



Peer Support: Validity and Benefit

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Peer support is a system of giving and receiving assistance based on respect, shared responsibility, and mutual understanding of what is helpful to self and others. It is about relating to another's situation through shared experiences, and relationships that promote growth, recovery, and wellness. Peer support is an inclusive model of positive decision making that allows people to fulfill their own needs or further a purpose. More importantly, participants learn how to change and control their behavior and how to define and react to problems and opportunities.

Alcoholics Anonymous (AA) is one of the original models of peer support. It operates under the principle that those who have experienced and overcome alcoholism are more effective in helping other recovering alcoholics. Today, peer-to-peer assistance support has expanded to numerous settings, disciplines, and issues and has proven to be tremendously important in helping people move through difficult situations.

Defining Recovery and Peer Assistance

Recovery is the personal healing process of addressing the adverse incidents and problems relating to illness, injury,

distress/disorder, or chemical dependency, and developing coping mechanisms for a devastating loss or personal threat. Recovery does not necessarily mean a cure, but rather a stabilization of the emotional and physical response to an overwhelming and stressful circumstance.

Peer support, whether in a structured group or a one-on-one setting, is based on the rationale that peers help themselves by helping others, and people who have overcome adversity develop special sensitivities and skills. In peer assistance a peer or colleague acts as a friend, mentor, or trusted counselor, often providing emotional support, aid, or courage. The concept evolves from the "wounded helper" tradition that has deep historical roots and is the foundation of modern mutual-aid movements.

A growing consensus in the field defines a peer as someone with knowledge of recovery from having experienced it. Peers may also share gender, ethnicity, religious orientation, disease diagnosis, or profession. Accordingly, peer credibility tends to be based on first-hand knowledge and expertise transformed into service to others. The strength of peer support groups lies in enhancing the effectiveness of existing treatment or counseling systems and providing a supporting link for successful self-care and improved health and wellness.

Peer mentoring networks can be found in a broad range of support systems, including programs for the blind, drug and alcohol addiction, cancer, smoking control, stroke patients, disease prevention, eating disorders, and in many other health-related areas. Peer mentoring programs also exist in many educational settings for both students and faculty, and there are a multitude of emerging programs for dealing with such life stressors as malpractice suits, gambling debt, divorce, and bankruptcy.

Peer support uses dialogue to build and develop alternative thinking that fosters strong interactions and a supportive environment. The potential outcomes are diverse as

the variety of support groups. Central to success is an atmosphere that allows individuals to express their needs and concerns without threat or coercion. Therefore, the key principles to peer support are participatory listening, safety, and confidentiality.

Clearly, peer support requires people to embrace a relational meaning of safety. Safety happens when there is a nonjudgmental atmosphere, without assumptions, and with trust and honesty.

Individuals enter the group with opinions, feelings, and experiences. This unique combination makes up a personal pool of understanding that grows with shared decision making and choices. Healing begins by recognizing a need for personal change and believing that peers will be able to assist in that process. Peer support challenges the need to hide from the consequences related to physical or mental health problems or a devastating event and encourages the cessation of defensive, self-destructive actions. Peer support instills the idea that hope exists and reinforces the concepts of individual responsibility for self-care and wellness.

The growing body of evidence outlines the critical ingredients of peer support efforts of volunteers or professionals. Central to peer support activities are *peer principles* (affiliation with some with similar life experiences) and *helper principles* (being helpful to someone else is also self healing), and *empowerment* (finding hope and believing recovery is possible). Other findings reveal that helping, mutual sharing, committing, and benefiting are characteristics highlighted as pertinent to peers being willing and involved. The role of a peer mentor can be an extension of the work of trained counselors and other qualified professionals as well as colleagues simply reaching out to a colleague or friend.

Peer Support and Regulatory Bodies

Stress is an inevitable part of most working

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environments and can significantly affect the physical, psychological, and intellectual health of the workforce. Clearly, psychiatric illness, alcoholism, and drug dependency can be debilitating, especially for a physician, nurse, attorney, or other professional dealing with high demands and expectations. The decision to seek treatment can be even more difficult for professionals. Many times a professional will seek treatment only because of an intervention prompted by a licensing body or other regulatory agency.

Boards of nursing are mandated to protect the public from incompetent providers. Traditionally, regulatory boards dealt with chemically impaired physicians and nurses through disciplinary sanctions against their license to practice. Since the 1970s, boards have increasingly implemented alternatives to disciplinary sanctions, particularly in circumstances with no evidence of patients placed at risk by the behavior.

The National Council of State Boards of Nursing has developed model guidelines for nondisciplinary alternative programs to help state boards of nursing develop a process dealing with impaired nurses. State physician professional assistance programs offer similar programs. These alternative programs “look beyond” the licensure violations to the cause of the behavior. Further, they benefit the public by intervening to prevent harm to patients, assisting the boards in holding nurses and physicians accountable through monitoring programs, and, with early identification and treatment, retaining experienced practitioners in the profession. In addition, alternative programs provide a mechanism for practitioners to refer colleagues for treatment rather than having to report them to the regulatory board for possible disciplinary action.

