Evidence-based Peer Services

The Helper Therapy Principle

Definition: The Helper Therapy Principle states that helping others has positive health and mental health benefits—and heals the helper more than the person being helped.

Key Components: When people help others, or even *perceive* they are helping others, they feel good about themselves in ways that improve their mental health, health and functioning. Whether by sharing in a self-help group, volunteering or contributing to an agency's projects, acts of service in themselves are healing.

Evidence Base: The Helper Therapy Principle was first described by Frank Riessman in 1965. Riessman defined the principle on the basis of his observations of various self-help support groups, in which helping others is deemed absolutely essential to helping oneself.

Scientists have found that helping others is beneficial in a variety of contexts, including among teens doing tutoring for younger children. The younger children's grades improved with tutoring, but the teen tutors' grades improved even more (Rogeness & Badner, 1973). The helpers got more out of the tutoring than the people they tutored!

The members of self-help support groups are replacing negative emotional states with the positive state called "the helper's high," a pleasurable feeling of energy and warmth. The "helper's high" was first carefully described by Allen Luks (1988). Luks, in a survey of thousands of volunteers across the United States, found that people who helped other people consistently reported better health than others in their age group, and many stated that this health improvement began when they started to volunteer. Helpers report a distinct physical sensation associated with helping; about half report that they experienced a "high" feeling, 43 percent felt stronger and more energetic, 28 percent felt warm, 22 percent felt calmer and less depressed, 21 percent experienced greater feelings of self-worth, and 13 percent experienced fewer aches and pains. Getting people to help others is a great way to improve their health and wellbeing.

Peer workers use the Helper Therapy Principle to improve the health of those they serve by giving them meaningful roles that help others. Letting a consumer teach someone else how to use a computer or make dinner improves the lives of both people. Encouraging people to attend structured self-help support groups without a facilitator does this as well.

Key Question: Are you letting the person help you, or encouraging them to help others?

Helper Therapy Principle: what success looks like

"When I first came to the center, I was homeless and hadn't had a bath or combed my hair in months. I told them that I had been a middle school teacher and they asked me to be the editor of the newsletter the very next day. It totally changed my view of myself and of my life. I finally knew there was hope."

> "I had been applying and getting jobs but being laid off after only a few weeks. I volunteered at the center because I wanted to work. They put me in charge of getting the meeting rooms in order with the help of two court-ordered community service volunteers. I was shocked when I told one of them to do something and they did something completely different. One of them even yelled at me, telling me why I was wrong about how to do something. I realized that was why, I kept getting laid off—I didn't do things the way my supervisor asked me to and often told them off. I got hired at a new job two and a half years ago and have held the same job since then."

"My daughter loves to draw. She gave a picture to my Parent Partner. When I visited the Parent Partner, I saw my daughter's picture on the wall and I shed a tear. Seeing my reaction, my Parent Partner said, "That picture means a great deal to me. It helps me remember how important my job is." I felt so good about that."

> "I come from India where Diwali is a huge holiday, as big as Christmas is here. When I told my Peer Specialist that I hadn't celebrated Diwali in ten years, he suggested that we organize a Diwali celebration at the center. I was in charge of the committee to put it on. Diwali is a festival of lights, so we got everyone to make decorative candles. We filled jars with layers of rice that we colored with food coloring, just like we did in Kerala where I come from. I made my mother's favorite curry. Other people made curries too. We also had the traditional dried fruit and nuts. We lit all the candles and had a feast. People learned about my culture and they really enjoyed Diwali and want to celebrate again next year."

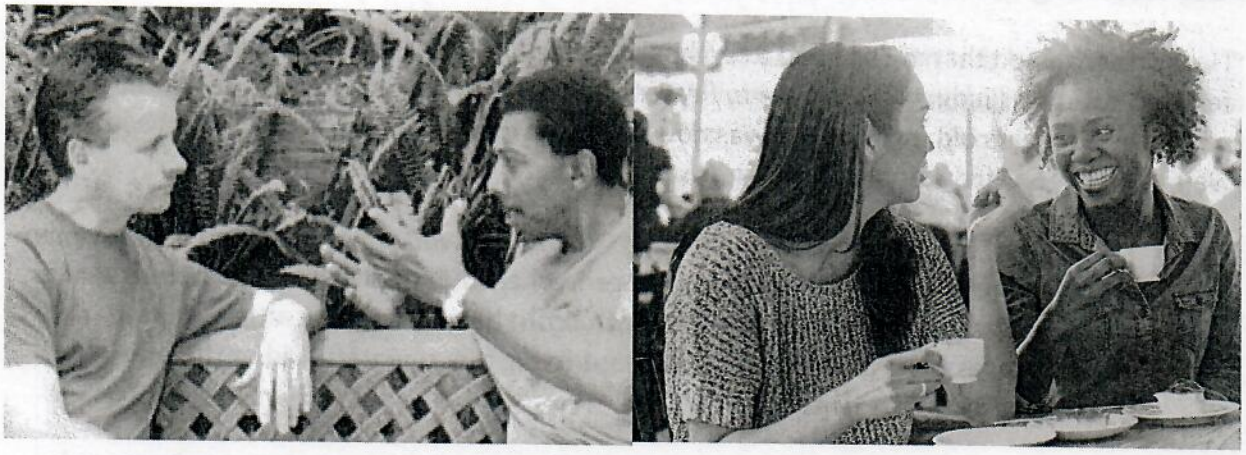
"At the shelter, people who stay there, like me, are not allowed to do anything. They have volunteers who come in to help feed us and clean the place up, but if you are staying there, you are not allowed to help in any way. I mean, I am not even allowed to go into the kitchen for a drink of water without a volunteer or staff person going with me. My Wellness Center is completely different: we are allowed to help with everything. I get treated like a human being, not some animal. They trust me with supplies and let me organize groups and activities. I even helped them figure out the percentage increase in people housed and employed at the Wellness Center for their annual report, as I am really good at math. "

