

**PEER WORK**



**NETWORK**

# Peer Drift

*A concern for Peer Workers  
and their Supervisors*





# Peer Drift

*A concern for Peer Workers  
and their Supervisors*

- What is Peer Drift?
- How does it happen?
- How do we recognize it?
- Why should we care?
- What can we do about it?



# *Peer Drift*

*What does Peer Drift  
mean to you?*



# Peer Drift

## *What is it?*

Peer Drift occurs when the peer support providers do not feel comfortable in their recovery-oriented role, and they begin to shift to a more medical treatment role.

Taken from the NC VA Peer Support Toolkit



# Peer Drift

## *What is it?*

It happens ... “when the role of the peer specialist begins to deviate from the practices that distinguish peer support workers from clinical providers.”



# Peer Drift

Perhaps “we have all experienced peer drift

- to be accepted by the staff
- to not be against staff
- to impress others
- to ‘help’ people”
  
- because we may be the only peer support worker on staff in a particular institution - therefore isolated from peer support values, practices, resources, and strengths



# Peer Drift

*Have you experienced  
Peer Drift?*



# Peer Drift

“We all can get off course as Peer Specialists. But we need to keep in check whether we are daily developing a *Wellness* or *Illness* mindset.

We must seek daily to move from *Patienthood* to *Personhood*. To fully embrace wellness and ourselves as ambassadors of that wellness.”





# Peer Drift

*How does it happen?*

Peer Drift is a concern for both peer workers and their supervisors. **Organizational Peer Drift** may occur when non-peer colleagues marginalize peer support work.

Peer drift is more common in services where the biomedical model is dominant or the peer role is not well understood or valued.



This statement of PeerWorks' position on peer support drift .... is written to align with existing peer support standards (Peer Support Certification and Accreditation Canada, 2016; Sunderland & Mishkin, 2013; Support House: Centre for Innovation in Peer Support, 2022) and is meant to be used in combination with them to support collective advocacy. \*

# Drift from Peer Support Values and Standards:

## *A Position Statement and Call for Action*

Authored by Lee de Bie, PhD, Centre for Clinical Ethics, Unity Health Toronto  
Emily Michetti-Wilson, BSc, BSW, McMaster University

A graphic illustration on a dark blue background. It features a red balance scale tilted to the right. Above the scale is a teal triangle. To the left of the scale is a teal gear. To the right is a teal circle with a white cross inside. Below the scale is another teal gear. The overall composition suggests themes of balance, justice, and support.

Position Statement of the  
PeerWorks Board of Directors

**PeerWorks**

# Current Challenges in Protecting the Integrity of Peer Support

## causes

- **Institutionalization of peer support** in mainstream settings
- **Medical model** healthcare norms
- **Ableism** (*disability discrimination*) and associated devaluing of lived experience
- **Inequitable healthcare resourcing**

## characteristics

- **Drift into a clinical role**
  - Prioritizing values/loyalties/interests of the psychiatric system
- **Drift into a menial role**
  - Disrespectful assignment of tasks that are illegitimate, unfair, inequitable, disproportionate, and/or unsafe

## consequences

- **Harms to health system and society**
  - Loss of alternative paradigms
  - Loss of peer and public trust
  - Loss of unique opportunities to address gaps and unmet needs
- **Harms to peer supporters**
  - Moral injury
  - Waste of capabilities



# Peer Drift

*How can we recognize it?*

Would I tell you if the person I'm  
peer supporting is decompensating?

”

Would I describe their current  
symptoms ?

Point of this graphic: Ideally, peer support workers would not use such clinical language such as “decompensating.” Also, PSWs are not trained to recognize and report “symptoms.”





