

Peer Specialists Are Not Clinicians

[peer support](#) Jun 21, 2017



Peer Specialists are an emerging workforce in behavioral health. Many Peer Specialists work side-by-side with clinicians on ACT teams, psychiatric rehabilitation programs, CommonGround Decision Support Centers, inpatient units, first episode psychosis teams, integrated health/behavioral health teams, etc.

There is no doubt that Peer Specialists have many unique skills that enrich the entire team. However, within these traditional clinical settings, it's not unusual for Peer Specialists to begin to adopt the language and practices associated with the clinical worldview. In other words, over time the work of many Peer Specialists begins to resemble the work of other clinicians on the team.

In my opinion, it is imperative that Peer Specialists remain *peer*. We are not junior clinicians. I've been thinking about this issue a lot lately in my work with [Sascha Altman](#), [DuBrul](#), [Iruma Bello](#) and others at [OnTrackNY](#). What are the differences and where is the overlap between the Peer Specialist perspective and the clinical perspective? The chart below offers some thoughts. I'd love to hear your thoughts on this important issue.

Peer Specialist and Clinical Perspectives

Peer Specialist Perspective	Overlap	Clinical Perspective
Work is guided by the Principle of Mutuality defined as a focus on the connection between the Peer Specialist and the peer wherein there is reciprocity.	Unconditional positive regard for the individual being served.	Clinicians are in the role of helping and supporting participants with a focus on diagnosis, identification of strengths and treatment. There is not an expectation of reciprocity in clinician/participant relationships.

Peer Specialist Perspective	Overlap	Clinical Perspective
Focus on learning together rather than assessing or prescribing help.	A desire to support recovery and the person's achievement of their human potential.	Focus on assessing and helping.

Peer Specialist Perspective**Overlap****Clinical Perspective**

Emphasis on sharing and exploring life experiences where both individuals share personal experiences and perspectives.

The importance of connection, finding common ground, and respect.

Emphasis on exploring program participants' experiences, with less expectation for the clinician to share their personal experiences.

Peer Specialist Perspective**Overlap****Clinical Perspective**

There are many ways to understand the experience of what gets diagnosed as mental illness: bio-psycho-social; spiritual; cultural; distress as teacher; altered states; a natural variation of human experience, etc.

A commitment to support the person in making meaning of their experience.

The bio-psycho-social approach is the main framework for diagnosis and treatment while utilizing a cultural competency framework.

Peer Specialist Perspective**Overlap****Clinical Perspective**

Do not participate in the delivery of involuntary interventions such as commitment to a hospital or outpatient commitment.

Both clinicians and Peer Specialists recognize the importance of choice and self-determination in the recovery process.

Involuntary interventions such as commitment to a hospital can be justified as clinicians struggle to balance the Duty to Care with the Dignity of Risk.

Peer Specialist Perspective

Overlap

Clinical Perspective

Trained to be advocates for and with participants. Advocacy may include speaking up about participant's needs and goals, and/or coaching participants in speaking for themselves. Advocacy may also include advocating for participant's legal rights, civil rights and human rights.

Both clinicians and Peer Specialists strive to listen carefully to the needs, preferences, goals and aspirations of participants.

Many are trained in recovery oriented practice which is strengths based, person-centered and aimed at supporting participants in achieving their unique goals.

Peer Specialist Perspective

Overlap

Clinical Perspective

Peer Specialists are members of a socially devalued group often referred to as “the mentally ill”. As such they are keenly attuned to stigma, dehumanizing practices, objectifying language, prejudice, discrimination and even offensive or traumatizing practices in mental health, health and social service systems. As advocates, Peer Specialists will speak up if clinicians slip into language or practices that (often unintentionally) devalue participants or reinforce the status of being socially devalued.

Together, clinicians and Peer Specialists strive to create a culture of respect throughout behavioral health systems and in the general public.

Clinicians who have not self-disclosed a personal psychiatric history, are not part of the socially devalued group known as the mentally ill.