Peer Support in Crisis Services

Critical Role & Ethical Challenges

September 19, 2019

Presenters:

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Objectives:

1. Recognize the Critical Value of Certified Peer Specialists
2. Understand the Role and Scope of Practice of a CPS in Crisis Services
3. Appreciate the Ethical Challenges and Unique Boundary Issues for CPS in a Crisis Intervention Environment
Objective 1

Critical Value of Peer Specialists and Their Role

What it is Peer Support?

Encompasses a range of activities and interactions between people who share similar experiences of being diagnosed with mental health conditions, substance use disorders or both.

Peer Support Services

Peer Support services “is an evidenced-based practice” for a mental health model of care which consists of a qualified peer support provider”
Vital Role

1. Peer Specialists use their personal story of recovery to offer hope and encouragement that recovery is possible.

2. Peer Specialists focus on strengths-based discussions and supportive activities.

3. Peer Specialist services are voluntary, peer-driven, person-centered, and trauma-informed.

Peer Specialist to Peer Relationships

Can be transformative:

Development of trust and respect

Focusing on “what’s strong” not “what’s wrong”

When doing “with” a peer—not “for” a peer

“EMPOWERMENT”
Certified Peer Specialists are not Clinicians or Other Mental Health Licensed Professionals

Scope of Practice

- Primary function is to provide Support.
- Provide engagement and encouragement to peers in recovery from mental and/or substance use disorders
- Have the goal to promote wellness, self-direction, and recovery.
- Provide peers a sense of belonging and community.

Code of Ethics

Principles to guide:

1. Primary responsibility is to help peers understand recovery and achieve their own recovery needs, wants and goals.
2. Duty to inform peers when discussing confidentiality that intended serious harm to self or others can not be kept confidential.
Core Competencies

Domain 1: Values

1.2 Believes in and respects a person’s right to make informed decisions about their lives.

1.3 Personal growth and change are possible.

1.5 Believes in and respects all forms of diversity.

1.10 Believes in the healing power of healthy relationships.

Domain 2: In-depth Knowledge of Recovery

2.1 SAMHSA's Definition of Recovery

“A process of change through which individuals improve their health and wellness, and live a self-directed life and strive to reach their full potential”
Reaching Full Potential

1. **Health:** Managing one’s disorder to live a physically and emotionally healthy way.

2. **Home:** A stable and safe place to live

3. **Purpose:** Meaningful daily activities (e.g., job, school, volunteerism)

4. **Community:** Relationships and social networks that provide support, friendship,

Domain 3: Roles and Responsibilities

3.2 Knowledge of Ethics and Boundaries

3.3 Knowledge of the scope of practice of a Certified Peer Specialist

3.5 Knowledge of ways to encourage safe, trauma-sensitive environments, relationships and interactions

Domain 4: Skills

4.5 Ability to identify and support a person in crisis and know when to facilitate referrals

4.6 Ability to listen and understand with accuracy the person’s perspective and experience

4.13 Ability to work collaboratively with a team
Objective 2

Role and Scope of Practice in Crisis Services

Scope of Practice in Crisis Service Delivery

1. We can not diagnose or assess; we can provide mutuality and valuable input.

2. Assist in building trust and rapport in a crisis using lived experience.

3. Use their understanding of crisis and trauma to relate to persons in crisis.

4. Empathy and compassion from understanding the typical effects of crisis and trauma.

5. CPS experience can bring a different perspective.
Peer Support in Crisis Services
Milwaukee County
Behavioral Health Division

Current OCA Team:

Other Crisis Settings

- Certified Parent Peer Specialists – Wraparound model
- Crisis Stabilization and Linkage (CLASP)
- First Episode Psychosis Teams (CORE)
- Drug Court, re-entry, restorative justice programs
- Warmlines/Crisis Lines
- Peer Run Respite/Club Houses
Crisis Services in Rural Communities

1. Barriers exist for many small, rural communities:
2. Inadequate or no local access to treatment for mental health
3. Inadequate or no local access to treatment for substance use (including MAT)
4. Stigma – discourages those seeking treatment where they perceive “everyone will know”

Crisis Services for Veterans

Shared experiences of military service personnel create a bond like no other (mental health and substance use)

Need for Veterans trained as Peers in recovery from this "unique" perspective

Veteran Peer Run Respites

Crisis Now: Transforming Services is Within Our Reach
What Peers Can Also Bring to a Crisis Event

1. Peer (especially those who have experienced suicidality) intervention in crisis for suicide attempts can be a safe way for assessment.

