

Peer Support Gone Wild:

Pitfalls, Lessons Learned, and Tips from Messing it Up!

*Cherene Caraco,
CEO, Promise Resource Network*

INTRODUCTIONS: WHO'S IN THE ROOM?

My primary role is:

- ☐ CEO or Executive Director
- ☐ Operations manager
- ☐ Program director
- ☐ Supervisor
- ☐ Peer support worker
- ☐ Another role

○ PEER SUPPORT: WHAT IS THE ROI?





Peer Support in MH Systems: Current Trends

Peer Support is being integrated into various settings and systems:

Mental health (community based services, inpatient settings, etc)

Substance use (harm reduction, outpatient and in-patient treatment, etc)

Medical/Health Settings (ER, community health clinics, etc)

Criminal Justice (forensic peer support, diversion, re-entry, etc)

Crisis Response (community outreach teams, crisis stabilization, etc)

Specialty areas (housing, domestic violence, HIV+, LGBTQIA, etc)

Standalone peer-run organizations (utilizing peer models)

National Landscape of Peer Support

Nationally, organizations are recognizing that when peer support is done well, it elevates impact, relevance, reputation, funding, and policy.

What do we get when it's done well?

Subject matter expertise

The vantage point of people receiving services

Credible messengers

Insight, recommendations, ideas that can aid in improved services, agency culture, engagement, retention, and recovery

What We'll Get if it's done well...

The research on peer support in mental health systems is still emerging, but findings are promising. The research to date suggests that peer recovery support may result in:



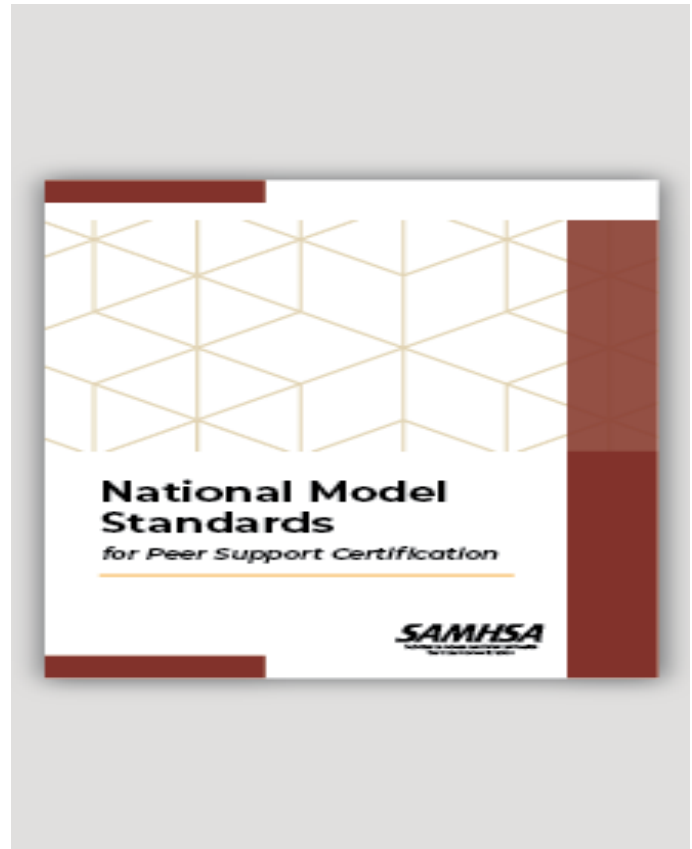
What will we get when It's Done Well...

National Landscape

Biden Administration, Unity Agenda

A primary goal outlined within this strategy is accelerating the universal adoption, recognition, and integration of the peer mental health workforce across all elements of the healthcare system. This included the development and implementation of a national certification program for mental health peer specialists.

