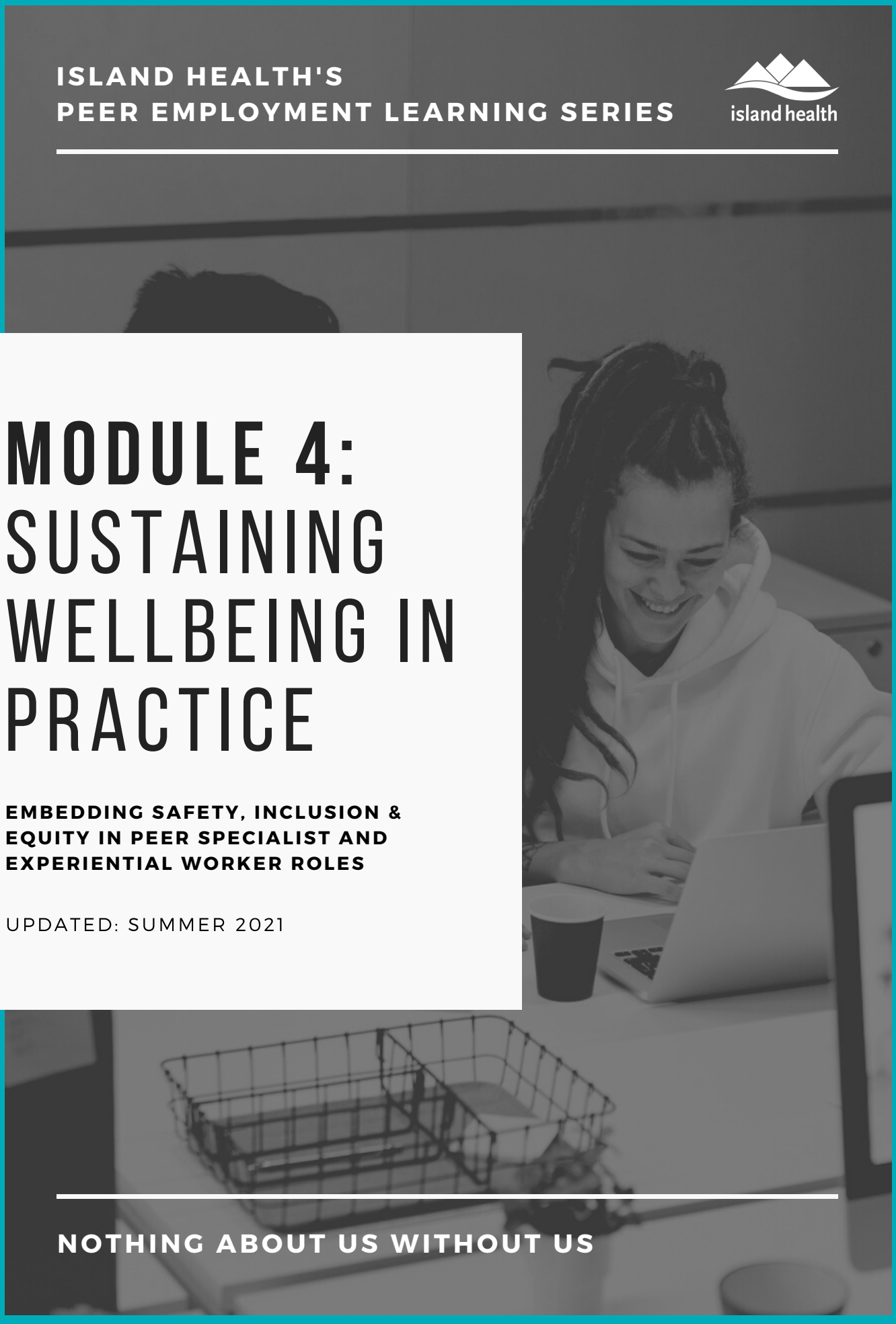
ISLAND HEALTH'S
PEER EMPLOYMENT LEARNING SERIES

island health



MODULE 4: SUSTAINING WELLBEING IN PRACTICE

EMBEDDING SAFETY, INCLUSION & EQUITY IN PEER SPECIALIST AND EXPERIENTIAL WORKER ROLES

UPDATED: SUMMER 2021

NOTHING ABOUT US WITHOUT US

ACKNOWLEDGEMENTS

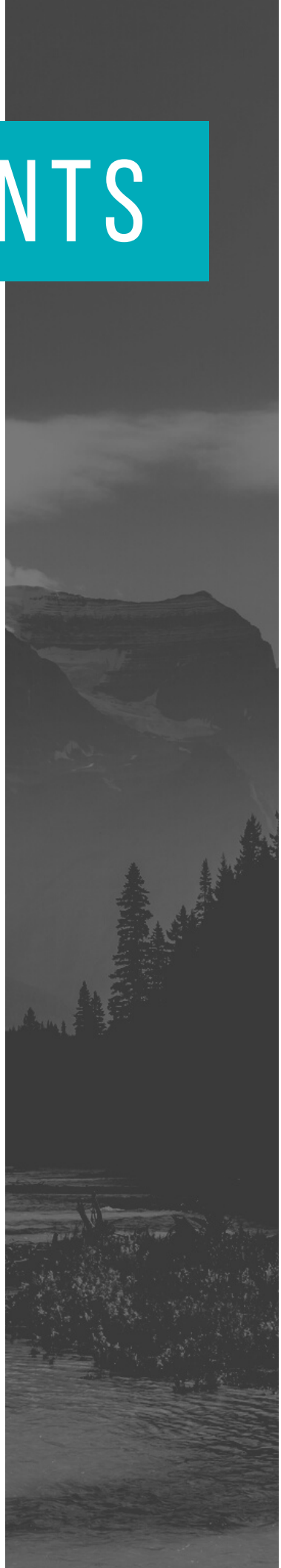
Island Health acknowledges that this work has been completed on the unceded and traditional territories of the Kwakwaka'wakw and Coast Salish Peoples, including the territory of the Snuneymuxw First Nation. We recognize that many of us are uninvited guests to these lands. With gratitude.

Island Health's Peer Employment Learning Series is largely adapted from and influenced by the following resources:

- Interior Health's Peer Framework;
- Vancouver Coastal Health's Peer Framework for Health Focused Peer Positions in the Down Town East Side;
- BC Centre for Disease Control Engagement Principles and Best Practices;
- Centre for Excellence in Peer Support & Center for Innovation for Peer Support Supervising Peer Workers;
- Collective efforts from Provincial Health Services, Towards the Heart,
- BCCDC, Peer Payment Standards:
- UVic, A Public Health Guide to Developing Community Overdose Response Plan;
- BC Overdose Action Exchange Meeting June 9, 2016;
- Towards the Heart;
- and importantly, the Canadian Mental Health Association Power Assessment Framework: Mental Health and Substance use Peers.

Importantly we recognize the many people with lived and living experience, including family members and allies, who have been serving communities as mental health and substance use insider experts and specialists saving lives long before health institutions sought to value and embed peer work. Without their contributions, this series could not have been built. Thank you.

With special thanks for the creative minds and voices and the many collaborating hours dedicated to the development of this learning series: Lenae Silva and Jessy Knight Founders of Open Heart Collaborative, Tammy Dow, Stephanie McCune, Arlene Hogan, Karly Fennell, and Amelia Hamfelt. We would also like to thank the many people and voices who provided important feedback and guidance along the way including colleagues and insider knowledge holders at various advisory and consultation tables including Don Fraser, Danny O'Leary, John Adams, Alyse Paquette, Ash Horner, Kat Golik, Carlin Dunsmoor-Farley, Tracey Thompson, Jessica Huston, Jess McConnell, Tracey Nigro, Dana Leik, Norma Winsper. The work to create this has come to life through commitments, invitations and ways of being that centre inclusion, compassion, and equity.



