Peers and the Peer Work Force

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- Peer support, peer-workers, and the scope of practice as differentiators
- Historical standards and guidelines
- Issues within peer support
- Overview of some current programs
- Common requirements for best-practice programs
- A review of the trial for developing a peer counsellor workforce to deliver a skills-based intervention

Peer Definitions

- What is a Peer Worker?

- Occupational title of a person in a paid or voluntary role.

- Has had personal experience of living with a disabling, traumatic, health or living situation.

- Has a desire to give back to their community, using their own experiences as a basis.

- The Peer workforce therefore includes all workers who are employed to openly identify and use their lived experience for the benefit of others

(Private Mental Health Consumer Carer Network (Aust) Ltd; Towards Professionalisation Summary Report. July 2019).

What Peer Support Can Do?

- Improve access and engagement
- Foster social networking
- Improve quality of life
- Promote wellness
- Improve coping skills
- Support acceptance of illness/situation
- Improve compliance (e.g., medication adherence)
- Reduce concerns
- Increase satisfaction with health status

Potential Benefits

- Peers model and demonstrate recovery.

- Engagement during the Transition process and later for functional psychosocial, emotional, and interpersonal benefits.

- Alternative future employment role – scope for future engagement with the community.

- Encouraging the ongoing 'service' mentality for individuals; an opportunity to 'give back & help others'.

Benefits (Cont)

- Allows the utilisation of the wide range of experience and expertise of individuals who are no longer capable of Full-Time work.

- Wider 'Peer Support' concept is useful way of conceptualising a range of roles, eg DVA Advocates.

- Developing a para-professional model of how Peers can be used to engage with others within smaller and more specialised cultural groups (First Responders, Custodial Officers, etc)

How?

- In person, by phone, over the internet
- Goals of awareness of condition triggers; symptoms and effects; provide knowledge on coping and recovery strategies.
- Requires a combination of peer workers, but also a system of Mentors.
- Requires an organisational framework that incorporates both peers and mentors / supervisors within the services being offered.

(USAF IWI Initiative; Peer Support Program toolkit, 2018)

Historical Guides
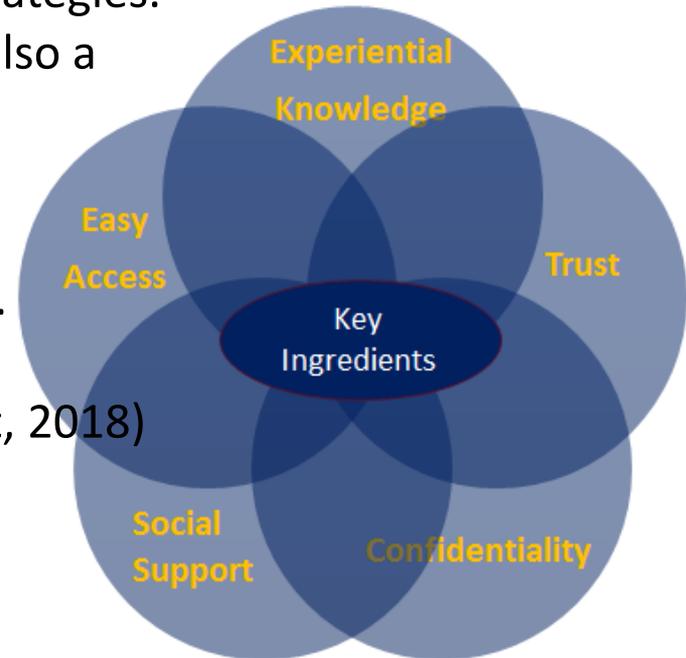
- DCOE *"Identification of Best Practice in Peer Support White Paper."* Money, et al, 2011.
- ACPMH "Development of Guidelines on Peer Support Using the Delphi Methodology", 2011.
- USAF Invisible Wounds Initiative "Peer Support Program Toolkit", 2018.

Issues

- Does the organisation have a clear goal for what they want of / for their Peer workforce?
- Standardised roles ('Peer Support', Peer Worker, Peer Counsellor, Mentors, etc).
- Structured processes for recruitment, training, accreditation, supervision
- Clear policies for role and role boundaries
- Clear scope of practice, including confidentiality
- Clear ongoing clinical and organisational supervision
- Clear Governance procedures
- Appropriate integration of peer workers with the general mental health workforce
- Initial and then ongoing funding of this workforce for sustainability

STAIR Program

- Skills Training in Affective and Interpersonal Regulation (STAIR)- developed

- in 2002 by Prof Marylene Cloitre, (National Centre for PTSD, Palo Alto, CA) as a precursor for narrative therapy.

