OnTrackNY

My health. My choices. My future.

OnTrackNY Peer Specialist Manual

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I. Introduction to the role of Peer Specialist

Congratulations on joining an OnTrackNY team in the role of Peer Specialist! Peer Specialists play a distinct role within the work of the team. We are not clinical in our approaches or thinking. Instead, we are skilled at using Mutuality & Reciprocity and our Lived & Living Experience in supporting Participants as they strive toward their goals for their lives.

The Peer Specialist role that exists today throughout 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 movements of socially devalued people that have recognized the importance of community support, the need for shifting language and culture, and the power of working together towards common goals. While the Peer Specialist position has developed into a 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.

OnTrackNY is a team-based mental health treatment program that empowers young people to make meaning of their experiences and to pursue their goals for school, work, and relationships. We support the well-being of young people across New York State who are impacted by unexpected changes in their thinking and perceptions. Equity, inclusion, rapid access, and Self-Determination are at the core of everything we do. The OnTrackNY model has several foundational principles that guide the way in which the entire team works with Participants and their Family. In Chapter 2 there is a quick summary of these foundational concepts. The OnTrackNY team manual provides more detailed descriptions.

Within the OnTrackNY model, our work as Peer Specialists is an important element of the team approach. The OnTrackNY Infographic details the most important parts of the OnTrackNY model, and as you can see- Peer Support is a crucial element! This manual explains the many ways we can use our skills as Peer Specialists within our multidisciplinary team, with Participants and Family, and in our communities.

Using this manual

This manual reviews the tasks and role responsibilities of Peer Specialists working on an OnTrackNY team. The manual will be an important tool as we begin our work and can be a valuable reference for our work as we continue to grow into our role. This manual is not a cookbook. There are no step-by-step recipes for handling every situation Peer Specialists encounter on the job. The manual contains guidance about the work. It will be important to revisit this manual as the work evolves with OnTrackNY. At the end there are Appendices and Resources with a lot of helpful tools, as well as a glossary of terms to clarify the language used throughout this manual. Glossary terms are accessible throughout the manual, click on the underlined terms and you will be redirected to the definition.

This chapter, Chapter 1, introduces the role of Peer Specialists on OnTrackNY teams and the manual itself. It explores the spirit of the work of OnTrackNY Peer Specialists and some of the themes that guide our approach.

Chapter 2, About OnTrackNY, introduces the OnTrackNY model and how our work as Peer Specialists supports Participants, their families, and the team. It defines and discusses the experiences labeled as psychosis and the many ways it may be understood by individuals. It also explores the concept of "CTI" or critical time intervention, and how Participants work with the OnTrackNY team within a phased, time-limited program. This chapter describes the roles on the team and the collaborative, coordinated ways in which all team members work. In learning about the model of OnTrackNY we discuss the foundational principles of the team and the focal areas of work.

Chapter 3 is all about our role responsibilities and the daily tasks of Peer Specialists on OnTrackNY teams. There are 12 role responsibilities, which highlight the work we do with Participants and families as well as the work we do in collaboration with our team members and in the community. This chapter will elaborate on some of the skills that Peer Specialists need to work on OnTrackNY teams and perspectives we strive to carry in our work. This chapter guides how we work to support Participants and families in collaboration with the team and we encourage reviewing this chapter often.

Chapter 4 focuses on Frequently Asked Questions about working as a Peer Specialist on an OnTrackNY team. There are tensions that can arise in our work, so Chapter 4 can offer support if we are experiencing any challenges or uncertainty. These FAQ do not cover all the possible questions that come up, so building a network of Peer Specialist supporters and having regular role-based supervision is important.

Chapter 5 is the conclusion of the manual and supports the earlier sections, with an important emphasis on how the role is still developing.

The manual ends with a series of appendices, as well as a collection of resources that can support this work. This is called our Peer Specialist Onboarding Curriculum. These resources and tools are helpful for facilitating our work with Participants, families, and the team. Some of these resources are designed to be used when we are forming initial relationships with Participants, while others are meant to support our work with Participants and families across time. Additionally, there are tools and resources to help expand our own understandings and promote professional development. The tools and resources in the appendices can be used in flexible ways to meet the individual needs of Participants and the needs of our team.

Themes of the work of Peer Specialists

In working with our OnTrackNY team in the role of Peer Specialist, there are seven themes that inform our approaches. In this section, we will briefly outline each theme and how it can be included in our work as Peer Specialists. These themes go beyond our work with Participants; they also show up in our work with our team members, the community and beyond. These themes are important. They help us avoid

unwanted drift into pseudo-clinical roles and language. The themes guide all aspects of our work and help us remain peer in our practice, even as many of our colleagues on the team are clinicians.

Mutuality & Reciprocity

The OnTrackNY Peer Specialist value of Mutuality & Reciprocity means that as Peer Specialists we are working to minimize power imbalances as much as possible, give and receive support, and grow alongside individuals. We honor this theme in our work by building Bi-Directional Relationships with Participants, families, our colleagues, and community members. An example of mutuality in our work as Peer Specialists is our willingness to share about ourselves- about our mental health experiences, our own personal development, and other relevant aspects of our identity. This helps us to build relationships that are unlike the other members of the team.

