

# Psychosocial Rehabilitation & Peer Support

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**VA**  
**HEALTH**  
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**EXCELLENCE**  
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# Learning Objectives

- Discuss the medical model and recovery model approaches to health care.
- Discuss principles and practices of psychosocial rehabilitation (PSR) used within the recovery model.
- Describe who peer support providers are and what they do.
- Explain the role of peer support providers in PSR services and recovery.

# Medical Model Approach to Assessment & Treatment

- Assessment:
  - Identify symptoms the person is experiencing.
  - Use the symptoms to provide a diagnosis (ex. bipolar disorder).
- Goals of treatment:
  - Reduce or eliminate the symptoms.
  - Stabilize the person so the person stays out of the hospital.
  - The person remains compliant with treatment (ex. taking prescribed medication).
- Example treatment approaches:
  - Prescribe medication.
  - Refer the person for individual psychotherapy and/or group therapy.
- While important, the medical model approach only addresses appropriate diagnosis and symptom management of a mental illness.

# Recovery Model Approach to Assessment & Treatment

- The recovery model looks at mental illness symptoms as barriers in the way of the person achieving his/her life goals.
- This model focuses on looking at personal strengths, individual courage, self-esteem, problem-solving skills, coping mechanisms, therapy, and hope.
- In the recovery model, medications, psychotherapy, and other more traditional treatments still have an important role, but symptom reduction and/or management is not the end goal. The main goals are to maximize the individual's abilities and opportunities to achieve important personal goals around work, education, relationships, meaningful roles, and overall wellness. Symptom management occurs in service of these larger life goals.
- Psychosocial rehabilitation (PSR) services address the dysfunctions, disabilities, and disadvantages associated with mental illnesses .

# Why should the VA health care system care about the Recovery Model?

- **President's New Freedom Commission on Mental Health Report (2003)**: Emphasized recovery from serious mental illnesses, including person-centered care, family involvement in treatment services, and peer support services.
- **VHA Mental Health Strategic Plan (2004)**: Outlined several national goals for Department of Veterans Affairs (VA) health care services, in particular a dramatic increase in recovery-oriented services. Veterans Health Administration (VHA) remains strongly committed to this approach as reflected in its funding of new programs, services (ex. peer support services), and VA staff positions (e.g., local recovery coordinators).
- **VHA Handbook 1160.01, Uniform Mental Health Services in VA Medical Centers and Clinics (2008)**: States the minimum clinical requirements for VA mental health services and notes that the mental health services must be recovery-oriented.

# What is recovery?

*Mental health recovery is a journey of healing and transformation enabling a person with a mental health problem to live a meaningful life in the least restrictive community of his or her choice while striving to achieve his or her full potential.*

(United States Department of Health and Human Services, 2006)

