



The Key

ASSISTANCE REPORT

Focus on **CERTIFIED PEER SPECIALISTS**

National Mental Health Consumer's Self-Help Clearinghouse

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As part of the shift toward a recovery-focused mental health system, the certified peer specialist has emerged as an important member of the recovery team.

Certified peer specialists are individuals in recovery from mental illnesses who have been trained to help their peers empower themselves by teaching them the skills for problem solving and goal setting – as well as serving as role models.

“Peer specialists hold the key to change. It’s a powerful tool in wellness and recovery,” said Meghan Caughey, peer wellness coordinator at Benton County Health Services in Corvallis, Ore. Caughey, a consumer, established her own state-certified training program, weaving in a strong emphasis on wellness techniques. She has trained 31 people in five counties, who now work throughout the state. “In Benton County, I oversee specialists who work in a range of ways, including doing one-on-one outreach with at-risk clients, helping them create and implement wellness plans,” Caughey said.

Their work helps them heal. “Working on these issues has been an important part of my recovery,” said Gayle Bluebird, peer networking coordinator



at the Office of Technical Assistance of the National Association of State Mental Health Program Directors (NASMHPD). (At this writing, Bluebird plans to leave this position in March 2010.) “Working with people to help them gain more control and power over their lives, helping them with their own self-healing, is extremely valuable for both of us.”

AN EVOLVING ROLE

The role of peer specialists, inspired by the sponsors of 12-step substance abuse programs, first took hold in mental health services in the 1980s and 1990s. “In some ways, the concept of peer services grew out of initiatives in Philadelphia and in Colorado where consumers were working in case management programs,” said Joseph Rogers, chief advocacy officer of the Mental Health Association of Southeastern Pennsylvania (MHASP). “In Pennsylvania, a study looked at the value of having people

who struggled with mental illness themselves helping someone else. We found early on that there was good evidence that it had immense value.”

MHASP operates the Institute for Recovery and Community Integration, which trains and certifies peer specialists in Pennsylvania through a contract with the state Office of Mental Health and Substance Abuse Services. The Institute was modeled on MHASP’s Friends Connection, an evidence-based peer-support program for people with co-occurring mental health and substance use disorders, founded in 1989.

“Our peer specialist training not only includes preparing people in recovery with the skills and knowledge to provide peer support, but places a large focus on preparing the environment to employ them in ways that transform the behavioral health system to be more recovery-oriented,” said Matthew

Federici, who until January 2010 was the Institute's program director. Since 2004, the Institute has trained more than a thousand peers in Pennsylvania and 60 peers in Virginia, in addition to more than 800 peer specialist supervisors. "In Pennsylvania, this training program has resulted in the creation of at least 50 new Medicaid-funded programs with between one and five positions tailored to the unique role of peer specialists, not to mention the various advocacy and other positions that have been filled by our graduates," Federici said.

A PLACE AT THE TABLE

Peer specialist services achieve two goals: They help consumers move

HOW TO BECOME A CERTIFIED PEER SPECIALIST

Qualifications for certified peer specialists differ but, in general, to become a certified peer specialist you must:

- Be a self-identified consumer of behavioral health services;
- Have experienced a serious mental illness or co-occurring disorder such as substance abuse;
- Have a high school diploma or GED;
- Have good verbal and written communication skills;
- Have demonstrated successful efforts at recovery;
- Be able to establish positive relationships with peers;
- Have maintained, within the past three years, at least 12 months of successful full- or part-time paid or voluntary employment or postsecondary education; and
- Have successfully completed an approved certification training program.

toward recovery and they employ individuals in recovery. "One of the biggest issues was that there was a lot of turnover in the mental health workforce," said Joseph Rogers, who is also executive director of the National Mental Health Consumers' Self-Help Clearinghouse, a consumer-run national technical assistance center funded by the Substance Abuse and Mental Health Services Administration. "In this way we could fill positions with people who have lived experience of recovery and who might grow into other positions throughout the mental health system."

Peer specialist training programs started on the grassroots level. For example, in 2000, META Services Inc. in Phoenix – now Recovery Innovations – trained 15 peers and helped place them in jobs. "When we first started doing this, we were practically laughed out of the room," said Lori Ashcraft, Ph.D., executive director of the agency's Recovery Education Center. "Now it's just a fact that peer specialists have a place at the table."

Yet even as the idea of peer specialists became an evidence-based model of health care, finding funding to pay this emerging workforce was difficult because states had a hard time getting Medicaid to commit dollars to peer support services.

That would change: In 2001, Georgia became the first state to make peer specialist services reimbursable through Medicaid. The state also went further in defining peer service intervention more concretely, developing a certified training program with a testing process. Within the past five years, a number of states – including Arizona, Iowa, Michigan, North Carolina, Washington and Pennsylvania – as well as the District of Columbia have followed suit.

The National Association of Peer Specialists (NAPS), founded in 2004,

promotes the development of this new profession through education and advocacy. Today, the group counts some 1,200 members from the United States, United Kingdom, Canada, Australia and Guam, and sponsors an annual conference. "I know dozens of

"Peer specialists hold the key to change. It's a powerful tool in wellness and recovery."

people who have started out as peer specialists who are now finding leadership roles at NAMI and Mental Health America," said founder and executive director Steve Harrington. "We've seen [peer] specialists at law firms and medical schools."

Gayle Bluebird has found that many public hospitals are hiring peers, some with advanced degrees who work at executive

levels. "There's now a 13-member team of recovery support specialists working under the supervision of a peer director at Riverview State Hospital in Augusta, Maine," she said.

