

**Lived Experience:
What we've learned from
30 years of providing
parent peer support**

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Wisconsin Family Ties
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Learning objectives

- Learn how parent peer support fits in the continuum of mental health services
- Be able to identify elements of high-fidelity parent peer support
- Learn the difference between parent peer support and other parent support roles
- Learn about the options for implementing effective parent peer support

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Wisconsin Family Ties (WFT) History

- 1985 – Wisconsin awarded Child & Adolescent Service System federal grant to develop a system of care
- 1985-87 – Child Advocacy Project organized parents into a support, education & advocacy network
- 1987 – Parents from several local support groups formed a steering committee
- June 1987 – Wisconsin Family Ties formed
- 1988 – WFT was one of five organizations awarded the first Statewide Family Network grants

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WFT and Wraparound in Wisconsin

Wraparound is a non-traditional process in which services are highly individualized to meet the needs of children and families. It utilizes a team approach to discover the family's strengths, set goals, determine major needs, and develop strengths-based options.

Dr. John VanDenBerg, a pioneer of the Wraparound movement, said that parent advocacy (aka parent support) is a crucial component of wraparound (VanDenBerg & Grealish, 1996).

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WFT and Wraparound in Wisconsin

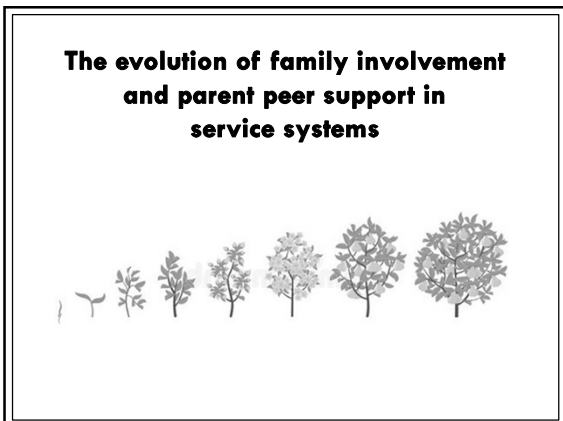
- In the mid-1980s the State of Wisconsin (and several WI counties) received a series of grants to develop a wraparound system of care
- In 1989 Wisconsin's Children Come First Act, State Statute 46.56, was enacted
 - WFT was instrumental in the passage of this legislation
 - WFT held 4 events in the corners of the state to promote advocacy for the Integrated Services Program (ISP) legislation
 - WFT on the planning committee for every Children Come First Conference
- 1990 – 1995: 18 Children Come First/Integrated Services Projects (ISP) were established

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WFT and Wraparound in WI (cont.)

- 2002 saw the development of the Coordinated Services Team (CST) Initiative
 - WFT has provided family voice and parent peer support since program's inception
 - WFT was part of the training team for wraparound service coordinators for almost 20 years
- 2003 – 2014: Expansion of CST across Wisconsin
 - WFT co-authored portions of the service coordination manual update

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	Family Centered	Family Voice and Choice	Family Driven
Role of the Family	Recognizes family has a long-term, ongoing relationship with child and should share decision making	Recognizes family has a long-term, ongoing relationship with child and family preferences should guide the team	Establishes that families have primary decision making role in the care of their own children as well as the policies and procedures governing care for all children in their community, state, tribe, territory and nation

Marshall, 2012

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	Family Centered	Family Voice and Choice	Family Driven
Guiding Principles	Family-professional partnership	Family voice is intentionally elicited and prioritized	Families make choices for individual children and families and organize for systems transformation
	Child/youth will assume partnership role	Youth voice is respected	Transition to youth-driven as youth becomes ready
	Respect for each other's skills/expertise Communication and information sharing Shared decision making	Family member is encouraged to express own view and self-advocate	Shared decision making and responsibility for outcomes
	Willingness to negotiate	Wraparound team ensures options/choices reflecting family preferences	
	Honors cultural diversity and family traditions	Respects and builds on family's culture and beliefs	Value and celebrate diverse cultures of families, youth and communities
			Focus on removing barriers created by stigma

