

Recovery to Practice Monthly Report

April 2013

InterNational Association of Peer Supporters

In April, the iNAPS RTP team conducted its first in a series of one-hour webinars in collaboration with OptumHealth. The content of the webinar, entitled “Recovery Foundations for Peer Support,” was drawn directly from the iNAPS RTP curriculum with no editing or input from OptumHealth staff. OptumHealth graciously allowed us to use their webinar system and technical staff for this series.

The purpose of the webinars is to provide an overview of the iNAPS RTP curriculum to inform participants of the project, its basic content and obtain content suggestions. Participants who wished to receive a certificate of participation were asked to pre-register for the webinar. After the webinar, they were asked to complete a very brief quiz. The purpose of the quiz is to ensure participation.

This first webinar, presented by Steve Harrington, was repeated because of technical difficulties and confusion regarding the time of the presentation. The first presentation resulted in 108 “call ins” and the second presentation resulted in about 50 call ins. The number of call ins does not accurately reflect the total number of participants as some call ins involved more than one participant as some used a single computer and placed the phone on “speaker.”

A total of 92 people requested certificates, primarily as proof of participation so they could obtain continuing education credits. A second webinar, entitled “Trauma-Informed Peer Support,” has been scheduled for May 14 from Noon to 1 p.m. EDT with Antonio Lambert as the presenter. A flyer announcing the webinar and providing call in information was created and distributed.

The first webinar resulted in the following learned lessons and how the iNAPS RTP team has responded to issues.

- The phones were not muted upon initiation of the webinar. This resulted in distracting noise and interruptions. We have requested that OptumHealth staff immediately mute all lines when the session begins.
- Pre-registration via e-mail to the iNAPS team was burdensome and confusing. We have gone to a system using the Survey Monkey quiz process to obtain contact information, particularly USPS addresses for the mailing of certificates.
- A suggestion from one of the participants was to include coping with stigma. Although this topic was mentioned during our situational analysis, it did not quite receive enough comments to prioritize it for the RTP curriculum. This is an important topic and should be included in any hoped-for expansion of the curriculum.

- The webinars should be archived for future reference. OptumHealth will facilitate the archival process in June. A key staff person is not available to support archiving until then. Webinars presented prior to June will be archived on the iNAPS website.
- The CEU process must be addressed for participants. We will include information that informs participants that they must contact their state certification officials in order to receive CEUs for the webinars. We noted that the U.S. Dept. of Veterans Affairs has approved the webinar series for their peer specialists.
- Peer supporters in the addictions field are finding the webinar series valuable. Although the recovery curriculum was designed for peer specialists working in the mental health field, it is not surprising that the content applies readily to the addictions field. We will note that overlap in future sessions but retain the focus on peer specialists in the mental health field.
- The purposes of the webinar series are not clear. We will include the purposes in all future presentations to avoid confusion.
- For many, this was their first introduction to the RTP project. We will explore the possibility of creating a concluding webinar in the series about the project and progress made by other disciplines.
- The webinars can be made more interesting with the use of two presenters. We are scheduling two presenters per webinar for sessions after the May 14 webinar.

We have found the webinar series a useful tool in organizational development. We have an expanded database, greater awareness of the organization, and a growing membership.

In addition to demographic data gathered through the Survey Monkey quizzes, we are also obtaining potentially useful information through the practice standards project. This data may be useful for researchers. Steve will be contacting Larry Davidson to determine the research usefulness of the data.

Planning for additional pilots also occurred in April. The Hawaiian pilot has been cancelled due to lack of communication with the state official who originally sought the pilot in that state. A pilot combining groups in Rochester and Syracuse New York has been planned by Rita Cronise. She will be piloting the curriculum through in-person sessions at each city and then bringing all participants together for a combined retreat. About 40 individuals are expected for that pilot with Chacku Mathai observing.

Steve is planning a retreat format for piloting the curriculum in Grand Rapids, Michigan. The dates of the pilot are June 21-22 and July 6-7. The number of participants is expected to be about 12.

In April, Steve made a presentation on the RTP project at a peer specialist conference in Indianapolis, Indiana. Approximately 100 peer specialists attended and they expressed interest in learning more about how the project was being implemented by the other disciplines. Steve has contracted with a research assistant who will visit the websites of the other disciplines and draft a one-page description. That description will be sent to the disciplines for review/editing. A one-pager will also be developed on the overall RTP project.

Although DSG staff offered to facilitate the distribution of the one-page descriptions among the disciplines for review, we decided it may help build connections if we undertook that effort as a team. We wish to note, however, that DSG staff continues to be extremely helpful by providing expert technical assistance.