

The Power of a Peer Provider

Ike Powell, Director of Training
Appalachian Consulting Group
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In October 2001, the Georgia Department of Mental Health, Substance Abuse and Developmental Disabilities held its first Certified Peer Specialist training, testing and certification program. This process qualified people with a diagnosis of mental illness, who were doing well in their recovery, to be hired to provide peer support services in the public mental health system and draw down Medicaid dollars for their work. Since that time, 29 states have initiated similar programs. Another 10 are in the process of doing so.

To understand why a behavioral health agency would hire a person in recovery from a mental illness to provide peer support services, it is helpful to understand three things – 1) the human need for connection, 2) the disabling power a mental illness and 3) the shift currently happening in the public behavioral health system.

The Need for Connection

First, **we all have a need for connection and belonging.** Brenè Brown, in her book *Daring Greatly* writes, “We are psychologically, emotionally, cognitively and spiritually hardwired for connection, love and belonging. Connection, along with love and belonging (two expressions of connection), is why we are here, and it gives purpose and meaning to our lives.” She goes on to say that the need for connection is part of our DNA. We all want to

be part of something wherein we are valued and appreciated for who we are and what we have to offer. Without connection we suffer.

The need for connection is supported by other noted medical professionals. Dr. Dean Ornish, a cardiologist, in his best-selling book *Love and Intimacy* writes, “...anything that promotes feelings of love and intimacy is healing; anything that promotes isolation, separation, loneliness, loss, hostility, anger, cynicism, depression, alienation, and related feelings often leads to suffering, disease, and premature death from all causes. When you feel loved, nurtured, cared for, supported and intimate, you are much more likely to be happier and healthier. You have a much lower risk of getting sick and, if you do, a much greater chance of surviving.” Ornish quotes research that shows people with the strongest social ties had dramatically lower rates of disease and premature death than those who felt isolated and alone. Those who lacked regular participation in organized social groups had a fourfold increased risk of dying six months after open-heart surgery.

Dr. Gregory Fricchione, Harvard psychiatrist at Massachusetts General Hospital and an expert on resiliency, speaks of “service to others” and a “support network” as being opposite sides of the same coin. He says that as humans have evolved, we have become a species that relies heavily on love to survive. Therefore, if we need to receive love as a species, we also need to be able to give love. Giving and receiving love and support is not only a human quality, it is crucial to our overall health and well-being. This is because there is a healing power in knowing that you are not alone.

Dr. Bruce Lipton, a renowned cell biologist, writes in his book *The Biology of Belief*, "We are spiritual beings who need love (connection) as much as we need food."

Psychologist John Bowlby's development of the attachment theory and the Adverse Childhood Experiment Study by the Centers for Disease Control and Prevention and Kaiser Permanente's Health Appraisal Clinic in San Diego both support the importance of connectedness and belonging.

The Disabling Power of a Mental Illness

It is in the context of this need for human connection that I want to introduce the experience of being diagnosed with a mental illness and receiving services from the public behavioral health system. **The disabling power of a mental illness is often more than the symptoms of the illness and side-effects of medications.** It can include the stigma and the negative impact the whole experience has on a person's self-image. What a person believes about herself, because she has a mental illness, can often be more disabling than the illness itself.

For many people, the greatest impact of a mental illness is a sense of loss and disconnection. People lose friends, family, jobs, housing, hope, a sense of being in control, meaning and purpose, self-respect, dreams and even the ability to dream of a better life. Patricia Deegan describes the experiences as –

Our pasts deserted us, and we could not return to who we had been. Our futures appeared to be barren, lifeless places in which no dream could be

planted and grow into a reality. As for the present, it was a numbing succession of meaningless days and nights in a world in which we had no place, no use, and no reason to be.

Mental illness is arguably the most stigmatizing, demoralizing and discriminating of all illnesses.

