



Setting Up Youth Peer Support

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MEET THE PRESENTERS

Hello
my name is

LISA CLARK



Hello
my name is

BRITTANY POE



Now let's meet the audience.....

- Who are you?
- Where do you work?
- What do you hope to get from this workshop?

Training Overview

We will explain what peer support is and share our experiences with building a peer support program that targets adolescent substance use. We share key issues—both the challenges and success-- in setting up a peer support program. We also provide materials and methods for you to training materials for those interested in creating a peer support program in adolescent substance use programs.

PEER SUPPORT VIDEO



- <https://vimeo.com/204303379>

AHARTT Overview

The Adolescent Health and Recovery Treatment and Training program (AHARTT) was implemented at the University of Kentucky's Department of Psychiatry through a \$1.5 million grant award from the office of former Attorney General of Kentucky, Jack Conway.

AHARTT was a multimodal program comprising Clinician Training and a Model Adolescent Substance Use Treatment Clinic.

AHARTT Peer Support Initiative

A pivotal component of the Adolescent Substance Use Treatment Model Clinic was the Peer Support Initiative (PSI) which provided non-clinical peer support to young people participating in the AHARTT model clinic. Peer Supporters are trained and credentialed professionals who promote positive behavior through

- experiential sharing
- behavior modeling
- skill/goal setting
- promoting self-efficacy
- fostering the development of community supports.

AHARTT Peer Support Initiative

Rooted in the premise that “people in recovery can bring sensitive empathetic understanding, unique skills, knowledge, and support to facilitate long-term recovery” (Rogers & Swarback, 2016, p. 193), all peer supporters have a “lived experience” that allows them to uniquely connect with their clients. PSI embraces a holistic approach by supporting program participants in an assortment of “life” areas, including.....

- school
- professional development
- familial dynamics
- goal settings
- social/romantic relationships

AHARTT Peer Support Initiative

The ultimate goal of PSI is to create a strong social support network in which participants can access in times of need.

Conceptualizing Peer Support

PSI became a formal part of the Model Clinic in April 2015. To conceptualize aspects of PSI, program planners undertook two exercises.

Conceptualizing Peer Support

First, planners conducted an exhaustive literature review related to current PSI programming. This review included empirical outcome studies associated with peer support program in a variety of contexts. Using this information, planners began to create a framework for the PSI.

Conceptualizing Peer Support

Second, planners engaged in a participatory data collection process aimed at gathering perspectives from *potential clients*. In this phase, planners provided mechanisms for young people to offer insight into how they would conceptualize PSI. One such mechanism was a white board located in the PSI lounge. Planners connected with potential PSI clients and brainstormed ideal functions of the program. Young people added ideas to the board as they concluded their routine clinic visit. This allowed potential clients to provide information in an informal way, which may be ideal for garnering conceptual data from adolescents (e.g., Miller & Owens, 2015). This information in conjunction with existing literature were used to develop the structure and functions of PSI.

Pushing the Envelope

- Dresscode
- Office
- Texting
- Home visits
- Transportation
- Matching
- Incentives
- Music