Effective Implementation of Helper Therapy Principle

"Recovery is a process of change through which individuals improve their health and wellness, live a self-directed life and strive to reach their full potential." –SAMHSA

Critical ingredient of the Helper Therapy Principle	Examples of high-recovery Helper Therapy Principle services	Examples of low-recovery Helper Therapy Principle services
Creating leadership opportunities	Peer worker is adept at creating opportunities for people to be the person helping. For example, finding a skill that someone has and having them teach that skill to others; teaching the person to use Word today and having them train someone else in Word tomorrow; volunteering in the community; going to self-help support groups.	Peer worker lacks structure and approach to create leadership opportunities. Peer worker does projects and accomplishes things themselves, rather than giving others the satisfaction of being leaders and making a difference.
Empowering others	Peer worker listens for and implements participants' suggestions such as having a Kwanzaa celebration, writing their legislative representative about something they want changed, starting their own business, putting on a program, inviting people to a recovery panel, etc. The Peer worker lets the person help them.	The only opportunities to help are those created by staff and/or directed by staff. The Peer worker sees their role as helping the person and rarely lets the person help them.
Enhancing meaningful roles	Peer worker discovers people's strengths, skills and goals and creates projects where they can maximize their sense of meaning and purpose. People are supported in going back to school and getting their dream jobs.	Peer worker frequently asks the participant to help without connecting with the person's interests and goals. Peer worker assigns menial tasks. There is little or no support for competitive employment.
Noticing Contributions	Peer worker consistently notices and acknowledges participants for their contributions, big or small, such as input, actions, acts of kindness, volunteering, achieving recovery milestones, being part of the community, and being who they are.	Peer worker has difficulty seeing and acknowledging contributions that the people they serve are making or trivializes them.

Acknowledging Contributions	Peer worker creates or supports informal and formal acknowledgement systems, such as congratulating people, thank-you boards, thank-you notes, milestone celebrations, etc. Participants perceive that they are making meaningful contributions.	There is no formal system of thanking people, or the peer worker seldom uses it. Participants seldom feel valued for their efforts or contributions.
Status differential	The Peer worker recognizes that the person they are working with has strengths, gifts, knowledge and skills that are superior to those of the Peer worker.	The Peer worker sees themselves as better than the person they are serving.



Definition: Peer listening and disclosing is using active-listening techniques and sharing one's own lived experience of the situation a person is going through. Peers do not give suggestions or advice unless specifically asked for it.

Key Components: Peers help others with similar challenges by understanding and sharing their own experience. This builds hope and shows that recovery is possible. A trusting peer relationship encourages hope and self-determination. Peer workers create a safe environment. They help guide individuals in setting personal goals, identifying barriers, developing problem-solving strategies, and pursuing a path of recovery.

Peer listening and disclosing is different from and complementary to clinical expertise because it represents a relationship of equals in which each is benefiting from the relationship with the other.

Evidence Base: Research suggests that mutuality, listening, and sharing experience contribute to modeling recovery (Davidson, Bellamy, Guy & Miller, 2012). Emerging research shows that peer support is effective for supporting recovery from behavioral health conditions. Benefits may include: a) increased self-esteem and confidence, b) feeling of control and ability to make life changes, c) sense of hope and inspiration; d) empathy and acceptance, e) engagement in self-care and wellness, f) social support and social functioning; g) raised empowerment scores; h) increased sense that treatment is responsive and inclusive of needs. (See SAMHSA presentation on Value of Peers Infographics https://www.samhsa.gov/sites/default/files/programs_campaigns/brss_tacs/value-of-peers-2017.pdf

Shery Mead, the founder of Intentional Peer Support, suggests someone in emotional distress "look for people who will listen deeply, ask the hard questions, and be honest about what works for them and what doesn't. " (Shery Mead on Intentional Peer Support, On the Future of Mental Health, Eric R. Maisel, Ph.D., Psychology Today, posted August 17, 2016 https://www.psychologytoday.com/us/blog/rethinking-mental-health/201604/shery-mead-intentional-peer-support

Key Question: Is your listening free from judgement or suggestion? Are you regularly sharing your own similar experiences in such a way that the person you are supporting feels connection and hope and is empowered to experience growth and change?