ISLAND HEALTH AND PEER EMPLOYMENT LEARNING SERIES

The Island Health Peer Employment Learning Series has been developed to provide clarity on the context, role, scope, and opportunities for peer-based specialization in service design, delivery and evaluation. Each module will cover specific considerations for developing an equitable and inclusive peer workforce. The focus of each module is as follows:

Module One:
An introduction to Island Health's current and future state commitment to privileging voices and skills of people with lived and living experience in employed positions

Module Two:
Principles necessary for action on the safety, inclusion and equity of peer-based employment. This includes recommendations for addressing systemic barriers to the full participation of people with lived and living experience who are employed by Island Health within programs such as Mental Health Substance Use (MHSU), Public Health, and Acute Care.

Module Three:
Practices specific to integrating personal expertise in professional roles. Including, reference and guidance on utilizing the Canadian Mental Health Association, Peer Power Indicators and Assessment Framework (2021) as a tool for leadership creating and supporting peer specialization and a continuum of peer positions.

Module Four: Recommendations and pathways for sustaining wellbeing.

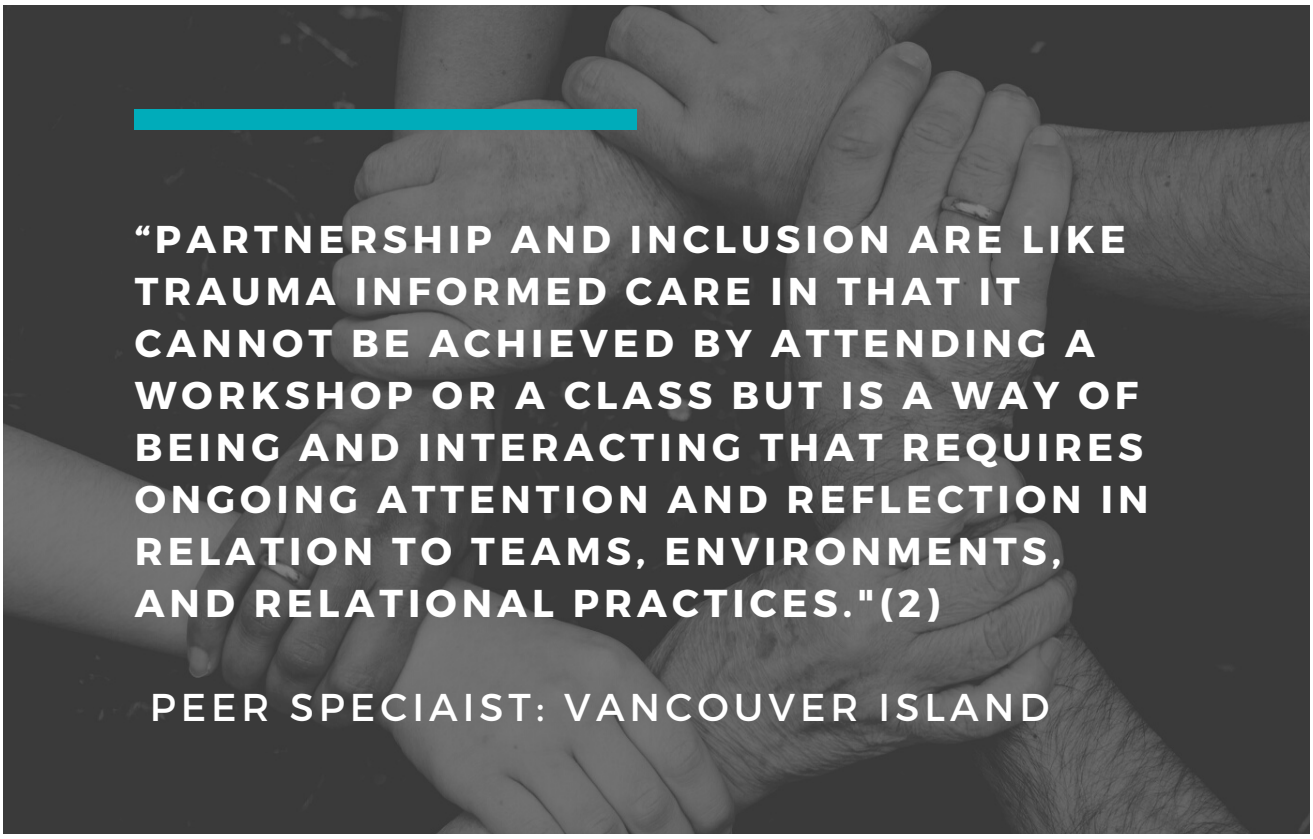
It is recommended that all non-peer staff review the modules as a means to better understand the critical value of the role and ways in which people with lived and living experience can be shouldered up to use full range of skills and abilities. Specifically, this series is a key resource for Team Leads, Coordinators, and all Managers and Directors. Modules may be used to offer guidance and recommendations in the development of diverse peer specialist roles and in enhancing inclusion of people with living and lived experience on multi-disciplinary teams.

