

# Challenges and Strategies of Peer Support in Clinical Settings

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## Sanism

Challenge	Our Work	Others' Work and/ or Shared Work
<p><b>The real and perceived pressure to be “extra” professional or excellent in order to manage discriminatory expectations</b></p> <p><i>We feel this as a pressure to:</i></p> <ul style="list-style-type: none"> <li>● Be super reliable, consistent, predictable, to keep our commitments at all costs</li> <li>● Curb our feelings or passion when speaking; to be “rational” i.e. not be overly emotional or “too sensitive”; not to be or make things “difficult”; not to “make a scene”</li> <li>● Be highly productive</li> <li>● Not need extra support and processing time</li> <li>● Have higher education</li> <li>● Be able to understand and connect with everyone</li> </ul>	<p>Build and maintain a supportive team</p> <p>Intentionally undermine certain notions of professionalism that don’t align with our values and uphold the ones that do</p> <p>Speak only about what we know</p> <p>Incorporate own emotions and experiences</p>	<p>Acknowledge the challenge and impact of sanism</p> <p>Include sanism in cultural humility training and other conversations about oppression</p> <p>Ask peer support (PS) staff about their experience</p> <p>Create safe space for all staff to be vulnerable, human, and open</p> <p>Value lived experience for staff in all roles</p> <p>Incorporate emotions and experiences</p>
<p><b>Exposure to trauma and oppression</b></p>	<p>Exercise choice around where and with whom we’re working, e.g. whether to go to an ER, inpatient unit, who we support and/or work with, etc.</p> <p>Build a supportive team culture with consistent check-ins and team-building exercises</p>	<p>Allow choice around where and with whom peer support staff are working</p> <p>Provide and seek out education on the effects of trauma, sanism, and coercion</p> <p>Recognize and unlearn sanism</p>

	<p>Inform candidates about risk of trauma exposure in the interview process</p> <p>Have a team approach to referrals</p> <p>Request accommodations and support if and when needed</p>	<p>Provide EAP, paid medical leave, short term disability, flexible work schedule, and generous paid time off for all staff</p> <p>No unique paternalistic policy</p> <p>Hire supervisor with shared experiences</p> <p>Avoid saying and doing traumatizing things, e.g. not imposing disease models, avoiding coercion, etc.</p> <p>Provide reasonable accommodations</p>
<p><b>The expectation of being “recovered enough”</b></p>	<p>Build team culture of openness, vulnerability, and support</p> <p>See past <i>and</i> current experience of distress, madness, etc. as valuable sources of wisdom and connection</p> <p>Challenge the notion of “recovery”</p>	<p>Focus on ability to do the job</p> <p>Provide accommodations if relevant and possible</p> <p>Build and support agency culture of openness, vulnerability, and support</p> <p>See past and current experience of distress, madness, etc. as valuable sources of wisdom and connection</p> <p>Challenge culturally and socially dominant meanings of “recovery”</p> <p>Offer both full and part time employment options, and include the possibility of these shifting over time in either direction</p> <p>Provide EAP, paid medical leave, short term disability, flexible work schedule, and</p>

		generous paid time off for all staff
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### Fear

Challenge	Our Work	Others' Work and/or Shared Work
<p><b>Lack of understanding of peer support (by non-peer support staff)</b></p>	<p>Peer Support roadshow, i.e. going to different departments and locations to explain what Peer Support is and our process, etc.</p> <p>Practice patience and expect incomplete understanding</p> <p>Use the Peer Support brochure</p> <p>Being explicit about not being anti-everything, but pro-informed consent, non-coercive practices, transparency, etc.</p>	<p>Support from managers to help teams fully understand the roles of Peer Support Advocates</p> <p>Reach out with questions</p> <p>Include Peer Support in the onboarding of new staff</p> <p>Changing name of role from Peer Support Specialist to Peer Support Advocate</p>
<p><b>Perception of peer support as the "morality police" or fear of moral judgment from peer support staff</b></p>	<p>Assume best intentions and that folks are doing the best they can with the tools they have &amp; what they have learned</p> <p>Intentionally learn about where co-workers are coming from</p> <p>Choose our battles</p> <p>Acknowledge the pressures that exist for those working within the system to not change, engage in self-reflection, etc.</p> <p>Nodding in disagreement</p> <p>Give affirmation to co-workers who may be perceiving us that way when we can</p>	<p>Other staff and managers modeling solicitation and reception of feedback and lack of defensiveness</p> <p>Engage in internal self-reflection, bring feelings to supervision, be vulnerable</p> <p>Create a culture of learning, growth, and development, which includes being open to feedback and accountability</p> <p>Move away from shaming and blaming forms of accountability overall</p>

