PEER INTERVENTIONS

ESTABLISHING A PEER SUPPORT PROGRAM FOR FAMILIES INVOLVED IN THE CHILD WELFARE SYSTEM WITH SIGNIFICANT BEHAVIORAL HEALTH NEEDS

WHAT WE KNOW, WHAT WE DON’T KNOW, what we need to know
PRESENTERS
SOUTHERN & NORTHEAST REGION

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- Conchita Lundblad, Ph.D., LCSW, DCF SAMH Office, Children’s Mental Health
- Linda Callejas, Ph.D. Research Assistant Professor, Department of Child & Family Studies, University of South Florida
- Ken McCullough, LMHC, Director Child Welfare Team, Stewart Marchman Act
- Danny Blanco, BA, Outpatient Services Director, Westcare/The Village South
- Susan Broadway, Peer Support, FITT program, Westcare/The Village South
I. Welcome and Introductions (ALL)
II. Overview of Peer support and Brief history (L. Callejas & C. Lundblad)
III. Videos of Peers and Caregivers (P. Ford & Susan)
IV. FITT: How It Works (K. McCullough, D. Blanco & C. Rogers)
V. Programs using Peers: Banyan, RPG, etc. (C. Rogers)
VI. Research (L. Callejas & C. Lundblad)
VII. Establishing a Peer Support Program (C. Rogers, P. Ford, C. Lundblad & L. Callejas)
VIII. Peer Certification Process (P. Ford)
IX. CW Certification? (C. Rogers)
X. Suggestions - Other Peer Inclusions (C. Rogers)
XI. Questions, Comments, Conclusion? (ALL)
OVERVIEW AND HISTORY

Linda Callejas, PhD
And
Conchita Lundblad, PhD, LCSW
A BRIEF HISTORY AND OVERVIEW

COMMUNITY-BASED SUPPORT: WHAT DO WE MEAN?

BH Service Organizations — Community-based Support Workers — Underserved Populations (CLC / Equity)
TYPES OF COMMUNITY-BASED SUPPORT WORKERS

- Natural Helpers
- Community Health Workers (CHWs)
- Peer Support Workers

Continuum of Support Types
• Increase cost effectiveness of services
• Often used to engage “hard to reach” populations
• Increase cultural competence of providers and systems
• Increase reach of EBP
Brief HISTORY: PEER SUPPORT WORKERS

- From Survivors’ movement to Consumer rights
- Peer Support Workers are associated with recovery-oriented management model versus the limitations of traditional (often deficit-based) treatment models
PEER SUPPORT WORKERS

- Provide people with behavioral health needs with support and hope of recovery using own experience
- Encourage people they work with to take more control of their own recovery
- Link providers and service recipients: help each learn more about each other’s perspectives
Individuals who have successfully overcome the challenges that brought them to the attention of Child Welfare Services” (Boyd Rauber, D., n.d.)

Individuals who “have had lived-experience in navigating some form of child welfare services, juvenile dependency court services, and/or the juvenile or adult criminal justice system that initiated a need for personal and social change in their lives” (Toohey, P.)
III. PEERS AND CAREGIVERS (PAM)

Why did you want to be a Peer?  What was it like working with a Peer?  What are the benefits of Peer Support?
IV. Family Intensive Treatment Team: how it works and contributions to Peer Recovery (Ken, Danny and Cathie)

- What is FITT
- Eligibility
- Intent:
  1) Cross-system partnership
  2) Child safety
  3) Family stability/recovery
  4) Intensive family engagement
  5) Treatment and services
- Contributions of Peer Recovery Specialists
V. Programs Utilizing Peers

- Grants
- BH Providers
- CSU
- Drop-In Centers
- Clubhouses
- Managing Entities
- Federation of Families
- Medical/Wellness
- Veterans
- Others- Audience
VI. THE RESEARCH EVIDENCE: 
Supporting PEER Support

Conchita S. Lundblad, PhD, LCSW 
Linda Callejas, PhD.
Research-related questions

- Underlying assumptions for a Peer Support program component
- Are we speaking the same language?
- Definitions, why do they matter?
- Basic Generic definitions
- Comparing different Programs and Models?
- Does Peer Support work? How effective is it? What is the evidence?
  A few of the studies
Peers’ potential efficacy is based on their similarity to the target population.