SUSTAINING PRACTICES

Learning Module Four focuses on mechanisms to enable practices that sustain quality of life, quality of connection, and quality of inclusion. (1) Sustaining practices are necessary for all staff including Peer Specialists working in trauma exposed contexts. Peer Specialists are often on the front line of service delivery, advocacy, and system change and when unsupported in environments that include exposure to trauma (direct and/or indirect), risk of re-traumatization, distress, and exhaustion can increase. Resiliency is a function of the coordinated actions between people, systems, teams, and service responses – therefore fostering resilience including sustainment in work environments requires a whole-system, team-based, and collaborative effort.

Through the process of co-producing Island Health's Peer Employment Learning Series, Insider Experts and Peer Specialists shared three hopes for current and future peer specialization within Island Health.

1. **Increased quality of life:** access to equitable and consistent wages
2. **Increased quality of connection:** access to means to stay connected to peer colleagues (Communities of Practice)
3. **Increased quality of inclusion:** acceptance and valuing of the peer role as demonstrated by full utilization of skills, voice, and team involvement (inclusion at team meetings), standardized processes for onboarding and education, access to resources to do work (keys, business cards, technology, space)



SUSTAINING PRACTICES: THE BALANCE OF NAVIGATING AUTHENTICITY AND BUREAUCRACY [1]

“MEET PEOPLE WHERE THEY'RE AT. IT’S JUST STRANGE HOW SOME PEOPLE CAN HAVE SUCH A STRONG UNDERSTANDING OF THIS FOR CLIENTS, BUT STILL IT REMAINS A FOREIGN CONCEPT FOR SOMEONE THEY ARE EXPECTED TO TREAT AS AN EQUAL.”

PEER SPECIALIST: NANAIMO

Working in health services can be stressful. However, people with lived and living experience in Peer Specialist roles do not often receive organizational or mental health supports. When employing people in experiential worker roles, it is important to implement practices and resources that support wellbeing, connection, and safety. This requires organizational commitments and actions that disrupt stigma and foreground cultural safety and humility, harm reduction, trauma and violence informed care, in addition to practices that promote connection (Communities of Practice) and inclusion.

Without access to resources and strategies for staff to process emotions, anyone working within health care contexts and trauma exposed environments may be subject to emotional stress. This stress can negatively impact physical and psychological health. Burnout, compassion fatigue, vicarious trauma, secondary trauma, compassion stress, moral distress, empathetic strain are all terms that have been used interchangeably and with some debate and discussion about meaning.

1. Jessy Knight: Open Heart Collaborative (2021)

Secondary traumatic stress (STS), also known as **compassion fatigue**, is emotional distress that can result from hearing about another person's firsthand traumatic experiences and may manifest as changes in memory, sense of safety and trust, and other symptoms often associated with post-traumatic stress disorder.(2)

Over time, STS can lead to **vicarious traumatization**, the cumulative effect on the provider after consistent exposure to other people's traumatic experiences.

