



CENTRE FOR EXCELLENCE IN PEER SUPPORT January 2018 Update

Peer Support and Ontario's Psychotherapy Act



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International Charter on Peer Support

The Centre for Excellence in Peer Support was excited to be an author on the recently published article in the *Journal of Mental Health* [The Growth of Peer Support: An International Charter](#). The article explores the origins of peer support, guiding values, how peer support

is operationalized and tensions that arise as peer support grows throughout the world and becomes more formalized. Peer support experts from nine countries participated in the creation of the Charter.

Centre for Excellence in Peer Support Updates

Highlights of this past year's work include:

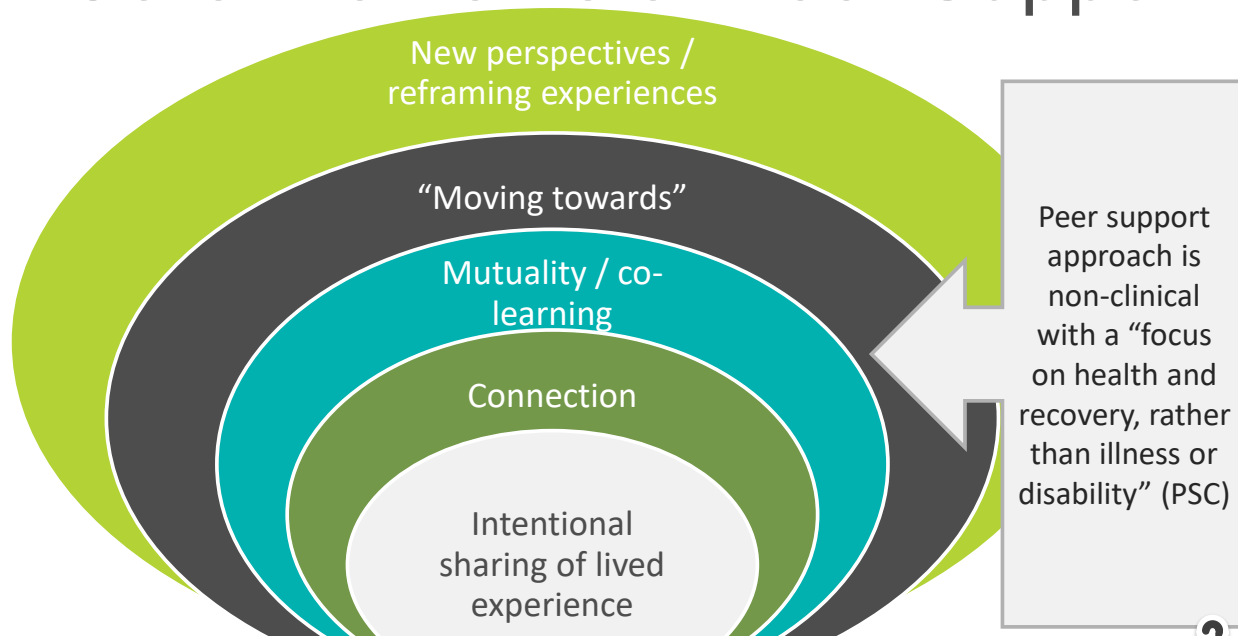
- * Developed and offered workshops on: Understanding Peer Support, Implementing & Planning Peer Support Roles, A History of Peer Support, Hiring Peer Workers, Supervising Peer Workers
- * Published article in the Journal of Mental Health, *The Growth of Peer Support: An International Charter*
- * Member of Enhancing and Sustaining Peer Support Halton Stewardship Committee
- * Presentations at Ontario Peer Development Initiative conference, Legacies of Social Welfare Work conference, Peer Knowledge & Exchange Event (Halton)
- * Hosted "Getting Grounded in Peer Support" symposium in November and our annual peer worker retreat in December

Upcoming in 2018!

