

# Creating High Integrity Peer Support in Early Psychosis Programs

**Sascha Altman DuBrul**

Recovery Specialist & Trainer, OnTrackNY

**Jonathan Delman, PhD, JD, MPH, Assistant Research Professor,**  
Transitions to Adulthood Research and Training Center, UMass Medical  
School

Substance Abuse and Mental Health Services Administration  
U.S. Department of Health and Human Services

June 22, 2018



*This Webinar is hosted by EASA, a partner in the National TA Network for Children's Behavioral Health, operated by and coordinated through the University of Maryland.*

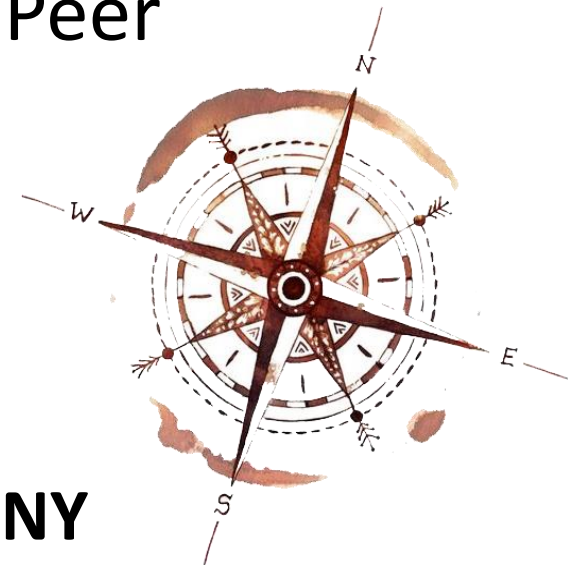
*This presentation was prepared by the National Technical Assistance Network for Children's Behavioral Health under contract with the U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration, Contract #HHSS280201500007C. The views, opinions, and content expressed in this presentation do not necessarily reflect the views, opinions, or policies of the Center for Mental Health Services (CMHS), the Substance Abuse and Mental Health Services Administration (SAMHSA), or the U.S. Department of Health and Human Services (HHS).*

# Agenda-Part 1

1. Brief History of the Peer Support Role
2. The Peer Role in Early Psychosis Programs
3. Important Distinctions Between Peer Workers and Clinicians
4. The CSC Culture Shift

**Sascha Altman DuBrul**

**Recovery Specialist & Trainer, OnTrackNY**



# What is Being 'Peer'?

- According to Merriam-Webster, a 'peer' is one that is of equal standing with another.
- The term 'peer' does not simply refer to someone who has had a particular experience.
- **Peer-to-peer support is primarily about how people connect to and interact with one another in a mutual relationship.**



# Peer Role in Early Psychosis Programs

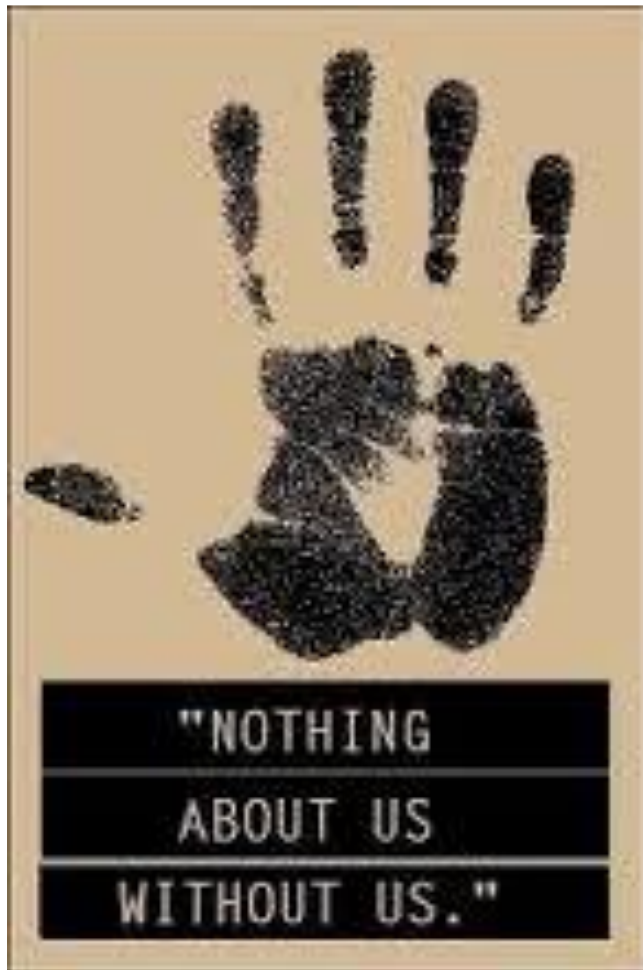
# Origins of the Peer Role in the Mental Health System



## Historical Context of the Peer Specialist Role



# Where did the Peer Role Come from?



- Originated in consumer/ex-patients movements in the '70s with aim of reforming mental health system
- Adopted as a professional role in the mental health system after lots of education and awareness
- Large growth in workforce recent years with rise of recovery focus

# Recovery Movement Culture



Contemporary  
National Peer  
Resources and  
Programs



# The Peer Role in Early Psychosis Programs



# Coordinated Specialty Care (CSC) for Early Psychosis

## Key Service Elements

Case management, Supported Employment/Education, Psychotherapy, Family Education and Support, Pharmacotherapy and Primary Care Coordination

## Core Service Processes

Team-based approach, Specialized training, Community outreach, Client and family engagement, Mobile outreach and Crisis intervention services, Shared decision-making

<http://www.nimh.nih.gov/health/topics/schizophrenia/raise/coordinated-specialty-care-for-first-episode-psychosis-resources.shtml>

# CSC for Early Psychosis with Peer Support

## Key Service Elements

Case management, Supported Employment/Education, Psychotherapy, Family Education and Support, Pharmacotherapy, Primary Care Coordination **and Peer Support**

## Core Service Processes

Team-based approach, Specialized training, Community outreach, Client and family engagement, Mobile outreach and Crisis intervention services, Shared decision-making

<http://www.nimh.nih.gov/health/topics/schizophrenia/raise/coordinated-specialty-care-for-first-episode-psychosis-resources.shtml>

# CSC Peer Specialists Job Responsibilities

- Outreach/Engagement/Bridge Building
- Relationship Building
- Embracing Creative Narratives
- Co-Creating Support and Wellness Tools
- Influencing Team Culture
- Team Communication

# CSC Peer Role – 3 Phrase Model



## Three phases of OnTrackNY as it applies to Peer Specialists:



**Phase 1:** Outreach, Engagement and Bridge Builder

**Phase 2:** Relationship Building, Non-Traditional Understandings of Psychosis, and Co-Creating Support and Wellness Tools

**Phase 3:** Identification of future needs and services transition



# Important Qualities of a CSC Peer Specialist

- Is hopeful, believes that everyone can progress and move forward in life and can describe this process using personal stories.
- Values choice, self-determination, and can “stand up” for people being served, using respectful and effective communication.
- Values the peer role as a new non-clinical position to augment and *not duplicate* traditional services.
- Recognizes the relationship of the peer role to the peer and self-help movement.
- Can describe elements of a recovery-oriented mental health approach/can describe things within the mental health system that hinder the recovery process.

# CSC Peer Job Description

- First-hand experience with emotional and/or mental distress and has actively engaged in a process of self-discovery and/or recovery
- Can effectively communicate their unique perspective and personal stories to inspire and model relationships built on respect, validation and trust
- Approaches the work using a youth-oriented, creative framework
- Ability to work directly with other team members to provide support and assistance to program participants

# Recruiting for the CSC Peer Specialist Role

- **Graduates of early episode programs.**
- **College Campuses** – Use connections made with through Employment Specialists to reach out to campus job boards, disability/access and accommodations offices, student groups (Active Minds, Icarus Project)
- **Recent college graduates with mental health histories** who have studied Social Work or Psychology
- **Online job boards** such as Idealist/Craigslist/Facebook (with targeted ads)
- **Local organizations that offer peer certificate classes** (NAMI, college programs, county peer programs) or trainings on models like WRAP, eCPR, or Intentional Peer Support.

