



An Introduction to the Peer Specialist Role

Coordinated Specialty Care (CSC) for First-Episode Psychosis (FEP)

CSC OnDemand defines the core roles in coordinated specialty care (CSC) based on a research project of the National Institute of Mental Health known as RAISE—Recovery After an Initial Schizophrenia Episode—conducted in 2009. These core roles include Team Leadership, Case Management, Supported Employment and Education, Psychotherapy, Family Education and Support, and Pharmacotherapy and Primary Coordination. Since that time, CSC teams across the country recognized the essential role of the peer specialist. Manuals and training resources to prepare peers to serve as members of CSC teams have emerged to support peers in these roles. This resource introduces teams to the peer specialist role and points you, as the peer specialist, to existing resources as you prepare for your role.

What is peer support? Peer support has been defined as “offering and receiving help, based on shared understanding, respect and mutual empowerment between people in similar situations.”¹ Peer specialists use their own firsthand experiences with mental health conditions to “instill hope, promote engagement, and demonstrate goal attainment.”² They support program participants as they make meaning of their experiences and make participants aware of all their options, which helps participants make informed choices.³

As a peer specialist, you have a unique skillset. Peers are typically empathetic, creative, flexible, and open to sharing experiences.³ While peer specialists are not clinicians, many states offer certification in this field.³ You should be familiar with the approach of the CSC team and maintain any continuing education requirements of your certification, if you have one.²

Peers help participants tell their stories and create safe spaces for people to talk about their thoughts and feelings. These actions can help reduce feelings of stigma.¹

Role

The primary role of a peer specialist on a CSC team is “to support program participants through direct engagement and through advocating for them in the context of the team.”³ You will ensure that the team uses youth-friendly practices and encourage the use of recovery-oriented language.³ A major component of your role involves listening and collaborating.³ Peer specialists are open to multiple narratives related to recovery and understand that there are many different ways to understand first-episode psychosis (FEP); peer specialists “make space for stories of recovery.”³ They learn with participants rather than helping them, and participant work with peer specialists is strictly voluntary.² They also interact with participants and families in less structured, formal ways than do clinicians.³ This mutuality reduces power imbalances.³ You should be transparent about your role, however, as there will always be a degree of power imbalance.³

Work with participants and families. As a peer specialist, you will provide outreach and engagement to participants, at times outside of clinical settings, and forge working alliances with participants and families to help them navigate some of the more complex aspects of FEP.³ This involves describing the program to potential participants and families and informing them about how it might meet their needs.³ Use the shared decision-making process (see Resources listed below) to support participants when they are ambivalent about treatment.³ This may involve explaining the differences between traditional approaches and CSC programs; helping the person feel more comfortable about seeking treatment; being flexible; and telling your personal story to foster

trust and mutuality, help individuals feel less isolated, and help people see possibilities for the future.³ You can also serve as a “bridge” between the participant and the rest of the treatment team and help participants feel more comfortable advocating for themselves.

You can also help participants with basic needs, such as those related to housing, finances, health insurance, and the legal system.³ This involves explaining what to expect when using these systems and reframing how they think about them.³ You can work with participants to brainstorm about resources, identify interests, renew or strengthen existing resources, and create new connections.³ As participants transition out of the CSC program, you can help them identify future needs.³ This transition starts from the time of enrollment and may include use of the T-MAP (see Resources listed below) and self-advocacy skills, as well as your own story of transitioning.³

Materials creation. As a peer specialist, you can help develop support and wellness tools or help participants develop their own tools.³ This supports participants in clarifying personal meanings of recovery and support, increase self-awareness, build life skills, and connect with the larger community.³

Group facilitation/co-facilitation. By facilitating or co-facilitating groups, you can help enable participants to relate their stories and strengthen their support networks.³ When facilitating or co-facilitating groups, always be mindful of confidentiality principles. Practice respectful listening and including different points of view. Strive to create a safe space and ensure that everyone has a voice.

Team Dynamics

Role clarity. Peer specialists are embedded and fully integrated in CSC teams and work collaboratively with team members.^{2,3} The peer specialist role complements the other roles on the team, and peer specialists and clinical team members support one another and share their perspectives with one another.³ Peer specialists will likely have the opportunity to work with individual team members, as well as the team as a whole, to help participants attain specific goals. For example, peer specialists may collaborate with the supported education and employment specialist by speaking with participants about their own education and career. They may also provide emotional support as participants explore their education and employment goals. In addition, they may help participants make decisions around self-disclosure to employers or educators.³

While it is important for each team member to collaborate and complement one another, it is important for peers, their supervisors, and the rest of the team to understand and respect each team member’s job description. It is common for team members to inadvertently merge job descriptions of other roles and the role of the peer. As a peer specialist, it is not your role to participate in certain clinical decisions (such as decisions regarding involuntary hospitalization), assess, or evaluate participants.² The CSC program should not expect you to serve as a case manager, a supported employment and education specialist, or other role.