# How supervision can help peer specialists remain peer when working on clinical teams

*Patricia E. Deegan PhD*

*June 7, 2022*

*pat@patdeegan.com*

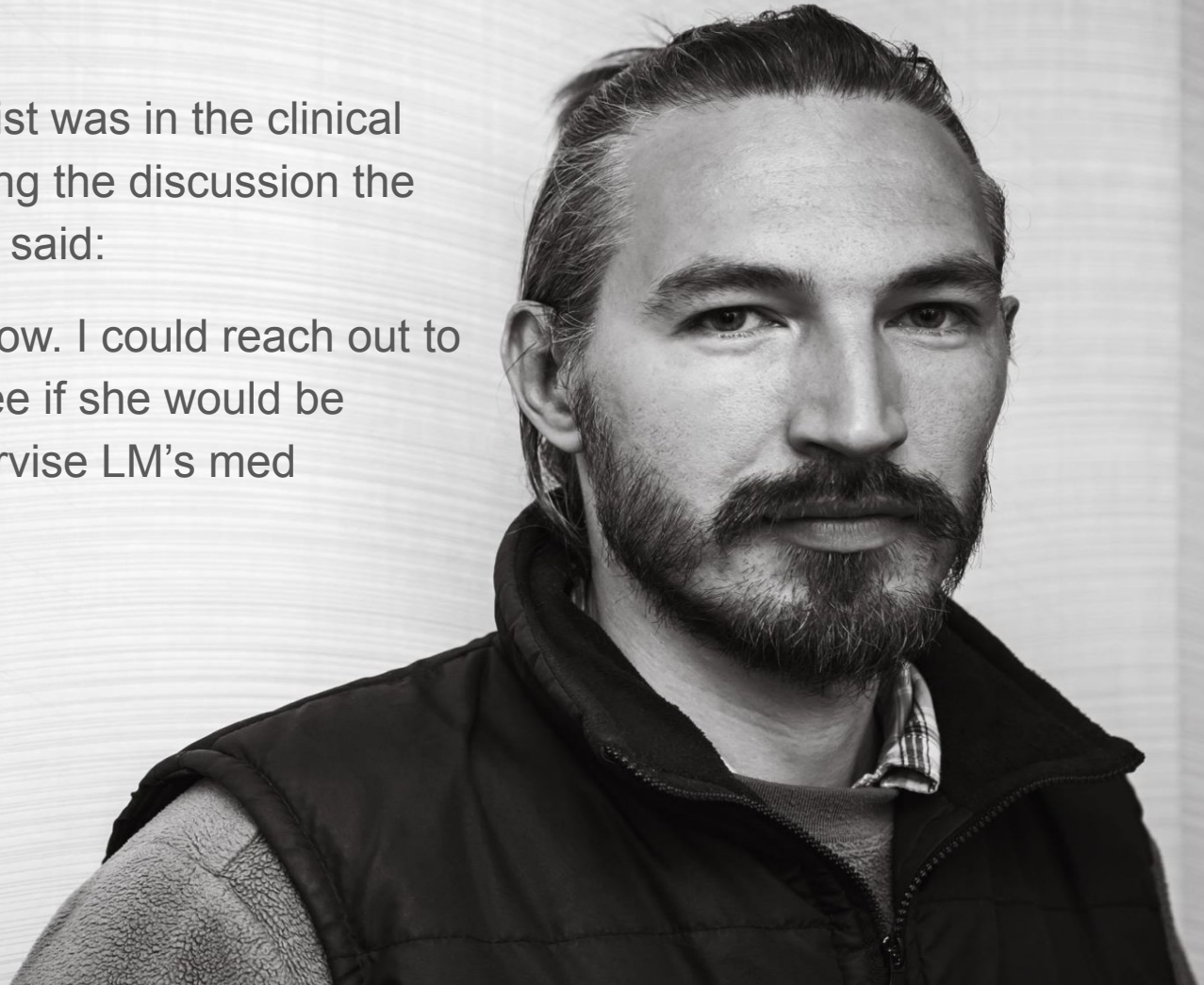
## **Clinical narrative Drift: Example from Pat Deegan's presentation**

LM is a black cisgender female in her early 20s who began working with the team in March 2022. She is bright, motivated and engaged with the team. She has been experiencing auditory hallucinations prior to working with us. She is currently in college but unable to complete the semester because she is failing her course work. Her hallucinations are preventing her from being productive at school. She recently started responding inappropriately (laughing and smiling) to internal stimuli. She presents as distraught and often cries out of frustration with the voices. In March she was prescribed olanzapine which seemed to help decrease the intensity of the voices. However, for the past 2 weeks LM has refused to take meds stating they are unhealthy for her. Team is concerned she lacks insight.



