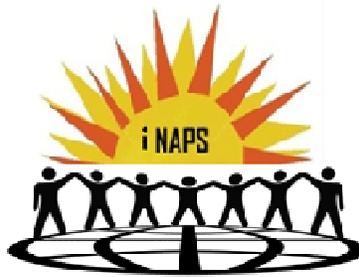


iNAPS eNEWS- January 2014



<http://www.inaops.org>

International Association of Peer Supporters (iNAPS)

“The journey is the reward.” —Steve Jobs

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2014 National Peer Support Conference

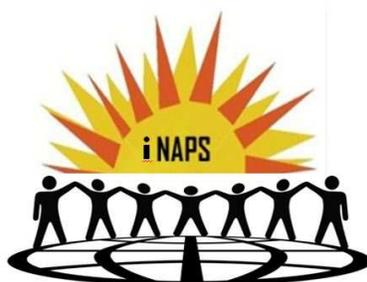


Join us for an opportunity to learn and share and celebrate the 10th anniversary of our organization. Special events are planned!

More information can be found on the following page!

Save these dates!

2014 Annual National Peer Support Conference



Sponsored by the International Association of Peer Supporters (iNAPS)—Our 10th Anniversary!

- When:** Oct. 13 & 14, 2014
(Pre-Conference Institutes-Oct. 11 & 12)
- Where:** Atlanta, Georgia
(Sheraton Gateway/Airport Hotel)
- What:** An opportunity to share, learn and have fun with other peer supporters from across the country!
- Why:** Because the more we learn, the better we can support others.
- Who:** Anyone interested in peer support.

Check our website (www.inaops.org) for updates.
We will send periodic updates by email as more information becomes available.

Webinar Update

The first 2014 webinar is being planned and detail will be sent by email as soon as they are finalized. We also plan to record and archive webinars from the 2013 series if you missed any of them. We will let you know when those are available.

We are especially grateful to Optum for their continued support which makes it possible for these increasingly popular webinars to be offered free of charge.

For continuing education credit, you will need to contact your state certification authority to determine if attendance at a webinar qualifies for CE credit.

Questions? Contact us at: webinars@naops.org

Alternatives 2013 – A Review

A few short years ago, workshops on peer support at the annual Alternatives conference were few and far between. This year, we counted more than 30 focused on peer support topics. Certainly this is a great indicator of the growing interest in peer support!

iNAPS participated in two Alternatives 2013 events. A workshop on the challenges, facilitators and benefits of integrating peer support in the psychiatric and substance use disorder fields drew a standing room only crowd.

The workshop was facilitated by Tom Hill, Program Director for Faces and Voices of Recover and Steve Harrington, iNAPS' Executive Director. The 90-minute session resulted in pages of notes and an enthusiastic dialogue. It was obvious to all that more of these conversations must be offered to explore the value of integrating peer support in these areas and strategies to do so.

An evening peer support caucus drew a small group of participants interested in learning more about the recently developed national peer support practice guidelines and how they could be implemented locally.

Nikola Tesla

Inventor, Immigrant, Inspiration

Steve Harrington

Do you use a cell phone? A radio? Have you ever screwed in a light bulb? Do you use electric motors in your home appliances? Have you ever had an X-ray? Do you have electric outlets in your home? Do you use a remote control for your television? Do you use fluorescent lights? Is your electrical power generated by hydroelectric dams? Have you ever used laser technology?

If the answer is “yes” to any of these questions, you have benefitted from the contributions of a person with a serious psychiatric condition.

Nikola Tesla came to the U.S. from Serbia seeking freedom and resources to create the inventions that have changed our lifestyles. His talents enable us to live in light, communicate with the world almost instantly and provided us with the means to have electric power in our homes, schools, factories and businesses. But it almost didn’t happen then and it is possible—even likely—that a person with Tesla’s gifts would not be welcome today in the U.S. because of psychiatric disorders.

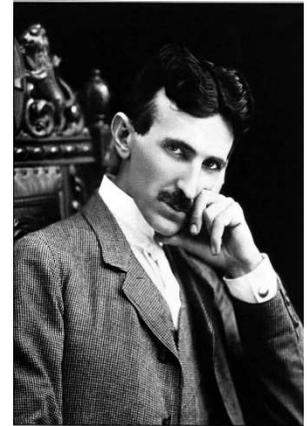
More than 700 patents were awarded to Tesla, who was considered a genius on par with Thomas Edison and Albert Einstein. But Tesla was plagued by a variety of psychiatric disorders. He suffered a “nervous breakdown” as a young man and, later in life, was virtually isolated by an obsessive compulsive disorder and possibly schizophrenia.

Tesla developed a hatred of jewelry, round objects and human contact. He would not touch shake hands or touch another’s hair. And he developed a penchant for the number “three.” For example, he required his meals to be served to him in his New York City apartment with three forks, three spoons, three knives and 18 napkins as 18 was divisible by three. Before entering a building, he would circle the block three times.