Taking a Learning Stance

The OnTrackNY Peer Specialist value of taking a learning stance means that we celebrate the fact that the Participant is an expert on themselves. As Peer Specialists we strive to learn from them, about their interests, goals, and preferences in our work together. This value also goes beyond our individual work with Participants. We bring our own personal expertise but strive to learn from those we are in community with, whether they are a Participant, Familymember, colleague, or other stakeholder. This means that Peer Specialists remain curious, ask questions, and collaborate closely with all involved.

Allowing the Participant to Lead

The OnTrackNY Peer Specialist value of allowing the Participant to lead means that the Participant is the person guiding our work together, from when and where we meet, to the topics we discuss, and the way we communicate information back to the team. This value also informs our outreach approach and the voluntary nature of this service within OnTrackNY.

Non-Coercive

The OnTrackNY Peer Specialist value of non-coercion means not using threat, force, or manipulation. This is an essential element of our role, as other members of our team are holding clinical responsibilities that do not always allow them to carry this perspective. Whether it be discussions of medication, justice system involvement, or hospitalization-- Peer Specialists support Participant's Self-Determination. We believe in each person's abilities to make their own choices and manage their life.

Non-Hierarchical

The OnTrackNY Peer Specialist value of Non-Hierarchical means that all perspectives are valued equally. We strive to build environments and engagements in which there is systemic and interpersonal equity. We do not believe that we know better than someone else or that we hold answers to their questions. As Peer Specialists, we see Participants as equal members of the team and believe that they hold essential knowledge about themselves and are the best person to make decisions about their care. We hold this value in our work not only with Participants, but also with families, colleagues, and community members.

Power Differentials exist in our relationships with Participants and families, as well as within our teams, host agency, and the systems we work within. As Peer Specialists on OnTrackNY teams, we raise awareness of and strive to minimize these power imbalances.

Outside the Clinical/ Bio-Medical Model

The OnTrackNY Peer Specialist value of working outside of the clinical and Bio-Medical model means that we embrace our perspective of Lived & Living Experience. Our clinical and medical team members will engage in assessment and diagnosis of Participants, and those responsibilities fall outside of our role. As Peer Specialists we support the Participant in defining how they understand what has happened to them and allow space for exploration and Personal Narrative development. At OnTrackNY, we see Participants and their experiences as part of who they are and do not separate their experiences from their interests and goals. We aim to support them as they make meaning of what is happening.

Focused on the Specific Relationship

The OnTrackNY Peer Specialist value of focusing on the specific relationship means that Peer Specialists are flexible, we adapt our approach based on the person in front of us. We may work very differently across individual Participants. Our role allows us to shift our approach and practice based on the needs and preferences of the person in front of us.

II. About OnTrackNY

OnTrackNY is a multidisciplinary team working collaboratively with individuals who are having emerging mental health experiences considered "First Episode Psychosis" (who will be referred to as Participants moving forward) and their families, to achieve their goals. OnTrackNY understands that when someone first begins having these emerging experiences is a critical time. By intervening in a supportive, person-centered way, teams help Participants identify and work toward life goals such as returning to school, work, relationships, and a meaningful life in the community. OnTrackNY de-emphasizes the notions of disability and chronicity, and instead regards recovery, wellness, and transformation as the expected outcomes for Participants.

Teams "walk with a person" as Participants begin their journey of understanding and relating to their experiences and what it might mean for the future. Guided by the principles of Anti-oppression, Antiracism, recovery orientation, shared decision making, person centeredness, Structural Competency, and Cultural Responsiveness, the team collaborates with individuals to be active agents in their recovery. Participants' goals, values and preferences drive care decisions. Participants have a voice and a choice in deciding how to approach working with the team, with what services to engage, who constitutes family and how to involve them, and setting personal goals for their time at OnTrackNY and beyond.

Emerging Experiences of OnTrackNY Participants

It is important in our role at OnTrackNY that we understand that the experiences labeled as psychosis and diagnosed as disorders such as schizophrenia, can manifest in a variety of ways. There are a

multitude of ways that people understand these experiences, sometimes considered Alternate States, that include Bio-Medical, spiritual, cultural and many other understandings.

Some of the more common Sensory Experiences include changes in perception, such as seeing, hearing, or feeling things that are not perceived by others. It may also include subtle changes in the way things look or sound. Some people may feel the presence of people or entities in the room with them, without literally 'seeing' or 'hearing' anything. In addition, everyday objects or signs may seem invested with new or special meanings. It may seem like messages are embedded in things or in places they ordinarily would not be, for example, green-colored clothes on people in the subway may be perceived to carry a particular message. Some people report feeling as if they have ended up in a parallel dimension. Others may experience background or atmospheric feelings of threat or surveillance and exposure. Yet others may experience a general sense that they do not want to participate in activities, decreased desire to interact and connect with others, or disinterest in pursuing goals. There are multiple ways in which individuals make meaning of and relate to these experiences. While some might find these experiences scary or distressing, others may embrace them and believe it gives them new insight into their life and their world.

Overall, the key point to understand, is that *everyone's experience is different*. That means we as Peer Specialists don't necessarily have to have the same Lived & Living Experience as those found eligible for OnTrackNY, to reach out and relate to Participants. Our shared humanity is the common ground on which we can meet and build relationships.

