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Peer Support

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Peer Support

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V. Peer Support

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This chapter is intended for those serving on MISSION-VET teams as Peer Support Specialists (PSS). It explains the unique role of the position. Following an overview of their role within the MISSION-VET treatment program, the chapter explains how the PSS works with the MISSION-VET Case Manager. It also highlights how the PSS serves as a role model and as a source of encouragement and support to Veterans receiving MISSION-VET services. Case examples are included to illustrate how PSSs facilitate discussions on topics of particular concern to Veterans receiving treatment services and how the PSS continues to meet with Veterans regularly once they have transitioned to the community. It also includes special considerations that are unique to the role of the PSS.

"…this is something you'd have to be willing to do for free in order to do it for pay."
- MISSION-VET Peer Support Specialist

A. Overview of the MISSION-VET Peer Support Specialist's Responsibilities

During the often lengthy and difficult process of rebuilding a life in the community, Veterans receiving MISSION-VET services can benefit greatly from the support of someone with similar experiences — someone who can offer advice and empathy when the Veteran faces challenges along the way. In addition to being a Veteran themselves, each Peer Support Specialist (PSS) on the MISSION-VET treatment team has recovered from challenges (homelessness, unemployment, substance abuse, and mental illness) similar to those faced by the Veterans with whom they are working. Each has also received training specific to serving as a PSS. As MISSION-VET PSSs advocate for the Veterans on their caseload, share wellness and relapse prevention strategies, and provide practical supports to improve socialization and community life skills, the unique mix of camaraderie and leadership empowers Veterans to self-determine their own recovery goals.

MISSION-VET PSSs are full staff members on the MISSION-VET treatment team; as such, their role is central no matter where MISSION-VET services are initiated. However, if MISSION-VET service delivery is initiated while the Veteran is receiving treatment in an institutional setting, MISSION-VET PSSs facilitate weekly peer support group sessions. These sessions present opportunities for rapport-building, discussions of the upcoming transition, and assessments of anticipated practical supports, while introducing and emphasizing self-care and socialization skills. MISSION-VET PSSs who have not facilitated groups before should look to the MISSION-VET Case Manager (CM) or Clinical Supervisor as models, or they may request training to help them develop confidence and skills as a group leader.

If service delivery is initiated after the Veteran has transitioned to the community, the MISSION-VET PSS will address the same topics as they become relevant to the Veteran in one-to-one conversations. Peers meet with the Veteran, often in the Veteran's place of residence, ensuring that the Veteran is utilizing the appropriate supports (including community mental health and substance abuse treatment programs, 12-step meetings, and vocational/educational rehabilitation services). If the Veteran is not using these supports, MISSION-VET PSSs facilitate the process by accompanying Veterans to 12-step meetings or by assertively bringing them to their appointments.

In their "check in" sessions with Veterans, MISSION-VET PSSs can reinforce both the work Veterans have done in Dual Recovery Therapy (DRT) sessions (led by a MISSION-VET CM) as well as the work Veterans have done on the Self-Guided Exercises contained in the *MISSION-VET Consumer Workbook*.

A primary goal of the MISSION-VET team is to encourage the Veteran's involvement in adjunctive self-help and mutual support services, such as Alcoholics Anonymous (AA) and Narcotics Anonymous (NA), where he or she will be exposed to others who are further along in recovery. These services and relationships are essential to the recovery process and become increasingly important as the Veteran transitions from the MISSION-VET program to complete reliance on community-based services.

Implications of the "Critical Time Intervention" Model

The MISSION-VET approach uses the tested model of "Critical Time Intervention" (CTI) case management. This approach offers different types of support to the Veteran in different phases of the transition to community life. The three

distinct phases of care are: (1) Transition to community (the initial phase of intense support), (2) Try-Out (in which the Veteran accepts increasing responsibility for maintaining a healthy approach to life), and (3) Transfer of care (in which the Veteran relies increasingly on community supports rather than the MISSION-VET team, and the program comes to an end).

Consistent with the CTI approach, the team gradually reduces its frequency of contact with the Veteran over the course of the intervention to reinforce the use of community supports and independent living. Therefore, peer support must be provided in a way that fosters independence and focuses on helping the Veteran learn self-advocacy skills and establish connections in the community that he/she can maintain independently upon completion of the MISSION-VET program. In order to accomplish this, the MISSION-VET PSS works in close collaboration with the MISSION-VET CM. Both the PSS and CM have the mutual goal of ensuring that Veterans assigned to their team have the resources and skills they need to achieve the goals they have set for themselves as well as for continued growth in their recovery.

Overview of the MISSION-VET Peer Support Specialist's Responsibilities

CTI Phase 1: Transition to the Community

The MISSION-VET PSS:

- Meets with the Veteran periodically to establish rapport and encourage the Veteran in the changes he or she is making.
- Provides input on the MISSION-VET treatment plan.
- Conducts group or individual peer support sessions on topics related to the transition to healthy living in a community setting.
- Discusses exercises and readings in the MISSION-VET Consumer Workbook with the Veteran.
- Works with the MISSION-VET CM to identify community resources essential for successful community integration.
- Assists with executing the discharge plan and helps the Veteran overcome barriers that arise in using key community supports, including accompanying the Veteran to appointments and meetings when helpful.

