

Recovery to Practice Annual Report Year 5 International Association of Peer Supporters

Brief Overview

This report covers the final year of the original Recovery to Practice (RTP) project funded by the Substance Abuse and Mental Health Services Administration (SAMSHA). The project was managed by Development Services Group (DSG) with awards to six organizations representing the disciplines of psychiatry, psychology, psychiatric nursing, addiction counseling, social work and peer support.

The primary goals of the RTP project were daunting; to identify recovery knowledge and skill gaps, develop a discipline-specific curriculum to address those gaps and begin implementation of the curriculum. Each of these goals involved ambitious objectives. For example, developing the curriculum involved marshalling existing recovery materials, discovering how participants preferred to learn new knowledge or develop skills, writing draft curricula modules and extensive piloting and subsequent modifications. Thus, for each goal, the subset of objectives were frequently many and substantial.

Each discipline was charged with not only designing a curriculum unique to disciplines but also the method of delivery and implementation strategy. The International Association of Peer Supporters (iNAPS) recognized early on the need for continuing education for peer supporters. That assumption was validated throughout the project with enthusiastic input from the field throughout the curriculum development process.

There were many unexpected outcomes that resulted from the RTP project. The long list of these outcomes (including “spinoff” activities) has been published in previous reports. Below are some important unexpected outcomes:

- Collaboration with other disciplines through representative organizations.
- Collaboration with other disciplines through individual representatives.
- A framework for continued collaborative endeavors with other disciplines.
- Development of a better understanding among participating disciplines of roles, values and practices.
- Development of a formal document identifying peer support values and practice guidelines.
- Expansion of iNAPS’ “reach” in its profession from approximately 1,000 to about 4,000.
- Development and successful demonstration of inclusive processes for curriculum and policy development.
- Organizational development in the form of network expansion.
- Recognition of peer support as a valued recovery component and important member of service provider organizations.

The iNAPS RTP team recognizes the important role the DSG management has played in the success of not only the RTP project but in the organizational development of iNAPS as well. Valuable assistance was provided in the form of informal strategic analyses and discussions. Input from the DSG team throughout the project was extremely helpful in providing an otherwise unavailable perspective on project and organizational challenges and potential solutions as well as opportunities.

Year 5 Summary

What follows is a description of key activities that occurred during the year. This is a summary of these activities and more detail about each can be found in monthly reports, which are available online on our website: www.inaops.org. Details are also included as an appendix to this report.

Completing pilots

Although the participant pilots intended to refine the recovery curriculum were, for the most part, completed by the end of Year 4, facilitator training pilots were conducted in Year 5 (with some occurring in Year 4). The attached appendix provides details of these pilots and it is interesting to note that many of those involved in the participant pilots wished to become facilitators and thus participated in the facilitator trainings.

Debriefings and evaluations were used to obtain input during and after pilots. The iNAPS RTP welcomed all input, which led to meaningful modifications in both the participant curriculum and facilitator guides.

Curriculum modifications

Lessons learned are always most meaningful when input from pilots is carefully considered in a meaningful way. The iNAPS RTP team carefully designed several methods of obtaining input not just after pilot trainings but during them as well.

Overall, the two most important lessons learned were: 1) reduce content without sacrificing the most important material and 2) developing and using a collaborative learning model. See the attached appendix for details about curriculum modifications.

Delivery modifications

During Year 1, the iNAPS RTP team conducted listening sessions and solicited field input not only about potential recovery curriculum topics but how information and skill development should be delivered. The team heard, loud and clear, that potential participants would learn best through participatory and/or experiential methods.

Despite the clarity of this message from the field, the team presented its first pilot in Cincinnati in a more traditional, didactic fashion. This was probably due to large amount of content the team wished to include. The first pilot presented a tremendous learning experience and led to many major modifications based on collaborative learning models. To assist the making meaningful modifications, the team connected with volunteers from a program developed 40 years ago based on collaborative learning. Their experience and input has led to a format that has been widely acclaimed by participants.

Facilitator guides have been developed around the collaborative learning model. A guide published for each module has been found to be the preferred means of keeping facilitators on track.

Implementation challenges

Throughout the RTP project, peer supporters have been extremely enthusiastic. This enthusiasm has been expressed through input received via e-mail, in listening sessions, phone calls and personal contacts.

Despite this almost overwhelming enthusiasm, there are serious challenges to implementing the RTP recovery curriculum. The RTP team has learned, as expected, that the recovery curriculum can and should be part of continuing education requirements for virtually all states that have certification protocols. Unfortunately, the lack of formal peer support instructional institutions has led to fractionalization of trainings. Lack of an organizational framework makes bringing the curriculum to the field a special challenge.