Phases of OnTrackNY

OnTrackNY is guided by the Critical Time Intervention (CTI) model. Critical Time Intervention is an evidence-based practice. It is designed to help people through a period of transition and, from our perspective as Peer Specialists, transformation. Generally, OnTrackNY Participants spend an average of two years moving through the three phases described below. Although movement through the three phases may be linear, that is not always the case. Participants may move between phases in different ways, and the amount of time a Participant spends in each phase can be flexible and driven by their individual needs. Remember that in our work as Peer Specialists we are not clinicians. We do not assess Participants or make assumptions about where they are in the model or what they are capable of. The CTI phases are outlined with both the clinical phase and the Peer Specialist approach for that time. Our Peer Specialist role responsibilities complement the clinical work in each phase of the Critical Time Intervention model.

1. Critical Time Intervention Phase One: Starting the relationship

This phase is our introduction to the Participant and their Family, as well as their introduction to us, the model, the program, and the team. In this phase, we focus on acclimating them to our role, establishing relationships and defining goals to guide how to spend our time together. For Peer Specialists, the Participant & Peer Specialist Agreement tool supports us in setting the tone for our work together. This phase starts pre-admission and generally lasts for at least the first 3 months of a Participant's involvement.

Clinical focus = Engagement and initial assessment

Peer Specialist focus = Starting the relationship

2. Critical Time Intervention Phase Two: Building the relationship

This phase of the relationship is where most of the Participant's time in the program is spent. We focus on supporting Participants and their families as they come to understand their experiences while they work towards their goals. We do this through mutual sharing, support, and other activities. This phase generally starts a few months into a Participants time working with the team and lasts until Graduation has been identified as a next step.

Clinical focus = Ongoing intervention/monitoring/reassessment of need

Peer Specialist focus = Building the relationship

3. Critical Time Intervention Phase Three: Transitioning the relationship

This phase is about transitioning our relationships with Participants as they prepare for graduation, a time focused on saying goodbye, celebration and moving on. We support Participants as they forge connections with resources in their community and other avenues of Peer Support. This phase typically begins during the second year, when the Participant expresses readiness for graduation.

Clinical focus = Transfer of care/planning for future needs/services

Peer Specialist focus = Transitioning the relationship and moving forward

About Team Members

OnTrackNY uses a team approach. Team members represent several different disciplines. The decision to include clinical and Non-Clinical staff, as well as Participants and their families, on the team was purposeful. It allows the OnTrackNY teams to create a unique and innovative setting for young people to build the skills they need to meet their goals and live the life they desire.

Program Participant

The most important member of the team is the individual being served by OnTrackNY. Peer Specialists offer Participants hope, encouragement, our own experiences of navigating the mental health system, and Peer Support. Because Participants' goals guide our work, we may be supporting them in discovering and using their self-care skills, in sorting out a challenging relationship, in considering whether to go to school or to work, and any other areas to help them build the life they want.

Family

Families are also members of the team. In OnTrack, we use the word "Family" to denote the various types of support systems surrounding Participants. While this can mean the biological Family, it can also mean a Family of choice, friends, community members or other natural supporters. As Peer Specialists, we support Participants in defining who is Family and the level of involvement they would like Family to have in their care. We can also work with the Family to support them in understanding the experiences and goals of the Participant. Many families find it helpful to hear our Lived & Living Experience. It gives them hope for their loved one. It is important to think about the role of the Family as a supporter to the Participant and the challenges inherent when their perspectives differ. Some things to consider include our relationship with the Participant and Family, the Participants' age and legal rights of Family, and how our own experiences might influence how we interpret situations and how we show up.

Team Leader

The Team Leader guides the process of team development, ensuring all team members work in a coordinated and collaborative way. They take on other team responsibilities and may also be in the role of Outreach and Recruitment Coordinator (ORC) or Primary Clinician (PC). The Team Leader is the role which directly supervises the Peer Specialist. They receive specific training and tools in the approach of supervising Peer Specialists.

Supported Employment and Education Specialist (SEES)

The Supported Employment and Education Specialist (SEES) works with Participants to identify and achieve goals for work and school. Peer Specialists play an important role in supporting the work of the SEES. We can support both the Participant and the SEES by sharing our own experiences of working and school. Hearing about the Peer Specialist's own education and career trajectory may give a Participant hope or inspiration. As a Participant is working with a SEES, Peer Specialists can offer valuable practical and emotional support as well.

Psychiatric Care Provider

The Psychiatric Care Provider is the team member who works with Participants and their families in the areas of medication, 'symptom' management and physical health. Making decisions about medication and other aspects of healthcare can be quite challenging for Participants. A common myth is that Peer Specialists should never talk with Participants about psychiatric medicine. In the OnTrack model, Peer Specialists are encouraged to support Participants in voicing their concerns and preferences about wanted and unwanted effects of medication, challenges of using medication and other medical concerns with the Psychiatric Care Provider. In the appendix there is a link to the curriculum, "The Journey to Use Meds Optimally," which offers several tools we can use in our work with Participants. In OnTrackNY, Participants collaborate with other team members through Shared Decision Making so that their voice can be heard and their choices prioritized.

Primary Clinician

The Primary Clinician (PC) is the team member who offers counseling and support, and helps Participants develop skills for their own wellness. They may also play a dual role on the team, serving as the Outreach and Recruitment Coordinator (ORC) or Team Leader (TL). Peer Specialists can complement the work of the PC by helping Participants practice self-care skills. We might also share what self-care skills we use. Peer Specialists can also support Participants as they explore help outside of the traditional mental health system. For instance, supporting Participants in attending a Hearing Voices Support Group or an A.A. meeting.

Outreach and Recruitment Coordinator

The Outreach and Recruitment Coordinator (ORC) conducts outreach, handles referrals and leads assessments of young people referred to OnTrackNY for services. This is often a dual role held by a Primary Clinician or Team Leader. Peer Specialists can support this role by participating in both outreach and recruitment (more on this in Chapter 3).