Often, these indirect exposures to trauma can contribute to **burnout**, a form of physical, mental, and emotional exhaustion caused by chronic work-related stress.(3)

Sustaining practices (4) include activities and strategies that promote health and wellbeing. Unlike the term 'self-care,' which traditionally refers to wellness as a function and responsibility of the individual, the term 'sustaining practices' infers that wellness is influenced by a collective including external, interpersonal, and contextual factors. These factors might include paid mental health leaves/days off, breaks throughout shifts, and invitations to talk about workload and personal work/life balance. Shifting the individualization of 'self-care' to collective responsibility reduces risks of Peer Specialists and non-peer staff shouldering pressures to overcompensate and fear of stigma and externally influenced negative biases. (5)

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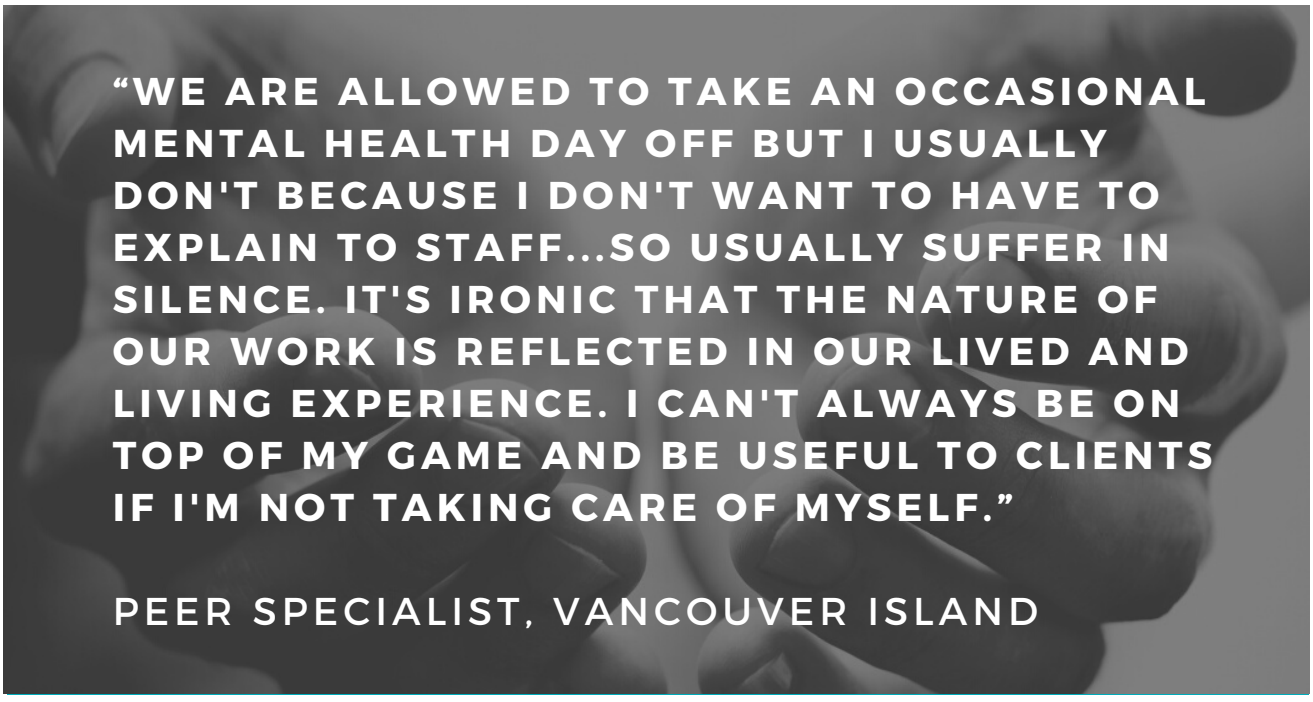
2. Equip Health Care, (2019)
3. Equip Health Care, (2019)
4. McCune, S (2016)
5. Jessy Knight: Open Heart Collaborative (2021)



