



Peer Support & Recovery:

What Helps, What Hinders – When and How?

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Alternatives Conference

October 28, 2005

Definition of Recovery

- **ODMH defines recovery as “The process of overcoming the negative impact of a psychiatric disability despite its continued presence.”**
- **Recovery is “a deeply personal, unique process of changing one’s attitudes, values, feelings, goals, skills, and/or roles (Anthony, 1993).”**
- **Removing the negative from mental illness (anon)**

*Stages of Recovery**

Dependent/Unaware	Consumer relies on others and is not aware of his/her own status or needs.
Dependent/Aware	Consumer relies on others but is aware of his/her status and needs.
Independent/Aware	Consumer relies on self and is aware of his/her status and needs.
Interdependent/Aware	Consumer relies on self and others in a mutual exchange of beneficial support, services and resources.

* Ohio Department of Mental Health (1999). Emerging Best Practices in Mental Health Recovery Process.

Stages of Recovery Con't

ODMH:

- **Dependent/Unaware**
- **Dependent/Aware**
- **Independent/Aware**
- **Interdependent/Aware**

The Village:

- **Hope**
- **Empowerment**
- **Self-Responsibility**
- **Meaningful role in society**



Matching Peer Support to Stages of Recovery

What Helps: When and How?

Dependent/Unaware (Hope)

Provider Agency:

Acute, intense clinical services:

- Case management
- Medical somatic

Focus on increasing the consumers' level of awareness regarding illness, health, basic needs, and medications.

Connect to/provide services to address symptoms and basic needs.

Consumer Agency/ Community Supports:

- When appropriate, involve family in treatment.
- Limited or no consumer agency support, but there should be informal peer support.

Dependent/Aware (Empowerment)

Clinical services emphasizing stability:

- Case management
- Medical somatic
- EBPs
- Day/Psychosocial programs
 - Skills development (basic)
 - IMR
 - Peer support
 - Mentoring
 - Group facilitation
 - Education (BRIDGES, Drivers Seat)
 - 12-step programs

Focus on stability and helping consumers gain independence (do with instead of for).

Consumer Agency/
Community Supports:

- Continue family involvement
- Introduce structured peer support - will often occur at the treatment provider agency, but should be transitioned to consumer agency and/or peer-run program.

Independent/Aware (Responsibility)

Clinical services emphasizing growth:

- Reduced medical somatic
- Transition out of case management
- Therapy
- Vocational services
- Supported housing/education
- Transition out of day/psychosocial programs

Focus on self-esteem and continued empowerment

Consumer Agency/ Community Supports:

- Add social/community support to family support
- Peer support shifts to consumer-operated agencies
 - Recovery groups
 - Self-help/peer support groups
 - Education (formal/informal)
 - Advanced Skill Development (computer training, resume writing, serving on committees/boards, etc.)
- May work as peer supporter in agency or in a job in the community
- May advance formal education

Interdependent/Aware (Valued Role)

Provider Services:

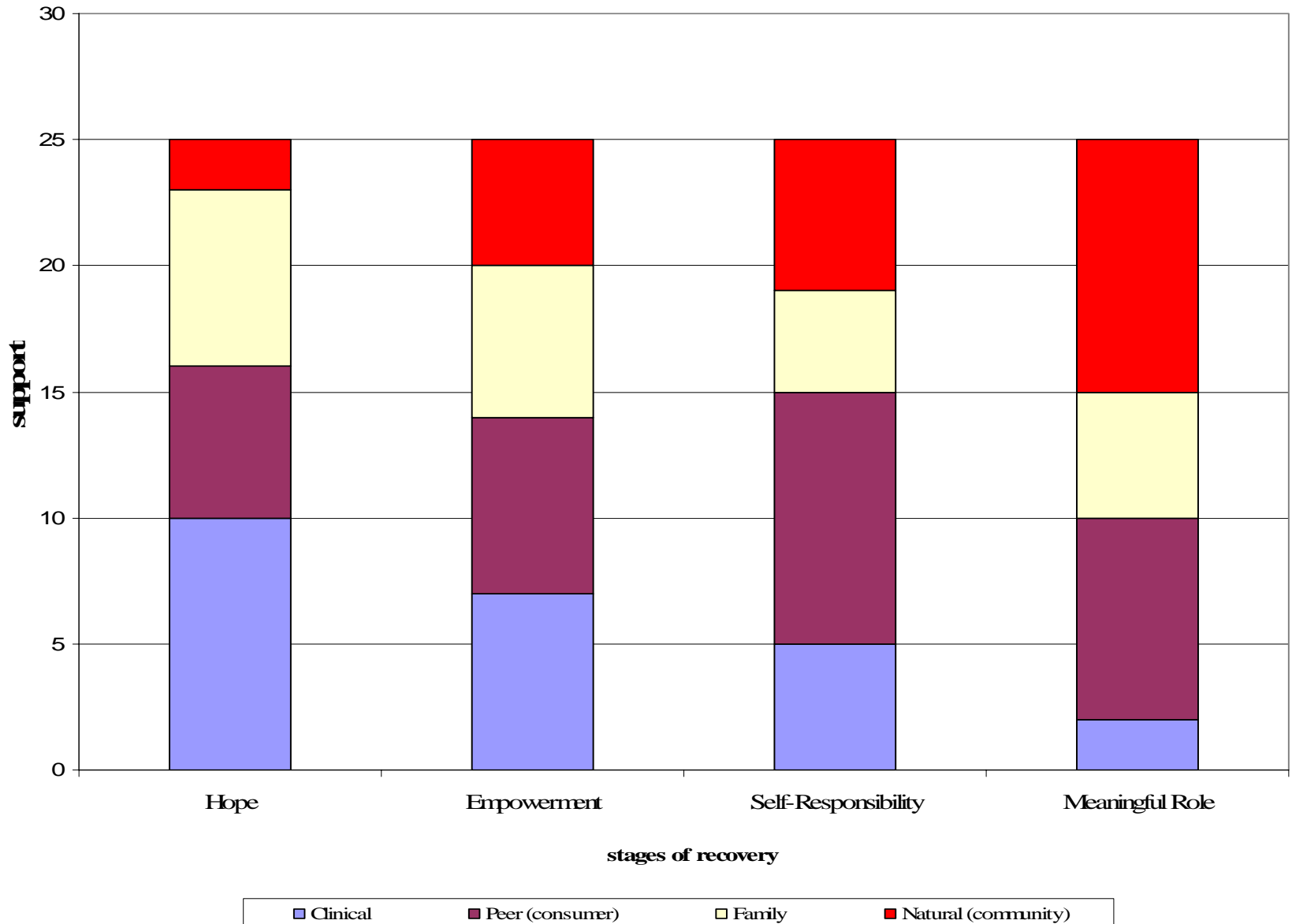
- Medical somatic only services
- Safety net for other services should the need surface

Focus on utilization of natural supports and, for some, transition from mental health services.

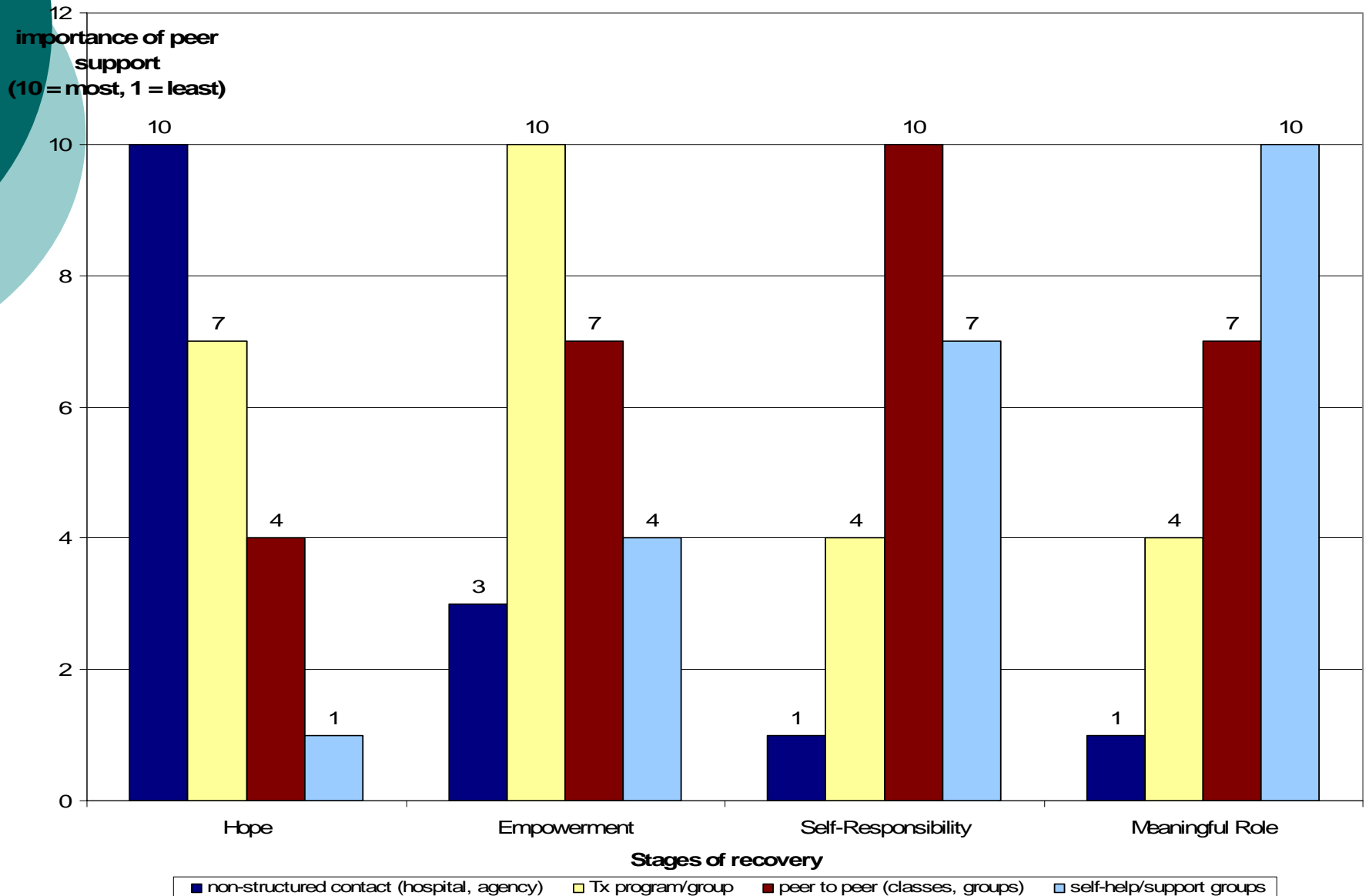
Consumer Agency/ Community Supports:

- Employed as peer supporters and/or transition from peer support at consumer agency to natural supports in the community
- Fulfilling a meaningful role in community (employment, volunteer, neighbor, friend, clubs, etc).

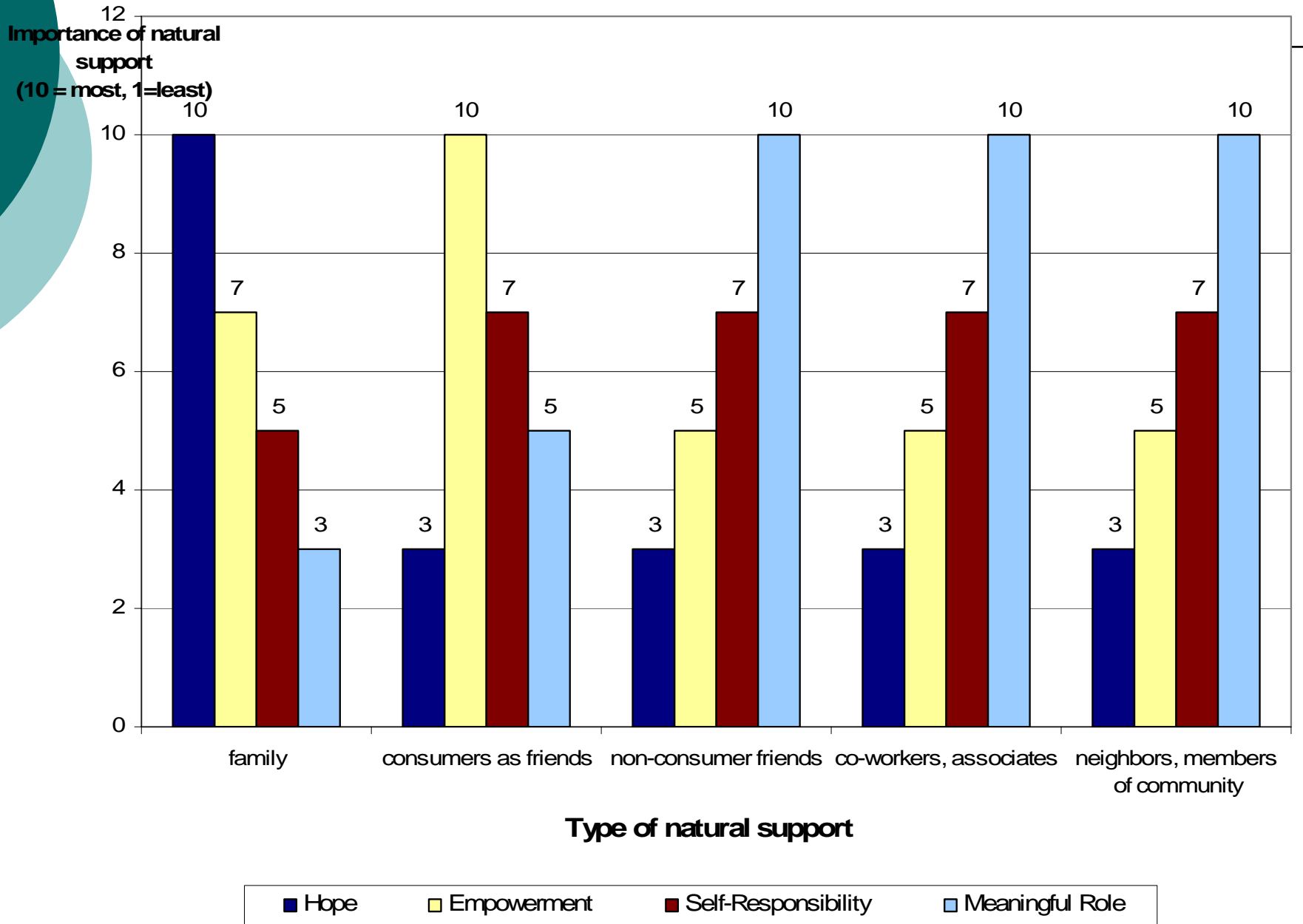
Changes in Type of Support over the Course of Recovery