(The White House, 2024)



Peer Support and the National Landscape

SAMHSA Office of Recovery

Recovery is enhanced by peer-delivered services. These peer support services have proven to be effective as the support, outreach and engagement with new networks help sustain recovery over the long term. Peer services are critical, given the significant workforce shortages in behavioral health. SAMHSA's new Office of Recovery will promote the involvement of people with lived experience throughout agency and stakeholder activities, foster relationships with internal and external organizations in the mental health and addiction recovery fields and identify health disparities in high-risk and vulnerable populations to ensure equity for support services across the Nation.

(SAMHSA, 2023)

WHAT WILL WE GET WHEN IT'S DONE WELL... NATIONAL LANDSCAPE

Providing Empathetic and Effective Recovery (PEER) Support Act Led by Senators Tim Kaine and Mike Braun

Research shows that peer support specialists significantly decrease substance use for individuals with substance use disorder and reduce re-hospitalization for individuals with mental illnesses.

While peer support specialists have become an important part of treatment and recovery teams, peer support specialists face significant barriers to entering or staying in the profession.

The PEER Support Act will address barriers to practice and support the peer support specialist field by:

Directing the Office of Management and Budget (OMB) to revise the Standard Occupational Classification (SOC) system to create a distinct classification for peer support specialists to ensure accurate data reporting on the peer support specialist profession. (118th US Congress, 2023-24)



WHAT WILL WE GET WHEN IT'S DONE WELL... NATIONAL LANDSCAPE

Olmstead, Medicaid, Medicare, Federal Funding, CCBHC's, community health clinics and community-based services... oh my!

states and organizations are *trying* to figure it out

What do we get when its NOT done well?

Status quo, same service/different name

Stabilization, functioning, maintenance

Lack of outcomes

Simply hiring people with a diagnosis



4 MISTAKES, 1 OPPORTUNITY,
LOTS OF HUMILITY,
and
Q-TIP (*quit taking it personally*)

Illustration: Cancer Diagnosis

Why do we seek peer support? What are we REALLY asking for?





Q: What IS Peer Support?

A: Offering support, information,
○ resources and connection from
the vantage point of shared experience

My Illustration: Cancer diagnosis

Peer-Support Simplified

Peer

- **An equal/mutual relationship**
- Shared demographic/social position
- Similar life experiences/challenges

Support

- Empathy
- Encouragement
- Assistance
- **Reciprocal relationship**

Peer Support: The BIGGEST Risk

Utilizing Peer Supporters outside
their
Scope of Practice (aka Co-Optation)



Lack of understanding the history, research, scope of practice of effective peer support

COMMON MISTAKES TO INTEGRATING PEER SUPPORT

Completely Informal “Drop
in” Services



Emergence of RCO's and
Faces and Voices of Recovery
(SUD)



Peer Run Training & Advocacy
Organizations (MH)



**Clinical & Medical
Settings (MH Peer
support) ???????**

Mental Health Peer
Support through
History:
The Emerging Tension



Doing It Well Means Peer Supporters Should:

Look Different
Act Different
Talk Different

....than any other role in the organization

PEER SUPPORT



Before it became a
job, it was a
MOVEMENT

Why?

Different history

Different tools

Different language

Different worldview

Different skills

Different ethics

Different competencies

Pop Quiz:

When was peer support introduced into services?

- A. In the mid-1930's through Dr. Bob and Bill Wilson's 12 Steps
- B. In the early 2000's when Medicaid began paying for peer support
- C. In the 1700's, its as old as dirt
- D. In the 1940's/50's through the Consumer/Survivor/Ex-Patient Movement

Moral Treatment Movement: Dr. Pinel and Jean Baptiste-Pussin



**“Dr. Pinel Unlocking the
Chains
in the Asylum”**

Image Credit: *Tony Robert-Fleury, Dr. Phillipe
Pinel at the Salpêtrière, 1795.*

Pussin's Advice to Dr. Pinel:

- *"As much as possible, all servants are chosen from the category of mental patients. They are at any rate better suited to this demanding work because they are usually more gentle, honest, and humane"*

(Davidson et al., 2012)

SOCIAL Justice - A process, not an outcome, which seeks fair (re)distribution of resources, opportunities, and responsibilities; challenges the roots of oppression and injustice; empowers all ppl. to exercise self-determination and realize their full potential; and builds social solidarity and community capacity for collaborative action.