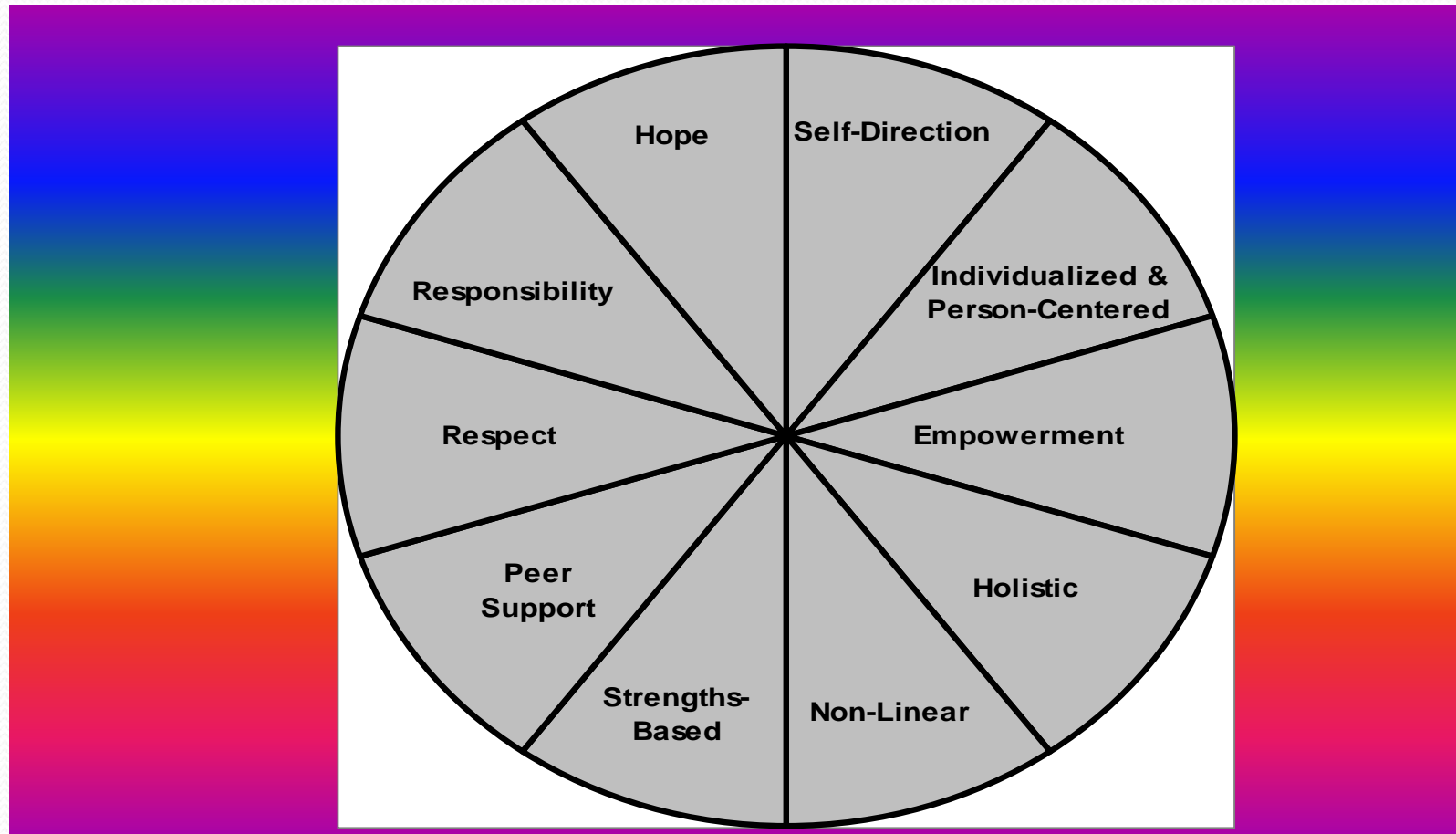


# Recovery involves.....

- **A process** of finding and living a satisfying and meaningful life as a person defines it for himself/herself.
- **Changing** attitudes, values, feelings, goals, skills, and/or roles.
- **Overcoming** both internalized and external stigma about illness.
- **Reclaiming** a positive sense of self.
- **An ongoing personalized journey** of healing and transformation.
- **Strengthening and reclaiming roles** beyond being a consumer in the mental health system.
- **Actively self-managing** one's life and wellness.

(Harrington et al., 2011, p. 44)

# Fundamental Components of Recovery



(United States Department of Health and Human Services, 2004)



# Fundamental Components of Recovery

- **Self-Direction**: Through autonomy and choice, individuals can take control over their own path of recovery. Through self-advocacy and making informed decisions about using available resources and supports, individuals are able to achieve a self-determined life of wellness and fulfillment.
- **Individualized and Person-Centered**: Each person's path to recovery is unique. No two people will have the exact same journey. Therefore, the treatment services and resources offered to the individual must be tailored to that individual and take into consideration the individual's unique strengths, needs, preferences, experiences, and cultural background(s).

# Fundamental Components of Recovery

- **Empowerment**: Through self-advocacy and making informed decisions about available options, individuals are enabled to determine the path of their own recovery.
- **Holistic**: Recovery encompasses the totality of a person's life. It involves the mind, body, spirit, and community of an individual. It embraces all aspects of a person's self-determined needs, including housing, employment, education, health care, and meaningful relationships and roles in the person's community.

# Fundamental Components of Recovery

- **Non-Linear**: Recovery is not a step-by-step process but one based on continual growth, occasional setbacks, and learning from experience. Awareness of oneself, willingness to learn from past experiences, and awareness of available supportive resources can help guide an individual's recovery journey.
- **Respect**: The protection of an individual's rights is essential to recovery. A person's values, opinions, and right to make his/her own health care decisions (when possible) should be honored. Having self-respect and believing in oneself can greatly enhance the recovery process.

# Fundamental Components of Recovery

- **Responsibility**: An individual is responsible for his/her own self-care and recovery journey. Courage is key.
- **Hope**: Hope is essential to recovery. Belief that recovery is possible, that a better future can be had, is necessary in order to successfully transcend the limitations of one's current life challenges.
- **Strengths-Based**: Recovery draws on an individual's resiliencies, abilities, talents, and coping skills to ensure optimal wellness.

