

Peer Specialist Manual



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I. Introduction to the Peer Specialist Role

The Peer Specialist role in an OnTrackNY team is held by someone who has first-hand experience with emotional and/or mental distress (often called “mental illness”) and who has actively engaged in a process of self-discovery and/or recovery related to those struggles. At the heart of the peer specialist role is a focus on mutual peer support and a commitment to “learning together rather than helping.” Peer Specialists are explicitly not clinicians and are trained to work with participants relationally rather than as individuals needing services. Peer Specialists form hope-based relationships that support learning and growing through challenge and crisis. It is important that the Peer Specialist is either already certified by New York State or starts the process of seeking state certification once they become part of the team. (see link to NY Peer Academy in References.)

A. Historical Context of the Peer Specialist Role

“Nothing About Us Without Us”

Peer support is a system of giving and receiving help founded on key principles of respect, shared responsibility and mutual agreement of what is helpful (Mead, 2001). The Peer Specialist role that exists today all over North America initially grew out of a human rights movement for change in the mental health system. It stands on the shoulders of the 12-Step Recovery Movement, the Civil and Disability Rights Movements, and many other groups of organized people that have recognized the importance of community support, the need for shifting language and culture, and the power of marginalized groups working together towards common goals. While the Peer Specialist has developed into a well-respected professional role it remains defined by a connection to a larger, tactically diverse movement for self-determination, social justice, and creative systems change among people who have historically been devalued and marginalized (iNAPs, 2016).

The earliest documented examples of formal peer support date back to the 1700s in Native American communities where people supported one another and shared in their struggles to overcome problematic substance use. (Westermeyer, 2007) Another early example of organized peer support is the ‘Alleged Lunatics Friends Society’ in England in the 1800s. This group was brought together by John Thomas Perceval following his involuntary incarceration in an English lunatic asylum (McCandless, 1978). Now, there are countless examples of people, projects, and publications (in our own nation and beyond) that teach us about the potential of peer-to-peer support, and remind us that this work has grown out of many decades of people who know because they have ‘been there.’

In today’s workplace, professional Peer Specialists seek to help individuals make meaning of their experiences, become aware of their options, and ultimately increase their ability to make informed choices. Some examples of peer specialist jobs across mental health systems include taking calls on peer support lines, working in a peer respite (non-clinical alternative to hospitalization where people can stay for a series of nights), and “Peer Bridgers” who support people transitioning from hospital back to community. Additionally, peer specialists often play valuable roles on governance committees, hiring committees and in clinical care consultations. Having people like us who have struggled with our own mental health issues and understand the perspective of being on the receiving end of care is now understood to be a key ingredient in positively transforming mental health systems.

B. About OnTrackNY

OnTrackNY is a multidisciplinary team that works collaboratively with individuals who have recently begun to experience psychosis, and their families, to achieve recovery goals. OnTrackNY understands the experience of psychosis is a critical time. By intervening in a supportive, person-centered way, the team can assist program participants in meeting life goals including returning to school, work, relationships and a meaningful life in the community. OnTrackNY de-emphasizes the notions of disability and chronicity and posits recovery as the expected outcome for people.

Guided by the principles of recovery, shared decision making, person centeredness, and clinical competence, the team strives to “walk with a person” as they make the journey of coming to terms with and understanding the experience of psychosis, and what it may mean for the future. The team conveys hope for recovery and collaborates with individuals to be active agents in their journeys by promoting and utilizing a shared decision making approach. Participant goals, values and preferences drive treatment decisions. Participants have a voice and a choice in deciding how to approach working with the team, what services to engage with as well as what constitutes positive treatment outcomes.

C. Peer Specialists as Part of the OnTrackNY Team

The OnTrackNY Peer Specialist plays a critical role on the team. The role is considered “embedded” in the system as the Peer Specialist is working directly alongside a group of clinicians in a coordinated mental health team (Jones, 2015). It is important to note this is different than some types of Peer Specialist roles, because the Peer Specialist is part of a clinical team rather than a peer-led team. Working as part of a team allows for productive synergy to take place between the clinical and peer roles, helping to support and define each other, while positively influencing one another’s perspectives and cultures. There will inevitably be times when the peer perspective will differ from the clinical perspective and it will be important for you as the Peer Specialist to know when to be vocal about differences. The Peer Specialist role will thrive on a team that has open communication and tolerates a diversity of perspectives in the interests of creating a stronger whole. One of the main purposes of this manual is to help you understand the complimentary differences between clinical and peer frameworks in the interest of bringing a fuller perspective and richer set of engagement tools to the OnTrackNY model.

The Peer Specialist works closely with OnTrackNY participants and family members, is fully integrated into the multidisciplinary team, and is familiar with the guiding principles and components of the OnTrackNY model described in the Team Manual. While we work closely and jointly with other team members and attend team meetings, our primary role is to support program participants through direct engagement and through advocating for them in the context of the team. Peer Specialists are not junior clinicians. Instead, the frame of what peer support can specifically contribute in a given situation guides our work. Due to our life experiences, Peer Specialists in an OnTrackNY team have a unique skillset and frame of reference for working with participants and families that should complement the other clinical roles on the team.

Peer specialists may also support program participants in the process of shared decision making. OnTrackNY teams do not make decisions for participants. Instead they engage in a 3-step process of shared decision making. The three steps of shared decision making are:

1. Choice talk: Understanding that a choice needs to be made
2. Option talk: Exploring the various options
3. Decision talk: A time for deliberation and perhaps even involving friends or families in thinking about the option that is “right for me”.

Peer specialists can support program participants in working with the team on shared decision making. Reassuring participants that it’s OK to speak up, rehearsing speaking up, gathering more information on the various options, and sharing personal experiences of effective self-advocacy are powerful ways for Peer Specialists to support shared decision making. You can learn more about shared decision making by watching the Shared Decision Making video series in the Center for Practice Innovations Learning Management System.

D. OnTrackNY Peer Specialist Role Responsibilities

1. Outreach/Engagement/Bridge Building: Helping to facilitate engagement with OnTrackNY teams by forging strong connections with participants and families, undertaking outreach activities designed to promote community awareness of OnTrackNY services, encouraging help-seeking, and at times serving as a bridge between team members and participants when they experience ambivalence about treatment.

2. Relationship Building: Developing authentic, meaningful relationships with individuals and families through empathy, sharing experiences, listening and collaborating with genuine curiosity and interest.

3. Embracing Creative Narratives: Peer Specialists need to be able to understand, share and discuss multiple frameworks for understanding life experiences such as psychosis with participants and the rest of the OnTrackNY team. We will intentionally use language in the service of listening to understand and making space for complex personal stories of recovery and resilience.

4. Co-Creating Support and Wellness Tools: Collaborate with participants to clarify their personal visions and develop their wellness toolkit (T-MAP). Along with other team members, support participants in strengthening their self-awareness, building life skills, and connecting to resources and community outside of the OnTrackNY team.

5. Influencing Team Culture: Whenever possible, positively influencing the team culture by advocating for clients, promoting a youth friendly approach and encouraging the use of recovery oriented language. OnTrackNY Peer Specialists also work actively within the team itself to help build an environment that operates from a belief in the human potential to grow and an understanding of human diversity.

II. Peer Specialist Activities within the CTI Framework

CTI provides the major organizing structure to the activities of the OnTrackNY. Critical Time Intervention (CTI) is a time-limited psychosocial model designed to enhance continuity of support for persons diagnosed with serious mental illness during critical periods. The critical time in the OnTrackNY is conceptualized as the time following a first or early episode/s of psychosis. The goal of CTI within the OnTrackNY Program is to get participants linked with the team as a means to receive intensive treatment that supports clients' own goals for recovery. CTI is delivered within OnTrackNY in three phases over two years. In this next section we will describe the way in which the activities of the Peer Specialist can be organized and delivered across the three phases:

Phase One: Outreach, Engagement and Bridge Builder

Phase Two: Relationship Building, Non-Traditional Understandings of Psychosis, and Co-Creating Support and Wellness Tools

Phase Three: Identification of Future Needs and Service Transitions

A. Phase One: Outreach, Engagement and Bridge Builder

1. Staying Engaged

Those of us who have experienced psychosis are at especially high risk of disengagement from mental health services (Robinson et al., 2010). Emergent psychosis frequently leads to an inpatient hospitalization and then a referral to traditional outpatient mental health settings. Once in traditional outpatient settings, participants may have trouble connecting and seeing the relevance of treatment for their lives. Not infrequently, young people attend a few follow-up appointments and then drop out of services altogether. Peer Specialists have the potential to play an important role in helping to engage participants outside of this clinical frame by using our own hard-earned experience with psychiatric diagnosis as a point of connection and understanding.

2. Enhancing and Maintaining Connection and Working Alliance

Compared to programs without Peer Specialists, there is evidence that programs that include peers can have better client engagement with care (Chinman et al., 2014). Peers are also often better able to forge working alliances early in the treatment process with clients who are typically considered the most disengaged from traditional services (Davidson, Chinman, Sells, & Rowe, 2006). Overall, OnTrackNY teams have very high engagement rates possibly owing to the orientation to ongoing engagement and focus on addressing the expressed occupational and social goals and needs of participants (Bello et al., 2016).

Peer Specialists in OnTrackNY programs are involved in all aspects of community and participant outreach, engaging participants in services, and keeping clients connected to care.