# Recruiting for the CSC Peer Specialist Role (cont'd)

- **Agencies that offer vocational services to their clients.** They are often trying to find paid positions that would be a good fit for people recovering and healing from their own struggles.
- **Local Self-help centers or Recovery-oriented programs.**
- **Mental health centers that have Young Adult or TAY programs.**
- **Conferences and workshops** specifically for (or welcoming to) peers and people with lived experience. Alternatives, iNAPS, ISPS, Hearing Voices Network, IEPA, ISEPP, and all sorts of local peer training events.

# Further Information on CSC Peer Hiring

**OnTrack** NY  
My health. My choices. My future.

## Peer Specialist Manual



**OnTrackNY Contributors:** Kaciya Adnan-Dubina, MSW, Patricia Deegan, Ph.D., Irma Iello, Ph.D., Ellen Olan, LCSW, Emily Grossman, M.A., CNP, Cindy Chang, B.A., Lisa Roberts, LMSW, Sarah Pincus, M.A., Rufina Lee, Ph.D., Hong Nga, Ph.D., Sara Nassar, M.D., Anastasia Vander, M.A., and Lisa Dixon, M.D., MPH

**New York Association of Psychiatric Rehabilitation Services Contributors:** Mike Dier, CNP, Eder Schwartz, DSW, LCSWMA, and Tamara Stevens

Much of the essential foundation of this material has been influenced by the work of Identical Peer Support via Shery Harel and Chris Heston. Some of the other people who greatly influenced or contributed to this manual: Sara Davidson of the Western Mass Peer Network and Western Mass Recovery Learning Community (WHRLC), Jacki Hollamers, New Jersey, PhD, and the extended community of The Scarus Project.

**Center for Practice Innovations**  
at Columbia University  
New York State Psychiatric Institute  
Building best practices with you.



GUIDANCE MANUAL

## Peer Involvement and Leadership in Early Intervention in Psychosis Services: From Planning to Peer Support and Evaluation

Author: New Jones, PhD, Stanford University

Technical Assistance Manual Developed for SAMHSA/CNHP under Contract Reference:  
HHS/000007000002/Task Order No. HHS/00000007

## The Provider's Handbook On Developing & Implementing

# Peer Roles

By *Lyn Legere of Lyn Legere Consulting*  
With contributions from the *Western Mass Peer Network*  
& *Sara Davidson of the Western Mass Recovery Learning Community*

