Effectiveness of Peer-Delivered Services for Individuals Completing a Civil Commitment

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Studies of peer delivered services

- Peer delivered services based upon the premise that an individual with a “lived experience” is uniquely able to contribute to recovery of a person needing services
- Peer delivered services have proliferated in the past decade
- Peer delivered services emphasize dignity, equality and mutuality in the relationship
Peer delivered services

- Despite proliferation, there is no widely used typology of peer delivered services
- This creates problems for evaluation and research
- In addition, few rigorous studies of effectiveness
- Studies PS + traditional services suggest benefits in terms of engagement and retention but little other evidence of benefits
Peer delivered services

- Some evidence that peer delivered services provided in a group context can be effective in engaging individuals and in improving outcomes.
- Group delivered services seem to range in approach and focus (e.g., education, support).
- Research suggests that for those people who engage in peer delivered interventions in mostly 12-step type groups benefits do accrue.
Peer delivered services

- Benefits from these groups have been reported in psychiatric symptoms, self esteem, quality of life, perceived social support, medication adherence
- Studies also suggest reduced criminal justice involvement and substance use problems
- But these studies affected by dropout and selection
Peer delivered services

- One multi-site study of peer delivered interventions using multiple models and sites (n=1,827) evidence that participation in a peer delivered intervention was associated with global positive changes in well-being.

- Research suggests that service satisfaction does appear to favor individuals receiving peer delivered services.

- Some emerging, but not rigorous evidence that peer delivered services may be cost effective.
Our study

- Add to evidence for one-to-one peer delivered services
- Conduct a rigorous study with random assignment
- Work with individuals *not* normally targeted for peer support: those in civil commitment
- Do a qualitative study to better understand the “active” ingredients of peer support—what makes it work?
Recovery Innovations

- Incorporated as a not-for-profit in 1990
- Formerly operated as META Services
- Has provided behavioral health services to residents of Maricopa County, Arizona and during the past four years
- Now has programs in several other states and in other countries
- Also operates a Crisis Stabilization Unit (CSU) in Maricopa County
Guiding philosophy of peer support

“There are certain things that are fundamental to human fulfillment....to live, to love, to learn, to leave a legacy” (Steven Covey)

- Need to live is our physical need for such things as food, clothing, shelter…
- Need to love is our social need to relate to other people, to belong…
- Need to learn is our mental need to develop/grow…
- Need to leave a legacy is our spiritual need to have a sense of meaning, purpose, contribution…

These needs can be influenced by peer support...
Recovery Innovations Peer Delivered Services

- RI now has several hundred employees

- Provides peer support services and supporters are called “Recovery Coaches”

- In Phoenix, provides peer support on 9 units at two psychiatric hospitals

- Support to involuntary patients through relationship
RI in Phoenix

- Facilitate Recovery Classes on the inpatient unit
- Help patients with release to the community by completing the self-directed “Discharge Recovery Plan”
- Recruit patients in clinical trial of peer support
- Give hope to the staff because many PAS staff were once in the very unit they now serve.
Training of Recovery Coaches

Classroom training is divided into 4 thematic sections:

- Recovery and Peer Support Principles
- Personal Development; Knowing Yourself
- Turning Point; Preparing Yourself for Work
- Skill Development
Peer Delivered Services

- Goal is to inspire a process of self-transformation, employment readiness, and skill-building that effectively prepares students to do peer support work
- A minimum of 50 hours in classroom
- The remaining 20 hours may include classroom time, internship, and/or job shadowing
- Participants must attend 80% of classes
- Upon completion, must complete and pass a competency exam with a minimum score of 80%
What a Recovery Coach Does

- Giving and receiving help with respect and mutuality
- Demonstrating understanding by “having been there”
- Sharing experiences of hope and recovery
- Encouraging uniqueness
- Focusing on strengths
- Building on relationships
Essential ingredients of peer support

- Connecting from peer perspective
- Supporting through mutual positioning
- Building on relationships
- Promoting recovery
- Holding the hope for someone
- Being an equal member of the team
- Bringing a unique perspective to the team
What we did in study

