

PEER SUPPORT FUNDAMENTALS

Peer support does not adhere to any one “program model.” Rather, it is a dynamic and flexible approach to connection and mutual understanding based on a set of core values and principles. This chapter will present information on the fundamentals of peer support that have been developed over the years by people who have worked in peer support roles, conducted research on the topic, and have reflected upon and written about it.^{1,2,3,4} These ideas can be applied to any setting or activity. Understanding the fundamentals will help you use the strategies presented in later chapters to apply these principles to peer support relationships with women who are trauma survivors. The chapter also suggests books, articles, and websites that provide additional information.

What is Peer Support?

Peer support is a way for people from diverse backgrounds who share experiences in common to come together to build relationships in which they share their strengths and support each other’s healing and growth. It does not focus on diagnoses or deficits, but is rooted in compassion for oneself and others. Through peer support, we can challenge ourselves and each other to grow beyond our current circumstances and build the lives we want and deserve. Peer support promotes healing through taking action and by building relationships among a community of equals. It is not about “helping” others in a hierarchical way, but about learning from one another and building connections.

¹ Campbell, J. & Leaver, J. (2003). *Emerging New Practices in Organized Peer Support. Report to the National Technical Assistance Center for State Mental Health Planning (NTAC), National Association of State Mental Health Program Directors (NASMHPD)*. Alexandria, VA.

² Campbell, J. (2005). *Historical and Philosophical Development of Peer Run Programs*. In Clay, S. (Ed.), *On Our Own Together: Peer Programs for People with Mental Illness (17-64)*. Nashville, TN: Vanderbilt University Press.

³ Solomon, P. (2004). *Peer support/peer provided services: Underlying process, benefits and critical ingredients*. *Psychiatric Rehabilitation Journal* 27, 392-401.

⁴ Mead, S., Hilton, D., & Curtis, L. (2001). *Peer support: A theoretical perspective*. *Psychiatric Rehabilitation Journal* 25, 134-141.

A NATURAL HUMAN RESPONSE TO SHARED ADVERSITY

Most people who’ve been through hard times empathize with and have an urge to reach out to others who struggle with problems that feel similar to their own. For example, an older woman with children shares her experiences with an overwhelmed new mother. A widow offers tea and words of comfort to a woman whose husband has recently died. The desire for peer support relationships can be seen as a natural human response to shared struggles.

A “peer” is an equal, someone who has faced similar circumstances, such as people who have survived cancer, widows, or women who parent adolescents. In peer support, the people involved have had some sort of similar experience, such as being given a psychiatric diagnosis and receiving behavioral health services.

That is one of the key differences between peer support and professional services and treatment. “Support” is another way of expressing the kind of understanding and encouragement toward growth that people who struggle with similar issues can offer one another.

Peer support can take many forms. In the 1930s, the twelve-step model emerged to provide mutual (peer) emotional, social, and informational support for people struggling with alcohol dependency. Today, twelve-step programs are the most widely available mutual support groups for people in addiction and substance abuse recovery, although other models for peer support have emerged, including Women for Sobriety (WFS), SMART Recovery (Self-Management and Recovery Training), and Secular Organizations for Sobriety/Save Our Selves (SOS).⁵

⁵ *Substance Abuse Fact Sheet in Brief, Spring 2008, 5:1. “An Introduction to Mutual Support Groups for Alcohol and Drug Abuse”* http://kap.samhsa.gov/products/brochures/pdfs/saib_spring08_v5i1.pdf



ROOTS OF PEER SUPPORT: THE FEMINIST PRACTICE OF CONSCIOUSNESS-RAISING

Consciousness-raising is a group process rooted in feminism in which people with a common problem share and explore their experiences in order to draw connections between the personal and the political.

In the 1970s, former mental patients used consciousness-raising as a tool to understand their experiences in a social and political context. This helped people realize that many of their issues were not individual problems related to their diagnoses, but the result of patterns of discrimination and oppression. Ex-patients learned that their feelings of isolation, inadequacy, and powerlessness were the result of real practices within the mental health system and real discrimination in the community, not by-products of their “illnesses.”

Consciousness-raising also helped people to recognize their own internalized stigma—their unconscious agreement with society’s negative stereotypes of “mental patients”—and to develop new, more empowering beliefs about their ability to regain control of their lives.