CTI Phase 2: Try-Out

The MISSION-VET PSS:

- Continues to facilitate linkages that have already been established, helping the Veteran think through and resolve obstacles and challenges.
- Redirects the Veteran's attention to exercises in the *MISSION-VET Consumer Workbook* as needed, helping the Veteran recommit to goals and strategies or, when needed, express new ones.
- Identifies any gaps in support system, barriers in accessing services, or areas where the Veteran needs more support, and works with the CM and other providers to address these gaps.

CTI Phase 3: Transfer of Care

The MISSION-VET PSS:

- Celebrates the Veteran's ability to maintain goals in healthy living and puts relapses or slips in perspective.
- Reflects (with the Veteran) on work that has been accomplished thus far and acknowledges end of participation in MISSION-VET program.
- Reminds Veteran of supports that have been established, says goodbye, and wishes the Veteran the best of luck in continued recovery.

B. Working Effectively as a MISSION-VET Treatment Team

MISSION-VET PSSs and CMs are paired into permanent teams and share primary responsibility for the Veterans assigned to each pair. Other members of the MISSION-VET team might provide back-up services; however, respecting the assignment of Veterans to particular teams is important to well-coordinated care. PSSs sometimes have contact with Veterans assigned to another MISSION-VET PSS/CM team; this may occur through a chance meeting in the residential or inpatient treatment center, in the community, or if a Veteran seeks out a particular PSS. Such contact is acceptable, but when a PSS discusses issues of clinical significance (i.e., issues that relate to the Veteran's mental health or substance abuse recovery) with Veterans who are assigned to another team, the PSS must encourage the Veteran to relay any relevant information to the PSS/CM team to whom that Veteran is assigned, as this is often information critical to recovery.

For the team relationship to work effectively, it is critical that both team members share information with one another about the contact they have with the Veteran. These communications help team members support each other's work and track evolving issues that may require special intervention. The PSS may tell the CM that the Veteran has been seeing drug-using friends at their old haunts, or a CM may tell the PSS that a Veteran has been shy and nervous about going to AA meetings and asks the PSS to offer to attend a meeting with that Veteran. At their regularly scheduled supervision meetings with the Clinical Supervisor, or earlier if necessary, the PSS/CM team should share any serious problems on which they would like guidance or assistance, preferably at an earlier enough stage to plan an intervention.

Depending on the issues to be addressed and the preferences of each Veteran, PSSs and CMs may meet with the Veteran together or separately. When the PSS and CM meet with the Veteran separately, the authors suggest that the PSS and CM meet and discuss their observations and concerns regarding the Veteran regularly. By working together smoothly, team members can enhance their effectiveness and ensure each Veteran enrolled in the MISSION-VET program is receiving consistent messages and support. Veterans are informed at the outset of their participation that information is shared among MISSION-VET team members to better facilitate their care.

Within individual teams, the PSS and the CM coordinate care in order to promote consistency in service delivery. Many roles and responsibilities are shared, with each member offering his or her skills and perspectives to assist the Veteran in achieving important goals. Each team member, however, also has areas of primary responsibility (see the table, "Responsibilities/ Roles of the MISSION-VET Peer Support Specialist and Case Manager"). The MISSION-VET CM takes the lead in the developing treatment plans, but the plans should reflect the PSS's input. When one team member assumes a primary role in a certain area, the other team member provides assistance and serves in the primary or lead capacity when the primary team member is temporarily unable to fulfill that duty (for example, due to absence or sickness). While both PSSs and CMs share responsibility for assisting Veterans with use of the *MISSION-VET Consumer Workbook*, it is really the PSS who checks in with the Veteran regularly; while CMs ensure that the appropriate 12-step supports are in place, it is the PSS who actually accompanies Veterans to meetings if necessary.

Responsibilities/Roles of MISSION-VET Peer Support Specialist and Case Manager

Primary Responsibility of PSS, with Input from the CM	Primary Responsibility of CM, with Input from the PSS	Responsibilities Shared by the CM and PSS
• Help Veterans advocate for themselves with providers and ensure effective two-way communications • Recreational planning and modeling healthy living using free or low-cost community resources • Linkage to community mental health and substance abuse recovery programs (NA/AA) • Accompany Veterans to clinical appointments, job interviews, recreational activities, and self-help group meetings • Increase motivation toward recovery goals • Assist Veterans with *Consumer Workbook* exercises and readings, discuss material, and reinforce insights	• Orientation/introduction, mid-program progress check, transition to community, and discharge plans • Management of clinical crises • Delivery of DRT psycho-educational and booster sessions at each visit • Identify, monitor, and provide referrals for trauma-related symptoms • Provide vocational/ educational supports as needed: interview skills training, resume building, linkages to education and training programs • Facilitate linkage to other clinical services • Communicate with clinical service providers • Review and work through benefits and entitlements issues (Social Security Income and Social Security Disability)	• Weekly team meetings with staff providing care at inpatient/residential treatment facility • Discharge session from the treatment facility • Linkage to needed community services, including vocational/ educational supports and trauma-related treatment resources • Assistance with housing maintenance • Ongoing monitoring of symptoms, psychoeducation and training in symptom management, coping skills, medication compliance, problem solving, and relapse prevention • Transportation assistance • Provide support during job stresses • Provide support during clinical crises • Refer out as appropriate during exacerbation of symptoms

C. Initiating Relationships with Veterans

Orientation to the MISSION-VET Program

The initial MISSION-VET session occurs after the intake conducted by staff of the inpatient/residential treatment facility or upon referral from clinicians/case managers in other VA or community programs. Before the MISSION-VET CM and PSS meet the Veteran, the MISSION-VET Clinical Supervisor (or if necessary the CM) performs a diagnostic assessment and screens the Veteran to determine his or her eligibility for the program.