- Began the study in 2005
- Funded by NIDRR/SAMHSA
- Enrolled n=150 individuals over 4 years
- A total of n=85 in the Recovery Coach arm
- A total of n=65 in the Comparison arm
- To enroll this number, we had to approach/initially screen over 400 individuals
Our study

- All individuals screened and enrolled from inpatient hospitalization/civil commitment—Desert Vista and the Annex
- All individuals were Magellan (Value Options) clients and designated as a person with a serious mental illness
- All continued to receive their mental health services
# Descriptions of Groups

<table>
<thead>
<tr>
<th><strong>Experimental group participants</strong></th>
<th><strong>Comparison group participants</strong></th>
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<tbody>
<tr>
<td>- Participant assigned to work with Recovery Coach</td>
<td>- Participant assigned to receive any/all Recovery Innovations services-as-usual</td>
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<tr>
<td>- Participant and Recovery Coach will work on COT and on Special Treatment Plan</td>
<td>- That includes WRAP or WELL classes, special events, REC</td>
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<td>- Every attempt made to provide support for 6 months</td>
<td>- At the end of their time in study comparison participants offered peer support</td>
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<td>- Participant works one-on-one with a Peer Provider for at least 6 months or until they decline services</td>
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Study

- Originally designed to be 12 months long—but significant problems with recruitment at beginning of study
- Changed to 6 month study
- Examined the following factors:
  - Demographics
  - Recovery Assessment Scale
  - Perceived social support using the ISEL
  - Quality of Life; wellness
  - Symptoms and functioning using the BASIS-32
Study: Challenges

- Recruiting from inpatient units very difficult
- We lost track of a large portion individuals we enrolled in the study despite concerted efforts to locate them
- Change in behavioral healthcare provider caused major problem—lead to attrition
- A total of 25% did all of their interviews
- 32% did no followup interviews
- 68% did at least one followup
- Problems because individuals coming out of court ordered treatment have significant residential instability and lives still in turmoil
- Some individuals changed their minds about receiving the services of a Recovery Coach
Everyone Interested in the BU/Recovery Innovations Peer Support Study:
Involves helping individuals with their court-ordered treatment through the use of a Recovery Coach

Recovery Coach Services
- Individual attention from hospital peer support person from Recovery Innovations for up to 6 months
  - Focused, one-on-one services
  - Assistance with special treatment plan
  - All other services as usual and needed

Services as Usual Group
- Eligible for group peer support services at Recovery Innovations
- After 5 months, a peer provider will make sure that every opportunity exists to conclude COT
  - Priority list for peer services at end of study

Study
- Meet 3 times (baseline, 3 months, 6 months)
- Participate in interviews that ask about your health and wellness, any psychiatric, emotional, or health problems, attitudes towards recovery, and quality of life
  - Research interviews last between 1 to 2 hours
  - Receive $25.00 for interview (plus bonus)
### Sample Characteristics

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<th>Experimental (n=85)</th>
<th>Control (n=65)</th>
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<tbody>
<tr>
<td>Gender (% male)</td>
<td>40 (47%)</td>
<td>26 (40%)</td>
</tr>
<tr>
<td>Age</td>
<td>39</td>
<td>41</td>
</tr>
<tr>
<td>Race: White</td>
<td>54 (64%)</td>
<td>50 (77%)</td>
</tr>
<tr>
<td>Race: Non-White Minority</td>
<td>21 (25%)</td>
<td>12 (18%)</td>
</tr>
<tr>
<td>Marital Status (unmarried)</td>
<td>46 (54%)</td>
<td>29 (45%)</td>
</tr>
<tr>
<td>Education level</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(high school graduate)</td>
<td>64 (75%)</td>
<td>52 (80%)</td>
</tr>
<tr>
<td>Working or volunteering</td>
<td>17 (20%)</td>
<td>11 (17%)</td>
</tr>
<tr>
<td>Residential setting</td>
<td></td>
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<tr>
<td>(independent)</td>
<td>51 (60%)</td>
<td>32 (49%)</td>
</tr>
<tr>
<td>Living alone</td>
<td>19 (22%)</td>
<td>24 (37%)</td>
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Analyses suggested no significant differences between E and C groups on demographic characteristics at baseline.
Qualitative Study

- Did a structured, but open-ended, one-time interview to determine why and how Recovery Coach services are viewed as helpful
- Also, examine “effective ingredients” as perceived by peer
- Completed 28 interviews
- Selected people who have had a significant amount of RC services, not one or two visits (not intensive enough to find differences)
What we analyzed

- Obtained information from administrative database on RC services received
- Analyzed data using this “intensity of services” variable
- Analyzed effects of intensity on outcomes of: social support, assessment of one’s own recovery, symptoms and functioning
What we found--

- We found that there were significant differences between those who received Recovery Coach services and those who did not in terms of *perceived overall social support*.