A peer specialist was in the clinical meeting. During the discussion the peer specialist said:

“LM is home now. I could reach out to her sister to see if she would be willing to supervise LM’s med compliance.”





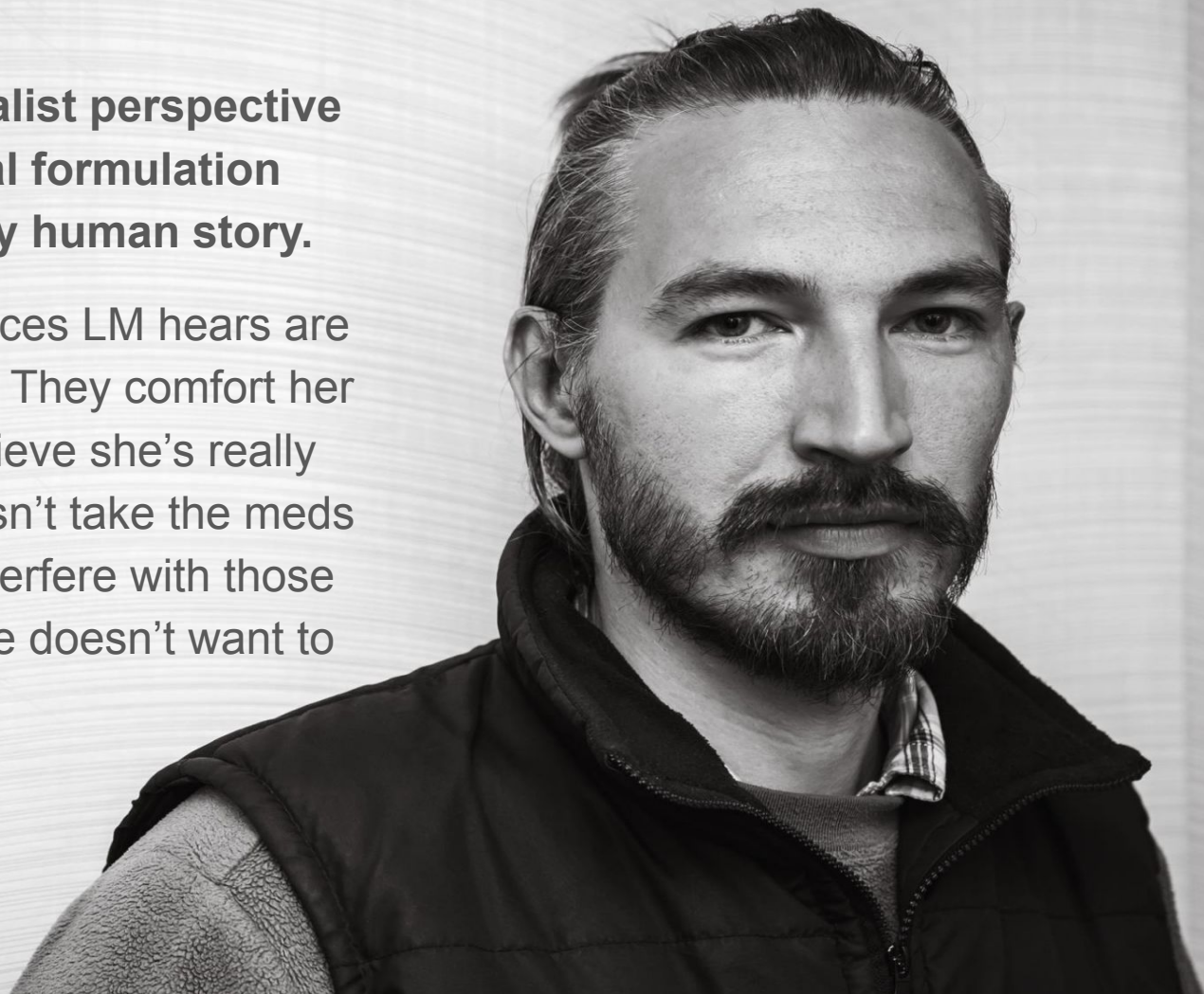
## Signs of Drift into Clinical Culture

- Peer specialist is in a “fixer” role in relation to the peer
- Peer specialist is not transparent and is going behind participant’s back to plan with sister
- Trying to achieve patient compliance w/ meds
- Working on a goal that may not be the peer’s goal



**The peer specialist perspective deepens clinical formulation into a more fully human story.**

“Some of the voices LM hears are really wonderful. They comfort her and help her believe she’s really special. LM doesn’t take the meds because they interfere with those good voices. She doesn’t want to get rid of them.”



### **Drift: Example 3 from Pat Deegan's presentation**

John and this writer met in the park today. He was agitated, needed to walk the whole time and was very delusional. He thought he was being watched.

### **Pat Deegan prefers the following**

John and I met together in the park today. John didn't want to sit on the park bench or play chess the way we often do. Instead, he wanted to walk really fast. He said he felt scared he was being followed. I told him I was good with walking fast if that helped him feel safer. After a half hour of fast walking, he said he felt like going home. He thanked me for hanging out and said he didn't feel so alone. If he wants to talk when we meet next week, I'll ask if fast walking with another person is Personal Medicine that helps him feel safer.