In mental health, peer support in its modern form began in the early 1970s among former mental patients who were angry about the involuntary treatment they had received in state hospitals and other institutions. Some of these people found each other and came together in groups to share their outrage, support each other’s healing, and demand changes in the system. In those days, peer support—more commonly called “self-help” at the time—was a communal activity. No one was paid, and people supported each other as they became activists and advocates for positive change.

In the decades since, peer support has developed in a number of different ways, many of which bear little resemblance to the peer support groups of the 1970s. Today, as a peer supporter, you may work in a paid or volunteer job in mainstream behavioral health programs such as outpatient clinics, inpatient units, or emergency rooms. You might work in other service systems, such as a homeless service program, the justice system, or a domestic violence shelter. Maybe you are involved as a staff or volunteer in a peer-run program. Or perhaps you are a member of a freestanding, independent support group that maintains many of the qualities of peer support from the early days of the ex-patients’ movement. You may have had formal training by a peer-run organization or a state-certified program, or maybe you learned about peer support through reading articles and websites or through participating in a peer support group.

Some organizations—mainly programs that hire Medicaid-reimbursable peer specialists—define peer support as a “helping relationship,” similar

to the hierarchical roles of other behavioral health professions. But in this guide we define peer support as an activity based on mutual relationships that incorporate the principles described below.

Principles of Peer Support⁶

While peer support can be practiced in different settings and through a variety of activities, there are some important underlying values that make peer support unique and valuable. As we discussed earlier, these principles have been developed by consensus over the years by people who have been directly involved in peer support as participants, researchers, and writers.

Peer support is voluntary. The most basic value of peer support is that people freely choose to participate. It is for people who want to be involved, not people who have been told they need it or who are pressured to attend. The voluntary nature of peer support makes it easier for us to build trust and connections with one another.

Peer support is non-judgmental. In peer support, we meet people who have experiences, beliefs, or ways of living their lives that may be different from our own, despite the things we have in common. Being non-judgmental means approaching each person with openness, curiosity, and genuine interest.

⁶ Many of the ideas in this section are adapted from an unpublished manuscript by Shery Mead, Darby Penney, and Laura Prescott and are heavily influenced by Shery Mead’s work on intentional peer support (see Resource section at the end of this chapter).

Peer support is empathetic. Sometimes people call this “putting yourself in the other person’s shoes.” It means that we each make a genuine effort to imagine how the other person feels, what might have led to those feelings, and how we would want someone to respond to us in that situation.

Peer support is respectful. Everyone is seen as having something important and unique to contribute. We value everyone who wants to be a part of the group and treat each other with kindness, warmth, and dignity. We accept each other and are open to sharing with people from many ethnicities and cultures, educational levels, and religions. We honor and make room for everyone’s opinions and see each other as equally capable of contributing to the group.

RESEARCH SHOWS PEER SUPPORT’S EFFECTIVENESS

Research on peer support has consistently shown that people benefit by participating. Ed Knight, a researcher with mental health and substance abuse histories, reviewed the findings of six peer support studies. He reported that people with serious psychiatric diagnoses get great benefit from being part of peer support activities. Emotional distress and substance use problems decrease. Participants do not have as many crises and are hospitalized less often. Peer support participants feel better about themselves and have more social skills and broader networks of friends.

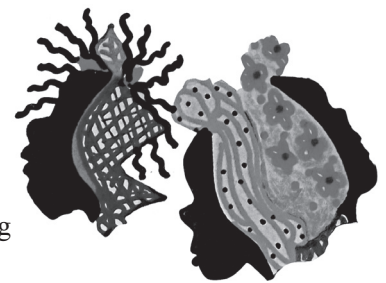
Other studies have had similar results. These include improvements in:

- Self-esteem
- Hopefulness
- Inner strength

Participants also report greater awareness of their rights and social justice issues and greater feelings of empowerment.

Jean Campbell summarized the “Emerging Research Base of Peer-Run Support Programs” at :

http://www.power2u.org/emerging_research_base.html.



Peer support requires honest and direct communication.

Each of us says what is on our mind in a respectful way. Learning how to speak honestly but with compassion about difficult issues can be the most challenging part of developing relationships with our peers. Combining directness with caring requires that we move beyond our fear of hurting other people or making them angry and have honest conversations with the people we need to address.

Peer support involves mutual responsibility. We each take responsibility for voicing our own needs and feelings. Each of us needs to understand that we are not there to take care of the other, but that each participant is responsible for making sure that everyone is heard.