	Not taking on too much responsibility for this problem	<p>Be open and transparent about feelings, including feelings of being judged</p> <p>Set standards for supervision that includes critical review and feedback as a way to build resiliency in receiving feedback, developing self-awareness and tolerance for difficult conversations</p>
<b>Lack of trust of PS</b>	<p>Facilitating &amp; participating in co-reflection with clinicians and case managers</p> <p>Attending meetings with various staff</p> <p>Building relationships (including getting to know each other outside of work roles)</p> <p>Build on positive experiences by logging and referring back to them</p> <p>Engage in regular practices of self-reflection and self-awareness on our end</p>	<p>Keep an open line of communication with PS</p> <p>Initiate dialogue with PS staff</p> <p>Debrief and check in with folks after an experience; reflect together on what can be learned from the experience</p> <p>Assume best intentions</p> <p>Come from a place of curiosity</p> <p>Value doing the right thing over the easy thing</p> <p>Give people the support to do the right things by slowing down and having a more risk-tolerant culture</p>

**Co-optation**

Challenge	Our Work	Others' Work and/ or Shared Work
<b>Tokenism of PS staff</b>	Create a PS management position	Higher level management follows leadership of PS, advocate on behalf of PS, allow autonomy in PS program design

	<p>Resist speaking for all psychiatrically labelled people</p> <p>Ensure broad representation on agency committees, including serving as chair on several</p> <p>Lead trainings, offer education, resources, consulting, etc.</p> <p>Acknowledge that we do get tokenized, partly due to our low numbers</p> <p><i>Include people receiving services in our advocacy efforts</i></p>	<p>and decision-making, and demonstrate buy-in to PS</p> <p>Higher level management regularly solicits and truly values feedback and concerns of PS, as well as Standing Committee, people receiving services, and community members</p> <p>Understanding PS staff do not speak for all psychiatrically labelled people and that there are a multiplicity of perspectives and experiences in the psychiatric survivor community</p>
<b>Lack of funding</b>	<p>Not allowing financial concerns to compromise how we do the work</p> <p>Apply for grants</p>	<p>Pay PS staff competitively regardless of funding</p> <p>Use allocations from other programs</p> <p>Apply for grants in collaboration with the PS team</p> <p>Advocate for expanded PS funding</p>
<b>Lack of training</b>	<p>Create and implement thorough onboarding</p> <p>Require Intentional Peer Support Core Training, Hearing Voicing Network Facilitator Training, and Alternatives to Suicide Facilitator Training at a minimum</p> <p>Support team to seek out trainings to request and/or suggest</p>	<p>Agency financially supports access to continuing education</p>
<b>Lack of connection to larger movements (e.g. Psychiatric Survivor Movement, Disability</b>	<p>Create and implement thorough onboarding</p>	<p>Financially support PS staff to attend conferences, trainings, and other networking</p>

<p><b>Rights Movement, Neurodiversity)</b></p>	<p>Attend conferences, trainings, and other networking opportunities</p> <p>Collaborate with and/or engage in mutual support with local peer-run organizations</p> <p>Speak explicitly about our ideological connection to various movements</p> <p>Use the perspectives of the larger social justice movements to inform our advocacy and use personal stories as illustrations of these collective perspectives</p>	<p>opportunities</p> <p>Pay for supervision and consultation from leaders in the Psychiatric Survivor Movement</p>
<p><b>Supervision by clinician</b></p>	<p>Name not being supervised by someone in a non-peer role as a standard and expectation</p> <p>Engage in continuous leadership development for whole team</p>	<p>Create a peer supervisor position</p> <p>Provide training to PS supervisors</p> <p>Higher level management follows leadership of PS, advocate on behalf of PS, allow autonomy in PS program design and decision-making, and demonstrate buy-in</p>
<p><b>Passing the buck</b></p>	<p>Clarify what PS does not do</p> <p>Be clear about consent with all parties involved</p> <p>Prioritize requests that align most directly with PS</p> <p>Be clear about our boundaries and limits, including only accepting self-referrals</p>	<p>Adequately fund community supports</p> <p>Everyone should have clarity of their own role and job description</p> <p>Understand and respect the role, job description, and guiding principles of PS</p>
<p><b>Lack of voice of PS in agency policies and practices</b></p>	<p>Ensure meaningful representation on committees and in staff meetings</p>	<p>Higher level management regularly solicits and values feedback and concerns of PS</p>