To deal with this challenge, the iNAPS RTP has developed a strategy where trained facilitators across the country can deliver the curriculum competently. Because of its national reach and existing training infrastructure, the iNAPS RTP partner, the Depression and Bipolar Support Alliance (DBSA) has proven to be an effective organization for implementation. Specifically, DBSA has developed a screening process, cost structure and logistical strategies to bring the RTP recovery curriculum to a variety of places and settings.

It is important to note that since the RTP recovery curriculum is public domain and posted on our website, some states and training entities are using it to modify/upgrade existing trainings.

Webinars

Through the generous donation of the use of webinar technology and hosting by Optum Behavioral Health, the iNAPS RTP team has presented 15 free webinars. While most of these webinars have been directly related to the RTP project, others have been derived from interests expressed by the field. Some webinars, such as one on self-disclosure, were offered as a result of conversations with representatives of other disciplines.

The webinars have been approved for continuing education credits by several states and the Dept. of Veteran Affairs.

The number of webinar participants seeking certification is found in the appendix but anecdotal information indicates that those numbers represent slightly less than half of the total participants. Also, the numbers do not reflect participants who access the webinars archived on our website or those who participated but do not request a certificate.

Connections with other disciplines

The RTP project has created a framework for connection among participating disciplines. This connection has already resulted in collaborative work but holds the potential for much more. Connections and collaborations are especially useful for the peer support as mutual understanding of professional values and roles holds the potential for strengthening workplace relationships. The improvement of such relationships, especially as it relates to the effective integration of peers in the workforce, could only mean better services for those in need.

In addition to attending other disciplines' conferences and special events, the iNAPS RTP team has been effective in advocating for multi-disciplinary involvement in its own conference and webinars. For example, at this year's national peer support conference, a psychiatrist, psychologist, psychiatric nurse and a representative from the addictions community will be making plenary presentations.

Future Plans

The end of Year 5 does not mean the end of the RTP project. The project has been re-authorized with a different (other than DSG) manager. The iNAPS RTP team has not been informed as to whether it will be involved in the next iteration of the project and, if so, in what capacity. It seems reasonable to expect, however, that since the next phase will involve implementation of the RTP recovery curriculum, the iNAPS RTP will be involved at some level.

Regardless of what transpires with the new manager of the next phase, the iNAPS RTP team has established methods by which the curriculum will be implemented. With heavy involvement by DBSA, the curriculum will be delivered in Georgia and Texas in the relatively near future. DBSA continues to receive inquiries and is expected that these inquiries will be converted to courses. And given the growing corps of facilitators, the training will become increasingly easy to access.

As states improve or establish continuing education processes for peer supporters, it is expected that the RTP recovery curriculum will also grow in demand. This interest has been expressed by several state officials.

Appendix

Recovery to Practice – Next Steps for Peer Support Providers

- Self-study workbook (~est. avg. 8 hours to complete)
- Test of workbook content (open book / 40 questions) 70% or higher required
- In-person interactive training (24 hours)

Total training as a participant = 32 hours

Recovery to Practice – Next Steps Facilitator Training

- Next Steps completed with a test score of 80% or higher
- Facilitator orientation (8 hours)
- Practicum / co-facilitate 2 modules in the next year
- Recertification requirement (TBD)

Total training as a facilitator = 40 hours

+ practicum to co-facilitate 4 modules of the training with overall positive evaluations

Pilot of the curriculum >>

- Cincinnati – Nov. 2012
- NYC – March 2013
- Upstate NY – May/June 2013
- Grand Rapids – July 2013

Pilot of the facilitator training >>

- Grand Rapids – Nov. 2013
- Upstate NY – Jan. 2014
- Cincinnati (Part 1) – Feb. 2014
- Upstate NY – June 2014 (facilitator practice sessions)
- Cincinnati (Part 2) – Aug. 2014

Recovery to Practice In-Person Pilot number of participants (First Round)

Preview / Philadelphia, Sept 2012 N=72
Cincinnati, Nov 2012 N = 20
NYC, March 2013 N = 15
Rochester/Syracuse, NY May/June, 2013 N = 38

Grand Rapids, MI June/July, 2013 N = 12
First Round Pilot Total N=157

Facilitator Training

Grand Rapids, MI Nov 2013 N = 10

Rochester, NY January 2014 N=23*
(12 as facilitator trainees, 11 as first time participants)

Cincinnati, OH February, 2014 N=21
(8 as facilitator trainees, 13 as first time participants)

Second Round Facilitator Training Pilot Total N = 54

Total in-Person Training (Pilots) N=211

Webinars 1-8, 2013 (Optum hosted)

Numbers only reflect those who took the quiz to receive a certificate. Substantially higher numbers could be attending without taking the time to take the quiz.