2. Peers can relate without judgement and be person-centered, recovery focused, and sensitive to trauma-informed care.

3. Demonstrating shared responsibility in having the individual in crisis be an active partner in regaining a sense of control.

4. Assist in identifying strengths to recover from the crisis; focusing on the whole person to move forward.

5. Navigation of resources to address unmet needs.

Future Settings to Integrate the Peer Specialist

1. Psychiatric Emergency Rooms

2. Medical Hospital Emergency Rooms

3. Community-based Crisis Mobile Response Teams

4. Community-based Clinics with in-house Crisis Services to include access for rural areas

Ways to Include Peer Services

- Find opportunities to include peers in all services, where appropriate and with Clinical supervision.

- Peers work collaboratively with Clinical teams.

- Peers can utilize their lived experience to help reduce isolation and fear during the crisis.
Crisis and Post-Crisis Supports

- Encourage and support peers to engage in Clinical Assessments as a “good thing” for a positive outcome.
- Treatment team offering a unique perspective to work with a peer developing a crisis response, diversion or relapse plans (e.g., WRAP, Advanced Directives).
- A Peer Specialist can support an individual in their community post-crisis (e.g., Peer Run Respite if needed).

Community-Based Treatment Facilities

- Peer services can be woven into the treatment and case management teams for youth and adults.
- Assist in community resource navigation and outreach to others who may be in need of care.
- Provide ongoing individual coaching and support by meeting the peer where they are at on the crisis continuum.

Community Mobile Crisis Response Teams

1. Peer Specialist can support and work with Mobile Response teams to be part of the critical “initial” contact.
2. Peer Specialist can reach out to the peer by using their experiential knowledge to mutually engage.
3. This assignment would provide an opportunity for further training and development for the Peer Specialist.
Private Entity Challenges

➢ Peer Program Readiness – organizational review to develop a plan for its inclusion.

➢ Peer Specialist Model – educate and support staff in understanding the blending of two models:

Peer plus Medical models can complement each other.

Objective 3

Unique Ethical and Boundary Considerations in Crisis
You might want to look at the PowerPoint Tips sheet I reference in the email. This is an area where I really had to work on my PowerPoint skills, with respect to consistency across PPT slides (e.g., fonts, formats, highlighting, etc.).

Munger, Brad S, 9/5/2019
In this Section…

• Summarize the National Practice Guidelines for Peer Supporters

• Explore the WI CPS Code of Ethics

• Explore tensions between natural and professional peer support

• Analyze billing practices and how to fund peer support in crisis settings

National Practice Guidelines

- Peer Support is voluntary
- Peer Supporters are hopeful
- Peer Supporters are open minded
- Peer Supporters are empathetic
- Peer Supporters are respectful
- Peer Supporters facilitate change
- Peer Supporters are honest and direct
- Peer Support is mutual and reciprocal
BSM20  GREAT to include these aspects!!
Munger, Brad S, 9/5/2019

BSM22  GREAT! I like how you highlight a few of these. It will give you an opportunity to comment on some examples in the crisis environment, something that the peer specialist can bring to the situation that is not easily provided by the crisis professional or licensed staff.
Munger, Brad S, 9/5/2019
National Practice Guidelines
Peer supports are open-minded

Peer supporters are empathetic

Peer supporters facilitate change
National Practice Guidelines

Peer supporters are honest and direct

National Practice Guidelines

Peer support is mutual and reciprocal

National Practice Guidelines

Peer support is equally shared power

- Professional paradigm vs. natural paradigm of peer support
- Tensions can arise when overlap of these paradigms occur, but these tensions are necessary
BSM23  What's the asterisk reference?
Munger, Brad S, 9/5/2019
Peer Support & Medicaid/Medicare

- 2007 – Peer Support becomes an evidence based practice!
- To be billable, must be…
  - Formal training/certification path
  - Supervision

Equally Shared Power in Crisis Services

Professional peer support is accountable to a third party

Professional vs. Natural

- Formal Certification
- Money
- Clear boundaries & fixed roles
- Power/Control defined
- Regulated

- Not formal, just lived experience
- No money involved
- Flexible boundaries
- Purely mutual and equal
- Unregulated
BSM24  It would be good to reference a source.
Munger, Brad S, 9/5/2019

BSM25  May want to talk about how billing can occur in CCS but then under what circumstance billing could occur in DHS 34, Subchapter Ill Crisis. Since the Crisis cule is 23 years old, Peer Support was not included in the development of the rule. Therefore the activities of the peer support specialist and related billing must be addressed in the context of the existing rule.
Munger, Brad S, 9/5/2019
Natural vs. Professional Peer Support

Professional Model

Natural Model

Tensions arise in this overlap!