Nurse

The Nurse supports Participants with their overall health and wellness. Peer Specialists can complement the work of the Nurse by centering Participant perspective and highlighting their opinions about goals related to physical health and wellness. Additionally, Peer Specialists can provide practical support to Participants in reaching those goals. For instance, we can accompany Participants to a nutrition group or fitness class, make sure there are healthy snack options in the waiting area or at program meet-ups, etc.

Other ways that Peer Specialists can collaborate with all the team members include:

- Co-facilitating groups
- Partnering for community, home or office visits based on the preferences of Participants
- Attending meetings or appointments with Participants and other team members
- Voicing the perspectives of Participants or families in team meetings
- Acting as a liaison between Participants and other team members

Foundational Principles of the Team

Foundational principles are the core concepts underlying the work of OnTrackNY teams. They include a recovery orientation, a framework of racial equity, the use of shared decision making, an active/focused stance throughout care, providers who are flexible and consistent, and a process that fosters autonomy yet allows Participants to remain connected with a team.

Recovery Orientation

The OnTrackNY model is based on the conviction that everyone we serve can be successful in the goals of their choosing. Historically, people who received a diagnosis of schizophrenia or on the psychosis spectrum were told they would be sick for the rest of their lives and should avoid the stress of work and school. OnTrackNY rejects this notion and has a much more hope filled approach. Our work is to support

people in achieving their hopes, dreams and aspirations for their lives. We offer support as Participants identify what they need to be successful and then we walk alongside them as they gain the necessary skills for success. OnTrackNY uses SAMHSA's working definition of recovery which is:

> *Recovery is a process of change through which individuals improve their health and wellness, live a self-directed life, and strive to reach their full potential.*

It is important to remember that recovery can mean different things to different people and does not necessarily mean one is symptom free or cured. Recovery means taking steps forward, and sometimes steps back. It's not a straight line between point A and point B. Recovery is usually a journey of constant change. It's helpful to remind ourselves, and the whole team, of that especially during hard times or seeming setbacks.

Racial Equity

Racial Equity is a framework embedded within the model of OnTrackNY. This is brought into our work when teams create processes for acknowledging and accounting for past and current inequities experienced by Participants and their families. The team provides all people, particularly those most impacted by racial inequities, the infrastructure and conditions needed to thrive. This requires that the team works with Participants using a Cultural Responsiveness framework that consists of Cultural Humility and Structural Competency. Using cultural humility means that as a Peer Specialist, we maintain a curious stance about the person's identity and allow space for exploration and validation of the aspects of cultural identity that are most important to them. At the same time, we develop an understanding of the historic events that systematically have oppressed certain groups of people. Furthermore, as Peer Specialists we develop an understanding of the interplay between our personal identity and culture and that of the Participant and Family. Alongside cultural humility, Peer Specialists practice Structural Competency. Structural Competency recognizes and addresses the social determinants that impact mental health (e.g. racism, public policies, social norms, the unjust distribution of opportunities, housing instability, food insecurity, adverse childhood experiences, poverty, etc.) and aims to address these external factors as much as possible so that the care delivered is more equitable. This might mean working with people in very individualized ways to help them secure what they need to help them recognize and overcome barriers.

Shared Decision Making

Shared decision making (SDM) is an approach to setting goals and making decisions that enables the team (including Participants) to clarify disagreements and to reach the best care decisions. SDM relies on tools and techniques such as decision aids, discussion of options, decisional balance exercises, exploring pros and cons, and clarifying values and what-matters-to-me. Peer Specialists support Participants in the process of shared decision making because treatment decisions are also *personal* decisions. Peer Specialists encourage Participants to have a voice and a choice in making decisions about medication and other treatment options. Encouraging Participants to express themselves, sharing self-advocacy techniques, rehearsing speaking up with the psychiatric care provider, gathering more information on the various options, and sharing personal experiences of effective self-advocacy are powerful ways we support SDM.

Active Focused Stance

Another foundational principle guiding the work of the team is taking an active and focused stance. Because OnTrackNY is a time limited service, staying actively engaged with Participants while supporting the achievement of personal goals is very important. Being active means, we proactively connect with Participants and their Family. It means we provide information needed for Participants to consider all relevant supportive choices. "Focused" refers to our efforts to address the needs and wants of Participants while also helping them and their Family partner with community providers for future needs.

Flexibility and Consistency

Flexibility and consistency are also foundational principles on which teams base their work. Being flexible and consistent means we meet Participants where they are at. Flexibility allows us to respond sensitively and practically to a myriad of situations. Flexibility permits us to adjust the plan accordingly. Flexibility considers changing individual needs and context. Consistency is the complement of flexibility. It is important for Participants to experience steady, reliable, and consistent support throughout their enrollment in OnTrackNY. This is regardless of whether the Participant chooses to engage less frequently or makes decisions that are counter to the recommendations of the team.

Autonomy and Connection

We strive to help Participants exercise their autonomy while also helping them maintain their connection to the team and services. This means striking a balance between being responsive to individual needs while also encouraging independence. Participants and families move along a continuum of support: sometimes they may need more autonomy to grow; other times, they may need greater support to maintain wellness.

