

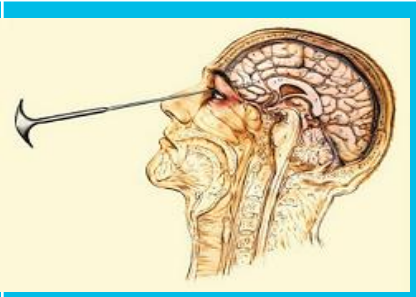
Peer Support Contributions to Healthcare: Growth and Fidelity

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In the past, there was no such thing as mental illness, only madness. Its treatment was often indistinguishable from torture or murder. -Dr. Thomas Pomeranz



History of Psychological Treatments – Prehistoric Times

- Scientists have identified a method possibly used to treat mental illness between 1,000 B.C. and 3,000 B.C., called **trephining**.
- Prehistoric humans most likely identified the cause of disturbed behavior as 'evil spirits.'
- Trephination**: was the drilling of holes in the skull as a means of releasing 'evil spirits' that were trapped inside the head, causing abnormal behavior.

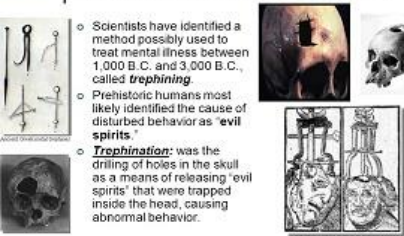
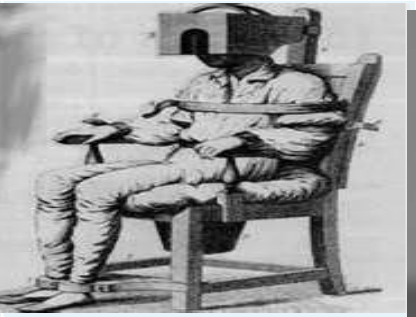
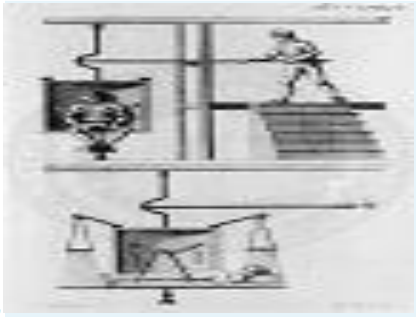


Figure 9: St. Bethlehem Hospital in London (Bedlam), which opened in 1247, was the first institution dedicated to the care and treatment of the mentally ill



Why Drugs and alcohol-a brief history

- •To enhance the strength and pain resistance of warriors to prepare them for battle, or to program them to kill
- •As pain or hunger suppressants
- •To help cope with thin air at high altitudes
-
- •To relax during celebrations
- By current standards, the historical use of herbal preparations was not too harmful. It became so only after mankind learned to increase the potency and effects of these substances.
- Alcohol becomes more potent
- It is likely the first drug to have its potency increased was alcohol, through the discovery of distillation. The strongest naturally occurring alcohol preparation was homemade wine, in which the alcohol level could reach a high of about 14-16 % by volume



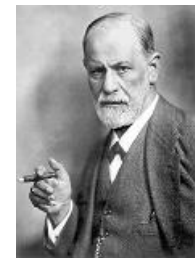
Bigger and Better Highs, Disease Alleviation

- It was found that by distillation of the alcohol into spirits such as rum, rye, scotch, gin or vodka, the potency could be more than doubled. The distillation process later was improved, allowing for over-proof spirits and absolute alcohol (100% by volume). By inference, in the more potent product, less alcohol (volume) was required to generate the desirable effect.
- Alcohol represents mankind's overwhelming desire to enhance the potency of the preparation to be used or abused.
- Bigger and better highs
- Over time, people have isolated the psychoactive chemicals in plant and animal materials. Some have been motivated by a desire to achieve "bigger and better" highs. Others have sought to alleviate medical conditions or disease.