Peer Listening and Disclosing: What success looks like

"I was so ashamed that my son had to be hospitalized. I knew I wasn't a perfect mother, but I felt the world was judging me. When my Parent Partner told me her son was hospitalized when he was seven years old, and that he was now doing well in middle school, it was as if a huge weight had been lifted off my shoulders. I was not alone."

> "I had been depressed since my dad died in 2015. I loved him but he also beat my mom and me when he got drunk. When my Peer worker told me that he had mixed feelings when his dad died; that he had to deal with both the grief and the anger, it gave me a way to process what had happened without being the ungrateful kid or the one who never speaks ill of the dead."

"I have a real problem swallowing pills. Some days I can take them, but others I just gag and can't get them down. My Psychiatrist and Case Manager thought that I was just resisting taking meds, but I am OK with meds. I just can't always swallow pills. My Peer worker was the only one who listened to me and believed me. She was able to get my psychiatrist to give me shots instead. Other people can't handle shots, but I would rather have a shot than take a pill any day."

> "I had hardly left my apartment since turning 63. The field capable services people visited me to take care of my mental health needs. They always encouraged me to try to take a few steps out of the apartment at a time. I was so fearful and had panic attacks just thinking about going outside. I dreaded their visits. When my Peer worker came to visit the first time, she just sat and listened to me. She didn't encourage me to go outside or even talk about it. I eventually told her that I was at Ralphs when a robbery took place and a security guard got shot. This had happened like two years before I stopped leaving my apartment. She told me about how scared she got after the shootings in Las Vegas, as she had been in Las Vegas just a few weeks before they happened. As I talked about my fears, the power they had over me went away. Within a month my Peer worker and I were taking walks in my neighborhood."

Effective Implementation of Listening and Disclosing

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Critical Ingredient of Listening and Disclosing	Examples of high-recovery Listening and Disclosing	Examples of low-recovery Listening and Disclosing
Disclosing for the Person	Peer worker discloses their own experience with similar issues, including how they felt, what they thought at the time and what worked and did not work, without being asked. They use "I" statements in disclosing.	Peer worker discloses only when asked and does not include their feelings or thoughts at the time. They express their experience in the form of advice or say things such as "You should do what I did."
Disclosing reality	The Peer worker discloses both their successes and challenges, including current challenges that they are encountering in their recovery that relate to what the person is going thru.	The Peer worker only discloses their successes and appears to be perfectly recovered without any problems. They hide their own setbacks from the people they are serving.
Peer to Peer	Peer worker is open about their lived experience, treats the person being served as an equal and uses peer boundaries. The Peer worker concentrates on connecting the person to non-paid social supports in the community.	Peer worker provides support using a clinical approach and/or clinical boundaries. The person's social network is limited to professional relationships and other people at the clinic.
Targeted Disclosing	Peer worker targets their disclosure to the issues that the person they are working with is facing.	The Peer worker discloses in order to serve their own needs rather than considering the needs of the person they are serving.
Comprehensive Listening	Peer worker listens to the person and validates the person's feelings even when what is being said seems off topic or unrealistic. They give the person their whole attention and take time when the person stops talking to formulate a response to what they heard.	Peer worker listens to the person without validating their feelings, or the person's reality. While the person is speaking, they think about how to respond to them rather than listening fully.

Recovery Planning

Definition: Recovery Planning is a way for a person to take charge of and control their recovery process by developing a written plan to help in their recovery.

Key Components: A written plan that addresses recovery needs and/or pathways to achieve recovery goals. The planning process uses backwards design which starts where you want to be and work backwards to get to where you are today. Commitments are then made to achieve each step on the path to the goal.

Peer workers help people develop their plans, by sharing their own plan, being with them as the plan is developed and encouraging them to make a commitment of one thing to do each week to accomplish their goals.
Peer workers help people develop their plans, by being with them as the plan is developed and encouraging them to make a commitment of one thing to do each week to accomplish their goals. Peer workers praise for the progress and reframe attempts that did not succeed as needed learning and not failures.

Evidence Base: Perhaps the best known Recovery Planning tool is the Wellness Recovery Action Plan or WRAP. WRAP has been linked to significant improvements in self-reported symptoms, recovery, hopefulness, self-advocacy and physical health (Cook et al, 2009; Copeland et al, 2012). By planning for crisis or reduced functioning when we are well, we are more likely to maintain wellness and put supports in place during times of lower functioning.

