

The Friends Connection: A Peer Support Program “Without Walls” for Individuals with Co-Occurring Disorders

**Presented by:
Susan Rogers, Director
National Mental Health Consumers’ Self-Help
Clearinghouse**

www.mhselfhelp.org

srogers@mhasp.org

800-553-4539, ext. 3812

267-507-3812 (direct)

srogers@mhasp.org

iNAPS Conference, 8/27/13



“Peer support is ...

... a system of giving and receiving help founded on key principles of respect, shared responsibility, and mutual agreement of what is helpful. Peer support is not based on psychiatric models and diagnostic criteria. It is about understanding another's situation empathically through the shared experience of emotional and psychological pain.”

– *Shery Mead*



Peer Support Research Shows...

- Psychological benefits
- Cost-savings benefits
- Benefits to peer providers
- Two key issues:
 - Peer support reflects a person/environment fit
 - Professional-centrism undermines support for peer support



Slides 3 and 4

Peer Support Evidence Base

Humphreys, K. Individual and Social Benefits of Mutual Aid Self-Help Groups. *Social Policy*. March 22, 1997.

<http://www.highbeam.com/doc/1G1-20220441.html>

Davidson, et al. (1999) Peer support among individuals with severe mental illness: A review of the evidence. *Clinical Psychology: Science and Practice*

<http://corinnawest.com/wp-content/uploads/2011/11/Peer-support-evidence-base.pdf>

Consumer/Survivor-Operated Self-Help Programs: A Technical Report <http://store.samhsa.gov/product/Consumer-Survivor-Operated-Self-Help-Programs/SMA01-3510>

Bergeson, S. Cost-effectiveness of Using Peers as Providers <http://www.nyaprs.org/e-news-bulletins/index.cfm?do=headlines&mn=2&yr=2011&article=77D2D51A082A461FC195477449A38681>

Drop-in Centers

Peer-Run Drop-in Centers: High satisfaction and improved quality of life, enhanced social support and problem solving (Chamberlin, Rogers, & Ellison, 1996; Mobray & Tan, 1992).



Movement Values

- Control
- Choice
- Self-determination
- Empowerment
- Recovery

“We want as full as possible control over our own lives. Is that too much to ask?”



*Howie the Harp
(1953-1995)*

Peer Support for Co-occurring Disorders

...is associated with (compared to a non-matched comparison group over a 6-month period):

- Fewer crisis events
- Fewer hospitalizations
- Improved social functioning
- Greater reduction in substance use
- Improvement in quality of life

(Klein, Cnaan, Whitecraft, Research on Social Work Practice, vol.8 no.5, September 1998)

Example:

Self-Help/Mutual Support Groups for Individuals with Co-occurring Disorders

- Greater participation in Double Trouble in Recovery (DTR) associated with increased medication “adherence” (Magura, et al., 2002)
- Greater participation in DTR associated with greater perceived social support. Greater support associated with less substance use (Laudet, et al., 2000)
- Self-help groups improve symptoms, increase participants’ social networks and quality of life

Friends Connection



A program “without walls”



MHASP's Friends Connection participated in the prestigious COSP study funded by SAMHSA/CMHS, and helped build the evidence base for peer-to-peer services.

Friends Connection MontCo and Trail Guides staff at MHASP's picnic/staff recognition event on 8/28/07

Friends Connection Program History



MHASP helped close Byberry (PSH) and ensure that the dollars followed the patients into the community (1990).

Friends Connection Program History (continued)

- **Need for creative, effective solutions for individuals with co-occurring issues**
- **Modeled on OASIS in Cleveland, Ohio (peer-to-peer program serving young African American males with co-occurring mental health and substance abuse conditions)**
 - **Designed by Phyllis Solomon, Ph.D., of U Penn, in conjunction with Marti Knisley and Estelle Richman**
- **Funding came from Byberry closing**



Mission

To provide social support and healthy community connections in a culturally competent manner for people with co-occurring disorders of mental illness and substance abuse who aspire to a fuller life in a supportive community environment that is free of drug and alcohol abuse.



Philosophy ...



- Recovery begins with **HOPE**.
- Counter loneliness, isolation, stigmatization.
- Each person has intrinsic interests, which should be taken into account.
- Non-punitive, non-judgmental
- Do not spend time with participant when he/she is “high.”
- People do better when they have something to look forward to.

PROGRAM DESCRIPTION

- One-to-one peer support counseling
- Develop/increase recovery and social supports
- Develop clean and sober recreation and leisure-time activity skills
- Decrease substance use and its negative impact
- Decrease hospitalization and crisis service utilization
- Increase wellness
- Increase participation in socialization activities



PROGRAM GOALS

- **Empower participants to design their own social rehabilitation recovery plans, activities and supports to enable independent living**
- **Help participants reach their full potential for recovery through exploration of social, educational, vocational and leisure interests and by developing necessary social supports to pursue goals**
- **Build self-esteem and self-confidence by engaging participants in community-based social, educational, and leisure activities of their choice**
- **Improve quality of life by enabling a broad range of diverse opportunities for community integration for individuals who desire to establish natural community support systems as an adjunct to traditional clinical treatment programs**

Criteria for Participants

- Co-occurring mental health and substance use challenges
- Receiving case management or resource coordinator services
- Contending with persistent substance abuse with a desire to lead a clean and sober life and/or make major changes in life
- Willingness to participate in the services – not mandated
- Length of stay: 3 to 18 months

Many Successes



- In and out of Byberry.
- First year, still drinking.
- He had been a boxer and coach.
- FC connected him to his old gym.
- He stopped drinking – the gym said he couldn't drink.
- Local community center brought him in to support kids' boxing competitions.
- He's now clean and sober, around 80 years old, still helping coach and going to the gym.

