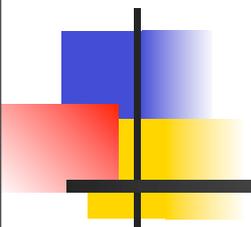


# Disseminating Peer Support in VA: Experiences in Values- Based Practice?

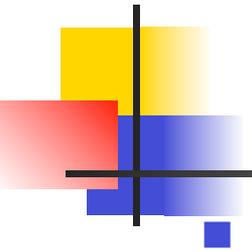


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## VA New England MIRECC

R Rosenheck, S Resnick, M Hebert, J Barber,  
M Armstrong et al., B De Rosa

# Modes of Program Development/Improvement

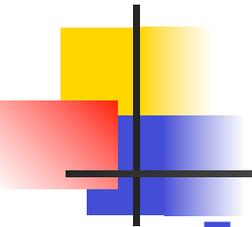


## Evidence-based Practice:

1. Research driven:  
RCTs set standards
2. Application of  
technology to prct.
3. Deductive: act from  
learning -  
"Ready-aim-fire"
4. Nomothetic comm.
5. Needs leadership/

## ■ Values-based Practice:

1. Values driven:  
Deliberative model of  
goal setting (str. plng)
2. Construction of a  
vision
3. Inductive: learn from  
acting  
"Fire-ready-aim"
4. Ideo/Video-graphic  
comm.
5. Needs leadership/  
data/ accountability



# Sources of legitimacy

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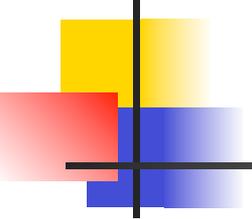
## ■ Evidence-based Practice

- Scientific authority coupled with admin. authority
- Focus on what is represented: content of guidelines not who they represent.
- Performance measures (VA) and Pay-for-performance (Medicare) promote clinical practice guidelines constructed by experts.

## ■ Values-based Practice

- Consumerist/ democratic/ participatory authority
- Focus on who is represented: process, as much as content.
- Corresponds at the clinic level to consumer advisory councils in management.
- Performance data

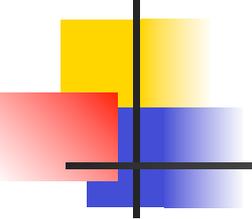
# Two Distinctons(1) Data



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- Root evidence (RCTs – applicable technology) vs.
- Performance data: What is being implemented and what are the outcomes.
  - What happens... not causal inference.

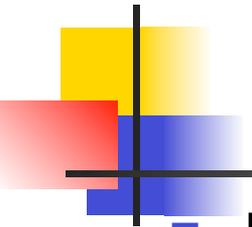
# Two Distinctions (2): Representation



- Proportional Representation of all consumers (unachievable) vs.
- Incremental representation:
  - Some consumers in the clinic/on the team is different from none;
  - Principals of disability rights mvt.
    - “disability awareness/disability pride”
    - “nothing for us without us”
  - reduce stigma/educate staff
  - provide recovery role models.

# Dissemination Initiatives-1 (Basic Activities)

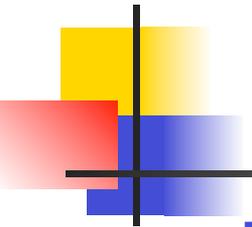
- Vision/Person: Peer advocate Moe Armstrong (SC Combat Vet Advocate):
  - Vet-to-Vet peer education
- Evaluation: quasi experimental pre-post implementation Vet-to-Vet cohort study
- Publication: “academic” description of model: [Legitimacy] Resnick et al, 2004
- Sponsorship: NE MIRECC/ Homeless Veteran SN-CMI/CTI demonstration [16 sites]
- Accountability orientation: Outcome survey system/service [included in VA system of records—health administration under HIPAA 1