Goal-setting using backwards design is a well-known best practice in education and business, and it works in recovery as well. Backwards design has been shown to be very effective in making it possible for people to achieve their goals more quickly (Wiggins & McTighe, 1998). In backwards design, you start where you want to be and work backwards to get to where you are today. Where would you be in five years if you are successful in your life? Once this is written down, the peer worker helps the person build a road map going backwards: where they need to be in 4 years, 3 years, 2 years, 1 year, 9 months, 6 months, 3 months, 1 month, 2 weeks, 1 week, tomorrow, today in order to achieve their vision of success.

When people set their own goals, they are more likely to achieve them, as they take responsibility and ownership. This leads to empowerment and makes people proactive in taking the next steps to reaching their overarching goals (Elliot & Fryer, 2008). Setting one's own goals increases motivation and performance (Horn & Murphy, 1985). Just having a commitment, increases the prospect of achieving a goal (Cialdini 2009), and people are more likely to seek help and feedback when they have committed to a goal (Locke & Latham 1990). When people accomplish the steps to their goals, their mental health also improves (Kreibig, Gendolla & Scherer 2010). Having the process or the "how" to achieve a goal greatly increases the probability of success (Zimmerman & Kitsantas, 1999; Ferguson & Sheldon, 2010). The more specific the goals are, the more likely they will be attained (Schunk, 1990). Having the person identify blockers or ways that the person sabotages or gets off track, and developing plans to avoid these blockers increases the likelihood of following through to reach the goals (Van Edwards, 2017).

Key Question: Are you using future thinking as the starting point for setting goals and listening to commitments to move people forward in recovery?

Recovery Planning: What success looks like

"My mother, older brother and I fled Iran after my father was arrested. We never heard from my father again. I had been living in a Board and Care and was really hopeless. I spent my days lying on my bed staring up at the ceiling drinking booze. I rarely bathed, shaved or even combed my hair. One day a nice woman came to visit me, and told me she was a Peer worker and had bipolar too. She invited me to a Plan for Success workshop. I decided to go to the workshop as I knew she would be there. I closed my eyes and thought about what success would be like for me. I knew my mother and brother would stop nagging me, if I had a job at a Seven-Eleven and was supporting myself. I wrote down that goal. Together with the group we did this backwards thing where we went backwards instead of forward to the goal. When we got to what I had to do tomorrow, I realized that the goal was not unreasonable at all. I stood up and beat my chest, and said "Today, I need to stop drinking!" Within six weeks, I had a job at a Seven-Eleven and had moved out of the Board and Care. My mother is really proud of me now."

> "I got hooked on diet pills in my teens. I was the chubby Latina and wanted to change it. Soon I was arrested for selling pills and was in and out of jail for like 15 years. I never finished high school. I started volunteering at a Wellness Center and did a Plan for Success. I wanted to work in the mental health field to help others, but who would hire an ex-drug dealing addict? I was supposed to write down my dream so I wrote to become a Licensed Clinical Social Worker. Fantasy, right? Well, I'm here to tell you my plan worked. I got my GED, went to community college and transferred to Cal State Dominguez Hills. I am doing my hours now for my license. I never would have believed that one piece of paper would make such a difference in my life."

"My meds don't work for me all the time. I can be fine for a few months or a few years and then I'm back in the hospital. It's so unpredictable. I want to work, but I know that when I crash, my job is gone. I love to cook and developed a recipe for these really delicious healthy cookies. When I did my Plan for Success, I wrote my goal as having my own business selling my cookies. I did the backwards design thing and found I had to find a manufacturer and buyers. I worked on my project and now sell 10,000 cookies a month to vendors at Farmers' markets all over Los Angeles. I was recently hospitalized again, but the business was able to run itself for the two weeks I was away, because I had a WRAP plan in place for both the hospitalization and the business."

> "I was a successful real estate agent before the housing crisis hit. I went into a deep depression and attempted suicide when I lost my livelihood, my house and my family. I volunteered at a Wellness Center where they gave me the Plan for Success. I didn't want to be a real estate agent again as I couldn't handle the stress of possibly losing everything again, but thought that perhaps I could work at a non-profit that used my real estate talents. Back before the internet, we had to use map books to find addresses, so moving from where I wanted to go, back to where I am, was not a hard concept to get. Within two years of making my Plan for Success, I had a job as the Executive Director at an agency finding group homes for developmentally disabled adults. The promise of the Plan for Success was exactly what I got."

"The thing I like about the Plan for Success is that it doesn't look at the wreckage of my life now as the starting point. I mean, it was clear that I had to get off of crack before I could do anything with my life. But just that thought was too much for me to do without a real reward at the end of it. The five-year goal gave me that real reward and made it possible for me to succeed in treatment this time. I have three years, two months, and five days clean and sober now. That would never have happened if I didn't see the path to becoming a graphic designer. I had always been good at art, but until I made the path from being a graphic designer back to being a homeless, crack head, I never thought I could do it. I make commitments each week toward my goal and share them in my self-help meetings and my sponsor. I developed a portfolio and am working at an agency while I continue on my degree."