"Consumer/Survivor/Ex-Patient" Movement

Education – People DO Recover

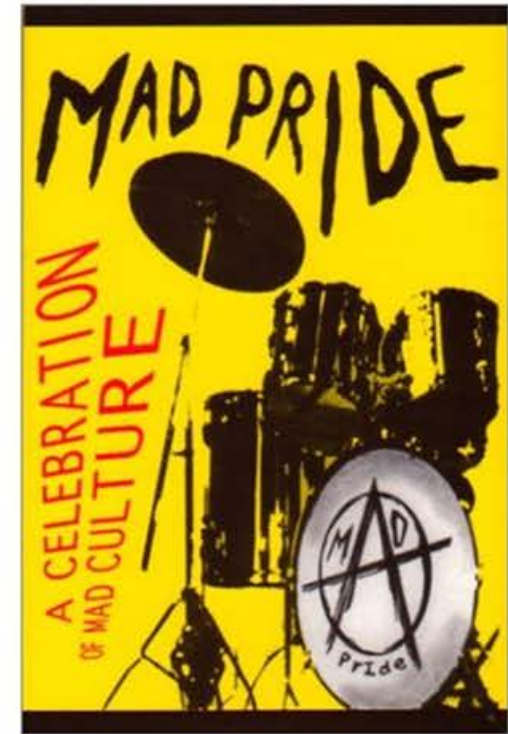
Activism & Advocacy – Human Rights

Activism & Advocacy – Humane Treatment

Advocacy – 1:1 advocacy for services, rights, needs in the community, etc.

Advocacy – Inclusion at the table

Advocacy – Policy and System change



In the NAME of Treatment



Seclusion and Segregation
Restraint
Involuntary commitment
Forced medications
Coercion/Threats
Low expectations
Overuse of medications
Harmful language
Incarceration





NOTHING
ABOUT US
WITHOUT US

A photograph of a protest sign held by two hands. The sign is white with black and red lettering. The words 'NOTHING' and 'WITHOUT' are in black, while 'ABOUT US' and 'US' are in red. The sign is tilted and held against a dark, textured background.

????????????

Pop Quiz:

What year was peer support introduced into
Medicaid AND in which state?

????????????

Pop Quiz:

What year did the Texas legislature pass the
bill to fund PS through Medicaid?

Completely Informal “Drop
in” Services

Emergence of RCO’s and
Faces and Voices of Recovery
(SUD)

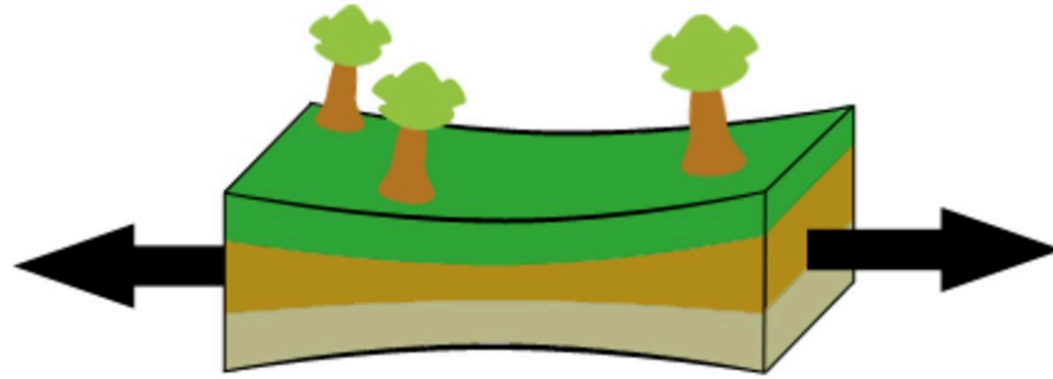
Peer Run Training & Advocacy
Organizations (MH)

**Clinical & Medical
Settings (MH Peer
support) 1999-2000**

Mental Health Peer Support through History: The Emerging Tension



Power
With,
Authentic
Use of
the Peer
Role



Tension



Power Over,
Utilizing Peer
Supporters Out
of Scope of
Practice



Hiring and treating PSS as
“former consumers” rather
than qualified colleagues

COMMON MISTAKES TO INTEGRATING PEER SUPPORT



Shifting the perspective of
client to colleague, advisor,
consultant and leader....