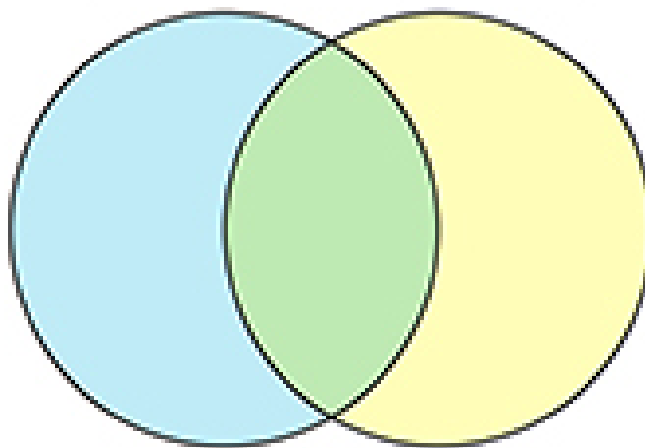


## Recommended Manuals Related to Hiring Peer Specialists for CSC Teams



# Peer/Clinical Perspective Distinctions

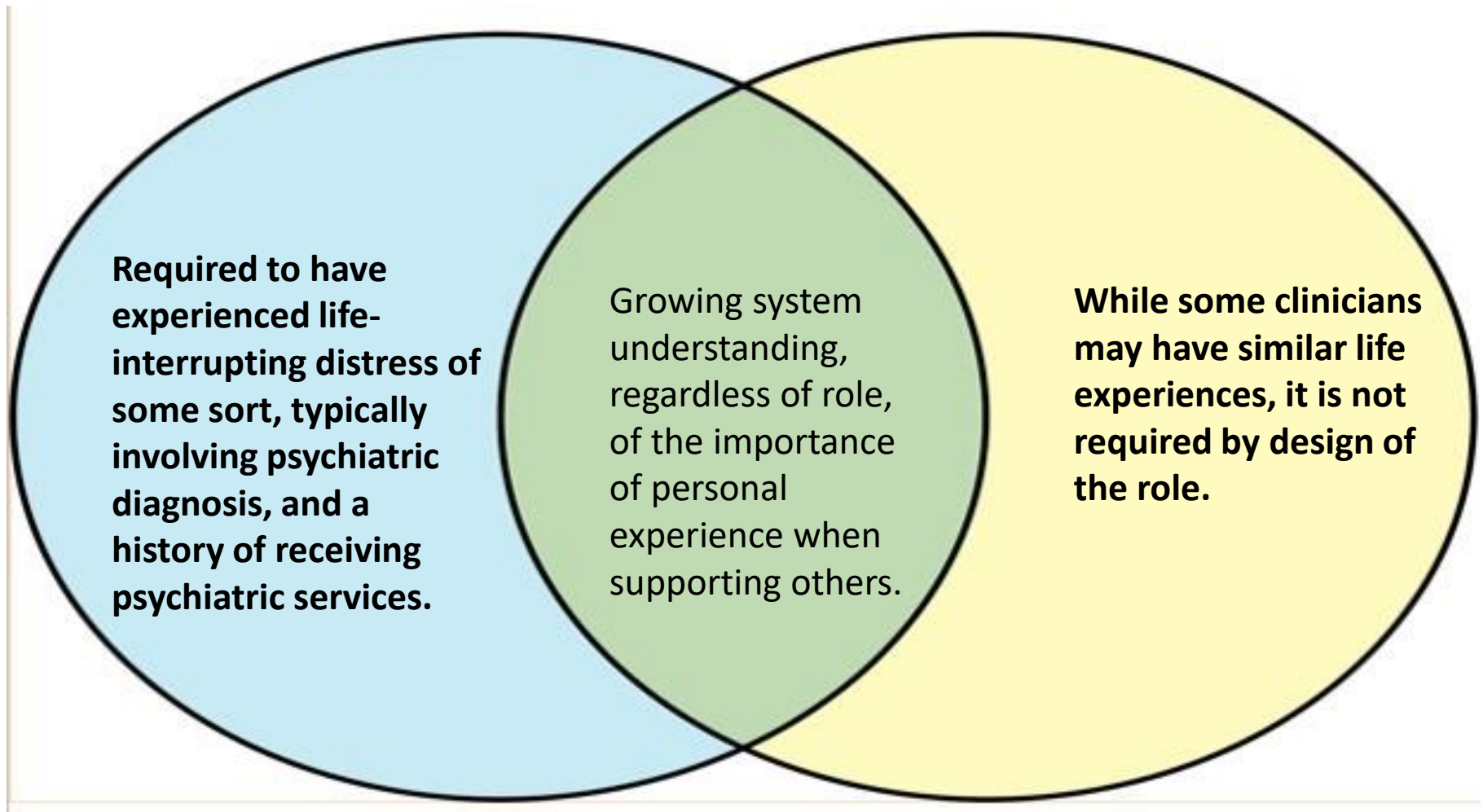
**Peer  
Specialist  
Perspective**



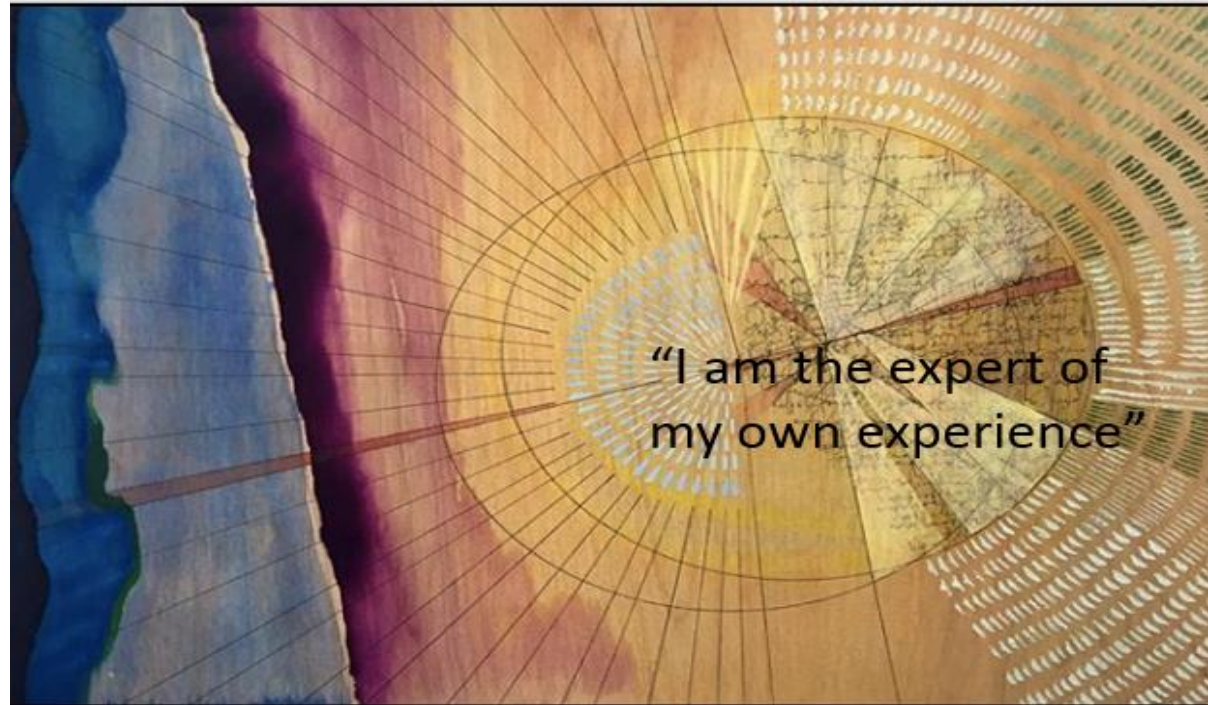
**Clinical  
Perspective**

**OVERLAP**

# Peer/Clinical Distinctions – Lived Experience

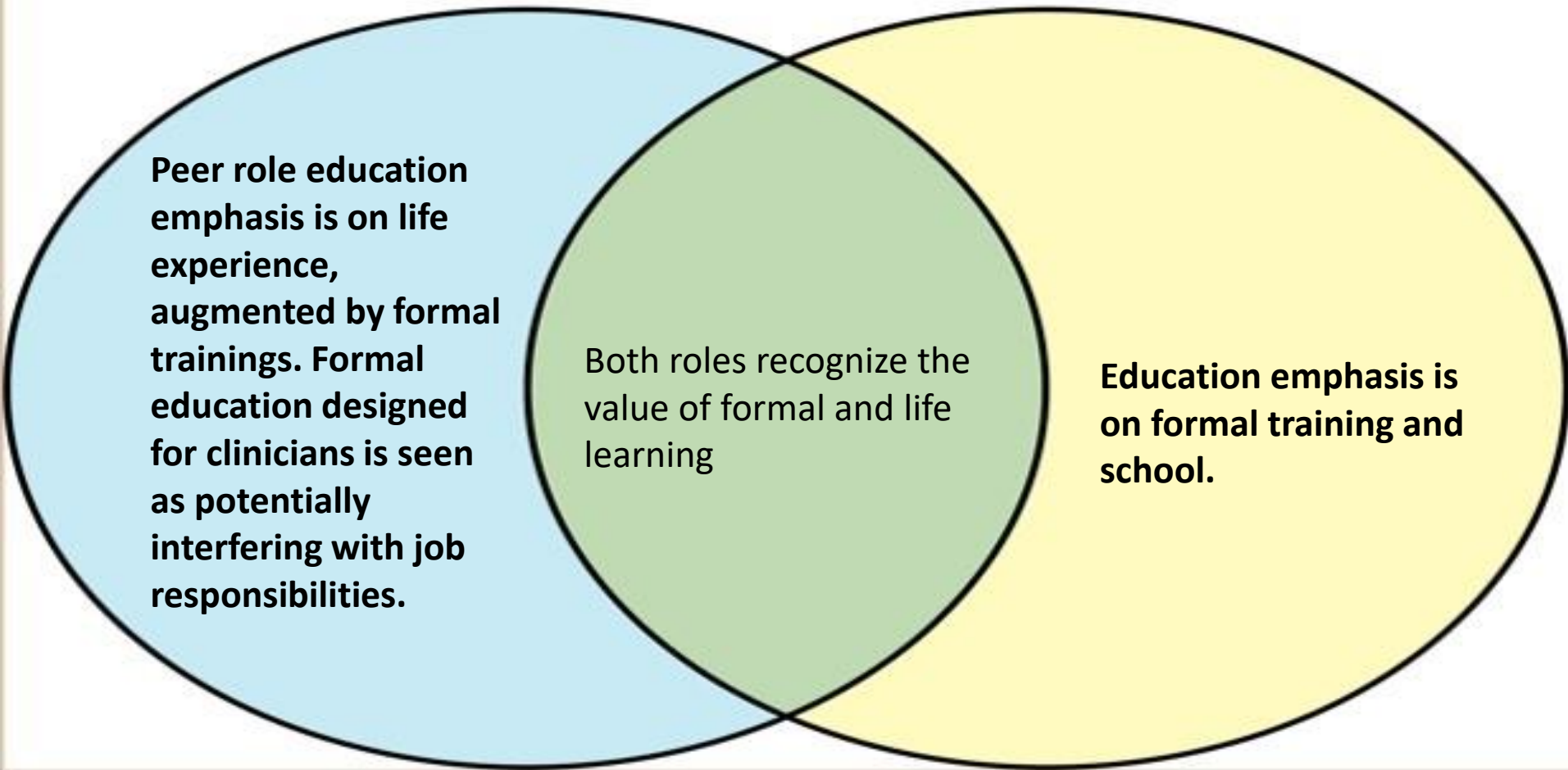


Language credit: Sera Davidow Courtney



## CSC Peers – Experts by Experience

# Peer/Clinical Distinctions - Education



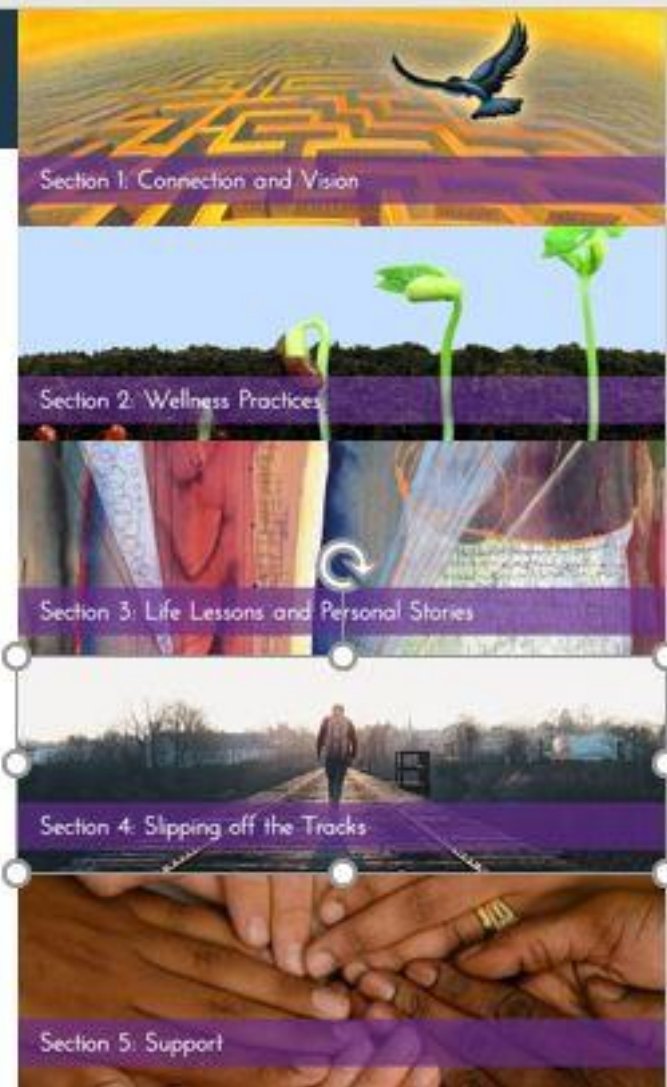
Language credit: Sera Davidow Courtney



# Education for CSC Peers – OnTrack Maps Tool



“What Values Move Me to Do This Work?”





# Peer/Clinical Distinctions - Mutuality

Peers focus on learning together rather than assessing or prescribing help

A desire to support recovery and the person's achievement of their human potential.

Focus on assessing and helping

# Peer/Clinical Distinctions - Mutuality



“If you have come here to help me, you are wasting your time.”

