



Beyond Psychiatry into Recovery

How Peer Specialists can help Clinicians Develop
Client-Centered, Recovery-Based Interventions.

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“I have no potential conflicts of interest to report”.

Outline

- My path to embrace Recovery principles and Peer Specialists' interventions.
- Peer Specialist and Recovery.
- Data on the efficacy of Peer specialists.
- Lesson learned from interacting and collaborating with Peer Specialists.

- **Objectives:**
- Clarify the role of peer specialists in clinical settings.
- Demonstrate the efficacy of peer specialists' interventions.
- Illustrate the potential benefits of physician- peer specialist collaboration.



Opening my mind to Principles of Recovery and Peer Specialists' Interventions*

- Influence of “Critical Psychiatry“.
- interest in cultural, social and contextual aspects of wellbeing.
- Limitations of the “illness-driven recovery model”:
mainly focused on symptoms disappearance/ reduction/ modulation.
- The realization that the way we deal with emotional distress is strongly affected by prevailing ideology, expectations, sociocultural factors and market forces.
- Getting educated on the history of the recovery movements, its principles, its different philosophies and approaches.
- Encounters with people with “lived experience”: contributed to a change in perspective from relying on biopsychosocial model to a recovery model.

*Special mention to Donald Hume, Adan Carriaga, Norman Coeeyate



Recovery

- A self managed –non-linear -path of personal evolution which goes beyond the concept of "recovery from illness".
- It makes use of strategies congenial to the individual.
- Based on the awareness of the ability to self-manage life and the realistic hope of an ongoing process of evolution.
- Main objectives: The improvement of the quality of life and the achievement of individual potentials
- It includes hope for the future, adequate social support; confidence in one's own possibilities; psychological, social, economic and cultural aspects.
- These aspects are not sufficiently included in the clinical approach and in the "mainstream" scientific literature.
- Recovery is a personal experience and not an entity that can be easily quantified as the result of a controlled study.
- It could be defined as "Existential Recovery" to differentiate it from "Medical Recovery" which focuses on the disappearance or alleviation of symptoms.

**Above points are taken from different sources referenced in the presentation.*

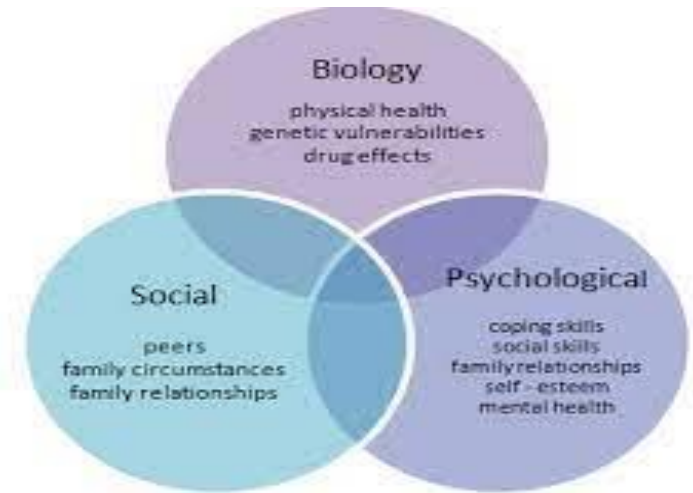


Difference Between “Medical” and “Existential” recovery

- “Medical Recovery”
- Return to the first pre-illness phase: total or almost total absence of symptoms, which is generally seen as the gold standard outcome measure.

Issues with this approach:

- The presence or absence of symptoms is not the only factor for an improvement in the quality of life.*
- If the absence of symptoms is considered to be the main aspect of recovery, many individuals would not believe that recovery is achievable.*



*Jacob K. S. (2015). Recovery model of mental illness: a complementary approach to psychiatric care. *Indian journal of psychological medicine*, 37(2), 117–119.
<https://doi.org/10.4103/0253-7176.155605>

The Substance Abuse and Mental Health Services Administration (SAMHSA)- Recovery Wheel.

Recovery emerges from:

The “objective hope” of a better future.

