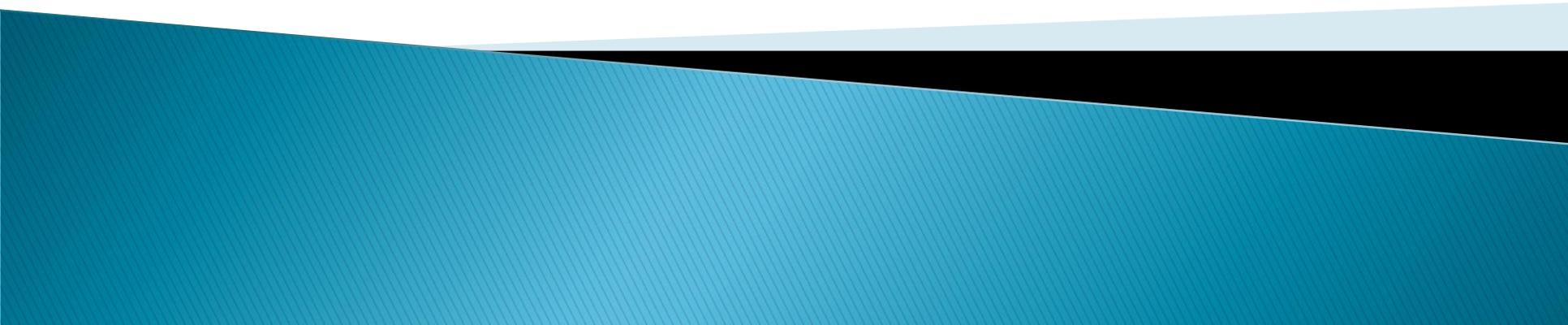


# Peer Services: Working With the Experts

Exploration of the Multi-Level Involvement of  
Consumers in the Recovery Model

Presenters: Faith Paul and Michelle Knox



# Objectives:



- ▶ Provide a greater level of understanding of the importance of peer involvement to personal recovery.
- ▶ Illustrate the potential for enhanced program service delivery with the addition and integration of peer services.
- ▶ Emphasize the importance of peer (consumer) involvement in systems change.

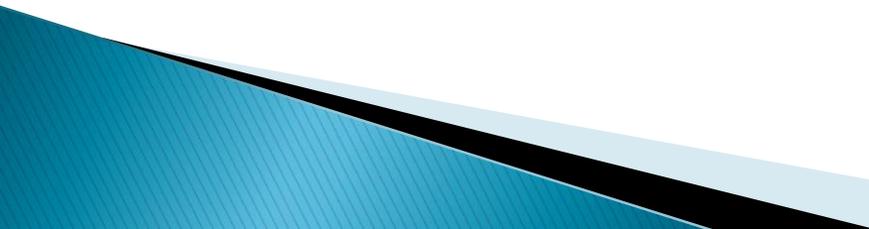
# Overview/ Background

Cross Level Services and Supports  
Addiction and Mental Health  
Edmonton Zone  
Alberta Health Services

- ▶ CLSS serves adults with mental health concerns in Edmonton and surrounding areas.
  - ▶ We have a staffing complement of Occupational Therapists, Recreational Therapists and Supported Employment Specialists who work in geographic teams to provide assistance and support in the areas of employment, education, leisure and social connection.
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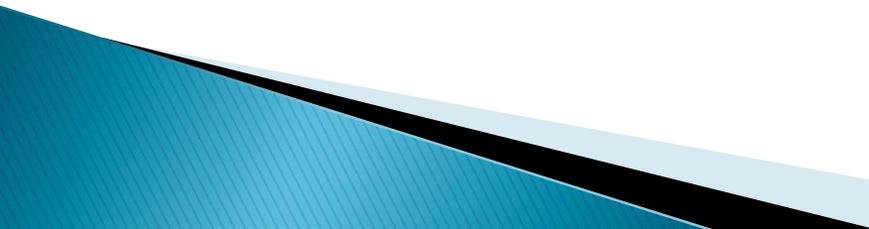
# Our Journey with Peer Services

In the beginning...

- ▶ Peer Role: Community Linking Peer Representative, informal peer leadership in CL programs and day program.
  - ▶ Staff Role: Direct supervision in programming. Client focused goal setting and interventions, but still driven by the therapist.
  - ▶ Quality/Variety of Service provided: good networking and community partnering by staff to maximize available resources.
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# Our Journey Continued

Through the Years...