Once the Veteran has been determined eligible and has agreed to participate in the MISSION-VET program, the Veteran is

introduced to his/her permanent MISSION-VET CM, who schedules an introductory meeting to begin the process of getting to know the Veteran. Both the MISSION-VET CM and PSS should participate in the meeting if possible, but if necessary the Veteran can meet with CM and PSS separately. This initial 45-minute orientation meeting is an opportunity for the MISSION-VET treatment team to learn about the Veteran's goals, barriers, strengths, hopes, and interests as well as the Veteran's triggers, coping skills, and available supports.

The orientation session lays the foundation for a healthy working relationship between the Veteran and MISSION-VET treatment staff, builds the Veteran's understanding of the program and what to expect, marks the beginning of MISSION-VET treatment planning, encourages hope, and lets the Veteran know that he or she will have both support in meeting obstacles that may arise – as well as people who will cheer and celebrate as the Veteran achieves his or her treatment and recovery goals.

During this initial meeting, the MISSION-VET PSS takes a relaxed and supportive stance. She or he explains that the PSS's role is different than the CM's and offers to help clarify any aspects of MISSION-VET that the Veteran might, even after meeting with the MISSION-VET Clinical Supervisor or CM, not understand. In general, Veterans appear to be relatively comfortable with the informal nature of the relationship with the PSS. Sometimes, however, establishing rapport with a Veteran enrolled in the MISSION-VET program will take some extra work.

During the orientation session, the CM and/or PSS give the Veteran the *MISSION-VET Consumer Workbook* and explain that the Workbook contains three important components:

1. Tools that will be used as part of DRT sessions led by the CM,
2. Exercises that are keyed to the DRT sessions which are reviewed in peer-led sessions, and
3. Advice from people who have made similar transitions designed to help the Veteran settle into their communities.

While the Workbook is essential to MISSION-VET program orientation and symbolically offers the Veteran a "gift" of support materials, it is our experience that Veterans can initially become somewhat overwhelmed with the content of the Workbook. Therefore, it is the responsibility of the PSS to provide an effective introduction to the Workbook. It is important that the PSS ensures the overview of the Workbook is not seen as overwhelming, but rather as a critical resource that can be used throughout the duration of MISSION-VET services and as a set of tools for recovery beyond the Veteran's time in the MISSION-VET program.

While MISSION-VET PSSs have the lead role in facilitating the Veteran's use of exercises and readings contained in the *MISSION-VET Consumer Workbook* (other than those used in DRT), the CM should be made aware of, and review with the Veteran, any significant issues raised by these materials.

Working with Veterans in a Treatment Setting

For Veterans who reside in an institutional setting, MISSION-VET PSSs get to know their assigned Veterans both directly, through peer-led group discussions, and indirectly, through treatment team meetings. Along with the MISSION-VET CM, the PSS attends weekly treatment team meetings held by the staff of the treatment facility. By participating in these meetings, the MISSION-VET team learns more about a Veteran's clinical course and provides opportunities to build relationships with residential care staff. Additionally, by building trust and camaraderie with Veterans during their inpatient/residential stay, the MISSION-VET team can deliver targeted and informed treatment upon discharge.

Maintaining proper boundaries between the services and staff of the treatment facility and the MISSION-VET team is important; however, the role of the MISSION-VET PSS is less likely than that of the MISSION-VET CM to be seen as conflicting with that of the clinician or case manager in charge of providing services in the inpatient or residential facility. Thus, the MISSION-VET PSS typically has more extensive contacts with the Veteran in the treatment facility prior to community transition than the CM.

Opportunities for Contact in the Treatment Facility with Veterans Receiving MISSION-VET Services

1. An initial meeting orienting the Veteran to the MISSION-VET program
2. Informal contacts
3. A transitional session near the end of the stay in the treatment facility
4. Weekly group sessions led by the Peer Support Specialist

D. Using the *MISSION-VET Consumer Workbook*

As described earlier, the *MISSION-VET Consumer Workbook* is given to the Veteran during the orientation session. The

Workbook is divided into two parts. The first part contains Self-Guided Exercises; Dual Recovery Therapy: Tools and Readings; and Checklists. The second part contains readings on Sustaining Recovery and Community Living. While the authors encourage Veterans to complete the self-guided exercises contained in Part 1 independently, the MISSION-VET PSS plays a critical role in the completion of these exercises and in helping the Veteran put new skills and discoveries into action.

Part 1 of the Workbook also contains DRT exercises, which are discussed during the DRT individual or group sessions led by the MISSION-VET CM (the PSS works with the Veteran to complete the worksheet in advance). The Veteran's written responses to DRT exercises can be a helpful resource and a reminder of the Veteran's commitment to achieving personal goals, the skills that help maintain recovery, and the essential concepts that will help the Veteran stay focused on their recovery. It is helpful for both MISSION-VET PSSs and CMs to refer back to the Veteran's "triggers" for substance use, his or her personal goals, and plans for recreational activities—either as a reminder, or as an opportunity to re-envision the path to recovery.