3. Community Awareness and Social Inclusion - Working with the Outreach and Recruitment Coordinator

Peer Specialists may be involved in teams’ efforts to inform their communities about OnTrackNY services and to encourage help-seeking. Working closely with the Outreach and Recruitment Coordinator on the team, the Peer Specialist may help identify potential sources for referrals, set up and attend meetings and presentations, participate in the development of brochures, newsletters, websites, social media accounts and other informational materials, write or speak about their own experiences, and help build collaborative relationships between and among community agencies, services, and resources. For example, the Peer Specialist might accompany the Outreach and Recruitment Coordinator to give a talk to providers in a local hospital’s inpatient unit, outpatient clinic, or even to administrators at a local high school to inform them about the program components and how they work with young people.

4. Outreach and Recruitment: Conveying the Spirit of OnTrackNY

When a young person or family is inquiring about OnTrackNY services, or has been referred to OnTrackNY, the Peer Specialist may play an important role in describing the program, explaining how OnTrackNY is different from traditional treatment or from other options the young person/family may be considering, and helping the young person feel comfortable with the prospect of mental health treatment. Meeting someone who is open about his/her own lived experience is often quite reassuring for a young person who may be feeling confused, isolated, and uncertain about his/her prospects for the future. Learning that others have been in similar situations and have gone on to build successful careers, loving families, and meaningful lives may provide young people with the sense of hope that will help them to begin the work of recovery. Families may also benefit from the Peer Specialist’s message, as the Peer Specialist offers living proof that people can and do emerge from psychosis and are able to resume, or perhaps begin, pursuing life goals.

Whether initial outreach occurs on hospital inpatient units, in the team’s office, or in the community, the presence of a Peer Specialist, and the rapport he or she can often establish with a young person, may be significant factors that influence a person’s decision to consider OnTrackNY services.

Potential Script for Introducing Yourself as a Peer Specialist	
Step	Example
Greeting & brief introduction	“Hi, my name is ____ and I am the Peer Specialist on this OnTrackNY Team.”
Define “Peer Specialist”	“A Peer Specialist is a person who has had first-hand experience with psychiatric diagnosis and other life challenges, and who uses what they learned from going through all that to support others who are going through similar things.”
Mention your experience as a recipient of mental health services	“As a Peer Specialist, I am also a person who has used mental health services.” Say some more here – whatever you find comfortable. Provide some detail but not too much. You could, but do not have to, add some of the specific services you’ve used (hospitalization, partial programs, residential programs, shelters, etc.). It’s

	often most helpful to share pieces that relate most closely to what the person you're supporting is going through now.
Describe some of what you've gone through	Offer some details of what you have experienced (e.g., hearing voices, suicidal thoughts, homelessness, struggling with substances, etc.). Again, it's often most helpful to share stories that relate most closely to what the person's going through now.
Accomplishments and hopes to offer support	Name some accomplishments you feel good about or are proud of at this point in your life. Let the person you're supporting know that a big part of your role is to help them think through how they want to move toward in life. (In language that feels natural to you)

**It's really important to note that when first meeting someone it usually is not a good idea to follow a script like this from beginning to end without pause. More often, it will be most conducive to making a connection if you just introduce yourself and what you do, and then ask individuals if they want to talk, or sit, or even get a bite to eat. Ask them questions about themselves or allow conversation to develop as makes sense in the moment. Other aspects of your story should be worked into conversation in a way that feels natural. Avoid giving too much information all at once.*

Script for Introducing Yourself Individually to a Potential Participant	
Step	Example
Greeting	"Hi, I am John, a Peer Specialist in the OnTrackNY program. What's your name? ... It's nice to meet you, Sarah. Can I tell you a little about the program and what it involves?"
Very briefly explain the OnTrackNY Program	This program is designed for people who may have experienced some setbacks in life and would like support to get back to work, school, or other life goals. As part of this program you can meet with me regularly so we can work together to figure out how to support you in what you want to do."
Discuss what a Peer Specialist is and what makes you want to work as a Peer Specialist	"Have you ever worked with a Peer Mentor or Peer Specialist before?" "I am a Peer Specialist for the OnTrackNY program because I have been able to work through many of my own struggles and setbacks, and have learned a lot along the way. A few years ago I attended a program like this one. At the time, I was hearing a lot of frightening voices, and having trouble focusing and ended up losing my job. But, with a mix of different supports from the program and the community I was able to move through that time, and now I'm working here."
Review your role as a Peer Specialist	<p>"One of the things that often happens is that all our relationships become one-way and about 'getting help'. Here at OnTrackNY we start with the assumption that we are all people with something to offer one another, and that some of the best inspirations in life don't come from people trying to fix us, or tell us what to do, but from relationships that are really connected and inspired.</p> <p>When we start to understand each other and it's working for both of us, there's an energy that can generate a feeling of hope and possibility, and that's is what we're trying to do.</p> <p>Also, if we end up working together, some of the things we might do include figuring out what steps are involved in helping you to get where you want to go, and checking out</p>

	local resources together. I can help you figure out what kind of resources the team can offer you. We can also take a look at what sorts of groups are in the community and try them out together. Overall, my priority would be to support you to move toward living the life you want to live.”
Ask for questions	“Do you have any questions for me?”

5. Peer Specialist as a Bridge

The Peer Specialist can be seen as a bridge between the participant and the clinical team at OnTrackNY. Recognizing the often fluctuating nature of young people’s mental health service use, ambivalence about treatment is common for many. As such, it is important to have a flexible and non-coercive stance toward participants while striving to keep them connected to care in OnTrackNY. In addition, the Peer Specialist can advocate and make sure participant’s wishes, needs and preferences are always central in any treatment planning.

Peer Specialists are often skilled at connecting with participants who have reservations about mental health treatment or the clinical team. While assertive outreach is a hallmark of OnTrackNY programs, Peer Specialists are never responsible for ensuring that participants choose to continue using services. Instead, Peer Specialists will often reach out to participants who are disengaging to find out what’s happening in their lives from a place of mutuality and shared experience. Peer Specialists may lead the efforts to contact participants who have missed appointments, are not responding to phone calls, or are otherwise at risk of dropping out of care.

For example: One OnTrackNY team, concerned about a participant who had missed several appointments and was not responding to phone calls, learned from the participant’s family that he had not been home for several days. The family did not know where he was or how to reach him. Recalling that the participant sometimes spent time at a 24-hour diner downtown, the Peer Specialist paid a visit to the diner and found the young man there. Over a cup of coffee, the Peer Specialist learned what had happened that led to his missing appointments, leaving home, and not informing anyone of his whereabouts. The Peer Specialist used examples of times when he had experienced difficulty within his family and how this had led him to disengage from treatment providers. Furthermore, he shared ways in which he learned to use the team as a source of support when he felt that his family was against him. Moved by the team’s efforts to locate him and their attempts to keep him from disappearing, the participant re-engaged in services. Later he said that this experience had given him a feeling that he “belonged,” which had been meaningful and valuable for him.

While closely strategizing with the Primary Clinician and other relevant team members, the Peer Specialist may make home or school visits; may text or email participants to follow up on missed appointments; may suggest meeting in the community if participants are not comfortable coming in for office visits, etc. At the same time, it is important to keep in mind that services provided by an OnTrackNY team are flexible and individualized and therefore, if a participant and/or family member decides they do not want to work with a Peer Specialist, then we can be most helpful by advising the

team on strategies for working with the participant. Of note, it is possible that the Peer Specialist might not feel comfortable performing these activities alone or that the team has other safety concerns related to a specific participant. In this case the team should carefully strategize on how best to proceed (e.g., sending the most appropriate team member, visiting the participant in pairs, etc.).

OnTrackNY teams are much more successful than traditional outpatient mental health services at engaging young people in services and helping them achieve life goals such as returning to work and school. Peer Specialists can make an important contribution here. We can serve as a bridge helping participants navigate the different realities of mental health services. We can support participants in discovering alternatives that work for them. Having someone who has experienced similar issues and made it through to the other side can be the most precious of life lines and give participants hope that they too can lead full and meaningful lives.

B. Phase Two: Relationship Building, Embracing Non-Traditional Understandings of Psychosis, and Co-Creating Support and Wellness Tools

1. Relationship Building through Connection and Mutuality

a. What is connection?

"We often think in mental health and human services that others have problems we can help solve. But sometimes it's not about the problem I bring forward; it's just that I want connection. Connection "opens the door" because we feel seen and can open up. So instead of jumping straight into problem solving, connection creates an opportunity to have a rich dialogue or experience "being understood." - Shery Mead, Intentional Peer Support

Connection is the key to initiating relationships. It's a good place to start because without it we can't get much further. As Peer Specialists working with an OnTrackNY team, connection usually happens in the context of meeting a participant for the first time. When you first join the team your Team Leader will introduce you to participants. Maybe you will say hello in the waiting room of your agency. Maybe you will accompany another team member on home visits. Maybe you will be asked to help out with some paperwork or taking a participant to an appointment. Maybe you will be facilitating or co-facilitating a group and a new participant will join in. Whatever the case, thinking about how you connect will serve you well in building a relationship with participants.

You will need to be ready to talk about yourself and your role on the team. Useful tools for developing these ideas include: *Potential Script for Introducing Yourself as a Peer Specialist, How to Use Your Personal Experience to Convey Connection and Mutuality, and Life Lessons and Personal Stories using T-MAPS.*

Below are some useful questions to consider during your initial interactions with participants:

1. How do you know when you are connected to someone else? What are they doing to engage you? What is not helpful?
2. How do you communicate warmth and valuing of other people?

3. How do you demonstrate openness, curiosity, and interest in other's experiences, stories and perspectives?
4. What are ways you can invite participants' sharing?
5. What resonates, captures attention, sparkles imagination, strikes a chord?
6. How do you convey respect, acceptance and a desire to understand another person?

In order to connect we offer curiosity, interest, acceptance, warmth and engagement. We pay attention to where we connect and what we have in common, versus getting side-tracked by differences or dislikes. We find ways to connect even when other's perspectives or experiences are different from our own.

