Integrating peer work with a specific therapeutic target: Experiences from the Voice Exchange program

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Background

• Contact with peers advocated within the Hearing Voices Movement as helpful in promote recovery in voice hearers (Corstens et al., 2014)
  – Mainly in form of hearing voices groups
  – One-to-one peer support has evolved in places where peer expertise is well developed

• However:
  – No clear framework for integrating one-to-one peer support with work on voices
  – Outcome research on one-to-one peer support has involved targeting recovery broadly, rather than with a specific focus such as hearing voices (Lloyd-Evans et al., 2014)
The Voice Exchange program

• Collaborative 2-year project between Voices Vic and local research expertise in psychosocial intervention trialing and hearing voices

• Intervention framework
  – 12 x 1 hour weekly sessions with one of two peer workers
  – Peer workers had lived experience of hearing voices
  – Manualised, regular group supervision with both peer worker and clinical psychologist

• Conducted as a pilot randomised controlled trial:
  – Independent assessments of subjective experience of voices and personal recovery pre- and post-intervention
  – Random allocation: 50% peer work / 50% waiting list
  – 25 participants received peer work
Starting point: the Hearing Voices Movement

Some key principles of the Hearing Voices Movement

- Hearing voices can be understood as a natural part of human experience
- Diverse explanations are accepted for the origins of voices
- Voice-hearers are encouraged to take ownership of their experiences and define it for themselves
- Voice-hearing can be interpreted and understood in the context of life events and interpersonal narratives
- A process of understanding and accepting one’s voices may be more helpful for recovery than continual suppression and avoidance
- Peer support and collaboration is empowering and beneficial for recovery

Development of a peer-work framework for voices

- **Changing the relationship with voices**: Promote empowered and accepting relationship with voices.
- **Making sense of voices**: Development of a deeper understanding of voice characteristics, phenomenology, content, identities.
- **Telling the story**: Discussing life history, establishing a context for emergence of voices.

Shared lived experience
Integrating with the peer relationship

Hearing Voices Movement principles

Intentional Peer Support principles
What is IPS?

• IPS was developed by peer support workers Shery Meade and Chris Hanson as a framework to describe their practice of working with peers.

• Intentional peer support is not a friendship, nor is a clinical therapeutic relationship; it falls somewhere between the two....
### How is IPS different?

<table>
<thead>
<tr>
<th>Clinical therapy</th>
<th>Intentional peer support</th>
</tr>
</thead>
<tbody>
<tr>
<td>Therapist is an expert by qualifications</td>
<td>Both peers are expert by experience</td>
</tr>
<tr>
<td>Symptom-based and uses diagnoses</td>
<td>Experience-based and does not use diagnoses</td>
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<tr>
<td>One-sided disclosure</td>
<td>Intentional disclosure (talking honestly but with a purpose to learn)</td>
</tr>
<tr>
<td>Person has the problem, therapist doesn’t</td>
<td>Both peers share and “own” their problems in the context of the relationship</td>
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# How is IPS different?

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<td>Unbiased, neutral attitude towards person</td>
<td>Empathy based on lived experience for peer</td>
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<tr>
<td>Contained and controlled (e.g. assessing safety and risk)</td>
<td>Partially controlled by both people (e.g. safety is negotiated between peers)</td>
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<tr>
<td>Often rigid boundaries defined by clinician (e.g. no touching or socialising)</td>
<td>Boundaries are negotiated to suit both people</td>
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<tr>
<td>Formal etiquette</td>
<td>Negotiated etiquette</td>
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Learning vs helping examples

• Client as “detective”, worker as “sidekick”
• Investigating together things that are of interest (e.g. quantum theory)
• Drawing mind-maps/time-lines together
• Jointly doing exercises (e.g. “Russian dolls” and “personality maps”)
• Peer worker shares their own insights and experiences along the way
## Mutuality

| Power Imbalance     | a. Named power imbalance (1%)  
b. Co-wrote notes (60%)  
c. Reframed diagnosis/symptom as life experience (42%) |
|---------------------|--------------------------------|
| Reciprocity         | a. Shared how I felt (14%)  
b. Allowed participant to help me / give back (16%)  
c. Co-engaged in session activities (50%)  
d. Disclosed my story (41%) |
| Mutual responsibility / collaboration | a. Negotiated safety issues (10%)  
b. Negotiated boundaries (3%)  
c. Owned my mistakes (4%)  
d. Encouraged client to do out-of-session work (62%)  
e. Encouraged client to contribute ideas (35%)  
f. Asked client to evaluate progress (30%) |
Mutuality Examples

• Collaborative case notes
• Collaborative work
• Collaborative record-keeping
• Collaborative safety plan
• Peer worker disclosing own story and/or feelings
Opportunities and challenges

• Opportunities
  – Rapport and engagement
  – Increased empathy from shared lived experience
  – Modelling of recovery and acceptance of voices

• Challenges
  – Fitting collaborative agenda with a focused 12-session voice-focused framework
  – Maintaining boundaries
  – More in-depth work with a specific focus potentially more complex/demanding of peer worker skill and experience
Thank you

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