- Several subscales of the Support Checklist showed significant differences, including the person’s sense of belonging, worthiness, self esteem.
What we found—social support

- **Social Support**--Participants indicates the extent to which he believes statements such as: “There are several people I trust to help solve my problems”

- **Greater sense of Belongingness** - i.e., the perceived availability of someone to do things with (p=.006)

- **Greater sense of having “Appraisal” help**- perceived availability of someone to talk to about problems (p=.02)

- **Greater “self-esteem” support**- i.e., perceived availability of a positive comparison when comparing one’s self to others (p=.05)
Additional findings

- One subscale of the Recovery Assessment Scale indicated higher scores (Factor 3)

- Just significant: Basis Substance Abuse subscale—RC group scored better

- Both groups improved over time in symptoms and functioning

- Greater intensity of peer support associated with some improvement in symptoms and functioning
Qualitative Study-Preliminary findings

Reasons for using RC services/ Expectations about RC services

- To increase participation in community
- For ongoing emotional support and guidance
- For support in carrying out errands related to independent living
- Enhance skills for independence
Qualitative Study-preliminary findings

Support Received

- Transport and learning how to use public transportation
- Introduction to/ Participation in recreational or social activities
- Emotional support and input on recovery related issues- e.g., work, support through medication changes
- Help prioritizing goals
Qualitative Study-preliminary findings

Questions about Nature of Relationship

- Friendly
- Egaliatarian/equal/ formed a personal connection
- Supportive/encouraging
- Inspiring
- Respectful/accepting
- Empowering

These are all characteristics in the literature/writings of what the essence of peer support should embody
Key Factors that made RC helpful

- Similar experiences (and diversity of RCs) helped form a personal connection
- Relationship presented hope and the possibility of recovery
- RC relationship was “normalizing”
- Support/ acceptance/ knowing there was someone to talk to
- The “genuineness” of relationship
- Opportunity to do things outside of a treatment setting
- Tangible supports and opportunity to enhance skills for independence

Again, these are all characteristics that the literature suggests embody the essence of the reason peer support is helpful.
Key Factors that make RC helpful

Average rating and evaluation: 4.8
On a scale from 1-5
Qualitative Study

Suggestions for change

- Reduce paperwork for RC services
- Increase continuity of Recovery Coach
- Increase uniformity in skills and training of RCs
- Provide clearer information about services that will be provided
- Provide more counseling
- Provide opportunity to provide more meaningful feedback (space on forms not enough)
New initiatives with RI

- Conducting another study of peer support
- This time, focus on employment
- Research suggests that peer supporters often give support around work
- At the same time, they have little training in vocational services and no framework for how to be helpful
- Need to know what are the issues they can support around choosing, getting or keeping work
New Initiatives at RI

- VPS (Vocational Peer Support) curriculum developed and refined by trainers at Center
- Identified approximately 12 RC to receive training, coaching, supervision in VPS
- Now underway a randomized trial to compare VPS to RC services as usual
- Focus is on employment activities and outcomes
Evaluation activities at RI

- RI and the Center embarking on evaluation activities that will allow RI to contribute to the body of knowledge about peer delivered services
- One initiative ties into their new framework for delivering services
- Wellness City
- Nine Dimensions of Wellness
Nine Dimensions of Wellness

- Based on literature about holistic health and well-being, there are several dimensions of wellness.
- RI chose the following 9 dimensions to guide services:

  - Emotional
  - Physical
  - Intellectual
  - Social
  - Spiritual
  - Occupational
  - Home and Community Living
  - Financial
  - Recreation/Leisure
Nine Dimensions of Wellness

- New configuration of services—Wellness City
- New software capturing 9 dimensions
- 9 dimensions provides framework for delivery of services