What makes a Peer Specialist connection different than a typical clinical connection is that it is actually part of your job to allow yourself to be personally impacted and share in a way that deepens the connection. It takes some vulnerability and being comfortable with yourself, but there is a power and a joy in building your relational strengths and getting to know yourself and your own reactions better as you build trust with participants and team members.

Disconnection and Reconnection

Although connection is invisible, we all know when it occurs, and likewise, when we disconnect. Sometimes, disconnecting in a relationship is inevitable, it can be part of being in a relationship to disconnect, or not see "eye to eye." There will be times when one person says something hurtful or triggering to the other and if they talk openly about their feelings it can be a learning experience for both people. Peer Specialists can recognize the possibility for "reconnection in disconnection", and use it as an opportunity to deepen the relationship. Articulating the feeling (*"Did we just disconnect? That didn't feel good on my end."*) can open up a space for reconnections. Sometimes the reconnection deepens our relationship in a way that was not possible beforehand, so in this way we can see how a cycle of 'connecting/disconnecting/reconnecting' can be useful. Reconnection in disconnection is a skill that can be cultivated and passed on to participants in our program.

Disclosure and Connection

In addition to the relational principles we bring to our work, we also bring the perspective of one who has had personal experience in mental health services. What makes our Peer Specialist role unique is that we share these experiences openly, candidly, and for the benefit of participants, families and other team members. Peer Specialists use selective self-disclosure about our lived experiences with mental health problems, substance use, and other aspects of our lives to establish connection with participants. Talking about our own path to recovery can foster a sense of trust and mutuality in our relationships with others who have traveled similar paths and might feel shame or fear at disclosing their experiences themselves. Speaking openly can inspire people we are working with to feel less isolated and allow them to consider new possibilities for their futures.

Peer Specialists' interactions are often less structured and more informal than those in traditional professional relationships. To be effective, the disclosure of our lived experience to clients and families must be done thoughtfully, taking into account participants' needs, capacities and circumstances. We can highlight self-discovery and/or recovery as a dynamic and adaptable process. We can also share

developments in our personal journey to demonstrate how goals can evolve alongside mental wellness and life circumstances.

b. What is Worldview?

Worldview is the word we use to talk about how we have learned to think about the world around us. Each of our worldviews are unique and are based on our personal experiences: our education, successes, losses, relationships, culture, gender, religion, family, skin color, ability/disability etc. Our worldview shapes our assumptions about the world – what is right/wrong, good/bad, successful/unsuccessful, important/unimportant. An example is one family might believe that ‘money is the root of all evil, and rich people can’t be happy’ whereas another family might believe that accumulated wealth is a measure of success. Growing up in these different families might lead to very different worldviews.

Our worldview affects the way we interpret other people’s stories. For example, Bob gets a job as a school janitor. He is delighted because it’s the first job he’s held in ten years. Joe, on the other hand, feels that the job is below Bob, and that Bob should be looking for something different.

As Peer Specialists working on an OnTrackNY team, we want to pay attention to our “seeing” – how have we come to know the world in the way with think about it? What are other ways of looking at things? How is our current “seeing” impacting how we participate in relationships? What are the stories that we’ve learned to tell about ourselves and other people?

As Peer Specialists it is part of our job to listen in order to understand and be able to explore ideas with others. We work to stay curious about how we’ve made sense of experiences. We question our assumptions: How did we come to “know” what we are so sure we “know”? We remember that our “told stories” are just the tip of the iceberg and that there is always a “untold story” below the surface. Our untold stories include the huge mass of experiences with self, others and our world that have contributed to who we are and how we see the world today. Our feelings, thoughts, sensations, experiences (physical, social, cultural, environmental, internal, sensations, dreams, visions, self-talk, voices) family relationships, culture, education, life themes, memories, longings, personal meanings – even our genes and biology – make a contribution.

Clues to our untold stories come in many forms – choices of words, intensity, energy, facial expressions, how fast we’re talking, tone of voice, how we carry ourselves or physically use our bodies to express what we’re feeling or thinking. When we are working with participants who are using OntrackNY services, we listen actively and ask ourselves:

1. What would it take to survive in this person’s shoes – in their world, from their perspective?
2. What core values, beliefs, hopes, dreams, themes, purposes or commitments does their story suggest?
3. How have we been moved, touched inspired, informed or changed as a result of our relationship?
4. (And importantly) How are our responses based on own life experience?

Listening from a position of not knowing:

It's easy to make assumptions when parts of our stories match up. However, we need to be mindful that our untold stories are always going to be different in some unique and important ways.

A focus on worldview is not about clinically assessing or diagnosing: it's about trying to understand and appreciate the other person's experience. A good way to practice this is "listening from a position of not knowing." Some questions we can ask from a position of "not knowing" might begin with:

- Help me understand...
- I wonder...
- How did you learn...
- What makes that so (hard, scary)...

Respect and appreciation for multiple perspectives will be very helpful in this work (see Embracing Non-Traditional Understandings of Psychosis)

An appreciation of our own and another person's Worldview helps lay the foundation for a relationship based on Mutuality.

c. What is Mutuality?

"Peer support relationships are mutual and reciprocal. This can be very healing for people who have been in the patient or client role for a long time...[I]n most mental health settings, clients are not encouraged to help each other or anyone else. In this sense the current popular term "consumer" seems apt. It conjures the image of a large mouth consuming and consuming without a hint that it would be possible to contribute something back. Socialization into being a consumer means that many people are denied the opportunity to discover they have something to offer to other people...It is healing to learn that one needs and is needed, cares and is cared for, and can receive as well as give." - Pat Deegan

In traditional mental health services, one person is usually viewed as having a diagnosed problem and another person, or team of people, are recognized as experts in treating that problem. Peer Specialists work differently. We are not in the business of helping or trying to "fix" program participants. Instead, our focus is on mutuality and learning from each other.

How to Use Your Personal Experience to Convey Connection, Worldview and Mutuality

It's very important to remember that – unless one is giving a planned speech about our own experience – sharing one's story will most often happen in very small bites. Rarely will Peer Specialists want to share too much of our story all at once. Instead, it is important that we share relevant parts of our larger story. This is for many reasons including:

1. Wanting to use how and what we share to – above all else – build connection with the other person (which is hard to do if we are monopolizing the conversation!)
2. Not wanting to make ourselves the focus of the conversation
3. Not wanting to overwhelm someone with too much information all at once

4. Wanting to tailor what we share so that it makes sense for the particular person with whom we are talking

A few examples of what this might look like are as follows:

Example 1:

Participant: *"I want to go back to school, but every time I look at the application I just get overwhelmed and go to bed instead."*

Peer Specialist (sharing something that worked for them through their story): *"Yeah, I can really relate to that. I remember when I was applying to school and how stressful it was. At one point, I felt like my family was pushing me to start thinking about college, and I would just get this overwhelming sense of fear. Then I realized it wasn't all or nothing. I could try out taking a class at the local community college. That felt so much more manageable and helped me work up to working on my Bachelor's Degree, which I hope to finish next year. Is a community college course something you've ever thought about or that might be worth looking into?"*

Example 2:

Participant: *"It was so hard growing up with a parent who sexually abused me. I wonder if I'll ever be able to have a normal relationship with anyone. I feel totally broken, and like no one can understand."*

Peer Specialist (sharing something they struggled with to communicate the other person isn't alone): *"I can't say I've been through exactly what you've been through, but I hear that alone feeling. I lived alone with my mother, and she drank a lot, and most of the time couldn't take care of me at all, but I was supposed to keep that a secret. I could never have friends over, and was never sure what I was going home to. I'm imagining that in addition to feeling alone, it must also just be so hard to trust people in your life."*

Example 3:

Participant: *"I'm really angry at this program. No one's listening to me. No one cares about what I want."*

Peer Specialist (sharing past experiences of frustration toward building partnership): *"I can remember a time when I was living in a residential program, and it felt like everyone was talking about me and never to me. I even remember once when someone mentioned I had a treatment plan, but I'd never seen it. It made me feel so angry and powerless. Do you think there's a way we could work together to support you getting your voice heard here?"*

Notice that with each of these examples, something brief is being shared that clearly relates to what the person being supported has said. Although not always necessary to end with a question (sometimes just saying something and letting it sit or being together in silence can be really powerful), also notice that each example includes a question that helps turn the focus back to the person being supported in hopes of also further exploring what's going on for them.

It is also important to keep in mind that as Peer Specialists share their stories, we should never suggest what the participant should do. Even if something worked for us, it's important to never suggest that it is the answer for everybody else. However, using a personal story can be a great way to share ideas or possibilities. Additionally, Peer Specialists should determine which parts of our stories we are ready to share. It is important that we do not feel compelled to speak about topics or events we don't feel comfortable discussing.

Bear in mind that even though an important part of the Peer Specialist role is to share our stories, they do not have to be a part of every conversation. Using one's story too much, even when using it well, can make it sound insincere or as if the focus is not the participant's experience.

Sharing a Larger Story

Sometimes Peer Specialists will have an opportunity to share a larger part of our story. This might happen at a planned outreach event at a local hospital or high school, or it might happen during an in-service for team members. If we have this opportunity, here are several questions to keep in mind when telling our story:

1. What were some early indications that you were struggling?
2. What were some low points that you experienced? (It can be an important connection builder to share some of this, but it's equally important not to get stuck here!)
3. What were some barriers you had to overcome to move forward?
4. What were some of the supports and resources that you found helpful and why? (As well as, perhaps, some you that didn't work for you and why?)
5. What does life look like now (including some of your accomplishments, strengths, current supports, etc.)?
6. What are some of the most important lessons you've learned along the way?
7. It's also important to check in with yourself about how much time you have to speak, who you're speaking to, and your main goal in sharing your story (e.g., are you trying to influence practices on the team, convey the message that people can and do heal and move forward, etc.)