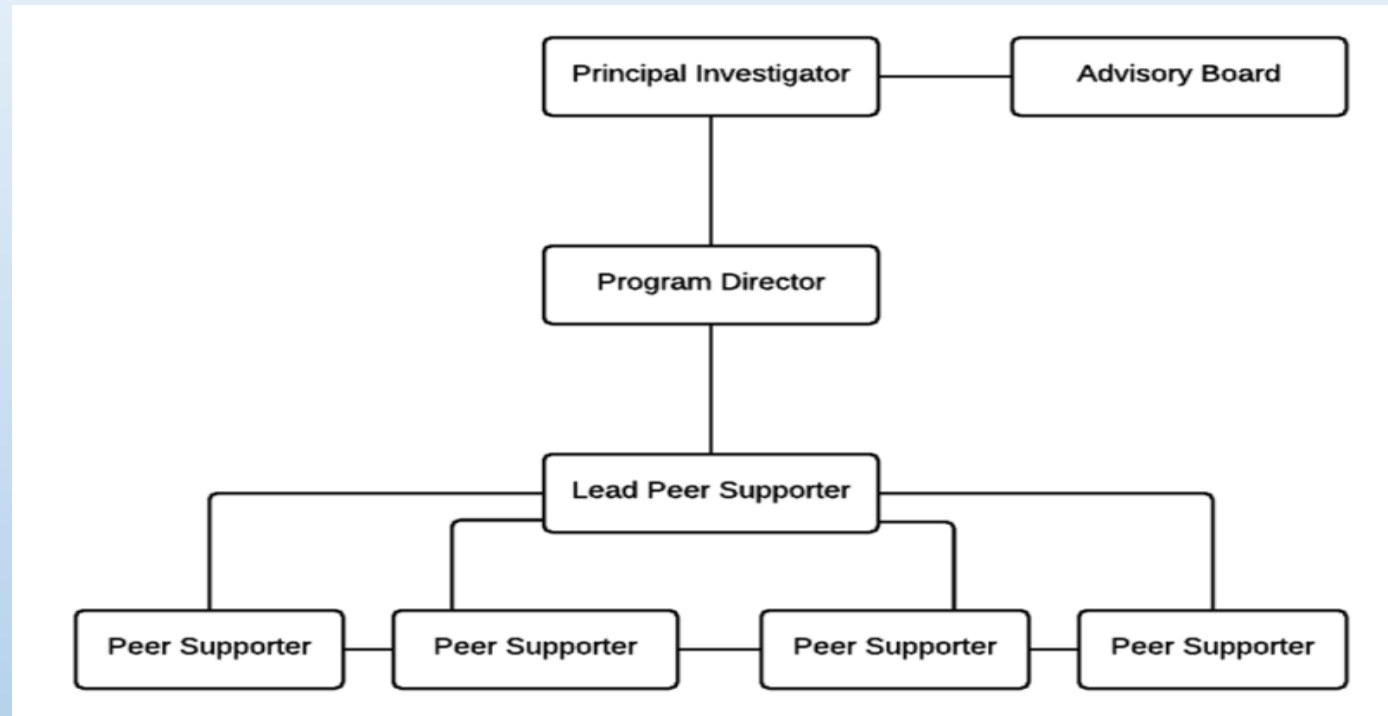
Things that didn't work out (also know as.... Back to the drawing board)

- Group
- Volunteer
- Office sessions

PSI Personnel Structure

Based on the literature review, the PSI developed a programmatic personnel structure with four levels. Additionally, an Advisory Board, comprised of various community partners engaged in work in and around substance misuse services and treatment, provided input for the PSI leadership structure. The following paragraphs briefly outline each of the roles listed in the structure. The Principal Investigator and Advisory Board are elements of the structure originally required by the funding contract. The PI, in consultation with the Advisory Board, directed all elements of AHARTT, including PSI.

PSI Personnel Structure



PSI Position Descriptions

The **Program Director** was tasked with overseeing the coordination and administration of all aspects of PSI, including staff recruitment, program organizing, training development, and overseeing PSI activities. The Program Director served as the direct supervisor for the Lead Peer Supporter and administrative staff. Congruent with best practices, a significant qualification for the Program Director was that this individual be a certified peer/family support specialist.

PSI Position Descriptions

- The **Lead Peer Supporter** supervised all peer supporters, including scheduling, coaching, training and disciplinary actions, while carrying a client caseload. Certification was required for the Lead Peer Supporter.
- **Peer Supporters** provided direct peer support services to clients while reporting to the Lead Peer Supporter. All peer supporters required certification before seeing clients.

Recruiting and Hiring Peer Supporters

The recruitment of peer supporter began with delineating qualifications for the positions. Historically, identifying and specifying roles for peer supporters has been difficult (e.g., Gates, Mandiberg, & Akabas, 2010; Cronise, Teixeira, & Rogers, Harrington, 2016).

Recruiting and Hiring Peer Supporters

Using information derived from the advisory group, data gathered from the conceptualization phase, and criteria set forth by Kentucky Partnership for Families and Children (KPFC) for Peer Supporter Certification, the Project Director identified key qualifications for peer supporters:

- 18-35 years of age
- high school diploma or GED
- history of receiving state-funded services

Recruiting and Hiring Peer Supporters

- having a “lived experience” conducive to connecting with PSI clients. These qualifications mirror those required to obtain the KFPC Peer Supporter Certification. (For more information about the certification, please see [908 KAR 2:240. Kentucky youth peer support specialist](#))