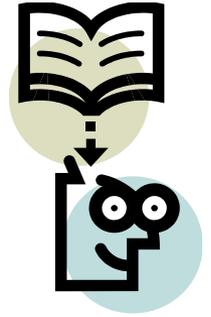
- ▶ Peer Role: Higher level of informal peer leadership in programs; more natural evolution rather than staff initiated. Hiring of established consumer artists to lead instructional art programs (contract positions).
  - ▶ Staff Role: Coordinating programs, but not always directly facilitating (more formalized peer leadership role). Individual goal setting, now more mutually established between therapist and client.
  - ▶ Quality/Variety of Service Provided: Staff now able to co-lead which allows them to focus on group members with higher needs, or to establish additional programs as needed.
- 

# Our Journey Continued

## Today

- ▶ Peer Services include: Peer Education (BRIDGES, WRAP, WoW), contracted program leaders for some Community Linking Programs, Advisory Group and Committee participation.
  - ▶ Staff Role: Co-facilitating with peers in group setting. Individual interventions are client centered and driven by the consumer rather than the therapist.
  - ▶ Quality/Variety of Service provided: More variety in types of programs offered; the “lived experience” perspective inspires hope; increased awareness system wide of what the real needs and concerns are because we are now asking directly, rather than assuming we know what those needs are.
  - ▶ Recovery Conference: a one day conference was delivered for five consecutive days to introduce the principles of recovery to approximately 750 AHS employees, community stakeholders, consumers and family members.
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# Peer Education



## BRIDGES

(Building Recovery of Individual Dreams and Goals through Education and Support)

Footsteps (mini module version of BRIDGES)

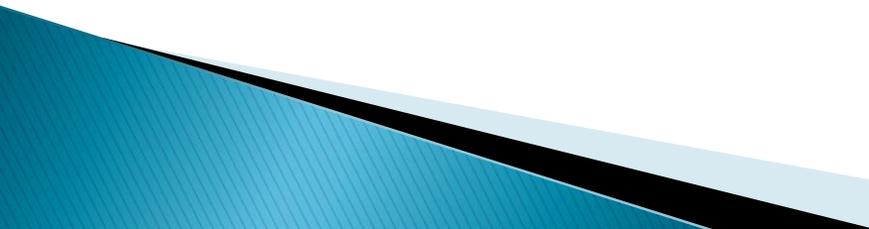
WoW (Working on Wellness)

WRAP (Wellness Recovery Action Planning)

# BRIDGES

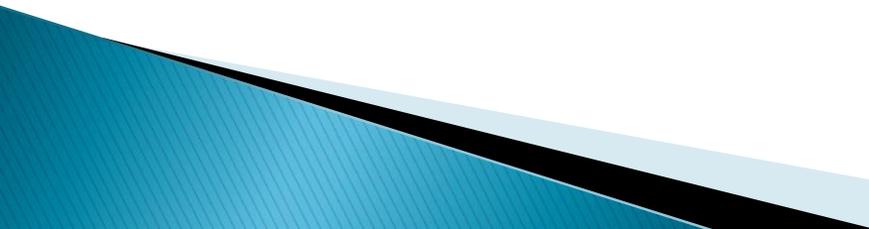
- ▶ BRIDGES is a 10 session educational program which is facilitated by trained peer facilitators.
  - ▶ BRIDGES originated in Tennessee in the early 1990's.
  - ▶ BRIDGES has been offered throughout Edmonton and the surrounding areas for the past three years.
  - ▶ Sessions are co-facilitated by 2 paid peer instructors.
  - ▶ Sessions are approximately 2 hours in length and are highly structured (almost pre-scripted) which provided us with a "safe" place to start with peer services.
  - ▶ Sessions are evaluated weekly and then again at the completion of the 10 week program. The feedback is consistently positive, with the majority of comments reflecting feelings of hope and empowerment.
- 

# Footsteps

- ▶ Footsteps is the condensed version of BRIDGES and is suggested for inpatient or residential settings.
  - ▶ It consists of 5 stand alone modules which offer similar content to the BRIDGES course in more condensed format (1 – 1 ½ hour sessions).
  - ▶ We have offered Footsteps at 2 residential sites with varied results.
  - ▶ We are currently running Footsteps on an ongoing basis on an inpatient psychiatric admissions unit at the Royal Alexandra Hospital in Edmonton. This has been offered since January, 2010. Feedback from patients is consistently positive (weekly evaluations completed). Staff have also embraced the program and promote it to all new patients.
- 

# Comments from BRIDGES/Footsteps

In response to “How has BRIDGES helped you so far?”