- Manualised, skills-based intervention, NOT a 'therapeutic' program (adjunctive program).

- 12 x 90 min sessions, uses basic CBT, DBT, ACT, CPT principles.

- Has been run in Adelaide for The Road Home, and in Brisbane, Townsville and Hobart by Mates4Mates over 2018-2019.

- Effective, but needed some revisions due to the lack of cultural specificity, and content on Identity and conditioning effects of Service occupations, hence Group Emotional and Relationship Skills (GEARS).

THE ROAD HOME

THE UNIVERSITY of ADELAIDE

- GEARS introduction, with focus on values and Identity; conditioning effects of Service; effects of chronic stress and trauma on self, others, and relationships.
- Emotions – purpose, meaning, and an introduction to self-soothing
- Emotional regulation – focus on thought patterns and thought interventions
- Emotional regulation – focus on behaviours and behavioural interventions
- Emotional regulation – focus on physical environment and physical interventions
- Emotional regulation – integration of purposeful activity and goal setting

- Introduction to relationships (1+1=3), relationship patterns, and effects on emotions
- Relationships – Roles, patterns, and maintaining healthy boundaries
- Relationships – Conditioning within relationship roles and developing appropriate assertiveness through effective communication
- Relationships – Power dynamics and their influences on roles and responsibilities within relationships
- Relationships – Conflict and conflict resolution; using communication and behaviour to improve intimacy
- Summary – review of progress during the program; effects on self and others; future plans for continued functioning

Challenges

- The assumption is that peers encourage early access through rapport and shared experience, which leads to maintaining and normalisation of appropriate engagement with services.

- The development of an education, training, accreditation and supervision continuum for Peer Support, Peer Counselling, and delivery of Programs is a necessary foundation step.

- Lengthy time period (12 months) for training and integration required for both competency and sustainability.

- Having this training process be a nationally available service that can be remotely delivered on-line, etc, to service regional, rural and remote areas.

- Development of a hub & spoke model of access to early intervention services.

- Integration of appropriately trained, accredited and supervised Peers within mainstream MH organisations, ESO's, and other Federal / State First Responder organisations.

- Having National Standards for the Peer Workforce that protect both Peers and the organisations they work for / with.

Peer Counsellors

- Selection process for Peer Counsellors (PC's) has ended up being self-selection, in combination with motivation and commitment.

- Nomination process from group participants, therefore providing long-term observation of their behaviour within the group.

- Education process has been challenging; 'train the trainer' apprenticeship model of 'do one, see one, help deliver one'.

- Concomitant accreditation through Certificate in Counselling through Australian Institute of Professional Counselling (AIPC).

- Now have 2 PC's co-facilitating groups, although this has been a slow process due to the length of time involved (approximately 12 months).

- Another 4 PC's in training in Adelaide for TRH programs.

- Mates4Mates have now appointed facilitators for their centres, and are undergoing training.

- Heavily reliant on myself whilst the manual is / was being developed – demonstrates that this process requires group facilitation skills, some clinical knowledge, and the ability to translate intellectual knowledge to practical performance.

Outcomes

- PC's have both appreciated their role, and benefitted from it.
- Value in this mentor / model role for themselves and their own mental health.
- Ongoing educational and therefore professionalism benefits to the PC's.
- PC's have a good understanding of their role, and the place that these adjunctive programs have.
- Large impact from this lived experience perspective on participants, therefore considerable modelling occurring within the groups.
- Ongoing small but significant interest in the role of PC, although funding for education and employment is the primary problem now.

- Peers and peer workers need clarification in role and scope of practice and responsibility.

- Key criteria for employment include the selection / recruitment criteria; initial and ongoing education; accreditation standards; and supervision.

- Appropriate and effective Clinical and Corporate governance are a must, and likely represent the biggest challenges to organisations.

- Integration within mainstream mental health organisations is very heavily funding dependent; at the moment there is very little of this, and therefore little investment in the employment of peers.