

Priorities in Scaling Up Peer Support

An Inside Look at the Expansion of Peer Support In the Department of Veterans Affairs

The next big challenge for peer support in the United States is scaling up evidence-based programs to state and national levels. In 2013, the expansion of peer support programs at the U.S. Department of Veterans Affairs (VA) provides a fresh take on the process of nationwide implementation. In the VA, peer supporters are known as peer specialists (we use the terms interchangeably here). Lessons learned from this effort can be utilized by other organizations looking to expand their own operations.

We spoke with Colleen Vaughan, a peer specialist at the Durham, North Carolina VA Psychosocial Rehabilitation and Recovery Center (PRRC), to talk about her experiences during the recent expansion of peer support in the VA. As 800 newly-hired VA peer specialists begin their work, Colleen gave us an inside look at this initiative from the ground up.

Train and Support the Supervisor

Challenges. At first, scale up invariably focuses on training and supporting peer specialists to build workforce capacity and for quality assurance. However, as Colleen highlighted, one thing that's often missing is better training and support for those who supervise the peer specialists. She cites it as a key factor that

needs to be in place for efficient scale up: "Where I think we need to be putting our efforts is for the supervisors." While the majority of supervisors want to supervise correctly, she says, there has been no training for them, no real guidelines. "They have to learn that fine line to walk between not being a therapist, not being too much of a hard-nosed supervisor, what's that fine line, when is it okay to listen... It's an art form that you need training in, but there's no such thing," she said. "The struggles that some of the peer specialists are having are because of the lack of training of supervisors."

Supervisors are commonly nurses or other healthcare professionals who have responsibilities other than managing peer specialists, so supervising a peer specialist may be a new or underdeveloped skill. Furthermore, peer support supervision can be an added job responsibility that is not compensated by pay raises or a reduction in other work duties. Lack of proper guidance through handbooks or educational sessions can lead to frustration and overexertion.

Tips. In addition to monthly supervisor conference calls to discuss the main concerns supervisors expressed, Colleen highlighted "boundaries" and "consistency" as the key words for supervisor training. She



Colleen Vaughan began her career as a peer specialist 13 years ago at Community Partnerships, Inc. She has been at the Durham VA PRRC for seven years.

Colleen embodies the change she inspires in her clients through her own lived experience with schizophrenia. She has directed peer support programs, supervised part-time and full-time peer specialists, helped create North Carolina's peer support certification process, and collaborated with VA headquarters to establish the peer specialist core competencies.

Photo: Colleen Vaughan (left) with Peers for Progress research assistant, Sayaka Hino.

explained, "It was not that roles and boundaries were being violated by the peer specialists, it was the supervisor not understanding what the boundaries were for the peer specialists, and fears of boundary violations." Supervisors need to be trained on alleviating those fears to create a sense of security for the peer specialists.

Another approach to improving supervision during scale up is to designate a lead peer specialist position. As a program director, Colleen utilized this approach because “one person can’t do it all. You do the supervision, but you can’t do the day to day mentoring and answering all the questions” that may be needed when peer specialists are just beginning, particularly when the supervisor has many other responsibilities.

One of Colleen’s wishes is to create more uniformity and consistency in supervision of peer specialists across the country. “Just as there is training to be a social work supervisor and a psychology supervisor, there should be training to be a peer specialist supervisor. Even if it’s just a day and a half long training that the VA develops.”

Address Unspoken Stigma

Challenges. Peer support specialists are frequently service recipients themselves, sometimes receiving treatment at the same facilities in which they work. Stigma towards peer specialists with certain health conditions can impede successful scale up.

“I am viewed as an equal. Not all peer specialists in the VA are so blessed. We are still fighting an uphill battle of stigma, of acceptance,” Colleen says. Focus groups conducted with 59 VA peer specialists at the beginning of their integration into care teams echo this concern. Peer specialists reported “overt wariness, paternalism, and even insensitive comments” and feeling the need to “counteract staff’s initial fears” (Chinman et al., 2008).

Those focus groups were conducted in 2007. Since then, Colleen feels that the environment has improved. She relates that most overt stigma occurred years ago, and she believes that the covert stigma stems from lack of education, understanding, and training, which can all be addressed proactively when scaling up.

Tips. One approach Colleen has used to address stigma is to hold meetings with the care team prior to the introduction of the peer specialist. At these meetings, she has answered basic questions about the role of a peer specialist in the team, and alerted the team to challenges the incoming peer specialists might face.

One such challenge is the identity shift from being a patient to providing care for other patients. Exacerbating this challenge is the alternating time between when a peer specialist receives services and when they provide services. “On Tuesdays from 1-2, I’m a patient, but the rest of the forty hours I’m a provider,” says Colleen. A new peer specialist may find it difficult to be viewed as both a patient and coworker. Having the chance to ask questions and voice any concerns prior to integration of the peer specialist can facilitate the peer specialists’ transition and reduce potential for covert, accidental, perceived, or overt stigma.

Educate Clinicians and Providers

Challenges. One challenge faced by peer specialists that Colleen describes, and reiterated in the literature (Chinman et al., 2008), is role ambiguity. Interviews conducted with peer specialists

and their supervisors in the VA revealed that because the peer support role is adaptable to different settings and clinical teams, it is not always clear what a peer specialist’s role is within the care team. The need for role clarification extends beyond supervisors, with Colleen expressing the need to educate all clinicians that interface with peer specialists.

Tips. Colleen says the VA is currently trying to integrate peer specialists into as many clinical teams as possible. For mental health in particular, she advocates having a representative on teams specializing in mental health intensive case management, substance use, post-traumatic stress disorder and others. Colleen advocates “general education of clinicians” to facilitate the implementation and acceptance of peer specialists.



Whether the healthcare system is large (like the VA) or small, the advice for scale up of peer support programs is the same: build awareness and promote education of peer support throughout the entire system where a peer supporter may work.

This may include holding conferences and phone calls for peer supporters, creating tailored handbooks and resources for supervisors, and promoting understanding of the role of peer supporter amongst other care providers. Taking into consideration the entire system within which a peer supporter works is paramount to the successful scale up and sustainability of peer support programs.