Previously Used Drugs by Prominent Citizens

- If you think drug addiction is a recent problem, think again! When I read Frankenstein recently I found dr. Victor Frankenstein used laudanum (an alcoholic tincture of opium), and I thought it would make a good post. A drink of laudanum was made of 10% opium and 90% alcohol, and flavoured with cinnamon or saffron....
- Opium is a substance derived from the poppy plant and used in the production of various street drugs and medical pain relivers such as Morphine. Used widely in 1800's
- Freud influenced the number of nostrils into which cocaine found its way. Indeed, according to Dominic Streatfeild, author of Cocaine: An Unauthorized Biography, "If there is one person who can be held responsible for the emergence of cocaine as a recreational pharmaceutical, it was Freud."



More Alcohol and Other Drugs

- As time went by, "home remedies" were discovered and used to alleviate aches, pains and other ailments. Most of these preparations were herbs, roots, mushrooms or fungi. They had to be eaten, drunk, rubbed on the skin, or inhaled to achieve the desired effect.
- These were all naturally occurring substances. No refinement had occurred, and isolation of specific compounds(drugs) had not taken place.
- Religious rites
- Certain of these preparations were discovered to produce euphoria, exaltation, and trance-like states. Many of these were used in religious rites. Drugs also were used:
 - •To see visions or gain insights
 - •To dull the pain of ritual mutilation in initiation ceremonies

Why do people end up in addiction?

Because they want to change something in their lives

- To fit in, escape or relax
- To relieve boredom or soothe/numb emotional pain
- To seem grown up, to rebel, or to experiment
- They think drugs are a solution, but eventually, the drugs become the problem. Difficult as it may be to face one's problems, the consequences of drug use are always worse than the problem one is trying to solve with them. The real answer is to get the facts and not to take drugs in the first place.



Timothy Leary, the summer of love and Vietnam

- Timothy Leary popularized the use of LSD by, as a Harvard professor, urging students to drop out, drop in etc
- US soldiers experienced various drugs during their many times miserable war experience, escaping into cocaine, heroin, alcohol and other drugs and were susceptible to ongoing addiction upon their return
- Hippie movement led to a generation of widespread experimentation with drugs, normalizing the use of LSD, cocaine, methamphetamine, PCP and then the epidemic of crack cocaine. Although LSD and PCP have decreased in use, all these remain as choices



Current Crises and Opportunities for Peer Support

- Opiates increased with the frequent prescription when pain became one of the five health indicator that doctors began checking in the 90's.
- Heroin, a cheaper substitute when the pain medications were no longer available or much more expensive became a drug of choice for many
- Fentanyl, began to be found as a filler in heroin causing many more overdoses and deaths. Peer support specialists are effective in following up on instances of overdosing where the person survived.
- Prevention is another area where peer support specialists can be effective in education
- Alcohol, cocaine, crack-cocaine, speed, LSD all remain issues overshadowed by the opioid crisis
- Medically Assisted Treatment-legally prescribe morphine substitutes such as methadone and saboxone

Non-medical help prior to recovery movement

- Mission programs-spiritually based
- Alcoholics Anonymous and Narcotics Anonymous-abstinence based
- Celebrate Recovery-a Christian oriented group recovery program
- SMART Recovery-a cognitively based group recovery program facilitated by trained individuals
- The programs still retained some of the stigma of drug use having been an evidence of bad character or that people with addictions were somewhat inferior people or not spiritual enough



Prevention Strategies as a Part of Peer Support-A pound of prevention is worth years of recovery!