TRAINING AND PLACEMENT

Peer specialist training curricula and guidelines vary by state, although most training programs include at least several days of intensive face-to-face or teleconference work. Many states open up their training programs to out-of-state residents.

Training usually begins with personal development, reviewing the concept of recovery, honing communication skills, teaching ethics and advocacy principles, and establishing an approach to conflict resolution. Many training programs integrate the Wellness Recovery Action Plan (WRAP) as a means of self-care and helping clients reach recovery goals.

Peer specialists work as case managers, recovery coaches and advocates in hospitals, housing programs, community mental health centers and other venues. States find different ways of employing peer specialists according to need.

South Carolina's peer support initiative began as a collaboration between the

state's Department of Mental Health (SCDMH) and South Carolina SHARE (Self-Help Association Regarding Emotions) the statewide peer-run self-help and advocacy organization.

"Certified peer support specialists, like all self-identified [consumer] employees at the department, also serve as recovery role models for each client, staff, family and community member they come into contact with," said Katherine Roberts, director of the Office of Client Affairs at SCDMH. "The willingness to publicly disclose their mental illness and triumphs associated with recovery go a long way in dispelling the stigma of mental illness and [demonstrating] that recovery is real."

Since SCDMH began certifying peer support specialists in 2003, 127 candidates have completed the training and passed the exams. More than half (55 percent) went on to become employed. Although only around 22 percent remain employed as certified peer specialists, another 25 percent left because they secured new jobs with better pay. Roberts considers that a sign of success, as six years ago none of these individuals were employed.

Roberts' goal is to build the program so that there are at least two specialists in each of the state's 17 community mental health centers. "I didn't have peer support available to me for my own recovery and I consider [that] a huge disadvantage," she said.

Gayle Bluebird works with inpatient facilities around the country to help develop peer positions, particularly in roles that help to reduce and prevent the use of restraints and seclusion. "Often, just having a peer on staff is reassuring to people who are admitted. But a peer who has had the experience of being restrained or secluded can help debrief a consumer on what has happened to them and help prevent them from being in restraints or seclusion in the future," she said. "They can ensure that admissions run more smoothly and can make people aware of their rights and the institution's grievance process."

Bluebird, who has held a number of

peer advocacy and advisory roles, believes that peers are especially important for creating a dialogue to discuss difficult issues. To encourage connections among peer specialists, Bluebird's office now holds a monthly conference call for an unlimited number of participants, with peer speakers who discuss different aspects of their work.

HELPING WITH RECOVERY

Peer specialists have had well-documented success helping their clients. "Even people who fit into the two diagnostic categories that seem to be most perplexing to professionals – schizophrenia and personality disorders – have had excellent outcomes with peer specialists," Ashcraft said. "I've seen people going from barely functioning and being very difficult to be around, to top managers in our company. Having someone believe in them helped them to channel their strengths."

Cynthia Smith, a certified peer support specialist at the Aiken-Barnwell Mental Health Center in Aiken, S.C., has seen plenty of success stories. "I worked with one client who had anger and social issues, no job, and didn't like people, period," she said. "Now she has a full-time job and doesn't even need to use peer support services anymore."

Although it's the peer specialist's job to help others with their recovery, the job can be a two-way street: Peer specialists often find that their work aids in their own recovery and wellness.

Twelve years ago, Steve Harrington of NAPS was diagnosed with schizophrenia and told he would never have a home, a car or get a degree. After years of hospitalizations and therapy he worked toward a volunteer position and later took a peer specialist position. "This job provided me with hope and self-esteem," Harrington recalled. "The rewards of helping another person are indescribable." Two graduate degrees and three books later, he has a life he never thought possible. He has since fought to raise peer specialist salaries and, through his work with NAPS, help develop the profession.

Smith herself started as a client. "Before

RESOURCE LINKS

National Association of Peer Specialists

The Institute for Recovery and Community Integration

Recovery Opportunity Center: Peer Employment Training

Georgia Certified Peer Specialist Project

Hawaii Certified Peer Specialists

Depression and Bipolar Support Alliance Peer Specialist Training

New Mexico Behavioral Health Collaborative

Mental Health Consumer/Survivor Network of Minnesota

The Transformation Center

Florida Peer Network

Recover Resources

Peer Training

NASMPHD Office of Technical Assistance Center for Peer Networking

Paving New Ground: Peers Working in In-Patient Settings

Results from a National Survey of Certified Peer Specialist Job Titles and Job Descriptions: Evidence of a Versatile Behavioral Health Workforce

I started here, I was housebound. I was definitely not in recovery," she said. "But going through the peer support training forced me to work harder at recovery, know what my triggers are, and it helped me climb out of that hole.

"My whole life, I had to lie on applications to account for the gaps where I had been hospitalized," she continued. "This is the first job where anyone has paid me to be myself – the part of me that's in recovery and the part of me that still struggles with symptoms and addiction. I don't have to hide it anymore; I bring it with me to work."



The Clearinghouse welcomes all programs in which consumers play a significant role in leadership and operation to apply for inclusion in its Directory of Consumer-Driven Services. The directory, accessible at www.cdsdirectory.org, is searchable

by location, type of organization, and targeted clientele, and serves as a free resource for consumers, program administrators and researchers.

Apply online at www.cdsdirectory.org/ contact, via fax at 215-636-6312, or by phone at 800-553-4KEY (4539). To receive an application by mail, write to info@cdsdirectory.org or NMHCSH Clearinghouse, 1211 Chestnut Street, Suite 1100, Philadelphia, PA 19107.

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