There’s no “I” in team: Integrating Peer Support Services in a clinical setting

Learning Objectives

The participant will be able to identify the difference between a therapist and a peer support specialist within their roles and the services they provide.

The participant will be able to recognize the ways in which a peer support specialist uses their lived experiences to motivate, sustain, and support long-term recovery.

The participant will be able to understand the importance of a licensed mental health therapist in working on the underlying mental health issues.
What is Peer Support

Peer Support Specialists are individuals with lived experience with substance use disorders and recovery.

Through lived experience, shared understanding, respect, and mutual empowerment, PRSS supports others to stay engaged in the recovery process.

Who can become a peer?

To be eligible to become an Arkansas Core Peer Recovery Specialist (PR), you must:

- Have a GED or have graduated from high school.
- Have a minimum of two years of abstinence-based recovery from lived experience with substance use disorders and/or mental health disorders.
- Have not committed a sexual offense or murder or have any active warrants.
The Arkansas Model

The Arkansas Model has three levels allowing peer support specialists to advance in their profession.

1. Arkansas Core Peer Recovery Specialist (PR)
2. Arkansas Advanced Peer Recovery Specialist (APR)
3. Arkansas Peer Recovery Peer Supervisor (PRPS)

How to become an Arkansas Core Peer Recovery Specialist (PR):

- Complete the 30-hour core training.
- Obtain Peer-in-Training (PIT) letter.
- Complete an additional 16 education hours.
- Complete 500 experience hours (including 100 hours of domain-specific areas).
- Pass the PR credentialing exam.
How to become an Arkansas Advanced Peer Recovery Specialist (APR):

Hold a current Arkansas Core Peer Recovery Specialist (PR) state credential

Apply to begin APR training by submitting a completed and signed application.

Complete 35 education hours (including the 18-hour Advanced Peer training).

Complete 500 experience hours (including 100 hours of domain-specific).

Pass the APR credentialing exam.

Experience to be comprised of:

25 hours of advocacy experience

25 hours of ethical responsibility experience

25 hours of mentoring/education experience

25 hours or recovery/wellness experience

25 hours of domain-specific peer supervision (individual/group)
How to become a Arkansas Peer Recovery Peer Supervisor (PRPS):

Hold a current Arkansas Advanced Peer Recovery Specialist (APR) state credential

Apply to start your PRPS training by submitting a completed and signed application.

Complete 40 education hours (including the 24-hour Supervisor training).

Complete 500 experience hours (including 250 hours of supervised work experience and 250 hours of providing supervision).

50 hours of these must take place under the supervision of your peer supervisor.

Complete 25 hours of domain-specific peer supervision.

Pass the PRPS state credentialing exam.

Clinical Licenses and Qualifications:

**CIT:** Counselor in Training

**CADC:** Certified Alcohol Drug Counselor

**AADC:** Advanced Certified Alcohol Drug Counselor

**LMSW/LCSW:** Master's Social Work

**LAC/LPC:** Master's Counseling
Counselor In Training:

You MUST complete the entire CIT registration process to receive your CIT letter.

If you do NOT carry a degree in a Behavioral Science such as Psychology, Social Work, Sociology, Counseling or Criminal Justice, you will need to sign up at the High School/GED level of CIT.

This step allows you to start your hours and supervision.

Certified Alcohol Drug Counselor (ADC)

Three years (6,000 hours) of supervised work experience under a Master's Level Licensure or Certification with a Behavioral Science degree is the requirement for the Alcohol Drug Counselor (ADC) credential.

Education: The education requirement for initial certification is a total of 300 clock hours including six clock hours in ethics.
Advanced Certified Alcohol Drug Counselor (AADC)

One year (2,000 hours) of supervised work experience under a Master's Level Licensure or Certification with a Behavioral Science degree.

The education requirement is a Master's degree in a Behavioral Science or Human Services field with a clinical application (i.e. supervised practicum).

Additionally, 180 hours specific to the domains is required, including six (6) clock hours in Co-occurring disorders ethics.

Licensed Masters Social Work, Licensed Certified Social Work

LMSW: Has a Master's degree (MSW) from an accredited social work program in an accredited institution approved by the Council on Social Work Education.

LCSW: Has two (2) years (4,000) hours post-graduate LCSW supervised social work experience (clinical or non-clinical).
Licensed Associate Counselor/ Licensed Professional Counselor

Four years to earn a bachelor's degree and two additional years to earn a Master's degree in Counseling.

This will qualify you for the LAC license, which you can use to gain three years of supervised experience (3,000 hours) and qualify for the LPC license.

Regulatory requirements to employ a peer in a non-grant funded program

Currently insurance companies are not paying for peer support services.

Insurance contracts require a Master's level therapist to provide the majority of groups and programming.

Peers are part of the multidisciplinary team which is how we are reimbursed for private insurance vs a grant position.
Incorporating Peer Support in a Clinical Milieu

Peer support can open up discussions through an evidenced-based curriculum to address a lot of topics that patients are uncomfortable discussing through their training and lived experience.