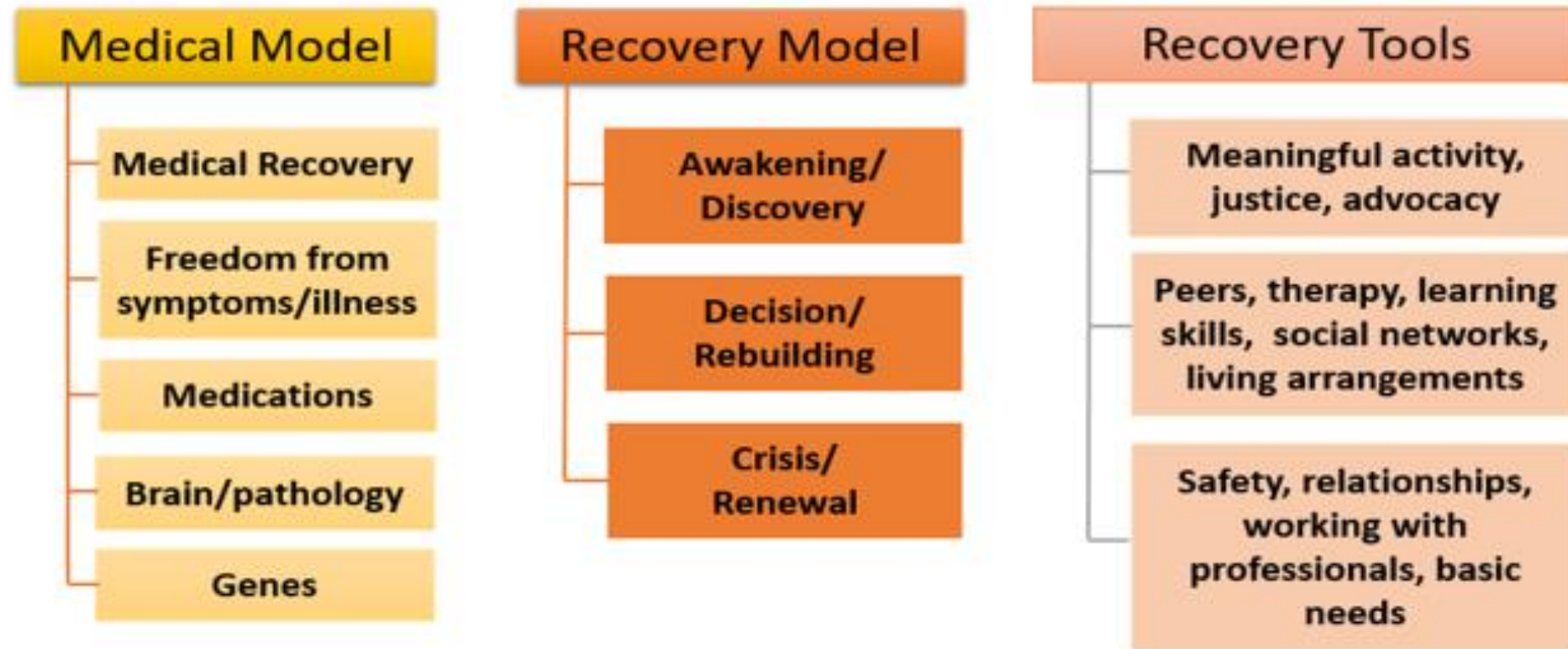
The belief that people can overcome internal and external challenges.

- **Hope** is **internalized** and can be fostered by peers, families, suppliers, allies, and others.
- **Hope** is the **catalyst** of the recovery process.
- **Self-determination** and **self-direction** are the foundation for recovery as individuals define their own life goals and design their own unique paths towards those goals.
- Recovery occurs through **many Pathways**: Individuals are unique with distinct needs, strengths, preferences, goals, culture and backgrounds.
- Recovery is **holistic**: it encompasses an individual's entire life: mind, body, spirit and community.

[SAMHSA's Working Definition of Recovery](#)



Medical Model vs Recovery Model



Source: Adapted from <http://prozacmonologues.blogspot.com/2012/10/neuroscience-of-meaningful-work.htm>

Peer Specialists: Salient Aspects

- Lived experience, knowledge of recovery and professional training who assist other individuals with emotional distress.
- Promote the goals of recovery as virtually possible for everybody, regardless of symptoms and diagnoses.
- Share their experience of dealing with emotional distress.
- Facilitate the overcoming of psychosocial obstacles interfering with people's lives.
- Interventions are calibrated to real needs as perceived by the individual.
- Assist individuals in developing their goals and creating strategies for self-determination.
- Encourage individual's sense of responsibility.
- Emphasize physical, psychological, and emotional safety and creates opportunities to rebuild a sense of control and empowerment
- Useful for professionals and the systems: Peers educate and support clinical staff colleagues by sharing their perspectives and promote policies supporting the recognition and inclusion of recovery principles.
- Included in almost all "levels of care": wards, emergency services, clinics, etc.



Functions of Peer Specialists



Coaching: Focus on development of individual skills and competences regarding mental health and individual development.

Strategic learning: Focus on strategies to cope with emotional distress. The sharing of personal experiences is fundamental in developing recovery approaches.

