




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

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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” .

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

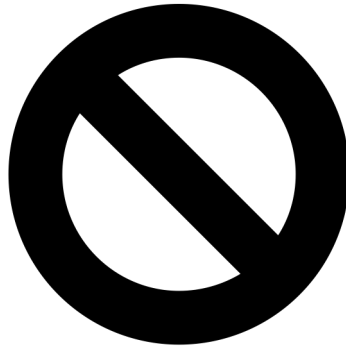
A peer has personal knowledge of what it is like to live and thrive with a brain injury.



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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)



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

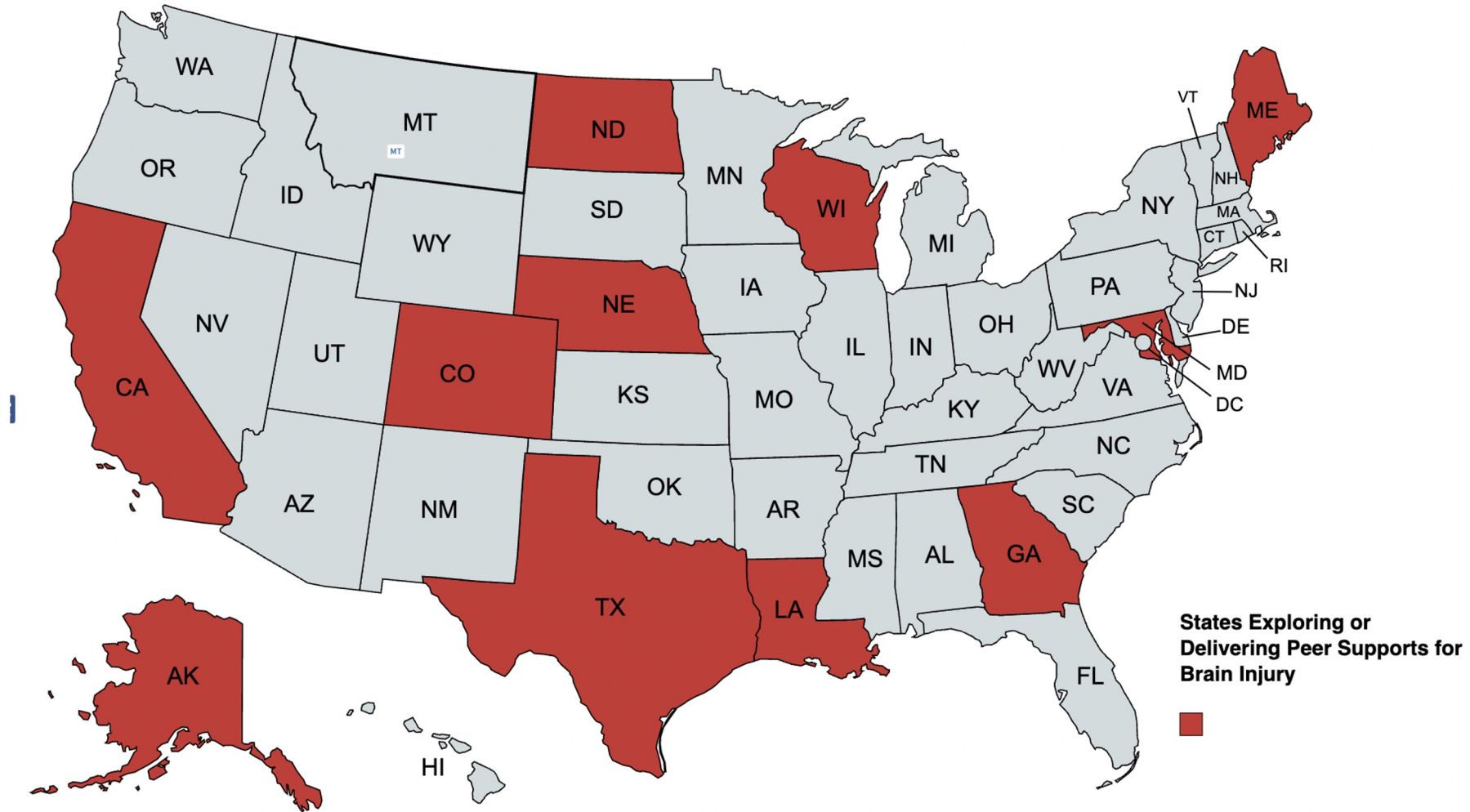


Perspectives on Peer Support

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)



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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.”*



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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.
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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?