

MA Peer Professional Workforce Development Guidelines from TRANSCOM*

Executive Summary April 2014

INTENT and OVERVIEW

The emergence of peer roles in healthcare has been accompanied by confusion as these roles proliferate without sufficient guidance from experts in the field of peer support. Based on 10 years of broad collaboration and focused inquiry, TRANSCOM* offers that guidance to recovery health providers and integrated healthcare systems in the full document, *“April 2014: MA Peer Professional Workforce Development Guidelines”*. We encourage those who design services and hire individuals into established and developing peer roles to study the rich information contained in the guide and to contribute toward future updates.

This document includes five elements: 1) A summary of what sets peer roles apart from other mental health and addiction recovery roles, 2) Essential practices regarding the effective utilization of peer professionals and 3) A chart delineating various stages of peer professional development. Following the chart is: 4) A list of acronyms, web links and references and 5) The Massachusetts Certified Peer Specialist Code of Ethics.

“PEER” PROFESSIONAL or VOLUNTEER

All of the mental health-related positions included here require lived experience of mental health, trauma, and/or co-occurring addiction recovery. Roles in the addiction field allow either lived experience of addiction recovery or lived experience of being a relative or in a close relationship with a person in need of/in addiction recovery.

We urge clarity in language and intent when using the term “peer”; “peer” is used to describe a relationship. In a job title, the term refers to the non-clinical relationships established by the person in this role. Mutuality and the thoughtful sharing of lived experience are key functions of any peer relationship. “Peer” should not be used as the new way to label a person’s status as “patient,” “client,” “consumer” or “mentally ill person.” Instead, when speaking about someone who is using a service, “person” usually provides as much clarity as the often stigmatizing identifier “client.” We expect this language to be widely adopted as healthcare systems evolve.

STAGES and DEVELOPMENT

The chart contained in the guide describes progressive professional development for Peer Volunteers and Peer Professionals Stage I-V in both mental health and addiction recovery organizations. It identifies masteries gained through experience, current roles in MA, competencies required for those roles, prerequisites and available trainings. Although presented in a linear fashion, development is not always linear or hierarchical; individuals frequently have levels of proficiency and expertise that overlap the different stages presented in the guide.

MUTUALITY, ETHICS and SUPERVISION

Mutuality is a core value and standard of practice in all peer roles. Peer volunteers and professionals learn skill sets that strengthen their ability to sustain mutually respectful and empowered peer-to-peer relationships, including cultural competence, trauma-informed practice, communication skills and the responsible uses of power.

Mental health peer professional roles in Stages I-V require adherence to the Massachusetts CPS Code of Ethics. Addiction recovery peer professional roles require adherence to Recovery Support Center or other codes of conduct and ethics. It is vital that job tasks not conflict with mutual relationships or with peer support for self-determination.

A peer professional will ideally have a supervisor or mentor who is a Certified Peer Specialist or Recovery Coach. As with any field, experience specific to the role (i.e.: experience with peer participatory processes) and training in supervisory skills are necessary for supervisors of peer professionals. People should work in an environment with other peer professionals as colleagues. As “peer” job titles and roles are emerging rapidly in healthcare delivery, we strongly advise organizations without peer professionals in Stage IV or V to hire such trainers and consultants to ensure that peer support roles are implemented effectively.

*TRANSCOM - MA Transformation Committee, established 2004: <http://transformation-center.org/dh-gathering/>