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INTRODUCTION



- ▶ WHO ARE WE
- ► WHAT WE WILL DO
- ▶ WHERE DO WE FIT
- How Does Peer Support Work





WHO WE ARE



OUR 38 PEERS

Service		Combat Experience		Number of Deployments		Education	
Army	25 (66%)	OIF	19	One	15	Associates Degree	4
Navy	2 (5%)	OEF	9	Two	6	Bachelors	11
Air Force	3 (8%)	Desert Shield/Storm	3	Three	4	Masters	5
USMC	6 (16%)	Vietnam	1	None	11	Working towards – Bachelors	11
Family Peers	2 (5%)					Working towards – Masters	5
						Working Towards - Doctorate	1

Clinicians

All Clinicians have Masters Degrees

Veterans = 3

Family Members = 2



WHAT WE DO



Connect Veteran Peers with Service Members and Families.

Reduce the stress of the Force, one at a time.

Collaborate with others.

Reciprocal Peer Support (RPS) Model

new home relocation change children One size **DOES NOT** fit all!



WHERE DO WE FIT

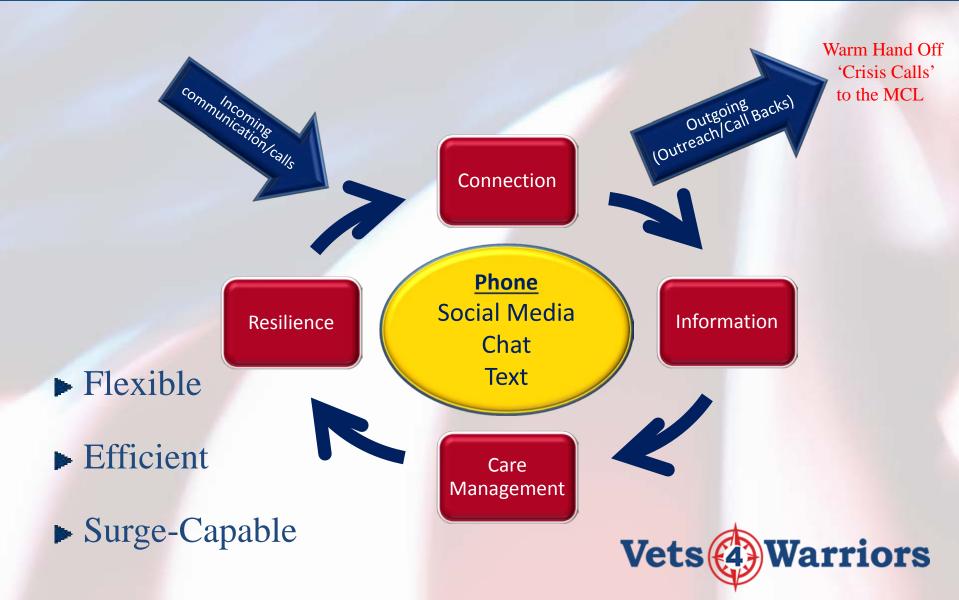




How Do We Do This

(HOW DOES PEER SUPPORT WORK)