Tesla rarely slept more than three hours a night and was known to wander off in silent thought in the middle of conversations. Tesla was also besieged with thoughts that others were “out to get him” and imagined home invaders in the night.

Despite these challenges, Tesla touched our lives. His inventions “lighted the world” and although Edison is credited with inventing the light bulb, it was Tesla who refined it to make it practical. Tesla also created the first X-ray image and in a feat still a mystery to today’s scientists, was able to wirelessly illuminate 200 light bulbs for a distance of 25 miles from a power source.

Despite an intellectual “powerhouse” such as Tesla possessed, today he might have been denied entry into the U.S.



Nikola Tesla

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Tesla --(Continued from page 4)

When a person from a foreign country enters the U.S., be they visitor, student or immigrant, they are required to complete a visa application. On that application are the questions, “Do you have a mental illness? If so, will it affect your conduct during your stay?”

There are no similar questions on the visa application regarding other ailments. And if Tesla were to try to enter the U.S. today and told the truth, he may be denied access. This is not a recent attitude. In the 1800’s, immigrants coming to U.S. ports were “screened” by federal agents and anyone exhibiting any sort of such “abnormality” was sent away without question.

Of course there is the obvious discrimination against persons with psychiatric conditions but we must recognize that such policies may prevent another Tesla from reaching our shores and contributing to our society. Ironically, the federal government—through the Substance Abuse and Mental Health Services Administration (SAMHSA)—opposes discrimination based on one’s psychiatric status. It seems SAMHSA officials should be talking with the Immigration and Naturalization Service to create a coherent, congruent and fair federal policy.

Our lives have been touched in many positive ways by people with psychiatric disorders. Some have won Nobel prizes, walked on the moon, won wars, become actors and actresses, business tycoons, and renown scientists. Abraham Lincoln and John F. Kennedy were known to have psychiatric conditions. Add to that list other world leaders including Winston Churchill, Buzz Aldrin, Ghandi, Martin Luther King, Jr., and others.

Those of us who have moved forward in our recovery journeys are often called “exceptions” by others who prefer to deny all of us the opportunity to grow, change and contribute. We are not exceptions. Today, we know through research that people with psychiatric challenges can and do make our world better every day.

Please do not call us “exceptions.” Instead, open your eyes and hearts to recognize us as fellow human beings with challenges that can be overcome and lead to better lives for everyone.

Steve Harrington is the Executive Director of the International Association of Peer Supporters and enjoys history. He readily admits that Nikola Tesla is one of his “heroes.”

Reference: Cheney, M. (2001). *Tesla: Man Out of Time*. Simon and Schuster, NYC, NY.

Are Peer Supporters ‘Professionals?’

By Steve Harrington

When describing the differences between peer supporters (and often other peer workers) and traditional behavioral health workers (case managers, social workers, therapists, psychologists, nurses, psychiatrists, etc.), the term

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Peer Supporters Professionals? --Continued from Page 5

“professional” is often applied to the latter but not the former. This may be an attempt to distinguish the peer support discipline from other, more established disciplines in the field.

Some peer supporters disavow the term and reject “professionalism” as an antithesis to peer support. Use of the term by peer supporters is often intended to distinguish themselves from co-workers and supervisors. For example, “I am a peer supporter who works with professionals” as opposed to “I am a peer supporter, one of many professionals who work together to help people on their recovery journeys.” In so doing, the use of the word becomes part of the “us vs. them” lexicon and facilitates discrimination by either traditional behavioral health workers or peer supporters. The practice also infers that peer supporters are somehow “less than” co-workers.

But when we examine the definition of “professional,” we see the term can—and should—apply to peer supporters. The use of this term does not diminish the value or uniqueness of peer support. Instead, it legitimately raises the status of peer supporters as an integral part of behavioral health services. Applying the term to peer supporters implies job preparation, usually through training, and competence.

Consider the following definitions of “professional” from the Merriam-Webster online dictionary:

pro·fes·sion·al

adjective \prə-'fesh-nəl, -'fe-shə-nəl\

: relating to a job that requires special education, training, or skill

: done or given by a person who works in a particular profession

: paid to participate in a sport or activity

The great majority of peer supporters have completed some form of specialized education, usually to attain state certification for Medicaid reimbursement purposes.

And no one familiar with peer support services would argue that it takes specific, unique skills to provide peer support competently.

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Peer Supporters Professionals? --Continued from Page 6

The great majority of peer supporters are paid, although some provide equally valuable support on a volunteer basis.

Certainly, the first definition above applies to peer supporters and, for most, the third definition applies. So, why are peer supporters “afraid”—even hostile--of being described as “professionals?”

There may be three important reasons why peer supporters are reluctant to describe themselves as professionals: 1) they are unaware of ways to articulate the differences between their work and that of co-workers, 2) they are unaware of the definitions of “professional” and 3) there is great (and reasonable) fear of becoming acculturated or “co-opted”¹ in organizations that do not accept or fully understand peer support and peer supporter roles.

Until recently, there was no “tool” for peer supporters to easily understand and express their values and roles.