# Fundamental Components of Recovery

- **Peer Support**: Peer support occurs when an individual recovering from a mental health condition uses his/her lived experience in service of another individual currently living with similar mental health issues.
  - Lived experience is shared, empathy is demonstrated, and hope is instilled.
  - The comfort of knowing they are not alone and someone else has “been there” can help individuals transcend challenges they are experiencing.
  - Through this exchange of mutuality, the process of recovery is greatly enhanced and influenced for the better.

# Scenario Discussion

You meet a Veteran named Bob for the first time. During his introduction, Bob states, “I’m a schizophrenic drug addict.”

Question: What are some recovery-oriented responses you could give to Bob’s introduction?

# **What is Psychosocial Rehabilitation (PSR)?**

*Psychosocial or psychiatric rehabilitation promotes recovery, full community integration, and improved quality of life for persons who have been diagnosed with any mental health condition that seriously impairs their ability to lead meaningful lives.*

(US Psychiatric Rehabilitation Association, n.d.)

# Psychosocial Rehabilitation (PSR)

## GOALS

- Recovery
- Community integration
- Quality of life

## VALUES

- Self-determination
- Respect for the dignity and worth of every individual
- Hope
- Belief in the capacity of every person to learn and grow
- Cultural sensitivity and respect



# PSR Principles

- All treatment services are tailored to the individual.
- The individual chooses his/her treatment goals and preferred services whenever possible.
- The individual collaborates in the decision-making process with his/her health care provider(s).
- Offered services and resources are tailored to support the individual in finding and maintaining meaningful role(s) in his/her community.
- The individual's strengths are assessed and optimized to support progress toward his/her goals.

# PSR Principles

- Situational assessments are done to determine the skills a person has and what (if any) accommodations or environmental modifications may be need to be made for the person to successfully function in the environments of his/her choice (Pratt et al., 2007, p. 122).
- Health care services are provided in an integrated, multidisciplinary approach to ensure that the physical, mental, emotional, and spiritual needs of the individual are met and supported.
- Health care services should be coordinated to avoid duplication, and they should be accessible for as long as the individual needs them.
- PSR practitioners “do not question the ability of someone to work but assist the individual to acquire the skills, resources, and supports necessary for success” (Pratt et al., 2007, p. 124).

# PSR Principles

- PSR practitioners teach individuals new skills and/or help them enhance existing skills (ex. communication skills; social skills; basic living skills, etc.) needed to successfully achieve a desired goal.
- PSR practitioners help individuals access accommodations needed for the individuals to function successfully in the roles and environments they desire.
- PSR practitioners collaborate with the individual and his/her identified family members to support the individual's recovery process.
- For ongoing quality assurance purposes, PSR practitioners must continuously assess and evaluate the effectiveness of their interventions in successfully meeting their clients' chosen goals.

# PSR Services

## Examples of PSR Services:

- Supported Housing
- Supported Employment
- Supported Education
- Family Services
- Peer Support



# Supported Housing

- Integrated, community–based housing opportunities are available for individuals with psychiatric disabilities. The supported housing options are self-directed, chosen by the individual, and supported by the following interventions:
  - Available staff telephone support 24/7 for assistance in crises
  - Financial resources (ex. assistance with money management/ budgeting)
  - Basic needs (furnishing, supplies) (Pratt et al., 2002, pp. 291, 228)
- Examples of VA housing resources for Veterans:
  - VA Supported Housing (VASH) Program

# Supported Employment

- Vocational rehabilitation can be an empowering benefit to individuals with psychiatric disabilities. Supported employment services includes the following:
  - Individualized job searches focused on competitive employment
  - Services focused on the person's desired vocational goal(s) and preferences
  - Concentrated focus on individual aptitudes
  - Advocacy for possible accommodations if needed for the job
  - Supports last as long as needed and desired by the individual
- In VA health care services, vocational rehabilitation services are offered through the Compensated Work Therapy (CWT) Program:
  - Transitional Work Experience—Temporary job placements
  - Supported Employment—Competitive and (hopefully) permanent jobs

# Supported Education

- In supported education services, the focus is on assisting the individual with necessary resources and supports to help the individual consider educational pursuits as part of his/her recovery goals.
- Examples of VA supported education services can include assistance with the following:
  - GI Bill benefits
  - Developing successful study skills
  - Tutoring
  - Addressing concerns regarding the roles and responsibilities of a student and stressors around returning to a classroom setting

# Family Services

- Family support and family wellness play an important part in an individual's system of natural supports.
- Examples of family services include:
  - Psychoeducation groups: Information is shared about the symptoms and treatments of mental illnesses
  - Behavioral problem-solving: Brainstorm and work to find solutions to daily issues and crises
  - Family support groups: Families listen, share stories, and empathize with other families experiencing similar challenges
  - Crisis management
  - Marriage and family counseling
  - Parenting skills groups



# Scenario Discussion

Tina is a Veteran you are working with in a VA treatment program. Tina often tells you how unhappy she is with all of the rules and structure of the community residence (group home) where she currently lives. Tina tells you that she wants to live in her own apartment. When this issue is discussed in the program's team meeting, you hear other staff say, "She's not ready to live in her own place," and "She won't be able to handle it."