Behavioral mirror: Communicates with his/her own behavior and speech ways of dealing and resolving situations hindering the recovery process.

Mentor: Assists the individual in developing his/her own meaning as a personal existential journey.

**The Peer Specialist integrates, but does not duplicate or replace clinician's role*

Jacobson, N., Trojanowski, L. & Dewa, C.S. What do peer support workers do? A job description. *BMC Health Serv Res* 12, 205 (2012). <https://doi.org/10.1186/1472-6963-12-205>

Core Competencies for Peer Workers in Behavioral Health Services (samhsa.gov)

Efficacy Of Peer Support

- Improves quality of life.
- Increases the involvement of patients, self-management, the sense of individual well-being, hope, empathy and acceptance.
- Reduces the overall cost of mental health services; hospitalization rates; hospital length of stay; encourages the use of outpatient services.
- Digital peer support interventions appear to be feasible and acceptable, with strong potential for clinical effectiveness.
- Recovery initiatives have differences in methodology, but consistently demonstrate the effectiveness of peer support.

<https://www.mentalhealthamerica.net/sites/default/files/>

Fortuna KL, Naslund JA, LaCroix JM, 2020 Digital Peer Support Mental Health Interventions for People With a Lived Experience of a Serious Mental Illness: Systematic Review
JMIR Ment Health;7(4):e16460

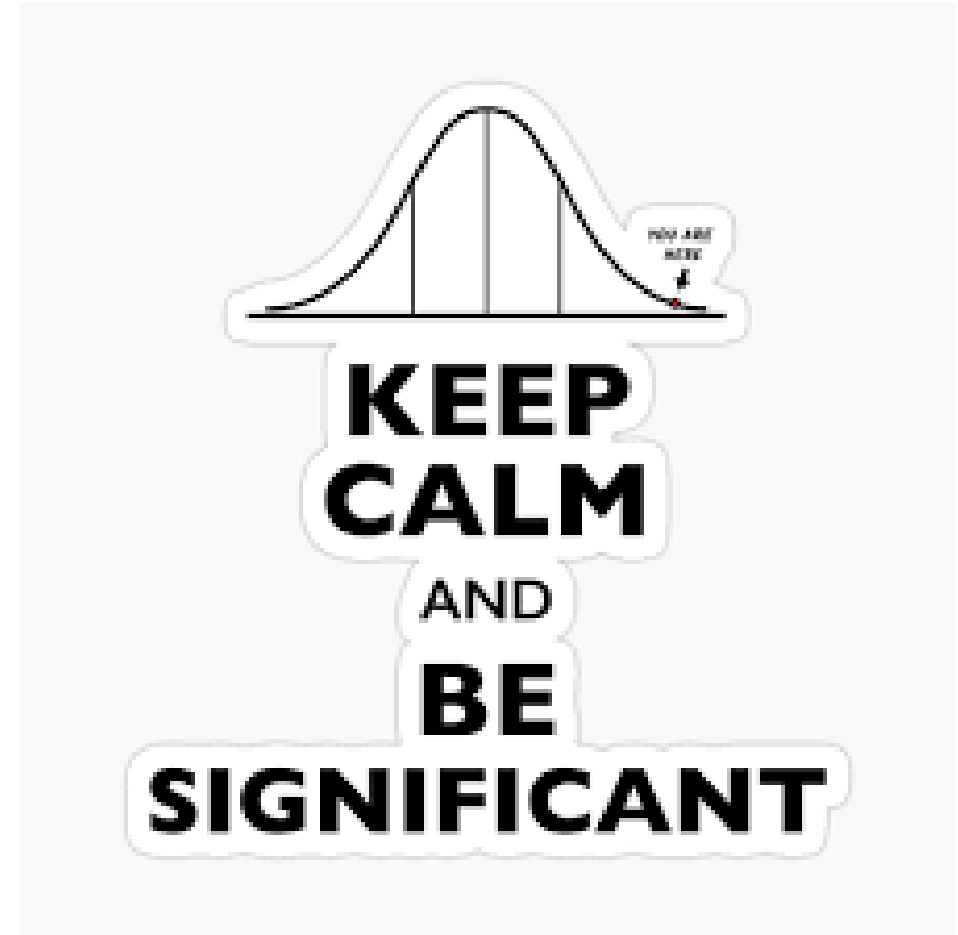


Peer Specialists-Managed Care Interventions

- Individuals with mental health problems - substance abuse - problems of physical nature (very high comorbidity)
- Decrease in number of people who use inpatient services (42%).
- Decrease in number of inpatient days(46%).
- Increase in number of outpatient visits(25.5%).
- Decrease in total Behavioral Health Costs(36%).