It's also really important to remember that as Peer Specialists we always have a choice about whether or not to share our personal experiences and how much we want to share. Skillful disclosure comes with time and experience and your intuition about what feels right goes a long way.

Power Imbalances, Mutuality and the Peer Specialist

Mutuality can help reduce power imbalances in peer support. This is a central part of the work because it helps leave room for building the sort of trust and genuine human connections that many people have reported can be life changing. At the same time, it's important to be transparent about the fact that Peer Specialists are getting paid, sometimes take notes about our visits with participants, and communicate frequently with the rest of the team. While we can strive for true mutuality, there will always be some degree of power imbalance between the role of Peer Specialist and participant.

Certain situations can make it challenging to remain true to the principle of mutuality. Examples might include if a program participant is expressing suicidal thoughts or intent to harm themselves, if he/she is talking about hurting someone else, or if he/she is so distracted or unaware of their surroundings that

they are stepping into traffic or the like. Here are some tips for remaining *peer* and remaining a responsible member of the OnTrackNY team:

- Early in your relationships with program participants let them know that you work as part of a team. You can't keep secrets from the team and you have frequent communication with the team.
- Remember that Peer Specialists never assess or evaluate a program participant. This means that if a program participant is talking about harm to self or others, it is not your job to evaluate the seriousness of the risk. Risk assessment and safety planning is the clinical team's job.
- In addition to the above, if a program participant is talking about harm to self or others, Peer Specialists continue to be guided by the principle of mutuality. Be curious about the person's experience and share relevant experiences you have had. If it seems right, share what worked for you and how you found your way through hard times. Be open to learning how the program participant is managing such strong feelings.
- Before your meeting with the program participant is over, remind them you can't keep the conversation a secret and will mention it to the team. You might even consider inviting program participants to consider calling their Primary Clinician on the team to discuss their concerns directly in their own words.

Holding fast to the peer principle of mutuality while working on a clinical OnTrackNY team does have challenges. During training you will have the opportunity to further develop your skills in this area.

Mutuality Across Differences in Identity and Background

While peer specialists often share much in common with participants in regards to our experiences of emotional distress and using services, peers and participants may have widely different experiences of race, class, gender, sexual orientation, ability, and religion that impact how we interact. Sometimes, in order to understand someone else's experience, we must get to know not only the person but their culture and history. In addition, cultural context can have an impact on how participants experience psychosis; it may influence the content of voices heard, the definition of the experience as spiritual or mundane, and/or the care a participant chooses. In addition, oppressive social forces such as racism, classism, and sexism may be very real factors in why a participant is having psychotic and other extreme experiences. The T-MAPs section below (and in the Appendix) will provide specific questions and ideas on working with mutuality across differences in identity and background.

T-MAPs – A Peer Developed Frame for Working Mutually

Transformative Mutual Aid Practices (T-MAPs) are a set of community-oriented training guides that provide tools and space for building a personal "map" of stories, wellness strategies, resilience practices and local cultural resources. T-MAPs was originally inspired by the concept of Advanced Directives and the work of Mary Ellen Copeland and the Wellness Recovery Action Plan (WRAP). It was developed for over a decade informally in The Icarus Project community through workshop settings and online discussion boards with thousands of participants from across the world. In the OnTrackNY program we will be using the T-MAPs frame to train ourselves and develop our personal resources as Peer Specialists. We will then be able to offer more concrete strategies, tools and resources to the participants in our programs.

The basic idea is that as Peer Specialists, our ability to work with others effectively is based on our awareness of the lessons we've learned from our own struggles, how we take care of ourselves, and what resources are out there for support, inspiration and guidance. If we are familiar and have an intimate understanding of the complex and intimate parts of our lives, if we have language to talk about our inner worlds, and if we know how to ask for help when we need it, we will be that much better in helping guide other people who are looking to us for support and guidance. The T-MAPs practice goes beyond the usually defined mental health concerns to articulate larger strategies, life-goals, and social visions that are helpful not just in times of distress but also in times of flourishing. Rather than approaching T-MAPs primarily as a mental health practice, T-MAPs was initially developed to facilitate group practice of mutual aid, imagination, and envisioning new cultural possibilities. It is a tool for connection and creativity.

Steps:

1. Working on your own with a personal journal or online worksheet, take the time to reflect on and write answers to the T-MAPs questions (Appendix 1). There are four modules with different areas of focus.
2. Think through and/or discuss answers with other Peer Specialists if available. Focus the discussion on how our personal struggles can be helpful in how we engage with participants in our programs.
3. Through a process of revisiting the questions you will develop written "maps" for yourself that reflects your personal journey related to your mental health struggles with personal and community resources articulated
4. Once you are comfortable with these questions and your own answers to them, they can become solid points of reference when you are working with participants on their struggles.
5. If it feels appropriate, you can use the T-MAPs format to help participants make their own maps of skills and challenges and resources.
6. The process of developing a T-MAP can be done one-on-one or in a group format. They work really well for leading groups. Either way, it is a concrete peer-developed tool that can be passed along to participants and help them guide their journeys while they are working with us and once they move on from the program.

The T-MAPs Essentials modules are adaptable, but the basic format is:

1. Life Lessons and Personal Stories
2. Goals and Visions
3. Resilience Toolbox
4. Navigating the Labyrinth When You're Not Well

Appendix 1: will walk you through how to develop each of these steps for yourself.

The more we have a clear sense of how to answer these questions for ourselves, the deeper we can connect and help create space for a participant who is figuring out the answers for themselves. It is worth noting that you might find yourself in a place in your life where thinking about having to go to a psychiatric hospital does not accurately reflect your current situation, but being able to think through these issues for yourself -- to think about yourself in crisis and how you would respond -- what the issues are personally for you when you struggle with extreme states -- will allow you to better partner with

participants who are more acutely struggling with their day to day lives. This is the spirit of mutual aid which gives your work as a Peer Specialist meaning and integrity. The ability for all of us to find ways to “map” – or clearly communicate -- our challenging issues, is an important piece of the Peer Specialist work. The T-MAPs questions and frame offers some clear guidance on how to tangibly put this into practice.

Professional Boundaries

Peer specialists are professionals who understand that relationships marked by mutuality are our most important tool for working with young people. Balancing our personal and professional boundaries with the need of young people to know and feel connected with us is central to our work. For many young people, the notion of professional boundaries will be new and peer specialists can teach and role model healthy professional and personal boundaries.

For many, the word “boundary” conjures images of a barrier or wall. When professional boundaries are construed as walls or lines that must not be crossed, our relationships with young people can suffer. Walls are hard, rigid and unbending. When professional boundaries are applied in rigid, formulaic, or cookbook fashion, peer specialists can appear aloof and distanced, and the people we work with can feel estranged from us. This rigid approach to professional boundaries is at odds with peer specialists’ guiding principle of mutuality.

Take a moment to think about how you first learned about professional boundaries when you were a service user. Many of us learned about professional boundaries by unwittingly saying or asking something of a staff person. Perhaps our case manager was going away for a week and we asked, “*Are you going on vacation?*” only to be told, “*I can’t tell you that. It’s a boundary violation.*” Perhaps we baked some holiday cookies and gave them to our therapist only to have the therapist say, “*Thank you but I can’t accept gifts from clients. It would be a boundary violation.*” Or perhaps we were curious about a hospital worker’s faith tradition and asked, “*What is your religion?*” only to be told, “*That’s inappropriate for you to know.*” Clearly, rigidly applied professional boundaries can be hurtful and can break down relationships rather than build them up.

Instead of rigid walls, we should think of professional boundaries as being co-created by the young person and the Peer Specialist. Instead of being formulaic and rigid, professional boundaries should be consistent, flexible and responsive to the needs of the individuals in the relationship. Pat Deegan has developed an algorithm comprised of five factors that can be applied to achieve a consistent, flexible and responsive approach to professional boundaries. The five factors are:

1. Ethical considerations
2. Role expectations
3. Clinical concerns
4. Personal limits
5. Client preferences

The method for applying this algorithm is demonstrated in the Spirit of OnTrack video series, Chapter 5: Professional Boundaries as a Means of Building Relationships. After watching the video, be sure to work with the exercises in the Viewer’s Guide.

Finally, any discussion of professional boundaries would be incomplete without mention of social media and search engines. Is it OK for Peer Specialists to accept a friend request on Facebook from a program participant? When, if ever, is it OK for Peer Specialists to do a Google search on a program participant? How, if at all, should Peer Specialists modify their social media presence knowing that program participants can use a search engine to learn more about your private and professional life? Some OnTrackNY teams and their parent organizations already have policies regarding such issues. Be sure to check with your supervisor.

2. Embracing Non-Traditional Understandings of Psychosis

a. Multiple Frameworks for Thinking About Mental Illness

The ability to think creatively and be flexible is critical to the Peer Specialist role. Peer Specialists in OnTrackNY teams need to be familiar and become comfortable with multiple frameworks for talking about our inner experiences and external realities. On the one hand, there is the medical model, which is used to navigate through the mental health system. This language comes directly from the Diagnostic and Statistical Manual of Mental Disorders (DSM-V, 2014); a diagnosis arises from a specific set of criteria which typically include an array of symptoms and the adverse impact of such symptoms on the individual's functioning. It is important to understand that every participant using services in the OnTrackNY program has been diagnosed with a non-affective psychotic disorder or a schizophrenia related mental illness.

