Creating High Integrity Peer Support in Early Psychosis Programs

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Substance Abuse and Mental Health Services Administration
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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
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

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

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
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.
- 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

Recommended Manuals Related to Hiring Peer Specialists for CSC Teams
Peer/Clinical Perspective Distinctions

Peer Specialist Perspective

Clinical Perspective

OVERLAP
Required to have experienced life-interrupting distress of some sort, typically involving psychiatric diagnosis, and a history of receiving psychiatric services.

Growing system understanding, regardless of role, of the importance of personal experience when supporting others.

While some clinicians may have similar life experiences, it is not required by design of the role.

Language credit: Sera Davidow Courtney
CSC Peers – Experts by Experience

“I am the expert of my own experience”
Peer role education emphasis is on life experience, augmented by formal trainings. Formal education designed for clinicians is seen as potentially interfering with job responsibilities.

Both roles recognize the value of formal and life learning.

Education emphasis is on formal training and school.

Language credit: Sera Davidow Courtney
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.
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
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
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
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.
Peer/Clinical Distinctions – Multiple Frameworks
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.
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.
1. Factors impacting the employment success of people with mental 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](https://www.umassmed.edu/transitionsrtc), UMass Medical School**
Resources

• PDF version
  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/
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
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

Employment Supports

Workplace culture and infrastructure

Employer supervisor

Peer

Other staff

Supervision, Reasonable accommodations, Training and education, Team building, cross-training
## The Impact of Organizational Social Capital

<table>
<thead>
<tr>
<th>Organizational Social Capital</th>
<th>Challenge categories</th>
<th>Organizational Social Capital Responses</th>
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<tbody>
<tr>
<td>&gt;&gt;&gt;&gt;&gt;&gt;&gt;&gt;&gt;&gt;&gt;&gt;&gt;&gt;&gt;&gt;&gt;&gt;&gt;&gt;&gt;&gt;&gt;&gt;&gt;&gt;&gt;&gt;&gt;&gt;</td>
<td>Human Capital</td>
<td>Training, education opportunities</td>
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<tr>
<td>Cultural Capital</td>
<td></td>
<td>• Supervision</td>
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<tr>
<td>Psychological Capital</td>
<td></td>
<td>• Accommodations</td>
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<tr>
<td>Job satisfaction et al</td>
<td></td>
<td>• Access to health care</td>
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<tr>
<td>Social-personal capital</td>
<td></td>
<td>• Wellness supports</td>
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<td></td>
<td></td>
<td>• Job coach</td>
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<tr>
<td></td>
<td></td>
<td>• Culture values peer role</td>
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<td>Policies- time off, accommodations</td>
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</tbody>
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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

<table>
<thead>
<tr>
<th>Costs:</th>
<th>Start-up</th>
<th>Operations</th>
<th>Personnel upkeep, Hiring</th>
<th>Output</th>
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<tr>
<th>Benefits:</th>
<th>Team breadth/depth</th>
<th>Engagement, satisfaction</th>
<th>Wellness outcomes</th>
<th>Navigation</th>
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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
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
Training Peers Specialists: Basics

• Essential workplace skills
  o Soft
  o 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
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

**Client communicates:**
- Personal history
- Experiences
- Values
- Preferences
- Services/supports information

**Provider communicates:**
- Knowledge
- Primary services/supports information
- Benefits/side effects/risks
- Guidance

**Provider and client:**
- Create an agenda
- Discuss benefits
- Discuss risks and side effects
- Identify choices
- Evaluate evidence
- Negotiate a plan
- Generate active client participation

**Positive results:**
- Decision quality (preference sensitivity)
- Shared risk
- Adherence
- Realistic expectations
- Outcomes
  - Reduced side effects
  - Improved benefits
  - Satisfaction
- Client self-efficacy
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:

- Prevention of further psychosis
- Safety
- Trust/alliance
- Personal growth re developmental stage
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)
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.....
Types of Self-Disclosure and Boundaries

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

  **Awareness**: Client is aware that provider has a MH condition

  **Engagement**: Provider discusses his/her MH condition and recovery w/client

- **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

- On the Job Performance & Professionalism
- Skills & Confidence Development
- Self-Care & Wellness
- Alliances & Associated Relational Processes
- Career Development

Fosters On-the-job Resiliency!
Continuous Reflection upon Peer “Relational Processes” in Supervision

Collaboration

Trust

Companionship

Authenticity

Empathy

WORKING ALLIANCE

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
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, App
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

SAMHSA
Substance Abuse and Mental Health Services Administration
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.
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
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
• 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
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/

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

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