Peer Staff



- Provide intensive one-to-one support
- Help to develop clean and sober support network
- In vivo peer support

Staffing Criteria

- Recovery from mental health condition and/or D/A
- Two years' work experience
- High school diploma or GED



STAFF TRAINING

- **6 Months of Orientation**
- **Peer Specialist Training**
- **Psychiatric Rehabilitation Training (12 to 24 hours)**
- **Drug and Alcohol Training**
- **Behavioral Health Training & Education Network**
- **Drexel**
- **Supervision weekly**
- **Staff meeting 2x week: peer review and support**
- **Documentation/Accountability**

Chester County Certified Peer Specialists on graduation day, Nov. 14, 2008, with MHASP facilitators Crystal Edwards (front left) and Christopher Mooney (rear, second from right)



MHASP's Institute for Recovery and Community Integration trains and certifies CPS.

Individual Supervision of Peer Staff At Least Once a Week

- **Tasks analysis**
- **Skills building**
- **Communication with service team**
- **Review of participants' folders**
- **Documentation review**
- **Education**
- **Progress review**
- **Staff Meetings 2x per week**
 - **Intensity due to working without walls**
 - **Support and feedback**
- **Field Supervision**
 - **Support**
 - **Skills teaching**

Matching Participants with Staff



- Culturally
- Personality
- Background in chemical of choice

One-to-one relationships between participants and staff often become friendships.



STAGES OF ENGAGEMENT

Stage I

- **Engagement phase: rapport and relationship building between participant and staff**
- **One-to-one interactions between participant and staff**
- **Identification of recovery supports**
- **Identify and explore recovery resources**
- **Travel training**
- **Identify and expand leisure options**

“Trust” Exercise





STAGES OF ENGAGEMENT

Stage II

- **Focus on expansion of recovery support network**
- **Focus on developing relationships with other peers**
- **Focus on participant involvement in group activities planning and implementation**
- **Expansion of resources to achieve goals/satisfaction with life**



STAGES OF ENGAGEMENT

Stage III

- **Encouragement of the independent access of community recovery supports and continued participation in ongoing Friends Connection group activities as staff decreases face-to-face contact**
- **Focus on and encourage to continue to participate in activities independently**
- **Transition to alumni program**

Alumni Program serves important function:

- Continued mutual support and sense of belonging
- The alumni hold fundraisers, trips and activities of their own and act as role models for the program participants by attending ongoing weekly and monthly Friends Connection activities in the community.



PRACTICAL APPLICATION OF SKILL BUILDING

- **Use of activities to practice skills**
 - *Socialization*
 - *Communication*
 - *Support network building*
- **Use of identification of resources to sustain recovery**
- **Teach skills to access leisure time resources**
 - *Travel training*
 - *How to acquire access to activities*
 - *Conduct at specific venue*



Benefits to Staff (Helper Therapy Principle*)

Interviews with 14 peer staff:

- **Great feeling of helping others**
- **Able to practice their own recovery**
- **Explicit features that helped them practice recovery:**
 - **learning about things to do when bored other than using drugs or alcohol**
 - **building their own positive support networks**
 - **improving their ability to behave responsibly**
 - **being active in the community as an antidote to boredom, and**
 - **dealing with personal problem through self-discovery and skill development.**
- **“Embrace life and enjoy things”**
- **“Taught me to enjoy recovery” (Salzer & Liptzin Shear, 2002)**

* e.g., **Recovery rates for alcoholism doubled for those helping other alcoholics.** <http://www.psychologytoday.com/blog/the-joy-giving/200809/updating-the-helper-therapy-principle>

OUTCOMES

- Comparison study found that 38% of participants in Friends Connection stayed out of hospital over 3 years, compared to only 27% in comparison group.
- This suggests that Friends Connection facilitates community tenure and prevents re-hospitalization for people who are at high-risk for it.

These results suggest:

- significant cost savings associated with reduced hospitalization
- significant savings in terms of people not being re-hospitalized or having fewer days in the hospital
 - (Hospital stays can be traumatizing and disruptive to the individual, their families and loved ones, and the service system.)



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今月の童謡
べてるの家の当事者研究
ココカラ主義で行こう!
自分でできる認知療法
おこまりですか?
では他の人に聞いてみましょう
サバイバー日記
躁うつ病とつきあう
病気があっても元気!
今月もばびおば
ワールドリンク



Thanks to Jeanie Whitecraft and Dr. Mark Salzer for creating the text for this presentation.