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# Peer Drift

*How can we recognize it?*

## Peer Identity

Comfort using recovery story as tool  
Peer support as opportunity of mutual learning  
Focus on strengths, opportunities & skills  
Find your voice, make decisions, take risks  
Self-confidence, security and pride

## Peer Drift

Uncomfortable in sharing recovery story  
Peer support as opportunity to instruct  
Focus on barriers, symptoms & diagnosis  
Defer decisions, avoid challenge & stress  
Self-doubt, insecurity and shame



# Peer Drift

*Have you found yourself drifting away from the core values of peer support ?*



# Peer Drift

*Have you experienced  
\*microaggressions as a Peer  
Support Worker?*

\* indirect, subtle, usually unintentional discrimination against members of a marginalized group.



# Peer Drift

*Why should we care?*

“The epic marathon it took to overcome significant barriers, build lived experience roles, and articulate consumer knowledge as a unique discipline in the field of mental health must be esteemed. Otherwise there is a risk services will be robbed of solid consumer perspective and leadership.”





# Peer Drift

## *Why should we care?*

“Something got lost along the road to professionalization. What got lost was a relationship between two people that transcended the roles of counselor and client. What got lost was our deep involvement in the community and in local communities of recovery. What got lost was our recognition of the power of community to heal and sustain people. We don't need more agencies or larger agencies, but...we desperately need more community.”