In July 2013, the International Association of Peer Supporters (iNAPS) completed a comprehensive endeavor to define the terms “peer,” “peer support” and “peer supporter.” The organization, using a variety of methods, gained consensus from nearly 2,000 peer supporters across the U.S. on basic peer support values. From the 12 values agreed upon, 54 practice guidelines were developed. Those guidelines were offered for review by nearly 3,000 peer supporters.

Until recently, there was no “tool” for peer supporters to easily understand and express their values and roles.

The resulting peer support practice guidelines² were readily embraced by the field and are used by peer supporters to advocate for appropriate work assignments, higher pay and more accurate job descriptions.

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¹ “Acculturation” and “co-optation” refer to the adoption of existing practices of co-workers. For example, peer supporters may find themselves using technical language and/or performing inappropriate tasks such as ensuring or monitoring medication compliance by those they support.

² International Association of Peer Supporters. (2013). *National Practice Guidelines for Peer Supporters*, Downloaded December 16, 2013 from URL: <http://na4ps.files.wordpress.com/2012/09/nationalguidelines1.pdf>

Peer Supporters Professionals? --Continued from Page7

In these ways, the report has become a tool to help peer supporters accurately express their values and roles and, in doing so, distinguish themselves from co-workers.

Recognizing peer support as a profession does not change the practice. It can, however, help remove the “us vs. them” barrier in the workplace. If peer supporters are recognized as the professionals they are, they can use that status to advocate for higher wages that reflect the great value and unique qualities they bring to behavioral health services.

To deal with the threat of acculturation, peer supporters should become intimately familiar with the iNAPS practice guidelines and the values upon which they were created. Experience has shown that when supervisors have direct and personal experience as peer supporters, the threat is lessened. Another viable means of remaining “in touch” with peer support values and roles is through regular peer supporter support or co-supervision groups where workplace issues can be discussed. These groups and meetings can help peer supporters be faithful to true peer support models and avoid the professional attributes of co-workers that contradict those values and roles.

Finally, peer supporters can retain or recapture their “peerness” through specific types of training. When iNAPS conducted pilot trainings to test its Recovery to Practice curriculum, several participants noted that the training enabled them to reaffirm the peer perspective that originally attracted them to the field.

Using “professional” to describe peer supporters does not impair our ability to preserve our passion for peer support, continue as change facilitators, avoid power differentials, ignore the effects of poverty and trauma or otherwise change the all important peer to peer supporter relationship. It could mean, however, that we offer ourselves the benefits of self-respect, respect for the value of our work and argue more effectively for workplace changes—including higher wages.

Peer supporters should passionately embrace the terms “profession” and be unafraid to call themselves “professionals.”

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Peer Supporters Professionals? --Continued from Page 8

At the same time, they must be keenly aware of the threat of acculturation and make intentional efforts to retain the values, unique skills and practices that make peer support a vital component for all behavioral health services.

Steve Harrington is the executive director of the International Association of Peer Supporters and thanks Larry Davidson, Ph.D. and Anthony Stratford for their thoughtful reviews of this article.

Inspirational Quote:

Believe there is light at the end of the tunnel. Believe that you can be that light for someone else.

--Kobi Yamada

FEATURED RESOURCES: Recovery to Practice



Many visions of recovery-oriented services are converging into a rich tapestry of practices based on peoples' lived experiences of recovery. The **Recovery to Practice Resource Center** was designed to bring together relevant materials on translating recovery into practice in one, centralized place.

Website: <http://www.samhsa.gov/recoverytopractice>

Listserv: <http://www.samhsa.gov/recoverytopractice/JoinListserv.aspx>

Join the Listserv to receive weekly highlights and quarterly updates. If you have a recovery story to share, contact Recovery to Practice at: 877-584-8535 or recoverytopractice@dsgonline.com.

Looking for a great source for recovery materials? Check out the RTP/SAMHSA library. It is amazing!!! <http://www.samhsa.gov/recoverytopractice/RTP-Recovery-Resources-Database.aspx>



International Association of Peer Supporters (iNAPS) A non-profit organization (www.inaops.org)

Membership Form

The International Association of Peer Supporters (formerly the National Association of Peer Specialists) welcomes all who support peer support in healthcare. We promote the use of peer support in a variety of settings, including but not limited to mental health and addictions. Members receive a certificate, e-mail newsletter, and registration fee discounts for the annual national peer support conference.

Join our ranks to be informed, involved and bring peer support to those who need it most!

To join, simply complete the following information form. The cost of membership is \$25 annually. If you do not have an e-mail address or would like to receive your quarterly newsletter in hard copy form, please check the box.

Please Print Clearly!

Name _____

Address _____

City _____ State _____ Zip _____

E-Mail _____

Amount Enclosed: \$ _____

I'd like to make a donation to help those who cannot afford membership \$ _____

Please mail me a "hard copy" version of the newsletter.

Please mail completed form to: iNAPS, 720 Clarkson Dr., Sparta, MI 49345