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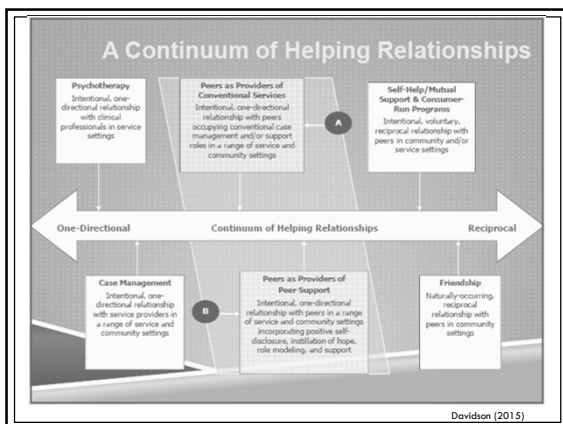
	Family Centered	Family Voice and Choice	Family Driven
Outcomes for the Family	Parent Satisfaction	Parent Satisfaction	Parent Empowerment
	Inclusion in decision making	Inclusion in decision making that is congruent with values	Increased knowledge, information and capacity to make informed choices
	Reduced stress and worry	Better understanding of options and choices	Reduction in isolation/connection with other families
	Increased adherence to treatment Increased knowledge and skills	Increased knowledge and skills including self-advocacy	Expanded network of families, administrators, policymakers

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Growth of peer support and parent peer support in mental health

- Modern-day peer support grew out of the mental health consumer movement of the 1970s (Davidson, 2015)
- Family support (or parent-to-parent support) started with parents of children with developmental disabilities in the 1950s ("Supporting families," n.d.)
- Parent peer support for parents of children with mental health needs began in the mid-1980s

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A word of caution

- With the growth of peer support/parent peer support, and its inclusion in the array of mental health services, there has been a drift toward “clinical-izing” the role



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Parent Peer™ Specialist

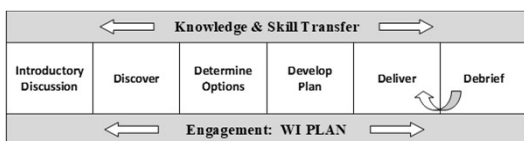
A Wisconsin Family Ties parent peer specialist is an individual who has:

- at least one year of experience as a parent or primary caregiver involved in the day-to-day care of a child or adolescent with social, emotional, behavioral, or mental health challenges;
- successfully navigated the process of obtaining mental health services for his/her child, the need for which has persisted for a period of at least one year;
- received specific training to provide support to families and to help equip parents with the confidence and tools to better meet their families' needs.



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WFT PPS Service Delivery Model



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What parent peer support is (and what it's not)

- Supportive/not directive
- Affirming/not judgmental
- Not friends, but can help develop natural supports
- Not clinical, but therapeutic and effective
- Not an arm of the contracting agency/perceived as operating outside of the service system

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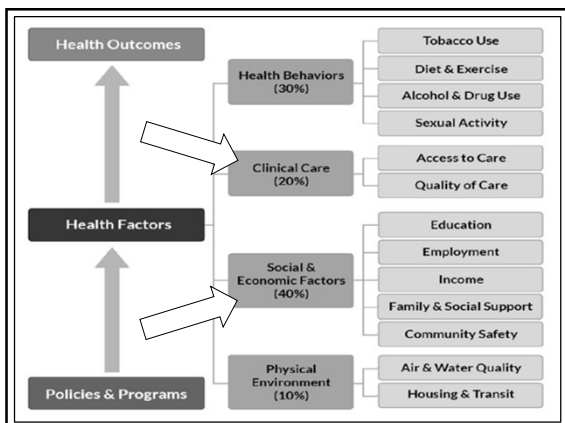
	Parent Peer Specialist	Parent Coach	Family Navigator	Parent Aide
Emotional support	✓	✓		✓
Systems navigation	✓		✓	
Parent training/behavior management strategies	✓	✓		✓
Relationship building/repair	✓			
CPS visit supervision/documentation	✓			✓
Address all family needs (including basic needs)	✓		✓	
Assist across all systems	✓		✓	
Liaise between families/systems/providers	✓			
Skill-building	✓	✓	✓	✓
Provide hope for the future	✓			

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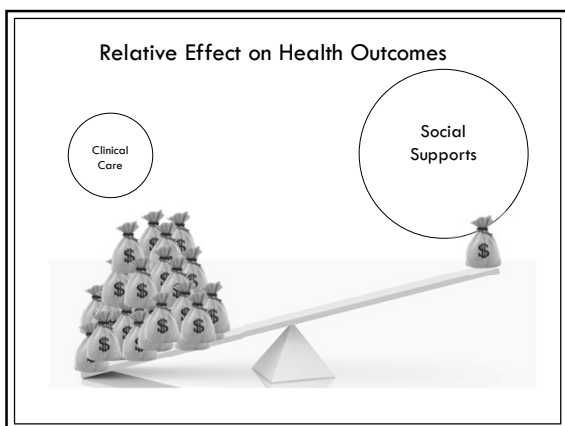
What constitutes high-fidelity parent peer support?