Webinar 1 (Recovery) = 93

Webinar 2 (Trauma) = 122

Webinar 3 (Boundaries and Ethics)* = 50

Webinar 4 (Wellness) N=71

Webinar 5 (Workplace) N = 50

Webinar 6 (Culture) N = 35

Webinar 7 (Co-Occurring) N = 77

Webinar 8 (Relationships) N = 143

Note: 2014 Webinar series is not based on the Recovery to Practice training

Webinar total (certificates) N = 641

Total RTP Participants in 2012-2014 = 852

PROGRESS REPORT

In April, we finalized and released the participant workbook to the public domain, as a series of eight downloadable PDF modules on our website with an option to order printed copies of the workbook (200+ pages) at the cost of production plus a minimal added fee that is donated to the International Association of Peer Supporters.

The official launch of the training was covered in our April newsletter with a guided tour of the training materials as they are available on our site as the iNAPS April webinar.

Future training is scheduled in Atlanta, Georgia – immediately following the iNAPS conference, with another possible training scheduled in Orlando, FL following ALTERNATIVES. These events will be facilitated by existing iNAPS facilitators.

The focus moving forward is on the training of facilitators.....

One of the defining aspects of our training is the collaborative learning approach.

During the early pilots of the training, we received feedback that peers wanted interactive training. They also rejected the typical power dynamic of an expert (teacher) presenting information to passive learners (student). They also reacted strongly to the oppression and abuse of power that naturally happens when an expert is in control.

So the power dynamic needed to be changed. The training needed to better model trauma awareness and reflect the core values of equality and mutuality.

Through significant revision and collaboration with an experienced trainer in a program that modeled these values, the training was transformed.

And it started to reflect the true transforming power of recovery....

Because peer support providers are providing support to a wide variety of populations, in a wide range of settings from informal self-help support groups to peer-run organizations to more formal community mental health centers to tightly regulated hospital inpatient units to highly restrictive jails and prisons....

There really is no “one size fits all” approach to peer support.

But there is 98% agreement on a core set of values –

1. Peer support is voluntary
2. Peer supporters are hopeful
3. Peer supports are open-minded (non-judgemental)
4. Peer supporters are empathetic
5. Peer supports 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

The **collaborative learning model** taps into the experience and wisdom of every member of the group. They share what works and what doesn't work in different settings and with different groups of people who are being supported.

There are interactive exercises, dramatizations, role plays, discussions, and debriefings that cover the eight topic areas identified during the original situational analysis – rather than a static presentation, they come alive. They are the real world experiences of those who are having the experiences as peer supporters – and they are sharing tragedies, frustrations, and the magical moments of transformation they see in those they support.

They – not we – are the experts in the room.

So what does it take to facilitate one of these in-person trainings?

Some lessons learned...

- (1) The original premise was that the training was developed by peer support providers – for peer support providers – with materials that would make it easy for any experienced peer support provider to deliver locally....

After pilot testing the facilitator training, this assumption has changed.

We are developing a screening process and will require facilitators to complete the full training as a participant prior to registering for a facilitator training.

We are also developing more awareness of power and control / teaching vs. facilitating – **there is an 'unlearning process involved'** as most people automatically fall into the “teacher” role when put in front of a group. This training requires a facilitation style that draws core knowledge and skills from the experiences of the entire group.

- (2) The workbook and test had originally been developed to follow the in-person training so that the core knowledge provided in the workbook would relate to and allow deeper reflection on what was experienced and discussed in the training.

After pilot testing the facilitator training, this assumption has changed.

We are now requiring all participants to complete the self-study workbook and pass the knowledge test with a minimum score of 70% (80% for facilitator candidates).

Co-Facilitation is vital

- (3) Team-building / co-facilitators step through the training and create the agenda of who is doing which parts.

Testimonials:

GRAND RAPIDS

What I liked most about the pilot:

- The retreat format
- Interactiveness of the curriculum
- Freedom to share
- Freedom to be vulnerable without judgment
- The knowledge and opportunity to practice and refine skills
- Food (quality food reflected respect for participants)
- The setting/environment—relaxing country setting with opportunities to boat, canoe, observe wildlife and walk
- The pace
- Socializing with new and old friends
- Quality of facilitators
- Opportunity to practice facilitating modules

How the pilot affects my peer support practices:

- Got me back in touch with recovery principles
- I learned how to be a co-learner and express the value of others' opinions
- Helped me better appreciate the many pathways to recovery
- Helped me listen better and be more empathetic
- Practice more appropriate peer support tasks
- Helped me get back to "real" peer support and avoid co-optation
- Gave me confidence to handle difficult topics with peers
- Let me be more comfortable with discomfort with peers and/or co-workers
- Helped me be a better advocate with peers
- Boosted my morale by validating what I do and its value
- Helped me understand the value of relationships and environment when it comes to communicating with peers
- I got more excited about my work because I finally went to a training that meant something (not the same-old, same-old)
- I use some of the activities with groups