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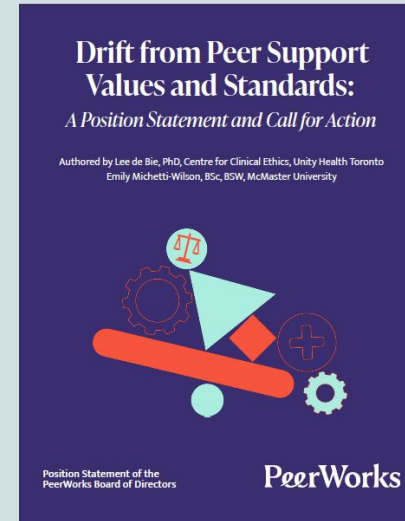
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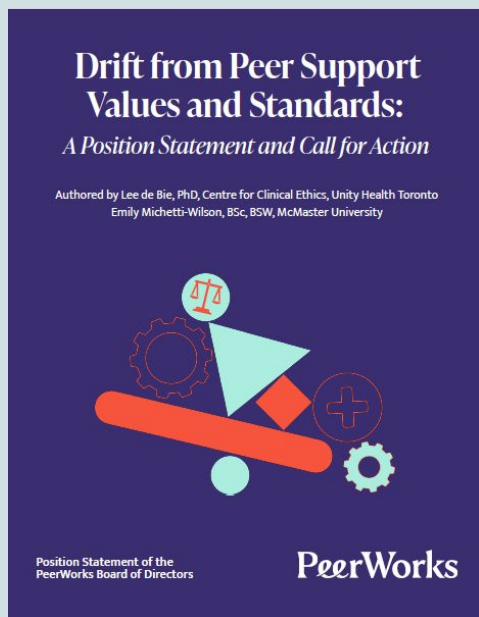


# Peer Drift

*What can we do about it?*



# Recommendations for Addressing Peer Support Drift to Protect Peer Support Values & Standards

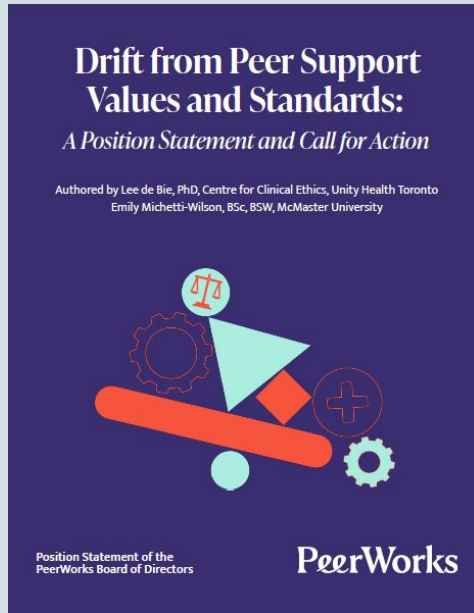


“Addressing the systemic problem of peer support drift requires collective, properly resourced prevention and intervention **led by people with lived experience**.”

Peer support drift is a systemic problem that will **not be solved by further professionalization**. Urgent and collective action, culture change, and equitable resource allocation is required to address and prevent drift and enable peer supporters to practice with integrity.

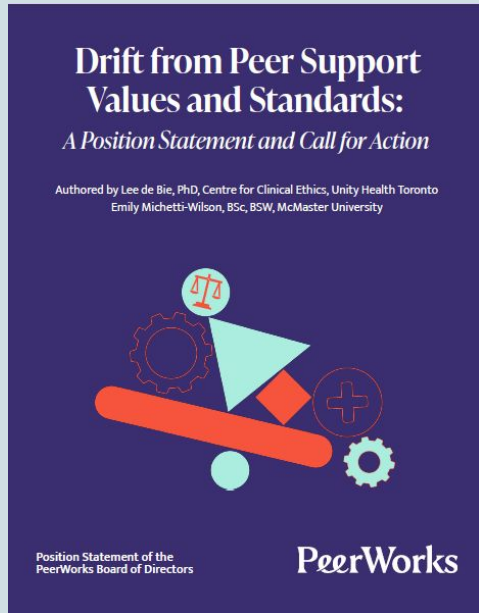
This work must be peer-led, with appropriate support and resources from government and health partners. Although peer supporters did not create the problem of peer support drift, we are best positioned to develop and direct effective responses to it.”

# Recommendations for Addressing Peer Support Drift to Protect Peer Support Values & Standards



- End discrimination against lived experience organizations and ensure **equitable funding** of consumer/survivor, peer-led, and peer support initiatives
- Develop stronger policy to support the equitable integration of peer supporters and values-aligned peer support into health and social welfare systems.
- Support the independence and influence of peer-led initiatives and lived experience leadership in the health system.