Peer support is about sharing power. No one is in charge and everyone is equally responsible. Sharing power may be a new idea. If we have been in service systems for a long time, we may have gotten used to being told what to do. Sometimes when people suddenly have the freedom to make decisions, they may act like the people who used to make decisions for them. Some people may be more assertive than others and it is important that they allow people who are quieter and less assertive to be involved in decisions. When power is shared successfully, people give and take the lead in discussions, everyone is offered a chance to speak, and decisions are made by the group.

Peer support is reciprocal. Every person both gives and receives in a fluid, constantly changing dynamic. This is very different from what we are used to in treatment programs, where we are usually seen as people who need help and the staff are the people who give help. In peer support, we are aware that each of us has things to teach and things to learn. This is true whether you are a paid peer supporter or part of an informal group.

Types of Peer Support Activities

Formal support groups are structured groups in which people who share a common experience meet at a regularly scheduled time to give each other support by sharing ideas through discussion and conversation. Usually the conversation focuses on an agreed-upon topic or question and the discussion is moderated by a facilitator to ensure that the conversation stays on track and everyone has a chance to be heard. Support groups can take many shapes depending on what works best for the people involved. Groups may follow



an existing format, such as those used by 12-step programs, Recovery International, Double Trouble, or other organized models. Peer support groups may be focused on a particular issue or group of people, such as women who are trauma survivors. Members may decide that the group will be ongoing and open-ended, or that it may end after a certain number of meetings.

Activity-focused peer support. Another way to organize peer support is around a specific activity. Some people just don't like sitting around and talking—they'd rather be doing something. This could be a one-time event, like going with a group to a film that has a positive message about recovery. Or it could be an ongoing activity like a softball team of women trauma survivors that plays in a neighborhood league. Other possibilities include arts and creative expression or volunteering together to work on community service projects. Doing things with others helps develop a common purpose, a group identity, and a sense of belonging.

Educational activities. Learning new things with one's peers can be exciting and less intimidating than trying to learn on one's own. When people start thinking about what they want their lives to become, instead of just talking about what went wrong in the past, they can learn and create things together that they might not be able to accomplish alone. They can create what's called a "learning community" of people who teach and learn together about topics that interest them, without formal teacher/student relationships. Most educational activities grow out of people's

own interests or their need to learn something new to help them deal with a current issue they face. Some examples might be people who form a study group to prepare for the GED exam, people with diabetes and other health issues learning together how to prepare healthy meals, or women trauma survivors starting a book club to read and discuss trauma recovery materials.

Informal and one-on-one peer support Some people are not joiners and just don't feel at home in groups. Peer support can happen in many different settings and doesn't have to be highly structured. People can support each other in pairs or in ad hoc small groups. Peer support can happen casually on the phone or in person, through email, on the street, or in a park or coffee shop. One-on-one peer support can also happen in a planned way in peer-run programs or with peer support staff in mainstream programs.

Advocacy is a positive way to put peer support into action. It's about a group deciding what they want, what changes are required to attain their goal, and communicating effectively with the right people to make this happen. Working together to solve a common problem helps build connections among people and improves their confidence in their ability to make their lives better. By taking action together, people move away from feeling helpless as they recognize the possibilities for making positive change together. Even when advocacy doesn't result in all the changes people want, they develop a sense of strength and purpose that can make them feel empowered and hopeful about the

ROOTS OF PEER SUPPORT: 12-STEP PROGRAMS

The 12-step movement was launched when one alcoholic turned to another for help in 1935. Two men, Bill W. and Dr. Bob, began informally working with others to quit drinking and stay sober through self-help techniques based on spirituality. In 1939, Bill W. wrote a book, *Alcoholics Anonymous*, based on the 12 principles that he and Br. Bob developed for their 12-step recovery program.

Alcoholics Anonymous (AA) is "a fellowship of men and women who share their experience, strength and hope with each other so that they may solve their common problem and help others to recover from alcoholism." Narcotics Anonymous (NA), founded later, is based on the same principles. AA/NA believes that drinkers/drug users must stop drinking/using completely, admit they are powerless over addiction, and rely on a higher power for help. Members also believe that alcoholism and addiction are diseases. Anonymity, group unity, and shared responsibility for leadership are important features of 12-step recovery groups.

