



**NATIONAL ASSOCIATION
OF STATE HEAD INJURY
ADMINISTRATORS**

NEBRASKA VR – PEER SUPPORT SUMMIT FINAL REPORT

Prepared by the National Association of State Head Injury Administrators
Judy L. Dettmer, NASHIA Director of Strategic Partnerships

For Nebraska VR
April 4, 2023

This project was supported, in part by grant number 90TBSG0073, from the U.S. Administration for Community Living, Department of Health and Human Services, Washington, D.C. 20201.



TBI SPP
Traumatic Brain Injury
State Partnership Program



Table of Contents

Summit Background1

Summit Promotion and Participation1

Summit Content2

Summit Discussion4

Summit Evaluation Results5

Appendix A8

Appendix B11

Appendix C13

Summit Background

The National Association of State Head Injury Administrators (NASHIA) was contracted by Nebraska VR within the Nebraska Department of Education to assist in planning for and hosting a statewide three-hour virtual Brain Injury Peer Support Summit. The Summit covered a review of the past Nebraska VR peer to peer support pilot, an overview of the national landscape as it relates to peer support efforts in brain injury, personal perspectives on peer support, and a facilitated discussion aimed at gaining input from the broader Nebraska brain injury community on what is important to them as it relates to peer support and brain injury with a goal of informing future peer support training development.

The summit was held on February 17, 2023, from 9 am – 12 pm, Central time.

In an effort to facilitate broad participation, the Peer Support Summit was held virtually using the Zoom meeting platform. A variety of mechanisms were implemented to ensure participant participation including Zoom chat, Zoom jam board, and verbal input. This will be discussed further later in this report. Appendix A provides an infographic executive summary of the event.

Summit Promotion and Participation

Nebraska VR placed a high priority on ensuring that the participants of the summit represented individuals with brain injury, their families, and professionals. It was equally important to Nebraska VR that the participants were representative of the entire state of Nebraska. To that end, NASHIA worked with Nebraska VR to develop a marketing and outreach plan to ensure broad participation. This included developing and distributing a marketing flyer (See appendix B) for the event to an email list provided by Nebraska VR which went to 526 individuals, also NASHIA provided the flier to the Assistive Technology Partnership (ATP) for them to promote, Nebraska VR and ATP promoted widely via email and social media. Reminders were sent two weeks later and the day ahead of the event. Additionally, it was ensured that individuals had the opportunity to connect if there were any questions. Finally, accommodations were offered if needed to ensure full participation. Participants registered through NASHIA for the event.

A total of 115 individuals registered for the summit (of the 115 registered, 85 unique participants attended). Individuals represented 18 cities/towns in Nebraska. These included:

- Alliance
- Beatrice
- Bloomfield
- Columbus
- Grand Island
- Greenwood
- Gretna
- Kearney

- Lincoln
- Magnet
- Norfolk
- North Platte
- Omaha
- Papillion
- Seward
- Sidney
- Scottsbluff
- Winside

In addition to the Nebraskans attending there were eight individuals from other states including CA, IA, IL, KS, VA, and WA.

The summit was recorded and is available on YouTube (<https://youtu.be/ohdYz8dZN9Y>) for individuals who were not able to attend.

Summit Content

The following was the agenda for the Peer Support Summit (see Appendix C for presentations)

- I. Review of past peer support pilot efforts in Nebraska
- II. Peer support – the basics
- III. Personal perspectives on peer support
- IV. The national landscape on peer support and program considerations
- V. Discussion

Review of past peer support pilot effort/Nebraska VR

Keri Bennett, Program Director for Acquired Brain Injury at Nebraska VR provided the background as it relates to peer support in Nebraska. Peer support in Nebraska began in the late 1980s with the beginning of local support groups for individuals with brain injury and their family members. In 2016 Nebraska VR and the Brain Injury Advisory Council (BIAC) sustainability planning project resulted in a recommendation to “build the voice” of Nebraskans with brain injury. This recommendation opened the door to Nebraska VR including a peer support pilot in Nebraska VR’s federal Traumatic Brain Injury (TBI) grant application for 2018 – 2021. Additionally, goals to increase the availability of evidence-based Peer-to-Peer Supports for individuals with brain and their families are in the 2021 – 2026 TBI grant and Nebraska’s Living with Brain Injury State Plan.

Ms. Bennett then provided an overview of the Peer-to-Peer Pilot Program funded by Nebraska VR with federal TBI grant funds from the federal Health and Human Services, Administration for

Community Living. Nebraska VR contracted with the Nebraska Injured Brain Network with NASHIA providing technical assistance. The pilot program was rolled out in three phases:

1. Planning
2. Ramp Up
3. Implementation

Ms. Bennett also shared the results of the pilot as well as perspectives from individuals who participated in the pilot. She concluded her presentation with a summary of conclusions from the pilot these include:

- People valued the opportunity to be engaged in building a community.
- The customized curriculum can be adapted to be more inclusive.
- Individuals expressed statements of joy often during the training.
- Individuals learned something new about themselves, formed new relationships and strengthened existing ones.
- Peers and family members would like to continue with the program.
- Peer-to-Peer Support is worth expanding and supporting.

Peer Support Basics

Jill Ferrington, Technical Assistance Advisor for NASHIA presented an overview of the basic elements and principles of peer support. This included definitions of peer support, a review of the origins of peer support, research, the case for peer support approaches and considerations. She then provided an overview of models of peer support for the participants to consider. These include volunteer versus paid peer support programs, formal versus informal, and how peer support for individuals with brain injury can be integrated into existing behavioral health peer support programs.

