

# Recovery to Practice Monthly Report

August 2011

## National Association of Peer Specialists

If the old saying, “No rest for the wicked” is true, then the NAPS RTP team must be pretty bad!

Curriculum Development was the primary focus of this month’s efforts. In addition to completing a first draft (intended to be a very rough first draft in order to solicit input and incorporate input in the next draft) of the curriculum outline, the NAPS RTP team distributed the outline to approximately 50 interested parties. Input was also gathered through small group discussions with peer specialists and individual contacts.

Steve Harrington met with a group of six peer specialists from Indiana and the consumer affairs director of the Department of Mental Health and Substance Abuse from that state. The group quickly agreed that relationship issues were vital to recovery (relationships was identified as a curriculum topic in the situational analysis) but those issues were not readily addressed as of yet in a meaningful manner. Steve explained the format and content of a workshop he and a colleague have performed across the U.S. and the extensive use of interactive activities and role plays was particularly favored.

For example, one technique for encouraging relationship formation experientially and to reinforce key concepts involved the use of a “human scavenger hunt.” In this activity, workshop participants in a conference setting are given a list of characteristics (i.e. owned a red car, have a twin, traveled outside the U.S.) and participants are asked to talk to people to find others with those characteristics. This simple and fun yet effective teaching technique was deemed especially valuable for the curriculum. Other teaching methods and key concepts were explored by the group.

The NAPS RTP team also had an opportunity to “test teach” certain aspects of the curriculum. In one case, for example, two team members facilitated a six-hour conference institute on recovery relationships in Delaware. The group consisted of 55 peers and five traditional clinicians. The experience exposed wide diversity in how relationships are viewed by peers and some clinicians. For example, three clinicians supported the notion that persons with psychiatric conditions were incapable of feeling love as “normal” people do and could not appreciate the challenges of raising a child. The clinicians argued that persons with psychiatric conditions should not be allowed to have children.

Such statements were met with loud opposition by the peers, of course, but it was useful to learn that such notions exist and the session provided important guidance for curriculum content and teaching methods. Arguments can be made that clinicians and peers should be instructed separately on this topic but a stronger argument can be made that such a mixed group can be used to facilitate meaningful discussion and greater understanding. Peer specialists, through the

curriculum, will, as a result, be better prepared to facilitate such discussions with those they serve and co-workers.

Another opportunity to advance curriculum development occurred at the 5th Annual National Peer Specialist Conference, August 22-24, in Raleigh, NC. The event, sponsored by NAPS, allowed conference planners to select workshops related to many of the topics identified in the RTP situational analysis. For example, sessions on conflict resolution and wellness proved especially helpful.

Conflict resolution was a topic presented by a peer specialist and her approach appeared to focus more on aggressive strategies than assertive methods. This session provided insight regarding current notions of how to handle workplace conflicts. One attendee, after the workshop, noted that input from psychiatrists she works with revealed that such aggressive tactics quickly alienate co-workers (not surprising) but those tactics, when used by peers, have the same effect. The suggestion was made that in addition to peer specialists, those they serve should also be instructed in more effective communication strategies. Specifically, it was suggested that the curriculum should include a “communication toolkit” with guidelines that can be used not only by peer specialists but those they serve as well.

Thanks to SAMHSA support, wellness was a major focus of the conference. A lunch presentation and two workshops addressed wellness issues as they relate to peer specialist practice. A line dance, involving about 100 conference participants (some preferred to observe) was used to promote National Wellness Week and photos of the group dancing were posted on NAPS and SAMHSA websites.

In addition to conference wellness activities, the NAPS RTP team has contracted Lyn Legere, training director of the Transformation Center in Boston, to act as the RTP “point person” for curriculum development on this topic. In addition, the NAPS RTP team has planned a strategy to collaborate with a well-established and proven peer-run wellness program in Atlanta.

