

# **Recommended Practices: Involving Recovering Persons in Service Delivery**

## Advantages of Employing Consumer Practitioners

*“Is it simply a politically correct idea that gains points with funding agencies? No. The fact is that when implemented correctly, [the] involvement [of consumer practitioners] greatly enhances the quality of services that patients receive. It’s as simple as that; it improves care!”*

Lehman, A. F. (1993). In L. Van Tosh (Ed.), *Working for a change: Employment of consumers/survivors in the design and provision of services for persons who are homeless and mentally disabled*. Rockville, MD: Center for Mental Health Services.

Both the literature and in-depth interviews with PATH administrators and consumer practitioners are replete with the many advantages of hiring people with mental illnesses who experienced homelessness to engage their peers into treatment and services. Advantages accrue to the recipients of services, to the consumer practitioners themselves, and to the PATH-funded agencies they serve.

We adapted the information below from “Consumer Practitioners in PATH-Funded Programs,” a report of the Consumer Involvement Workgroup published in August 2006.

### **Advantages for service recipients:**

- Increased empathy and understanding based on shared experiences
- Easily able to establish rapport
- A non-judgmental, more tolerant approach
- An increased focus on self-reliance
- A message of hope
- A living model of recovery
- Flexibility and patience, decreased emphasis on “compliance”
- Peer support
- Familiarity with practical resources
- Actively involved in fighting stigma and discrimination

### **Advantages for consumer practitioners:**

- Personal and professional growth
- Increased self-esteem

- Acquisition of vocational skills
- Higher income
- Heightened sense of self-worth
- Experiences associated with recovery—e.g., meaningful activities, valued roles, a structured day, opportunities for training and work
- Motivation to stay well and inspire others to achieve and share a sense of well-being and competence in their lives

**Advantages for programs:**

- Consumer practitioners offer dedication, commitment, and reliability
- Willing to do more than routine expectations and to be flexible in their hours and tasks
- Hiring consumers helps the organization be consumer-focused
- Consumer practitioners in administrative or decision-making positions are influential in creating, supporting, and enforcing a peer model that supports individual and agency-wide transformation
- Employing consumers as staff can increase the sensitivity of non-consumer staff to both the challenges their clients face and the skills and strengths they possess, thereby increasing the responsiveness of services
- Involving consumer practitioners can effect organizational change toward a model of non-hierarchical, collaborative services

*Adapted from:* Consumer Involvement Workgroup. (August 2006). Consumer practitioners in PATH-funded programs. Retrieved from

[http://pathprogramarchive.samhsa.gov/pdf/ConsumerWorkgroupReport\\_706.pdf](http://pathprogramarchive.samhsa.gov/pdf/ConsumerWorkgroupReport_706.pdf)

## Challenges to the Use of Consumer Practitioners

Despite the numerous benefits to the use of consumer practitioners, there are significant challenges for clients, for consumer practitioners themselves, and for the PATH-funded agencies they serve. A list of many of these challenges is below.

### Challenges for service recipients:

- Some clients may choose only to have services delivered by “qualified” staff
- Some clients may feel they cannot trust a consumer who is no longer “one of us”
- The potential blurring of boundaries between friendship and assistance may confuse a program’s clients
- Some consumer practitioners who have “been there” may have the attitude that others just need to “pull them themselves up by their bootstraps”

### Challenges for consumer practitioners:

- Trading “clienthood” for professionalism can be problematic—resulting in role confusion, discrimination from co-workers, feelings of being a “second-class” employee, and feelings of being paid too little for work
- Stigma and discrimination attached to serious mental illnesses and to homelessness
- Tension between consumer practitioners and traditional staff—feeling dominated or marginalized
- Concerns about boundary issues between consumer practitioners and clients—knowing how to relate to people who are or could be friends
- Boundary concerns between consumer practitioners and traditional staff, particularly if the consumer practitioners work in agencies that provided or continue to provide them with services
- Traditional staff may feel tempted to act inappropriately as therapists for consumer staff and interpret normal reactions to a stressful job as psychiatric symptoms
- Confidentiality—e.g., questions about whether consumer practitioners should participate in team meetings in which friends will be topics, what information should non-consumer staff have about consumer practitioners
- Questions about self-disclosure—e.g., whether and when consumer practitioners should disclose their status as recipients of services to their employers and to the clients with whom they work

- Job stress/burnout—consumer practitioners often assume roles as providers that are low status, low pay, and highly stressful—positions labeled as prone to burnout when mental health professionals fill them
- Fear of losing entitlement benefits—receiving earned income is a significant benefit to employment for consumer practitioners, but they often are fearful of losing benefits