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Traditionally, the public behavioral health system has supported this sense of loss and disconnection by communicating to people it serves that their life as they have known it is over. They will need to give up their hopes and dreams, lower their expectations and focus on learning to manage their symptoms and not on managing life's challenges. The belief that has traditionally dominated the behavioral health system is that people diagnosed with a mental illness would not recover. More than likely the illness would get progressively worse. The best you could expect was to get people stabilized and then maintain them as best you could in supervised environments where they would not be able to harm themselves or others and would not cause too many problems. This usually involved high doses of medication, long stays in secure institutions and/or years in "day treatment programs" designed to entertain with TV, table games, recreation, trips, outings and other "low stress" activities. The system tended to create dependence, and compliance to treatment plans in which the peer had little or no input. They were encouraged to be a part of a system that separated its clients from society. Much of what the system did seemed to work against creating connection, love and

belonging. Because of the impact of the illness and the way people were often treated, it was easy for them to begin to see themselves as broken, flawed and unworthy of love and connection. Isolation and loneliness often became a way of life.

The Current Shift in the System

The public behavioral health system is in the midst of making a shift from stabilization and maintenance to recovery, resilience and whole health. This shift is seen in the 1999 Surgeon General's report on Mental Health and the 2003 President's New Freedom Report on Mental Health. It is also held in the Substance Abuse and Mental Health Service Administration (SAMHSA) and United States Psychiatric Rehabilitation Association's recent definitions of recovery. It is implied in the creation of the Center for Integrated Health Solutions funded jointly by SAMHSA and the Health Resources Services Administration (HRSA) and mandated in new Medicaid service models like health homes. This shift involves focusing on wellness, whole health and strengths, creating staff-client partnerships, engaging the client in the process of developing treatment plans based on what the client wants and connecting the person with the natural resources in the community. In the words of Dr. William Anthony, director of the Center for Psychiatric Rehabilitation at Boston University, it is a shift away from focusing on what is wrong to focusing on what is strong. It is in the midst of this shift to recovery that peer providers or peer specialists bring unique gifts and abilities that can help the system accelerate this shift.

What Gifts do Peer Specialists bring to an Agency?

People in recovery from mental illness and addiction working in the behavioral health system bring the gift of lived recovery experience that includes addressing whole health, both mind and body. This puts them in a unique position as a service provider. They are hired because of their whole health recovery experience and not their clinical education. This means they can focus on the impact of the illness rather than the symptoms of the illness.

This is not to say that the symptoms do not make it difficult to function. It is to say that often it is the feelings of shame, or resentment, or sorrow, or the disappointment that you think you have caused others, or the sense of failure, or the belief that no one has ever messed up his life the way you have, etc. that work against the person seeing any possibility of moving on with his life. No one is positioned better to listen, to affirm and to help the person see possibility than someone who has been there and come out the other side a stronger person.

In this way, the devastation and difficulties often resulting from a mental illness can be valuable assets. Those who have the most challenging, histories of substance abuse, homelessness and incarceration and have come out "on the other side" can use these experiences to help others struggling with their recovery journeys.

There are at least six other gifts that are not so obvious. In many ways, these gifts are a result of having recovery experience.

First, there is a sense of gratitude that is manifested in compassion and

commitment. When a person is asked why she wants to be a peer specialist, the most common answer I hear is “I want to give back what was given to me.” Most peer specialists are deeply aware that they owe their life to someone(s) who supported them when they were not doing well. Most peer specialists know that they would not be where they are today if someone had not held the hope for them when they did not have any hope themselves.

This is not to say that non-peer clinical staff do not care. For many peer specialists, it was a clinician who believed in them when they did not believe in themselves. The peer specialist’s compassion and commitment comes out of a deep sense of gratitude. There is something different about caring for another person because you see yourself in that person. You see where you were at one time in your life. Their pain, loneliness, and despair was once your pain, loneliness and despair. Because of this awareness, peer specialists find it more difficult to give up on someone because people did not give up on them

Second, there is insight into the experience of internalized stigma. Rosalynn Carter, in her book *Within Our Reach*, states that stigma is still our greatest challenge. One of the greatest struggles in the recovery process is with the questions - “How am I going to define myself on the other side of being diagnosed with a mental illness?” “How is this experience, and everything that led up to it, going to impact the story I tell myself about who I am and what I will be able to do?” “How will I maintain my own sense of self worth and value when I

continually encounter so much stigma and discrimination in society?”