We support efforts to limit use of various drugs

We support the distribution of Narcan and peer support specialists as follow up on overdosed individuals

We support harm reduction strategies

We remain in fidelity to our role as “coming alongside” but also are concerned about safety

Peer Support based on the Recovery Movement: A brief history of its development and unique approach



Although Peer Support is a specialty that exists in the clinical world, it is non-clinical, based on relationships and a Strengths-based approach, not diagnoses

- Recovery is a natural process that can occur gently in a ...healthy environment and can be fostered through authentic relationships --Gold, Elizabeth, "From Narrative Wreckage to Islands of Clarity," Can Fam Physician Aug 2007; 53 (8)
- One of the most consistent themes...is the importance of relationships. Relationships are the cornerstone of the recovery process for most people. --Deegan, PE. Recovery journal. Byfield, MA: Pat Deegan and Associates; 2004. Available from www.patdeegan.com
- Relationships are viewed as partnerships. –Shery Mead. What is IPS? www.intentionalpeersupport.org/what-is-ips/
- Peer Support is about relationship and it's all about relationship. Recovery Innovations



Recovery: Desired outcome for those experiencing MH/SU

“Recovery is knowing who you are and using your strengths to become all that you were meant to be.” RI International

Symptom reduction, stabilization are good, yet most want to experience recovery, a life of meaning and purpose, joy, relationships, home ownership, and full inclusion in society as equals to those not experiencing mental health and addiction challenges.



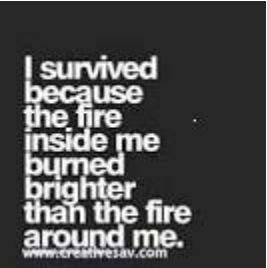
**DON'T LIMIT YOUR
CHALLENGES
CHALLENGE
YOUR LIMITS**
THE REAL

Pat Deegan on power and why the absence of power over someone is essential to success in peer support

- Power need not mean “having power over” but can mean “having power with” or “having power together,” that is, relational empowerment.
- The unique and powerful contribution people with lived experience provide as staff is “having the power with” based on similar personal experiences.
- Everyone needs power in their lives to recover and be well. It is the abuse of power that gives the word a bad name.
- Increased power can be in the form of increased wealth, choices, knowledge, self-confidence, self-acceptance and the ability to self-direct ones life

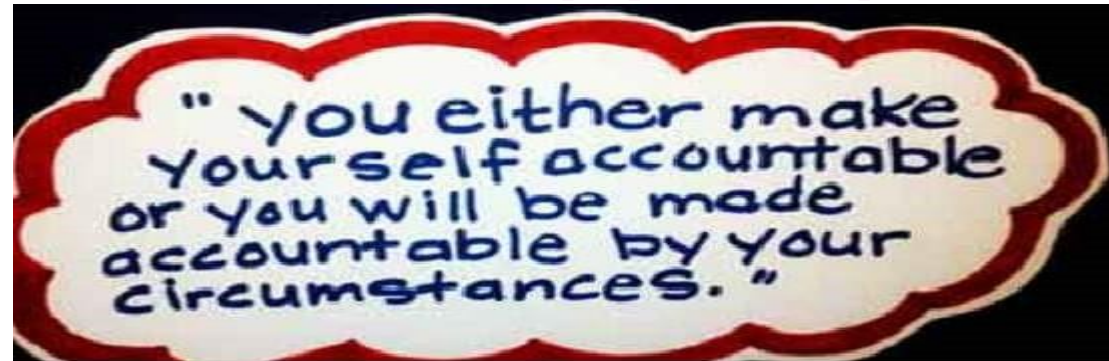
*Compassion
is so
often the
solution*

The Myth of Fragility in reference to the peer workforce and the value of “lived experience”



- Peer Support is not an entry level job; you’re being hired to model recovery.
- For better or worse, the myth of fragility will impact many colleagues and supervisors
- Peer support specialists have the responsibility to be aware and able to advocate for ones resilience and professionalism when needed
- Peer support’s value is in its modeling recovery by utilizing the years of experience surviving from and recovery from mental health and addiction challenges. This can’t be taught and peer support advocates believe that this experience has increased positive outcomes in behavioral health. Peer Support Specialists, about 25,000 (Jessica Wolf, PhD) are the humble evidence that recovery is possible and there are no real excuses not to recover, although not all do
- SAMHSA said in 2005, "When people do not see 'recovery' as part of their lives, they must be surrounded by possibilities of recovery." That is becoming true across the US and around the world