Recruiting and Hiring Peer Supporters

Using these standards, the Project Director hired the Lead Peer Supporter in January 2016. Together, they hired a full slate of Peer Supporters. To recruit the supporters, PSI reached out to the local recovery community. Once identified, applicants were directed to an online portal to complete an employment application. After an initial application review, each applicant was interviewed by the Project Director and Lead Peer Supporter

Onboarding, Orientation and Training

Once hired, each peer supporter attended and successfully completed the KPFC Peer Certification Course. After the certification process was complete, supporters took part in a two-week Onboarding/Orientation phase that included training on:

- professionalism
- role modeling
- boundaries and confidentiality,
- mental health first aid
- passion fatigue
- trauma informed care
- documentation/charting
- Techniques
- Engagement

Onboarding, Orientation and Training

At the conclusion of the onboarding/orientation phase, supporters shadowed another peer supporter for approximately two weeks. This structuring shadowing entailed: Observation, Regular Briefings, and Hands-on Assistance (e.g., Organization Development Training, n.d.). This process allowed for new supporters to work alongside and gain experience from more seasoned supporters. At the conclusion of the shadowing experience, supporters were assigned their first client.

Program Components

PSI employs a five-component, multi-phased dynamic service continuum:

- timely intake screening
- comprehensive match assessment
- rapid match with a certified peer-supporter
- service core
- tailored after-care services

Program Components

PSI's service approach is rooted in the use of participatory-based case planning models, evidenced-informed practices and tools, and expert and developmentally appropriate non-clinical based interventions. Please note that these services occur as a complement to the clients' clinical services.

PSI Program Overview

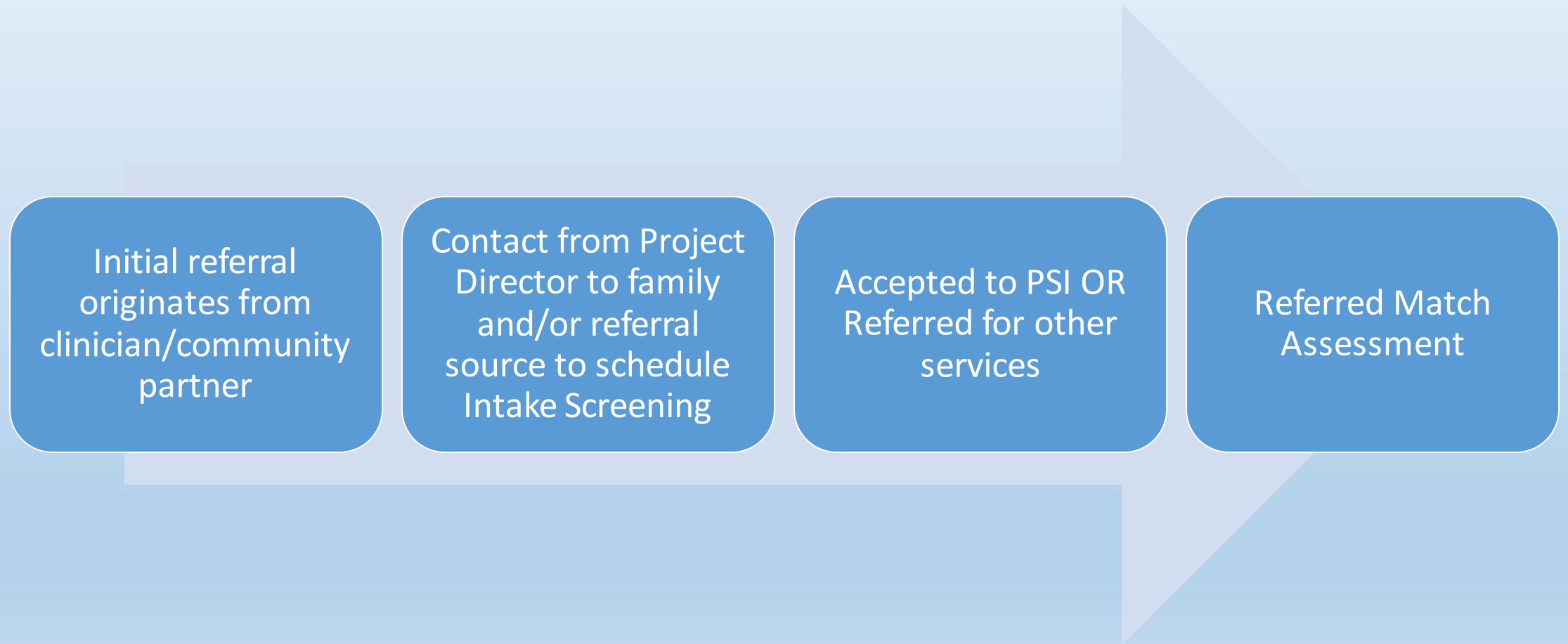
Phase	Description and Key Task(s)
I. Intake Screening	Each individual referred to PSI will be screened for participation into the program. Screening occurs within 48 hours of receiving the referral.
II. Match Assessment	Each client will partake in a Match Assessment to appropriately match each client with a certified peer supporter. Participants will be matched within one week of acceptance to the program.
III. Service Core	Services will be provided to participants for approximately 12 weeks, post-match. These services will be guided by goals set by the client and identified coping skill development.
IV. Termination/Community Integration	Peer supporters will work on reconnecting clients to society. Ongoing support until completion of PSI.