But if you have come because your liberation is bound up with mine, then let us work together.”

- [Lilla Watson](#)



# Peer/Clinical Distinction – Self-Disclosure

Peers aim to encourage mutual self-disclosure between themselves and participants. This means sharing personally relevant information, and feelings in order to let themselves be known to one another.

Although certain clinical boundaries are in place to protect privacy and safety, there is an emerging consensus that sharing personal experiences can promote trust, empathy, and understanding.

While some clinicians may disclose personal information about themselves it is not a required or expected part of their job and many work environments still prohibit such practices.



# Peer/Clinical Distinctions – Self-Disclosure

[Image:](https://en.wikipedia.org/wiki/Kintsugi)

<https://en.wikipedia.org/wiki/Kintsugi>



# Peer/Clinical Distinction - Systemic Discrimination

Have a vested interest in the impact of discrimination, prejudice, lack of choice, and force on individuals in the psychiatric system, and are further expected to use their stories and other tools to help raise consciousness of these issues among co-workers.

Most people, regardless of their role, are invested in reducing discrimination and prejudice of people with psychiatric diagnoses.

While some clinicians may have similar experiences, awareness of these issues is not a basic job requirement, and in fact, it is often a struggle to fully understand impact if one has not had personal experience of this nature.

Language credit: Sera Davidow Courtney





# Peer/Clinical Distinctions – Multiple Frameworks

People in the peer role focus on the many ways to understand the experience of psychosis: bio-psycho-social; spiritual; cultural; psychosis as teacher; psychosis as a natural variation of human experience, etc.

A commitment to support the young person in making meaning of their experience of psychosis

The bio-psycho-social approach is the main framework for diagnosis and treatment while utilizing a cultural competency framework

**HEARING VOICES  
NETWORK  
USA**



*Voices, Visions & Other Unusual or Extreme Experiences*



### Multiple Frameworks For Thinking About Psychosis



Center for Practice Innovations<sup>SM</sup>  
at Columbia Psychiatry  
New York State Psychiatric Institute  
*Building best practices with you.*

OnTrack<sup>NY</sup>  
My health. My choices. My future.



# Peer/Clinical Distinctions – Multiple Frameworks



# The CSC Culture Shift

## Integrating Peer Specialists onto the Team: Challenges and Opportunities

*Pat Deegan uses the language of “Disruptive Innovators” to describe the peer role and talks about the “culture shift” that take place when a peer joins a clinical team.*

# Fostering the Productive Synergy Between Peers and Clinicians

- Understanding differences and seeing how they fit together
- Creating opportunities for building trust
- Built into the design of the team are natural differences in perspectives of its members because of their varying roles.
- These multiple perspectives can become assets which ideally create a robust perspective and analysis that can benefit both the team and the participants.



# The CSC Culture Shift

By respecting the peer role as clearly distinct from clinical roles, while still a part of the clinical team, there is a great opportunity for creatively shifting dynamics on early psychosis teams in a positive direction.

# Thank you!

Much of the theoretical foundation of this material has been influenced by the work of Pat Deegan and all of it has been inspired by working with the entire OnTrackNY Central training team.

Some of the other people who greatly influenced or contributed to these slides are: Sera Davidow of the Western Mass Peer Network and Western Mass Recovery Learning Community (WMRLC), Shery Mead and Chris Hansen of Intentional Peer Support, Leigh K. Smith, MA UC Davis, Jacks McNamara, Nev Jones, PhD, and the extended community of The Icarus Project and Underground Transmissions.



My health. My choices. My future.

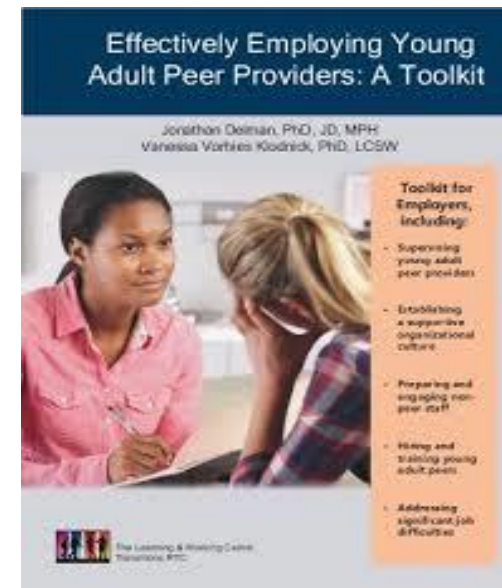


UNDERGROUND  
TRANSMISSIONS



# Agenda-Part 2

1. Factors impacting the employment success of people with mental Framework for health conditions:
  - Peer specialists in First episode programs
2. Framework for employers to address implementation challenges and support the success of the peer role in first episode programs
3. Review of Content: *Effectively Employing Young Adult Peer Providers: A Toolkit*, and tools for Employers to support peer success



**Jonathan Delman, PhD, JD, MPH, Assistant Research Professor, Transitions to Adulthood Research and Training Center, <https://www.umassmed.edu/transitionsrtc>, UMass Medical School**



# Agenda-Part 2 (cont'd)

## Resources

- PDF version

<https://www.umassmed.edu/globalassets/transitionsrtc/publications>

[/effectivelyemployingyoungadultpeerproviders\\_a\\_toolkit.pdf](https://www.umassmed.edu/globalassets/transitionsrtc/publications/effectivelyemployingyoungadultpeerproviders_a_toolkit.pdf)

- Online version-

<https://www.umassmed.edu/TransitionsRTC/publication>

[/effectively-employing-young-adult-peer-providers---a-toolkit/](https://www.umassmed.edu/TransitionsRTC/publication/effectively-employing-young-adult-peer-providers---a-toolkit/)



# Factors impacting the employment success of people with mental health conditions: *Peer specialists*





# Effectively Employing Young Adult Peer Specialists: *Perspectives of Peer Specialists and Supervisors*

## A. NATURE OF JOB

–Complexity

–Rewards

## B. CAPITAL FRAMEWORK

1.Human capital

2.Cultural capital

3.Psychological capital

Resilience

- Persistence

4.Personal social capital

5.Organizational social capital

Community Ment Health J  
DOI 10.1007/s10597-016-0059-6



ORIGINAL PAPER

### Factors Supporting the Employment of Young Adult Peer Providers: Perspectives of Peers and Supervisors

Jonathan Delman<sup>1</sup> · Vanessa V. Klodnick<sup>2</sup>

Received: 12 January 2016 / Accepted: 14 October 2016  
© Springer Science+Business Media New York 2016

**Abstract** Peer providers are a promising practice for transition-age youth community mental health treatment engagement and support, yet little is known about the experience of being a young adult peer provider or what helps to make an individual in this role successful. Utilizing a capital theory lens, this study uses data from focus groups (two with young adult peer providers and two with their supervisors) to examine facilitators of young adult peer provider success in community mental health treatment settings. Eight factors were identified as critical to young adult peer provider on-the-job success: persistence, job confidence, resilience, job training, skilled communications with colleagues, regular and individualized supervision, support from colleagues, and family support. Findings suggest that young adult peer providers may benefit immensely from an agency level focus on fostering social organizational capital as well as more individualized efforts to increase cultural, social, and psychological capital through training and supervision.

**Keywords** Peer · Young adult · Transition age · Employment · Capital

#### Introduction

Young adulthood (ages 18–30) is when rates of serious mental health conditions (SMHC), including diagnoses of bipolar disorder, major depression, and schizophrenia, are highest (Vorhies et al. 2012). Recent evidence demonstrates that young adults with SMHC can gain a variety of benefits from working, including improvements in psychosocial functioning and independent living skills (Stone et al. 2015). Like their age-related peers, young adults diagnosed with SMHC perceive employment as an opportunity to become a valued and independent member of society (Davis et al. 2013). However, most such young adults have experienced a significant disruption in their vocational development. They have high rates of dropping out of high school, not enrolling in post-secondary education or training programs, and not completing such programs when enrolled (Wagner et al. 2005).