- Immediacy
- Holistic
- Connection/Building community
- Adequate preparation
- Person-centered/Family-driven
- Persistent/Never give up
- Dignity

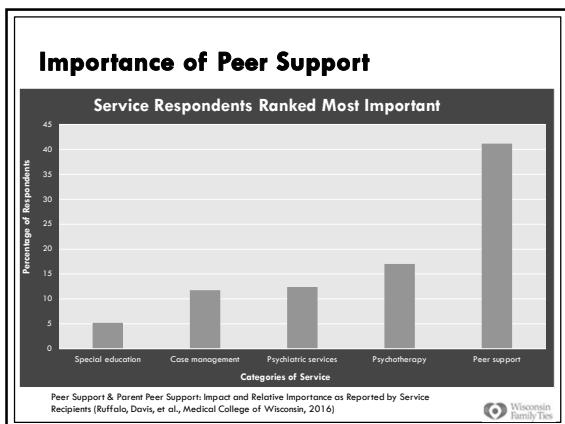
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Parent peer specialist employment models

1. PPS is employed by a “traditional” service organization that offers an array of clinical or “professional” services (e.g. schools, county human service agencies, clinics, etc.)
2. PPS is an independent contractor
3. PPS is employed by a consumer- or family-run agency that specializes in providing peer support, typically through a purchased services contract

The following three slides explore the pros and cons of employment models from the funding agency’s perspective

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Pros & cons – Traditional service agency

Pros

- Incorporates the PPS as a part of the team
- More direct partnership with the activities of the PPS
- Agency can learn directly / indirectly from the PPS and adopt changes in policy and practice

Cons

- Higher risk for drifting from practice scope/fidelity
- Lack of experience/knowledge in supervising a PPS
- Limited opportunity for advancement without move out of peer support
- May have limited networking / peer support within the agency
- Agency assumes all employment risks
- Families may question the peer specialist’s impartiality
- PPS may be reluctant to advocate for policy/practice changes within the agency due to fear of impact on future evaluations /ongoing employment

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Pros & cons – Independent contractor

Pros

- PPS is responsible for all liability, training, supervision, etc.

Cons

- Little influence over the activities of the PPS
- If the PPS does not have adequate liability coverage, agency may be at risk for liability
- May have limited networking with peers
- PPS may be reluctant to advocate for policy/practice changes if contract represents significant percent of portfolio

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Pros & cons – Family-run organization specializing in peer support

Pros

- Contracted agency assumes all risks/costs of hiring, training, and supervision
- The contracted agency providing PPS services will ensure staff competency and enforce practice standards
- Contracted agency assumes all employment-related costs
- Contracted agency assumes all employment risks
- Professional development is more likely to be based on an understanding of the trends of PPS profession
- Coworkers in an agency of parent peer specialists can support each other and provide real-time assistance on difficult cases

Cons

- Less day-to-day influence over the activities of the PPS
- Some may feel that the PPS is not fully integrated into the care team

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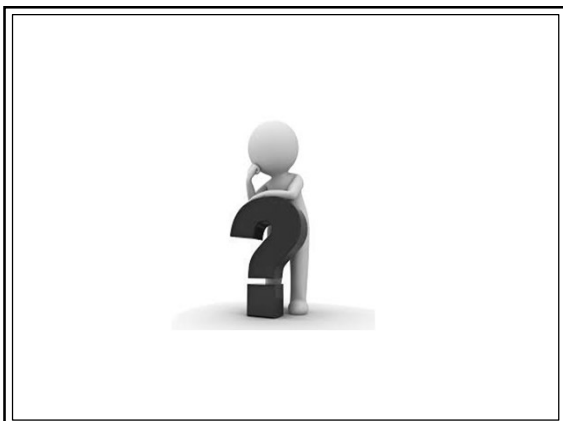
Pros & cons of employment models (from the perspective of funding agency)

- Pros (continued)
 - Professional development is more likely to be based on an understanding of the trends of PPS profession.
 - Coworkers in an agency of parent peer specialists can support each other and provide real-time assistance on difficult cases. This helps staff stay current on effective techniques as well as fostering innovation
- Cons
 - Less day-to-day influence over the activities of the PPS
 - Some may feel that the PPS is not fully integrated into the service-providing team

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What does the future hold?

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References

Davidson, L. (2015). History of the peer support movement [PowerPoint slides]. Retrieved from <https://na4ps.files.wordpress.com/2015/03/history-of-peer-support-davidson-webinar-19.pdf>

Marshall, C. (2012). Family drive, family centered and family voice and choice: What's the difference? [PowerPoint slides]. Retrieved from <https://www.vffcmh.org/wp-content/themes/childrens-non-profit/images/ATT00205.pdf>

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VanDenBerg, J.E. & Grealish, E.M. (1996). Individualized services and supports through the wraparound process: Philosophy and procedures. *Journal of Child and Family Studies* 5(1): 7-21.

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