While this language is important in the diagnostic and clinical realm, there are, in fact, multiple frameworks for supporting people through mental health crises that do not use this language. When the medical model is the only available framework, it can have negative effects on the person who has been diagnosed. For many people, diagnostic labels feel alienating. Such labels can elicit feelings of hopelessness and despair. Alternately, some people find a diagnosis to be re-assuring. It gives a name to one's distress and validates the distress is real and of serious concern. A diagnosis also points the way to treatment that might help and this can be re-assuring for some people. Finally, a psychiatric diagnosis is sometimes welcomed by peers and families who may feel a sense of relief that it's not a personal weakness, lack of willpower or the family's fault.

Trauma Informed Perspective

While not all who experience psychosis are survivors of trauma, survivors of trauma are much more likely to experience psychosis than the general population (Varese et al., 2012, Read et al., 2014). It's important to create an environment of trust and safety when working with trauma survivors. Some summarize trauma-informed care with encouragement to ask the simple question "*what happened to you?*" rather than "*what is wrong with you?*" This is about being deeply curious about another person's life without jumping to immediate conclusions or pathologizing someone's behavior.

At OnTrackNY, we strive to create a compassionate, trauma-informed environment. It is important to note there is a big difference between doing work that is trauma-informed, and doing direct work on trauma with participants. Peer Specialists are not junior therapists. It is not your job to help participants resolve their trauma, but instead to be part of an environment where they feel safe and respected. Part of creating safety is shifting how we view survivors. It is important to shift our lens from what is

pathological or broken to what behaviors were once adaptive, though they may no longer serve. We must understand trauma survivors as deeply resilient and creative people who have found their way out of terrible situations, but who are capable of healing and wholeness.

However we decide to talk about it, psychosis and other mental health issues are very human experiences. Beneath the turmoil and confusion, fear and uncertainties, young people who struggle with extreme states of consciousness are just like everybody else. The job of the OnTrackNY team is to engage the energy, youth, hope, promise and human potential of the young person and to support them in achieving their life goals. "*Who am I?*" is a question that all young people face. "*Who am I and what can I become now that I have a diagnosis of psychosis?*" is the more complicated question facing the young people engaged with OnTrackNY.

Frameworks for Thinking About Experiences Labeled as Psychosis

Psychosis is clearly a complex human experience. Currently there are many theories about what causes psychosis. None of them are proven true for everybody but they offer many sources of wisdom into which Peer Specialists can tap to learn about the complexity of psychosis. While sometimes it can be useful to think about psychosis as a bio-psycho-social illness (Engel, 1980), at other times it can be helpful to think about psychosis relationally: as something that exists between people, that is greatly affected by family dynamics and issues in the larger society. (Seikkula, 2003) There is a rich body of literature to support the notion that the experience of psychosis can be understood in the interaction of individual stress and vulnerabilities in relation to the environment in which one lives. This is called the stress-vulnerability model (Zubin et al 1977; Goh et al 2010). Equally important, there is a rich body of literature outside the medical context that grapples with understanding experiences of psychosis (Lewis, 2011) within a philosophical or spiritual framework.

Because of cultural taboos, many people in the U.S. fear psychosis. For instance, Hollywood movies such as "Psycho" or the modern Batman series perpetuate the myth that people diagnosed with psychosis are dangerous and need to be locked up forever. OnTrackNY does not endorse or perpetuate these popular, though inaccurate, cultural stereotypes. OnTrackNY recognizes that sometimes the fear of psychosis is as much a problem as the distressing experiences themselves. Without doubt, stigma related to psychosis too often keeps peers from treatment and peer support that can help the recovery/discovery process.

Peer Specialists do not "buy-in" to cultural stereotypes of psychosis. We do not think of psychosis as being the same thing as dangerousness and violence. We recognize that the human experience includes, not just typical or "normal" experiences, but also experiences that are unusual such as hearing voices. As peer specialists we are open to different understandings and interpretations of "psychosis". We understand that sometimes it is important to figure out how to "make friends" with the parts of us that seem psychotic and scary. A Peer Specialist who has struggled with psychosis understands that there are lessons to be learned from the experience of having been through such extreme states of consciousness. Whatever language we use to describe our inner worlds; it is important to remember that the words we use are very powerful in determining how we think about the reality around us. Here is a collection of useful, non-clinical frameworks for thinking about psychosis that the Peer Specialist can familiarize themselves.

Making Friends with the Unknown - Because of cultural taboos, many fear psychosis, but sometimes this fear is actually as much, if not more, of a problem than the distressing experiences themselves. Sometimes it is important to figure out how to “make friends” with the parts of us that seem so scary. A Peer Specialist who has struggled with their own mental health understands there can be lessons to learn from the most challenging and seemingly alienating and confusing experiences.

Psychosis/Mental Health as Continuum - In order to break through stigma, it’s important to recognize how many life experiences are similar to each other, rather than always identifying psychotic or “abnormal” mental health experiences as categorically different from “sane” experiences. It is important sometimes to notice the connections between psychotic experiences and more conventional ones (like dreaming at night, day-dreaming, creative pursuits that require imagination, synchronicity, patterns in nature.)

Psychosis as Teacher - From some perspectives it can be useful to see what we are calling psychosis as the psyche’s natural attempt to experience and express emotion the person isn’t yet prepared to experience, identify and express. Sometimes believing there is a reason for something other than just “pathology” can be transformative and healing. Sometimes the process of meaning making opens up unrealized avenues for exploration and growth.

We Are All Story-Tellers - We tell ourselves and each other stories all the time, especially when it comes to experiences like “psychosis” that have an element of mystery. In the case of a life changing illness a good story provides 1. An explanation consistent with the person’s worldview, 2. A connection to a community of practitioners and concerned others who share this worldview, and 3. A sense of mastery and control over the experience. (Brody, 2002) As Peer Specialists it is part of our responsibility to help understand and make sense of the story together with the participant and the rest of the OnTrackNY team.

Extreme States - Many people in the Recovery Movement are starting to use the language of “extreme states” rather than “psychosis” (Williams, 2014). From this perspective, while psychosis is a term based upon the paradigm of pathology, “extreme state” is more open because it is relativistic. It is neither good nor bad but simply says that someone’s experience is unusual relative to the norm.

Other Language - Some other less clinical terms that can be used to describe “psychotic” experiences are terms like “altered states”, “extreme sensitivity”, “holding unusual beliefs”, “dangerously gifted”, “madly gifted” or “having experiences outside of consensual reality”. Listen to the person you’re working with and hear what language they are using. Ask where they are learning such language from. Ask what words and understandings feel right to them. Share some language you’ve heard or used to describe your experience. See what fits. Keep in mind that language is social and fluid, especially with young people.

Beyond Recovery - Even the language of “recovery” used in the mental health system doesn’t always feel right and sometimes the language of “transformation” fits more closely to someone’s life experience. Remember that whatever language we use it is very powerful in determining how we think about the reality around us.

3. Co-Creating Support and Wellness Tools

a. Navigating Complex Systems

People receiving services through OnTrackNY programs and their families may sometimes need supports beyond what OnTrackNY specifically provides. This includes support to meet basic needs. For example, participants may be living in unstable housing situations, without adequate financial resources, and lacking health insurance. They may also have legal system involvement, and unmanageable hospital bills, student loans, or credit card debt. As Peer Specialists, we are often quite knowledgeable about community resources and how to access them (“asset mapping”). Sometimes, even more important than just knowing what resources are available, we are able to explain to people we’re supporting what to expect when accessing those services based on our own first-hand experience. Peer specialists can also offer creative ways of navigating and even of re-framing how to think about the system. Even if Peer Specialists haven’t struggled with the exact same problems and systems, we may have learned a lot by helping others through similar situations. In some instances, we may even know specific people related to those services who are particularly helpful (or unhelpful), and can facilitate making introductions.

Peer Specialists can help inspire participants to move toward the life they want. Sometimes this begins with small and mundane steps. For instance, we may be the ones to accompany people to appointments, or assist them in filling out and submitting applications, follow up, troubleshoot, and advocate as needed. People receiving services and families often greatly appreciate the practical assistance that OnTrackNY programs can provide. Once participants’ basic needs are met, they are also often more willing and able to take advantage of the other components of OnTrackNY. Ideally, through this process, they have also learned about and been empowered to advocate for themselves.

b. Inspiring Participants to Develop Vision and Tools

When participants are coming out of crisis, they may feel lost or without a clear vision for their life. They may be experiencing a loss of confidence and a sense of overwhelm. It may be hard it to even think of what a different future could look like when so much energy is directed towards basic survival. Peer Specialists can help them find their way. Drawing on our lived experiences of making it through the fire to mental health recovery, we may be able to share some of our own successes, failures and things we have learned on the pathway to finding what 'living well' means to us. We also may help participants to identify which tools are helpful in their wellness toolbox, whether those are creative practices, alternative healing modalities, or the resources of traditional mental health treatment. We can work side by side with participants to develop T-MAP documents detailing their concrete needs, goals, reminders, and lists of resources internally and in the community. In addition, we may help the participant with concrete plans, such as helping the participant establish a routine, follow through with commitments, and follow through with short and long-term goals, in the interest of building rich, full, and satisfying lives.

c. Facilitating/Co-Facilitating Groups

As Peer Specialists we can facilitate groups that we develop or co-facilitate groups with other team members (e.g., Primary Clinicians, SEES, or Nurses) for OnTrackNY participants. These might include groups that are focused on sharing stories, strengthening support networks, healthy living, or providing

support to families. For example, support groups can focus on critical aspects of community inclusion. A school-focused group might include discussion of issues such as accommodations, time management, and disclosure in educational settings. Vocational groups might explore members' future career goals, work-related fears, employment rights (ADA) and hopes/dreams. Occasional guest speakers (for instance, a successful young artist or a committed activist in the local community with past experience of psychosis) might be brought in to share their own experiences managing symptoms or a diagnosis in the context of school and work. Additionally, groups can focus on a particular activity or combination of activities. For example, an OnTrackNY team might bring in guest speakers, musicians or other interesting community partners to speak to participants. Participants might plan social outings or organize a group around a particular interest (e.g., sports, art, yoga, or food). (Jones, 2015)

An excellent guide to developing mental health support groups is The Icarus Project's Friends Make the Best Medicine, available for free at <http://nycicarus.org/images/fmtbm.pdf>.

