

Disengaging from Peer Support Relationships

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Learning Objectives

- Define disengagement and provide rationale for discussing this issue in relation to professional peer support relationships.
- Discuss phases of disengagement (also known as transition/termination) from a professional peer support relationship.
- Discuss two types of transition/termination in professional peer support relationships: planned and forced.
- Identify beneficial practices for VHA peer specialists to use when engaging in planned and/or forced termination with Veteran health care service users in individual peer mentoring or peer support group contexts.

What do we mean by the term “disengaging?”

- “Disengaging” is another word for “transition” or “termination” which references the final phase of professional helping relationships between health care professionals and individuals receiving health care services.
- The content of this presentation was taken from the field of psychology because this topic is still an evolving one in the field of peer support services and therefore does not yet have much written to provide guidance about the process for ending professional peer support relationships.
- The content for this presentation is meant to provide guidance to peer specialists in VHA who form professional helping relationships with Veterans receiving health care services. However, the model that we will discuss is by no means the definitive way to disengage from peer support relationships and it may not apply to all models of peer support relationships.

Why should we discuss transition in professional peer support relationships?

- It is a Joint Commission requirement.
 - According to HRM.01.03.01 of the Behavioral Health Standards in the Joint Commission E-dition (2016), “For organizations that sponsor or offer peer support services: The organization orients persons providing peer support services to the following: Methods for disengaging from their relationship with the individual with whom they are working.”
- VHA peer specialists work in a health care system where Veterans transitioning from high utilization of health care services and moving on in their lives from professional helping relationships is expected.
- Encouraging Veterans to find and use natural supports in communities of their choice is part of the roles of VHA health care professionals.

Related VHA Peer Support Staff Competencies

Here are some of the expected knowledge and skills for VHA peer specialists that are related to viewing peer support work in stages, building collaborative relationships with Veterans, and assisting Veterans to transition to natural supports in their communities.

Recovery Principles Domain

- Recognizes that there are multiple pathways to an individual's recovery and wellness.
- Demonstrates understanding of the stages in the recovery process and what is helpful and not helpful to individuals at each stage.
- Demonstrates understanding of a peer specialist's roles in psychosocial rehabilitation.

Peer Support Practices Domain

- Demonstrates understanding of the role of a peer specialist at each stage in a Veteran's recovery.
- Models effective coping techniques and self-help strategies.

Community Integration/Reintegration Domain

- Encourages Veterans to develop new positive, personally meaningful relationships and reestablish connections in existing relationships already available to them.
- Encourages Veterans to use naturally occurring community supports (ex. self-help groups and/or other types of activities for people with shared interests).
- Supports Veterans in identifying personally meaningful roles and activities in the communities of the Veterans' choice.

What happens when transition from health care services is not discussed?

- Veterans and other health care service users may believe that services will remain the same and VHA peer specialists and/or other health care professionals will be available to meet with them forever.
- Veterans may narrow their sources of social support to just VHA peer specialists and other health care professionals and/or have limited natural support systems in community-based settings.
- VHA peer specialists and other health care professionals have less impact on the Veteran population overall by meeting with the same Veterans across time which limits the staff's availability to meet with new Veterans who could benefit from their services.

Phases of Peer Support Relationship

- Introductory/ “Getting to Know You” Phase
- Working Phase
- Late Working Phase
- Pre-Transition Phase
- Transition Phase

(Adapted from: Joyce, Piper, & Ogrodniczuk, 2006)

Introductory Phase

- As part of the informed consent process when beginning work with each Veteran, VHA peer specialists should let the Veterans know that the peer support group/individual peer mentoring experience will end—ideally at a time point mutually agreed upon by the Veterans and the peer specialists.
- Highlight transition from peer support services to natural community supports as an accomplishment that is part of the recovery process.



Working Phase

- Engage in peer support work with Veterans.
- Be mindful of each Veteran's current stage in the recovery process.
- Work with the Veterans to:
 - Challenge negative self-talk.
 - Gain self-advocacy skills.
 - Consider the role of natural supports.
 - Gain wellness and self-management skills.



Working Phase—Stages in the Recovery Process

There are times when a person...



Late Working Phase

The Peer Support Transition Phase Model

Late Working Phase of Peer Support Work

- Veteran demonstrates progress in Recovery (Actions for Change)

1) Greater ability to use positive wellness skills to cope with symptoms

2) Greater capacity to access resources/supports on their own to further recovery / attainment of related goals.