Vocational development for such young adults is commonly complicated by a lack of positive role models, particularly for those who spent time in the foster care system, in a locked psychiatric hospital unit, and/or in the criminal



# Capital Framework

- Human capital
  - Positive- Training (e.g., CPS training), education, prior jobs
  - Negative- criminal history, school incompletions, lack of work experience
- Cultural capital
  - Job inexperience
- Psychological capital
  - Effects of anxiety, psychosis, learning disabilities...
  - **Motivation**
  - **Persistence**
  - **Cognition**
- Social-personal
  - Support v. discouragement [re specific to peer job]
    - Significant other
    - Family
  - Child care
- Workplace social capital- Can impact to some degree all of the above



# Workplace Social Capital Paradigm

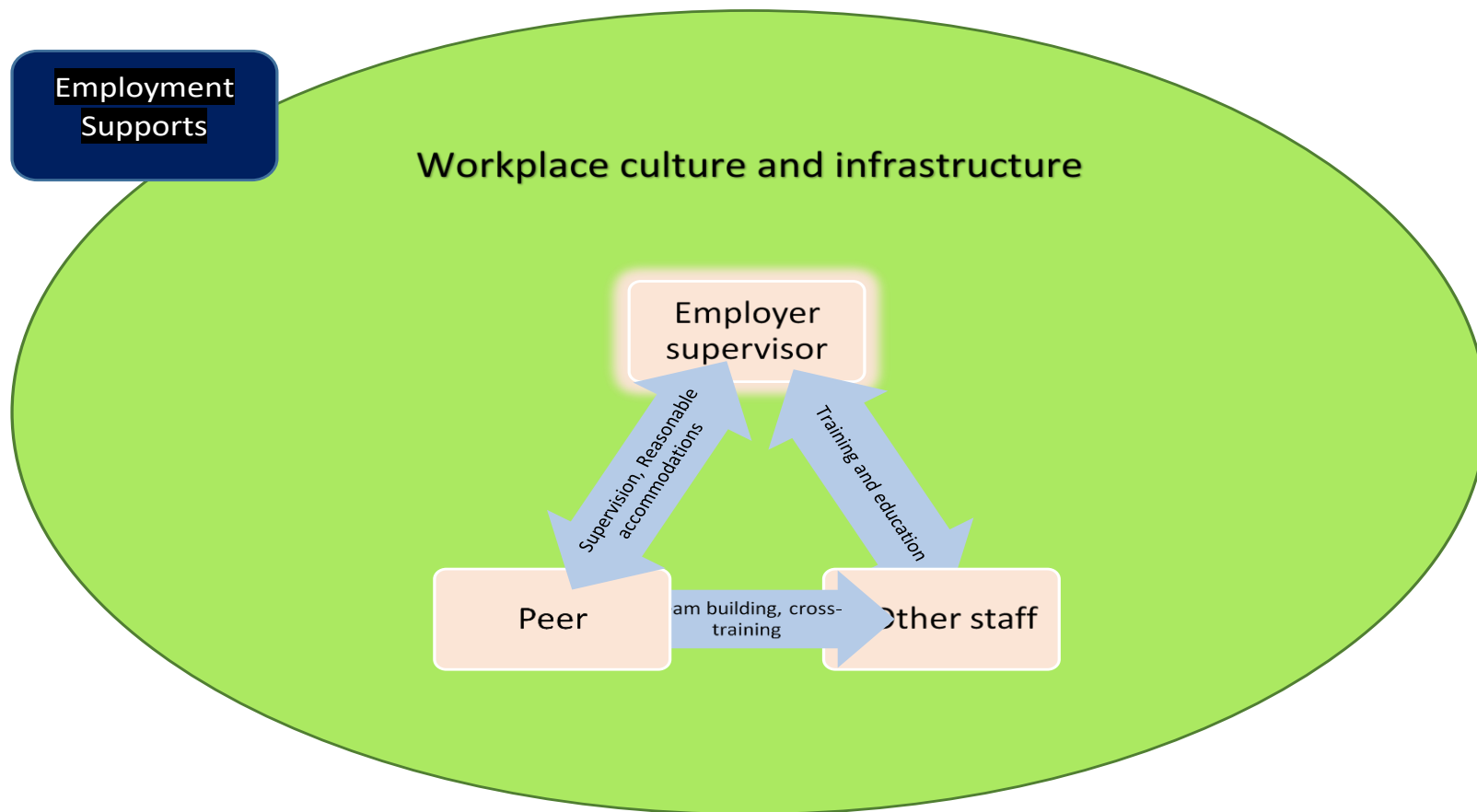


Figure 1



# The Impact of Organizational Social Capital

		Challenge categories	Organizational Social Capital Responses
		Human Capital	Training, education opportunities
<b>Organizational Social Capital</b>	>>>>>>>>>	Cultural Capital	<ul style="list-style-type: none"> <li>• Supervision</li> <li>• Accommodations</li> </ul>
		Psychological Capital	<ul style="list-style-type: none"> <li>• Access to health care</li> <li>• Wellness supports</li> <li>• Job coach</li> <li>• Culture values peer role</li> </ul>
		Job satisfaction et al	
		Social-personal capital	Policies- time off, accommodations



# Workplace Challenges to Implementing Peer Specialist Role

1. Job clarity, confusion, and perceived value
2. Relations with and support of other staff
3. Supervision
4. Addressing job difficulties - Generating effective reasonable accommodations
5. Wellness supports
6. Organizational culture- employee beliefs and practices
7. Organizational Framework





# Workplace “Uncertainty”: *Costs/Benefits*

<b>Costs:</b>	Start-up	Operations	Personnel upkeep, Hiring	Output
<b>Benefits:</b>	Team breadth/depth	Engagement, satisfaction	Wellness outcomes	Navigation

## Provider perspective

- Peer reliability
  - *Time off/missed*
  - *Skills*
  - *Turnover*
  - *Other demands on their time*
- There aren't enough [good] peer specialists
- Cost-benefit uncertainty

## Peer perspective (minority)

- Job clarity, confusion
- Supervision?
- Culture clash
- Evidence based wellness programs



# Organizational Approach to Support Peer Specialists in First Episode Programs

1. Define and clarify the peer specialist role for all staff:  
*a) before hiring, and b) with HR*
2. Enhance capacity to recruit and hire peer specialists
3. Promote workplace culture that supports peer specialists
4. Educate and support non-peer staff
5. Establish effective supervisory practices
6. Address job difficulties faced by peer specialist
7. Promoting employee wellness, resilience, and self-care:  
*Universal design*
8. Enhance critical elements of organizational infrastructure to drive above



# 1. Define and Clarify the Peer Specialist Role for all Staff: *a) before hiring, and b) with HR*

1. Identify the unique features of the peer job (below)
2. Describe key functions of this peer position, e.g., navigator, bridger, housing supporter
3. Establish job qualifications, compensation, and career growth opportunities commensurate with job requirements
  - Experience of first episode psychosis or wider scope
4. Written clear job descriptions for the peer provider role

## Share with all Staff Widely

- Effective dissemination and messaging
- Trainings
- Events
- First person accounts- peers, supervisors, managers



# Establish Job Qualifications

- Primary...
- Avoid typical direct services job criteria that tend to screen out many people with SMHC:
  - Tailor qualifications to job needs
    - Educational background
    - Criminal history ([DOJ guidance](#), TK p.46)
- More relevant:
  - Has overcome barriers and can discuss this



## 2. Enhance Capacity to Recruit and Hire Peer Specialists





# Additional Recruiting & Hiring Tips

- ❖ All staff are recruiters to the degree they understand and value of the peer specialist role
- ❖ Internet trends, social media
- ❖ Criminal history and other deterrents
  - Job applications and notices

- [“Ban the box”](#)-.....
- Avoid other deterring language

## ❖ Interviewing

- Even if there are relevant questions re criminal history, do not ask them first thing

## ❖ Help candidates to remove artificial barriers

- Expungements- referrals at the very least

- [50 state comparison](#)
- [Legal aid](#)

- Educational - GED



TK p. 48

TK p. 46



# Training Peers Specialists: *Basics*

- Essential workplace skills
  - Soft
  - Hard (Memo format to organize and share information- TK, Appendix D)
- Personnel policies and benefits
- Workplace rights and responsibilities
- Building resilience through stress management, self-care, & wellness planning
- Reinforce required staff trainings
- Supervision as an ideal space for on-going employee development.