Following the overview provided by Ms. Ferrington, three individuals with personal experience with peer support provided their perspectives on the importance of peer support programs. These individuals were Judy Nichelson, Shawna Thompson, and Trina Shaw. Two of the individuals provided their perspectives as individuals with lived experiences with brain injury and one as a family member of an individual with a brain injury.

Jill Ferrington then provided an overview of the national landscape of peer support and brain injury. She provided an overview of the states currently providing some form of peer support including AK, CA, CO, LA, GA, ME, MD, NE, ND, TX, and WI. She wrapped up the formal presentation period of the summit by offering peer support considerations including funding strategies, establishing the program purpose, policy and procedures, personnel, population, liability, and training.

Summit Discussion

Following the formal presentations, NASHIA facilitated a discussion to gain input from the summit participants. Three options were available for participants to provide feedback. These included using Zoom chat, participating on the Zoom jam board, and by providing verbal input. Three questions were posed to gain input:

1. What are your reactions to the various models presented? What did you like, what didn't you like?
2. What is important to you in regard to peer support?
3. What are the components that are important to you in regard to training for people who want to provide peer support?

There was a lot of input gained during the discussion. Below is a summary of the points made by the participants during the discussion. These have been consolidated across common themes. The statements in bold represent responses that were echoed by several participants. Additionally, it is important to point out that comments made by the participants from states other than Nebraska are not included in this report. The input from individuals from other states was valuable to the discussion over all however, given that a key purpose of this summit was to gain input from Nebraskans as it relates to the future of peer support in Nebraska, it was decided that the input must reflect the voice of Nebraskans.

Discussion Question #1, Themes (What are your reactions to the various models presented? What did you like, what didn't you like)?

- **Liked the models that had a coordinator, someone to ask questions of and bounce things off of.**
- **Program based on mutual respect.**
- **Programs that clearly define what peer support is and isn't.**
- Appreciate that there are models that consider several variables such as age, disability, hospital to home.
- Acknowledged there are a lack of youth models in the state of NE.
- Models with a sustainability plan are important.
- **Peer to peer vs. mentor models are preferred.**
- Important to reach beyond a support group model.

4. Discussion Question #2, Themes(What is important to you in regard to peer support)?

- Recognizing and respecting that not everyone has the same experience.
- Safe space and non-judgmental environment.
- **Important to have accountability and follow through.**
- Important to consider liability.
- Important that the program is empowering, validating and builds empathy.

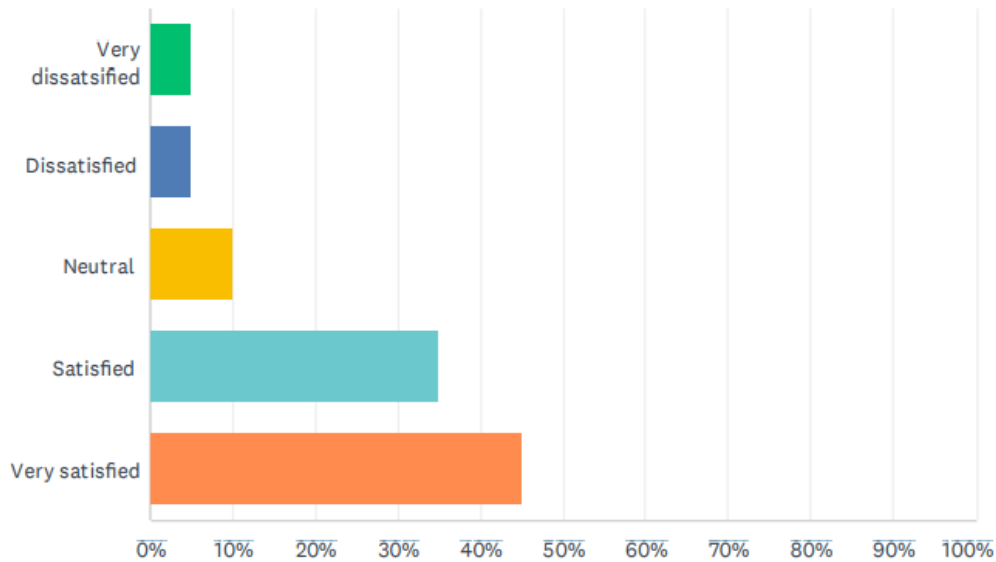
- Mutual respect is important.
 - Shared experiences as the foundation of peer support.
 - Family support is important too.
 - Remembering it is not a mentoring program as in peers are on equal footing and it is not about advising.
 - A consistent approach across peers is important.
1. Discussion Question #3, Themes (What are the components that are important to you in regard to training for people who want to provide peer support)?
 - Ensuring that the training is easily accessible, straight forward and easy to follow.
 - Helpful if the training is repeatable as people may need to review several times.
 - Incorporate practice and assignments into the training model.
 - Video scenarios would be helpful.
 - Training needs to include a self-care component for the person providing support to reduce burnout.
 - Training should include instructions for who to turn to if you have a question or need someone to bounce things off of.
 - Incorporate practice into the training model.
 - Training should include clear expectations and roles, including what a peer is not.

Summit Evaluation Results

Nebraska VR contracted with Partners for Insightful Evaluation to conduct an evaluation of the Peer Support Summit. Below represents a snapshot of the evaluation results.