There is a wide range of philosophies and procedures for conducting these groups. Some groups are structured (like Alcoholics Anonymous), others last for only a set number of weeks, while others are open-ended and unstructured but nevertheless endorse a core set of beliefs (such as Hearing Voices Network groups and Icarus Project support groups).

Important considerations when facilitating a group include confidentiality, respectful listening, being inclusive of divergent viewpoints, creating a safer space for people from marginalized populations, intervening in instances of racism or other isms that may show up in the group, and making sure everyone has the opportunity to speak.

Peer Specialists may be involved in developing the curricula for these groups; publicizing the groups; making outreach phone calls to remind participants/families about the groups; running the groups; soliciting feedback from attendees; and documenting group sessions. Moreover, peers may be particularly attuned to the participants' interests in other kinds of groups and can work with participants on locating the space and resources necessary to develop and run their own groups.

d. Collaborating with the Supported Employment and Education Specialist

Hearing about the Peer Specialist's own education and career trajectory may be helpful for some participants. As Peer Specialists we can help to support the practical work of the Supported Employment and Education Specialists (SEES) by providing emotional support and solidarity to a participant who is learning to navigate through the realms of education and employment. For participants who are in school, hoping to return to school, or wanting to start school, GED classes, or vocational training programs, Peer Specialists may collaborate with the SEES in providing some of the emotional foundation behind the practical work. For some participants returning to school after a hospitalization, having the Peer Specialist accompany them and talk with them about whether, and how, to disclose information about their time away from school can be quite helpful.

The following story is an example of engagement through self-disclosure of a pivotal moment in one's own recovery:

"I got sick when I was in college and it really took away all my confidence. I also lost a lot of my friends, not because they were bad people, but they had simply moved on with their lives and I was stuck. My family doubted my abilities as well. I just didn't seem to have anyone who believed in me or understood what I was going through. I was referred to a treatment program and really didn't want to go but I made myself. The first person I met was the Peer Specialist. She showed me around and introduced me to the staff and clients. She started talking to me about her own illness and how she was able to move beyond it. It really gave me hope. It was just what I needed. My recovery began that day. If she could work and have a life, then so could I and that's exactly what I did."

e. Working with Participants and Families

For the Peer Specialist, the challenge of working with participants whose families are involved in their care is similar to those experienced by other team members: helping all parties navigate the complexities of early psychosis, encouraging them to draw on their strengths and supports, and supplementing these strengths and supports with new skills and resources as necessary. That said, the Peer Specialist role is primarily to be a support to the participant, and hold the perspective of the participant at the center of our advocacy. It is important to also be aware of the factors that need to be considered when working with underage participants. For example, a participant under age 18 is not an emancipated adult. Parents are legal guardians and can override a participant's preference to have certain information held in confidence. Parents can choose to have a participant use medication over the participant's objections. The team can assist in such situations, using shared decision making. However, Peer Specialists may feel conflicted when working with minors and are encouraged to talk about this with supervisors.

Family members sometimes have their own beliefs about illness and recovery that may or may not align with the participant's goals. Alternately family members often are helpful contributors to the dialogue around recovery and act as key supports in the recovery process. The Peer Specialist can collaborate with other team members and families in supporting the individual's goals, but primarily our role is to be an advocate: to voice the perspective and desires of a participant who might have a hard time voicing them on their own. This can sometimes mean that a Peer Specialist and clinician on the team have different views about family dynamics. This is a welcomed perspective and useful to say out loud.

Just as the presence of the Peer Specialist on the team sends a message to participants that recovery is possible, our presence conveys this powerful message to families as well. Negotiating boundaries with participants and family members is a key skill for this position. Speak to your supervisor about issues relating to boundaries with participants' families as well as how to work with underage participants and their family members.

C. Phase Three: Identification of Future Needs and Service Transitions

1. Guiding Participants and Families in Transitioning from OnTrackNY

From the very beginning of our relationships, Peer Specialists can help prepare OnTrackNY participants for moving on from the program. By helping a new member develop a T-MAP document with details

about their needs, desires, personal goals, and community resources, we can focus our attention on laying the groundwork for their future life as a connected member of the greater community. Modeling self-advocacy skills across life settings, we can help by sharing experiences of being a responsible young person who struggles with serious mental health issues.

As participants' and families' time with OnTrackNY teams draws to a close, we can play a critical role in facilitating transitions from the OnTrackNY team to other resources in the community. Participants and families may be understandably quite anxious at the prospect of leaving the team and uncertain of their options. We can share our own experiences transitioning between levels of care or from one provider to another. We can share lessons learned and ways in which we managed both the feelings associated with moving on and the practicalities associated with establishing care elsewhere.

For most, transition planning will involve identifying another provider of mental health treatment. Some small number of participants may elect to see a primary care physician for medication after leaving OnTrackNY. Others may not be interested in continuing mental health treatment but may be open to connecting with other community resources such as case management services, self-help groups, or peer-run support programs. The Primary Clinician will be the central person working with individuals and families around transition planning.

OnTrackNY teams often frame participants' transitions to other providers in the community as "graduation" – a time to reflect on the progress participants have made since beginning treatment, goals they have attained and those they are still pursuing, and their hopes and dreams for the future. OnTrackNY teams may mark the occasion in a variety of ways depending on participants' and families' preferences. Some participants may wish to attend a family group to discuss their experiences with new clients and families. Some might like a small get-together with the team to mark their transition. Others may simply want to meet with one or two team members in the community to say farewell.

The Peer Specialist can help ascertain participants' preferences and coordinate the participant's/family's last encounter with the team. Presenting the participant with a certificate, and allowing all team members to share a memory of, and a wish for, the participant and family can be a profound way of acknowledging everyone's efforts and experiencing a positive good-bye. Sometimes participants will keep in contact with the team informally, but there is no expectation that once the participant moves on that regular contact is maintained with the team. You might work with your supervisor to determine a strategy for how the entire team will speak about transition/graduation with participants.

2. Connection to a Larger Community

a. Connection to Local Resources and Community Groups

For many participants, connecting to local groups that are not explicitly mental health related - but are supportive environments - is crucial to developing wellness and a sense of connection. Peer specialists can help participants brainstorm available resources, identify interests, and seek out new avenues for support and community. Sometimes participants can renew and strengthen existing connections that may have been neglected during crisis. Sometimes participants will need to identify entirely new sources of connection. Possible venues include sports teams, civic groups, 12 step groups, community advocacy groups, artist collectives, reading groups, centers for meditation and spiritual practice, churches, cooking

groups, people training for a marathon, hiking groups, meet-up groups, practicing a language group, outdoor groups, photography groups, yoga practitioners, etc. The possibilities are numerous.

b. Connection to the Recovery Community

From a practical perspective, one of the cornerstones of a strengths-based approach in the area of First Episode Psychosis planning is the identification of existing peer-run organizations and initiatives. Peer Specialists can help connect participants with these groups. For instance, high schools, colleges and universities may have existing campus-based mental health organizations such as [Active Minds](#). There are also a wealth of online recovery communities and groups, including [Youth Power](#), [The Icarus Project](#), [Mad in America](#), [Beyond Meds](#), and the [Hearing Voices Network](#), many of which have Facebook groups where members support each other. Local communities may host a variety of mental health mutual support groups, peer-run advocacy or support organizations, or youth mental health initiatives. There may also be state-wide consumer networks or coalitions, or peer-run programs embedded within community mental health centers. Many cities are also home to peer evaluation and/or research consultants, as well as peer clinicians. Existing peer-run organizations (PROs) and groups are important for both state-level and program-level planning and development efforts. At the state-level, for instance, PROs can help ensure program stability through lobbying and direct advocacy around funding. At the program level, it may be easier and more cost-effective to partner with a PRO that provides certain services (such as support groups) than to offer them directly. Collaboration with external PROs may also help ensure continuity of engagement during and following FEP discharge and/or be able to provide additional services that a particular FEP service does not have or cannot fund.

III. Other Aspects of Peer Specialist Role

A. Influencing the Team Culture

Peer Specialists will influence the culture of OnTrackNY teams. As we have mentioned, other members of the team are clinicians and are skilled in diagnosis and person centered treatment methods to help young people recover and achieve their goals. When Peer Specialists join the team, a new perspective and skill set are introduced into the team culture. You can expect OnTrackNY teams to be welcoming of Peer Specialists and curious about the unique role that you will fulfill on the team. For some team members, this will be the first time they have worked alongside Peer specialists.

All team members will experience a culture shift during the time of transition when clinicians are learning to work with Peer Specialists and vice versa. Culture change on the team presents challenges and opportunities for both Peer Specialists and for clinicians. For instance, Peer Specialists can anticipate feeling some pressure to assimilate into the clinical culture of the team. An example of assimilation might be that you find yourself using clinical terms just like your clinical colleagues e.g., "*Joseph has been non-compliant with meds lately*"; "*Ahmed is decompensating*"; or "*Serena is manipulating her parents into giving her money for drugs.*" Another common challenge is falling into activism when the peer role calls for advocacy and teaching peers to be self-advocates. What does effective advocacy on the team look like? When does advocacy go too far and perhaps alienate other team members?