Sustaining practices require mutual collaboration amongst direct service providers, employers, and broader systems. Self-care alone does not prevent secondary traumatic stress or compassion fatigue. According to research, the most effective sustaining solutions address workload, trauma exposure, staff sense of competence and success in their work, social support, and systemic/structural changes to how and in what ways services are being offered. (x)

In addition to having readily available resources available to respond to staff care and safety, it is equally important to allow people to name emergent issues while supporting continued participation. Jessy Knight (2021) explains "sometimes that looks like needing mental health days, but sometimes that looks like recognizing how symptoms show up in our day to day life instead of hiding it. It is part of who we are and the knowledge we bring to this work. People shouldn't feel ashamed acknowledging that. "Jessy further explains "the reality is we may just have different tools and boundaries to stay functional. It's better to light a candle than curse the darkness."

Refer to Appendix A to review resources for Trauma Exposure Debriefing and Low-Impact Debriefing.

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6. Mathieu, F. (2018)
7. Vikki Reynolds (2021)

MENTAL HEALTH AND SUBSTANCE USE DOESN'T ALWAYS LOOK LIKE LINEAR RECOVERY AND THERE DOESN'T ALWAYS NEED TO BE A SOLUTION, SOMETIMES JUST HAVING THE SPACE TO ACKNOWLEDGE IT AND ALLOW IT TO INFORM AND SHAPE OUR PARTICIPATION IN THAT MOMENT WITHOUT LOSING CREDIBILITY OR THE CONSISTENCY OF OUR WORK\RELATIONSHIPS REALLY MAKES A DIFFERENCE.

PEER SPECIALIST, VANCOUVER ISLAND

SUSTAINING REFLECTIVE PRACTICE

- **How as a team might you define vicarious resistance?(7)**
- **What is needed to transform pain into growth and healing as health care providers?**

COMMUNITIES OF PRACTICE

A community of practice or CoP is composed of a group of people with a shared or collective interest, goals, and/or concerns. CoP's are an invaluable means to foster connection, belonging, and safety in the context of professional practice.

When developing employed Island Health Peer Specialist positions, ensure access to existing CoP's and/or seek to form new CoP's. CoP structures are key resources for people in diverse peer roles to come together and share knowledge, wise practices, and stories. It is through the process of coming together that such a platform might generate reflection and inquiry, and build shared identity. Through the collaborative spirit of CoP's, peer employees can be better supported to experience often experience belonging and new inspiration for personal and professional pursuits. Island Health Peer Employee CoP's are an important means to (8):

- Foster connection through personal experiences, information, and stories
- Enable dialogue as a means to explore new possibilities and opportunities
- Provide supporting and collaboration amongst members
- Offer encouragement through discussion, sharing, and learning
- Generate and integrate knowledge for change in work and practice

In order for Peer Employee CoP's to be sustainable, dedicated leadership of skilled allies including Peer Leads must be nurtured. When Peer CoP's fail, it is not because members have lost interest, but simply because not enough personnel time and capacity has been allocated to support logistics (including physical and emotional space for process). Additionally, time must be protected in order to ensure members are not conflicted by competing priorities. CoP's must be viewed as having high value for time and necessarily invested in.

When planning CoP activities several factors for success should be promoted including:

- Self-governance
- Sense of ownership
- Trust
- Recognition of value
- Organizational support
- Connection to practice including the broader health care field and organization at large

In order to begin preparing for safer conversations and cultivating connection and work in the CoP space, Leads might use the following questions (9):

- What is your hope for yourself in our conversation?
- What is your hope for your team work?
- What is your hope for how this conversation might serve our clients?
- What will you need to decline, refrain, holdback, restrain, or leave behind in order to keep these hopes possible and alive? (ie. vengeance, righteousness, overwhelming pain)
- What are you going to have to enact, practice, bring alongside, and hold onto, in order to keep these hopes possible and alive? (ie. patience, compassion)

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8. Wenger (1998).
9. Vikki Reynolds (2019).