PSSs have a brief weekly check-in session to review each exercise that the Veteran has completed in the *MISSION-VET Consumer Workbook*. Although Veterans receiving MISSION-VET services while they are in inpatient/residential care participate in DRT sessions and other structured sessions, MISSION-VET peer-led sessions are unique because they offer the PSSs "been there, done that" perspective. The amount of time spent is variable, depending in part on whether a Veteran needs to work through an issue raised by the DRT worksheets, the *MISSION-VET Consumer Workbook* Self-Guided Exercises, or the readings. Approximately 10 minutes a week is set aside for this purpose. This could also be done in a longer individual session with the MISSION-VET PSS or, if appropriate, it could be brought into the PSS group session as an issue for everyone to discuss.

For those Veterans leaving an institutional treatment facility, the readings in the latter part of the MISSION-VET Workbook become particularly relevant, raising issues that may concern the Veteran, suggesting opportunities for useful discussion. Case managers facilitate the use of readings related to the transition to the community, which should correspond with the transitional care sessions. However, as is the case with the exercises described above, the PSS provides in-depth assistance as Veterans process readings and work through fears and concerns. Because the CM and PSS work as a team, it is critical to have an ongoing dialogue about the Veteran's progress regarding the readings in the Workbook and the issues that may be of concern to the Veteran. The readings also provide an opportunity for PSSs to share their own stories about re-entry in the community and the issues they faced.

Part 2 of the *MISSION-VET Consumer Workbook* includes a brief explanation of the most common mental health conditions of those Veterans entering the MISSION-VET program. This explanation is meant to serve as a resource for Veterans as they work their way through the different phases of the program. In addition to the explanation of these mental health conditions, the Workbook also offers a table with the most common medications used to treat those problems as well as the possible side effects that could occur from these medications. We point this information out for two reasons:

- Veterans enrolled in MISSION-VET may want to talk about the materials in one of their sessions with the PSS.
- Authors have received feedback from MISSION-VET staff that these materials, particularly the table of medications and side effects, are a useful resource.

E. Peer Support Sessions

For Veterans in residential treatment or a congregate living facility, the PSS leads a weekly group session of approximately 60-90 minutes (see Appendix H). These group sessions are scheduled at different times and conducted by different PSSs in order to accommodate the varying schedules of Veterans; however, each MISSION-VET PSS covers the same selected topic for the week. The 11 topics (see *Peer-led Sessions* table) have been identified by PSSs from past MISSION-based projects as having particular relevance to those Veterans currently residing in treatment facilities or congregate living arrangements as they prepare themselves for independent community living.

These group discussions serve several purposes. From the standpoint of the MISSION-VET program, the primary purpose is to establish a sense of camaraderie among Veterans and the PSS, so that, after the Veteran is discharged from the institutional setting, he or she is already comfortable seeking and accepting support and advice from the MISSION-VET PSS. The weekly peer-led sessions offer Veterans a forum to air their concerns, fears, questions, and hopes in a safe environment, knowing that they will not be judged and knowing that their peers (both the MISSION-VET PSS and their fellow Veterans) will support them. These sessions also offer a chance to begin work (on developing some of the skills and achieving some of the goals) that will continue post-discharge.

For Veterans who are already living independently–for example, if housing has been obtained through the HUD-VASH program–peer-led sessions often occur at the Veteran's residence. While these sessions are delivered individually rather than in a group setting, they use the same 11 topic areas as in

the group format, and the purpose of each session is the same. The peer-led sessions allow the Veteran to air any concerns with living arrangements or adjustment to the community; the MISSION-VET PSS can then identify problems and relay information back to the treatment team. Additionally, these sessions allow the Veteran to discuss concerns, ask additional questions, and express their future hopes in a comfortable, relaxed environment free of judgment and full of support.

Topic Exercises for Peer-led Sessions

1. Willingness
2. Self-acceptance and respect
3. Gratitude
4. Humility
5. Dealing with frustration
6. Handling painful situations
7. Significance of honesty
8. Courage
9. Patience
10. Medicine maintenance
11. Making a good thing last

Format

The design of the weekly peer-led sessions deliberately avoids excessive structure as Veterans receiving MISSION-VET services participate in a number of structured activities either in the residential treatment program, structured outpatient programs, or in other programs relevant to their recovery. As a result, MISSION-VET PSSs strive to present a more relaxed atmosphere.

Structure of Weekly Peer-led MISSION-VET Meetings in the Treatment Facility

- A brief introduction to the day's topic, why it was chosen, and why it is something important for Veterans to think about
- Personal insight or a story offered by the Peer Support Specialist in order to further set up the topic
- Questions to spark discussion, if needed
- A facilitated discussion on the topic

When issues arise in peer-led sessions that involve safety or other critically important issues, the MISSION-VET PSS's first step is to encourage the Veteran to further discuss the issue with the rest of the treatment team, particularly the CM. The PSS shall also indicate to the Veteran that he/she must share this information with the treatment team.