They can disarm the patient and begin tearing down the walls that can be barriers in accepting help from clinical, nursing and support staff.

The Who, Why, What and How

The WHO

The clinical staff need to understand what Peer Support is and how they will be used in a clinical setting.

We discussed role clarity (What Peers can do and what they cannot do).

We identified the multitude of ways they can contribute to the therapeutic process.
The Who, Why, What and and How

The WHY:

Why Peer Support can bring support the treatment of the patients and the organization.

Why their lived experience and training could help with treatment outcomes for their patients.

Why they help with decreasing AMA (Against Medical Advice) discharges.

The WHAT:

Developed a job description for the Peer. This was a new concept for the hospital.

Outlined what the Peer could do and offer for the patients daily.

Utilized the Peers’ scope of practice to ensure no cross over in services was happening and the Peers were not being co-opted into responsibilities that were outside their job description.
Educated staff and administration on the Who, Why, and What. This method allowed us to get buy-in and support from the clinical staff. They supported Peers because we had taken the time to educate the staff on what Peer Support is and what they can offer the treatment team.

The Peers were a part of the team instead of a threat to staff. It only took a short time for clinical staff to truly believe in Peer Support because of the positive outcomes for the patients.

The Importance of Peer Support Activity:

LISTEN FOR INSTRUCTION
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Understanding the extra line of defense

The peers need to be seen as an additional support with a different skill set.

As a team working together, we can offer more defenses against the challenges of getting sober and maintaining long-term recovery.

The Peer role allows for the patients to have ongoing support and services upon discharge.

Understanding the extra life of defense

Due to the clinicians’ code of ethics, they are not allowed to provide their services ongoing.

The peer is allowed to follow up with the patient after discharge.

Peers are a support and not in a position of power or authority.
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Peer Support Understanding their roles

The peers support specialists need to understand they are not therapists or clinical staff.

- They can not address trauma as it can be detrimental to a patient and is outside their scope of practice.
- They are not a sponsor.
- They are not advice givers.
- They are not allowed to administer drug tests or medications.

Challenges/Solutions of Integrated Peers in a clinical setting

Stigma
- Internal – The stigma associated with having a mental health condition or a substance use disorder. Most often occurred when peers were trying to support diagnosis, assisting with treatment plans, and identifying needs for the patient.
Challenges/Solutions of Integrated Peers in a clinical setting

Stigma
- External – Usually occurred with language. Staff used language that was not appropriate when speaking of a patient, i.e “Addict”, “He will be back” or “She will never make it”.

Solution: Our major solution to stigma in a clinical setting was education. We focused on educating the staff on Peer Support and what recovery may look like for their patients. We also focused on changing the culture of people who could not identify with a mental health condition or substance use disorder. Changing the stigmatizing language among clinical staff was also an important focus.
Challenges/Solutions of Integrated Peers in a clinical setting

Work-Life Balance
- How would we ensure that the Peer Support Specialist would not succumb to burnout or compassion fatigue.

Solution: Our primary focus was to allow Peer Support time for self-care. We would encourage they take care of themselves by taking time off, talking with a fellow Peer Specialist, or their Peer Supervisor, and continuing with their own recovery efforts. We made sure that we always had an open dialog for the Peers to express how they were feeling and if they needed to focus on themselves.
### Challenges/Solution of Integrated Peers in a Clinical Setting

#### Low Salary vs. High Job Demand

- How could we maintain motivation for the Peer Specialist to deliver outstanding job performance knowing they were not getting paid their worth.

#### Solution:

Unfortunately, we were not ever able to completely resolve this challenge. We did focus on all the successes that were happening for the peers they served. We also tried to ready ourselves for turnover. We knew peers would not stay for the long haul and accepted the turnover to prepare for finding and hiring for Peer Support.
Challenges/Solution of Integrated Peers in a clinical setting

Role Clarity

- How could we make sure that the Peer Support Specialist would be allowed to work as part of the team and fulfill their job description effectively.

Solution: We would educate our clinical staff on the role and responsibilities of Peer Support. We also hired a Peer Lead Specialist to ensure that the staff did not expect the Peer Specialist to work outside their Scope of Practice or be Co-Opted into other tasks.
Benefits of Peer Support

- They are often the first contact with a potential patient and can help make the process more comfortable and familiar.

- They have been vital in decreasing our AMA rates which are below the national average, even lower than other facilities within Bradford that don’t utilize peers on the front end.

Benefits of Peer Support

- Higher transfer rates to sober living or long-term treatment than competitors by including peer support in discharge planning.

- The peers address difficult situations and breakdown barriers within the milieu due to the rapport they have built with the patient.
Ethical Challenges and Differences

A patient comes through our program for 30 days.

Upon discharge, they are given resources to an outpatient provider, therapist and meetings.

The patient sends a friend request via social media. Do you accept it?

Ethical Challenges and Differences

Patient is in treatment and discloses to Peer Support Specialists they have snuck a vape on the unit but it’s dead and not charged so they don’t want the peer to say anything. They just reported it out of guilt. Do you tell the multidisciplinary treatment team?