Without doubt it can be a challenge for Peer Specialists to remain peer when all other team members are clinical. Your Team leader is there to support you in remaining peer and helping the rest of the team appreciate your unique perspective and language. Attend supervision with your Team Leader and be open about the challenges you are experiencing as the team culture shift happens. Additionally, routine contact with other Peer Specialists is very helpful. Be sure to attend the monthly call of all OnTrackNY Peer Specialists. Attend all Peer Specialist trainings. Ask your team leader about attending local, regional or national peer conferences. All of these will help you remain peer when working on the team.

Clinicians will also be challenged by the culture shift on the team. For instance, your presence on the team disrupts some assumptions that many clinicians were taught. Here are five examples:

1. Peer Specialists are living proof that recovery is real. Some clinicians may feel challenged because they were trained to think of psychosis as a chronic illness that limited what program participants could expect from life.
2. Peer Specialists also disrupt the idea that sickness and health are separate domains. Peer Specialists are proof that it is possible to live with certain mental health challenges or vulnerabilities, and still be well. When working alongside you, some clinicians will find themselves asking difficult questions such as: *"I spent years in therapy, does that make me a peer? I use psychiatric medicine myself, does that make me a peer?"*
3. The third disruption that is part of the culture shift when Peer Specialists join the team, has to do with the fact that historically only licensed professionals were considered qualified to help people diagnosed with severe mental illness. Today Peer Specialists are an emerging workforce qualified to work, not by a license, but by the wisdom of the lived experience of recovery and certification. Sometimes this causes tension on teams.
4. Peer Specialists are advocates and sometimes the voice of advocacy is new on the *inside* of clinical teams. Sometimes clinicians need to adjust to your voice as advocate and this can be challenging.
5. Finally, if you have known any members of the team when you were a service user, this can create role strain. For instance, if the psychiatrist on the team was once working on an inpatient unit when you were a patient there, it can feel awkward for both of you to now have new roles on an OnTrackNY team.

The Team Leader is responsible for helping team navigate the culture shift that occurs when Peer Specialists join. That means that OnTrackNY Peer Specialists will have many opportunities to positively influence the team's dynamics and practices. For example, having young peers involved in a program can lead to increased youth-sensitivity and youth friendliness within that program (Jones, 2015). The perspectives of LGBTQ Peer Specialists can be invaluable in shifting the language and culture of the workplace and treatment environment for people of all sexualities and genders. Furthermore, including peers as part of a team can help highlight the importance of person-centered care and shared decision making that take into account the participant's preferences and goals. An essential role for Peer Specialists embedded in the team is that of advocate: advocacy with - and not just for - the participant involved, bringing both people's experience and wisdom into the room. Other ways Peer Specialists can positively influence team culture include:

1. Pace of deliberation: With peers on board, both assessment and decision-making are slowed down, less rushed and more careful (Lindy, 2014).

2. Language: Clinicians report being much more self-conscious about resorting to diagnostic or objectifying language with peers as part of their teams – pulled back to the here-and-now, ferreting out untold stories, taking the broader view, and easing up on pathology (Lindy, 2014).
3. Broadening treatment options: Peers help draw attention to the problems and risks of coercion and hospitalization. Instead of referring clients to other services (or hospitals), peers in some cases intervene or suggest different options (Jones, 2015).

B. Supervision

Team leaders are the primary supervisors of Peer Specialists in OnTrackNY Teams. Team Leaders are responsible for guiding the whole team in welcoming the unique, non-clinical perspective of Peer Specialists. Peer Specialists can expect the Team Leader to guide the entire team through the culture shift and tensions that naturally occur when the clinical perspective meets the peer perspective. If concerns or rough patches occur during the culture shift, Peer Specialists should turn to their supervisor and expect support and understanding, as well as practical problem solving for issues that arise.

Although we will provide some guidelines for supervision of the Peer Specialist within the OnTrackNY team, we also encourage the Team Leader and program administration to familiarize themselves with a variety of resources including:

1. The Provider's Handbook on Developing and Implementing Peer Roles (Western Mass RLC, 2015)
<http://www.psresources.info/peer-roles-handbook>
2. CPS Supervisor and Training Videos (Transformation Center)
<http://transformation-center.org/wp-content/uploads/2013/07/DMH-Supervisor-Training-Subpart-A-no-readings.pdf>
3. Local or national trainings oriented to peer roles (often also offering sessions focused on supervision)

Peer Specialists will be expected to meet with the Team Leader on a weekly basis for supervision. Supervision is intended to help Peer Specialists become proficient in their work, to maximize their contribution to the OnTrackNY team and do the best job of supporting program participants in their recovery/discovery. During supervision you can expect to receive support, to talk through challenges, to ask questions and to receive feedback on your performance. Remember that as people who have been diagnosed with a psychiatric disorder, Peer Specialists are protected under the American's With Disabilities Act (ADA). As such Peer Specialists may, if the need arises, request reasonable accommodations. An example of a reasonable accommodation might be that you have a therapy appointment you need to attend each week. You and your supervisor could work out a flex schedule that allows you to fulfill all of your work hours and responsibilities, while also attending your therapy appointments. You can get more information about the ADA and reasonable accommodations from your organization's human resources department. You can also access information at <https://www.dol.gov/odep/pubs/fact/psychiatric.htm>.

C. Professional Development for Peer Specialists

1. Perspectives and Experiences

Peer Specialists are professionals. Like any professional, it is important to learn from others colleagues. Some possibilities for networking and co-mentoring/learning with other Peer Specialists include:

- Attending local, regional or national peer conferences (for example the national Alternatives Conference or the annual iNAPS conference (International Association of Peer Specialists))
- Participating in on-line or phone support groups for Peer Specialists
- Signing up for regular newsletters or RSS feeds from peer bloggers
- Attending monthly OnTrackNY technical assistance calls for Peer Specialists
- Attending all OnTrackNY Peer Specialists trainings

Given the complexity and variability of challenges people within an OnTrackNY team might be facing, it is important that Peer Specialists be offered opportunities to be exposed to a variety of common experiences. Some of the most relevant topics include (but are not limited to):

- Hearing voices
- Unusual thoughts (or what very often gets called 'paranoia')
- Struggling with suicidal thoughts
- Self-injury
- Problematic substance use
- Harm reduction

It's important to note that 'exposure' can look like many things from attending a training (see section below), to attending local groups and events offered by other organizations, to independent study activities (like listening to interviews on Madness Radio or reading a variety of books and articles), and beyond.

2. Tools and Approaches

There are a number of relevant tools and approaches available and geared specifically toward peer supporters. Some of these include (but are not limited to):

1. Intentional Peer Support
2. Hearing Voices facilitator trainings
3. Alternatives to Suicide facilitator trainings
4. T-MAPs or other wellness tool trainings
5. Supported Decision Making trainings
6. Rights and advocacy trainings

It can also be very useful for Peer Specialists to attend trainings with mixed audiences. Some examples include the Maastricht Interview or Voice Dialoguing trainings (often used as clinical tools but growing out of the Hearing Voices Movement), Open Dialogue trainings, and so on. Additionally, it is useful for

Peer Specialists to attend overviews of tools and approaches used primarily by clinicians so that they are able to speak to those approaches in an informed way.

a. Cultural Competency

Cultural competency is one of the primary concepts that underlie the OnTrackNY model. As such, it is important that Peer Specialists receive training in cultural sensitivity and culturally informed care. This training should examine both the broad issues related to culture and living in this world, and issues that may arise specifically within the context of a program of this nature including different ways people coming from different cultures commonly interpret their experiences, and different treatments that might be more or less relevant for or favored by different groups. Typically, this is the sort of training that is open to all employees of OnTrackNY.

Such trainings should also support all employees to look closely at how lack of cultural competence, discrimination and lack of awareness of privilege can influence the way services are offered. It's essential – as a part of this process – that Peer Specialists (and all team members) be supported to work on discovering and examining any personal biases they might bring to their work. There should also be consistent reminders that learning about a particular group or culture overall does not replace the need to remain curious and invested in learning about each individual (as beliefs and practices can and will vary substantially from person to person, even among those who appear on the surface to have a great deal in common).

b. Youth Orientation

Finally, it is important to provide a basic foundation in youth development principles for Peer Specialists (and clinicians) that are hired without previous youth-focused training or coursework. "At a minimum, youth development training should cover the life-long impacts of young adult experiences (including education and community integration), identity formation, and developmentally specific issues likely to arise. A foundation in positive youth development (PYD) theory and practice would also be beneficial" (Jones, 2015).

3. Supporting Longevity and Sustainability

There are now a number of studies that suggest that it can be difficult to sustain people in peer support roles and that turnover is high. Some factors that support longevity include:

1. Clarity on the part of the employer about expectations for the role itself
2. Skillful hiring practices (often due to clarity about the nature of the role)
3. Supervision that is relevant to the peer support role
4. Understanding and buy-in to peer support concepts and approaches on the part of other employees
5. Helping peers feel connected to other peers, particularly for individuals who are working in environments where they are the only person employed in that particular role
6. Preventing discriminatory treatment or negative regard from other employees
7. Avoiding tokenism (inviting someone into a Peer Specialist role, but not actually valuing or making space for their voice and input)

It's important to note that calling attention to these issues should – in no way – be regarded as an indication to lower expectations for people working as Peer Specialists. As with any employee, needing specific accommodations (usually only some of the time and under some circumstances) in no way means a given staff member is incapable of higher level work or would be “unreliable” (Jones, 2015).

IV. Conclusion

This manual was written in the spirit of peer support and collaboration. It is a living document which developed over a period of years, through dozens of in-person and online conversations with creative people, Peer Specialists and clinicians, working inside and outside of the mental health system. It draws on the wisdom of the extended North American Peer Specialist community and incorporates the experiences and practices of many talented people, helping to enliven and blend with OnTrackNY's guiding principles of recovery, person-centered care, and shared decision making.

