



Reciprocal Peer Support

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UBHC Access Center

- *Access – 24/7 LIVE, 20 yrs experience w/rapid access to a variety of services, follow up contacts,, clinicians & operators*
- *State of the art technology – Automated Call Distribution, MIS system –IPMS, Calls answered -20 seconds, 2% abandonment rate, custom report/programs for data collection*
- *Prevents problems from becoming crisis - Focuses on assistance prior to reaching a crisis. Clinicians & Peer support on help lines with a focus on a continuum of care*
- *Integrates existing resources - State, federal, academic medical & community integration of resources -multiple choices to callers based on need.*
- *“Reciprocal Peer Support” – Designed for high risk/vulnerable populations to engage, support, case manage, and connect to referral and treatment.*

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Confidential Helpline for NJ Law Enforcement Officers

- Peer Support
- Referral to Police clinical network of providers
- Clinical assessments for officers and their families
- Critical Incident Stress Management Services



UNIVERSITY BEHAVIORAL HEALTHCARE A Partnership of University Behavioral HealthCare and the New Jersey Department of Personnel

Cop 2 Cop a "national model" (NY Times, FBI, DCOE)

Reciprocal Peer Support Peer/Clinicians Working Together

- COP2COP
- 4UNJ911
- NJFDEMS
- NJEA-AID
- NJ FIRST
- COP SLEF
- NJ VET 2 VET
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New Jersey Office of the Attorney General Division of Criminal Justice

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In partnership with University Behavioral HealthCare at the University of Medicine and Dentistry of New Jersey

MOM 2 MOM

Veterans Health Administration Employee Education System



Reciprocal Peer Support (RPS) The Model

RPS encourages and acknowledges the beneficial nature of peer support for both the peer supporter and the peer as it is experienced in a reciprocal manner.

Most “helping professions” do not emphasize the benefit to the helper as well as to those served, however RPS is based on this motivation.

The sense of intimacy, efficacy, validation, and spirituality derived from the connections made in RPS inspires strength and resilience for all involved.

Reciprocal Peer Support (RPS) The Model

RPS does not “fix” anything but rather offers an opportunity to normalize and relate.

The overcoming of suffering and trauma are found in resilience and by sharing those tools the RPS peer supporter is consistently reminded of his or her own strengths .

This sharing fosters the insight to others strengths as a basis for the RPS experience.

Reciprocal Peer Support (RPS) The Model

Often the populations served through RPS and the peer supporters themselves experience their struggles in a cyclical manner so the exchange between them will benefit both at one time or another.

Supervision requires acceptance and guidance of RPS peer supporters throughout the process to ensure self-care is managed effectively

Reciprocal Peer Support (RPS) The Model

The overarching themes and tasks associated with RPS are simply described in four tasks:

- Task One - Connection and Pure Presence
- Task Two - Information Gathering and Risk Assessment
- Task Three - Case Management and Goal Setting
- Task Four - Resilience Affirmation and Praise

All of these tasks are cyclical and can repeat throughout the RPS experience.

Peer Support Happens

Peer Helplines

Peer Crisis Intervention

Peer Support Groups

Task One –

Connection, a pure presence is at the heart of the engagement and healing necessary for successful peer support

In RPS, the peer supporter is trained and prepared:

- to engage the client without judgment,**
- to avoid preaching or directing,**
- to cope with the moments of shared suffering and pain, and**
- to simultaneously be aware from the initial contact that assessment for suicide and risk are an integral role in this process as it is best applied to high risk populations.**

Task One – (cont'd)

This peer/clinician partnership is a focus throughout RPS but impacts the initial task of connection by ensuring that all presenting problems can be offered care and support as a result of the depth of the coverage for RPS service.

An identification of the need for both peers and mental health professionals to act as partners from the first task of RPS is what we hope the peer in need will access.

Task One – (cont'd)

RPS peers should be a minimum of one year away from their service or experience to ensure self care.

In addition RPS peers are asked to draw on their own positive experiences with peer support, behavioral healthcare service and resilience skills to guide their work.

When an initial contact is of a crisis nature the intimacy and the level of vulnerability of all involved expedites the connection of both the peer in need and peer supporter in RPS

If handled poorly, it impedes the connection perhaps forever.

Task One – (cont'd)

If a peer supporter fails to establish the connection of a pure presence with the peer in need the outcome will often be termination of the relationship in the form of:

- unreturned outreach calls,
- absence from peer crisis intervention services,
- unwillingness to attend peer support groups or outreach training activity and a
- total shutdown of contact with the peer in any setting.

This lack of response indicates that the initial phase of connection was not made successfully in RPS.

Mom's do this task well

Task Two – Information Gathering & Risk Assessment

Can be a variable experiences pending the proficiency of the peer supporter.

Training, clinical partners, supervision ,as well as technical support can drive the effectiveness of this task.

Be aware that you may feel well asking questions.

Use your own language

Task Two – (cont'd)

In RPS the information gathering is both the presenting problem and “story” as well as the history of a peer in need. This history includes behavioral, medical, family, and work history in a non scripted series of questions.

Law enforcement officers are the most proficient as a sub group of peers at this phase likely due to their interviewing and interrogation skills.