Client Referral Process

PSI began accepting referrals for clients in September 2015. Originally, clients were referred by Model Clinic clinicians. In August 2017, PSI began accepting referrals from community partners, namely Fayette County Day Treatment and Arbor Youth Services.

Once referred, the Project Director conducted an initial consultation and assessment with the referred youth, and their caretaker(s), to ensure that the client was appropriate for PSI and that the program could adequately meet the needs of the young person. During this meeting, the client and their caregiver(s) signed the *PSI Participation Form* .

Client Referral Process



Matching Protocol and Onboarding

Though there is little empirical evidence associated with matching protocol, studies suggest informal, organic matching processes may be best suited for young people. PSI employed a blended approach to matching. Once accepted to the program, the Program Director reviewed the client's intake form which contained data pertinent to client interests, individual level goals associated with treatment, social and academic outcomes, etc.

Matching Protocol and Onboarding

After this review, the Program Director facilitated an informal “meet and greet” where the client and peer supporters became familiar with each other. Afterwards the client met with the Program Director and discussed which peer supporter the client felt they had the best connection with. Using this post-meeting interview, the Program Director formally matched client and peer supporter within one week of acceptance to the program.

First Contact

The Peer Supporter initiated contact with the client within three days of the formal match. During the first meeting, the Peer Supporter focused on engagement. The initial contact has two overarching purposes:

1. begin rapport building with the client
2. discuss boundaries/parameters of the Peer Supporter/Client relationship.

Ongoing Contact

In ongoing meetings, Peer Supporters focused on three areas:

- coping skills,
- setting goals
- reconnecting to society.

In early meetings, to help clients identify short-term goals, the Client *Goal Sheet* was completed and thereafter reviewed with the client on regular intervals (minimally monthly) to assess progress towards goals, etc.

Coping skills were discussed and modeled with the client to draw on when experiencing the urge to use and other stressful situations. Peer Supporters met with the client weekly; other daily contact took several forms (e.g., phone calls or texts)..

Supporting the Supporter – Considerations for Supervision and Support

As documented in Section II, peer supporters will face challenges. And yet much writing about peer support programs focuses on the need to build an empirical base supporting the use of these initiatives. While building evidence is certainly warranted, less examined but of equal importance is the impact that the act of providing peer support services has on peer supporters themselves.