Discussions among the RTP team and ad hoc advisors to the project resulted in a consensus that peer specialists can and should play an important role in promoting wellness and efforts should reflect a particular philosophy as a basis. That philosophy includes the follow values: 1) wellness should be broad to include much more than single-issue approaches (i.e. nutrition, exercise, smoking cessation) and 2) motivation for one to engage in wellness behaviors is fundamental. In regard to motivation, a comment by Charles Willis of the wellness program in Atlanta resonates loud and long. He said, “Why would I want to be well and extend my life if my life is crappy? Why would I want to live a longer life if that life is one of suffering?”

Because major roles of peer specialists are providing hope, encouragement and modeling recovery, this philosophy appears most practical and relevant for this profession. As a result, the curriculum will address how peer specialists can cultivate the motivation among those they serve to engage in wellness behaviors. Again, a practice toolkit in the form of a checklist or other practical and user-friendly format will be developed as part of the curriculum for use not only by peer specialists but those they serve as well.

At the conference, a 30-minute presentation was made by Steve and Lisa Goodale about the RTP project. Although it seemed to be well-known among conference attendees, there were a significant number of people unfamiliar with the project. In addition, the large poster describing the RTP project and summaries of all disciplines' progress was displayed prominently. These activities resulted in considerable interest and requests for more information. That information will be soon posted on the NAPS website as per the requests of conference attendees.

Our approach has been, and will continue to be, continuously broad distribution of information about the RTP project and reception of input. As mentioned in previous reports, the volume of information requests and input can pose a considerable burden but it is a burden we welcome and, we believe, will result in a relevant and effective curriculum that will be widely used. Instead of a formal advisory committee, this approach is more inclusive and gives us the benefit of hundreds of advisors who, because their input is sought out and welcomed, feel a personal investment in the project.

Although the NAPS RTP originally proposed a formal advisory group, that approach was quickly deemed ineffective and inappropriate as it perpetuated the feeling that decisions were made by an exclusive group. Peers and peer specialists, as demonstrated by the volume of information requests and input, have a strong desire to be heard and to have their input SERIOUSLY considered. We have found that the more information disseminated about the RTP project to our profession, the more relevant and helpful the input.

Rita Cronise, a professional curriculum and website developer (a most skilled person), has been contracted to make substantial changes to the NAPS website. Rita has made significant changes to improve the current website but has found limitations related to the capacity of the current web host. She is investigating a potential collaboration with the Depression and Bipolar Support Alliance (DBSA—an RTP partner) to expand the NAPS website to incorporate much more information (such as archived articles and links to other resources) while at the same time enhancing user friendliness.

The NAPS RTP is investigating other collaborations. Staff at the Center for Psychiatric Rehabilitation at Boston University has expressed a strong interest in offering its resources to research how peer specialists can facilitate communication with other mental health professionals by those they serve. It is proposed that the effort would result in a curriculum that could be incorporated into the RTP curriculum.

NAPS has also been approached by the Veterans Administration to explore a collaboration to create a corps of peer supports for military families. While this potential collaboration may not specifically relate to the RTP project, it is expected to have at least strong indirect benefits for both the VA and the project.

In March, at a meeting in New Orleans, Pam Hyde strongly urged such mutually beneficial relationships to leverage funding and other resources. Such collaborations will naturally avoid duplication but provide a measure of synergy and best use of existing resources. The NAPS RTP team has taken that challenge to heart and continues to explore and form mutually beneficial collaborations.

The NAPS RTP team has discovered the value of learning from practice mistakes. Learning from what has “gone wrong” will be especially relevant when addressing conflict resolution but other curriculum topics as well. Mistakes/problems/issues/challenges can often be the basis for meaningful role plays—a valuable teaching method for our profession. Real-life examples are always more meaningful and effective teaching tools than hypotheticals.

The NAPS RTP team has sent an e-mail to the other RTP discipline partners soliciting accounts of problems those disciplines have seen not only involving peer specialists but situations involving peers where peer specialist intervention would have been valuable. Too often, we tend to focus on the positive—what works—and overlook (or even hide) “failures.” We have much to learn from what has not worked and the NAPS RTP team will use these experiences in curriculum development.