Effective Implementation of Recovery Planning

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Critical Ingredient of Recovery Planning	Examples of high-recovery Recovery Planning	Examples of low-recovery Recovery Planning
Modeling success	Peer worker shows their own WRAP or Plan for Success, with their goals and commitments and talks about how it has helped them. They also talk about things that did not work out as planned and how they coped.	Peer worker gives someone the forms to use in recovery planning. Peer does not disclose their own recovery planning process or difficulties they had to overcome or are still working to overcome.
Goal Planning	Peer worker discovers the person's long-term goals and uses backwards design to develop a roadmap to get there.	Peer worker discovers the person's goals but does not use backward design to develop a roadmap to get there. Focuses only on short-term goals.
Support	The Peer worker encourages the person to be ambitious and accepts the goals that the person wants to work on, even if they appear to be unrealistic.	The Peer worker tries to make sure that the person's goals are easily achievable and realistic to where they are now.
Goal Implementation	Peer worker encourages the person to make a commitment of one thing to do this week toward their long-term goals and never is disappointed when they don't achieve it. They support the participant in identifying how their social network can help them achieve their goals.	Peer worker encourages the person to take steps to reach their goals, and expresses disappointment when the person does not take steps toward their goals.
Autonomy	Peer worker supports the person in starting anywhere to reach their goals.	Peer worker suggests what the next step toward the person's goals should be.
Fostering Independence	Peer worker supports the person in deciding who will be part of their WRAP and who won't be. The Peer worker empowers the person to take charge of their life.	Peer worker expects person to include them in their WRAP or pressures them to include friends and family the person does not want to include. Peer worker views the person as not able to make good decisions or to take care of themselves.

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Plan for Success

Exhale fully. Close your eyes. Inhale. Take five more deep breaths.

Imagine five years from now when you are successful.

What are you doing?

What makes you feel proud?

What is worth celebrating?

What makes you feel good?

What makes you feel accomplished?

Dreaming, what would satisfy you in terms of being successful?

In 5 years I will be _____

_____

4 Years_____

3 Years _____

2 Years_____

1 Year_____

6 months_____

3 month_____

1 month_____

2 weeks _____

1 week_____

Tomorrow_____

Today_____

As I dream, I acknowledge that for every problem, there is an infinite number of solutions. My Plan includes time spent learning about how to achieve my goals and developing the skills to achieve them. What do I need to accomplish my goals? How might I learn more about how to get there? Who might be able to support this goal, and how can I meet such people?

Now that I have the plan, I can commit to doing something each week to further my goals—each small step a cause for celebration. I am 80% more likely to achieve my weekly commitment if I write it down and tell at least one other person. I share my commitment with my self-help group, a friend, a peer worker, a case manager, a family member or whoever I choose.

The more people I know, the more likely I am to achieve my goals. Most people achieve their Five-year Goals within two years.

I am worth it!

I deserve to have my dreams come true.

Self-Help Support Groups

Definition: The American Psychological Association defines a self-help support group as: "A voluntary, self-determining, and non-profit gathering of people who share a condition or status; members share mutual support and experiential knowledge to improve persons' experiences of the common situation."

Key Components: Everyone in the group is equal. No one has more authority or power than any other member of the group. There is sharing and/or interaction between the members. Decisions about the group are made by the group members, not by a leader or clinic management. Leadership is shared or rotated and every member of the group could become a leader with minimal training. Groups often use a written document called a format to explain the rules of the meeting at each session. Attending self-help support groups gives peer workers support for their jobs, teaches resiliency, listening and non-judgmental skills essential for providing peer services. Peer workers encourage the people they serve to attend self-help groups by disclosing their own experience of recovery in them.

Self-help support groups use the Helper Therapy Principle. Self-help support groups, where people are deeply engaged in helping one another, and are motivated by the pursuit of their own personal growth and change, are most effective. Research shows that in self-help support groups people who have experienced a problem help each other in ways that professionals cannot, that is with greater empathy, self-disclosure and practical knowledge.