Requires a hierarchy re-
examination and
minimization

Requires us to truly value
Expert by Experience, not
simply Expert by Education

Requires humility in recognizing that without their expertise, we cannot be a fully trauma-informed, recovery-oriented organization NOR will we get the outcomes we are seeking

Requires us to reflect on how we have been shaped to think about “clients” or “consumers” in relationship to their abilities, contributions, equality, value.

We are challenged to think about people as “colleagues”, not as “clients”.... Raising the bar to meet reality

RAISE the Bar

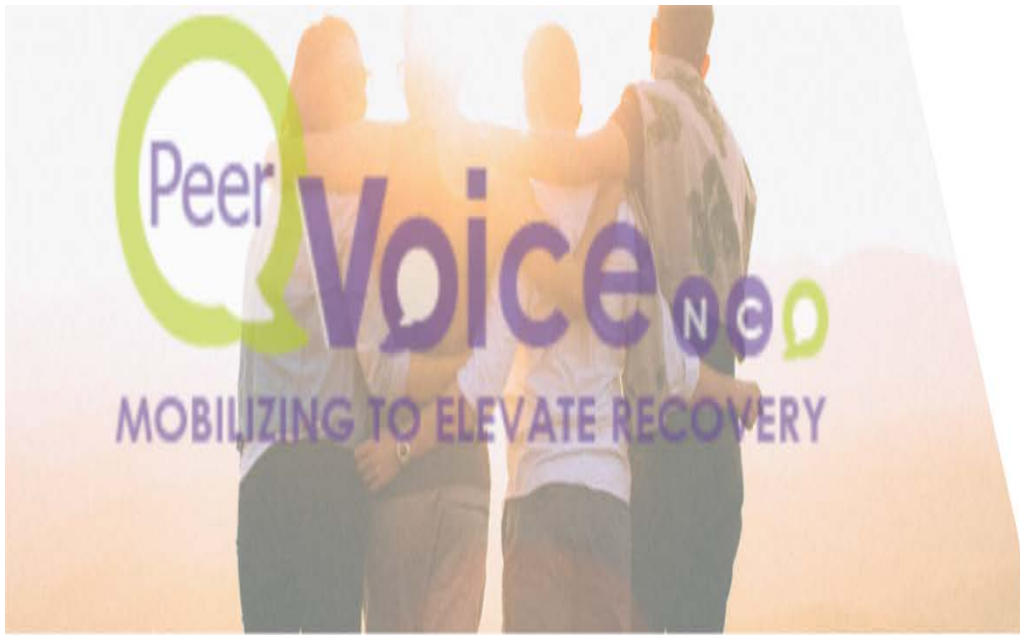
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Lack of knowledge of the
role and scope of practice

**COMMON
MISTAKES TO
INTEGRATING
PEER
SUPPORT**

A Peer Support Quiz: Scope or No Scope?

A Peer Supporter Offers Advice Based on
their Lived Experience



THE DIFFERENCE BETWEEN
SUPPORT AND ADVICE?

...POWER

Peer Supporters, know your role

Advice:

you should,
you could,
you couldn't,
you shouldn't, you
can't,
you won't,
If I were you, I
would...

Scope or No Scope?