Core belief that “people who have a shared experience of a common problem have unique resources to offer one another”

Peers who resemble targeted individuals in terms of their experience, status, or social role—all the aspects that define peerness—are thought to be capable of providing support in ways that non-peer professionals cannot.
“Parent Partners” (Cohen & Canan, 2006)

“Parent Advocates” (Jefferson County, Kentucky, 2007),

“Parent Peer Mentors” (Berrick, Young, Cohen, & Anthony, 2001)

“Veteran Parents” (Nilsen, Affronti, & Coombes, 2009)

“Peer Navigators” (Kelly, E., et al., 2013)

Natural Helpers

“Certified” Peer Specialist or simply “Peer Specialist”,

LANGUAGE: DIFFERENT NAMES/TITLES, (DIFFERENT PROGRAMS?)
A Peer: “a person who belongs to the same age group or same social group as someone else”

- A Navigator is the person on board a ship or aircraft responsible for its navigation

Colloquial use of the word: “peer,” meaning one that is of equal standing with another.
Being more specific facilitates our understanding of how peers operate and what contributes to their ability to produce a desired or intended result (EFFICACY).

Helps interpret the available research literature and explain why some peer interventions work and others do not. For example, peers might be crucial in activities such as outreach but less effective than professionals when it comes to leading a support group.

To measure, we need to define specifically WHAT are we measuring, and agree we are measuring the same variables (factors) and using the same (or similar) validated measuring tools,
Important to identify goals or OUTCOMES

- Substance Abuse, Mental Health, Domestic Violence outcomes: Recovery? What does “recovery” look like?

- Child Welfare Outcomes?
  - Keeping Children safe?
  - No new maltreatment-related calls to Abuse Hotline?
  - Increasing parental capacity?
  - Timely access to SA or MH treatment for CW parents?
  - Successful Treatment completion for parents and Recovery
  - Timely Reunification?
Does Peer Support help CW-involved parents?
HOW Do We Really Know that Peer Support Works?

AND

How Do We Compare and Evaluate DIFFERENT PROGRAMS or “Models” of “Peer Support”? 
Only a “handful of outcome research studies or “empirical evaluation” studies are available, on interventions or programs that used peer [support] for child welfare-involved families...although there are studies that support the effectiveness of parent mentoring and support programs in related fields- such as substance abuse, mental health and pediatrics”
Children in families receiving parent advocate services **had fewer placement moves** in their current episode of care (8 moves v. 1.8 moves) than those who did not receive services;

Children in families receiving parent advocate services (avg. 3.76 mo) **overall spent less time in care**. (10.2 v. 18.2 months.), than those who did not serve their respective families for an average of 3.76 months.

Of 250 closed cases, **215 children did not have subsequent CPS referrals**; only 25 children had a substantiated finding of abuse or neglect within one year.

Of the 202 children receiving parent advocate services who left out-of-home care before 2008, **70.3 percent reunified with their parents or relatives**, **This rate compared to 56.7 percent** of children who did not receive parent advocate services.
### Integrating Substance Abuse Treatment and Child Welfare Services (2006)

- **Recovery Coaches** (RCs) emphasis on two outcomes: (1) access to substance abuse and (2) services family reunification.

- RCs engaged in comprehensive clinical assessments, advocacy, planning, outreach and case management.

**FINDINGS:**

- Families receiving recovery coach services were more likely to gain access to substance abuse service. Also, they were more likely to achieve family reunification. *The odds of achieving reunification were 1.28 times greater for families assigned a recovery coach.*

### ‘I am the face of success’: peer mentors in child welfare” (2011)

**PROCESS** (1) the Parent Partners (PP)

Components of the program that are beneficial to parent clients and affiliated professionals; mechanisms that make peers effective. [Qualitative]

**OUTCOME** (2) Experimental & Control grp: Is Reunification more or less likely with without MENTORS’ help) [Quantitative]

**FINDINGS**

- Shared Experience, Communication and Support
- Families with Peer Mentors, more likely to reunify
Evaluating programs effectiveness: some QUESTIONS

- Are the intervention or models, the same?
- Do the peers recruited all have CW lived experience?
- Is the training peers receive, the same?
- Are they all “certified”?
- Is the supervision peers get, the same?
- What Are the activities peers conduct & are they the same?
- Is the cost of the programs the same?
Other – OUTCOME-related QUESTIONS

- Has the **overall program goal(s)** been achieved? **What is the impact of the PEER involvement on the Birth Family/Parent?** **On the Peer Worker?**

- **What**, if any **unintended change** has occurred as a result of the program?
- **What**, if any factors outside the program have contributed or hindered the desired change?
- **How do we know “change” can be attributed to the peer intervention**
To **COMPARE** various *models and programs* we need to speak the same language, and use clear definitions.