Bill W. and other AA pioneers spread a radical new philosophy. It taught that people do not have to rely on "experts" to change their lives, but can do so with the support of people who share their experience.

future. Many people have had experiences in their lives or in service systems where their wishes have been ignored, they haven't felt listened to, or where they have had things done to them, rather than with them. As advocates, they can support each other as they learn how to make their voices heard, make sure their rights are protected, and get supports and services that work for them on their terms.

Where Does Peer Support Take Place?

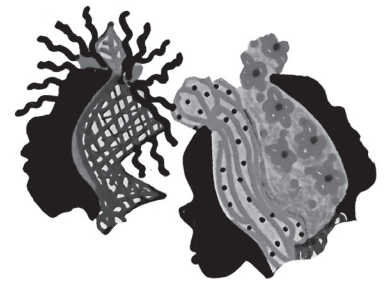
Peer support can be practiced in a variety of settings, each presenting particular challenges and opportunities. Some of the common locations and situations where peer support happens include:

Independent, unincorporated peer support groups.

These are voluntary groups developed by people to meet their own self-defined peer support needs. Usually, such groups are not funded by government, although they may raise funds to cover the costs of their activities. This kind of group is not explicitly part of a service system, even though its members may have met each other through programs. Groups may meet in members' homes or in free community spaces such as churches or libraries.

Peer-run programs. These are incorporated not-for-profit organizations that are run by people who have used behavioral health services, and are governed by a majority peer board. They may receive government funding and/or private funding. Common types of peer-run programs include peer support centers, drop-in centers, warmlines, housing programs, employment programs, and crisis alternatives.

Peer support staff working in mainstream behavioral health programs. In many states, people are hired into positions called peer specialists (or similar titles) which may or may not require a state certification. Typically, people in these positions provide peer support services in inpatient units, emergency rooms, and a variety of community-based programs. People working as paid staff in traditional programs may face particular challenges in adhering to the values of peer support, as agencies that work from a medical model may not recognize the impact of trauma and may not understand the unique role of peer support. Ideally, the role should be to facilitate the development of peer support relationships and communities rather than to act in a hierarchy-based "expert" role.



Internet peer support. Meeting people in person can be hard. Some people live in rural areas where travel is expensive or public transportation is lacking. Others may feel socially awkward after years of isolation in systems or because of the side effects of medication. People may be trying to re-learn how to socialize without using alcohol or drugs to numb their sense of insecurity in social situations. The Internet provides opportunities for peer support through social networking sites like Facebook, through blogs and websites, and through online discussion groups. Using these tools, it's possible to safely meet new people who want to share information on vital issues and to build virtual online communities of support.

PEER RECOVERY CENTERS

Across the United States, more than 30 Peer Recovery Centers have been established with funding from SAMHSA's Recovery Community Support Program to promote sustained recovery from alcohol and drug use disorders. Many who use these peer-to-peer services are trauma survivors.

The RECOVER Project in Western Massachusetts is a large, welcoming space in Greenfield offering peer-led activities including art classes, free yoga and reiki, sober social events, leadership training, and mentoring. The RECOVER Project uses a participatory process to ensure that decisions are made by the recovery community as a whole. Creating a trauma-informed center was a central goal, supporting their efforts to "provide support, services and solace to families and individuals who are living in fear" and to "create conditions where every member can achieve a full and satisfying life free of violence and its consequences."

The RECOVER Project has developed a manual, *How to Build Your Own Peer-to-Peer Recovery Center From the Ground Up!* Available for download at

<http://www.recoverproject.org/>



CHAPTER SUMMARY: KEY POINTS

- Peer support is a flexible approach that people who share common experiences can use to build relationships that support each other's growth and healing and open up new ways of understanding oneself and others.
- The core values of peer support focus on mutuality, reciprocity, being non-judgmental, and sharing power in non-hierarchical ways.
- Peer support can take different forms and can take place in a wide variety of settings.
- In peer support, we support and challenge each other as we develop new ways to interpret and make meaning of our life experiences, our relationships, and our futures.

RESOURCES

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National Empowerment Center, <http://www.power2u.org/consumerrun-statewide.html>

National Mental Health Consumers Self-Help Clearinghouse, <http://www.mhselfhelp.org>

Recover Project, <http://www.recoverproject.org/>

The Substance Abuse and Mental Health Services Administration's Recovery Community Services Program (RCSP), http://www.samhsa.gov/grants/2011/ti_11_004.aspx

Starting and Maintaining Support Groups Library, http://www.ccsr.wichita.edu/selfhelpgroupsupport_starting.htm

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