F. Providing Support in the Community

Providing Input into the Discharge Plan from a Treatment Facility

If the Veteran is re-entering the community from a treatment facility, the MISSION-VET team will not only have its own plan for helping the Veteran, but will also play a key role in fulfilling the goals of the discharge plan. While staff from the treatment facility create discharge plans for each Veteran re-entering the community, the MISSION-VET team, including PSSs, have input into this plan. The MISSION-VET PSS's input is coordinated through the CM assigned to the same Veteran. This input reflects insights gained from informal contacts, observing the Veteran's behavior in group sessions, and from information learned from weekly treatment team meetings.

The MISSION-VET PSS often offers their personal insights and observations about the Veteran and his or her needs. For example, the PSS might feel that a particular transitional housing program might or might not be a good fit for a particular Veteran and could share this recommendation and the reasoning behind it. The Veteran and his or her treatment team at the institutional treatment facility may take these insights into account as they finalize the plan. When conflicts arise between the MISSION-VET PSS and CM or between the PSS/CM and the inpatient/residential treatment facility staff regarding the care of a Veteran enrolled in the MISSION-VET program, the MISSION-Vet team should raise the issue with the Clinical Supervisor, who works with each party to provide guidance and resolve the conflict.

After the discharge plan from the facility is completed, the assigned MISSION-VET PSS/CM meets with the Veteran to discuss the plan and the role that the team will play in supporting the plan. This meeting, which occurs prior to the Veteran's discharge from the institutional facility, is called the "Transitional Session." As MISSION-VET PSSs may have already formed strong bonds with "their" Veterans while they were in the institutional treatment facility, PSSs play a crucial role in helping Veterans achieve the goals that they have set for themselves as they fully integrate into the community.

Providing Input to the Treatment Plan when the Program is Initiated in a Community Setting

If the MISSION-VET PSS did not work with the Veteran while he or she was in the institutional facility, as is the case when MISSION-VET is implemented with Veterans in the HUD-VASH program, the PSS actively works with the MISSION-VET CM and Clinical Supervisor (as well as the HUD-VASH Case Manager) to develop a MISSION-VET treatment plan that provides a clear path to achieving the Veteran's goals.

Types of Support Provided by Peer Support Specialist

MISSION-VET PSSs offer individual support to the Veteran in areas that overlap with the support provided by the MISSION-VET CM. This includes offering support in getting and maintaining safe housing, sustaining recovery from substance abuse, managing mental health symptoms, obtaining gainful employment, and achieving educational goals. The type of support that MISSION-VET PSSs offer can be practical and/or emotional; for example, they might offer to accompany Veterans to initial mental health appointments, bring them to AA or NA meetings, tell them what to expect in a particular housing program, or offer advice and support as Veterans try to reconnect with their families. They also use specific tools and techniques, such as the "PICBA" tool for personal problem-solving (see the *MISSION-VET Consumer Workbook*), to empower "their" Veterans to become more involved in treatment decisions. Like MISSION-VET CMs, PSSs make ready use of the tools and narratives contained in the Workbook on an as-needed basis.

Below are descriptions of specific experience-based competencies that PSSs have and real case examples of how PSSs applied those competencies.

Reducing Fear

Achieving life goals requires overcoming fear of failure and fear of the unknown. Having been homeless and through institutional treatment, Veterans might doubt their ability to succeed on their own, to remain sober, and to adjust to work and other aspects of community life with which they have become unfamiliar. Veterans might also fear taking medications or being stigmatized in the community as a result of their conditions or treatment. Having been through similar experiences, MISSION-VET PSSs are able to provide emotional support and practical advice for facing these challenges. A Veteran might call because he or she had a "drug dream," had a fight with a spouse or partner, or is simply feeling the urge to use.

Peer Support in Action: Example 1

"Isaac" was so debilitated by his co-occurring mental illness, drug addiction, and alcoholism that he could not by himself take the necessary steps to secure housing, even though he had enough money for a place to live. Isaac had already been asked to leave the VA residential treatment facility due to his continued use, and his MISSION-VET PSS had helped him find transitional housing. Now, Isaac faced eviction from transitional housing after he relapsed, and in a panic he called the same PSS for help.

By facilitating access to resources, the MISSION-VET PSS was able to find Isaac a secure house located close to the VA hospital, where the MISSION-VET team could monitor and support him during this critical time. With this new housing placement arranged by his PSS, he was able to easily acquire his medications, get mental health counseling and treatment, and take care of other VA-related business. Throughout this process his PSS provided encouragement, support, reassurance, and positive feedback to help Isaac overcome his paralyzing fear and take the necessary steps back to a positive lifestyle.

Accompanying Veterans

Another way in which MISSION-VET PSSs can provide practical support to Veterans is to accompany them to their first few mental health appointments, as they learn unfamiliar public transportation systems, or when they need to buy groceries or shop for clothes. The PSS continues to accompany the Veteran on these activities until they are comfortable doing such tasks on their own. For example, a PSS who has shopped for a child before might accompany a Veteran who is trying to reunite with his family to help him buy clothes for his children.

This support can be especially critical in times when the Veteran stumbles on his or her recovery path. The MISSION-VET PSS can provide moral support if the Veteran becomes homeless or begins using again by accompanying him/her to a shelter, detoxification facility, or the hospital.