If desired, Peer Supporters could assist someone to gather information regarding medications to determine whether medications are a good option for them

TYPE OF SUPPORT PROVIDED BY PSS

PSS Type of Support	Description	PSS Tools
Emotional	Empathy, concern, caring, to improve identity, self-esteem, worldview, confidence	Personal Recovery Story Connection to self-help resources Participate in groups together (NA/AA, Double Trouble, etc) Emotional support-listening, not judging
Informational	Share knowledge and information	8 Dimensions of Wellness Resources Navigating systems



PSS Type of Support	Description	PSS Tools
Instrumental	Assistance to support others to accomplish tasks, skill building	Problem solving Self Advocacy Wellness Self-Management Accompanying people
Affiliational	Connect individual with people to promote relationships, sense of belonging	Recovery communities Family, friend, social, faith connections

Mutual (Equal Power)

WHY?

OVERCOME LEARNED/TAUGHT HELPLESSNESS

DEVELOP SKILLS OF SELF-DETERMINATION

INSPIRE HOPE @ CAPABILITY TO MOVE FORWARD

DEVELOP SKILLS NEEDED FOR EVERYDAY
RELATIONSHIPS

RESEARCH – ONE PERSON THAT BELIEVED IN ME

Sharing Story

Voluntary

Shared Common Experience

Scope or No Scope?

It is part of the role of the Peer Supporter to get someone to take their meds or go to their appointments

NOPE. It is a mistake to...



Utilize a peer supporter as an extension of clinical services (co-signing, being the messenger)



Doing It Well Means Peer Supporters Should:

Look Different
Act Different
Talk Different

....than any other role in the organization

Scope or No Scope?

A Peer Supporter can monitor
someone's compliance with
recommendations made by the
service providers

PEER + MUTUAL =

voluntary
support



- ▶ Choice
- ▶ Self-Determination
 - ▶ Person-Driven
- ▶ Informed Decision Making
 - ▶ Voluntary

Peer Support Cheat Sheet

Category	Description
"Busy" Work	Having a PSS do a task because: (1) you don't know what else they should be doing, (2) no one else wants to do it, and (3) it needs to get done
Agenda/Solution	Having a PSS focus on an agenda (other than that of the person they're supporting)- "you need to learn ___ skill"
Power Imbalance	Asking a PSS to do things that would increase power imbalances, create power over, or diminish the person's autonomy and choice (force/coercion)

Source: Davidow, Sera. A Handbook for Individuals Working in Peer Roles

Scope or No Scope:

Peer support is synonymous with coordination, case management and rehabilitation services



Doing It Well Means Peer Supporters Should:

Look Different
Act Different
Talk Different

....than any other role in the organization

It is not....

Hiring a clinician with lived experience and saying they are “a peer”

Simply hiring someone with a diagnosis

Rehabilitation for a person with lived experience

A friend, sponsor, parent

A “mole” for the team

The role is not....

A case manager

A mini clinician

A medication or compliance monitor

Focused on tasks or skills that others value

An extension of systems or clinical services

A care coordinator

A transporter

A paraprofessional or entry level role

Promote Self-
Determination, Shared
Decision Making and Self-
Advocacy

Support person's use of
self-advocacy tools at
treatment team and other
meetings

Support person to identify
barriers and brainstorm
solutions

Connect to desired
resources in the
community

Share lived VOCATIONAL
& other RECOVERY
experience

Provide consultation to
team members on
recovery, personal
preferences

Supports development of
psychiatric advance
directives

Support person's wellness
goals

Supports and empowers
people on their legal rights

Coaching/Mentoring

Connect person to
wellness tools such as
WRAP, WMR, VIMR

PSS's do...

Why is it critical to understand peer support differently from other kinds of help?