Q5 Overall, how satisfied are you with the Peer Support Summit?

Answered: 20 Skipped: 3



Q6 Please rate your agreement with the following statements about your overall experience with the Summit.

Answered: 20 Skipped: 3

	STRONGLY DISAGREE	DISAGREE	NEUTRAL	AGREE	STRONGLY AGREE	TOTAL	WEIGHTED AVERAGE
I feel like I was able to be a valuable participant in the Summit.	10% 2	10% 2	20% 4	40% 8	20% 4	20	3.50
I was satisfied with the online format of the Summit.	5% 1	0% 0	5% 1	45% 9	45% 9	20	4.25
I felt comfortable participating virtually in the Summit.	5% 1	5% 1	5% 1	42% 8	42% 8	19	4.11

Q7 What was the most valuable aspect of the Peer Support Summit?

Answered: 12 Skipped: 11

#	RESPONSES	DATE
1	Talking about Peer Support with people who are actually involved and being transparent about the differences and difficulties in connecting and supporting people living after BI. This was a collaborative opportunity and discussion, isn't that what Peer Support should be?	3/2/2023 9:11 AM
2	The most valuable aspect is the ongoing awareness to the issues concerning brain injury.	2/27/2023 12:29 PM
3	Being "heard"and getting to see Shawna, Trina, and Judy again.	2/17/2023 12:13 PM
4	And being able to network with Professionals in the field of brain injuries.	2/17/2023 12:06 PM
5	Having people from lots of place with varied stories and perspectives share their opinions.	2/17/2023 12:05 PM
6	Sharing our own thoughts and ideas.	2/17/2023 12:03 PM
7	The realization of what a grass roots effort this is.	2/17/2023 12:02 PM
8	I appreciate that we were able to participate with comments and questions	2/17/2023 12:02 PM
9	Collaboration from so many valuable perspectives.	2/17/2023 12:02 PM
10	Personal experience	2/17/2023 12:01 PM
11	Hearing testimony and feedback from peers with tbi	2/17/2023 12:00 PM
12	The discussions.	2/17/2023 11:59 AM

In summary, as per the rich discussion and per the evaluations, it appears that the summit participants feel that having opportunities for peer support is important in Nebraska. It is hoped that this information will help to inform the future of peer support in Nebraska.

Appendix A

Executive Summary

Infographic

NEBRASKA VR

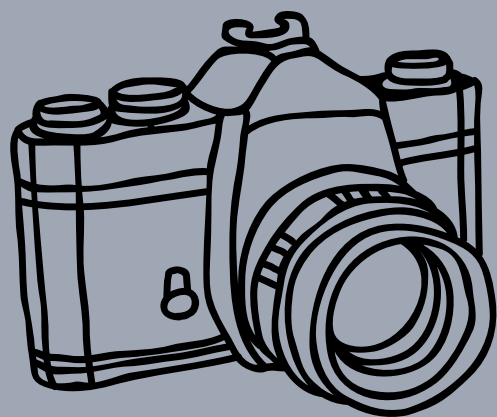
Brain Injury Peer Support Summit
February 17, 2023

EXECUTIVE SUMMARY

Submitted by the National Association
of State Head Injury Administrators



SUMMIT FOCUS



1. Provide an overview of the past Nebraska VR Peer Support pilot program.
2. Provide insight into the national landscape as it relates to peer support, hear personal perspectives, and learn about important peer support considerations.
3. Obtain input from Nebraskans related to what is important for them in regard to peer support.

WHO WAS THERE?

- Extensive outreach to ensure participation
- 115 individuals registered
- 18 cities/towns represented, including urban and rural



SUMMIT DISCUSSION

- Input gained in three ways:
1. Zoom jam board
 2. Zoom chat
 3. Verbal input



TBI SPP
Traumatic Brain Injury
State Partnership Program



**NATIONAL ASSOCIATION
OF STATE HEAD INJURY
ADMINISTRATORS**

NEBRASKA VR

Brain Injury Peer Support Summit
February 17, 2023

*"I CAN WALK BESIDE YOU
AND BE A SUPPORT TO YOU
ALONG THE WAY."*

DISCUSSION THEME HIGHLIGHTS: *WHAT ARE THE COMPONENTS THAT ARE IMPORTANT TO YOU IN REGARD TO TRAINING FOR PEOPLE WHO WANT TO PROVIDE PEER SUPPORT?*

- Liked the models that had a coordinator, someone to bounce ideas off of
- Program based on mutual respect
- Programs that clearly define what peer support is and is not
- Peer-to-peer vs. mentor models is preferred



DISCUSSION THEME HIGHLIGHTS: *WHAT IS IMPORTANT TO YOU IN REGARD TO PEER SUPPORT?*



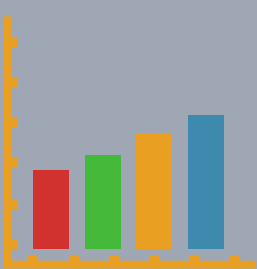
- Recognizing that not everyone has the same experience
- Safe-space and non-judgmental
- Important to have accountability and follow through
- Important that the program is empowering, validating and builds on empathy

DISCUSSION THEME HIGHLIGHTS: *WHAT ARE THE COMPONENTS THAT ARE IMPORTANT TO YOU IN REGARD TO TRAINING FOR PEOPLE WHO WANT TO PROVIDE PEER SUPPORT?*

- Ensuring that the training is easily accessible and straight forward
- Helpful if the training is repeatable
- Incorporate practice assignments into the training model
- Training should include clear expectations and roles, including what peer support is not



SUMMIT EVALUATION RESULT HIGHLIGHTS



*45% of participants were very satisfied with the Summit with an additional 35% satisfied.