Self-Help Support Groups evidence base:

1. Cut the re-hospitalization of mental health consumers by 50 percent (4) (7) (10) (12) (16) (19)
2. Reduce the number of days spent in the hospital by one third (4) (10) (19)
3. Reduce significantly the amount of medication needed to treat mental illness (4) (6) (19)
4. Move large numbers of people out of the system into productive lives (4) (19)
5. Participants are more likely to collaborate with clinical staff regarding taking medications (12) (16)
6. Effects are realized in weeks and sustained for years (4) (6) (16) (19) (22)
7. Reduce drug and alcohol abuse (9) (11) (14) (18) (23)
8. Reduce demands on clinicians' time (8) (16)
9. Increase empowerment (4) (6) (16) (19) (20)
10. Provide community support—the suspected reason that people in developing countries recover from schizophrenia at nearly twice the rate that they do in developed countries (16) (24)
11. Provide mentoring opportunities that improve the outcomes of both the mentor and the person being mentored (5) (17) (21).
12. Reduce criminal behavior (14) (23)
13. Increase family resources and reduce family stress (3)
14. Increase consumer satisfaction (8) (16)
15. Are underutilized by clinicians because of incorrect preconceived ideas about self-help and the lack of professional training on self-help (16) (22).

The major mental health groups are Recovery International, Emotions Anonymous, Project Return, Depression and Bipolar Support Alliance and Adult Children of Alcoholics and Dysfunctional Families. Other groups address money management, public speaking, healthy eating and more than 700 other concerns in Los Angeles. All the groups are either donation only or charge a minimum fee, with consideration for those with limited incomes.

Key question: Are you attending self-help support groups and using your lived experience with them to encourage others to attend?

Self-Help Support Groups: What success looks like

"I was an unwanted child with three older siblings. I was neglected, and sexually, physically and emotionally abused. I changed schools eight times before 12th grade. I never belonged anywhere. When I walked into my first incest survivors support group, I couldn't stop crying. It was the first place I ever belonged. Everyone knew exactly what my life had been like, because they had been there too. It totally changed my life. It was the beginning of my recovery."

> "My career as a mental health consumer started when I was 23. I visited my doctors regularly and tried to do as they recommended. It wasn't until I had attended some self-help support groups that I realized that if I was going to get better, that I had to take action. Recovery is a Do-It-Yourself job. My doctors could help, but I had to make take the action to make changes and figure out how to get better. In the self-help group there is no one who supposedly knows better. They don't give advice. People just share about what they are doing and learning. At first I resisted because it was always easier to have someone else take the responsibility of making the hard decisions in my life. Once I realized I had to do it, it became really empowering and I got better every week. I got my first job a year ago and my support group is still there every week for me to deal with whatever challenges I face."

"At age 28, I was diagnosed with schizophrenia and committed to Camarillo State Hospital. This followed several hospitalizations, each after a suicide attempt. While in the state hospital, I was introduced to Recovery International, a self-help support group. At last, I had found a program to help me while I had symptoms. I gradually changed my beliefs, from "There is no hope for me" to "Who knows? I could be among those who get well." I took steps forward and backward, but after leaving the hospital, I never returned. Strong symptoms of despair and gloomy thoughts still arose frequently, but Recovery International taught me to recognize them. They usually reflected my feelings of inadequacy. As years have passed, these symptoms have diminished, partly because I no longer fear them. Recovery International has given me my life and it has given me a philosophy to help me cope with everyday living. I retired recently from my job as the Vice President of Mortgage Banking for a commercial real estate company where I handled billions of dollars of real estate. Not too bad for a schizophrenic lady. Today I continue to attend Recovery International meetings because it's good insurance for my mental health."

> "My mom and dad separated three years ago when my dad started using meth again. My mom refused to let me see him even when he was clean and sober again. Then my mom had a breakdown and started using drugs again. DCFS removed me from my mom and I now live with my dad. The Parent Partner suggested that I go to Ala-teen as I just turned 15. It has been really helpful. The kids there are really nice and I can share stuff with them that I can't share with my friends at school without freaking them out."

"I knew I was an alcoholic and had tried Alcoholics Anonymous and different treatment programs to stop drinking. I am a Buddhist and the 12-Steps of AA did not sit well with me, as they seemed to me like an attempt to get me to become a Christian. I didn't like holding hands and praying so publically at the end of the meetings. In Japan, no one prays or meditates in public, no matter which religion they are, as it's like they are showing off. I was always the only

Asian in the meetings, too. The Peer worker told me about all the alternatives to AA that no one in treatment had ever even mentioned. I found out about Refuge Recovery which is a self-help group for Buddhists to stop addictions, and also SOS or Secular Organizations for Sobriety that doesn't have a spiritual component to it at all. He also told me it about SMART Recovery where no one shares their business at all, but that uses a cognitive-behavioral method to stop addiction. I went to all of them with my friend, Haru. He liked SMART Recovery best, as he is Issei or first-generation Japanese and doesn't like to tell anyone his business. I preferred Refuge Recovery as I am Sansei or third-generation Japanese and I don't get shy about sharing what is happening with me and I like to hear everyone else's stories."

