Novel Approaches to Peer Support Services: Incorporating Peers into a Hospital Internal Medicine Service

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Trauma Center SBIRT Counseling Intervention Program

- Provided services for 12 years since 2006.
  - Counselors, addiction specialists and counseling interns provide SBIRT, with >45 counseling interns to date.
- Collaborate with nurses, nurse practitioners, social workers, pharmacists, medical residents, students and surgeons, OT & PT on 7 services.
- 100% embedded within the medical team.
- No patient complaints.
- Less than 2% decline rate.
Interprofessional Collaboration

• Licensed Clinical Addiction Specialists (LCAS) & Professional Counselors at ‘the table’- our professional voice

• Informing Medical Team on SUD-related issues
  • Severe withdrawal, other drug use with medical concerns, psychosocial issues- shared with compassion
RELATE & RAPPORT

AFFIRM CONCERN FOR HEALTH

REFLECT WITH EMPATHY
Peer Support
Who are Peer Support Specialists?

• A Certified Peer Support Specialist is an “individual who uses his or her lived experience of recovery from mental illness and/or addiction, plus skills learned in formal training, to deliver services…to promote mind-body recovery and resiliency.” SAMHSA
Core Competencies for Peer Workers

• According to SAMHSA
• Recovery-oriented
• Person-centered
• Voluntary
• Relationship-focused
• Trauma-informed
Core Ethical Guidelines

• Peer support is
  • Voluntary
  • Mutual and reciprocal
  • Equally shared power
  • Strengths-focused
  • Transparent
  • Person-driven

• Peer supporters are
  • Hopeful
  • Open minded
  • Empathetic
  • Respectful
  • Honest and direct
  • Facilitators of change

As described by the International Association of Peer Supporters (iNAPS)
Peer Support Services at Wake Forest Baptist Health
Preparing the Culture

• Culture of stigma towards patients with SUD common in the ED
  • Stressful environment
  • Seeing the same patients over and over with no change
  • Tense and often frustrating encounters with those patients
  • We ourselves lose sight of the capability for change and hope for recovery

• How do we change that culture?
  • Start by telling a different story
Preparing the Culture

• Integration into ARCH team
  • Shadowed licensed addiction specialists/counselors for two weeks
  • Participated in rounds and meetings with key leadership
  • Began to be seen as meaningful help for staff working with patients with addiction issues
Orientation & Training

• Orienting to a hospital environment

• Support & supervision are critical components
Supervision
Supervision Specifics

• Components
  • *Recovery-oriented philosophy*
  • Providing education & training
  • Facilitating quality supervision
  • Performing administrative duties
Other Competencies

• Providing Education & Training
  • Ongoing training, professional system navigation, applicable laws & regulations
• Facilitating Quality Supervision
  • Accessible strength-based person-centered supervision that identifies & evaluates peer competencies with focus on confidentiality and ethics & boundaries.
• Performing administrative duties
Legal Considerations
42 CFR Part 2

• Restricts disclosure and use of alcohol and drug patient records which are maintained in connection with the performance of any federally assisted alcohol and drug abuse program (42 CFR § 2.3(a)).
  • “An identified unit within a general medical facility that holds itself out as providing, and provides, substance use disorder diagnosis, treatment, or referral for treatment; or
  • Medical personnel or other staff in a general medical facility whose primary function is the provision of substance use disorder diagnosis, treatment, or referral for treatment and who are identified as such providers.”
  • Any clinician with a DEA license.

• Applies to any information disclosed by a covered program that “would identify a patient as an alcohol or drug abuser …” (42 CFR §2.12(a) (1)).
Ethical Considerations
Peer Support Services in Internal Medicine
Patient Identification

• Patient screening
  • Real time report & daily report
  • Initial screen by CAS staff
Real Time Report

- Demographics
- Service, department, MRN, admission date
- Admission diagnosis
- Alcohol diagnosis
- Diagnoses
- Problem list
- Hospital problem list
- Last BAL w/date, time
- GGT
- CIWA score
- UDS
- Last discharge
- Drinks per day/type of drink
- SBIRT services
Daily Report

- Demographics
- Alcohol level & date (looks at historical data too)
- GGT results
- Positive UDS
- Nurse pre-screening questions related to alcohol, drugs, tobacco
- Problem list tobacco, alcohol, drugs
- Diagnosis – PTSD, Psychiatric
- Prior hospitalization
PSS Intervention

- Based on service definitions
Service Definitions

• **Self Help**: facilitate individual’s ability to make choices; help develop network of support.

• **System & Individual Advocacy**: Assist in developing advocacy skills both at system and individual level.

• **Pre-Crisis Support** – Help develop personal crisis plan, and/or a Psychiatric Advance Directive (PAD), including Wellness Recovery Action Plan (WRAP).

• **Post Crisis Support**: Give feedback on early signs of relapse and preventing crisis. Review how to use the crisis plan. Support the individual in seeking less restrictive alternatives for help.

• **Housing**

• **Education/Employment**

• **Meals and Social Activities**
Outcome Data
Next Steps