MOST Valuable:

1. Talking about peer support with people who are actually involved in peer support
2. Being heard
3. Sharing our own thought and ideas
4. Collaboration from so many valuable perspectives

This project was supported, in part by grant number 90TBSG0073, from the U.S. Administration for Community Living, Department of Health and Human Services, Washington, D.C. 20201. Grantees undertaking projects under government sponsorship are encouraged to freely express their findings and conclusions. Points of view or opinions do not, therefore, necessarily represent official Administration for Community Living policy.

Appendix B

Summit Flyer

Nebraska Brain Injury Peer Support Summit

For Individuals with Lived Experience of Brain Injury

Join us to learn and be heard

Agenda:

- Summary of Peer Support efforts in Nebraska
- Overview of Peer Support models across the Nation
- Discussion on future of Peer Support in Nebraska

[Register Here](#)

*If accommodations are needed, please register by 2/3/23.

More information :

hcushen@nashia.org



Feb. 17, 2023
9AM to Noon
Central
-Virtual-



Appendix C

PowerPoint Presentations

Nebraska's Brain Injury Peer-To-Peer Support Pilot

February 17, 2023



Background

- Nebraska's legacy of dedicated local support groups dates back to the late 1980's and early 1990's.
- Nebraska VR and the Brain Injury Advisory Council (BIAC) sustainability planning in 2016 resulted in a recommendation to “build the voice” of Nebraskans with brain injury.
- Peer Support pilot was included in Nebraska VR's federal Traumatic Brain Injury (TBI) grant application for 2018 – 2021.
- Goals to increase the availability of evidence-based Peer-to-Peer Supports for individuals with TBI and their families are in the 2021 – 2026 TBI grant and Nebraska's Living with Brain Injury State Plan.

Peer-to-Peer Pilot Overview

- Funded by Nebraska VR, with TBI Grant funds from the Administration for Community Living (ACL)
- Primary contractor was the Nebraska Injured Brain Network (NIBN)
- Pilot rolled out in three phases from November 2020 to April 2022
- Technical assistance provided by the National Association of State Head Injury Administrators (NASHIA) and a volunteer consultant
- **Key outcome:** Injured Brain Peer Support (aka Peer Support) resulted in positive outcomes for the individuals who were involved.

Phase 1: Planning

- Team of 6 individuals with brain injury (Peers) worked with the consultant to formulate a plan
- Planning phase included review of past survey results, first person interviews, team dialogue, literature review, data analysis and assessment of readiness of potential participants
- Results: Underlying philosophy of the Recovery Journey, Peer Support definition, process, Injured Brain Peer Supporter (IBPS) role, principles for interaction, outlines for tools, activities
- Phase 1: November 2020 – March 2021

Definition: Peer Support

- Peer Support is a process that seeks to engage a Peer with an IBPS for the purpose of assisting the Peer to identify if they have any vulnerabilities that keep them from understanding, defining, and pursuing the Recovery Journey of which they are capable.
 - Support the Peer to address those vulnerabilities to the extent they are capable
 - IBPS works alongside the Peer to pursue the Recovery Journey Path that the Peer defines for themselves

Phase 2: Ramp Up

- Phase 1 plans were tested and adapted
- Accomplishments:
 - Hired Project Manager
 - Drafted Discovery Tools, IBPS job description
 - Created policies, protocols, marketing materials, IBPS training curriculum
 - Recorded training sessions
- Barriers encountered:
 - Several Peers who were involved became unavailable
 - Difficulty identifying and recruiting Peers to participate
 - COVID-19 pandemic forced virtual vs in-person training sessions
- Phase 2: April 2021 – November 2021

Phase 3: Implementation

- Barriers encountered in Phase 2 inspired a shift from the traditional program approach to a “meet Peers where they are” approach.
- A **new goal** was identified: introduce the Peer Support curriculum and tools to as many Peers and family members/caregivers as possible.
- Naturally occurring pairs or groups formed to watch and discuss recorded training videos:
 - Married couple
 - Local BI support group members
 - Mother and sister
 - Siblings living in different states

Phase 3: Implementation

- Participants watched videos and progressed at their own pace
- Some completed entire curriculum, some did not
- Group discussions held twice per month in the evening via Zoom
- 21 Peers and 6 family members/caregivers = 27 participants
- 620 hours of time spent by Peers and family members/caregivers
- Participants were from 8 Nebraska counties and 1 other state
- Conducted formal and informal evaluations
- November 2021- April 2022

About the Participants

- 17 Peers were aged 22-59 years
- 4 Peers were aged 60 and over
- 1 Peer was a Veteran
- 6 Peers were working competitively, 3 were in school or training
- Most lived on their own/independently, some with immediate family
- 4 family members were aged 22-59 years
- 2 family members were aged 60 and over
- Most lived in central or western Nebraska counties

Participants said...

“This training has made my relationships with my friends and family better in terms of communicating about my TBI.”