Recovery, Healing, Wellness, Re-Claiming Identity, Purpose, Connection, Relationship (mutual), Voice and Choice, Fulfillment, Co-Creation, Re-Defining Mental Health, Mutual Learning not Service Relationships, Adaptations, Survival



Stabilization, Functioning, Maintenance, Compliance, Protection, Illness, Symptoms, Diagnosis, Coping, Problem Solving

mistake

4

MISTAKE 4 is the top
reason Peer Supporters leave
their jobs

Top 7 Answers on the Board. BIGGEST Challenges for Peer Workers in their organization

	1			7	
STICK IN THE EYE	14		8		
	3				
SALT ON OPEN WOUND	5				
POCKET FULL OF BEES	4				

Survey Says.... (Not Ranked)

1. Lack Policies and Procedures that Support Peer Worker Scope of Practice

2. Lack of Professional Development

3. Salary Inequity/Livable Wage

4. Co-Worker Misunderstanding of Peer Support

5. Work Assignments are not Peer Support

6. Reporting to Clinical Staff

7. Clinical, Not Peer Supervision

Why *don't* we provide clinical supervision to peer workers?



Peer Support Tools

YES	NOPE
Shared experience/sharing stories	Clinical language and labels/Clinical Worldview
Exploring options/ Supported decision making	Advice (you should, you could, you don't)
Emotional CPR/eCPR	Motivational Interviewing
Intentional Peer Support (IPS) approach	Behavior management, modification, monitoring
Trauma-informed	Coercion, compliance and pressure
Alternatives to Suicide (groups, training)	Forced treatment/Involuntary Commitment
Hearing Voices Network (groups, training)	Pro-Medication
All pathways to recovery (including harm reduction, self-help, non medication and non treatment options)	Anti-Medication
Mutuality, partnership, co-creation	Mental Health First Aid
Redefining safety	Risk Assessments
Redefining help	Being the helper

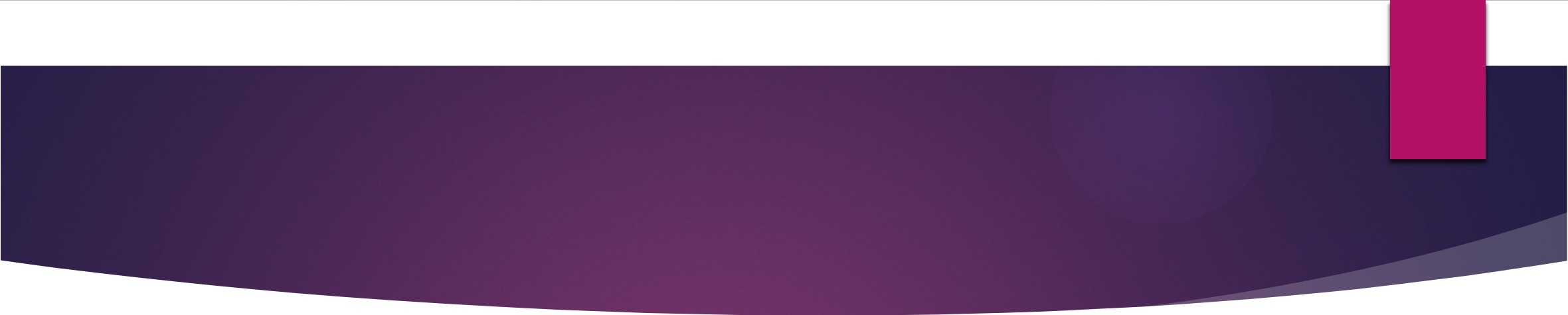


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OPPORTUNITY



**WISDOM OF LIVED
EXPERIENCE:
WHAT MIGHT WE BE
MISSING?**

- 
- Utilize the vantage point of people with lived experience to create organizational changes necessary for recovery, trauma healing, and effective peer support

The Tension is NECESSARY! Lean into it.

WHEN AN ORGANIZATION EMPLOYS
PEER SUPPORT WORKERS, THE
ONLY
THING THAT SHOULD CHANGE IS....
EVERYTHING!