Open ended questions, active listening, reflection, restatement.

Cop’s do this task best

Task Three – Case Mgt & Goal Setting

Often presented as the first item a peer in need requires, however if information and referral was all he or she needed a peer would most likely not be reaching out to a peer support service.

Today's web based referral options and access to information are so prevalent that although peers will present as their primary and only need being of a case management nature, he or she will be receptive to peer support on an ongoing basis based on their level of care, initial contact, and quality of referral provided.

Task Three – (cont'd)

In task three the case management is offered not just through a list of names and numbers but more importantly as part of a solution oriented approach to the peer that he or she is not alone and help is viable.

Multiple contacts from the peer supporter throughout the peer support process for regular contact are a key unique variable to the model.

Identify beyond presenting problem,

Vet's do this task best, using team work and need to solve problems.

Task Four – Resilience Affirmation, Praise and Advocacy

ALL PEERS DO THIS BEST!

Often the most rewarding components for the peer supporter based on their own accounts of their experience.

When self care is emphasized for all peer supporters and behavioral healthcare professionals in the peer support model it fosters an environment of openness needed for genuine peer support work.

Task Four – (cont'd)

A consistent encouragement of peer supporters resilience as a group working as a team in RPS allows peers to model the importance of recognizing resilience.

Stigma is an impediment to this phase and in the details of the peer support relationship it may be an awkward transition for a peer supporter to affirm a peer in need openly

He or she may be worried they may sound condescending or insensitive by affirming resilience and offering praise.

Callers engaging in treatment is not the end of Peer Support. Both are needed.

Task Four – (cont'd)

The reports of the peer supporters is that often there are cues from the peer in need that he or she is ready for phase four as a peer may say something like “I can’t believe how much has happened since I first spoke to you” which is an opening for resilience affirmation and praise.

RPS suggests this phase feels like the summary of a term paper or last paragraph of a chapter.

Summarizing in a warm and supportive manner with specific references to the resilience witnessed and positive actions taken and achieved is the beginning of this phase and the end of the RPS experience.

Overall themes most prevalent in RPS

Peer/Clinician partnerships are essential not only for RPS service but throughout the program structure as both peer support and behavioral healthcare must be valued by all to establish one unified approach which models the concept in all applications.

RPS requires a single point of access/contact to begin and can be offered through peer telephone help lines, face to face individual and group peer support, crisis intervention services, prevention and training, as well as advocacy for peer groups targeted for RPS.

Overall themes most prevalent in RPS

Self Care is emphasized with opportunities for assistance encouraged within the peer support team and managed through resilience building activity and advocacy.

RPS is an open ended process that is a continuum, it is most effective with groups who have been exposed to trauma and are at risk for suicide and are seen as a “vulnerable population

Overall themes most prevalent in RPS

I have witnessed life changing moments for both the RPS peer supporters as well as the peers in need.

Reciprocal Peer Support has been developed initially in response to suicides, mass disasters, yet over time it has been based on the data from the peers in need and the peer supporters who have all contributed to the model.

Overall themes most prevalent in RPS



Chinese symbol for Crisis
Crisis = danger + Opportunity

Most significantly it has been in recognizing the moment in time when a peer supporter says to another peer in need “I have been where you are and I am here with you now” as a powerful experience and a not so random act of kindness.

The Ten Commandments of Reciprocal Peer Support (RPS)

1. RPS requires peer and behavioral healthcare professional partnerships
2. RPS Peer supporters should ideally be recruited first as volunteers in a provisional role to then select those most adept at peer support as paid employees
3. All RPS Peer programs must utilize both prevention, crisis response, outreach and access service to ensure effective RPS service.

4. **RPS Peer support must have a callback and outreach components. It is better to be present with someone and research their needs at a later time rather than just function as an information and referral service.**
5. **Resilience building activity and recognition ceremonies and collaborations in the communities served are essential to successful RPS.**
6. **Legislation and political and community support must be maximized, ideally through passing a bill or law that ensures the sustainability for the RPS program. This validates and confirms a sense of security for the RPS peers and those served. Partnerships in the community served in RPS are essential to sustainability.**

7. **Different sub cultures offer unique skill sets that do not translate across subcultures. Training for RPS Peers must integrate the cultural competencies found in their capacity for RPS peer support work.**

8. **The RPS Peer Support must be matched to specific peer groups even within the subcultures whenever possible. RPS Peers, whether it be police officers, military personnel or mothers of special needs children should be required to have a minimum of one year “post” their traumatic or service experience before attempting to provide RPS Peer support.**

9. Resilience building and self-care can be found in advocacy and awareness activity that enhances the strength of the RPS peer supporters. It both creates an opportunity for unity and purpose while validating that the RPS peers have “overcome” a challenge while they represent a voice for those they serve.

10. RPS case management and partnerships with providers of care within a peer service population are keys to success in RPS service. If the follow up and case management fail, the quality of the RPS experience is diminished while a positive case management outcome confirms the trust and hope instilled throughout the RPS process.

BELIEVE –

In the “ministry of presence”,
“answer to a prayer”, “gateway to
hope”

“Although the world is full of
suffering, it is also full of the
overcoming of it.”

- Helen Keller

Let's Discuss Your Experience with Peer Support!