“It’s changed how I look at myself in a life altering way. I lost my sense of value after my injury. This reminded me I have worth and how I allow others to treat me is on me. If I see no worth in myself, how can I expect them to see worth in me?”

Participants said...

”It reminded me of how many things my kids did for me, and so I sent them each a thank you. It has affected my relationship with my kids positively.”

”I appreciated how the videos were set up so I could pause them and answer the questions and interact with the people in the video in my own way. I was able to laugh along with the discussion in the videos and identify with others. It made me feel included and supported.”

Participants said...

“I received so much more from this experience than I will ever be able to give back. You can't describe finding some value in yourself when you've completely lost that.”

General Conclusions

- People valued the opportunity to be engaged in building a community
- The customized curriculum can be adapted to be more inclusive
- Individuals expressed statements of joy often during the trainings
- Individuals learned something new about themselves, formed new relationships and strengthened existing ones
- Peers and family members would like to continue with the program
- Peer-to-Peer Support is worth expanding and supporting

TBI Grant Acknowledgement

This project was supported, in part by grant number 90TBSG0036-03-00, from the U.S. Administration for Community Living, Department of Health and Human Services, Washington, D.C. 20201. Grantees undertaking projects under government sponsorship are encouraged to express freely their findings and conclusions. Points of view or opinions do not, therefore, necessarily represent official Administration for Community Living policy.

Contact Information

Keri Bennett, Program Director for Acquired Brain Injury

Nebraska VR

315 W 60th Street, Ste 400

Kearney, NE 68845

Phone: (308) 224-7571


Email: keri.bennett@nebraska.gov

Brain Injury Advisory Council: <https://braininjury.nebraska.gov>



Nebraska Peer Support *Summit*

February 17, 2023
9:00am-noon



National Association of State Head Injury Administrators

Nonprofit organization created to assist State government in promoting partnerships and building systems to meet the needs of individuals with brain injury and their families.



Agenda

- I. Overview of the day
- II. Review of past peer support efforts in NE
- III. Peer support – the basics
- IV. Personal perspectives on peer support
- V. The national landscape on peer support and program consideration
- VI. Discussion

Peer Support

- The Basics
- Peer Experience Perspectives
- National Landscape of Brain Injury Peer Support
- Program Considerations

Jill Ferrington
Technical Assistance Advisor
NASHIA



NASHIA

A Definition

“Peer support is a system of giving and receiving help founded on key principles of respect, shared responsibility, and mutual agreement of what is helpful.”

When people find affiliation with others whom they feel are “like” them, they feel a connection, this connection, or affiliation, is a deep, holistic understanding based on mutual experience where people are able to “be” with each other without the constraints of traditional (expert/patient) relationships” .

[\(https://mhpic.org/defining-peer-support/\)](https://mhpic.org/defining-peer-support/)

(Adapted from Shery Mead)

Another definition

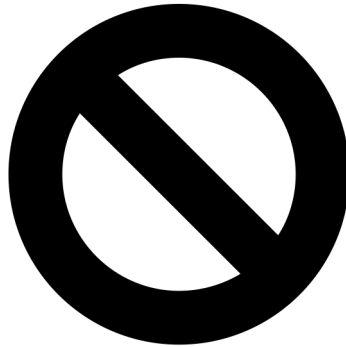
Peer support is the process of offering support and assistance in order to improve wellbeing and adjustment. Peer supporters offer emotional support through listening and sharing knowledge/experience, teaching skills, and connecting people with resources, opportunities, communities of support.

A peer has personal knowledge of what it is like to live and thrive with a brain injury.



Peer Supporters are not:

- Therapists
- Advice Givers
- Legal Advisor
- A romantic partner
- Respite care giver
- Financial Supporters
- People that will do things for the Peer (help with moving, paperwork, etc.)



Peer Support - Origins

In mental health services, the model is thought to have its origins in 18th century France, “As much as possible, all servants are chosen from the category of mental patients. They are at any rate better suited to this demanding work because they are usually more gentle, honest, and humane”.

Jean Baptiste Pussin

(in a 1793 letter to Philippe Pinel)



NASHIA

Findings on Peer-to-Peer Relationships

- Hope through positive self-disclosure, “it is possible to go from being controlled by the illness to gaining some control over the illness, from being a victim to being the hero of one’s own life journey”.
- Modeling function to include self-care of ones’ illness and exploring new ways of using experiential knowledge.
- The “relationship is characterized by trust, acceptance, understanding, and the use of empathy; empathy which is in this case is paired with “conditional regard”-otherwise described as a peer provider’s ability to “read” a client based on having been in the same shoes he or she is in now”.



Peer - Definitions

- Peer Support
- Peer-to-Peer Support
- Peer Supporter
- Peer Mentor
- Mentees
- Support Groups



The Case for Peer Approaches

- Group and 1:1 Peer to Peer interventions depending on the study
- Improvements in community integration and/or Quality of Life were noted in one systematic review
- Positive results were noted in a 2021 publication of a study that looked at peer support interventions as part of a rehabilitation program.
- One interesting finding was that matching individuals based on having similar experiences (injury related challenges and impact) was more important to participants than matching by age or gender.