Most peer specialists know that what they believe about themselves because they have a mental illness can often be more disabling than the illness itself. They are aware that when they have the symptoms of the illness under control, their fears, low self-esteem and negative self-talk can still make it difficult for them to function in the way society expects people to function. They know how easy it is to let the diagnosis take over their perception of themselves and to see life through the lens of their label. They know the power and pressure of the diagnosis to redefine who they are in mental illness terminology. They also know how to overcome letting labels define them. Who else is in better position to help overcome the tendency to lower one’s expectations because of the label than a person who has struggled with that and come through a stronger person?

Third, peer specialists take away the “you do not know what it’s like” excuse. They are able to respond, “Bet I do. Try me.” There is no more freeing experience than meeting a peer and truly feeling one is not alone. People often spend a long time feeling no one understands their experiences of loss, confusion, shame, and disconnection from all that has given their lives meaning and purpose. Everything has been taken away, and there seems to be nothing they can do to get their lives back. Meeting a true peer begins to bridge that gulf of loneliness and isolation. Hearing from another person a story so similar to one’s own creates a sense of connection. This experience of “I am not alone” brings a sense of understanding, trust and hope.

Fourth, they have had the experience of moving from hopelessness to hope. Patricia Deegan, a psychologist diagnosed with schizophrenia, talks about this – “When one lives without hope, when one has given up, the willingness to do is paralyzed.” When one believes that there is nothing that she can do to improve the quality of her life, the person does nothing – not out of laziness or apathy, but out of hopelessness, despair and resignation. Most peer specialists have experienced this at one time in their lives. There is nothing more immobilizing. Yet they have been able to move through and beyond that belief of hopelessness to believe they can act on their own behalf to create the life that they want. There is nothing more empowering to the person who has given up.

Fifth, they are in a unique position to develop a relationship of trust with their peers. People are often more willing to share their real issues, concerns, hopes and dreams with a peer specialist than with non-peer, clinical staff. This gift of creating peer-to-peer relationships and using their recovery experiences to focus on the impact of the illness rather than the symptoms of the illness adds a dimension to an agency’s services that is not present without peer specialists.

Sixth, they have developed the gift of monitoring their illness and managing their lives holistically, including both mind and body.. Doctors and clinicians can diagnosis illness, prescribe, medications and write treatment plans, but if the client does not take responsibility for monitoring and managing the factors that are negatively impacting his mental illness and health, recovery will not happen. Peer specialists are in a unique position to teach and motivate their peers toward whole

health self-management. They have learned to recognize triggers and early warning signs, counteract the negative impact of stress, and create plans for taking care of themselves.

What unique abilities do they bring as providers?

In addition to these gifts, or maybe because of them, peer specialists are hired because they bring unique abilities non-peer staff do not have. They can use these abilities no matter what their job description or position is in the agency. These unique abilities include – *peer change agent, peer bridge builder, peer mentor, peer supporter, peer recovery advocate, and/or peer educator.*

Peer change agent – A change agent within an agency or system enables others to look at beliefs underlying behavior, the validity of long-held values and assumptions and the ineffectiveness of the “we have always done it this way” attitude. One of the qualities a peer specialist brings as a provider is the ability that comes from the fact that the peer specialist workforce is the first and only workforce in the mental health system to come into being on this side of the shift to recovery.

While psychiatrists, therapists, social workers, caseworkers, etc. are trying to re-define and re-create their roles in light of the shift to recovery, the peer specialist is already focused on recovery. He or she has an insider’s perspective of some of the barriers that get in the way of recovery. The peer specialist focuses on wellness and strengths rather than on illness and disability. Because of their recovery experience, peer specialists approach everyone with the attitude that recovery is expected. They are aware that changing beliefs

is a major part of system transformation. This helps move the agency toward creating a recovery culture.