National Practice Guidelines

Peer support is transparent

Wisconsin Code of Ethics
Lots of good graphics in these slides!
WI Code of Ethics

- Promote self-determination
- Serve as “role models” for recovery
- Utilize self-disclosure

WS Code of Ethics

- Confidentiality
- Informed consent
- Trauma aware

WI Code of Ethics

- Services free from discrimination
- “With,” not “for”
- Mindful of dynamics of power
  - Intimate relationships
  - Money/gifts
BSM28  Good to highlight key principles! Maybe introduce an example of an ethical dilemma or two  
Munger, Brad S, 9/5/2019

BSM2  Clarify order and to what the preposition refers.  
Munger, Brad S, 9/4/2019
### WI Code of Ethics

- Education and Recertification
- Supervision
- Self-care for CPS

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### Peer Support & DHS 34

- Peer Support not mentioned in DHS 34 → “Mental Health Technician”
- Clinical Consultation
- Grievances
- Peer Satisfaction/Feedback
- Ongoing training
  - 20 hours every two years
  - 8 hours annually of emergency MH services training
  - Documentation of all trainings

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### Supervision of Peers - Crisis Services

- One hour of supervision with an LPC or LCSW for every 30 hours service
- Educating LPC’s and LCSW’s on role and scope of practice for CPS
BSM29  Good!!!
Munger, Brad S, 9/5/2019

BSM30  Yes, this goes to an earlier comment with reference to billing. I'm glad you brought in the other Crisis requirements!
Munger, Brad S, 9/5/2019
Peer Support & WI DHS 34

- Required Emergency Mental Health Services
- Telephone Service (24/7/365 Crisis Line)
- Mobile Crisis Services (CART, CMT)
- Walk-in Services (Access Clinic, Psychiatric Crisis Services)
- Short-term voluntary and involuntary hospital care
- Linkage and community services

Community Linkage & Stabilization Program (CLASP)

- Six CPS
- One Supervisor (who is also a CPS)
- Clinician
- Program Coordinator

CLASP Funding

- Medicaid remittance
- Tax levy
- What this means...
  - Medicaid? You can receive peer support!
  - Medicare? You can receive peer support!
  - Private Insurance? You can receive peer support!
  - No insurance? You can receive peer support!
- There is never any cost or fee related to CLASP services to the peer!
The Time is Now!

*The Power of Peer Support*

Access To

Effective Treatment

People Can Recover!!

Questions?

Thank you!!
References:


“Toolkit for Improving Crisis Intervention and Emergency Detention Services”: https://www.dhs.wisconsin.gov

WI Department of Health Services, Division of Care and Treatment Services P-02224 (08/2019)


“Crisis To Recovery” National Council Magazine: www.thenationalcouncil.org

References - Page 2


BRSS TACS Bringing Recovery Supports to Scale: https://www.samhsa.gov/brss-tacs

SAMSHA’s Working Definition of Recovery: https://store.samhsa.gov

“Crisis Now: Transforming Services is Within Our Reach”: National Alliance for Suicide Prevention: Crisis Services Taskforce: https://actionallianceforsuicideprevention.org
BSM6  Do you want to include a hyperlink? I didn't find one for 2019, but see one from MHA for 2018:
Munger, Brad S, 9/5/2019

BSM7  I also found the SAMHSA webpage on BRSS TACS:
www.samhsa.gov/brss-tacs/recovery-support-tools/peers
Munger, Brad S, 9/5/2019

BSM8  It might be good to state the specific content of the particular reference followed by the reference itself
Munger, Brad S, 9/5/2019

BSM9  The www.wicps.org link didn't work for me.
Munger, Brad S, 9/5/2019

BSM10  Is there a hyperlink or a printed reference for this conference?
Munger, Brad S, 9/5/2019

BSM11  It would be good to include a hyperlink to this issue.
Munger, Brad S, 9/5/2019

BSM12  Is there a particular article or reference you'd like to make on this website?
Munger, Brad S, 9/5/2019

BSM13  Great to include the rural piece! You may want to put in the specific hyperlink:
www.ruralhealthinfo.org/rural-monitor/peer-support-specialists/
Munger, Brad S, 9/5/2019