CINCINNATI (PART 1)

- All modules are excellent and well written for all levels of education and background for the facilitator to use.
- Wonderfully and creatively experiential. I felt fully engaged and enjoyed the community we created together. The learning of wellness/recovery tools and skill building was very helpful. Challenging themes were addressed with empathy and loving kindness.
- Learning is so much fun. Great array of participants and facilitators.
- Overall the 2 days of class was interesting very helpful
- Awesomeness!! I feel non-peer supervisors of peer support workers should be required to take training of this same kind.
- A lot of various techniques for all of the facilitators that participated in this workshop
- How to share!
- New ways and perspectives of doing groups
- The direct experience that recovery is possible
- How to encounter with non-vets.
- Strengthened skills and reviewed knowledge. Valued review on 8 areas of wellness
- Not to forget to look beyond the diagnosis. Didn't realize that as a non-clinical worker I could still forget to look past this.
- Transforming power of recovery
- Learned to appreciate the new way of presenting information. I think it will be useful.

I can apply this....

- In a more kindness and compassionate way to the clients and to accept them where they are. And always remember, I'm a client too.
- With the groups I facilitate
- Providing workshops
- I can develop it into a peer group
- Keeping the 8 areas in mind and how strengths can encourage wellness
- Be mindful
- Transformation is a strong word which is used in religious settings. That is where I will use it.
- This can be used in all my classes to facilitate more and teach less.

Rochester

- Understanding learning about a person's trauma can be helpful in recovery.
- The experiential nature of this program was excellent. [Being} a peer specialist is about the wisdom of experience/application of that information – not just information itself. Well done.
- Module 8 was a doozy!

- Although the Recovery Relationship Module (Module 8) didn't go as planned, I felt it was the strongest module. The other modules were great – just not as powerful or 'real' as Module 8.
- I love this program.
- They gave me some new ways of working with others. They helped me to grow and learn to be more open with others.
- This training has given me confidence in some of my skills that I was unsure about and also new skills that I think I can develop more. I feel a new sense of passion for myself, my peers, and the world around me.
- Some of the experiences were overwhelming but I came back! This was a big step for me.
- Letting go – self-care is about knowing when to stop; reflect and be one. Trusting myself even if I have a melt-down; I trust the process. Module 4 (culture) was powerful. It allowed me to inform my personal life to a person and share who I was and where I come from. Account for my own behavior – strengthening workplace relationship showed me to be more accountable for myself. Recovery relationships taught me to be more relaxed with strangers or peer needing support and just be happy with whomever I am a peer.
- Peer support work is both highly objective and subjective in nature!
- Listening to others practice motivational interviewing was helpful. Hearing other cultural values was also valuable.
- How to work better with people in a supportive role.
- To listen and be empathetic
- Sitting with and accepting chaos
- Everyone has triggers. Be respectful
- To respect all paths
- I learned how to better support individuals and give them understanding, [be] non-judgmental
- How to be more recovery-focused and person-centered
- Some new applications and a couple of new insights
- Peer empowerment/trust the process
- Others have much to give and to be more open
- Various exercises to use with peer staff and peers themselves. How to get along with all different personalities
- There is an unspoken language that is universal and it is love and caring. Its effectiveness can move mountains!
- That we all have difficulties and are here to support each other.
- Reminded me that what triggers my emotions has most to do about me.
- I learned not to give up on the most difficult resistant person. To trust my skills and love that I have for what I do more so in depth.
- All the people I work with need to be treated as individuals
- Will practice looking up motivational interviewing as was suggested to help clients define goals
- Remember to keep in mind that everyone is different and at times misunderstood
- Daily with everyone
- I don't need to try to 'fix' everything. Sometimes it is about accepting and being with things
- Feel with your heart before you leap

- Be mindful of people and trauma/triggers
- I will apply this skill and knowledge with the world
- When working with peers in the SDC
- Do training, read book, reflect
- In my own trainings
- I can slowly integrate this into some of my groups!
- Be less serious, not take things so literally or personally and model this to people I work with
- First by loving and caring for myself because if I can't do that I can't help others.
- In peer relationships we can do the same and model working through these difficulties
- Just be high energized and positive regardless of the situation.
- When other peers are self-depreciating I now can flip that and find [help them] find positives
- Reframing into affirming positives

Cheryl: I want to tell how the RTP training I participated in opened the doors to so many opportunities in my workplace! The skills this training provided me with and the skills that it reminded me I already possess within myself were amazing. Upon returning to my workplace I immediately encountered situations with individuals needing words of encouragement, hope, and the guidance that this training equipped me to help them with. I was able to better share and assist these individuals to find their own unique answers within themselves. Thank you for developing these trainings and I am so looking forward to trainings in the future. It is with great passion and compassion that I believe we are each in our own unique ways the hope for each other's recovery.