

**Table 1. Peer-to-Peer Health and Wellness Programming (Draft)**

*A Practice Guide for Peer-to-Peer Whole Health and Wellness Programs (Draft)*

Program	Contact Information	Program Description	Staffing Requirements and Qualifications	Training, Manuals and Materials	Outcomes
<b>1. Wellness Recovery Action Planning (WRAP)</b>	The Copeland Center 802-254-5335 or email us at <a href="mailto:info@copelandcenter.com">info@copelandcenter.com</a>  <a href="http://www.mentalhealthrecovery.com">http://www.mentalhealthrecovery.com</a> <a href="http://www.copelandcenter.com">http://www.copelandcenter.com</a>	WRAP is a self-help program that has health and wellness components. The intervention consisted of eight weekly 2.5-hour sessions delivered by peers. Five key concepts to WRAP are: hope, personal responsibility, self-advocacy, education, and support. WRAP is a structured system to monitor and reduce uncomfortable and distressing feelings and behaviors. It also includes plans for responses from others when individuals cannot make decisions.	Peers do not have to have prior peer specialist training	Books and training manuals for becoming a WRAP educator are available through the Copeland Center. WRAP Training rates are negotiated by the program contacts.	A number of studies can be found at <a href="http://www.mentalhealthrecovery.com/wrap/research.php">http://www.mentalhealthrecovery.com/wrap/research.php</a>  In a recent randomized study with 519 participants, Cook and colleagues (2012) found that intervention participants reported significantly greater reduction in depression and anxiety symptoms and significantly greater improvement over time in total Recovery Assessment Scale (RAS) scores as well as the RAS subscales measuring personal confidence and goal orientation.  Another recent randomized study found that at 6 months post-intervention follow-up, WRAP participants were significantly more likely than controls to engage in self-advocacy with their service providers (Jonikas et al., 2011). Higher self-advocacy also was associated with greater hopefulness, better environmental quality of life, and fewer psychiatric symptoms among the intervention group.
<b>2. Whole Health Action Management Peer Support Training (WHAM)</b>	National Council for Behavioral Health Hannah Mason at <a href="mailto:hannahm@thenationalcouncil.org">hannahm@thenationalcouncil.org</a>	WHAM is an overall whole health and wellness program designed originally for SAMHSA- HRSA Primary and Behavioral Health Care Integration (PBHCI) grantees, and is closely tied to the Peer Support Whole Health and Resiliency (PSWHR) program. The program is intended to teach skills to better self-manage chronic physical health conditions, and mental illnesses and addictions. WHAM also stresses Medicaid billing strategies for peer services, health screening, and shared decision making.	Training is meant for peers who have already had a peer specialist training and intend to be employed by a behavioral health agency. Training participants are asked to work on a whole health goal, engage in peer support, and participate in a weekly group for 8 weeks. Centers for Medicare and Medicaid Services (CMS) approved Georgia as the first state to have Medicaid-recognized whole health and wellness peer support provided by certified peer specialists (CPSs).	Trainings are 2 days. Each training can accommodate 24-30 peers, with training costs negotiated with program contacts. There is a Participant guide with weekly action plan booklets for 8 weeks. The program provides flash drives for the trainers and pedometers. Peers are also invited to participate in a national listserv.	Evidence-informed Practice based on the Peer Support Whole Health and Resiliency Program (PSWHR) [See below]
<b>3. Peer Support Whole Health and Resiliency (PSWHR)</b>	Appalachian Consulting Group <a href="mailto:larryfricks.org">email@larryfricks.org</a> <a href="http://www.cmhsrp.uic.edu/download/PeerSupportWholeHealthAndResiliency.pdf">http://www.cmhsrp.uic.edu/download/PeerSupportWholeHealthAndResiliency.pdf</a>  <a href="http://www.gmhcn.org/ACG/index.html">http://www.gmhcn.org/ACG/index.html</a>	PSWHR was created by the Appalachian Consulting Group, American Work Inc., Georgia Mental Health Consumer Network, and Georgia Dept of Behavioral Health and Developmental Disabilities. This overall wellness program is closely tied to the Whole Health Action Management (WHAM) program. The program assists individuals to create new healthy habits through individual weekly education and goal setting sessions and attendance at support groups.	Training is meant for peers who have already had a peer specialist training and intend to be employed by a behavioral health agency.	A manual is available from the Appalachian Consulting Group	There have been two pre-post test evaluations of the program. Among the 29 participants, almost all reported progress toward achieving their wellness goal. Participants reported peer specialists as helpful in assisting them attain whole health goals. Currently Judith Cook at the University of Illinois Chicago Medical Center is running a randomized controlled trial of the program.
<b>4. Health and Recovery Peer Program (HARP)</b>	Ben Druss 414-702-9602 <a href="mailto:bdruss@emory.edu">bdruss@emory.edu</a>	HARP is Based on a chronic disease self-management program. The focus is on medical self-management for persons with mental illnesses. A manualized, six-session intervention, delivered by mental health peer leaders, helps participants become more effective managers of their chronic illnesses. Sessions cover the following topics: Overview of self-management; Exercise and physical activity; Pain and fatigue management; Healthy eating on a limited budget; Medication management; and Finding and working with a regular doctor.	Two certified mental health peer specialists provided services. These two peers completed a 5-day training on chronic disease self management and an additional 3-day training on the HARP program.	A manual for dissemination is currently in development	Among 65 participants at 6-month post-intervention follow-up, participants in the HARP program had a significantly greater improvement in patient activation than those in usual care, and in rates of having one or more primary care visit (Druss et al., 2010). Intervention advantages were observed for physical health related quality of life (HRQL), physical activity, medication adherence.
<b>5. Suffolk County, New York Rehabilitation Clubhouse</b>	Tara Larkin-Fredericks 631-471-7242, ext. 1347  <a href="http://www.clubhouseofsuffolk.org/services/health.htm#smoking">http://www.clubhouseofsuffolk.org/services/health.htm#smoking</a>	Peers work directly with program staff and take part in clubhouse operations, leadership and decisions for their specific center along with other employees. Once the smoking cessation groups are implemented, the peer trainers provide daily phone calls for support to the peers in their classes. The peers taking part in the group also have access to tobacco medications and policy changes to promote non-smoking.	Peers complete an 8 week wellness training first on tobacco, nutrition and exercise. Following the first 8 weeks is another 8 weeks of training specifically on smoking cessation.	Unknown	Promising Practice, No outcomes are available

