

Strengthening Awareness and Positive Regard for Peer Support Staff: Spotlight on Advocates

This provider spotlight features Advocates, a nonprofit organization located in Framingham, Massachusetts that provides comprehensive behavioral health and social services. The spotlight describes Advocates' approach and strategies used to reduce negative attitudes faced by the organization's peer support staff. Peer support staff are individuals in recovery from a mental health condition or substance use disorder who, with training, use their lived experience to assist others in recovery. These individuals may at times face challenges in the workplace such as a lack of acceptance and underlying stigma from their colleagues.



In photo: Advocates' peer support team

Resources for Integrated Care also offers a video and an accompanying tip sheet focused on strengthening awareness and positive regard for peer support staff, located at <https://www.resourcesforintegratedcare.com/peer-support/stigma>.

Challenges with Negative Attitudes

Keith Scott, Advocates' Vice President of Peer Support and Self-Advocacy, first started working at the organization nearly 30 years ago as a direct service staff member with lived experience.¹ With support from the organization's senior leadership, Keith became the Director of Recovery and Peer Support in 2008 and was tasked with developing Advocates' first formal peer support program. Keith knew that introducing peer staff into the organization could be met with resistance from other staff members, and learned about some of the key challenges to expect based on conversations with organizations that had prior experience integrating peer support staff. He expected that moving the organization to a recovery culture, one rooted in the belief that individuals can recover from their behavioral health conditions and lead meaningful lives that are not defined by their condition, would be important for the program to succeed.

Before Advocates initially hired peer support staff, Keith set up trainings with clinical program staff to discuss what hiring peer support staff would entail, the history of peer support, and why Advocates was planning to develop a formal peer support program. Advocates also held forums with existing staff to

¹ The content and quotations in this document are from an interview with Keith Scott conducted in September 2018.

Iallow the opportunity to raise any questions or concerns. Some existing staff opposed the idea and thought that the organization needed more clinical and general program staff, not new peer support staff. Some expressed a belief that if a person had struggled with serious mental illness or substance use disorder, they might not be able to support others in their recovery, or might not even be consistent and reliable in a professional role.

Strategies to Strengthen Awareness and Positive Regard for Peer Support Staff

Some of Advocates' key strategies for successfully reducing negative attitudes and strengthening positive regard for peer support staff included:

1. **Build support among executive leadership.** A critical factor behind Advocates' success was the unwavering buy-in and active promotion of a peer support program from the executive leadership. Keith's promotion to Director (and then Vice President) of Recovery and Peer Support demonstrated executive leadership's outward support for the effort. In addition, Keith was given the authority and support he needed to champion the effort, which proved to be a critical factor in fully transforming the culture of the organization in a way that strengthened positive regard for peer support staff.
2. **Clearly define peer support staff roles.** Advocates designed its peer support program so that peer support staff focused exclusively on providing resources and information to support participant decision-making. Their roles did not include clinical-oriented tasks, such as reading charts, documenting clinical notes, or managing medications. Instead, peer support worker roles were designed, in coordination with clinical staff, to provide ancillary support to optimize participant well-being. For example, peer support roles were structured to allow them to meet with individuals outside of typical service hours, attend psychiatric or medical appointments with the person to provide support, and assist in skills development such as job interviewing techniques. Advocates reinforced these peer support roles system-wide through ongoing dialogue and training, and by developing written guidance and external articles that described the peer support role. Clearly defining the peer support worker roles helped non-peer staff better understand the unique value that the peer staff contribute to individuals they support, and thus helped to strengthen awareness and positive regard for their presence among non-peer staff.
3. **Increase cohesion and job satisfaction among peer support staff with independent peer-run teams.** Advocates created teams comprised of only peer support staff for day-to-day activities to reduce isolation and to empower peer support staff to actively learn from and support each other.

"WE USE EVERYDAY LANGUAGE AND TALK MORE ABOUT OBSERVATION THAN DIAGNOSIS. WE BELIEVE DOING THAT STARTS TO HELP THE PEOPLE WE SERVE TO SEE THEMSELVES IN A DIFFERENT LIGHT."

- KEITH SCOTT, VICE PRESIDENT OF PEER SUPPORT AND SELF-ADVOCACY, ADVOCATES

other. These teams were supervised by more experienced peer support staff with whom they could openly share their observations (including any negative attitudes they were perceiving), receive support and guidance, and brainstorm ways to mitigate these challenging situations. Advocates found that the creation of independent peer-run teams increased solidarity, promoted the sense of mission that drives the work, and reduced burnout that otherwise can quickly occur among peer support staff when faced with negative attitudes from fellow non-peer support staff.