“FOCUSING ON COMMUNITY CARE AND HEALTHY ECOSYSTEMS INSTEAD OF SELF-CARE AND INDIVIDUAL SUCCESS”

PEER SPECIALIST: VANCOUVER ISLAND

KEY POINTS

- Communities of Practice are an important resource for fostering connecting, belonging, and inclusion through shared identity and commonality
- Peer Specialists can be supported through time and capacity to engage in CoP’s
- Successful CoP structures are recognized as high value, self-governing, and provided with organizational support
- Intentional strategies are employed amongst teams in order to sustain health and vitality of Peer Specialists and multi-disciplinary teams
- Using Trauma Exposure Debriefing protocols and low-impact debriefing and address impacts of working in trauma exposed environments and reduce isolation, stigma, and shame often associated with re-traumatization.

ADDITIONAL LEARNING

VIKKI REYNOLDS: ZONE OF FABULOUSNESS

VIKKI REYNOLDS: DEBRIEFING WITH CONNECTION

APPENDIX A:

PROFESSIONAL SEQUENTIAL TRAUMA EXPOSURE PROTOCOL (PRO-STEP) (10)

TRAUMA EXPOSURE DEBRIEFING AND THE BETR MODEL

WHY THE BETR MODEL IN PRACTICE

According to the DSM V definition of trauma, a traumatic event may include exposure in one or more of the following ways:

- Direct exposure (you experienced it personally).
- Witnessing the trauma, in person.
- Indirectly, by learning that a close relative or close friend was exposed to trauma.
- Indirect exposure to disturbing details of the event(s), usually in the course of professional duties (e.g., first responders taking statements, dispatchers, counsellors repeatedly exposed to details of child abuse).

Many helping professionals will experience exposures as described above, including indirect exposure as encountered in service role and duties. Although such exposure does not mean that helpers become traumatized, it can initiate responses that when unacknowledged or supported can have profound and enduring effects.

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10. Tim Black, TB. (2021,03,15). Professional Sequential Trauma Exposure Protocol. Counselling Psychology, University of Victoria.

DR. TIM BLACK SHARES A DESCRIPTION OF A TRAUMA FORMULA

Exposure to a traumatic event(s)
(as defined by DSM V)
+
Not completing the limbic response or
not fully "digesting" the experience
+
Exposure to negative social responses
(internal – we do it to ourselves - or - external – someone else does it)
=
Traumatization
(likelihood substantially increased)

The combination of the factors noted in the above formula can increase the likelihood of adverse responses to trauma event exposures. Negative social responses would include the lack of organizational or work-place response and/or external/internal reactions that shame, place blame, diminish the experience of the person impacted. Therefore, the need to proactively support colleagues following trauma event exposure and/or to address ongoing, repeated exposures to trauma (which can occur throughout any given shift), is necessary for supporting health and longevity in the workplace.

Dr. Tim Black has developed a brief Sequential Trauma Exposure Protocol (Pro-STEP) to support people providing health care services to "unstick13" the trauma event exposures occurring and/or enduring. This protocol can be worked through by an individual practitioner however, when described and shared as a resource among teams and a customary practice within programs, can normalize and acknowledge the prevalence and impact of trauma event exposure while providing a positive social response. Dr. Black describes the Pro-STEP model as including 4 key steps including:

PRO-STEP:

- **Step One:** Finish the task, job, or shift
- **Step Two:** Do a BETR Check, with regulation breaths
- **Step Three:** Name and notice any emotion(s) and allow it/them to finish
- **Step Four:** Connect and communicate with a trusted person

BETR-CHECK:

- **Body:** Top to toe - here's what I know (15 slow breaths)
- **Emotions**: Inside/out - here's what I found out (10 slow breaths)
- Thoughts: Sound, image, thought - here's what I've got (10 slow breaths)
- Relationships: Me and you and the whole darn crew - all on my own or together like glue? (10 slow breaths)

Following exposure to a trauma event staff may employ Dr. Black's following sequence.