This manual is being written at an exciting time in the history of the mental health system. For the first time ever, there are tens of thousands of Peer Specialists working in different capacities in mental health organizations across the country. As this new and vibrant workforce emerges, it's important that Peer Specialists remain connected to the spirit of mutuality and system transformation at the heart of the movements that inspired them in the first place.

The ability of Peer Specialists and clinicians to understand each other and work together is at the heart of this document. It is hoped that many useful conversations will be inspired by it. OnTrackNY has an important role to play in modeling the development of Peer/Clinician working relations, both in Coordinated Specialty Care teams supporting young people struggling with First Episode Psychosis as well as other mental health team models which use a mix of Peer/Clinician roles. Together, Peer Specialists and clinical staff can raise the bar in providing quality care that helps participants overcome challenges and fulfill their human potential.

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VI. Additional Resources

A. Web-based Resources

1. Institute for Recovery and Community Integration: <http://www.mhrecovery.org>
2. New England MIRECC Peer Education Center: <http://www.mirecc.va.gov/visn1/education/peer.asp>
3. National Empowerment Center: <http://www.power2u.org>
4. National Mental Health Consumers' Self Help Clearinghouse: <http://www.mhselfhelp.org>
5. NY Peer Specialists: <http://www.nypeerspecialist.org/>
6. Academy of Peer Specialists: <http://www.academyofpeerservices.org/>
7. Trauma Informed Care Resources:
8. <https://www.dropbox.com/sh/pi0dl54xe498z6y/AACo4p7w6UnjBBAeerjel2Fra?dl=0>
9. Peer Involvement and Leadership in Early Intervention in Psychosis Services: From Planning to Peer Support and Evaluation:
http://www.nasmhpd.org/sites/default/files/Peer-Involvement-Guidance_Manual_Final.pdf
10. The Consortium, July 2008 from R. Fallot, PhD and M. Harris PhD Community Connections
<http://www.ccdc1.org>
11. Cultural Formulation Interview - American Psychiatric Association:
https://www.psychiatry.org/.../DSM/APA_DSM5_Cultural-Formulation-Interview.pdf
12. The Provider's Handbook on Developing & Implementing Peer Roles:
<http://www.Psresources.info/peer-roles-handbook>
13. United States Department of Labor <https://www.dol.gov/odep/pubs/fact/psychiatric.htm>

B. Recommended Readings

1. Chinman, M.J., Young, A.S., Hassell, J., & Davidson, L. (2006). Toward implementation of mental health consumer provider services. *Journal of Behavioral Health Services and Research*, 33 (2), 176-195.
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VII. Appendix 1: T-MAPs Essentials

Please answer the questions below regarding your life experience. It can be very useful to write them down and reflect on them by yourself or with others. They are meant to help you learn more about yourself in order to better support others from a peer framework. Once you have a strong sense of how to answer these questions for yourself they can become guides to help you get to know participants using OnTrackNY services, and help them along their own journeys to self understanding and recovery.

1. Life Lessons and Personal Stories
2. Goals and Visions
3. Resilience Toolbox
4. Navigating the Labyrinth When You're Not Well

1. Life Lessons - Personal Stories

- a. For you, what are the most important aspects of your background or identity (race, religion, ethnicity, gender, sexual orientation, ability)?
- b. Are there any aspects of your background or identity that make a difference in how you think about your mental health journey?
- c. Are there any aspects of your background or identity that are part of your resilience?
- d. How has your family and your culture been part of your journey?
- e. What were some of the early indications that you were beginning to have difficulties?

Describe yourself and your situation when you were at your worst. What are some examples of when you were at your lowest points? Were there times where it seemed like you might never recover and be able to move on?

- What did it take to move through your hard times? How did you learn to get past them?
- What did others do to help you? What was useful and what was not useful?
- What have you learned about yourself because you have struggled and made it to the other side?
- What are some of the things you have had to overcome to get where you are today?
- What are some of the strengths you have developed because of your struggles?
- What types of supports have you developed and used?
- What are some of the things you do to remain on your path to wellness, recovery, and self-discovery?

2. Goals and Visions

- a. What is most important to me?
- b. What am I like when I'm most alive?
- c. What are some of my guiding principles?
- d. What am I like when I'm well?
- e. How do I treat myself and others when I'm well?
- f. What are the things I need to do every day to stay healthy and grounded?

3. Resilience Toolbox

- a. How do I feel when I feel well? (What does it feel like in my body? What does it look like in my actions?)
- b. Taking care of the basics - What are things I do every day to take care of myself?
- c. What are things that make me feel bad?
- d. What are things I can do to address the things that make me feel bad?
- e. Early Warning Signs – How do I feel when things aren't going well?
- f. What can I do when I feel myself beginning to slip out of wellness?

4. Navigating the Labyrinth When You're Not Well

- a. Grounding in my strength and vision: take the time to remember my goals.
- b. What are the early warning signs that I'm heading towards crisis?
- c. What are things I can do when I see I'm starting to head toward crisis?
- d. What are the advanced warning signs that I'm heading towards crisis?
- e. What is the plan if I end up in crisis?
- f. What questions can my friends and family ask me to help support me?
- g. If I need to be hospitalized where should I go?
- h. Who are my designated support people? Who are people in my extended community?

VIII. Appendix 2: Intentional Peer Support- Three Principles

What makes Peer Specialist work so different than any other kind of work in the mental health system? Here are three principles to help guide you along your journey as a Peer Specialist working on an OnTrackNY team. They were developed by the creators of Intentional Peer Support (IPS) and are now used all over the country in high quality peer-run agencies and clinical programs that use Peer Specialists to help keep those of us in the role staying on track with our vision and priorities. You can always refer back to them to see if you are on track with your work. They are as follows:

Learning vs. Helping

From the very beginning of working with OnTrackNY participants and community members it's important for you to keep in mind the question: "What am I here to do in this relationship?" At the core of your role is a conscious shift from 'doing to' people to 'being with' people. It's a shift from 'me and you' to 'us'. It's about thinking, "What can we create and learn together?" It is what we like to call "co-learning". This means that even when Peer Specialists are engaged in tasks like helping to fill out paperwork with a participant, accompanying participants to appointments, giving a talk to a room of community members with the Outreach and Recruitment Coordinator about the benefits of OnTrackNY, or participating in a Team Meeting discussing how to best work with our participants, our focus and intent is always on building together; the task itself is the vehicle for the work of developing the relationships.

Peer Specialists that are co-learning:

1. Ask questions to learn, explore and understand (rather than assessing, problem-solving, or teaching/correcting.)
2. We see the people we're working with as capable co-learners and responsible (young) adults (vs. non-responsible, fragile, or needing advice, guidance or monitoring.)
3. Developing a co-learning relationship takes curiosity and interest (vs. having set ideas, assumptions and predictions.
4. We are open to new ways of looking at things (vs. imposing our viewpoints or guiding our participants to look in a certain way.
5. And importantly, we "stay peer" even when we're asked for help or advice (vs. assuming an expert or helping role.)

Relational vs. Individual

Part of what makes the Peer Specialist role so unique and powerful is that we are trained to think about ourselves in relationship to others, and focus explicitly on the care of the relationship. When interactions are all about the individual the focus inevitably ends up on the other person changing and our conversations get stuck on solving problems. It is easy to lose sight of our own learning. When interactions are about the relationship we both influence each other, we have the opportunity to communicate with honesty and openness, and no one is viewed as "the problem."

The beauty of this principle, which is so different from a traditional clinical role, is that we are helping to model genuine, healthy relationships for our participants by figuring it out together. Being relational takes practice and learning to be vocal about what we are seeing and how we are feeling.

As a Peer Specialist on an OnTrackNY we can use your Relational Principles by paying attention and talking openly about:

1. Our experience of the relationship (e.g. how it feels to each of us in terms of connection/disconnection)
2. The way we relate with each other (e.g. the dynamics of the relationship)
3. Whether we're caring for the needs of our relationship – e.g., are we offering each other things like respect and dignity, interest, and validation of experiences?
4. Differences in status, power and privilege – how do these affect our ways of relating?
5. Our assumptions and how they impact our relationship
6. The meanings we are each making of our interactions and ways of relating to each other.

It's important to keep in mind that in a team model like OnTrackNY, the nature of relationship extends to everyone on the team and the role of the Peer Specialist is to bring a sense of openness into team meetings and to supervision with the Team Leader. In turn, it becomes part of the role of the Team Leader to embrace this relational honesty and integrate its' gifts into the clinical setting.

Hope and Possibility vs. Fear

The third principle is about moving from fear to hope and possibility. It's important to note that fear and hope/possibility often go hand in hand. For instance, to get to hope and possibility we have to move through fear. Yet going through fear of the unknown is harder than doing what we know so it's easy to get stuck.

Hope based relationships focus on: what is possible, where we are going and how can we co-create something new. When fears come up we:

1. Take personal ownership of them as our own perspective (versus assessing the other person is "unsafe")
2. Discuss them openly ("I feel afraid") versus imposing our own needs ("You need to calm down")
3. Sit with the discomfort and negotiate to share power ("I wonder if we could talk about what we are both wanting to happen here?") versus imposing our own agenda ("I'm calling 911 for your own good")

The Principle of Hope and Possibility actively explores the relational possibilities for: learning and growing together through challenges and crisis; creating what is wanted in a way that makes life better for everyone; and bears witness to others' experiences from a hope-based perspective.

Once again, because we are working in a team-based model, all of these principles (Co-learning, Relationality and Hope) are brought into the working dynamics of the team as well as with individual participants. They are principles to be reflected on in supervision with your Team Leader, and a guide to thinking about what it means to be a Peer Specialist on a team.