4. **Evaluate prospective employees' openness to working with peer support staff during hiring.** During hiring, Advocates began to evaluate interviewees' potential success in working with peers and whether their values were aligned with the organization's desired culture. To achieve this goal, executive leadership implemented processes to ensure that hiring managers communicated to all prospective employees a commitment to promoting peer services and fully valuing the contributions of peer support staff.
5. **Modify training programs for new and existing staff to promote desired culture.** Advocates implemented a mandatory training program for all existing and incoming staff. Trainings discussed peer support roles and how they complement clinical roles, the history of peer support and benefits of hiring peer support staff, and why the organization is committed to integrating peer support staff. Trainings for peer support staff also included case studies on how to handle tough situations where negative attitudes may be in play. The trainings are repeated regularly to accommodate new staff, refresh existing staff members, and generate discussions across staff at large, as new issues may arise over the course of service provision. Advocates also began to provide continuing education events and brought in external speakers to promote best practices.

"We needed to see peer support in a new context and frame, as an independent position in the field. It is a constant process to this day to educate clinical staff and leadership."
- Keith Scott, Vice President of Peer Support and Self-Advocacy, Advocates

6. **Assess and maintain a recovery-oriented environment.** In addition to their direct support role, peer support staff began routine assessments of each facility and program to consider if they were promoting a recovery culture that supports the collective belief that individuals can recover from their behavioral health conditions and that they are not defined by their conditions. Peer support staff, for example, worked with staff at each facility to identify and remove items that made a setting feel like a hospital, such as sequestered staff or visible chore charts. These strategies promoted staff treating individuals in recovery as autonomous adults fully capable of recovery, thus strengthening positive regard for peer support staff who were previously in similar participant roles.
7. **Generate opportunities for collaboration and learning.** Clinical leadership teams were encouraged to hold individualized, face-to-face consultations regularly with the peer support

staff regarding a range of issues faced by program participants to identify new perspectives and solutions that may be more evident to peer support staff because of their lived experience. The organization also created an opportunity for new psychiatrists to join peer team meetings and shadow the peer support staff to learn more about their unique roles. These events encouraged peers to engage in casual conversation with non-peer staff in a more comfortable and less formal setting, and illustrated the value of ideas generated by peer support staff. This helped to break down barriers, reduce stigma, and decrease previously held misconceptions about behavioral health conditions.

"The work we do in the community creates a symbiosis of change, helping community partners understand how to best support clients and helping clinical staff hear from the community on the value of peer support."

- Keith Scott, Vice President of Peer Support and Self-Advocacy, Advocates

8. **Engage community partners to illustrate the value of peer support.** Advocates partnered with organizations in the community (e.g., law enforcement, hospital staff, university students, family members, and staff from other provider organizations) to allow staff to hear from other community members about the value of peer support. For example, the organization partnered with the Western Massachusetts Recovery Learning Community to show film screenings that helped to promote a recovery culture, explore different interpretations of "mental illness" beyond the disease model, and share information on the benefits of peer support staff.

With the steps outlined above, Advocates has made significant strides to strengthen awareness and positive regard for peer support staff, reduce negative attitudes, and develop a recovery culture that ultimately better serves the people it supports. For more information on Advocates' approach and to learn more, please contact Keith Scott at kscott@advocates.org or (508) 259-1080.

Additional Resources

The following resources provide more information on reducing negative attitudes towards peer support staff:

- California Mental Health Services Authority's [Guide on Meaningful Roles for Peer Providers in Integrated Healthcare](#) – Chapter 7: Preparing the Existing Workforce: Opening Your Heart to Reduce Stigma (pg. 97)
- Peer Support Resources' [Provider's Handbook on Developing and Implementing Peer Roles](#) – Peer Support: The Evidence Base (pg. 14)
- Philadelphia Department of Behavioral Health and Intellectual Disability Services' [Peer Support Toolkit](#) – Module 1: Preparing the Organizational Culture (pg. 16)

The Medicare-Medicaid Coordination Office (MMCO) in the Centers for Medicare & Medicaid Services (CMS) seeks to ensure that beneficiaries enrolled in both Medicare and Medicaid have access to seamless, high-quality health care that includes the full range of covered services in both programs. This tip sheet is intended to support health plans and providers in integrating and coordinating care for Medicare-Medicaid enrollees. It does not convey current or anticipated health plan or provider requirements. For additional information, please go to <https://www.resourcesforintegratedcare.com/>.