Changes in Types of Peer Support Across Stages of Recovery



Change in Type of Natural Supports Over the Course of Recovery



Summary

Peer support is critical throughout the course of recovery, but...

...the amount and type of support changes as one progresses through the phases of recovery.

Dependent/Unaware (Hope):

- **peer support is informal and tends to be centered around treatment agency/hospital programs and activities**
- **Interaction with peers is often focused on mental illness rather than recovery**
- **Clinical and family support is typically more important than peer support at this stage**

Summary Con't

Dependent/Aware (Empowerment):

- **Peer support becomes more formal...likely to involve support from peers working in day/psychosocial programs and peer-run programs. Support at this level may also come via peer-to-peer classes.**
- **Focus begins to shift from mental illness to advocacy and recovery, which starts with a sense of empowerment.**
- **While clinical support is still critical in this stage, especially early on, peer support becomes more important as individuals approach the self-responsibility phase of their recovery.**

Summary Con't

Independent/Aware (Self-Responsibility):

- **Peer Support takes on an equal, if not more important, role than clinical and/or family support. At this point in recovery, individuals are no longer dependent upon their treatment providers or peers.**
- **Peer support is far more likely to occur outside the formal treatment environment (e.g. consumer-run agencies, self-help groups, peer friendships, etc.).**
- **People in recovery begin to “give back”....they become volunteer or paid staff; rather than being recipients of support, they begin providing the support.**
- **Peer support begins to occur in the community rather than the mental health system.**

Summary Con't

Interdependent/Aware (Meaningful Role):

- **Peer support occurs in the natural environment. Rather than being peers because of shared experiences with mental illness, individuals become peers based on shared interests....they become friends and engage in that friendship outside the mental health system.**
- **It is at this point that some people in recovery “graduate” from the system and seek support through non-consumer relationships with others in their community, including their place of employment.**
- **If remaining a part of the consumer culture, individuals at this stage are the givers of support...they receive their support elsewhere. Providing support becomes a meaningful role!**



Matching Peer Support to Stages of Recovery

What Hinders: When and How?

Support that Hinders Recovery

- **Support that doesn't match the needs and desires of the individual**
 - e.g. providing peer-to-peer classes to a person who has acute clinical needs is far less effective than having a peer available for that individual to talk to.
- **Support that doesn't encourage and facilitate growth...that doesn't help an individual establish and reach his/her goals**
 - e.g. doing things for a person that they are capable of doing for themselves, or learning to do for themselves.

Support that Hinders Recovery

- **Support that doesn't end**
 - **Avoid the Hotel California syndrome...**
 - when peer support is no longer necessary and/or beneficial, the person should be encouraged to transition to something else (i.e. natural supports in the community).
- **Support that is controlling**
 - **If the relationship is hierarchical, there's a problem**
- **Support that is stigmatizing**
 - **We can't criticize mental health professionals and the community for stigmatizing those with a mental illness if we do it!**



Q & A and Contact Info.

Change is inevitable...progress is optional.*

Choose Progress!

* Dr. Hogan, Director, Ohio Department of Mental Health

Contact Info.

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