- ▶ “Informative and inspiring.”
  - ▶ “It has taught me about the acceptance of my illness and start of my recovery.”
  - ▶ “It has taught me that I’m not alone.”
  - ▶ “Give me hope for the future.”
  - ▶ “I feel confirmed in my experience.”
  - ▶ “I am not alone. This is great information.”
  - ▶ “The stories from others puts my experience in perspective.”
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# WoW (Working on Wellness)

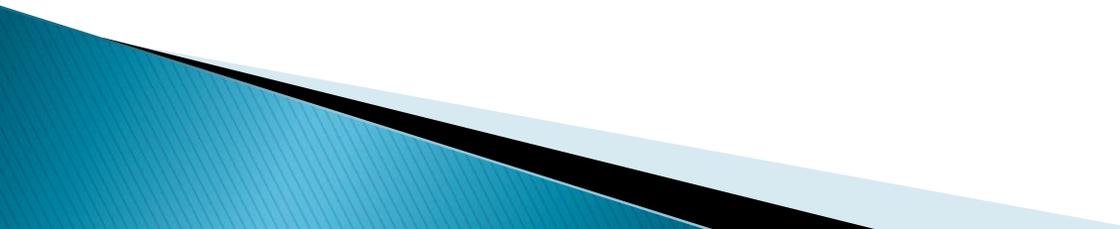
- ▶ This is a 41 session program, adapted from the Wellness Self Management program.
- ▶ Each module is 3–4 sessions long and covers areas such as Building Social Supports, Relapse Prevention Training, Recovery Strategies, etc.
- ▶ This program is co-facilitated by a staff member and a peer educator; first time this approach was used in our service delivery.
- ▶ This is the second year that we have offered WoW; everyone is now comfortable with the staffing model and feel more on “equal ground” from both perspectives.
- ▶ This program is drop in and is offered once per week. Each session is approximately 2 hours. Average attendance is 10–12 per week.

# WRAP

## (Wellness Recovery Action Planning)

- ▶ WRAP is our newest initiative and is evidence based best practice. It is a personal wellness plan that can be completed individually, but is most effectively delivered in a group setting, facilitated by trained WRAP facilitators.
- ▶ Group WRAP is delivered over 18 hours, by two facilitators. Both facilitators must be trained to facilitate this program (5 full day training course) and one must be a peer facilitator; preference for two peers to facilitate if possible.
- ▶ A WRAP plan includes the following sections: Wellness Toolbox, Daily Maintenance Plan, Triggers, Early Warning Signs, When Things are Breaking Down, Crisis Planning and Post Crisis Planning.
- ▶ WRAP is based on the key principles of Hope, Personal Responsibility, Education, Support and Self-Advocacy.
- ▶ In the group process, concepts or sections are introduced/explained and group activities then help to further illustrate the concept.
- ▶ Through group sharing, individuals benefit from feeling that they are not alone, by recognizing that others also have some of the same struggles. They are also able to learn from other's experience and in turn, share their own experiences to help others.

# WRAP continued

- ▶ We have completed our pilot WRAP program with a young adults group.
  - ▶ Evaluation comments reflected feelings of hope for the future, feeling not alone (realizing others also have similar concerns), feeling that they have a better understanding of their own health issues and how to manage those issues.
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# Peer Facilitator Perspective

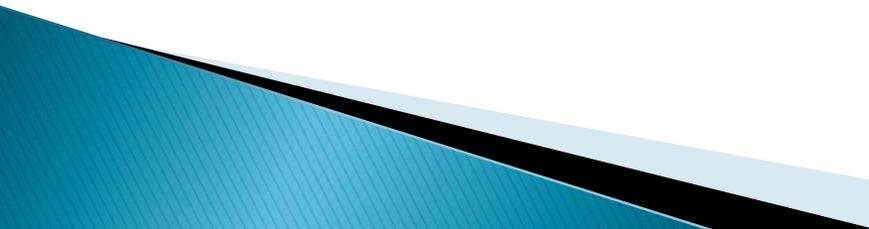
Being involved in peer education impacts personal recovery in the following ways:

- ▶ Improved self-esteem
  - ▶ Sense of purpose
  - ▶ Giving back
  - ▶ “Living my WRAP”; really understanding my own personal recovery and putting all the necessary steps into action.
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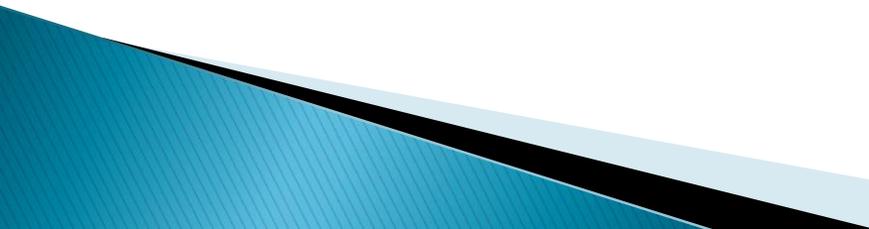
# Service Provider Perspective