- * *Intentional Peer Support* training for all peer workers (January and April)
- * Presentation at National Conference on Peer Support in May 2018
- * Reflexive practice tools for all peer workers and moving the model of 1:1 support to be reflexive practice based
- * Exploration of how to better attract and support peer workers with lived experiences of substance use and how substance use peer support differs from mental health peer support
- * Self Help & Peer Support staff becoming Peer Support Canada mentors to be able to offer local mentoring to peer supporters interested in PSC certification
- * Continued development of the Supervising Peer Workers Toolkit

"Peer support is a supportive relationship between people who have a lived experience in common"
 (Mental Health Commission of Canada, 2013)

Core Elements of Peer Support



Grounded in recovery values of hope, meaningful choice, empowerment, self-determination, inclusion and “belief that each individual has knowledge of what is best for them and a desire for recovery” (PSC).

Adapted from Intentional Peer Support model (Sherry Mead) and Peer Support Canada (PSC).

Pat Deegan: Peer Specialists Are Not Clinicians

This table is from: www.patdeegan.com/blog/posts/peer-specialists-are-not-clinicians

Peer Specialist Perspective	Overlap	Clinical Perspective
Work is guided by the Principle of Mutuality and there is reciprocity.	Unconditional positive regard for the individual being served.	Clinicians are in the role of helping and supporting participants with a focus on diagnosis, identification of strengths and treatment. There is not an expectation of reciprocity in clinician/participant relationships.
Focus on learning together rather than assessing or prescribing help.	A desire to support recovery and the person's achievement of their human potential.	Focus on assessing and helping.
Emphasis on sharing and exploring life experiences where both individuals share personal experiences and perspectives.	The importance of connection, finding common ground, and respect.	Emphasis on exploring program participants' experiences, with less expectation for the clinician to share their personal experiences.
There are many ways to understand the experience of what gets diagnosed as mental illness: bio-psycho-social; spiritual; cultural; distress as teacher; altered states; a natural variation of human experience, etc.	A commitment to support the person in making meaning of their experience.	The bio-psycho-social approach is the main framework for diagnosis and treatment while utilizing a cultural competency framework.
Do not participate in the delivery of involuntary interventions such as commitment to a hospital or outpatient commitment.	Both clinicians and Peer Specialists recognize the importance of choice and self-determination in the recovery process.	Involuntary interventions such as commitment to a hospital can be justified as clinicians struggle to balance the Duty to Care with the Dignity of Risk.
Trained to be advocates for and with participants. Advocacy may include speaking up about participant's needs and goals, and/or coaching participants in speaking for themselves. Advocacy may also include advocating for participant's legal rights, civil rights and human rights.	Both clinicians and Peer Specialists strive to listen carefully to the needs, preferences, goals and aspirations of participants.	Many are trained in recovery oriented practice which is strengths based, person-centered and aimed at supporting participants in achieving their unique goals.
Peer Specialists are members of a socially devalued group often referred to as "the mentally ill".... As advocates, Peer Specialists will speak up if clinicians slip into language or practices that (often unintentionally) devalue participants or reinforce the status of being socially devalued.	Together, clinicians and Peer Specialists strive to create a culture of respect throughout behavioral health systems and in the general public.	Clinicians who have not self-disclosed a personal psychiatric history, are not part of the socially devalued group known as the mentally ill.

REFLEXIVE PRACTICE TOOLS

The Centre has recently hired Julia Read (PhD candidate) to develop reflexive practice tools for peer workers. Julia has worked for the Centre before, being a lead researcher on our "The Peer Support Research Project" (2015). Julia has an extensive knowledge of addictions peer support and experience teaching reflective practice to social work students.