Peer Considerations from other studies:

Challenges with integration into the behavioral health workforce

- Pressure to succeed as a “pioneer” in a new role
- Negotiation of identity issues with existing professional staff (as colleague, rival or patient)
- Navigation of unfamiliar issues around information sharing, boundaries, and professionalism

Recommendations for successful integration into the behavioral health workforce

- Clear job description
- Role specific training and support
- Preparation for the clinical teams working alongside peers
- Shared expectations of the peer role



Models of Peer Support



Volunteer / Paid

PAID

- It is possible to require more investment and training and program fidelity (getting paperwork in on time and duration of engagement)
- Less oversight (fewer peer supports matched to multiple peers).
- Easier to match if you have a peer supporter that has a greater breadth of awareness to the multiple aspects of disability.
- Qualifications, skills set, training are heightened considerations

VOLUNTEER

Heart of volunteerism and passion to be of service

Formal / Informal

- Longer -term (One year recommended for adults; longer for youth)
- Potentially fuller impact on confidence, self-esteem, attitudinal shifts, and behavioral shifts
- Heightened:
 - Screening
 - Training
 - Administrative oversight
 - Program expectations
 - Supervision

Formal

Formal / Informal

- Less time, money, and organizational requirements
- Short-term, low administrative oversight
- Training still required
- Matching could be done online or through staff experience with potential peer supporter
- Ideal setting inpatient or transition from hospital to home

Informal



Family-to-Family

- Families receive education, information, and the support of others who have similar experiences
- Hope, guidance, advocacy, and camaraderie
- Coping skills and resources



Faith-Based

As part of the peer process:

- May introduce elements of prayer
- Bible reading
- Short worship sessions



Hospital to Home

- Typically, patients are matched prior to discharge
- Support with answering questions, building confidence, and supporting in the community and/or at home
- These programs tend to be informal, so little data is collected as to the number of contacts or the duration of the match



Behavioral Health Collaborations

- Coding for Peer Support Reimbursement for brain injury with or without a co-occurring behavioral health condition
 - Example: North Dakota's 1915i Program
- Brain injury competencies for **Certified Peer Specialists** who support individuals served by behavioral health programs and services who are living with a brain injury
 - Example: Maryland's Behavioral Health System collaboration with the TBI Lead State Agency