Focal Areas for the Team

In addition to the foundational principles of the OnTrack Model, there are eight focal areas that guide the work of the team. Remember that Peer Specialists are not clinicians. Nevertheless, there are many ways we can support the work of our clinical and other colleagues. We will touch briefly on how we can support the team and Participants in these focal areas. At the end of this manual there are tools that support our work in these focal areas.

Focal Point 1- Medication Decision Support

Medication decision support refers to making decisions whether to use medication as prescribed to support the achievement of personal goals like returning to work and school. Only the Psychiatric Care Provider can prescribe medication. The whole team is involved in supporting the Participant around their decisions about medication. As Peer Specialists, we should never recommend that Participants start or stop medication. That is not our role. Instead, we work to help Participants have a voice and a choice in the process of shared decision making about psychiatric medicine. We support Participants in being self-advocates to find the medicine-that's-right-for-me or as they consider how medication could be a part of their plan. If requested, we can attend Psychiatric Care Provider appointments with a Participant for

additional support. We can help Participants rehearse or practice speaking up about side effects or unwanted effects of medication. We can access many resources in the Recovery Library to support Participants in creating Power Statements to help align care with personal goals. You can find more information about Power Statements in Step 2 of the appendices. We also center the perspectives of the Participant in any team discussions around medication.

Focal Point 2- Medical Care

This focal area helps ensure Participants have access to and utilize medical care. The team works to support Participants in receiving desired medical services. In our work as Peer Specialists, if a Participant wants treatment for a medical issue or to see a primary care physician, we support them in doing so. For instance, we might discuss what is important for the Participant and how physical health supports that. We might attend appointments with Participants or support them in preparing to attend appointments. If discrimination is encountered in medical settings, we can support people in using the 'It's Not All In My Head' Worksheet in the Recovery Library. We support Participants in forming and sustaining their relationship with the nurse on the team. We also support Participants with any goals related to their health and wellness more broadly than just seeking medical care.

Focal Point 3- Supported Education and Employment

This focal area supports Participants in their goals relating to work and school. OnTrackNY uses the IPS model of supported employment, otherwise known as **I**ndividual **P**lacement and **S**upport. The SEES (Supported Education and Employment Specialist) is the team lead in this area. However, all team members, including Peer Specialists, are available to support Participants' goals for work and school. Some of the ways Peer Specialists can be supportive include talking with Participants about their goals and aspirations, addressing fears and concerns about returning to work or school. We can also share personal stories of how we've navigated challenges and lessons learned from our journey to school and/or employment. We can explore videos and other examples of peers who have returned to work or school.

Focal Point 4- Family Support

Families are part of the team. This focal area reminds us that the whole team is there to support families as well as individuals. OnTrackNY endorses a broad definition of Family, one that includes anyone the Participant would like the team to partner with in their care. One way to engage in this focal area is for Peer Specialists to support Participants' relationships with families. We also work with families to expand their understanding of Lived & Living Experience and recovery. Our presence on the team can inspire families and fill them with hope their loved ones can achieve their life goals. There are times when as a team, the Family goals may be different than or in conflict with Participants' goals. An example might be that parents may want their loved one to live at home until they are "better." However, the Participant wants to move into a dorm on campus. When families and Participants have different goals, it's best to work closely with our supervisor to avoid taking sides. More information about our role and the focal area of Family support is included in the Supporting & Partnering with Families role responsibility in Chapter 3.

Focal Point 5- Behavioral Interventions

Clinicians on the team are skilled in providing recovery coaching strategies. They focus on helping Participants learn wellness strategies to use as part of their recovery. For instance, they help Participants learn self-care skills for managing symptoms of psychosis like distressing voices and anxiety. Sometimes this work is called CBT which stands for **C**ognitive **B**ehavioral **T**herapy. Additionally, clinicians work with Participants to develop strategies for reducing or quitting alcohol, tobacco, or other substances. They are also skilled in behavioral activation techniques. Behavioral activation involves engaging Participants in setting personally rewarding, positive goals, to get closer to living the life they want to live. In our work as Peer Specialists, we offer decision support to Participants as they decide which elements of the OnTrackNY model they would like to participate in. In addition, we advocate for or alongside them, supporting them in their care and goals. We can also support Participants in practicing their new self-care strategies, and in connecting to support outside of the mental health system like 12-step and other support groups like the HVN.

Focal Point 6- Housing & Income Support

Housing and financial insecurity is a common issue. The team works to ensure Participants have access to stable housing and adequate income, particularly when Participants are interested in living independently or have left home. As Peer Specialists, we provide practical support in helping Participants in increasing their independence, which may include obtaining and maintaining resources and supports in the community. The team can help to access and maintain housing and entitlements like food or utility vouchers. As Peer Specialists, we support the independence and autonomy of Participants as they navigate these systems. We also are available to talk with Participants about the discrimination that can sometimes go with using these benefits. We use the role responsibility of Community Mapping to develop our awareness of resources and supports.