### **Challenges for programs:**

- Access to peer support networks—programs that employ consumer practitioners need to have viable support systems in place to help workers sustain successful role performance and develop professionally
- Supervision—differentiating between providing appropriate support and encouragement to consumer practitioners and providing clinical services to them in the context of supervision
- Complying with the Americans with Disabilities Act (ADA)—agencies that employ consumer practitioners sometimes struggle with knowing the difference between job flexibility and reasonable accommodations—e.g., providing flexibility in scheduling related to the fluctuating nature of mental illness

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## Consumer Involvement: Strategies for Creating New Partnerships

Many agencies may value diversity and understand the benefits of integrating consumers, but they are unsure about how to operationalize those values in concrete steps that lead to sustainable involvement over time. Some suggested strategies are below.

### Plan proactively

Proactive planning can greatly decrease the unanticipated chaos that ensues with organizational shifts. Meeting with multiple stakeholders early and encouraging open dialogue about their concerns creates “buy-in” and facilitates identification of potential barriers to successful consumer integration.

### Create a strategic plan

Strategic plans help to implement the agency mission and vision in concrete terms that are measurable:

- **Define terms**—defining *involvement*, *integration*, *consumer*, *significant*, and *representation* is important in generating standards to guide implementation over time
- **Measure and monitor progress**—forums focused on measuring and monitoring consumer integration activities, and consumer self-report scales are two strategies that can be useful for ongoing quality assurance purposes
- **Work toward sustainability**—increasing the number of role models and mentors decreases isolation and burnout, and increases diversity and retention; increasing the presence of consumers in various roles generates energy and interest, fosters sustainability, and provides opportunities for in-house staff to confront common stereotypes associated with those who have psychiatric diagnoses

### Review policies

A review of policies can lead to policy adaptations that prevent potential misunderstanding and organizational resentment. Policies of particular interest include those that focus on benefits, contracting, budgeting, and hiring:

- **Adapt medical and bereavement benefits**—in light of the fluctuating needs and extreme conditions in the lives of consumers, leave may become necessary in substance use relapse, medication adjustment, re-engagement in psychiatric treatment, periods of physical decline associated with HIV, and becoming a victim of violence
- **Extend hiring policies**—allowing lived experience and other relevant expertise to replace academic degrees broadens the scope of candidates for consideration; similarly, recommended flexible work provisions enhance work production, cost savings, and individual satisfaction

- **Allocate money for consumer development**—expenses may include recruitment, training, travel, and interpreters for those who have physical disabilities or for whom English is not a first language
- **Hire and compensate at competitive wages**—for consumers to become partners, they need to be active members in policy, planning, funding, and research arenas where decisions take place and their pay needs to be competitive
- **Create a range of roles with clearly defined responsibilities**—roles may include executive management, training and education, research and evaluation, community education and development, service delivery and outreach, knowledge development, monitoring and oversight, and volunteer activities; clearly defined roles with articulated responsibilities, tasks, and performance measures create environmental predictability, optimizing opportunities for individual success, bolstered self-esteem, and sense of safety
- **Provide orientation and leadership development**—orientation, leadership, skills development, and cross training promote buy-in, generate enthusiasm, provide ongoing information, model partnerships between consumers and agency personnel, and enhance team cohesiveness

## Tailor the meeting environment

Creating accessible and welcoming environments fosters consumer participation in meetings that did not traditionally consider former service recipients as key stakeholders:

- **Plan enough time**—due to unequal power dynamics and reticence to contribute for varying reasons, scheduling enough time for everyone to participate, and reflecting back what each person says are simple, powerful tools actively conveying important implicit and respectful messages regarding valuable contributions
- **Hold meetings in neutral places**—meetings scheduled in treatment centers, psychiatric facilities, and/or other restricted institutional settings can re-stimulate difficult experiences
- **Adapt physical spaces**—avoid blocking entries and exits, overcrowding, and sitting behind consumer women; prior to the meeting, ask former recipients how to set up the room comfortably

## Document your process

Documenting the process from the beginning provides invaluable insight into the strategies employed, barriers encountered, lessons learned, and new approaches developed to achieve the best possible outcomes. Multi-media approaches (e.g., videotaping, recorded oral histories, theater, scrapbooks, and poetry readings) are highly effective in preserving a historical record, passing information on to individuals who cannot attend meetings, and advertising integration efforts.

*Adapted from:* Prescott, L. (2001). Defining the role of consumer/survivors in trauma-informed systems. In M. Harris and R. D. Fallot (Eds.) *Using trauma theory to design service systems, No 89* (pp. 83–89). San Francisco: Jossey-Bass.