Promoting a healthy lifestyle

A healthy lifestyle includes eating well, getting enough sleep, and exercising regularly. Sleep, exercise, and nutrition can all play a positive role in relieving stress and improving mood, while smoking and caffeine might have negative impacts. While recognizing that "old habits die hard," the MISSION-VET PSS can help to promote healthy lifestyles with new habits of self-care.

Peer Support in Action: Example 2

"Ricardo" had recently received housing in the community after completing residential treatment at the VA. However, one month after he had gotten his own housing, he relapsed and subsequently became homeless due his inability to pay rent. Ricardo started living on the street, stopped eating and bathing, and could not hold down a job. His MISSION-VET PSS arranged a face-to-face meeting with him and talked to him about his weight loss, disheveled appearance, and inattention to personal hygiene. His PSS asked him directly, "What do you need to get back on the road to recovery?" Ricardo knew that he needed the very things he had given up—a roof over his head, a place to shower, and food. This meeting with his PSS helped Ricardo realize that before he could value and retain these things in the future, he needed to understand the reasons that he gave them up in the first place. Ricardo acknowledged that he had gotten comfortable with his present condition and stopped putting in the necessary work to maintain his recovery.

Once Ricardo determined to pursue a healthy way of life, his PSS helped link him to a detoxification program and then a bed at the Salvation Army. Because there were no available apartments in his previous community and the VA homeless program did not have any openings, his PSS helped Ricardo find another long-term residential program in the community. His PSS also helped him retrieve and use the healthy living tools he learned while enrolled in MISSION-VET during an earlier VA residential stay, including information on the importance of hydration, selecting healthy foods, avoiding unhealthy foods, monitoring caloric intake, and exercising. With ongoing peer support, Ricardo began reclaiming his recovery by attending programs, taking classes, and seeing his family. He began feeling better about himself and regained his confidence in his ability to achieve his recovery goals and has just received a permanent housing placement through the HUD-VASH program.

Socializing

For Veterans who are transitioning back into the community, having drug-free social events in which to participate and friends with whom to spend time can have a positive impact upon recovery. Because the MISSION-VET intervention lasts only a limited period of time (2 months, 6 months, or 12 months), developing positive and drug-free social relationships can become an important source of support after the program ends.

The MISSION-VET PSS primarily relies on AA and NA social events because these events tend to be larger and better established, offering Veterans in the MISSION-VET program certainty that the event will be well-attended and thus worth their time. Such 12-step events might include dances or other enjoyable activities.

At times, MISSION-VET PSSs may also set up small, informal social events for Veterans on their caseload. For example, a PSS might get together with three or four Veterans to eat pizza and play pool, each chipping in if another Veteran who attends does not have enough money to participate.

Especially as Veterans return to work, social events are more likely to be successful on evening or weekend hours. Ideally, the work schedules of MISSION-VET PSSs will include some evenings and weekends. Indeed, one of the hallmarks of peer support is that it is generally available when more traditional services are limited and when Veterans are most in need of natural support and opportunities for social connectedness. Although MISSION-VET PSSs have a working schedule that mostly follows "normal business hours," employing a mechanism that allows them to use "comp time" to shift their working hours, when necessary, is useful. However, PSSs also tend to have natural contact with Veterans during nights and weekends since they often participate in the same type of activities as a part of their own personal lives (for example, going to AA or NA meetings/activities, church, and grocery shopping).

Achieving goals

As someone who has had experiences similar to those of the Veterans enrolled in the MISSION-VET program, the PSS often has excellent insight into what can be considered realistic goals for Veterans to set and achieve. Veterans who are really struggling might have goals that seem trivial to an outsider, but which are understood by those who have experienced similar struggles. For example, a person who is feeling extremely depressed might have as a goal to smile three times per day or to go out in public twice a week and talk to someone. Of course, MISSION-VET PSSs should help set goals as high as the Veteran wishes, with shorter-term objectives being developed in the interim. After goals are set, it is important for the MISSION-VET PSS to regularly check in on the status of those goals in order to ensure progress.

Peer Support in Action: Example 3

"Earl" faced a financial barrier to getting his driver's license back. He had accumulated many fines over the years and could not pay them on the salary he earned at his current job. His assigned MISSION-VET PSS had also experienced a struggle with outstanding fines and explained to Earl how he had set paying off his fines as a goal and decided to quit smoking as a way of saving money to pay off those fines so he could get his license back. Using the eight dollars a day he had spent on cigarettes, the PSS was able to slowly pay off his fines and get his driver's license back. Even now that he has paid off his fines and has gotten his license back, he has decided to no longer smoke cigarettes. The PSS's sharing of his personal experiences showed Earl that the barrier he faced was not an insurmountable problem, helped motivate Earl to seek a better paying job with the VA, and also modeled healthy behavior

(smoking cessation). Through perseverance, Earl got that VA job and was finally able to pay off his fines.

Working

As someone undertakes the responsibilities of a full-time job after experiences similar to those of the Veterans currently enrolled in the MISSION-VET program, the MISSION-VET PSS is a natural role model for providing support to a Veteran who is considering returning to work, trying to find the right job, or adjusting to working life.

Many Veterans in the MISSION-VET program have extensive criminal records and limited work experience; therefore, they often have difficulty finding a job or have to start out working in less desirable positions. The role of the MISSION-VET PSS is to reinforce the work that the staff from the institutional treatment facility does in preparing Veterans for work—teaching them how to address questions that interviewers might have about their pasts, stressing to them the need for punctuality and showing up for work every day or helping them cope with unpleasant work experiences.

