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Integrating Peer Providers into Traditional Service Settings: The Jigsaw Strategy in Action

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Introduction

Gates and Akabas (2007) identify several practical strategies for easing peer providers into traditional mental health agencies based on interview data collected from 21 agencies in New York City. Policy strategies, which can be enacted immediately, include agency adoption of a recovery orientation, minimization of peer versus professional job distinctions, and peer provider job security, dignity, and control over disclosure of disabilities. Practice strategies, which require time to establish and become routine, include clear job tasks, sharing of client information between peer and nonpeer staff, cooperative service planning, and supervision of peer providers by professionals. Ideally, recovery-oriented policies facilitate peer provider integration as they are realized through empowering agency practices.

The Jigsaw Strategy

Although derived from very different data sources, the strategic approach to peer staff integration proposed by Gates and Akabas closely resembles an intervention, called the Jigsaw Classroom, that was designed to ease the tensions of public school desegregation in the 1970s (Aronson 2002; Aronson and Patnoe 1997; Aronson et al. 1978). Just as Gates and Akabas recommend that peer and nonpeer staff share client information needed for service planning, the Jigsaw Classroom recommends that students share vital knowledge needed for school success. *The basic tenet of the Jigsaw Classroom is that members of a dominant group will*

befriend minority group members to the extent those members hold critical knowledge unavailable to the dominant group. The elegance of the Jigsaw approach is its natural ease of implementation. Students assigned to racially integrated workgroups are each given a piece of an assignment and told not to share the printed material, but to read the material and prepare an oral presentation of the information. Students then take turns making their presentations and try to learn from one another enough knowledge to pass their exams. They quickly discover it is advantageous to listen well and help each speaker articulate what he or she knows, offering encouragement rather than criticism. Shy students are cajoled to share their ideas, and self-interest stifles disparaging remarks when a classmate has trouble speaking. Talking quietly with one another, trying to reason out the assignment, they discover quite often that the kid with the chip on his shoulder is actually okay, and the dumb kid is not so dumb after all. Tentative friendships are forged as students get to know one another, and interracial attitudes improve to justify this friendly banter with someone they would ordinarily avoid or disdain. Typically, at the end of a school term, the A students are still A students, but everyone has passed the course, and racially-mixed groups hangout together after class. Jigsaw Classroom effectiveness for easing racial tension and increasing minority student achievement has been demonstrated in a wide variety of university, high school, and elementary school settings (Alebiosu 2001; Borsch et al. 2002; Desforges et al. 1991; Juergen-Lohmann et al. 2001; Perkins and Saris 2001; Walker and Crogan 1998).

The Jigsaw Classroom and the strategies proposed by Gates and Akabas have similar top-down policies of egalitarianism and expectations for minority group success. Similarly, both encourage cooperative interaction and information-sharing between individuals who differ in social status. *Unique to the Jigsaw Classroom is the explicit requirement that lower status individuals hold vital information needed by their higher status counterparts.*

The Jigsaw Approach in a Mental Health Setting

We observed many of Gates and Akabas' integration strategies in action in 2002, during the start-up of a psychiatric rehabilitation program called Waverley Place in Belmont, Massachusetts. This new program was an open-door activity and resource center for adults with severe mental illness that offered support or interest groups, supported employment and education, horticulture and crafts, supportive counseling, skill development, and help with daily living. In keeping with a recovery orientation, program attendance was not mandatory, and clients could select their own services and the staff workers who provided them. From start-up, staff and clients ('members') planned and implemented new activities together and socialized on a first-name basis. These program attributes were congruent with the program's intent to hire peer providers. On the other hand, all of the program's full-time staff were professionals with master's degrees. None of these professionals had ever worked with peer providers, and, as one professional put it, they were "clueless about how to do it and hard-wired with prejudices" about how well peer providers would function on the job.

Of the seven peer staff hired when the program opened, four resigned in the first few months, blaming psychiatric symptoms and/or job dissatisfaction. In keeping with observations by Gates and Akabas (2007), these workers' most common complaint was that their very part-time status (2–8 h per week) prevented them from feeling part of the program. The remaining three peer staff, who worked 8–15 h per week, stayed on the job and began to draw on their peer provider training to expand their minimalist job description as counselors and community builders to include most of the possible peer provider tasks listed in the article by Gates and Akabas, with a focus on promoting client self-determination.

The successful integration of peer and professional staff became evident about 6 months later when the director asked all staff to reflect upon what they needed to do their jobs well. With

caseloads steadily increasing, it was becoming difficult for professional staff to spend sufficient time with every client to know them all well, and still have time to provide essential services. This was especially true for specialized staff, such as the nurses, the employment specialist and occupational therapist, who were responsible for screening and serving anyone enrolled in the program who wanted their help. At this crucial point, it became clear that peer staff had more, and more personalized, information about clients than anyone else sitting in staff meetings. Because peer staff had initially been asked to help build a sense of community at Waverley Place by getting to know clients, they now had the critical knowledge about clients' lives that every other staff worker needed.

An analysis of service log data collected over the middle six months of the program's first year confirms the peer providers' lynchpin role at Waverley Place. One or more peer providers appeared at the top of nearly every client's list of rank-ordered hours of face-to-face interactions with staff. In interviews conducted at the end of the program's first year, all professional staff reported routinely relying on peer staff advice and described staff meetings as opportunities to learn more about clients. Several professional staff admitted that they had initially seen peer providers as fragile or inept, but their attitudes had changed as they watched these three individuals become increasingly competent as both advisers and service providers. In turn, peer staff attributed their job success to supervisors who helped them translate their insights into practice theory and hands-on help. All three peer staff also credited the program director for modeling respect for their opinions during staff meetings and for suggesting to professional staff that they seek out peer staff advice when confronted with challenging situations.

One could say that Waverley Place discovered the Jigsaw principle of successful peer staff integration without any conscious intent to do so. This independent discovery strengthens confidence in the findings now reported by Gates and Akabas (2007). However, the unique advantage of information sharing at Waverley Place was its appeal to the self-interest of professional staff. Agencies that try to instill a top-down policy of respect for peer providers run a risk of eliciting psychological reactance, the resentment people often feel when they are told the 'right way' to act or think (Brehm 1966; Worchel 2004). In the Jigsaw approach at Waverley Place, professional staff were enticed to rely on peer staff knowledge to enhance their own job performance, and herein lay a path to peer staff acceptance and job success.

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