# Outcome survey articulates consumer-level goals

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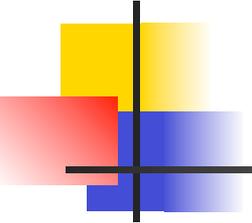
- Engagement in meaningful activity
  - Felt involved, have had purpose, learned something, have sense of accomplishment, growth (60%)(alpha=.85)
- Spirituality
  - Felt comfort in spirituality, strength, inner peace and harmony (48%)(alpha=.80)
- Recovery
  - Life satisfaction; hope for future; knowlege of mental illness/care, participate in planning care (63%)(alpha (0.57)
- Satisfaction with Care
  - A) VA (64%)(alpha = 0.80)
  - B) Vet-to-Vet (65%)(alpha = 0.90)



# Dissemination Initiatives-2 (Experiential Communication)

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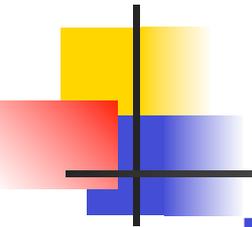
- Videographic image (DVD #1): 1) projects the vision/values, 2) delineates a specific action model.
- Convene network (vets and VA):
  - National conference planning group (broaden input VISN 3, 22, consumers)
  - MIRECC Educ. Directorship: Marcie Hebert PhD
  - Conference call (VANTS for Vets)(bi-weekly)
  - National survey of peer programs
  - Website: repository for survey results/manuals/PDs/comments):  
[www.veteranrecovery.med.VA.gov](http://www.veteranrecovery.med.VA.gov)



# Dissemination Initiative- 3

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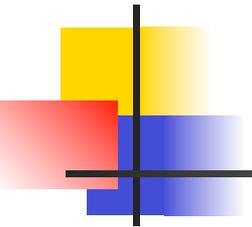
- Mutual learning conference: (130 participants: 50:50 Vets and VA staff) [ephemeral group]
- Videographic record of conference (DVD #2) [sustain experience and lessons]
- Take it on the road:
  - Vets spread the word using DVD
  - Academic Conferences (here we are!)

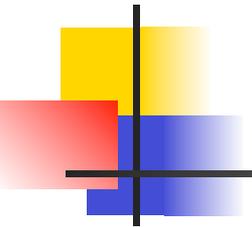


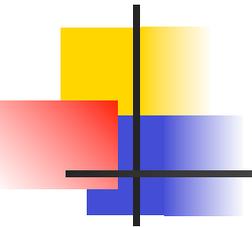
# Next Steps (4)

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- Defined principles for Vet-to-Vet/ Create Fidelity Rating System for Site Visits
- Disseminate data:
  - Analyze quasi-experimental evaluation
  - Distribute outcomes monitoring reports (Data now available on 19 programs/270+ surveys)
  - Better “outcomes” with greater Vet-to-Vet involvement (association/no causal inference):
    - duration
    - intensity
    - leadership role
- New training DVD: Development of peer counsellors in VA CT peer initiative (funded through FY 2005 strategic mental health plan)

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- inductive logic, is the process of reasoning in which the premises of an argument support the conclusion, but do not ensure it. It is used to ascribe properties or relations to types based on limited observations of particular tokens; or to formulate laws based on limited observations of recurring phenomenal patterns. Induction is used, for example, in using specific propositions such as:
    - This ice is cold.
    - A billiard ball moves when struck with a cue.
    - to infer general propositions such as:
      - All ice is cold. or: There is no ice in the Sun.
      - For every action, there is an equal and opposite reaction.

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- 
- deductive reasoning is inference in which the conclusion is of no greater generality than the premises, as opposed to inductive reasoning, where the conclusion is of greater generality than the premises
  - Other theories of logic define deductive reasoning as inference in which the conclusion is just as certain as the premises, as opposed to inductive reasoning, where the conclusion can have less certainty than the premises. In both approaches, the conclusion of a deductive inference is necessitated by the premises: the premises can't be true while the conclusion is false.

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- Nagel, E. (1961). The structure of science: Problems in the logic of scientific explanation. London:, p 547-8, thinks that Aristotle is source of the distinction between nonomthetic sciences, "which seek to establish abstract general laws for indefinitely repeatable events and processes; and the ideographic, which aims to understand the unique and nonrecurrent" (p 547).