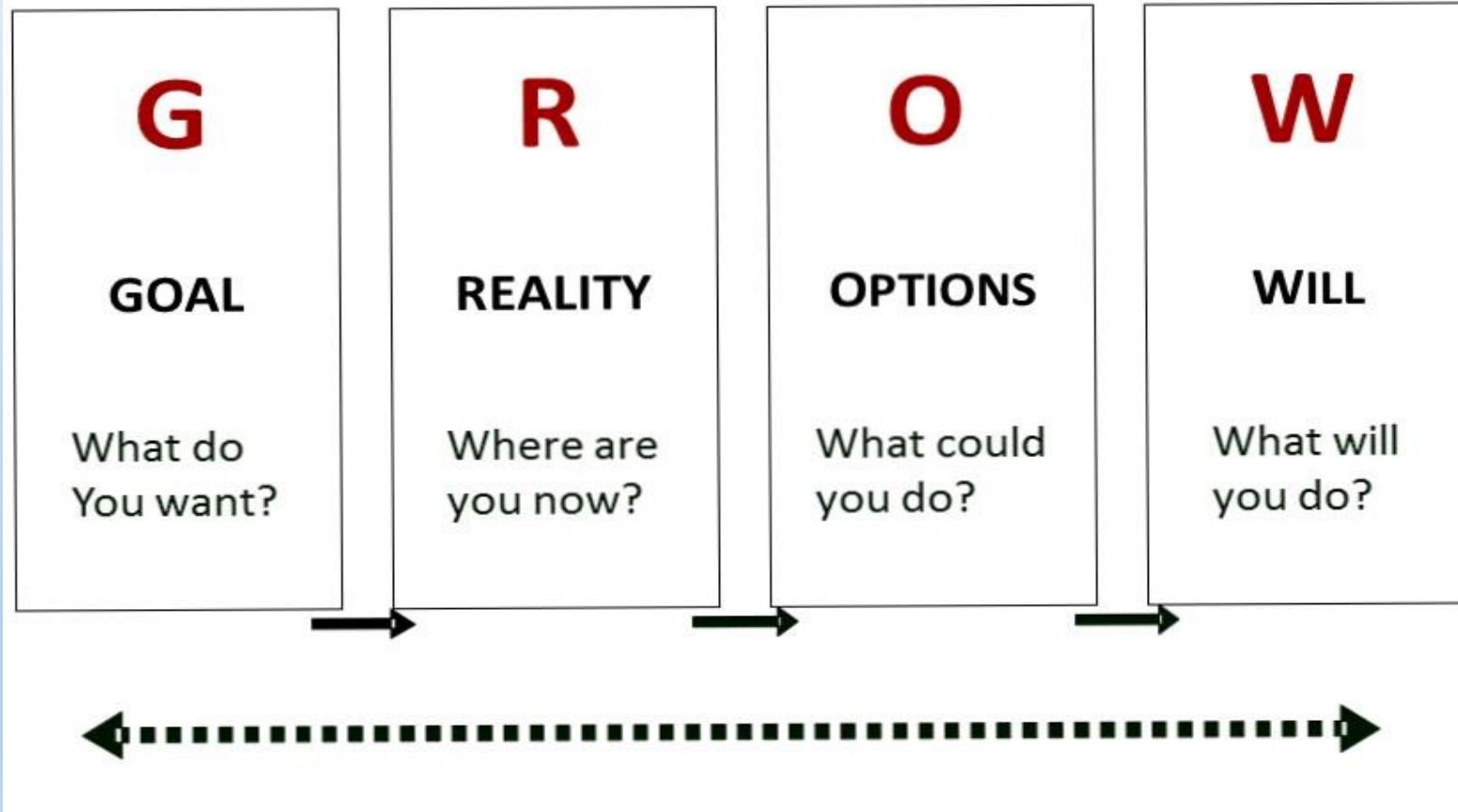
- In most instances, peer supporters have experienced detrimental circumstances, including substance use, mental health issues, domestic violence, and maltreatment histories. Nonetheless, these experiences make individuals uniquely qualified to be peer supporters (Rogers and Swarback, 2016, p. 193). Given these circumstances, it is imperative that peer support programs develop supportive infrastructures, supervision and otherwise, to assist peer supporters in coping with these challenges. As Myrick and del Vecchio (2016) aptly summarized, peer services are based on the notion that supporters are “giving and receiving support” (p. 198).

AHARTT Supervision

Given the information related to the importance of supervision, PSI employed a GROW (Alexander, Fine, & Whitemore, 1982) coaching and mentorship model for ongoing supervision and support.

GROW stands for **G**oal, Current **R**eality, **O**ptions, and, **W**ill.

Grow Model



AHARTT Supervision

This model allowed supporters to not only receive job-specific guidance and mentorship, but also coaching related to broader professional development. Each peer supporter received structured supervision from the Lead Peer Supporter for a minimum of two hours weekly.

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AHARTT Supervision

As part of routine supervision, peer supporters were mentored through several explicit exercises related to personal and professional development. For instance.....