Area	Example
Educate and Challenge Pathology	People DO Recover, what helps and hinders recovery, impact on institutional and other trauma
Leadership	Planning, implementing and evaluating the organization, Involvement in hiring, onboarding, training, reviews
Services	Designed, led and staffed by peer supporters
Activism and Advocacy	Policy and system change, a valued seat at the table with knowledge, human rights and humane treatment
Staffing	People with lived experience are employed and visible throughout the agency and are supported to share their experience freely
Internal Consultant	The wisdom of lived experience is utilized to improve organizational culture, practices, environment, language, etc.



Shift

HAPPENS

63

What can, will and should shift?

Peer Support: An Opportunity

Not capitalizing on the unique perspective, wisdom, and skills that can only be earned through lived experience,

not only to provide peer support, but to change organizational practices and policies



In, but not of, the system

5 Signs of Co-Optation of PSS

- ▶ 1. PSS don't have relationships with people being supported. Real connections, not just transactional
- ▶ 2. PSS talk like a clinician, case manager, use clinical language and labels
- ▶ 3. PSS is doing busy work
- ▶ 4. PSS don't question policies and practices that are not centered in human, civil, or disability rights (the use of coercion or force (involuntary commitment, threats))
- ▶ 5. PSS don't challenge the team or organization to understand through a non-clinical lens because they view people through the lens of symptoms, diagnosis, compliance and non-compliance

PEER SUPPORTERS

Be A Voice

...NOT AN ECHO



What We Grow, is What We Water

The ILLNESS business

The WELLNESS business

We can choose to plant, seed, water and grow illness or wellness

Dominant Clinical and pathology-based paradigm around mental health



Chemical imbalance

Biologically based brain disease

Anosognosia

Stabilization, functioning and maintenance

PAT DEEGAN, PH.D., 2008

"HELP ISN'T HELP
IF IT'S NOT
HELPFUL."



Trauma in the name
of treatment is
harmful, NOT helpful

(Deegan, 2005)

"WE DON'T SEE
THINGS AS
THEY ARE, WE SEE
THEM AS WE ARE."

- ANAÏS NIN -



WWW.INSPIRATIONAL-QUOTES-ABOUT-LIFE.NET

My personal
experience with this...

IF WE WANT
TO ADDRESS
MENTAL
HEALTH

WE NEED TO
dig deeper

@ALYSERURIANI



A dense word cloud of social and mental health issues. The words are arranged in a layered, cake-like structure, mirroring the layers of the ground in the shovel illustration. The words include:

- Top layer (pink/red):** VIOLENCE, POVERTY, OPPRESSION, RACISM, MASS INCARCERATION, TRAUMA, INEQUALITY, DISCRIMINATION, ADVERSE CHILDHOOD EXPERIENCES, UNSAFE ENVIRONMENT, VOTER SUPPRESSION, LACK OF RESOURCES, UNMET NEEDS, WHITELASH, COERCION, SEXUAL ASSAULT, AGEISM, ABUSE, EDUCATION, DENIED, POLICE BRUTALITY, CLIMATE CHANGE, ANTI-SEMITISM, SOCIAL & LEGAL EXCLUSION, ACCESS TO HOUSING & HEALTHCARE.
- Second layer (yellow/orange):** NEGLECT, POVERTY, OPPRESSION, RACISM, MASS INCARCERATION, TRAUMA, INEQUALITY, DISCRIMINATION, ADVERSE CHILDHOOD EXPERIENCES, UNSAFE ENVIRONMENT, VOTER SUPPRESSION, LACK OF RESOURCES, UNMET NEEDS, WHITELASH, COERCION, SEXUAL ASSAULT, AGEISM, ABUSE, EDUCATION, DENIED, POLICE BRUTALITY, CLIMATE CHANGE, ANTI-SEMITISM, SOCIAL & LEGAL EXCLUSION, ACCESS TO HOUSING & HEALTHCARE.
- Third layer (green):** VIOLENCE, POVERTY, OPPRESSION, RACISM, MASS INCARCERATION, TRAUMA, INEQUALITY, DISCRIMINATION, ADVERSE CHILDHOOD EXPERIENCES, UNSAFE ENVIRONMENT, VOTER SUPPRESSION, LACK OF RESOURCES, UNMET NEEDS, WHITELASH, COERCION, SEXUAL ASSAULT, AGEISM, ABUSE, EDUCATION, DENIED, POLICE BRUTALITY, CLIMATE CHANGE, ANTI-SEMITISM, SOCIAL & LEGAL EXCLUSION, ACCESS TO HOUSING & HEALTHCARE.
- Fourth layer (blue/purple):** VIOLENCE, POVERTY, OPPRESSION, RACISM, MASS INCARCERATION, TRAUMA, INEQUALITY, DISCRIMINATION, ADVERSE CHILDHOOD EXPERIENCES, UNSAFE ENVIRONMENT, VOTER SUPPRESSION, LACK OF RESOURCES, UNMET NEEDS, WHITELASH, COERCION, SEXUAL ASSAULT, AGEISM, ABUSE, EDUCATION, DENIED, POLICE BRUTALITY, CLIMATE CHANGE, ANTI-SEMITISM, SOCIAL & LEGAL EXCLUSION, ACCESS TO HOUSING & HEALTHCARE.
- Fifth layer (brown):** VIOLENCE, POVERTY, OPPRESSION, RACISM, MASS INCARCERATION, TRAUMA, INEQUALITY, DISCRIMINATION, ADVERSE CHILDHOOD EXPERIENCES, UNSAFE ENVIRONMENT, VOTER SUPPRESSION, LACK OF RESOURCES, UNMET NEEDS, WHITELASH, COERCION, SEXUAL ASSAULT, AGEISM, ABUSE, EDUCATION, DENIED, POLICE BRUTALITY, CLIMATE CHANGE, ANTI-SEMITISM, SOCIAL & LEGAL EXCLUSION, ACCESS TO HOUSING & HEALTHCARE.

When we focus on **behavior** (management, mitigation, reduction, confinement, modification), its easy to miss the untold story, to label the behavior and dismiss the experience, to not dig deeper, be uncomfortable and engage the messiness.

Doing so risks us to become:

Neutral
Focus on fixing
Complacent
Uninvolved
Dismissive
Harmful
Ineffective
Disabling
Disconnected
Judgmental, critical
Avoidant
Accusatory

understanding
behavior



In the name of treatment and “help”

When we share about
self-injury, substance use,
or an eating disorder, we're
not simply telling you
what's wrong



We're telling you
how we've been surviving

Recovery Is....

*“No longer viewing oneself primarily
as a mental patient and reclaiming
a positive sense of self”*

(Review of Recovery Literature: A Synthesis Sample of Recovery Literature 2000)

Organizations that embody and practice recovery value and operationalize:

- 1.Voice/choice
- 2.Self-advocacy without fear of confinement, punitive discharges
- 3.Focus on wellness, not illness, from a whole person perspective
- 4.Earn trust- relationship is key
- 5.Value and authentically embrace lived experience as expertise, not simply experts by education
- 6.Validates, honors and reflects culture (race, ethnicity, gender, sexual orientation, houselessness, veterans...)
- 7.Eliminates the use of power over, involuntary treatment, confinement, threats/coercion
- 8.Does not view a person through a series of symptoms and diagnoses... hope is key
- 9.Have high expectations for resilience and recovery
- 10.Invest in the innate wisdom of our bodies to self-heal
- 11.Uses language that represents and understanding experience, rather than a labeling of behavior
12. Creates physical environments that are designed for healing

What next?

- If you are employing peer supporters and doing it well, **SHARE** it!
- If you are employing peer supporters and need some help but really want to do it well, **ASK**
- If you are not employing peer supporters but want to, consider identifying **WHY** and **SEEK** consultation and training on organizational readiness
- If you are not employing peer supporters, recognize the value, but your agency is not ready, **CONTRACT** to peer-run organizations

○ Questions?





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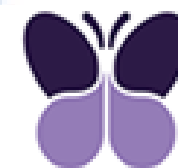
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RECLAIM YOU

QUESTIONS????

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