Peer Support in Action: Example 4

Marcus lost a well- paying job with the VA when he relapsed to cocaine use. He asked for support from his MISSION-VET PSS, who understood first-hand the impact of losing a good job. Other opportunities for Marcus were very limited, and his PSS offered to help Marcus find a temporary job at a nursing home where he had previously worked. The pay for this job was much lower than Marcus's previous position at the VA, and Marcus was not sure he could get by on the reduced income. In fact, he did lose his apartment, but his MISSION-VET PSS helped him to return to the VA residential facility. Throughout the process, his PSS helped him keep his head up, pointing out that the job in the nursing home was "a step down in wages, but a step up in humility." His PSS also encouraged him to learn from his experience, suggesting that "he was being tested on the little things before he could go back to the bigger things."

This particular MISSION-VET PSS drew from his own experience working at the nursing home for nine dollars an hour, explaining to Marcus the new perspective he had gained. He told Marcus, "you must have gratitude for what you are accomplishing now," rather than dwelling on the past. "You depleted your 401K to get high, and you're not going to get that back," he said. Yet he helped Marcus realize that he would have to take things slowly in rebuilding his finances and helped him use his limited income to his advantage.

Addressing Stigma

While reports indicate that mental illness and substance abuse problems are widespread, stigma continues to be a prominent problem individuals face during recovery (Corrigan, 2004; NAMI, 2010) and has been linked to an increased risk for negative outcomes, which include reduced employability, imprisonment, and homelessness (Browne, 2007; Corrigan, et al., 2007; McNiel, et al., 2005). As such, stigma is a barrier that may impede treatment and recovery goals integral to the MISSION-VET program.

Traditionally, stigmatization has been defined as the process by which individuals who lack certain characteristics or traits belittle other individuals who have them (Piner & Kahle, 1984); however, stigma has further been broken down into two critical components: public and self-stigma. Public stigma occurs when there is a reaction toward a specific group of individuals who share a negatively viewed trait (Corrigan, 2004), while self-stigma results from one's own reactions toward oneself due to membership in a stigmatized group (Corrigan & Watson, 2002). Moreover, self-stigma has been associated with decreases in self-esteem and self-efficacy, which may hinder motivation toward participation in activities that would promote recovery (Corrigan, et al., 2006), such as applying for a job or approaching a landlord for a housing application after one or more failed attempts. Although public and self-stigma can be viewed as separate, it is important that MISSION-VET PSSs consider both, as each of these components often act together and build upon each other.

For example, if a Veteran with COD encounters a landlord who is hesitant to rent to them due to their diagnoses (public stigma), he/she may internalize this stigma (self-stigma), which in turn may negatively impact perceptions of his/her own capabilities and decrease his/her motivation toward approaching another landlord with a new housing application. However, MISSION-VET PSSs who can identify with "their" Veterans may provide an essential safeguard that helps prevent the negative consequences of stigma cited above by using two key strategies: contact and education (Corrigan, 2004).

Contact. Contact usually involves face-to-face interactions with individuals from the stigmatized group and has sometimes been paired with brief education programs that have been associated with changes in stigmatizing behavior (Corrigan, 2004). Unique to the MISSION-VET model is the opportunity to combat self-stigma in Veterans struggling with recovery by providing regular contact with a positive role model. This has two benefits. First, participating Veterans have an opportunity to witness that another Veteran with a mental illness and substance abuse disorder can be successful (dispelling the myth that this group cannot succeed). Second, Veterans can learn concrete strategies from those who have faced and successfully overcome the challenges of stigma while working toward recovery.

Education. Having direct access to a contact, or role model that they can turn to may not only serve to combat negative reactions toward the self, but may replace these same

reactions with hope. Furthermore, MISSION-VET PSSs can share the knowledge that they acquired through their own similar experiences to educate the Veteran on how to best approach these and other similar situations in which the Veteran feels stigmatized. In this way, MISSION-VET PSSs can help divert otherwise potentially debilitating outcomes associated with stigma.

MISSION-VET PSSs are encouraged to check in with Veterans to assess and address any issues surrounding stigma that may ultimately impede recovery, as they may not always be directly reported by the Veteran. In addition, as Veterans make their way through the MISSION-VET program, they will experience varying degrees of progress in comparison to other Veterans. MISSION-VET PSSs are encouraged to monitor and address any situations involving stigma among Veterans in order to promote a safe environment where each Veteran can continue to share, grow, and progress comfortably at his/her own pace. Due to their unique role, MISSION-VET PSSs are also encouraged to monitor and address any issues regarding stigma that may impede their own recovery with a source of support outside the program.

G. Helpful Training for the MISSION-VET PSS

MISSION-VET PSSs receive training from a number of sources. Some of the day-to-day informal training of PSSs is discussed in the Clinical Supervision chapter of this treatment manual (please see Chapter VIII: Core Competencies for Clinical Supervisors for more information). The formal training in which the MISSION-VET PSS participates should include internal training on program issues and operating procedures, certifications required by MISSION-VET PSS's VA or affiliated/employing homeless program, as well as training for consumer-providers on mental health and COD provided by an outside agency. Additionally, MISSION-VET PSSs have identified other areas in which training would be helpful and for which further training venues are being identified and/or developed.