2-2-6 STICKY BITS FOLLOW UP.

- **2 Days after event(s) exposure:** bring the event to mind and do your PRO-STEP
- **2 Weeks after event(s) exposure:** bring up the event, do your PRO-STEP
- **6 Weeks after event(s) exposure:** bring up the event, do your PRO-STEP

AFTER THE 2-2-6 'STICKY BITS'

- If the event(s) does not bring up any noticeable distressing or unsettling responses during repeated BETR Checks and you can consistently recall the event(s) from a neutral or relaxed state, it is likely not going to be a sticky event
- If the event(s) does bring up any noticeable distressing or unsettling responses during repeated BETR Checks and you cannot consistently recall the event(s) from a neutral or relaxed state, it is likely to be a sticky event

WHEN EVENTS GET "STICKY"

- After 6 weeks, if things are still sticking, here are some choices:
- Wait a little longer, continue to do your BETR Checks (including breath work), and connect with trusted friends, co-workers and track what happens
- Consider talking to a trauma professional about doing some unsticking work

LOW IMPACT DEBRIEFING

Connecting with colleagues helping work is an important way of dealing with associated impact and vicarious trauma. The following resource was developed by Francoise Mathieu (2008) as a strategy to increase safety in debriefing practices.

LOW IMPACT DEBRIEFING IS A FOUR STEP PROCESS:

1

INCREASED SELF AWARENESS
How do you debrief when you have heard or seen hard things? Take a survey of a typical week and note all of the ways in which you formally and informally debrief yourself with your colleagues. How much detail do you (or your colleagues) provide?

2

FAIR WARNING
Before you tell anyone around you a difficult story, you must give them fair warning. When you call someone with bad news you often give them warning— for instance "are you sitting down?"

3

CONSENT
Once you have given warning you need to ask for consent. This can be as simple as saying "I need to debrief something with you, is this a good time? Or "I heard something really hard today and I could really use a debrief. Could I talk to you about it?" The listener then has a chance to decline, or to qualify what they are able/ready to hear.

4

LOW IMPACT DISCLOSURE
When you have received consent from you colleague, you can decide how much to share. Imagine that you are telling a story starting with the outer circle of the story (ie. the least traumatic information) and you are slowly moving in towards the core (the very traumatic information) at a gradual pace. Think about what it is you need to share in order to process your feelings and reactions to the story.

MORE GREAT INFORMATION:

- **IBCCDC: PEER Engagement Principles & Best Practices: A Guide for BC Health Authorities and Other Providers**
- **Towards The Heart: A Guide for Paying Peer Research Assistants: Challenges and Opportunities**
- **Towards the Heart: How to Involve People Who Use Drugs in Decision-Making Meetings**
- **BCCDC Peer Engagement Best Practices**
- **BCCDC Peer Payment Standards For Short Term Engagements**
- **BCCDC There is No Authority but Yourself: A reader and guide to Self Determination and Organizing**
- **BC Overdose Action Exchange meeting June 9, 2016, The Role of Peers**
- **BCCDC & UBC: Final Paying Peers Poster CPHA 2016**
- **Interventions for People who Use Drugs are More than Just COVID 19 Prevention**
- **Accomplices not Allies: Abolishing the Ally Industrial Complex**
- **Mental Health and Substance Use Education Inventory. Internal Link**
- **Guidelines for the practice and training of Peer Support**
- **Supervising Peers Worker: A toolkit for Implementing and Supporting Successful Peer Staff Roles in mainstream Mental Health and Substance use /Addiction Organizations**
- **Best Practice Manual: for Supporting Peers/Experiential Workers in Overdose Response Settings. A Guide for Health Authorities & other service providers**
- **A Public Health Guide to Developing a Community Overdose Response Plan**

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QUESTIONS ABOUT MODULE FOUR?

E-MAIL US FOR FURTHER INFO:
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