Questions: (1) What are some recovery-oriented interventions you could try with Tina in this situation? (2) What are some recovery-oriented interventions you could try with the staff?

# Peer Support

- Peer support is exemplified when an individual recovering from a mental health condition uses his/her lived experience in service of another person currently living with mental health issues. Lived experience is shared, empathy is demonstrated, and hope is instilled. Through this exchange of mutuality, the process of recovery is greatly enhanced and influenced for the better.
- Peer support providers are individuals with histories of persistent health issues who are successful in maintaining their recovery and are trained to use their lived experiences to help fellow consumers with personal recovery goals.

# What do VA peer support providers do?

## DO

- Facilitate peer support groups
- Share their recovery stories to engage Veterans
- Advocate for Veterans
- Act as role models of recovery
- Provide crisis support
- Keep open communication with clinical staff
- Work as a member of a treatment program's multidisciplinary team

## DON'T DO

- Provide psychotherapy
- Do other people's jobs/fulfill other people's roles
- Collude with Veterans against clinical staff members
- Cross boundaries
- Support Veterans in their self-destructive and/or illegal behaviors
- Criticize their colleagues when meeting with Veterans

# Where do peer support providers work in the VA health care system?

- Transitional residences
- Long-term care and acute inpatient units
- Compensated Work Therapy programs
- Community outpatient centers
- Mental Health Intensive Case Management Teams (MHICM)/Assertive Community Treatment (ACT) Teams
- Substance abuse treatment programs
- Voluntary Service
- Crisis intervention teams
- Psychosocial Rehabilitation and Recovery Programs (PRRCs)

# Peer Support Providers' Roles as PSR Practitioners

- **Communicate a belief that a person can and will recover.** “I believe you can have the life you want to live, and I will support you in your journey to get there. I have hope for you.”
- **Listen. (Really listen.)** Do not judge, dismiss, or advise. Just listen.
- **Engage in conversations** about goals, dreams, and wishes.
- **Ask questions** like, “What would be a satisfying life for you? How can you get there? How can I help?”
- **Use stories to inspire.** Encourage people to tell their stories. Share success stories—your own recovery story.
- **Believe in the potential** of each person to recover in his or her own way.

(Harrington et al, 2011, p. 44)

# Scenario Discussion

Jay is a Veteran who is currently attending a VA substance abuse treatment program after completing a recent detox associated with his alcohol abuse. Jay is currently experiencing a lot of challenges in his personal life. His wife told him that unless Jay makes certain changes, she will file for divorce and pursue sole custody of their two young children. This could lead to legal issues for Jay around child support payments which would be difficult because Jay is currently unemployed. He recently lost his engineering job because of his substance abuse problems. He is beginning to feel more hopeless with each passing day. Jay talks to you about his concerns and wonders how you, as a VA peer support specialist, can help him.

Questions: (1) What are some recovery-oriented peer support interventions you could try with Jay? (2) What PSR services could you refer Jay to?

# Scenario Discussion

Sandra is an OIF/OEF/OND Veteran. At a recent outreach event, she learned about your VA facility's peer support services and was given your contact information as one of the facility's peer support specialists. Sandra comes to see you and asks you questions about services available to women at the facility. Sandra discloses that while serving in the Army, she experienced military sexual trauma and did not report it. She says that she feels down and somewhat uncertain of her future. Sandra tells you that she has not enrolled in VA health care services previously because she is nervous about receiving care in a predominantly male health care system. She worries that being in such an environment might trigger issues around her experiences of military sexual trauma. During the conversation, Sandra also mentions that she heard a little about the Post-9/11 GI Bill and wonders who might be able to give her more information. She wonders if she has the aptitude for something like psychology or family counseling, but she is not sure what her GI Bill benefits include.

Questions: (1) What are some recovery-oriented peer support interventions you could try with Sandra? (2) What PSR services could you refer Sandra to?

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