

COUNTY OF LOS ANGELES - DEPARTMENT OF MENTAL HEALTH

OFFICE OF THE MEDICAL DIRECTOR

4.13 PARAMETERS FOR DEPARTMENT OF MENTAL HEALTH PEER ADVOCATES

11-06-06

I. INTRODUCTION:

- A. The Peer Advocate position is an essential component of the DMH recovery-based model that permits the individuals we serve (individuals) to regain control over their lives and their recovery process.
- B. The addition of the Peer Advocate role to service delivery staff increases hope for individuals and their family.
- C. The presence of Peer Advocates as essential positions within DMH clinical teams enhances the empathy of all staff and helps decrease stigma that may exist in the system by promoting the shared connection of humanity that exists among both service delivery staff and individuals.
- D. Peer Advocates assist in identifying program environments that are conducive to recovery and lend their unique insight into mental illness and what makes recovery possible.

II. QUALIFICATIONS

- A. Qualifications for the Peer Advocate position are based upon emerging best practices that support the use of skills and strengths acquired through the experience related to having a serious mental illness to perform expected Peer Advocate duties.
 - 1. Qualified individuals are recruited on a competitive basis for Peer Advocate positions.
 - 2. Education and Work Experience:
 - a. Six months of mental health peer advocacy paid or volunteer experience working directly with mental health clients, performing such duties as interacting with clients or patients concerning mental health or social services matters, answering questions and providing information about mental health/social services and disability benefits, coordinating group facilitations, interpreting, and providing other support and assistance, or
 - b. The Completion of a recognized Peer Advocate training program. For an example of one, please see the Appendix.
 - c. Note: In recruiting Peer Advocates who may not have formal education or past work experience due to having or living with a serious illness, consideration may be given to the applicants who demonstrate the desirable skill sets of empathy and understanding and willingness to apply these skills therapeutically.

3. Skills: Peer Advocates should have interpersonal and therapeutic skills that allow them to assist others in their recovery.
4. A core qualification is the willingness to learn and use techniques involving therapeutic self disclosure in order to connect with and build trust with individuals. Because of this expectation, supervisors and co-workers should understand the importance of this unique Peer Advocate therapeutic tool, and should recognize it as a professional requirement.
 - a. As DMH requires applicants for the Peer Advocate positions to self-disclose their experience as a recipient of mental health services, DMH takes special precautions to ensure that any potential accommodations related to such self-disclosure will not be reasons to discriminate in hiring.

III. FUNCTIONS OF A DMH MENTAL HEALTH PEER ADVOCATE

A. Advocacy

1. Peer advocates work to help improve the Mental Health (MH) system on behalf of the individuals and families they serve.
2. Peer Advocates, when providing services to an individual, should individually advocate for that individual.
3. The advocacy must represent the choices of the individual being served, rather than those of the advocate.
4. The Peer Advocate must be aware that the individual and family members may directly experience the positive or negative consequences of his or her advocacy effort.
 - a. If a situation occurs in which an individual is contemplating or seeking advice about withdrawing from mental health services, the Peer Advocate shall discuss the issue with the DMH supervisor ultimately responsible for overseeing the individual's recovery. If the individual ultimately decides to discontinue services, the individual shall be provided with follow-up and referral information.

B. Support

1. A DMH Peer Advocate functions as a peer supporter, sharing his or her own stories to therapeutically support individuals and their families.
2. The goal of a peer supporter is not to give advice through the shared stories, but to strengthen the individual by creating an atmosphere of being understood, assisting them in developing skills, broadening their awareness, opening up new opportunities, and increasing their sense of hope, personal power and self-responsibility.
3. The Peer Advocate must use care and skill to emphasize shared "personhood" rather than shared "patient hood" even when sharing experiences directly related to illnesses and their symptoms.

4. An important function of peer support is to reduce the possible stigma and personal effects of having a diagnosis of mental illness by sharing their own experience and thereby “normalizing” the experience.
5. The Peer Advocate will role model competency in recovery and on-going coping skills.

C. Bridging

1. The Peer Advocate serves as a bridge to connect to the community by helping individuals begin to move beyond strictly professional support to that of peer and community through sharing their own transitioning experience.
2. The Peer Advocate should act as a positive role model in this regard.
3. Although the Peer Advocate will likely benefit from the bridging process, he or she must be aware of--and ensure that--meeting the served individual’s needs is the goal, rather than meeting the Peer Advocate’s needs.

D. Leading

1. Peer Advocates serve as facilitators of self-help groups and programs except in those groups or programs in which they are receiving services. It is possible for a Peer Advocate to be a participant in one program and staff in another.
2. When a Peer Advocate is in a staff role, he or she is required to comply with all departmental policies, procedures and parameters for example, but not limited to, [DMH Policy 100.1 Ethics](#), 202.26, [Confidentiality](#) and DMH Parameter for Clinical Services, [4.12 Establishing Service Relationships in a Recovery-Based Mental Health System](#). For example, he or she may not date or have personal financial dealings with other individuals or family members in a therapeutic group.