- each supporter established a Personal/Professional Development Plan to identify goals
- accountability mechanisms that are subsequently discussed during formal supervision.
- during these meetings the Lead Peer Supporter, who served as the supervisor, used strengths-based approaches to provide individuals with feedback related to progress on those plans. It is important to note this supervisor is a certified peer and family supporter, which is congruent with best supervision practices related to peer support programming (Silver & Nemec, 2016)

Ongoing Support

In addition to structured supervision, PSI offered the following mechanisms of formal and informal support:

- ***Ongoing Job Shadowing*** – Each peer supporter regularly shadows the supervisor at various phases of PSI. This shadowing allowed the peer supporter in real-time the opportunity to view interactions and ask questions.
- ***Professional Development Opportunities*** – PSI supporters were offered training opportunities conducive to meeting their personal and professional goals.

Ongoing Support

- ***Behavioral/Scenario Role-Plays*** – Peer supporters engaged in routine role play scenarios. During these
- ***Virtual Mentorship*** – Each peer supporter received virtual professional mentorship with a certified peer supporter who provided guidance associated with navigating professional networks. Mentorship contacts were made weekly and lasted approximately one hour per meeting.
- ***Peer Mentor Group Coaching*** – Peer supporters participated in a bi-weekly

Lessons Learned: Things to know when you start

We'd like to give you anecdotal advice for developing and implementing peer support programs. Implementing any program is challenging. The following points are derived directly from our experiences.

Lessons Learned.....

Peer support programs should integrate the perspective of young people into program conceptualization, planning, and implementation phases. Historically, the perspectives of young people have been absent from agency/organizational programming. Though not often valued, best practice literature indicates that youth perspectives can be integral to the success of youth programming.

Lessons Learned.....

Future programs, particularly those situated within larger agencies or institutions, should be mindful of the hiring practices of the larger entity. Peer supporters have histories that may include criminal records, including felonies. Though this experience uniquely qualifies an applicant to provide adept support services, current practices may exclude (or make difficult) hiring people with such backgrounds. Support directors, managers, and administrators should be mindful of these barriers and address these factors early in the planning process.

Lessons Learned.....

Know that there is no “hard rule” about the amount of time one should be sober before becoming a peer supporter. Many existing programs used a metric requiring a two-year sobriety. However, for PSI, we found that peer supporters with the most amount of “sober” time were just as vulnerable to relapse as those newer in their recovery. While this is certainly an area that needs to be further explored, employers should be aware that the amount of time in sobriety is not a predictor of how a peer supporter will perform.

Lessons Learned.....

Future programs should explicitly have a plan for providing support to the peer supporter. While many are in active recovery, few programs provide supplemental supports to peer support employees. These supports can be an integral part of developing quality peer support services, and can serve as professional development and employee retention mechanisms. Support includes explicit attention to both professional (e.g., orientations, trainings, ongoing supervision, etc.) and personal roles.

Lessons Learned.....

Peer support initiatives should be viewed as integral and complementary to the overall services. It is imperative that peer support not be perceived as subsidiary activity. Ample evidence suggests peer support important for sobriety (e.g., Ellison et al, 2016; Myrick & del Vecchio, 2016). As well, evidence indicates that peer support can help in other areas of mental and physical health . Despite this evidence, peer support initiatives are seldom viewed as impactful as other service components. That said, future programs must be explicit about actively involving peer supporters in every facet of service delivery and framing peer support as pertinent to the overall service array. This includes explicit attention to rigorous program evaluation. This evaluation may be best handled through partnerships with outside entities.

Lessons Learned.....

Historically, agencies have been somewhat ambiguous about parameters related to employing supporters. It is integral that employers define clear job expectations. Specifically, agencies should have clear policies related to substance use, including mandates for employee counseling, suspension, and termination.

Lessons Learned.....

Marketing and outreach are imperative to program sustainability. Contrary to the saying, “if you build it they will come,” peer support programs must be intentional about marketing their peer support programs. Because inaccuracies and misperceptions about peer support persists, these programs must educate the broader community, agencies and individuals alike, about the scope and importance of peer support programs.

Lessons Learned.....

Agencies should be mindful of recruiting a diverse pool of supporters. This practice ensures that programs are able to adeptly meet the need of a wide-array of clients. Agencies should recruit multilingual supporters and ensure that all marketing correspondence (e.g., brochures, pamphlets, etc.) be designed for multilingual audiences.



DISCUSSION

And finally.....

We would like to express our deepest gratitude to the Cabinet for Health and Family Services, Department BHDID and the University of Kentucky, Psychiatry Department for their continued support in the development and implementation of Youth Peer Support Services.