# 3. Establishing Workplace Culture that Supports Peer Specialists

- Valuing peer support and positive youth development
- Recovery-oriented v. Clinical
  - Self-determination and dignity of risk
- Recognizing and addressing workplace stereotyping
- Embracing legal obligations to not discriminate against employees with disabilities
- Diversity of person, perspective, and experience
- Employee access to wellness tools, supports and services (below)
  - Universal design

TK Chapter 4, Organizational Self-Assessment, TK, Appendix A



# Provider Staff Must Embrace Positive Youth Development Paradigm

- Approach is to empower youth and young adults with disabilities to take an active role in decisions about their lives, so capable of developing plans toward accomplishing tasks and projects.
- Domains of staff skill sets
  - Building trusting relationships
  - Drawing out young adults' priorities
  - Motivating clients to learn and practice meta-developmental skills



# Embracing Legal Obligations to not Discriminate against Employees with Disabilities

- Federal & state law
- Prohibit discrimination in all aspects of employment, including job application procedures, hiring, advancement, discipline, firing, compensation, training, and other terms and privileges of employment... as well as “hostile” workplace
- Staff awareness of laws’ specifics itself reduces discrimination
- Employer clarity and messaging
- Many excellent on-line resources (p. 36)





# Addressing Sterotyping in the Workplace

- Contact
  - Training
  - Less formal
- Presence of peer services
  - Co-learning
  - Cross-training
- Education/Training- “real plays”



# Need to Understand & Value: Self-Determination & Dignity of Risk

- Presumption of competence
- Developmental learning through trying things out, and as relates to treatment
- Big challenge for parents/guardians
- Peer specialists as allies in decision making, or adversaries
- Clash with clinical culture and more short range thinking
- TIP and “futures planning” are self-determination approaches
- Shared decision making training below



# Need to Understand & Value: Self-Determination & Dignity of Risk (cont'd)

- Presumption of competence
- Developmental learning through trying things out
- Clash with clinical culture
- Big challenge for parents/guardians
- Peer specialists as allies in decision making, or adversaries
- TIP and “futures planning” are self-determination approaches



# 4. Educating and Supporting Non-Peer Staff

Required trainings:

- The peer role, disclosure, boundaries et al. (Workshop 2)
- Person-first language
- Myths of mental illness
- Person centered care and planning
  - Shared decision making (Workshop 1)
- Interacting with YA peers, including protocol for asking personal questions
- Active role for people with lived experience

TK Chapter 8



# Workshop 1

## Shared Decision Making In First Episode Psychosis





# Informed Consent, Providers' Responsibility

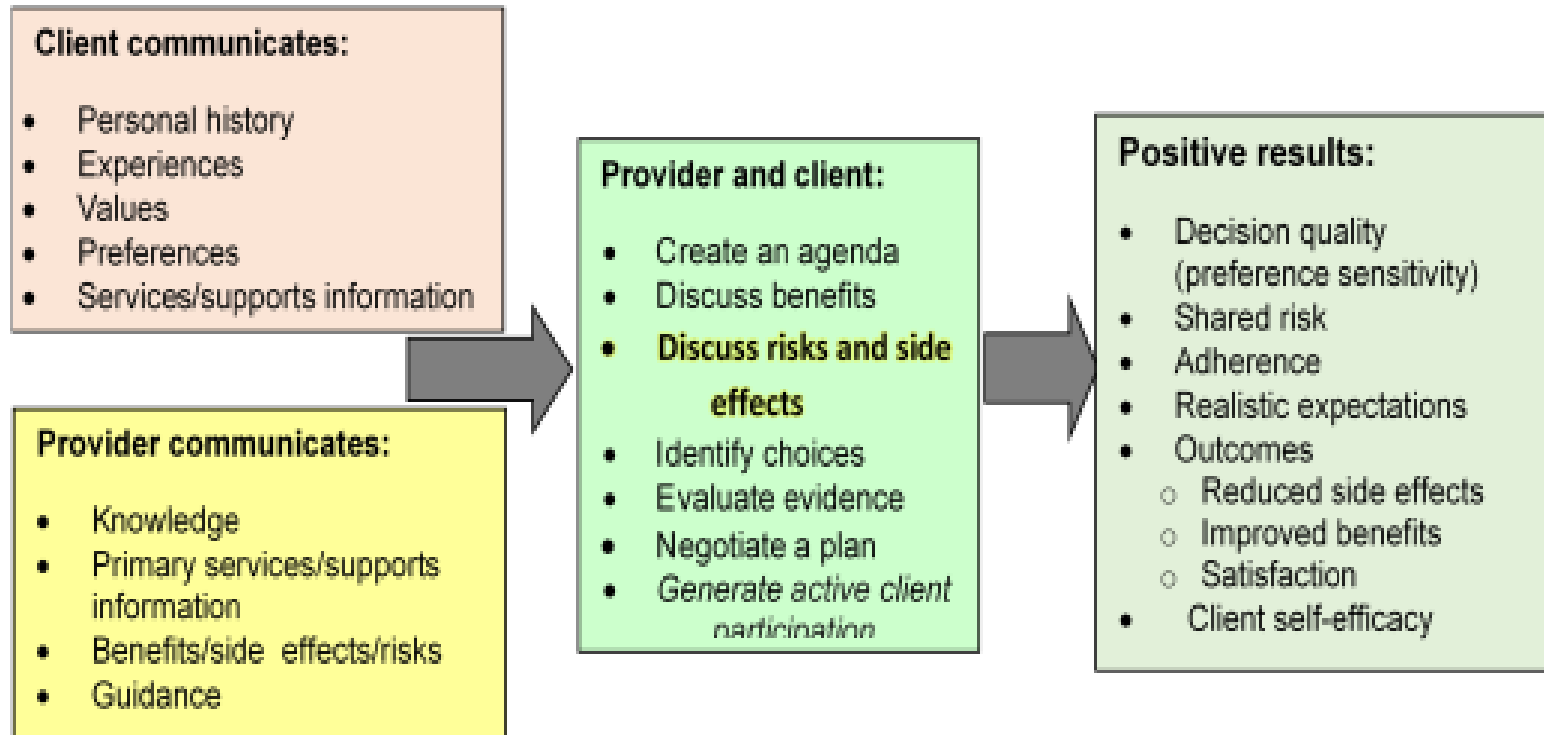
- “A description of the condition being treated;
- An explanation of the proposed treatment;
- An explanation of the risks, side effects and benefits of the proposed treatment;
- An explanation of alternatives to the proposed treatment as well as the risks, benefits and side effects of the alternatives to the proposed treatment;
- An explanation of the right to freely consent to or refuse the treatment without coercion, retaliation or punishment, including loss of privileges, threat/use of restraints, discharge, guardianship or Rogers orders...
- An explanation of the right to withdraw one’s consent to treatment, orally or in writing, at any time...”\*

Subject to capacity to provide consent- Rogers guardianship.

\*DMH Informed Consent Policy



# Shared Decision Making Model



# Prescribers, Recommendations, and Decisions: *Balancing Risk and Reward with Young Adults*

## Factors

### Personal/clinical values

Developmental stage

Practical

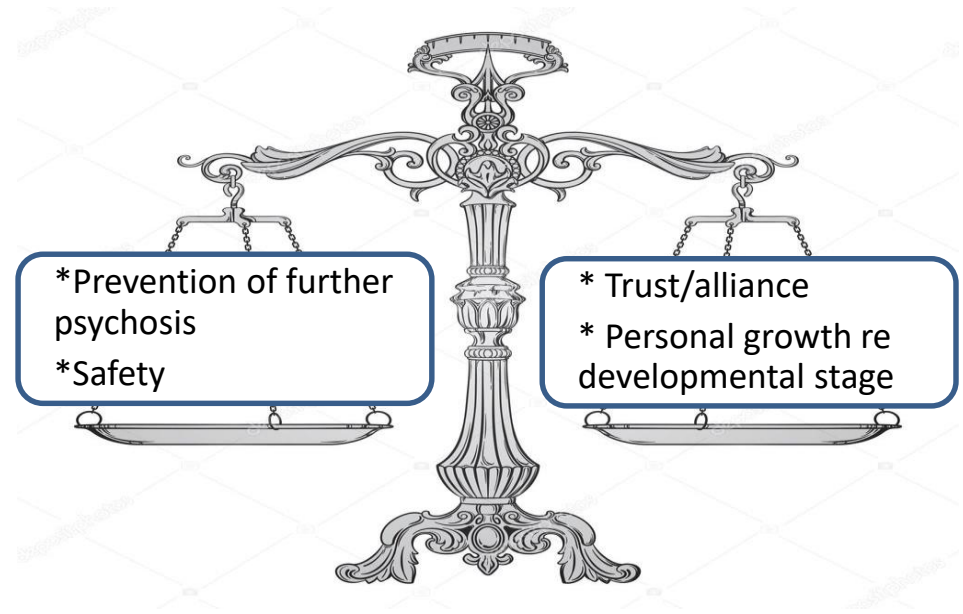
Probability of effect(s)