<b>6. Australia Community Mental Health Center</b>	<p>Maxie Ashton maxie.ashton@health.sa.gov  <a href="http://www.psychiatry.uwa.edu.au/research/community-culture/healthright">http://www.psychiatry.uwa.edu.au/research/community-culture/healthright</a></p>	<p>The program provides group trainings for peers in smoking cessation and wellness. The program was tailored for people with mental illness that may have problems with cognitive abilities. Topics included in the program are; managing mental health, boredom and stress, and building confidence and coping strategies. The program also provides individual telephone counseling and 8 weeks of nicotine replacement therapy for those requesting it.</p>	<p>The course is 10 weeks requiring group members to attend 1 day per week for 2 hours at a time. Peers work alongside mental health workers for 1-2 sessions before they start a group on their own after they have gone through the training. Mental health workers provide supervision as needed.</p>	<p>There is a brief, 2 page outline/protocol of the course. A step-by-step guide was developed specific to a range of cognitive functioning, literacy, and concentration.</p>	<p>Ashton and colleagues (2010) followed participants for 12 months. Among 226 participants, there was significant decrease in tobacco use among those who attended at least one group session. Participants reported that participation increased confidence to quit.</p>
<b>7. Breathe Easy, Live Well: North Carolina</b>	<p>North Carolina  Evidence Based Practices Center   John Bigger  910-678-7207  John.Bigger@sr-ahec.org   Robert Wilson  910-678-7032  Robert.Wilson@sr-ahec.org   <a href="http://www.southernregionalahec.org/">http://www.southernregionalahec.org/</a></p>	<p>The program is based on a modified version of "Learning About Healthy Living" developed at University of Medicine and Dentistry at New Jersey. This is a 15 week program. A first group promotes wellness and interest in quitting tobacco where participants learn risks associated with tobacco use, ways to quit, and healthy behaviors. A second group is for highly motivated smokers which emphasizes setting a quit date, ways to increase quitting success, and strategies for reducing relapse.</p>	<p>There is no peer specialist training required for the trainers to teach this class to other peers.</p>	<p>There is a protocol and a training manual for this program that can be printed off from their website.</p>	<p>Among 157 participants, the majority reported the program helped them become healthier, reduce tobacco use, and increased their ability to talk with providers about quitting (Lee et al., 2011).</p>
<b>8. Consumers Helping Others Improve Their Condition by Ending Smoking (CHOICES)</b>	<p>PC Dooley  732-235-8232  dooleypc@umdnj.edu   Jill Williams  732-235-4341  williamj@umdnj.edu  <a href="http://www.njchoices.org/">http://www.njchoices.org/</a></p>	<p>The program outreaches to smokers with mental illnesses to build awareness regarding tobacco use. Peers also provide brief motivational interventions and refer to community tobacco cessation services.</p>	<p>Peers receive 30 hrs of training on working with peers. Peers must be a minimum of 1 year tobacco free to become community trainers. Peers must also have a vehicle and valid drivers license.</p>	<p>CHOICES has a detailed manual available to peers at the time of training.</p>	<p>Since 2005, CHOICES has reached 10,000 persons with mental illnesses. A telephone based survey of 102 participants at 1-month post-intervention found significantly reduced smoking (Williams et al 2010). Most participants said it was easier to talk to peer in comparison to their psychiatrists or other providers.</p>
<b>9. Behavioral Health &amp; Wellness Program (BHWP), University of Colorado Anschutz Medical Campus</b>	<p>Chad Morris  303-724-3709  chad.morris@ucdenver.edu  www.bhwellness.org</p>	<p>BHWP has a Tobacco Recovery Program and Well Body Program for weight management and nutrition. The program trains peers and supervisors to build community awareness, create positive social networks, administer a brief motivational intervention, and run 6-session educational groups. Trained peers are invited to join a national peer network that meets monthly for trainer support and continuing education. These are train-the-trainer programs. Peers who have received training are encouraged to train additional peers at their site and to share materials.</p>	<p>Training is meant for peers that have or will receive peer specialist training and intend to be employed by a behavioral health agency. BHWP also asks that peers have appropriate supervision in place before offering services.</p>	<p>The Tobacco Recovery and Well Body Programs each require one and a half days of onsite training. The programs use standardized train-the-trainer and group manuals which participants receive on a CD during the training. Trained peers are also able to use web-based video modules for continuing education and to train others. BHWP can accommodate up to 50 people at each training.</p>	<p>BHWP has trained over 1,000 peers and advocates across 14 states in the Tobacco Recovery and Well Body Programs. BHWP is engaged in an ongoing community impact evaluation of the Tobacco Recovery Program. Based on 350 people attending groups, participants have significantly decreased tobacco use. Group attendees report a significant increase in both motivation to quit and confidence to make a quit attempt. Additionally, there was no worsening of psychiatric symptoms with quit attempts.</p>

\*Please note: Additional programs are being explored for inclusion