E. Integrated Approaches

1. A Peer Advocate may be trained in integrated approaches and models for peer advocacy. Many are currently extant or under development. (See Appendix.)

IV. SPECIFIC CONSIDERATIONS

A. Supervision:

1. Supervisors should assist Peer Advocates in understanding job specifications and carrying out duties.
2. Peer advocate supervisors should be willing to advocate for changes within the system that may facilitate success of Peer Advocates in their role.
3. Special attention should be paid to helping Peer Advocate staff to avoid reenacting or conveying their own treatment experiences that they may perceive as having had a negative affect on their own recovery.

B. Assignment of Duties:

1. When DMH is both employer and provider of services to a Peer Advocate, the overlap may create special challenges. Consequently, a Peer Advocate shall not be placed in a supervisory or collegial relationship with program staff that are providing mental health services to the advocate.
2. Although the department may offer the exposure of employment to individuals through temporary engagement for training purposes, permanent employment or volunteer status as a Peer Advocate should be within programs not providing mental health services to the Peer Advocate.

C. Undue Influence:

Peer Advocates may not use their status as staff to influence or alter their own services or those of their family member as self-interests create the potential of exploiting staff roles and losing focus on the individuals they are responsible for serving. (For example, staff may not gain additional access to services or to records, influence or investigate other staff that are serving them, or advocate for program changes for the purpose of benefiting themselves directly.)

APPENDIX

From the Georgia Certified Peer Specialist Project (CPS) <http://www.gacps.org/JobDescription.html>
Job Description, Responsibilities, Standards and Qualifications

Under immediate to general supervision, the Certified Peer Specialist (CPS) provides peer support services; serves as a consumer advocate; provides consumer information and peer support for consumers in emergency, outpatient or inpatient settings. The CPS performs a wide range of tasks to assist consumers in regaining control over their own lives and over their own recovery process. The CPS will role model competency in recovery and ongoing coping skills.

1. Using the 10-step goal setting process the CPS will:
 - a. Assist consumers in articulating personal goals for recovery.
 - b. Assist consumer in determining the objectives the consumer needs to take in order to reach his or her recovery goals.
2. The CPS will document the following on the Individual Service Plan (ISP) by:
 - a. Assisting consumers in determining "Problems."
 - b. Assisting consumers in identifying recovery goals.
 - c. Assisting consumers in setting objectives.
 - d. Determining interventions based on consumers recovery/life goals.
 - e. Observing progress consumers make toward meeting objectives.
 - f. Understanding and utilizing specific interventions necessary to assist consumers in meeting their recovery goals.
3. Utilizing their specific training, the CPS will:
 - a. Lead as well as teach individuals how to facilitate Recovery Dialogues by utilizing recognized Focus Conversation and other methods.
 - b. Assist individuals in setting up and sustaining self-help (mutual support) groups.
 - c. Assist individuals in creating a Wellness Recovery Action Plan [WRAP.]
 - d. Utilize and teach problem solving techniques with individuals and groups.
 - e. Teach individuals how to identify and combat negative self-talk.
 - f. Teach individuals how to identify and overcome fears.
 - g. Support the vocational choices individuals make and assist them in overcoming job-related anxiety.
 - h. Assist individuals in building social skills in the community that will enhance job acquisition and tenure.
 - i. Assist non-consumer staff in identifying program environments that are conducive to recovery; lend their unique insight into mental illness and what makes recovery possible.
 - j. Attend treatment team meetings to promote the individual's use of self-directed recovery tools.
4. Utilizing their unique recovery experience, the CPSs will:
 - a. Teach and role model the value of every individual's recovery experience.
 - b. Assist the consumer in obtaining decent and affordable housing of his or her choice in the most integrated, independent, and least intrusive or restrictive environment.
 - c. Model effective coping techniques and self-help strategies.
5. The CPSs will maintain a working knowledge of current trends and developments in the mental health field by reading books, journals and other relevant material.
 - a. Continue to develop and share recovery-oriented material with other CPSs at the continuing education assemblies and on the electronic bulletin board.
 - b. Attend continuing education assemblies when offered by the Department and other CPS Educational Programs.
 - c. Attend relevant seminars, meetings, and in-service trainings when offered.
6. The CPS will serve as a recovery agent by:
 - a. Providing and advocating for effective recovery based services.
 - b. Assisting individuals in obtaining services that suit that individual's recovery needs.
 - c. Informing individuals about community and natural supports and how to utilize these in the recovery process.
 - d. Assist individuals in developing empowerment skill through self-advocacy and stigma-busting.