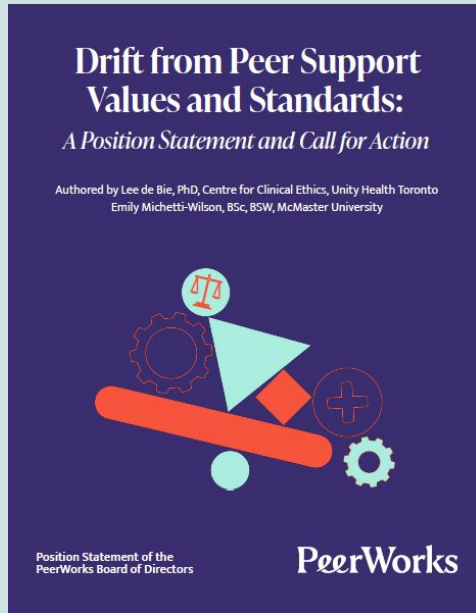
## Support the independence and influence of peer-led initiatives and lived experience leadership in the health system (continued)



- Ensure that any further professionalization of peer support (e.g., certification of peer supporters) is led by peer-led organizations
- Mitigate barriers to participation in these organizations e.g., cost, prerequisites
- Avoid inequity between differently positioned peer supporters

## Recommendations for Peer Support Initiatives, Leaders, and Supervisors

These recommendations are for those responsible for directing, managing, or developing consumer/survivor initiatives, peer-run programs, or peer support programs within mainstream mental health and addiction services, as well as those supervising peer supporters.



- Lead peer support programs in alignment with the discipline's values, standards, and best practices.
- No peer support program should be managed by a clinician. Guard against the creation of leadership positions in peer support that require degrees and certifications
- Ensure that all peer supporters are supervised by a person with lived and peer support experience who enacts best practices in peer support supervision.
- Continue advocating for the integrity and politicization of peer support and resisting peer support



## Supervisor Checklist for Peer Supporters

This checklist is intended for use by supervisors of people in the role of peer supporter/peer specialist. It will help supervisors support the unique contribution of peer supporters. It will also help determine if the peer supporter is remaining peer, or drifting into clinical culture.

The supervisor can use this checklist to structure supervision of the peer supporter. It will help determine if key job responsibilities are being performed. Remember, peer supporters are not junior clinicians. They have a unique job and function, which is captured in the checklist below:

### Remaining Peer

- When working with program participants, the peer supporter keeps the focus on learning together, rather than assessing problems and prescribing help?
- The peer supporter is skilled in sharing relevant personal experiences in-the-service-of supporting program participants' self-discovery/recovery/wellness?
- The peer supporter seeks to understand program participants' evolving understanding of "what happened to me" which often involves non-traditional, non-clinical meaning making?
- The peer supporter's program notes and verbal communication to clinicians are peer-centric and do not include overtly clinical language. Specifically, communication does not include common clinical idioms (e.g. diagnosis, low functioning, manipulative, decompensating, suicidal, etc.) and does not attribute motive to behavior (triangulating, manipulative, sabotaging, help-seeking-rejecting, etc.)?
- The peer supporter is networking with other peer supporters via mentoring, training, conferences, publications, web-forums, etc. The peer supporter is not isolated from others in similar peer roles?
- Check for signs of "drift" from the role of peer supporter:
  - Is the peer supporter adopting clinical language and terms in verbal or written communication?
  - Is the peer supporter reluctant to share lived experience with participants and families?
  - Is the peer supporter telling/advising what to do?
  - Is the peer supporter performing assessments such as determination of suicide risk?
  - Is the peer supporter making decisions for program participants?
  - Is the peer supporter inviting program participants to co-produce or review notes in the record?

### Influencing Organizational Culture

- The peer supporter is not being "siloeed" as the only voice of self-discovery/recovery/wellness in the org?
- What are the peer supporter's impressions/observations of the culture shift that is occurring on the team/org?
- What are the peer supporter's experience(s) of micro-aggression and role conflict at work?
- Are the peer supporter's opinions carefully considered in the clinical decision-making process?
- (If applicable) Does the peer supporter feel free to express diverse cultural/ethnic and socioeconomic identities, sexual orientation/gender identification and do they experience respect in the workplace?