- Specify all ingredients of the program/model, (e.g. peer characteristics, what outcomes are targeted, how are they being measured, what tools...)

- Design a strong **EVALUATION** component, (validated measurement tools and ideally, both qualitative and quantitative data),
Do “Peer Supporters” benefit from their “helping others” professional role?

Why, how, or in what way?
BENEFIT FOR PEERS (what THE LITERATURE reflects)

- Helps **build their own self-confidence** and **self-efficacy** around fulfilling their role as advocates.
- Provides a **transition into full and functional participation** as a parent and citizen...
- Treated with respect and having **their opinions sought out by agency caseworkers**, who once viewed them as victims; **powerfully transformative**.
- Provide critical professional job skills that are **easily transferable to other settings**.
- Helper role is rewarding; feeling appreciated by families and even relied on their support and guidance can be deeply satisfying.
- Tendency to **feel better when comparing themselves favorably with others worse off** (i.e. “I have overcome my negative circumstances and resolved my issues issues”)
The BANYAN “PEER NAVIGATORS” EXPERIENCE
(QUALITATIVE)

MAIN THEMES

▪ Benefit to the families
  ▪ So having a peer say...Ok, “This is what you need to do, so this does not happen. I am going to be there to guide you; not going to do it for you, but guide you to where you need to go and what you need to do”.

▪ Benefits for the PEER
  ▪ “I love it! Because me having gone through what I have been through... Now that I have a chance to give back what was so freely given to me; when these people first meet me,” “...and now here I am, passing the baton. I Love it”.

▪ Barriers
  ▪ When asked “Do you feel that other professionals like court personnel, respect your point of view? “No. No” “They don’t know what a Peer Navigator is…”
  ▪ About families...“This is something new. We’re the first ones. Everybody knows what peer is but they don’t know what a Peer navigator role is.
  ▪ About Professionals...People do not know about the Peer navigator program. The agencies need to know who we are. They need to know our purpose
PLANNING: ESTABLISHING A PEER NAVIGATOR PROGRAM

Linda Callejas, PhD
Conchita Lundblad, PhD & LCSW
Cathie Rogers, LMHC
Pam Ford, Peer Recovery Specialist
Questions to keep in mind

- **What** is the exact program “**model**” you are planning on implementing?
- Is it based on a “**theory**”? 
- **Who** are the peers you will recruit, and **what** are their characteristics?
- What **lived-experience**, **training**, and/or **certifications** do you expect peers to have?
- **What [activities]** will they engage in and how will you track them?
- **What** compensation levels will you apply (along the continuum, from volunteer, natural helper, to certified specialist, paraprofessional)?
- What **training** and **supervision** will they receive to implement your program/model?
- How will you **evaluate** your program? What are the **outcomes** you are after?
IDENTIFICATION OF POTENTIAL WORKERS AND RECRUITMENT

• Outline available budget resources
• Create recruitment plan
• Develop job descriptions
• Establish clear hiring criteria
• Interviewing
• Barriers-Clearance
TRAINING: CORE COMPETENCIES

- Understanding Cultural Diversity of Populations & Community Context
- Referral Resources & Outreach
- Advocacy
- Group Presentation/Meeting Facilitation
- Communication Skills & Rapport-building/Home Visiting
- Confidentiality/Ethics/Boundaries
PEER Roles*

- **SUPPORT** (emotional, psychological, instrumental, social, practical...)
  - Outreach Worker
  - Confidant
  - Role Model and mentor
  - Problem Solving Coach
  - Observer
  - Advocate
  - Community Organizer
  - Companion

- Motivator and Cheerleader
  - Truth Teller
  - Planner
  - Resource Broker
  - Tour Guide
  - Educator
  - Lifestyle consultant/guide

*http://inaops.org/national-standards*
TRAINING: ONGOING COACHING/SUPERVISION

- Setting boundaries: confidentiality/ethics
- Ongoing group coaching/support
- Promoting self-care, ongoing recovery
- Connecting with larger support networks
- Support continuous professional development
Select appropriate evaluation design, methods and tools

Developing measurable objectives

Determine who, what, where, and when for reporting evaluation results

Establish means for generating meaningful feedback loop with workers and/or populations served
Certified Recovery Peer Specialist (Pam)
  - Adult (CRPS-A)
  - Family (CRPS-F)
  - Veteran (CRPS-V)

Should we add a CHILD WELFARE Certification? (Cathie)
COMMENTS, QUESTIONS, RECOMMENDATIONS?

Thank You for Coming!


REFERENCES CITED