Most regulatory agencies use a treatment model built around professional peer support and confrontation. Professional recovery meetings, which include Caduceus-like groups (self-help recovery groups specifically for healthcare professionals), are a part of the

treatment discharge plans of many professionals and are the aftercare contract monitoring arm for the state professional licensing boards.

Confidential referral and monitoring programs are available in most states for physicians, nurses, pharmacists, dentists, and podiatrists with alcohol and/or other drug abuse or dependence or a dual diagnosis of addiction and mental illness. These programs ensure that impaired professionals receive the help they need as quickly possible. Peer support groups as a component of these programs have been shown to help reduce the incidence of relapse. Alternative programs and peer support give affected practitioners a chance to interact with others, feel accepted, and strive to reenter the workplace as a valued member of the community. Further, there is growing evidence that professional association-sponsored peer assistance programs, in collaboration with disciplinary boards, appear to offer the best balance between protecting the public and the rights of the practitioners. By allowing immunity for the impaired provider who cooperates fully with the program, these programs also provide education and consultation services and professional advocacy support groups to facilitate the recovery and reentry to practice.

The Law-Enforcement Example

Serving a profession wrought with stress and ever-present danger, law enforcement agencies also use structured, trained, peer support units. Law enforcement officers have a tendency to smother emotions and will often ignore the danger signals of overwhelming stress until it reaches a crisis level. Failure to deal with the signs of emotional crisis can lead to serious physical illness, substance abuse, depression, isolation, and even suicide.

Peer support programs in law enforcement work because a trained group of trusted officers can often assist their coworkers with problems and refer them for confidential, professional treatment if

necessary. Affiliated union organizations mediate many of these support programs. The peer support officer provides an empathic ear while screening for major safety issues. It is important to stress that a personal or stress-related problem is not a sign of weakness or personal failure—in fact, asking for help is a sign of strength. Peer support officers do not provide ongoing counseling; their role is to screen, support, and act as a bridge toward professional assistance.

Building Peer Relationships

Initiatives focused on enhancing health, professional resilience, and personal well-being are essential to maintaining a fit and healthy workforce while ensuring patient access to care and protecting the public interest.

Research showing how people grow and change emphasizes the importance of encouragement and reinforcement of positive decision making. Peer support brings the unique perspective of others’ stories, practical experience, and understanding. Peers can provide sustained support in ways that trained professionals may not, offering empathy and understanding, tolerance of unusual behaviors, knowledge of available resources, positive role modeling, and a strong sense of responsibility for others. By sharing, the peer is not telling another person what to do, but offering examples through personal experience. Emerging evidence shows that participation encourages and increases new viewpoints and behaviors.

Many who need help avoid treatment because of shame associated with their illness or a crisis incident, or the fear of the consequences of seeking help. If the fear is great enough, they may isolate themselves, emotionally close down, and not communicate negative and irrational thoughts.

Being ignored or belittled can make a bad situation far worse for a person dealing with a crisis. Coworkers are often the first to see behavioral changes in those experiencing an ongoing problem, and judgmental responses

at work can discourage constructive communication and ultimately compound the problems. Sometimes coworkers simply do not know how to help or do not have access to resources, which can also worsen the situation for the entire group.

Having peers trained in effective listening and personal problem-solving skills can make an enormous difference. A safe, compassionate, and responsive coworker will often provide the impetus a colleague needs to begin to address problems. It is however, important for peer mentors to understand that support begins with honesty and willingness to revisit the meaning of being helpful and supportive. How much discomfort are we willing to experience to provide assistance and support? Many afflicted individuals will resist change, present strong arguments, and deny the need to change. Even those who want to help can find it easier to live within the safety of what we know than do the hard work of reaching out to provide support in a nonjudgmental, noncritical manner.

Peer support groups are regarded as both educational and therapeutic centers for recovering professionals. In turn, the recovering professional provides a ripple effect into the community of interest with their attitudes, views, influence, and teaching. Peer support is a bridge between effective treatment and continuing care. Peer support includes information-giving strategies for dealing with societal discrimination and

stigma. Unfortunately, many will experience some form of discrimination, whether in the workplace, health insurance plans, or social settings. This stigma may contribute to tragic consequences if it prevents people from seeking treatment. Mutual relationships and support systems are necessary components of maintaining wellness and preventing such outcomes.

The consequences of compassion fatigue, burnout, sleep deprivation, toxic work environments, and substance misuse require that professionals care and support each other. Peer support is crucial to overcoming emotional, cultural, and regulatory barriers, but more importantly it offers huge opportunities to prevent unfortunate outcomes, provide education, and promote the possibilities of change and transformation through advocacy and service. ■

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Constant kindness can accomplish much.

Albert Schweitzer