Effective Implementation of Self-Help Support Groups

"Recovery is a process of change through which individuals improve their health and wellness, live a self-directed life and strive to reach their full potential." –SAMHSA

Critical Ingredient of Self-Help Support Groups	Examples of high-recovery Self-Help Support Groups	Examples of low-recovery Self-Help Support Groups
Equal Relationships	Peers with the same level of power—none of whom are paid—attend a support group addressing a common concern. Leadership and decision-making are provided by the members.	Paid peer specialist leads the support group and discussions, addresses disruptive behavior and makes decisions for the group.
Rotating Leadership	The support group leadership rotates, and positions could be held by anyone in the group with minimal training.	One person leads the group. The group doesn't happen unless that person is there.
Community-based	Referrals and information about community-based self-help support groups are available to all participants.	The groups are held only at a mental health facility and/or are canceled when the room is needed for other uses.
Structure	The group uses a written format for explaining the rules and the agenda of the self-help support group that various members read at the beginning of the meeting and as each activity changes.	There is a single leader who verbally explains the rules, determines who can speak, and what is appropriate in the group.
Shared Norms	The written format includes a statement about why the group is meeting and what their goals are regarding the issues they share.	The group does not have specific written recovery goals that are shared in each group meeting. The peer worker provides a topic or activity at each meeting without connection to the group goals.
Non-judgmental	People share their own experience using "I" statements. They do not give unsolicited advice or judge what other group members have shared.	Shares often include "you" statements. People give advice and problem solve without checking whether the person who shared wants advice or just wants to be heard.
Safety	Crosstalk, where others interrupt or comment on someone's sharing, is not allowed and is enforced by any member of the group with gentle reminders. Each person has a right to due process in the group and is given opportunities to change disruptive behavior before takes action to exclude the member. If someone is asked to leave, it is for only one or two meetings, not forever. Anonymity is expected and protected.	The leader has the right to ask anyone to leave without hearing their side of the issue or giving them opportunities to improve. Disruptive people are banned from attending the group. People who are not peer members of the group enter the group without the group's permission. Staff create clinical notes about what happens in the group identifying individuals. Members sign in.

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Peer Bridging

Definition: Peer Bridging is the action of supporting someone in moving from one place in their life to another by someone who has made a similar move. This includes a person moving from being an inpatient to an outpatient, from homelessness to housed, from jail to the community.

Key Components: Peer Bridgers ideally get to know the person they are bridging before they are in their new situation. By disclosing their similar lived experiences, they normalize the fears, concerns and feelings that the people in the new situation have. They connect people to self-help support groups, and may attend self-help support groups with the person they are work with. They use recovery planning to empower the person to move forward. They are a support and a role model, sharing their experience, tools and skills to make the transition successful.

Evidence Base: In 1994, the New York Association of Psychiatric Rehabilitation Services (NYPRS) was assigned to help people transition out of psychiatric hospitals into the community, so that they would not be readmitted to the hospital shortly thereafter. In response, NYAPRS created the Peer Bridger Project.

In 2008, the Peer Bridger Project found that 71 percent of the people they served were not readmitted to the psychiatric hospital. Normally, 50 percent of people would get readmitted to the hospital within a year.

In another project, Peer Bridgers were used to increase engagement and participation in outpatient services for people exiting New York psychiatric hospitals. "Project Connect, a clinical demonstration program developed in consultation with the New York State Office of Mental Health, adapted Critical Time Intervention for frequent users of a large urban psychiatric emergency room (ER). Peer staff provided frequent users with time-limited care coordination. Participants increased their use of outpatient services over 12 months compared with a similar group not enrolled in the program." - *Psychiatric Services 2016; 67:479–481; doi: 10.1176/appi.ps.201500503*

Key Question: Are you empowering the person and walking with them as they make their own decisions in moving from one situation to another, using Helper Therapy Principle, Listening and Disclosing, Recovery Planning and Self-Help Support Groups?

Peer Bridging: What success looks like

"I had been homeless on Venice Beach for eight years when someone at Clare Foundation referred me to SHARE! Collaborative Housing. I moved in that very same day. My Peer Bridger met with me and I discovered that he had been a homeless, schizophrenic, alcoholic too. He got sober 3 years ago and got his job working a year ago. He did a Plan for Success with me. I have always wanted to be a marine welder. They make good money, but I needed to get a certificate. I realized that I needed to get my health and mental health in order first and my Peer Bridger connected me with Compton Mental Health and a primary care physician. My Peer Bridger told me about the self-self-help support groups near my house and I started going regularly to Alcoholics Anonymous and Co-Dependents Anonymous. I got a job at a factory warehouse in Compton. Every time I saw my Peer Bridger I made one commitment towards my goal of being a marine welder. I applied and got accepted to National University Polytechnic Institute and began in September on my course. My house mates have been asking me advice about stuff as they say I am their model of recovery."