	Build strong interpersonal relationships with co-workers in the agency	Encourage and enable PS involvement at all levels of decision-making
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### Values Conflict

Challenge	Our Work	Others' Work and/ or Shared Work
<b>Documentation</b>	<p>Document situations only related to limits of confidentiality and/or with consent</p> <p>Default to practice of collaborative documentation</p> <p>Use documentation as a way to insert and prioritize client perspective and voice in their own record</p>	<p>Do not have productivity requirement</p> <p>Do not require PS staff to do notes with all people or in all situations</p> <p>Do not require PS staff to address medical necessity</p> <p>Do not require PS services to be on treatment plans</p>
<b>Attachment to and Expectation of Outcomes</b>	<p>Try not to have an agenda in PS relationships</p> <p>PS does not focus on goals, unless specifically requested by person, e.g. advocacy needs</p> <p>PS relationship does not need to be directly connected to treatment goals</p> <p>Use principles and tasks of Intentional Peer Support as primary framework</p>	<p>Do not require PS support to be related to treatment plan</p> <p>Do not require PS staff to track outcomes</p> <p>Shift away from documentation on progress in move from PAROO note to open narrative notes, if any notes are done</p>
<b>Receiving too much information about people</b>	<p>Practice self-referral</p> <p>Not being a part of the treatment team</p>	<p>Give Peer Support staff only the info that people have asked you to share</p>

	<p>Interrupt the download of information</p> <p>Don't look at client charts to learn about the person</p>	<p>Value privacy and consent highly and acknowledge the potential impact of seeing through a clinical lens</p>
<b>Consent Issues</b>	<p>Explicitly state that our support is voluntary only</p> <p>Vigilantly remind people they have choice and engage in conversations about choices</p> <p>Reiterate informed consent with non-PS staff</p> <p>Accept self-referrals but not provider-referrals (Self-referral includes when a provider is asked by person to help in connecting them to PS)</p> <p>Refuse to provide services in the context of coercion</p> <p>Move into advocacy role if and when needed and asked</p>	<p>Share information with folks about how they can connect with PS if they want to</p> <p>Value client consent highly and avoid formal or informal coercion</p>
<b>Liability and Risk</b>	<p>Practice robust and individualized informed consent</p> <p>Practice transparency</p> <p>Practice connection over reactivity</p> <p>Explore meaning and have difficult conversations</p> <p>Switch to advocacy role, when necessary</p> <p>Negotiate and do documentation and/or take action around risk together, if possible</p>	<p>Do not create or contribute to a culture of low risk tolerance or overblown perception of liability</p> <p>Do not require PS staff to assess risk, i.e. screenings or assessments to rate risk</p> <p>Do not exclude PS from and offer access to PS in "risky" situations</p> <p>Recognize that the most restrictive responses to risk increase risk</p> <p>Use evidence-based and promising practices in line with</p>

		our philosophy of care and move away from hospitalization as the only option in response to risk
<b>Being in but not of the system: Having a foot both in the traditional/ clinical MH system and the politicized psychiatric survivor movement</b>	<p>Regularly process conflicting feelings and thoughts about doing work in line with the values of the psychiatric survivor movement within the expectations and policies of the MH system</p> <p>Explain context of how PS emerged, and be transparent with the people we support about the conflict that exists between PS values and what we have to do as employees at a DA when relevant</p> <p>Practice ongoing transparency and boundary-setting</p> <p>Have constant vigilance against the current of pathology and coercion</p> <p>Have a clear team vision and framework to guide us</p> <p>Have regular Co-Reflections and team meetings</p> <p>Actively stay connected to the Psychiatric Survivors Movement, Disability Rights, Hearing Voices Network, Alternatives to Suicide, and other relevant movements</p>	<p>Lessen the transactional, paternalistic, prescriptive, etc. nature of services across the board (e.g. via IPS training)</p> <p>Don't shut down advocacy that challenges the fundamental elements of the MH system</p> <p>Legitimize radical or transformative PS perspectives by giving them a platform in leadership spaces</p> <p>Support PS to stay connected to the Psychiatric Survivors Movement, Disability Rights, Hearing Voices Network, Alternatives to Suicide, and other relevant movements</p>

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