Intensity of effect(s)

“Short” v. “Long” term

View

E.g., Wants to go off meds:



# Critical Competencies and Best Practices

## ❑ Psychiatric competencies and practices

- “Demonstration” of knowledge
- Relational
- Openness to and/or direct interest in the client’s perspective on treatment
- Extend oneself beyond expected duties
- Strategy for outside of office hours- triage

## ❑ Client support

- Decision aids/support
  - Formal
    - Electronic
    - E.g., “Power Statement”
  - Informal
    - Internet, Social Media
- Coaching and instruction manuals
- Peer specialist
- Other providers
- Parents/families

(Delman J, Clark JA, Eisen SV, Parker VA., 2015)



# Workshop 2

## Boundaries and Dual Relationships in First Episode Programs: The Value of Strategic Disclosure





# Unique Aspects of Peer Specialist Role

1. Use own lived experience and recovery story with clients strategically
2. Engage in mutuality, co-helpers
3. Are “living proof”- role models/exemplars
4. Advocate on behalf of client voice

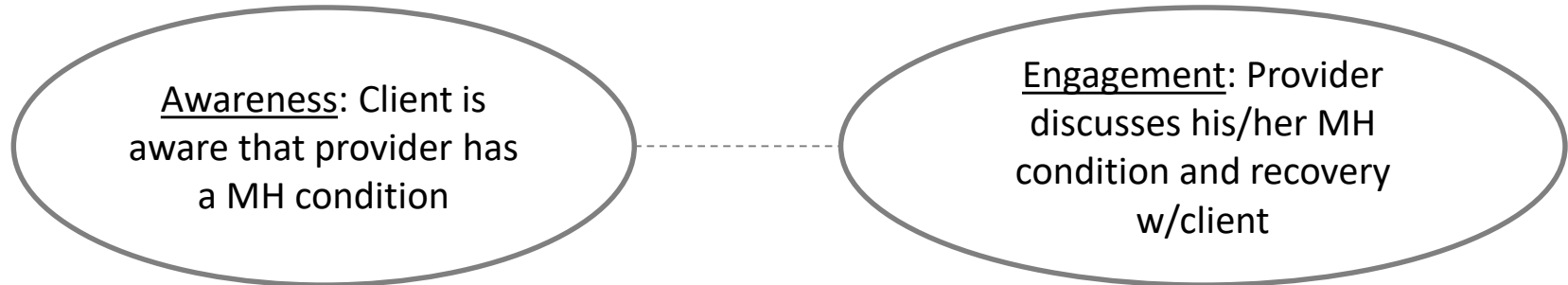
An innovation.....

**Boundaries**



# Types of Self-Disclosure and Boundaries

- Self-disclosure to client of personal life (Ziv-Beiman, 2013)



- **Codes of ethics (CPS, APA, NASW)** are generally consistent on self-disclosure
- **Moral and ethical principles**
  - **Beneficence**
  - **Non-maleficence - “Do no harm” (See APA, 2002).**
- “Wounded Healer”
- Boundary crossing v. boundary violation (Reamer, 2003) (Gutheil & Gabbard, 1993)
  - Boundary crossing Intentional and deliberate self-disclosure.
  - Violation: Risk of exploitation or potential harm to the client (manipulative, deceptive, coercive)



# Peers Specialists who had been Program Clients

- Benefits of peer specialist as a former client:
  - Best guide for current clients in navigating a complex treatment and vocational system of support.
  - Direct evidence of recovery via this program
- Why not have clinician and former client work on the same team?
- Ethical or management issue?
  - Therapist/Peer specialist discomfort **Management**
    - Introduce through staff discussions and workshops regarding this discomfort
  - Former clients working with current clients **Ethical**
    - Factors include
      - Length of time since the job applicant was a client there
      - Existing relationships
      - Moral/ethical balancing- beneficence and malfeasance
- Apply general organization dual relationship policies



# Integrate Team Building Activities

- Co-learning & cross training.

## Share:

- Personal expertise
- Personal stories
- Employee mentorship
- Opportunities for informal interaction



# 5. Establish Effective Supervisory Practices





# Unique Role of Supervisor

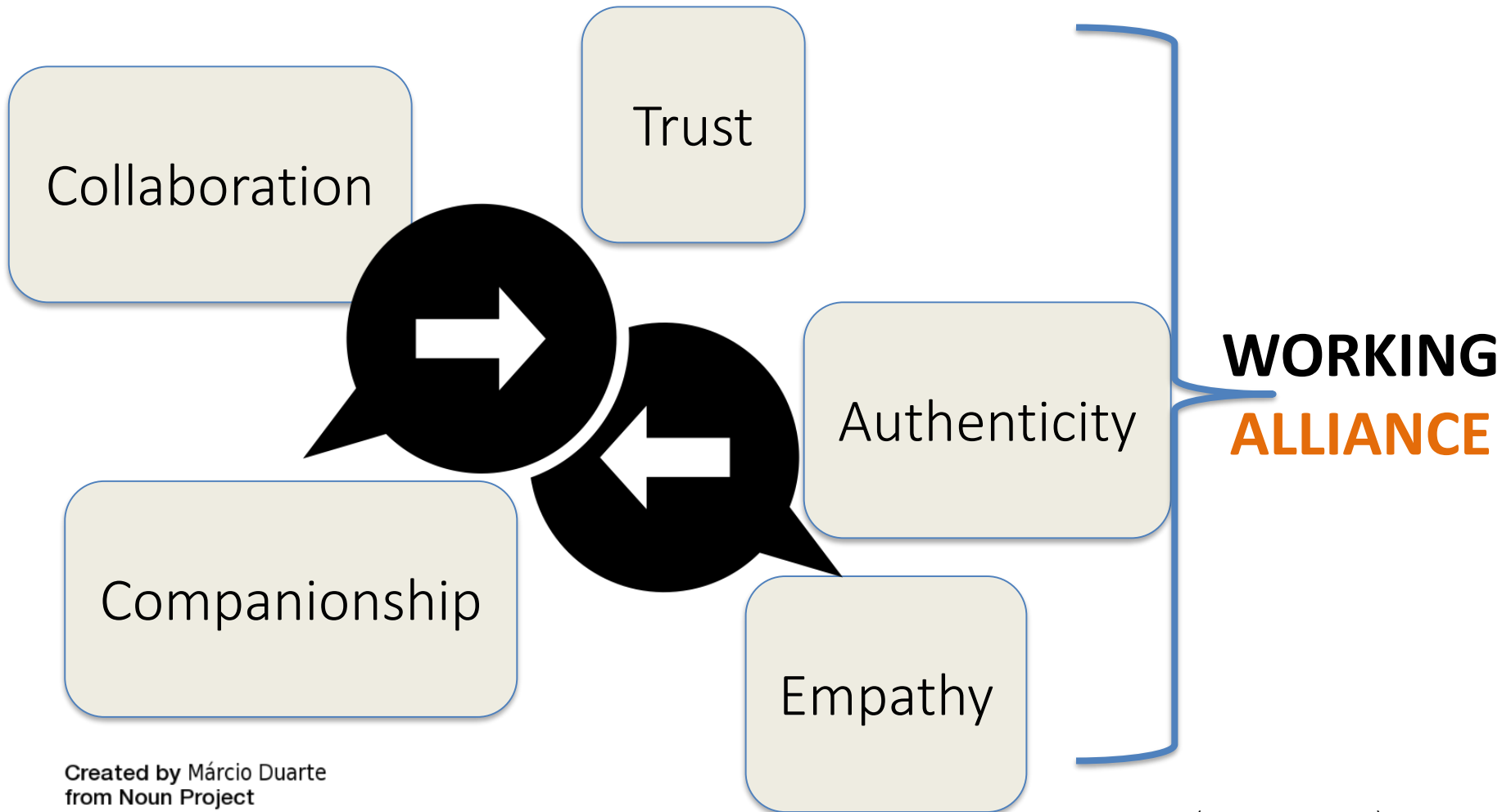
- Facilitator & Supporter of YA Peers in developing strong working alliances with their clients
- Champion & Advocate for the YA Peer Role in your context
- Role Model & Coach YA Peers
- Remain aware & conscious of well-being as you would with any employee – but with the knowledge of the unique challenges of being a YA Peer (e.g., discrimination & exclusion)
- Employs Reflective Supervision practice to guide & support YA Peers. (No, this is not therapy, but reflection is key!)
- Understanding and belief in peer specialist role