Impact on team culture. There are multiple frameworks for talking about psychosis, and using only the medical model can have negative effects on participants.³ At times, diagnostic labels can be upsetting for people.³ As a peer specialist, you bring a unique perspective and language to the FEP experience that may better resonate with participants. This perspective can shift the culture of the team toward more person-centered, strengths-based care.

For many team members, this will be the first time that they have worked with a peer specialist. Peer specialists demonstrate that recovery is possible and that professional support does not need to be provided by licensed clinicians. Peer specialists may challenge clinician beliefs of what is possible for each individual and offer the possibility of a continuum of wellness (rather than a divide).² Having this different perspective may lead to longer lengths of time for assessment and decision-making, as well as the consideration of a broader range of treatment options.³ In addition, the presence of a peer specialist may cause the language of the team to change.³ This sometimes influences team culture, and it may cause challenges for the clinical team.

As a peer specialist, you might feel pressure to participate in the clinical culture of the team.³ You might also experience micro-aggressions (such as lack of acknowledgment, accusations of being unprofessional, dismissals of concerns) from other team members.² The team leader can provide support to the team and help navigate any conflicts and

cultural shifts that may arise.³ There should be acknowledgement that everyone on the team is growing and learning, and openness and safety should be encouraged.² Micro-aggressions should not be treated as interpersonal issues, and you should report them.²

Preparation and ongoing support. Common training topics for peer specialists include cultural competency (both broad topics and issues that are specifically relevant to your program's participants), issues related to youth (with a recognition that experiences in youth can affect the rest of one's life), and trauma-informed care.³ Peer specialists should also have a connection to the recovery community, including peer-run organizations and initiatives, mental health mutual support groups, peer-run advocacy or support organizations, youth mental health initiatives, and statewide networks or coalitions.³

Key Considerations

Sharing your story. One component of your role as peer specialist is sharing your story. Sharing your story with participants will happen gradually, and you should not feel compelled to share your entire story. You always have a choice of how much to reveal.³ Personal stories do not need to be part of every conversation, and peer specialists should not use a personal story to suggest what a participant should do.³

Combating Isolation. Since there is often only one peer specialist on each team, you may experience feelings of isolation.² Connect with other peer specialists through monthly calls, trainings, and meetings to reduce these feelings.² Team leaders can help peer specialists by expressing clear expectations, providing supervision, creating buy-in from the rest of the team, and ensuring connection to other peer specialists.³

Professional boundaries. It is important for peer specialists to have professional boundaries, including boundaries around social media.³ The peer specialist and participants co-create boundaries,³ and supervisors can help navigate these issues.

Supervision. Team leaders generally supervise peer specialists.³ They help the team be more welcoming, and they provide support and understanding.³ Supervision usually takes place in weekly supervision meetings.³ Supervisors can help peer specialists request reasonable accommodations if needed and support professional development.³ Work with your supervisor to create a supervision plan that meets your needs.

Additional Resources

- [OnTrackNY Peer Specialist Manual](#). Use this resource to understand your role and responsibilities as a peer specialist, read sample conversations, access resources, and identify possible challenges and solutions. This manual is required reading for the peer specialist role.
- [Transformative Mutual Aid Practices \(T-MAPs\)](#). T-MAPs are community-oriented training guides that offer language to help discuss experiences. This can help with participants' larger goals. The tool contains four modules that peer specialists can reflect upon and discuss with other peer specialists. This practice can help peer specialists support participants.³ ([Design Team – pull page 35-36](#))
- [Shared Decision-Making](#). This handout describes the essential elements of shared decision-making and points to additional resources. ([Link forthcoming](#))
- [Peer Involvement and Leadership in Early Intervention in Psychosis Services: From Planning to Peer Support and Evaluation](#). The goal of this guide is to provide a range of different stakeholders with information and best practices for peer support and leadership in early intervention for psychosis services.
- [The Provider's Handbook on Developing & Implementing Peer Roles](#). This resource from the Western Massachusetts Recovery Learning Community may help team leaders as they develop peer roles for the CSC team.

References

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2. Bennett, M. (2018). *OnTrackNY team manual*. New York, NY: Center for Practice Innovations at Columbia University & New York State Office of Mental Health. Retrieved from <http://www.ontrackny.org/Resources>
3. DuBrul, S. A., Deegan, P., Bello, I., Dean, E., Grossman, E., Chang, C., . . . Stevens, T. (2017). *OnTrackNY peer specialist manual*. New York, NY: Center for Practice Innovations at Columbia University & New York State Office of Mental Health. Retrieved from https://www.ontrackny.org/Portals/1/Files/Resources/Peer%20Specialist%20Manual%20Final%202_17.17.pdf?ver=2017-04-04-063602-080