Internal Training

In addition to basic orientation (such as timekeeping) offered to both MISSION-VET CMs and PSSs, the MISSION-VET program provides training to PSSs on a number of topics relevant to their job, including:

- Confidentiality policies
- Research and documentation policies
- Crisis management
- Expectations of the position

VA Stance on Training of Peers

Currently, PSS's hired as official VA Peer Support Technicians are required to "demonstrate competency" within one year of their hire. This could involve either taking and passing one of the approved peer certification courses mentioned above or passing the competency assessment developed by the VA. To support the training of VA Peer Support Technicians, the VA's Office of Mental Health Services, Psychosocial Rehabilitation Section, will soon be releasing the VA's *Peer Support Technician Training Manual.* The manual was adapted from the 2007 National Association of Peer Specialists (NAPS) *Training Manual* with input from peer support practitioners across the United States. The manual will focus on the Peer Support Technicians' competencies, which were derived from a synthesis of six prominent peer training and certification programs in the United States. It is anticipated that various staff all across the VA will use the *Instructors Manual* to develop a course that Peer Support Technicians can complete.

Third-Party Training Nationwide

Currently, training for PSSs varies widely across the country in breadth, scope, and length, ranging from 30 hours to 28 weeks. One of the most highly regarded training programs is the curriculum developed through the Georgia Peer Support Certification Project. The Georgia program is a comprehensive, classroom-based, 40-hour, 30-module curriculum covering peer support, psychosocial rehabilitation and recovery, the impact of diagnosis on self-image, effective communication skills, and the basics of documentation. In addition, the Depression and Bipolar Support Alliance (DBSA), which works in collaboration with staff from the Georgia Peer Support Certification Program, provides an on-site, classroom-based, 40-hour training program. Both training programs include an exam that requires a minimum score of 80 percent in order to pass the course.

Most existing programs offer at least 40 hours (a useful minimum standard for peer training) and include an exam. Other nationally recognized programs that have trained peers are Consumer Connections of the Mental Health Association in New Jersey, Recovery Innovations in Pennsylvania and Arizona, and the Transformation Center in Massachusetts. In addition, Katz and Salzer (2006) of the University of Pennsylvania Collaborative on Community Integration summarized the details of 13 PEER training programs, all of which "certify" peers. Peer certification means that their services are reimbursable by state Medicaid programs. Many states including Georgia, Arizona, Iowa, Michigan, North Carolina, Washington, Pennsylvania, District of Columbia, Wisconsin, Hawai'i, and Florida hire certified peers. Previous PSSs have also participated in the extensive training program offered through consumer-run programs affiliated with the University of Massachusetts Medical School and other agencies.

Training Topics for Peer Support Specialists in MISSION-VET

- Basic Counseling Skills: Effective Communication and Helping
- Techniques
- Psychoeducation
- Treatment Planning
- Medication
- The Importance of Family Involvement
- Overview of Co-Occurring Disorders
- The State System of Care: Health, Mental Health, and Human Services
- Advocacy
- Crisis Intervention and Trauma
- Basic Principles of Case Management
- Cultural Competency
- Entitlement Programs
- Ethical and Legal Issues
- Professional Development
- Group Facilitation Skills
- Wellness Recovery Action Planning (WRAP)

MISSION-VET PSSs who attend training such as the ones mentioned above may be eligible for certification after accumulating 2,000 work or volunteer hours in the mental health field.

Training on the Critical Time Intervention (CTI) Model

Previous MISSION-VET PSSs have also participated in training offered by the CTI Project at the Mailman School of Public Health of Columbia University. This training is particularly helpful in ensuring that MISSION-VET PSSs are able to work smoothly with CMs, with a common understanding of the foundations of this type of intervention for Veterans with COD.

Topics Covered in CTI Training

- Assessment and Prevention of Suicidal Behavior
- Counseling and Interviewing Skills
- Motivational Interviewing
- Harm Reduction
- Drug Craving
- Axis I and II Disorders
- Trauma, PTSD and the Treatment of Returning Veterans
- Mental Health Research
- Employment Challenges for Ex-Offenders
- Drugs of Abuse and Their Impact on Psychiatric Disorders
- Public Benefits Packages and Systems
- Culture, Mental Health and Counseling
- Psychiatric Medications

Training on Dual Recovery Therapy (DRT)

Some MISSION-VET PSSs have also completed training on Dual Recovery Therapy (DRT) focusing on COD. The topics covered in this training are listed below.

DRT Training Topics

- Biopsychosocial Assessment
- Differential Diagnosis
- Drugs of Abuse
- Addiction-Focused Counseling
- HIV Positive Resources/Information
- Family Counseling
- Addiction Recovery

Training for MISSION-VET PSSs and Clinical Supervisors

MISSION-VET PSSs and their supervisors should pursue continuing education. The VA offers a yearly conference for all PSSs and their supervisors. The National Association of Peer Specialists, Inc. (NAPS), a private, non-profit organization dedicated to peer support in mental health systems, offers

an annual conference (see *http://www.naops.org/*). The U.S. Psychiatric Rehabilitation Association also sponsors a national conference and other training opportunities for peers (see *http://www.iapsrs.org/*).

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