The Peer Support Transition Phase Model

Late Working Phase of Peer Support Work

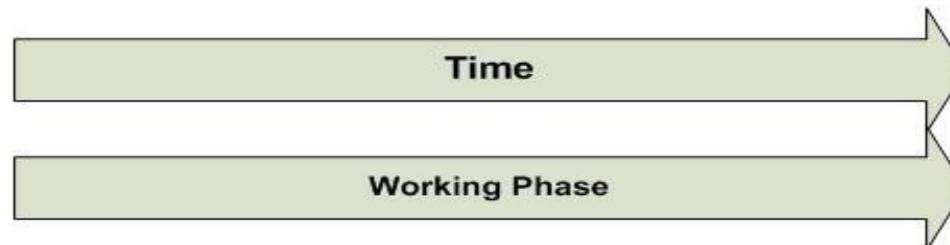
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Pre-transition Phase of Peer Support Work

- Raising the issue of ending/transitioning
 - Engaging Veteran to review criteria for transition
- 1) Establish agreement that Veteran has progressed in their recovery and has attained goals along the way.
 - 2) Clarify shift in Veteran's concern toward the future and how they might/will handle life on life's terms outside the peer support relationship.
- Establishing the Veteran's "readiness" to transition

(Adapted from: Joyce et al., 2006, p. 43)



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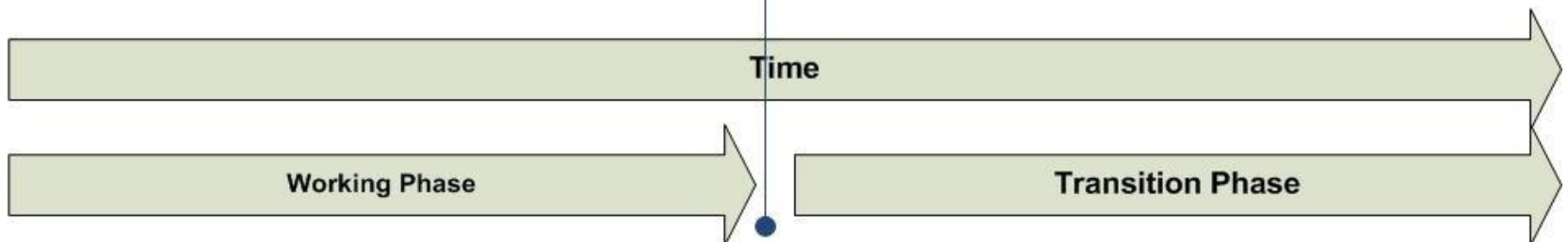
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Transition Phase of Peer Support Work

General Objectives

- 1) Veteran develops self-management / wellness skills and increasing ability to advocate and access resources/supports for themselves.
- 2) Veteran is empowered.

Associated Tasks

- 1) Review of peer support work, Veteran's accomplishments and future goals.
- 2) Address/discuss relational meaning of transitioning, including:
 - issues of loss, separation
 - feelings brought up for you as peer provider.
 - feelings/memories brought up for Veteran.
- 3) Reinforce Veteran's strengths and ability to practice wellness.

Outcomes

- 1) Reinforcement and consolidation of peer support process and Veteran's gains.
- 2) Veteran is prepared for maintaining healthy functioning while engaging natural supports in a community setting.

(Adapted from: Joyce et al., 2006, p. 43)

Time

Working Phase

Transition Phase

Planned Transition

- Planned transition occurs at a time period agreed upon by the Veteran and the peer specialist.
- The ending of the professional peer support relationship usually occurs when the Veteran has accomplished one or more of his/her goals and is evidencing a commitment to action in his/her recovery process.
- Planned transitions follow the transition phase model described in the previous slide.



Forced Transition

- Disengagement from the peer support relationship is forced by outside circumstances and may not have much advanced notice for planning.
- Examples include:
 - A Veteran leaves the program/facility earlier than expected.
 - A peer specialist leaves the facility/changes jobs within the facility.



Disengagement Tips

- Develop a familiarity with the disengagement process.
- Bring up transition/termination early as part of informed consent when beginning to work with a Veteran.
- Pick a final meeting date—best to choose together, if possible.
- Encourage the Veteran to discuss his/her thoughts and feelings about ending the peer support relationship.
- Peer specialists should have an awareness of their own thoughts and feelings about the process of transition/termination and how this may be impacting their approach to their work.



What are thoughts and feelings that may come up when discussing disengagement from a professional peer support relationship?