- ▶ Immediate value added by being able to provide new program options in general; more resources available.
  - ▶ Peer approach provides something that staff led programs cannot; lived experience which inspires hope.
  - ▶ Working side by side with peers changes the power differential; facilitates the recognition that we are all on the wellness continuum and we all have something valuable to contribute.
  - ▶ This also translates into our therapeutic interactions; more recognition of each individual's need to determine their own path.
  - ▶ Challenges our clinical skills in a new way; to take the lead from the client we are working with and follow that path with them.
  - ▶ Allows us to move towards strength based care; coming from a more positive perspective.
- 

# Impact on Services

- ▶ Increased number of programs offered by using trained consumers in peer educator positions and by contracting peers to lead specific programs (ie. Art programs).
  - ▶ Value added peer perspective which we did not have in the past; inspires feelings of hope and empowerment.
  - ▶ System changes now being informed by peers and family members; beginning to have an equal voice in committees and advisory groups. This viewpoint is then reflected in systems change and will impact overall policy and service delivery.
- 

# Challenges thus far:

- ▶ Staff directed vs. client directed care or goals; “I know what is best for you” vs. “you know what you would like help with and I will employ my skills to help you in those areas.”
  - ▶ Staff feeling that clinical skills are not valued in the recovery model; the same skills are still valuable, but it is now up to the client to determine when and how to tap into our skills.
  - ▶ Boundaries; much more of a free flowing sense of, we are all in this together vs. traditional client/therapist role.
  - ▶ Dealing with apathy (pre-contemplative); “how do I follow someone who has no direction in mind?” Start with hope by identifying small changes that you may have noticed in the person (no matter how small), ask about a time when the person felt that things were better, use examples of other’s stories (maybe even your own).
- 

# Challenges – continued

- ▶ Peer training; what kind of training do the peer educators have, how will they deal with “difficult” situations?
- ▶ Shifting the power differential; we have all been programmed in a certain way. The challenge is to now recognize this and change our behaviors moving forward.



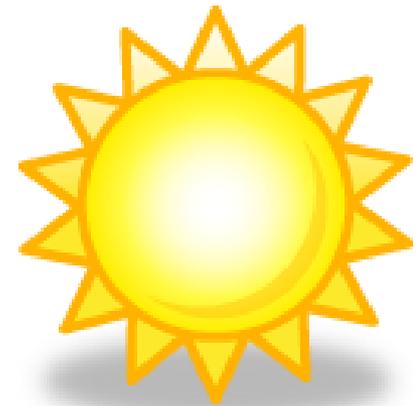
# Future directions

- ▶ Train more peer educators to allow us to offer BRIDGES and WRAP throughout the Edmonton region on a regular basis.
- ▶ Peer support workers on various teams throughout the mental health system.
- ▶ A peer support coordinator (who is a consumer) to provide administrative support to all peer support workers and peer educators.
- ▶ An expectation that all advisory committees have consumer and / or family membership.



**In conclusion...**

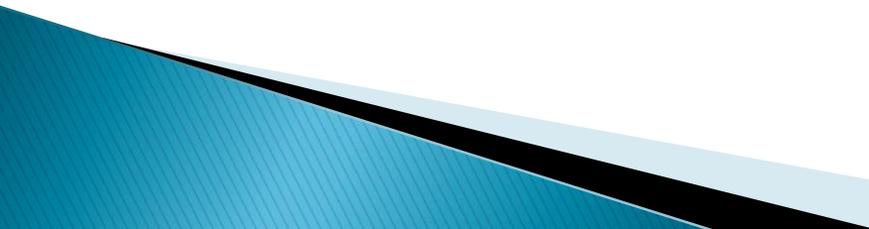
**Introductions...Recovery style!**



# Small Group Exercise

1. Where is your agency/service at with consumer involvement?
  2. Where would you like to be? In 6 months? 1 year? 5 years?
  3. What would have to change in order for this to happen?
  4. What will some of your challenges be? How will you address these?
  5. What will your first step be?
- 

# Group sharing (debrief of small group work)

- ▶ General sense of where people are at with consumer involvement?
  - ▶ Are there common barriers?
  - ▶ Did you develop some strategies?
  - ▶ Do you feel like you have an idea of where to start?
- 

# Questions



**THANK YOU**



# Resource information

- ▶ For further information on WRAP and Recovery visit:  
[www.mentalhealthrecovery.com](http://www.mentalhealthrecovery.com)
- ▶ For further information on CLSS, Addiction and Mental Health, Alberta Health Services, contact Michelle Knox

[Michelle.Knox@albertahealthservices.ca](mailto:Michelle.Knox@albertahealthservices.ca)

780-342-7766