Focal Point 7- Trauma Informed Perspective

Trauma - physical abuse, emotional abuse, battering, vicarious trauma like shootings in our neighborhood, environmental disasters, terrorism, race-based trauma - affects many people, including those who are diagnosed with early psychosis. The trauma of experiencing coercive care through hospitalization or other mandated treatment and the trauma of interfacing with the criminal justice and other carceral systems can sometimes play a role in how a Participant comes to an OnTrackNY team. Some, but not all, Participants will have a history of trauma. That is why OnTrackNY clinicians carefully assess trauma history as part of onboarding Participants into the program. In our work as Peer Specialists, it's important to create an environment of trust and safety, especially with those with trauma histories. As Peer Specialists, we are creating relationships which minimize power imbalances and strive to offer Participants space to consider experiences for themselves. Should a Participant want to share about their experiences, we are able to listen without judgement. Remember that Peer Specialists are not therapists. It's not our job to get people to talk about or express trauma related memories or pain. It is not our job to help people uncover, discover, or resolve their trauma. Instead, we can focus on creating interpersonal safe space where each Participant feels safe and respected. Should we feel comfortable with it, it's fine for Peer Specialists to share when we too may have a history of trauma that is relevant and purposeful in building our relationship with a Participant. Going into detail is rarely called

for and can be re-triggering for Participants. If a Participant is sharing with us about their experiences of trauma and we feel comfortable talking about it- that can be an element of our work together. However, if we feel uncomfortable or if they are seeking more- we are able to bridge them back to the Primary Clinician role, who can offer therapeutic support. Supervisors can be helpful guides for Peer Specialists who are working with Participants who are experiencing trauma related challenges. We also must be mindful of our own experiences of this work, should we be experiencing vicarious trauma or reminders of our own experiences that are challenging.

Focal Point 8- Safety Planning and Suicide Prevention

Team Clinicians conduct safety planning and suicide prevention with Participants. It is never the Peer Specialists' role to assess someone for safety or intent to harm themselves. However, we can support the team in developing safety plans and working with Participants to ensure the plan represents their perspective. We can also play a unique role by building our relationship with Participants to create a space for honest and open dialogue around the topic. We can help connect Participants with local suicide prevention support networks. We can utilize self-disclosure, should we feel comfortable, and the Participants is open, of times when we too may have made a passage through despair. Additionally, in the early stage of our relationship, Peer Specialists let Participants know that we are a member of a team. This means we report back to the team when something important comes up. Peer Specialists do not keep secrets from the team. If a Participant shares information about self-harm, a wish to die or suicidal thoughts/plans, this information must be shared with the team. In such situations, Peer Specialists should remind Participants that they care and support Participants in speaking directly to a clinician on the team. Advance Directives are a tool we can support Participants in completing, which allow them to express their preferences should they be referred to a more restrictive treatment setting. We can find a version of that tool in Step 2 of the appendices. There is also more information on this topic in Chapter 4 of this manual, Frequently Asked Questions.

III. What does a Peer Specialist do?

As Peer Specialists on OnTrackNY teams we have 12 role responsibilities, which capture the variety of work we do. It is important that as we move through these role responsibilities that we honor the spirit of Peer Support. We inform our practice with the ideas of partnership, Mutuality & Reciprocity. Our mission is to support each Participant in moving through the program to live the life they desire. Beyond just our role responsibilities, there are also some suggested approaches and structures of support that can help us in our work.

OnTrackNY teams are considered "clinical," in practice and approach. Because of this, our job involves navigating discussions and collaborative work with our clinical colleagues while maintaining the values of our role of Peer Specialist. To create the productive synergy that comes from a multidisciplinary team, there must be bidirectional communication and understanding of each roles' unique perspective. There will inevitably be times when our perspective as Peer Specialists will differ from the clinical perspective, and it is important for us to know when to be vocal about differences. An OnTrackNY team thrives in an

environment that has open communication and tolerates a diversity of perspectives in the interests of creating a stronger whole.

In our work, we can sometimes experience "role drift" away from our role of Peer Specialist. Drift away from the peer role can sometimes look like when Peer Specialists begin to talk, act, and think like clinicians. This is unfortunate because if we drift into a "junior clinician role", the team misses out on the unique contribution of Peer Specialists. Another form of drift away from the Peer Specialist role includes taking an activist stance on the team instead of sticking with an advocacy role, which occurs when Peer Specialists are guided by personal desire for specific change and use their interactions with Participants or conversations with team members to champion that cause. For example: *a Participant asks for support in preparing for a meeting with their Psychiatric Care Provider to talk about medication, and the Peer Specialist uses this time to focus on a recent documentary they viewed about big pharma*. This is role drift because the Peer Specialist is not focusing on centering Participant perspective, but instead is shifting the conversation to their own beliefs and desires for systems change. Finally, another common form of drift, is for Peer Specialists to act like a friend to Participants or families. The FAQs in Chapter 4 offer more guidance on avoiding role drift. Role Drift is real and something we should be mindful of in our work. The table in the appendix step 1 highlights the ways in which the Peer Specialist role can be thought of as distinct from the role of clinicians on the OnTrackNY team.

OnTrackNY Peer Specialist Role Responsibilities

There are 12 identified role responsibilities for Peer Specialists within OnTrackNY teams. Below are descriptions of each of the responsibilities. These responsibilities include a list of tasks Peer Specialists engage in to fulfill the specific role responsibility. It is important to note that each Participant is unique and will have unique wants and needs in relation to the specific tasks.

We have role responsibilities for our work with Participants and families, and role responsibilities and tasks that lie outside our face-to-face work with Participants and occur in our interactions with team members, in the office and in the community.

1. Outreach & Engagement

Peer Specialists in OnTrackNY programs are involved in all aspects of community and Participant outreach, engaging Participants in services, and supporting Participants in their connection to the team, their families, and their communities. Peer Specialists help promote community awareness of, and facilitate engagement with, OnTrackNY teams by participating in outreach activities alongside other team members. Peer Specialists also reach out to Participants and their families to introduce them to the unique benefits of working with OnTrackNY.

