure common goals and objectives are moving forward.
• Person-centered and respectful journey for all
Peer Accountability

• Clear job description and supporting policies
• Onboarding to orient peer workforce to workplace expectations and processes for handling challenges.
• Supervision that occurs regularly, reflectively and balances wellness and self care with responsibilities and requirements.
• Helping peers understand accountability of persons receiving services.
• Establishing “second chance” considerations for relapse and planning with employees for differentiating the employer role from therapeutic role.
Self-Care
It’s everyone’s responsibility!

This Self-Care Wheel was inspired by and adapted from “Self-Care Assessment Worksheet” from Transforming the Pain: A Workbook on Vicarious Traumatization by Saa kvitne, Pearlman & Staff of TSI/CAAP (Norton, 1996). Created by Olga Phoenix Project: Healing for Social Change (2013). Dedicated to all trauma professionals worldwide. www.OlgaPhoenix.com
Resist the Temptation...

• To reward people who work long hours
• To compare people who take sick time to those who do not
• To favor one dysfunctional behavior over another 😊
• To prioritize deliverables and neglect the people who deliver the work.
• To avoid opportunities to listen to peers
• To by-pass background due diligence to meet the demand for peers

And what would make me say this?
Our Journey – Healthy Start’s bumpy ride

- 2011 - Started without consensus – might as well walk on hot coals 😊
- 2011 - Made everything look good on paper but reality was a different animal.
- 2012 - Peers had to teach us what we were doing because they are the experts we need. We implemented a Family Advisory Board.
- 2013 – policies and procedures needed to be defined and supervisors needed training.
- 2014 – *then* we did a self assessment
- 2016 increased funding to support different roles for Peers
- 2018 – better policies, supervision and support for a fully integrated workforce. (whew!)
Innovation in Motion

"WE" Partnership

Social Services
- Have access to Peer Coaches/Mentors/Partners
- Seek solutions with families
- Meet requirements for family involvement
- Have accessible resources for families in need
- Less duplication of effort and need for referral follow-up
- Better data for evaluation
- Families have access to counseling intervention
- Families have access to parenting with flexibility
- Evidence-based programming and data driven decision-making

Family Place
- Family Engagement Coordinator
- Peer support and navigators
- Informal and concrete support
  - Shared vision
  - Social Connections
  - Strength based
- Aligns with local, state and national recommendations
- Foster families and relative caregivers who are custodians of children removed from the home have additional resources and Peer Support
- ACCESS locations to connect families through computer access
- Coordinated Intake for families who are homeless or housing insecure.

Families
- Equal partners
- Socially connected
- Valued individual and collective voice
- Direct access to support
- Human resource to assist other families and social service agencies
- Greater understanding of resources and systems in order to navigate more effectively
- Drivers of their individualized plan with greater accountability
- Make meaningful contributions to the community

Created by the Healthy Start Coalition of Flagler & Volusia Counties as a backbone organization for The Family Place partnership.
Parent and Community Café Dialogues

- Create social equality
- Build relationships
- Help build social connections
- Increase parent knowledge
- Create safe spaces
- Reflect with diverse representatives
- Food and child care
- Special Dad dialogues
Parent Partners

- Lived experience in the child dependency system
- At least 12 months recovery
- Policies to support boundaries
- Reflective Supervision and Practice
- Develops relationships with providers
- Trains Case Management and DCF Child Dependency staff
- Informs the work – policy, workforce development, practice, consumer families
- Networking in the workplace
A Model of Peer Support in Child Welfare

• Parent Partner integrates experience in child dependency, recovery, and parenting.
• In use with Early Childhood Court Teams in Florida.
• Effective in use with new DCF Operational Guidelines for Safe Plans of Care (170-8 and CAPTA and CARA Federal Legislation).
• First Peer model used by Healthy Start in Circuit 7.
• Now all Parent Partners in our agency must get certified and be able to interface with all other programs.
• Substance Use is the #1 reason for child removal. Inadequate coping is another significant reason for child removal.
Zero to Three: Example of their early use of Parent Partners in Dependency System with Substance Use Disorder and child removal.
Starting from a Trauma Informed Position

- ACES – understand the impact of trauma – on persons receiving services and those serving
- Create safety and support
- Use motivation
- Motivational support techniques
- Develop Rapport with Trust and advocacy
- Use reflection for all staff members
- Consider trauma as a reality for all staff members and persons receiving services.
Family Engagement Advisory Board

• Bring parents, peers and case workers and supervisors together to inform the work.
• Develop mechanisms to get feedback and support reflective work.
• Identify barriers parents face in a more systemic way.
• Give families a voice and equal place at the table.
• Build capacity for future peers and parent partners.
• Listen to families and dependency workers and gain increased understanding of the roles and responsibilities of both.
Reflective Practice

• Working on organizational shift to support workforce and persons receiving services
• Reflection cards for building reflective relationships with case managers and parents
• Usefulness in developing quality indicators associated with Peer integration and Parent Partner involvement
• Helps with self-care to mitigate risk associated with post secondary trauma and burn out
So What About that Assessment Thing?

• Review the USF tool
• Discuss why each domain and sub-component might be important.
• What might some of the difficulties or challenges be?
• Develop a path for the organization and workforce to adapt.

• Become better for it!
Lessons Learned from our Agency

• Adapting a new framework and culture is not easily done.
• The workforce needs support to embrace the change.
• Self-assessment helps get various components in the organization on the same page.
• Policies are needed to support the Peers and their Supervisors.
• There need to be safe spaces to discuss challenges related to the cultural shift – *for everyone*.
• People can be resistant to reflective work.
• It can be messy but it’s worth it!
Summary

• Recovery Oriented Framework is a positive direction and may require cultural change in the organization.

• Self Assessment is a best practice recommended for any agency – particularly prior to hiring peers in the workforce.

• Peers can have various roles and responsibilities that can positively support the mission of wellness and recovery.

• Various approaches and interventions can be effective and working with a multi-disciplinary team will better support recovery planning and values.

• We all have a responsibility to create an environment of social inclusion and equality.
Questions?
Thank You!
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Vet2vet.org


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