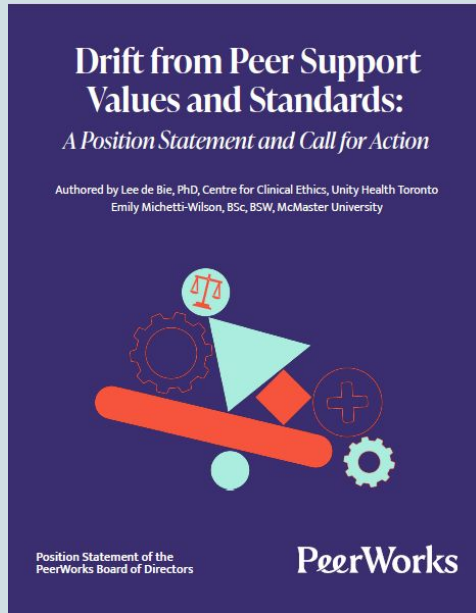
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## Recommendations for Peer Supporters to Help Avoid Peer Drift

The following recommendations identify tangible steps we can take to fulfill our professional responsibilities to the discipline.



Where possible, avoid dual roles where you are expected to carry out peer support as well as another function (like case management) that conflicts with peer support values.

Reflect on your personal interests and loyalties and how these may at times conflict with your protection of the interests of the peer support discipline e.g.

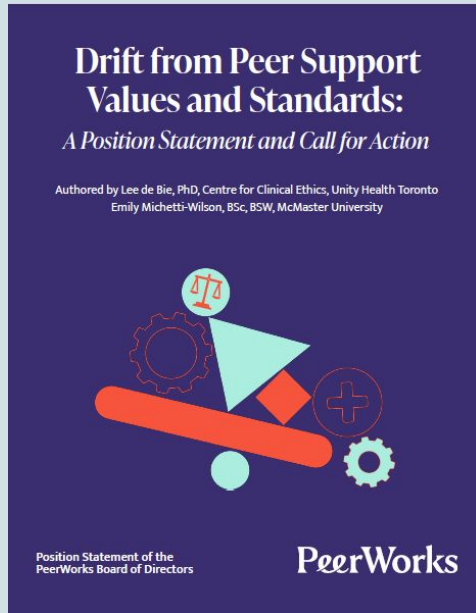
- personal interests in keeping a job
- getting a promotion or pay increase
- being well-liked by non-peer colleagues
- loyalty to those who depend on you financially

Stay attentive to ways these personal interests pose a risk of peer support drift.



## Recommendations for Peer Supporters to Help Avoid Peer Drift

Peer support values of acting with integrity, maintaining public confidence in peer support, and engaging in lifelong learning encourages all peer supporters to learn more about what we can do to support ourselves and our colleagues in resisting peer support drift.



- Respect peer support as a serious vocation - an end in itself - not as a *phase*, a *temporary opportunity* to gain experience, or a *stepping stone* to a perceived higher status and more valued role.
- Participate in peer support community, advocacy, and social justice work to politicize peer support practice to resist drift from values and standards.
- Regularly participate in peer support community and professional development opportunities (e.g., peer support training, **communities of practice**) to gain confidence, company, feedback, and support in maintaining peer support values and avoiding peer support Drift.



# Peer Drift

## COMMUNITY OF PRACTICE

- A community of practice (CoP) is a group of people who share a common concern, a set of problems, or an interest in a topic and who come together to fulfill both individual and group goals.
- Communities of practice often focus on sharing best practices and creating new knowledge to advance a domain of professional practice. ***Interaction on an ongoing basis is an important part of this.***
- Many communities of practice rely on face-to-face meetings as well as web-based collaborative environments to communicate, connect and conduct community activities.

PEER WORK



NETWORK

*A group of Polar Bears is called a Celebration*