These are some of the Peer Specialist tasks associated with the responsibility of Outreach and Engagement:

- TASK: Connect with young people and their families who are considering enrolling in the program. Our connection may include sharing our personal stories. We may even do public speaking about OnTrackNY.

- TASK: Participate in developing brochures, newsletters, websites, or other informational materials designed to promote OnTrackNY. This can include writing and imagery. All materials should represent the variety of experiences had by those who may benefit from our program, the community we are in and the spirit of our work.
- TASK: Collaborate with the Outreach and Recruitment Coordinator (ORC) and other team members to promote community awareness of OnTrackNY services in settings where young people live, work and receive services. Examples of such settings include hospitals, high schools, colleges, trade schools, clinics, community groups, etc. This task may include public speaking.
- TASK: Make ongoing engagement efforts to maintain relationships with Participants and families.
- TASK: Reach out (in person or by phone, text or email) when a Participant misses appointments or is disengaging from services.
- TASK: Celebrate Participants' accomplishments and various milestones. Examples of milestones include graduation from high school, sober anniversary, getting a job, etc.
- TASK: Advocate for and with Participants.
- TASK: Support Participants in communicating with other team members when services are not meeting needs and expectations.
- TASK: Discuss and communicate Participants' experiences with the team, progress, and any changes in goals.

2. Relationship Building

Peer Specialists develop relationships with Participants that include connecting around our shared mental health experiences, systems navigation, and other aspects of our lives. We strive to make these relationships reciprocal in nature. That is, both the Participant and Peer Specialist feel encouraged to contribute.

These are some of the Peer Specialist tasks associated with the responsibility of Relationship Building:

- TASK: Facilitate mutual disclosure by:
    - Sharing information about our personal experiences, thoughts, and feelings, especially ones that are relevant to the journey of the Participant.
    - Creating space for Participants to share their own personal experiences, thoughts, and feelings, while respecting personal boundaries.
    - Acknowledging facets of Participants' experiences that we may not directly relate to. We can also support Participants in connecting to community resources and meeting others who share similar experiences- an example is: *If a Participant has the experience of hearing voices and the Peer Specialist does not, then the Peer Specialist can connect the Participant to people with that experience through introducing to a local* HVN *group.*
    - Expressing our own vulnerabilities and sharing what we are doing to maintain our wellness.
- TASK: Encourage mutual support by:

- Offering Participants support in the form of validation, compassion, empathy, reflective listening, positive encouragement, and tangible assistance like looking for an apartment, securing entitlements, etc.
- Identifying and sharing the mutual benefits of our relationship, such as when we, as Peer Specialists, learn something from the Participant. As a Peer Specialist we want to highlight how the Participant is giving back to the team and community (not just receiving services)
- Seeking out opportunities for the Participant to be in the teacher or expert role. For example: *asking a Participant to teach us how to play a video game that they are good at.*

- TASK: Minimize power imbalances by:
  - Considering the different types of power imbalances that may be present in our relationship with the Participant. That means even though we are Peer Specialists, we still have access to clinical notes, we document our visits, our getting paid to be in our position, etc. These are examples of a power imbalance, even within the Participant/Peer Specialist relationship. To minimize the imbalance, we proactively discuss it with the Participant to promote transparency and fairness. For example: When introducing our role to the Participant – "*In our work together, our relationship might look a little different that others you have developed with team members. Can I tell you what I do in this role to help us define our work together?"* Another example of this is completing documentation collaboratively: "*Since I am going to be documenting our time together, I would like for us to summarize our visit, so you are actively involved in what I will be inputting into your record."*
  - Working with Participants to establish boundaries and mutual agreements regarding issues like making disclosures, desire for contact outside of professional meetings, etc. For example: "*If you were to miss a visit we had scheduled, how would you like me to contact you to check in?"* Or "*If you're not answering my calls or texts, can I call your mom to reach you?"*
  - Completing the Participant & Peer Specialist agreement tool together and revisiting throughout our work.
  - Talking honestly with Participants about documentation and what types of information Peer Specialists are required to share with the OnTrackNY team. This should happen early in the relationship. For instance, it's important to discuss what types of things a Peer Specialist must report back to the team (e.g., suicidal ideation) in the beginning of the relationship, rather than after-the-fact. For example*: "We can summarize our meeting together each time we meet, to keep the team in the loop, but sometimes our conversations may cover topics that we'll want to more immediately share with them. Let's make a plan now for how we can do that together."*
  - Completing any documentation about Participants, with the Participant while they are present. If a Participant is willing, using collaborative documentation helps manage some of the Power Differentialsinherent in the roles.

  - Avoiding making decisions for Participants without their consent or involvement to minimize coercion. For example: In team meeting, our colleagues discuss the possibility of calling emergency services or involuntarily hospitalizing a Participant and ask the Peer Specialists perspective, "*since we know that he is at home right now, I would like for us to continue this conversation with him and his mom. He has talked about how important it is he stay out of the hospital, so I would like for him to participate in this conversation. He might be able to offer another suggestion."*

- Discussing post-OnTrack boundaries early in the relationship. In other words, does your agency have policies about contact with Participants after they graduate from the program? If so, that's important to discuss early, when establishing the relationship.
- Offering opportunities for Participants to plan activities with the Peer Specialist. For example: "*You mentioned wanting to meet next Tuesday. I'm free at 11 or 4, let me know if either of those times work for you, where you would like to meet and if there is anything specific you want us to connect around.*"
- Creating shared space by encouraging Participants to choose where we meet. This might also include adjusting our office space to fit their preferences (lighting, music, ambiance etc.) or meeting at a local park, coffee shop, or other space where the Participant feels comfortable.
- Checking in regularly with Participants to ensure our interactions are serving them and achievement of their goals.