> "I am so happy to be able to tell you my story in English. A year ago I was a senior Latina living on the streets of South Los Angeles and hardly spoke English. I had been barred from my son's house because of my anger issues. I met with my Peer Bridger who took me to my new home with five other female house mates. Only one of them spoke Spanish. I did a Plan for Success where my only goal was to be able to see my grandchildren again. My Peer Bridger shared how important her grandmother was in her life which made me know she understood how important this goal was to me. I needed to take Anger Management Classes before I could see my nietos again, but it was too hard to even register for the classes. My Peer Bridger suggested I try the Neuroticos Anonimos—a self-help group in Spanish and also Co-Dependents Anonymous in Spanish. I went there and the meetings really changed my life. I was not so ashamed and soon I was able to go to the Anger Management classes. The meetings had tools to help me reestablish a relationship with my son. My house mates helped teach me English. I started going to CoDA in English with them every Thursday night and that helped my English even more. Last month I was awarded unsupervised visitation with my grandchildren because I finished the Anger Management classes and demonstrated that I could maintain stable housing."

"When you look at me, it is hard to believe that I spent 10 months in a mental hospital. I really did not want to leave as I had been unable to cope for a long while and was afraid that the real world would be too much for me. I met my Peer Bridger who told me she would be there as I moved back into the community. We chatted and she said that she too had been hospitalized when she had her first break, but hadn't been back since. It gave me hope as I had seen many people leave the hospital and come right back a few weeks later. Her success made me at least think that I too might could be successful. She got permission to take me out of the hospital on a pass and we went to an Emotions Anonymous meeting where I met others who had left mental hospitals and moved into the community. Some of them even had jobs! The day of my

release, my Peer Bridger took me to the Board and Care where I was going to be staying. She accompanied me to my first outpatient appointment. She introduced me to everyone at the Wellness Center and gave me a handout of free activities in the area. Over the next weeks, she visited and we talked on the phone. I kept going to the self-help groups and soon had friends who understood me. I've decided that I want to go to college and study Marketing. A year later I'm enrolled at Los Angeles Southwest College and I got all A's in my first quarter. I still talk to my Peer Bridger whenever I need to, but I am doing great on my own."

"When I finished my time for a crime I committed when I was a foolish kid with no sense of right or wrong, I was scared. So many people end up back in prison. I didn't want that to be me. My Peer Bridger steadied me. He told what he went through when he got out of prison. He introduced me to some great Narcotics Anonymous groups in my neighborhood—which was the same fellowship I had been part of in prison. He invited me to come to the Wellness Center and I started meeting new people. Pretty soon I was asked to be a speaker at some of the self-help support groups. I began to see I have a lot of wisdom and experience to share, especially with some of the youngsters that might go the wrong direction like I did. I got an internship at a local nonprofit—and that turned into a paid part-time job. My Peer Bridger supported me along the way. My mom is so proud of me now—and my Peer Bridger is too. I've come to see I'm not the bad guy I used to be. It feels like a brand new life."

Effective Implementation of Peer Bridging

"Recovery is a process of change through which individuals improve their health and wellness, live a self-directed life and strive to reach their full potential." –SAMHSA

Critical Ingredient of Peer Bridging	Examples of high-recovery Peer Bridging	Examples of low-recovery Peer Bridging
Integrating Support	Peer worker integrates the practical parts of the change with their own experience with a similar change including their feelings, hopes, fears, challenges, etc. They respect the feelings, fears, etc. of the person being served.	Peer worker sees that the practical parts of the change are taken care of. The Peer worker does not connect with the person regarding their feelings, hopes, fears, and apprehensions. They reassure with little or no disclosing.
Respecting Differences	Peer worker recognizes the individuality of the person they are working with and supports them where they are, even when they have different assessments of the situation and/or different perspectives or worldviews. They recognize that everyone has a different recovery journey. One size does not fit all.	Peer worker expects that the person they are working with has the same worldview as they do, and thus will handle the situation in a prescribed way. They may assume that people need the same recovery tools that the peer worker has used. They judge the person served as "wrong" rather than as a human being able to make the best decisions for themselves.
Peer Role	The Peer worker see their primary role as helping someone discover their own path to recovery, including setting their own, goals, deciding what is important to them, and connecting the person to non-paid social support in the community.	The Peer Worker sees their primary role as solving the person's problems and connecting them to other professional services.

Relationship building	The Peer worker prioritizes the relationship with the person they are working with. Other issues are secondary. For example, the Peer worker starts the session together with a check in as to how things are going, including a short honest update on their own recovery before moving other issues and paperwork.	The Peer worker is all business and struggles to build an authentic relationship with the person. Their focus is on checking off everything they need to get done with the person that day.
Respect and Dignity	The Peer worker recognizes that they are taking a journey with the people being served to provide them with unconditional regard and support. They see themselves as similar to the person they are serving. They look for strengths and positives in the person they are serving.	The Peer worker treats the person being served in a patronizing way or as a child needing guidance, rather than as an equal. They may use judgmental language when referring to the person in private or express disappointment in not getting the person to do "the right thing."