# Essential Supervision Topics



# Continuous Reflection upon Peer “Relational Processes” in Supervision



Created by Márcio Duarte  
from Noun Project

(Spencer, 2006)

# Building Strong “Working Alliances” between Supervisor & YA Peers

- ❖ Increases likelihood that a YA Peer will **discuss on-the-job struggles** with supervisor
- ❖ Increases likelihood that YA Peer will feel comfortable discussing the **pros & cons** of supervisor suggestions & directives.
- ❖ Excellent **opportunity for modeling** relationship building skills with YA Peers on how to work with YA clients

Relationships between  
YA Peers & Clients

Relationship between  
Supervisor & YA Peer

Relationships between YA  
Peers & Colleagues (Peer &  
Non-Peer)



# 6. Addressing Job Difficulties Faced by Peer Specialist

- Training/supervision
- Reasonable Accommodations (RA): Modifications or adjustments to ordinary business operations toward supporting a qualified employee with a disability to perform essential job functions.
- RA Threshold Standards:
  - Reasonableness: Is the suggested accommodation reasonable?
  - Undue Hardship: Will the suggested accommodation put Undue Hardship on the organization (productivity, quality, impact on other staff)?
  - Interactive process
- Broader workplace changes: Culture, policies, practices
- Job fit?



TK Chapter 7



# Changing the Discussion on Job Performance and Accommodations

- Early intervention for employees with mental health related job difficulties is critical for improved job health and retention
- Well thought out job accommodations/changes can improve productivity and retention Egs.,
  - Change in hours
  - Time off
  - Extra supervision
  - Job Coach
- But supervisors and HR are often wary about utilizing RA process
  - Lack of understanding of “mental illness” and supports
  - Concern about costs and disruption
  - No clear decision framework for providing RAs
- For employees, the concern is both discrimination and no clear process to obtain RA

(Delman et al., 2017)





# Personalized Accommodations Process for Addressing Job Difficulty and Developing RAs

## Questions to be addressed in order:

1. What are the job's primary functions/tasks?
2. What primary functions/tasks is the peer is having difficulty with?
3. What are the challenges and barriers to successful execution of these functions/tasks?
4. What [type(s) of] accommodations might help the peer to perform these functions/tasks?  
*[Reasonableness, Undue Hardship]*
5. What is the most effective and reasonable accommodations(s)?

### II. Independent preparation by employee and/or supervisor:

- Review of questions
- Information gathering

### III. Co-party Interactive Dialogue, Elements:

- ADA rules of interactivity
- Principles of solution focused negotiation
- Strengths/Needs analysis

### IV. Establish RA

- Implement RA
- Monitor and change as needed
- Evaluate process

TK pp. 71-77, April



# 7. Promoting employee wellness, resilience, and self-care:

## *Universal design*

- Law, including
  - ADA
  - FMLA
- Health Insurance Coverage
- Employee Assistance Programs (EAP)
  - Effective when quick access to counseling and services
- Short- term Disability Insurance (STDI)
  - When combined with evidence-based services and supports, reduces workdays missed and productivity increases
- Outreach and Cognitive Behavioral Therapy (CBT) based leave and return-to-work programs,
- Coaching and mentoring programs that focus on job development and career oriented goal setting.

(Delman et al., 2017)



# Wellness and Stress Management

- Web-based “hubs”
  - Provide information on workplace supports, such as reasonable accommodations, accessing health services, and SSDI eligibility.
- Involve peer specialists in assessing workplace stress
- Worksite physical activity programs and fitness center membership
- Self-help
  - Meditation
  - Stress management classes, self-CBT
  - Physical exercise
  - Tai chi
  - Moment management
- Situational crisis plans
  - Written
  - Exit strategies



# 8. Enhance Critical Elements of Organizational Infrastructure

- Committed and strong leadership;
- Strong organizational communications that endorse the peer role;
- Connecting & working with human resources (HR);
- Effective staff hiring & accountability practices;
- Peer specialists influencing policy and practice.

TK Chapter 9



# Peer Specialists Influencing Policy and Practice

- Peer specialists can have the most influence on organizational planning and learning when they:
  - Make up a significant portion of the service provider workforce;
  - Are educated on the best & evidence based practices;
  - Are active participants on committees and workgroups relevant to their work;
  - Are in organizational leadership roles.
- **Peer specialists integration into organizational leadership**
  - Centralize peer education
  - Peer specialist(s) in senior management
  - Build relationships with peer run organizations

TK Pp. 95-98



# Strong Organizational Communication Endorsing the Peer Role

## Internal messages

- **Champions**
- Trainers with direct experience
  - Peer specialists
  - Management and supervisors
- Internal publications
- Office walls and corridors
- Presence of peer specialists



## External messages

- **Mission and policy statements**
- **Websites**
- **Newsletters**





# References

- Delman J, Clark JA, Eisen SV, Parker VA. Facilitators and barriers to the active participation of clients with serious mental illnesses in medication decision making: the perceptions of young adult clients. *J Behav Health Serv Res.* 2015 Apr;42(2):238-53
- Delman, J., & Klodnick, V. V. (2017). Factors supporting the employment of young adult peer providers: Perspectives of peers and supervisors. *Community mental health journal, 53*(7), 811-822.
- Delman, J., Kovich, L., Burke, S., & Martone, K. (2017). The promise of demand side employer-based strategies to increase employment rates for people living with serious mental illnesses. *Psychiatric Rehabilitation Journal, 40*(2), 179.
- Gopalan, G., Lee, S. J., Harris, R., Acri, M. C., & Munson, M. R. (2017). Utilization of peers in services for youth with emotional and behavioral challenges: A scoping review. *Journal of adolescence, 55*, 88-115
- Gutheil, T. G., & Gabbard, G. O. (1993). The concept of boundaries in clinical practice: Theoretical and risk-management dimensions. *The American journal of psychiatry.*
- Reamer, F. G. (2003). Boundary issues in social work: Managing dual relationships. *Social work, 48*(1), 121-133.
- Simmons, M. B., Coates, D., Batchelor, S., Dimopoulos-Bick, T., & Howe, D. (2017). The CHOICE pilot project: Challenges of implementing a combined peer work and shared decision-making programme in an early intervention service. *Early intervention in psychiatry.*
- Walker, J. S., Baird, C., & Welch, M. B. (2018). Peer Support for Youth and Young Adults who Experience Serious Mental Health Conditions: State of the Science.
- Zur, O. (2010). Self-disclosure & transparency in psychotherapy and counseling, <http://www.zurinstitute.com/selfdisclosure1.html>.



# Thank You

The Transitions ACR aims to improve the supports for youth and young adults, ages 14-30, with serious mental health conditions who are trying to successfully complete their schooling and training and move into rewarding work lives. We are located at the University of Massachusetts Medical School, Worcester, MA, Department of Psychiatry, Systems & Psychosocial Advances Research Center.

Visit us at: <https://www.umassmed.edu/TransitionsACR/>

The contents of this presentation were developed under a grant with funding from the National Institute on Disability, Independent Living, and Rehabilitation Research, and from the Center for Mental Health Services of the Substance Abuse and Mental Health Services Administration, United States Department of Health and Human Services (ACL GRANT # 90RT5031, The Learning and Working Transitions RRTC). NIDILRR is a Center within the Administration for Community Living (ACL), Department of Health and Human Services (HHS). Additional funding provided by UMass Medical School's Commonwealth Medicine division. The contents of this presentation do not necessarily represent the policy of NIDILRR, ACL, HHS, SAMHSA, and you should not assume endorsement by the Federal Government.



# Questions?



# Thank you

SAMHSA's mission is to reduce the impact of substance abuse and mental illness on America's communities.

**Sascha Altman DuBrul**, Recovery Specialist and Trainer, OnTrackNY Center for Practice Innovations, [sascha.dubrul@nyspi.columbia.edu](mailto:sascha.dubrul@nyspi.columbia.edu)

**Jonathan Delman**, PhD, JD, MPH, Assistant Research Professor, Transitions to Adulthood Research and Training Center, <https://www.umassmed.edu/transitionsrtc>, UMass Medical School

**www.samhsa.gov**

1-877-SAMHSA-7 (1-877-726-4727) • 1-800-487-4889 (TDD)