

Intentional Peer Support: What Makes it Unique?

Formalized peer* support is springing up everywhere and is currently considered a critical ingredient in a “recovery-oriented” system of care as defined by the President’s New Freedom Commission Report. But peer support has not yet clearly defined itself in terms of its unique contribution. Intentional peer support attempts to actively use reciprocal relationships to redefine help, with a goal of building community oriented (natural) help rather than simply creating another formal service.

How does it work?

Over and over we hear from people that when they’ve met someone who’s had a similar life experience, they feel an immediate sense of connection (e.g. she/he “gets it”). When there’s no assumption of power over, or expert/recipient many people become willing to hear/think/see in new ways. However, because peer support in some cases is part of a service team (even as its own organization), it is not uncommon for peers to quickly default into traditional roles (one person is there to help another). We hear this in the language of “role modeling, peer support specialist, recovery specialist etc.” Intentional peer support is about relational change; a commitment to mutuality, negotiation, noticing power dynamics, and a transparent agreement that both people are there to learn through the process of their relationship. This starts with the very first contact and is carried through by an on-going process of self/relational assessment.

What specifically is the intention?

The first task of intentional peer support is to consider how we’ve each “come to know what we know.” In the absence of this awareness (of how we have learned to think about our experiences, develop our beliefs, create our assumptions), we don’t have real choices. Because many of us have learned to understand our experiences as something that simply happens to us, we have become afraid of our own feelings/thoughts. Only when we can see that there are many ways to interpret our experiences do we have a choice about what to do and what’s possible.

With intentional peer support we share our stories in ways that help others consider how their beliefs and assumptions have created their reality, understanding, choices, and even their relationships. Although we may have had similar experiences, we listen for how people have learned to tell that particular story and ask questions that create space for reflection and awareness. We explain that we are not there to provide “help,” but rather to contribute to a conversation and a process where we actively challenge each other, and where “recovery” becomes a mutual, dynamic relational process and outcome.

The second task, mutuality, seems obvious, but in fact is quite difficult, especially when one person is getting paid. Mutuality, however, is a critical component and one that gets

**In this context, a peer refers to an individual who is receiving or has received services and supports related to the diagnosis of a mental illness and who is willing to self-identify on this basis with peers and in the community.*

frequently undermined. For example, mutuality should not be confused with feeling good just because you were helpful to someone else.

Many of us have spent a long time in the role of recipient. Our relationships have focused on our problems and our feelings, and other people in our lives have been there to listen, provide feedback, and even to offer answers. We have lost our ability to negotiate in meaningful ways and we have forgotten how to see ourselves as having value to someone else. Through the process of direct, honest, communication and dialogue, intentional peer support builds on a creative process; one in which both people learn and grow while continuously negotiating the terms of the relationship (and have responsibility for making it work).

The third task then becomes meaningful and fairly easy; helping each other move towards what we want, as opposed to away from what we don't. Intentional peer support is not a problem-focused relationship. When we begin to challenge our beliefs, understandings and assumptions, we open up to the possibility that we've spent entirely too long focusing on coping with problems and much less time visioning what it is that we truly want. It is through this intentional process that we support and challenge each other to try on new ways of thinking and perceiving.

Isn't this an awful lot like professional services?

No, actually it's more like a really good friend with whom you have a "coaching" relationship. In clinical relationships, even when there is collaboration, there can be no real mutuality. Most professions have specific boundary guidelines that prohibit the disclosure of any personal information, and all mental health professions have a treatment paradigm with pre-determined individual outcomes often defined by a person's illness. In intentional peer support, there is a commitment to relational outcomes that ultimately benefit both people. This focus on relational outcomes offers the possibility of personal but also social recovery.

Aren't there a lot of possible risks with peer support?

When people get together, there are always risks. That's why in intentional peer support it's important to negotiate relational safety early on. In other words, instead of waiting for a crisis to happen and then reacting from a position of power, responses are negotiated proactively. Both people, then, continue to place responsibility in the relationship rather than on each other. This idea has important implications for other systems involved in crisis response.

So all in all, intentional peer support is a way of life; a way of communicating that honors individual experience as well as relational growth. It is a system of giving and receiving that ultimately helps us build healthier communities all the way around.



*Developed and published by the Office of Consumer Affairs,
Office of Adult Mental Health Services in consultation with
Shery Mead with funding from Center for Medicaid
Services June 2006*