Conversations change when a peer specialist is part of a staff meeting. Staff are more sensitive about how they talk about the “clients” if a peer specialist is in the room. Peer specialists are living examples of recovery.

Another example change is that peer specialists reduce stigma by challenging old beliefs that people with the most severe mental illnesses have a broken thought process that cannot improve. The presence of peer specialists who have been through training programs, passed tests and are productively employed service providers is a daily reminder of the possibility of recovery.

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Peer bridge builder – A bridge connects two entities that are separated by an obstacle difficult to cross. In the behavioral health system, the two entities are “staff” and “client.” The obstacle is lack of understanding of the other person’s perspectives, concerns, values, etc. Because of the peer specialist’s experience as both “client” and “staff”, she has the ability to provide a bridge between the two. Hopefully, this bridge will be a conduit for improving understanding and acceptance of different perspectives, clarifying roles and expectations, and creating healthy working relationships.

An example of this would be helping a staff member understand what is going on with a

peer who is having difficulty with his medications; and helping the peer understand the staff’s concern about the peer not being med-compliant. Also, hospital staff can greatly benefit from listening to a peer specialist share what it is or it was like to be the “patient.” Clarifying the “patient” and “staff” perspectives, concerns, values, etc. can be a very productive discussion for an agency. The peer specialist is crucial to this dialogue.

Peer mentor - A mentor is a person who has experience in a given area and uses that experience to help another person advance in a particular area of life. In the behavioral health system, a peer mentor uses his or her recovery experience to help a peer learn the needed skills to move beyond the disabling power of his mental illness and create the life he or she wants.

An example of this would be a peer specialist helping a peer to create a Wellness Recovery Action Plan (WRAP). Because the peer specialist has learned to create a daily maintenance plan, recognize triggers and early warning signs, and develop action plans for managing his or her illness, he or she understands what is involved in doing this and the questions to ask to help the peer look at sensitive and difficult areas in his or her life.

Peer supporter - A supporter is a person who does what is necessary to enable another person to do what she feels she wants or needs to do. In the mental health system, a peer supporter is a person who has the ability to help a peer set and achieve the goals that will move the peer’s life in the direction the peer wants it to go.

An example of this would be using a person-centered planning process to help the peer

identify goals and create action plans for whole health. Because of the peer specialist's experience in doing this for himself, he understands the struggles with fears, self-doubt, negative self-talk, taking risks, etc.

Peer recovery advocate – An advocate is a person who speaks for or pleads the cause of another. In the behavioral health system, a recovery advocate is a person who believes in the potential for recovery even when that potential might not be so obvious to others. Peer specialists believe this, because they have had people who believed in them when they did not believe in themselves or when others were telling them that they needed to accept certain limitations that the illness placed on them.

An example of this would be when a peer begins to see some possibility and wants to go back to work or move into his own apartment or go back to college, and others feel that he or she is not ready to make that move. The peer specialist advocates for what the peer wants because he or she knows what happens when the “flame of hope” is not fanned or when it is blown out. The peer specialist also knows the kind of support and encouragement that is needed to help someone take the required risks and move out of a comfort zone. He knows the fear and negative self-talk that goes on because he has been there and done that.

Peer Educator – The educator is a person who transfers information she has acquired to another person. The peer educator is always using her position and every situation to educate staff and peers about recovery. She is always listening for staff statements like “he is not ready” or peer statements like “I can't do that.” These types of statements communicate

beliefs that work against people moving on with their lives. The peer specialist uses his or her own recovery experience to challenge those statements.

In all of these situations, the peer specialist is role-modeling whole health recovery for his or her peers and role-modeling the possibility of whole health recovery for staff.

While these gifts and abilities are the power of the peer provider, not all peer specialists possess all of these to the same degree or strength. These are the gifts and abilities that need to be nurtured and strengthened for they bring a unique perspective and potential to the peer providers whatever their job description or position in the agency may be.