Self-determination is the key principle of peer support



- Peer Support Specialists are guided by the principle of self-determination for all
- We are experts only on ourselves
- We listen—we do not fix
- We facilitate brainstorming, we do not direct or provide advice
- We do WITH the individuals we support, we do not do FOR
- People who are not labeled with a psychiatric condition are able to make decisions that many would judge to be unwise; those with psychiatric conditions should be given the same latitude
- "We must be careful to distinguish between a person making (from our perspective) a dumb or self-defeating choice, and a person who is truly at risk." -- Pat Deegan, "Recovery Rehabilitation and the Conspiracy of Hope," 1987

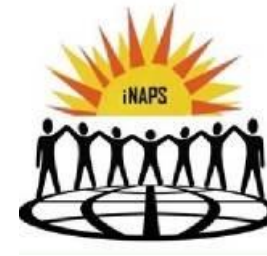
A Strengths-based approach to individuals with difficult emotional, addictive and other life challenges

- “The problem is not that our expectations are too high (and we meet them..), but they are too low and we do!” Michelangelo
- “Treat people as if they were what they ought to be and help them become what they are capable of being.” Goethe
- “If there is any secret in the management of the insane (archaic word), it is this: respect them and they will respect themselves; treat them as reasonable beings, and they will take every possible pain to show you that they are such: give them your confidence, and they will rightly appreciate it, and rarely abuse it.” Dr. Woodward, Worcester Asylum
- We approach individuals according to their strengths, or their assets, abilities, achievements and aspirations, not via their deficits, dysfunction, disabilities
- We are aware that individuals have barriers and challenges, yet these disappear as recovery occurs
- We expect people to make choices and learn from their experiences
- We expect people to learn new ways of being that employ their strengths
- We expect people to become decision-makers
- We expect people to take responsibility for their own wellness



12 Principles of Peer Support Developed by iNAPS with SAMHSA

1. Peer Support is voluntary (non-coercive)
2. Peer Supporters are hopeful
3. Peer Supporters are open-minded
4. Peer Supporters are empathetic
5. Peer Supporters are respectful
6. Peer Supporters facilitate change
7. Peer Supporters are honest and direct
8. Peer Support is mutual and reciprocal
9. Peer Support is equally shared power
10. Peer Support is strengths-focused
11. Peer Support is transparent
12. Peer Support is person-driven



Small and Large Group Activity about the 12 principles of Peer Support

- 1) With the help of the larger group, decide on small groups. Each small group works with one practice guideline
- 2) Each member of the group shares a way in which you have put this guideline into practice (or have found it particularly difficult to do so) (or if not a peer support specialist have either seen the difficulty in practice or could imagine it)
- 3) Each small group picks one story and reports to the large group
- 4) Large group brainstorms ways of sharing the guidelines with supervisors and team members
- 5) Time restraints: One hour presentation. Each group will discuss their principle for 10 minutes. Each group will report out for a total time for all reports of 10 minutes. Activity will take 20 minutes

Integrating Peer Workforce into Clinical Settings

Give the PSS a thorough onboarding, Introduce the clinical team and PSS to each other. Have the PSS explain their role PSS may need work place training that is not provided in peer support training such as documentation and diagnostic info HR will recommend that the peer workforce can't be treated differently than any other employee. Good supervision should be applied to all staff, focused on the goals, solution and strengths focused. The supervision can be supportive in regards to the tasks but should not include therapeutic type questioning

Emerging Roles for Peer Support Specialists

New specialties and enhancements-Family, Transition Youth, Older Adults, Forensics, Trauma, Human Trafficking

Certification Bodies such as IC/RC, Florida Board of Certification recommend use of enhancements versus more complicated and expensive specialties

Peer Support is already entering into the physical and integrated healthcare realm such as diabetes, cancer, HIV, etc

It is also already being applied to epilepsy, lactating mothers, law enforcement

Who then can so softly bind up the wound of another as he who has felt the same wound himself. Jefferson

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