<u>Veteran</u>	<u>Peer Specialist</u>
<ul style="list-style-type: none">• Sadness• Anger• Feelings of abandonment• Relief• Sense of pride and accomplishment that goals have been completed• Gratitude	<ul style="list-style-type: none">• Sadness• Anger (depending on the reason for the work relationship ending)• Guilt• Relief• Sense of pride and accomplishment in how the peer specialist helped the Veteran with his/her goals

Disengagement Tips

- Experiencing some feelings of anxiety and/or anger are fairly common during discussions about transition/termination. Both Veterans and peer specialists may experience these feelings when discussing the disengagement process. Encourage the Veteran to express what he/she is thinking and feeling about ending the peer support relationship.
- Backsliding is common. Expect Veterans to express concerns/renew discussions about problems that they brought up early on in the peer support work and claim that the work is not yet finished.
- Remind Veterans of gains that they have made and accomplishments related to their goal(s) that have been attained.



Disengagement Tips

- Complete the transition face-to-face whenever possible (not over the telephone, email, text, etc.).
- Expect that the final meeting may be emotionally moving, depending on the duration and scope of the peer support relationship.
- Remind the Veteran that transition is not the end, but it is really the beginning of the next chapter of his/her life and it is part of his/her recovery journey.



There are transition traps to avoid....



Examples of Transition Traps



- A peer specialist develops an informal social relationship with a Veteran after ending their professional peer support relationship.
- A peer specialist gives a Veteran the peer specialist's personal contact information and encourages the Veteran to contact the peer specialist anytime when needed for ongoing support and assistance.

Examples of Transition Traps



- A peer specialist develops an AA/NA sponsorship role with a Veteran with whom the peer specialist had a previous professional peer support relationship.
- A peer specialist avoids talking with a Veteran about transition/termination because it feels difficult to do and/or because the Veteran is not 100% “cured.” Remember—recovery is a journey, not a destination.

Importance of Supervision

- Outside of the individual peer mentoring meetings/groups with Veterans, peer specialists should have a protected space to discuss their own thoughts and feelings that come up in relation to their work. Supervision can be a safe and appropriate place to have this discussion.
- Supervisors can help the peer specialists determine how to manage their thoughts and feelings in ways that support and benefit the peer specialists' work with Veterans.
- Peer specialists should consult with their supervisor(s) about when and how to have the disengagement discussion with Veterans and brainstorm strategies for how to avoid transition traps.

Scenario #1 for Group Discussion

Jeanne is a VHA peer specialist who has been working with Michael in individual peer mentoring meetings for 8 months. At the beginning of the peer support relationship, Jeanne informed Michael that assisting him with transitioning to natural supports in his community was part of her role. Across the 8 months, Michael has made many gains, including securing housing through the VA supported housing program and a competitive job through the VA supported employment program. Jeanne and Michael agree that Michael still has things to work on related to his recovery goals, but they also acknowledge that Michael has made significant progress and has developed many supports and social connections over time.

Questions for Discussion:

- When and how should Jeanne bring up transition/termination with Michael?
- What stage of recovery does Michael appear to be in at this time?
- What should Jeanne do if Michael states that he wants to continue their work together after Jeanne suggests that it is time for them to start discussing transition/termination?

Scenario #2 for Group Discussion

Rachel is a volunteer peer support provider who has been facilitating a peer support recovery group at the local VA hospital for the past 6 months. Rachel's spouse recently obtained a job out-of-state, so Rachel will be moving away with her family within the next 2 months.

Questions for Discussion:

- When and how should Rachel discuss this transition with the peer support group participants?
- In addition to discussing the transition with the group members, who else should Rachel talk with about the upcoming transition/termination?

Scenario #3 for Group Discussion

Dwayne is a VHA peer specialist who works in the local VA hospital's inpatient residential program. Dwayne has been meeting with Sean for individual peer mentoring for 4 months while Sean has been staying in the program. Sean will be graduating from the program in 2 weeks, so Dwayne decides to bring up transition/termination with him in their meeting this week. This is the first time that Dwayne and Sean discuss ending their peer support relationship. Dwayne points out Sean's strengths and his accomplishments in their work together, and he tells Sean that he has enjoyed working with him.

Questions for Discussion:

- What do you think that Sean's reaction would be to this discussion? What do you think that he would say to Dwayne?
- If Dwayne discussed transition/termination early on in their work together, how would it impact this current discussion, if at all?
- If this was a peer support group in the residential program rather than individual peer mentoring, what do you think would be the same about the disengagement discussion? What would be different?

References

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