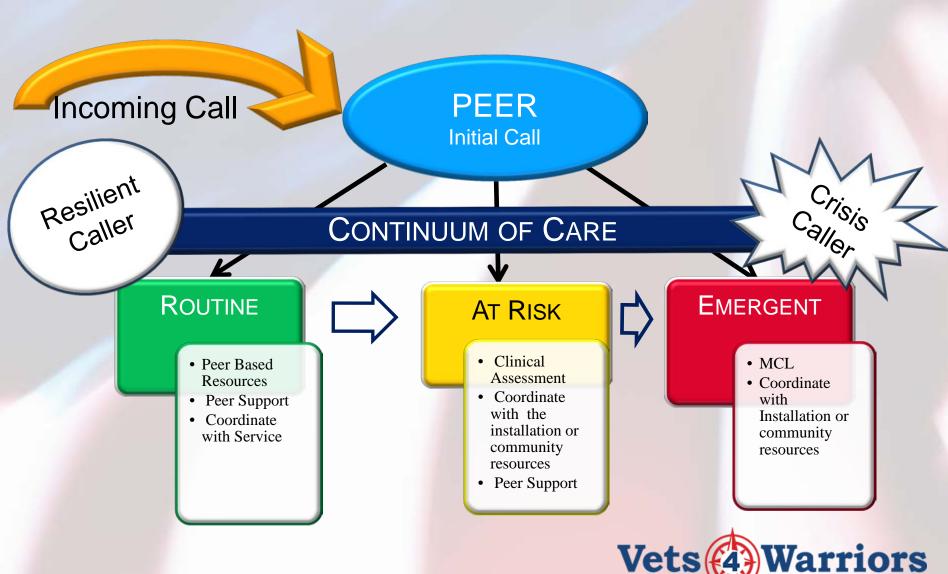




PEER SUPPORT HANDOFF PROCESS

Coordination/Integration of Care





PERFORMANCE MEASURES/METRICS



- ▶ Less that 15 seconds (on average) 'live' answer response rate
- ▶ 24/7/365 Live coverage with Veteran Peers
- <5% Abandonment Rate (An abandoned call is a call not answered)</p>
- ▶ No Call Waiting Queue

National "Best Practices in peer support" (Cop2Cop) by NY Times, FBI, DCOE - 2011



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RECIPROCAL PEER SUPPORT: THE MODEL

PEERS



- ► Support CHOICE
- ► Share HOPE
- ► Facilitate CHANGE
- ▶ Focus on.....
 - **STRONG** rather than "what's wrong"
 - **THE PERSON**, not the problem





PEERS (CONTINUED)



Are

- ► RESPECTFUL
- **EMPATHETIC**
- ► OPEN MINDED

Relationships are

- **►**HONEST
- **▶**DIRECT
- **►**MUTUAL
- ► RECIPROCAL





RECIPROCAL PEER SUPPORT (RPS) UNIQUE FEATURES



- ► Reciprocal- Benefits both Peer staff & peers served
- ► Enhances/encourages treatment, w/existing resources
- ► Peer helpline/live chat application
- ► Peer/Clinician partners= self care and retention
- ► "Cultural" Peer Support –Strength-based focus, peer may be a consumer but it is not a consumer Peer model





RECIPROCAL PEER SUPPORT (RPS) STRUCTURED TASKS



ALL OF THESE TASKS ARE
CYCLICAL AND CAN
REPEAT
THROUGHOUT
THE RPS
EXPERIENCE

TASK ONE - Connection & Pure Presence

TASK TWO - Information Gathering & Risk Assessment

Task Three - Case Management & Goal Setting

Task Four - Resilience Affirmation & Praise





TASK ONE -

Connection:

- ▶ Combats stigma & isolation
- ► Increases capacity for risk assessment
- ► Ensures presenting problems are addressed through the Peer/clinician partnership.
- ▶ Align a "Best peer match" or engaged peer
- ► Trust to engage (or re-engage) in treatment

SHARED EXPERIENCES
ENHANCE AND
EXPEDITE
CONNECTION





TASK TWO -

Information Gathering & Risk Assessment

- ► Connection impacts capacity for more information
- ► AAS training, clinical partners, supervision, technical support drive effectiveness
- ► Language and "story" impact peer scripts and workflow
- ► Presenting problem unfolds as a part of the callers "story"
- ► A holistic view (behavioral, medical, military, family, work, finances) follows in non scripted discussion

CONFIDENTIALITY
IS KEY





TASK THREE -

Case Management & Goal Setting

- ▶ Not solely an information & referral service.
- ► Intensive collaboration with providers
- ► Ongoing case management approach offers a follow up to a variety of resources for all psychosocial needs.
- ▶ Peers establish a level of care and match with providers
- ► Episode of care is typically 120-180 days
- Prevention focus

WELLNESS Approach





TASK FOUR -

Resilience Affirmation, Praise and Advocacy

- Summarizing Affirming, and acknowledging strength and resilience is an intimate experience for peers
- ► Humility and harsh self judgment are often cultural
- ► Recognition has significant credibility from a peer
- ► Language and timing are essential
- ► Self care fosters an environment of openness and humanity; increasing unity in strength









Overall themes most prevalent in RPS

- Peer-centric environment
- Emphasize strengths, self care/ team building.
- Peer/Clinician partnerships
- Single point of access
- Confidential
- Informs network development & identifies service gaps & needs
- Continuum of care encourages treatment
- Specialized training for peer support roles
- Encourages collaboration, warm transfers, and advocacy





WHAT CAN YOU DO?



Share V4W with the Force!



Set your course with a military connection

855-838-8255 vets4warriors.com

www.Vets4Warriors.com

CONTACT THE DIRECTOR OF VETS4WARRIORS.....



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