Optum Peer Bridger (2013 evaluation) [Peer Services Toolkit \(mhanational.org\)](http://mhanational.org)

**Outcomes: average of Wisconsin and New York sites.*



Comparison of Peers' and Clinicians' Interventions in a NM Community.

- The research was funded through a grant from the Patient-Centered Outcomes Research Institute.¹
- Randomized controlled study 2014-2016.
- Participants (N = 420) randomized to PL*-SS and CL*-SS groups.
- Seeking Safety (SS) - Effective treatment for trauma and drug addiction problems.
- Effectiveness of the PL* groups compared to the CL* groups in reducing the use of substances-symptoms of PTSD; in improving the ability to manage oneself and mental / physical health.
- *PL *:* Peer led: led by peer specialists.
- *CL *:* Clinician led: led by Clinicians

¹ Study publicly presented, unpublished.



"Your doctor will be here in a minute, I'm a placebo."

Patient-centered trauma treatment outcomes

- Overall: No difference between CI and PL.
- PL - participants significantly lower craving scores than CL-participants.
- Both groups - similar results:
- Decrease in the severity of drug addiction.
- Significantly lower craving.
- Less prominent PTSD symptoms.
- Significantly higher coping skills.
- Conclusions: Peer interventions are equally effective as therapists Interventions.



Lessons learned from Peers

- Major areas addressed in collaborating with Peer Specialists:
- Meaning and significance of recovery.
- Strategies on integrating principles of recovery in Clinical practice.
- Barriers to utilization of peer specialists in different settings.
- Importance of recovery based language.
- Stigma and Internalized Stigma



Lessons learned from Peers

- Awareness of difference of clinician's perception and individual's perception of Recovery.
- Recovery principles are not integral part of doctors' education.
- Focus on short term-hospitalization as essential part of training for psychiatrists,
- Medical model includes non-medical aspects: involuntary treatment, physical restraints, use of law: medical/ judicial model.
- Medical model: Does not capture the complexity of life.
- It is essential to understand individuals' meaning of psychological health and wellbeing,
- Diagnoses and theories should not dominate clinical interventions.
- Knowledge of individual's views on psychiatric medications, including focus on short term treatment and possibility of a safe tapering and withdrawal.
- More focus of non-specific aspects affecting outcomes (i.e., relationship , engagement, socio-cultural-spiritual factors), highly responsible for good outcomes.*



*The Heart & Soul of Change: What Works in Therapy Edited by Mark A. Hubble, Barry L. Duncan, Scott D. Miller, 1999

Lessons learned from Peers

- Individuals do not usually lose completely their clinical symptoms, but does not stop their recovery.
- Often individual individuals indicate that the symptoms are not the major issues and that their discomfort stems from social issues, including stigma.
- They often express frustration about long term-medication treatments.
- Often feel that their lives are governed by treatment and medications.
- They try to “break away” from psychiatry and to reduce or stop their medications : not a refusal of reality, but an assertion of their own right to freedom of medical choice.
- Importance of individual narrative.



Lessons learned from Peers

- Focus on quality of life is paramount.
- Tendency to expect that individuals are “complaint” with our treatment plans and tendency to define “difficult patients/cases” those who are in disagreement.

These considerations initially made me uncomfortable, but then I realized that they add new meaning, direction and strengths to my clinical work.




Physicians working with Peer Specialists

- Peer Specialists can assist people in relating more effectively with their physicians:
- By assisting individuals in exploring different types of treatment, including medications.
- By helping individuals to clearly express questions and information to convey to the doctor.
- By going with the individual to their appointment.
- By facilitating a Shared Decision Making Process to ensure that the individual is an equal partner.
- By assisting the individuals in preparing Advance Directives so that person's wishes are clearly stated.
- *It is essential that the peer specialist and the clinician understand each others' role and assist the individual receiving services in achieving their recovery goals.*
- *Peer specialists must follow the same laws and regulations regarding confidentiality and HIPAA as clinical staff.*

**From extensive feedback from peer specialists.*





Don't listen to people
who tell you what to
do. Listen to people
who encourage you to
do what you know in
your heart is right. ■

Psychiatry and Recovery Movement

“ Between the survivors’ movement and psychiatry lies a void regarding the understanding of recoveryFor the service user, mental illness is a way of coping with extreme trauma, conflict, emotional abandonment and social isolation. Recovery is about being loved and accepted, finding your true self, your gifts and talents. It is human transformation in its deepest sense. “

Alison Reeve, quoted in Recovery Beyond Psychiatry, David Whitwell, Bookchase, London, UK, ,2005.



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