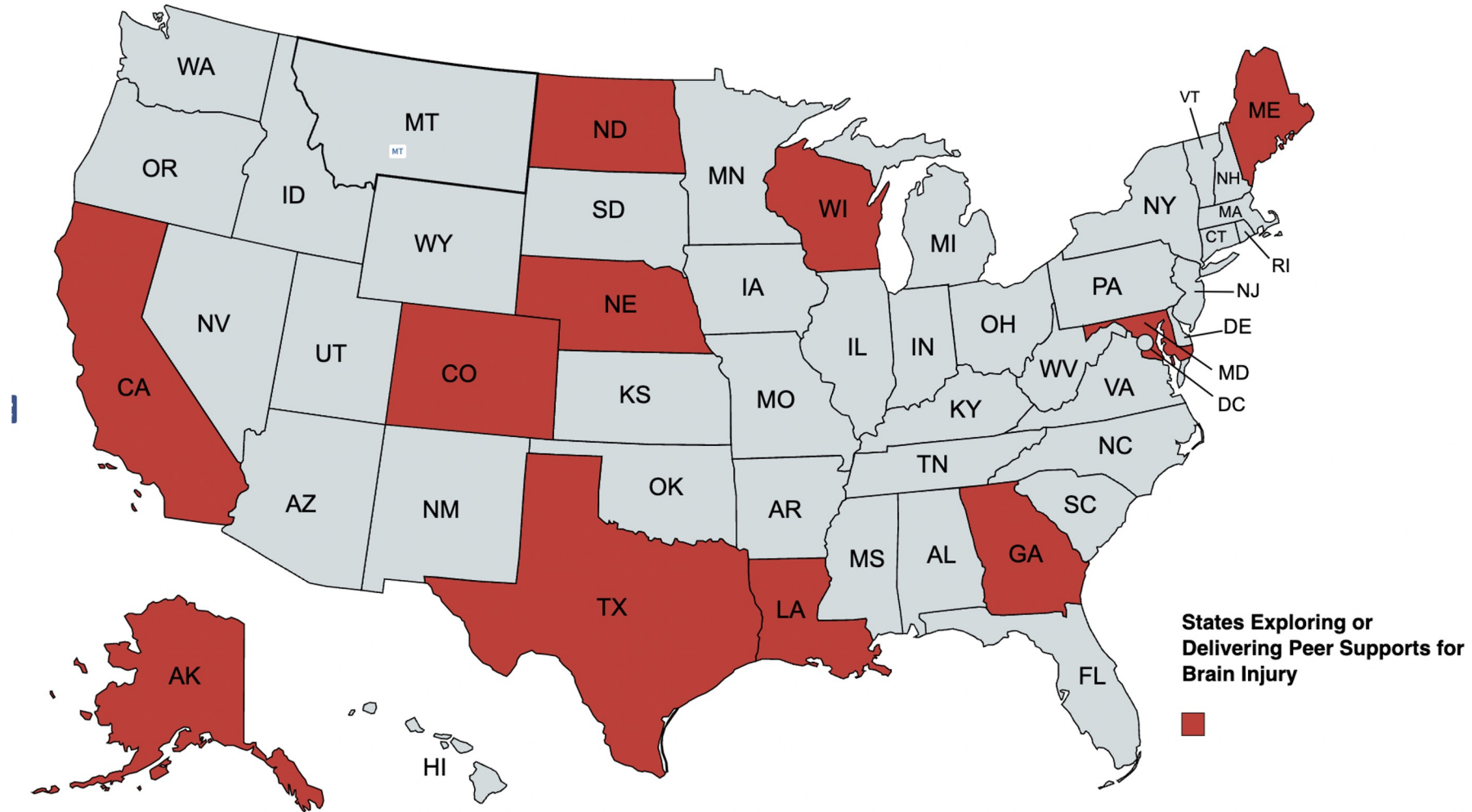


Perspectives on Peer Support

Interview with Judy Nichelson, Shawna Thompson, and Trina Shaw



A National Look at Peer Programming



A Closer Look at Programs by State

State	Provider	Funding	Paid/Volunteer	Of Note
Alaska	Traumatic and Acquired Brain Injury (TABI) program	Grant (ARPA*)	Volunteer	Native Alaskan communities
California	Rancho Los Amigos, Downey (Los Angeles County) KnowBarriers	Contract with the LA County Board of Supervisors and Charitable gifts/donations	Volunteer/Paid	Rehabilitation Facility
Colorado	Brain Injury Alliance of Colorado	Local grant, shifting to State General Fund and Trust Fund	Volunteer	Youth and adults
Colorado	Craig Hospital	Hospital/ Foundation	Volunteer	Hospital to Home



Programs by State, continued

State	Provider	Funding	Paid/Volunteer	Of Note
Colorado	Health Care Policy and Financing (Medicaid)	Federal/State Match	Paid	Brain Injury Waiver participants (16 & older)
Louisiana	Brain Injury Association of Louisiana	None known	Volunteer	Development/ Launching
Georgia	Brain Injury Association of GA	Grants, Charitable Gifts & Donations	Volunteer	
Maine	Brain Injury Voices	State Funds, Charitable Gifts & Donations	Volunteer	



Programs by State, continued

State	Provider	Funding	Paid/Volunteer	Of Note
Maryland	Training initiative with Maryland Addiction and Behavioral Health Professionals Certification Board	Grants & Medicaid Reimbursement	Paid	Individuals with brain injury and co-occurring behavioral health conditions
Nebraska	Nebraska Injured Brain Network (NIBN)	Grant (ACL**)	Paid	Post-pilot stage
	Brain Injury Alliance of NE	State Funds and Medicaid administrative claiming reimbursements	Volunteer	Launching
North Dakota	North Dakota Brain Injury Network	Grant (ACL**) and Medicaid Reimbursement	Paid	1915 (i) State Plan Amendment - can serve BI as a stand-alone condition

Programs by State, continued

State	Provider	Funding	Paid/Volunteer	Of Note
Texas	Baylor Scott and White Institute for Rehabilitation	Foundation	Volunteer	Hospital to Home
Texas	Hope After Brain Injury	Charitable Gifts & Donations	Volunteer	Faith-Based
Wisconsin	SOAR Fox Cities	n/a	Volunteer	Paused

*ARPA – American Rescue Plan Act

**ACL – Administration for Community Living

Program Highlights and Updates

- North Dakota Brain Injury Network
 - Billable code for brain injury
 - Certified peer supporter with a brain injury
 - ACL funding for peers to screen and provide education
 - Survivor Connections program for veteran survivors to be matched with newer survivors
- Maine - Brain Injury Voices
- Texas - Hope After Brain Injury and Baylor Scott and White Institute for Rehabilitation
- Colorado – Brain Injury Alliance of Colorado (BIAC)

Peer Support Considerations



Funding Strategies

- Hospital Foundation Funding
- Local Philanthropy Community/Foundation Grants*
- Federal Grants, e.g. Administration for Community Living
- Private Donations
- Substance Abuse and Mental Health Services Administration (SAMHSA)/Mental Health Centers
- Home and Community-Based Services Waivers



Establishing Program Purpose

- What is the goal of the program?
- Anticipated outcomes: increased knowledge and use of resources, increased connection, increased structure, increased support, decreased isolation
- What is the message of empowerment/hope one survivor can offer another?



Policies/Procedures

Confidentiality/HIPAA

Timeliness (e.g., program inquiries)

Mandatory reporting

Reasonable Accommodations

Medical and health protocols

Position responsibilities and expectations

Screening procedures

Matching

Eligibility requirements and processes

Evaluation/Assessment Procedures

Training

Background checks

Supervision

Problem resolution

Record keeping

Transportation

Recognition

Safety/Alcohol, Drugs, Tobacco, and
Firearms

Closure

Personnel (Coordination)



- General coordination and program management
- Matching
- Supervision
- Training
- Recruitment
- Support with concerns/red flag issues
- Some programs start with part-time

Population - Targeted or General

- Traumatic Brain Injury (TBI)
- TBI/Non-Traumatic Brain Injury (NTBI)
- TBI/NTBI - newly injured
- Youth with TBI/NTBI
- Veterans
- Criminal justice
- Brain injury and co-occurring behavior health



Age

- Adults
- Adults/youth
 - Colorado runs a youth peer program
- Family members/caregivers



Population - Considerations

- Will the program screen individuals out for safety reasons?
- Will you do background checks for peer supporters or all participants?
- To what extent do you identify the participants at risk in a program that will take place beyond direct oversight/supervision – or will the program take place on site and have supervision?
- Will peer support take place in person or will it be limited to remote methods?