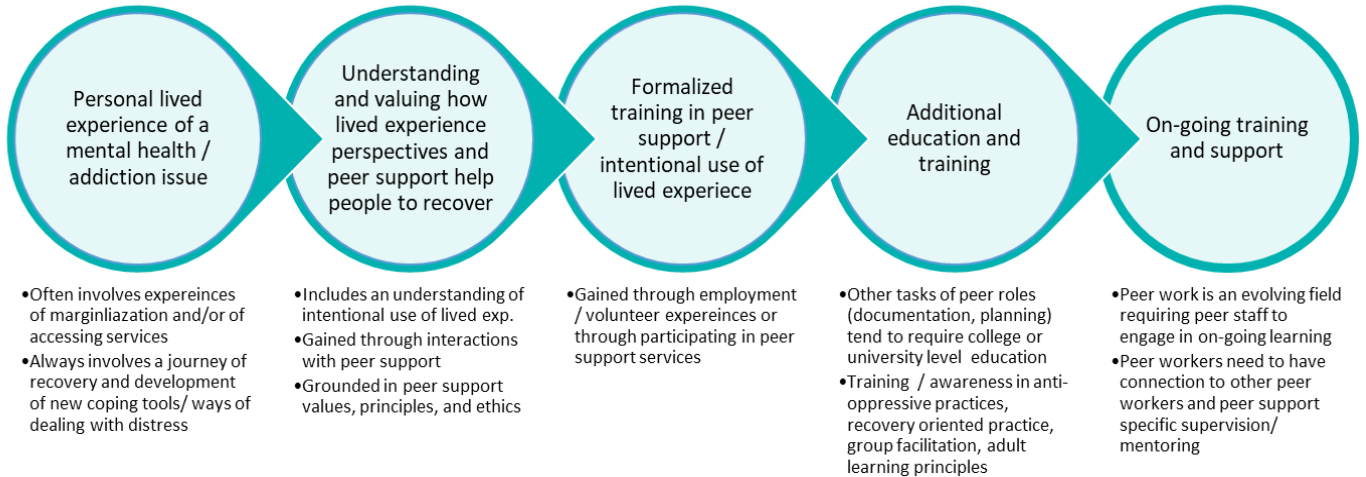
Reflexive practice differs from reflective practice. "Reflection is learning and developing through examining what we think happened on any occasion, and how we think

others perceived the event and us, opening our practice to scrutiny by others" (Bolton, 2009). Whereas, reflexive practice is about "finding strategies to question our own attitudes, thought processes, values,

assumptions, prejudices and habitual actions, to strive to understand our complex roles in relation to others (Bolton, 2009). While both practices are important, reflexivity is especially important to peer workers working in settings where they may be isolated or misunderstood.

Keely & Julia will present the tools at the National Conference on Peer Support in Calgary, May 2018.

WHAT MAKES A PEER WORKER?



SUPERVISING PEER WORKERS TOOLKIT: What Does a Successful Peer Role Look Like?

Work to develop a toolkit for supervisors of peer workers continues! Sneak peak, here is our checklist of what successful peer work in a non-peer setting looks like:

- ☑ Peer workers regularly and intentionally share their lived experiences of illness and of recovery and coping with participants. The team and the participants value this sharing.
- ☑ Peer workers report satisfaction with their employment including: salary, job security, access to accommodations and benefits, supervision, job duties.
- ☑ Peer workers are involved in all workplace activities that all other team members are (e.g., team/ staff meetings, training and professional development opportunities)
- ☑ Peer workers have access to the resources they need to do their role (supervision, computer/ workspace, access to participant files, etc).
- ☑ Peer workers spend the majority of their time directly supporting participants via 1:1's, groups, or assisting people with accessing resources and navigating the system.

- ☑ Peer workers have defined projects or tasks they lead and are able to take initiative on e.g., leading a group or creating a new program.
- ☑ Peer workers are trusted to work on their own without additional oversight that other staff would not receive.



- ☑ When peer workers are involved in committee work or quality improvement projects [it is not as a replacement for service-user involvement.
- ☑ Peer workers have a clear way of capturing and recording their interactions with program participants.
- ☑ Peer workers have work plans and annual goals for the development of their roles.
- ☑ Peer workers have defined tasks each work day and a workload that is similar to other team

members.

- ☑ If there is a referral process for whom the peer worker provides support to, it is clear and objective.
- ☑ All team members regularly refer and connect participants to the peer worker.
- ☑ All participants are aware of the peer worker and are provided with consistent information on what the peer worker does.
- ☑ All participants are able to access the peer worker during their program participation, even if the support provided by the peer worker looks different for different individuals.
- ☑ Peer workers are connected with other peers in similar peer roles and have access to on-going professional development specific to peer support.

Successful integration into the team often takes 3-4 months (Minehart, et al, 2014).

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