Liability

- In-person and transportation activities may heighten liability requirements
- Participation contracts
- Volunteer liability and release of information
- Waivers



Training

- Traditional peer support/active listening model
- Motivational/role-model design that highlights a coaching role and active engagement
- Common training topics:
 - Healthy communication
 - Education related to Brain Injuries
 - Safety
 - Program expectations, policies/procedures
 - Boundaries
 - Resources
 - The roadmap to a successful outcome



Training Considerations

- Hospital Volunteer Training
- Train-the-Trainer Model
- Online training (scenarios vs. role plays)
- Recording the training in modules for easy access



Matching

Matching points may include:

- Race, ethnicity, sexual orientation, gender
- Substance use or abstinence
- Justice involvement history
- Age
- Type of injury, time post injury
- Severity of injury, interests, spirituality, goals, and education



Advocacy / Self-Advocacy

- Representing another or speaking on behalf of another
- Person speaks for himself, or self-represents

Finding your own voice and supporting others to find their own.



Recovery vs. Resilience

Recovery is a process of change through which individuals improve their health and wellness, live self-directed lives, and strive to reach their full potential.

(SAMHSA)

Resilience is the process and outcome of successfully adapting to difficult or challenging life experiences, especially through mental, emotional, and behavioral flexibility and adjustment to external and internal demands.

(American Psychological Association)



NASHIA

Best Practices

- Consistency is important! Invest in the process of developing and implementing a program.
- Create support positions for survivors that work within their strengths/inspirations.
- If possible, secure a point person/organization that takes leadership role (program manager or coordinator). May be part-time.
- Plan for the financial sustainability of the program.



Tool to Guide Conversations



Evaluation Approaches

- Implement with a Logic Model, or roadmap
- Use of Scales/Assessments

Pre- & Post examples:

- Satisfaction with Life
 - Depression Inventory
-
- Questionnaires - not only did the Peer Support work, but how did it work?
 - Satisfaction Surveys



Why Peer Supports?



- Satisfaction in assisting others
- Increased self-confidence
- Decreased isolation
- Increased self-advocacy skills
- Increased insight

*“I can walk beside you
and be a support to you
along the way.”*



NASHIA

Resources

1. Peer Support for People with Substance Use Disorders <https://heller.brandeis.edu/ibh/pdfs/inroads-tbi-oud-provider-4-1-2019-final.pdf>
2. Hibbard MR, Cantor J, Charatz H, Rosenthal R, Ashman T, Gundersen N, Ireland-Knight L, Gordon W, Avner J, Gartner A. Peer support in the community: initial findings of a mentoring program for individuals with traumatic brain injury and their families. *J Head Trauma Rehabil.* 2002 Apr;17(2):112-31. doi: 10.1097/00001199-200204000-00004. PMID: 11909510.
3. Kersten P, Cummins C, Kayes N, Babbage D, Elder H, Foster A, Weatherall M, Siegert RJ, Smith G, McPherson K. Making sense of recovery after traumatic brain injury through a peer mentoring intervention: a qualitative exploration. *BMJ Open.* 2018 Oct 10;8(10):e020672. doi: 10.1136/bmjopen-2017-020672. PMID: 30309988; PMCID: PMC6252636
4. Schlichthorst M, Ozols I, Reifels L, Morgan A. Lived experience peer support programs for suicide prevention: a systematic scoping review. *Int J Ment Health Syst.* 2020 Aug 12;14:65. doi: 10.1186/s13033-020-00396-1. PMID: 32817757; PMCID: PMC7425132.
5. Jacobson N, Trojanowski L, Dewa CS. What do peer support workers do? A job description. *BMC Health Serv Res.* 2012 Jul 19;12:205. doi: 10.1186/1472-6963-12-205. PMID: 22812608; PMCID: PMC3483205.
6. Levy BB, Luong D, Perrier L, Bayley MT, Munce SEP. Peer support interventions for individuals with acquired brain injury, cerebral palsy, and spina bifida: a systematic review. *BMC Health Serv Res.* 2019 May 8;19(1):288. doi: 10.1186/s12913-019-4110-5. PMID: 31068184; PMCID: PMC6505073.
7. Lau SKC, Luong D, Sweet SN, Bayley M, Levy BB, Kastner M, Nelson MLA, Salbach NM, Jaglal SB, Shepherd J, Wilcock R, Thoms C, Munce SEP. Using an integrated knowledge translation approach to inform a pilot feasibility randomized controlled trial on peer support for individuals with traumatic brain injury: A qualitative descriptive study. *PLoS One.* 2021 Aug 24;16(8):e0256650. doi: 10.1371/journal.pone.0256650. PMID: 34428259; PMCID: PMC8384186.
8. Gillard S, Foster R, White S, Barlow S, Bhattacharya R, Binfield P, Eborall R, Faulkner A, Gibson S, Goldsmith LP, Simpson A, Lucock M, Marks J, Morshead R, Patel S, Priebe S, Repper J, Rinaldi M, Ussher M, Worner J. The impact of working as a peer worker in mental health services: a longitudinal mixed methods study. *BMC Psychiatry.* 2022 Jun 1;22(1):373. doi: 10.1186/s12888-022-03999-9. PMID: 35650562; PMCID: PMC9158348.



Discussion Question #1

What are your reactions to the various models presented? What did you like, what didn't you like?



Discussion Question #2

What is important to you in regard to peer support?



Discussion Question #3

What are the components that are important to you in regard to training for people who want to provide peer support?



Input Approaches

- Chat
- Jamboard (link in the chat box)
- Verbally present

Questions?