3. Embracing Creative Narratives

This role responsibility focuses on our ability to explore and discuss multiple frameworks for understanding life and Sensory Experiences, including those that may have been labeled psychosis. Embracing creative narratives is helpful, not just for Participants, but for other team members, Family, and the community as well. People are often given a single explanation for their mental health experiences, and a part of our job is to support people in learning about understandings beyond the Bio-Medical model. We are encouraged to embrace diverse narratives to create space for complex personal stories of recovery and resilience. This responsibility allows us to support our team members in expanding their understanding of experiences such as Alternate States to include perspectives outside of the traditional mental health system. See the charts in the appendix (step 1) for examples of language. There are several tasks included in this responsibility which help us support a Participant in building & utilizing the preferred narrative of their experience.

These are some of the Peer Specialist tasks associated with the responsibility of Embracing Creative Narratives:

- TASK: Respect and support how Participants think about or describe their own experiences with mental health and mental health related services, including the ways their perspective may change over time. This may include:
  - Introducing alternative understandings of mental health and Sensory Experiences to support the Participant in defining their own experience, instead of trying to convince them of the Bio-Medical framework.
  - Supporting team members in adopting and supporting Participants' understanding of their experience in team meetings, planning sessions and any discussion around their care.
- TASK: Support Participants in making meaning of their experiences, including those that evolve over time, and span Non-Clinical as well as clinical ways of understanding and conceptualizing the personal experiences diagnosed as psychosis.
- TASK: Share about our own meaning making process and how our understanding has evolved over time.
- TASK: Share with Participants different resources that emphasize alternative frameworks of mental health and alternative experiences.

- TASK: Support Participants in expressing their understanding to Family members, other providers, supporters, and community members.

4. Co-Creating Tools for Success

This responsibility supports Participants as we collaborate on strengthening self-awareness, building life skills, and clarifying personal goals via the use of wellness tools (e.g., OnTrackNY Peer Specialist tools, The Power Statement Worksheet in Recovery Library, etc.).

These are some of the Peer Specialist tasks associated with the responsibility of Co-Creating Tools for Success:

- TASK: View and consider all OnTrackNY Peer Specialist specific tools in the appendices, OnTrackNY website, and on the CPI Learning Management System.
- TASK: Complete our own OnTrack Map tool (found in step 2 of the appendices) and discuss it with others (e.g., other OnTrackNY Peer Specialists, your team members, Participants, and families).
- TASK: Introduce OnTrack Maps and other OnTrackNY Peer Specialist tools to interested Participants and work on it together in a group or individually.
- TASK: Facilitate OnTrack Maps groups or groups utilizing any of the OnTrackNY Peer Specialist specific tools.
- TASK: Develop and support Power Statements with Participants using the Recovery Library.
- TASK: Collaborate with other OnTrackNY team members so they can support the use of tools identified by the Participant.
- TASK: Share completed tools with team members when the Participant consents.
- TASK: Ask Participants if they have any preferred wellness or self-care related tools they would like to use when working together.
- TASK: Ask Participants if and how they would like to develop their own tools for success.
- TASK: Take time to work with Participants to try new things, develop new skills and strategies, and practice existing skills.
- TASK: Share tools that work for us.
- TASK: Facilitate groups where Participants can Co-Create, learn, and share skills and strategies with one another.
- TASK: Offer opportunities to expand understanding of what wellness tools are and how they can be utilized.

5. Supporting & Partnering with Families

Peer Specialists form a partnership with Participants and their families. Families are crucial members of the team. These partnerships will look different depending on Participants' needs and wants, who they consider to be Family, their age and any legal requirements, the structure of their Family, and the program phase the Participant is in.

These are some of the tasks associated with the responsibility of Supporting and Partnering with Families:

- TASK: Introduce the concept of Family as a chosen group of supporters which can include biological Family, adoptive or foster families, Family of choice, friends, colleagues, community members, faith communities etc.
- TASK: Work with Participants to identify who they consider to be Family and how they would like them involved with the OnTrack team, while considering and navigating age and legal requirements.
- TASK: Once Family has been identified, connect with them based on the preferences of the Participant.
- TASK: Engage in Mutual Disclosure with Family members, sharing about our own Lived & Living Experience how we and our support system navigated different experiences.
- TASK: Create opportunities for Mutual Disclosure between us, the Participant, and their families. For example: *gathering with the Participant and Family where we have open discussions about relationships, perceptions and needed support.*
- TASK: Help families expand and grow in their understanding of Participants' experiences.
- TASK: Facilitate or co-facilitate Family support groups.
- TASK: Support Participants or families during Family education groups.
- TASK: Offer opportunities for families to receive support outside of OnTrackNY and connect them to resources and groups (e.g., NAMI Familia groups, local support networks etc.).

6. Making OnTrackNY Better

This role responsibility (also known as eliciting stakeholder feedback) focuses on supporting and partnering with our team, Participants, Family, and the community as a whole to learn about their needs, preferences, and experiences. In learning from our stakeholders, we hope to use that feedback to inform the practices and approach of the team. OnTrackNY is a learning healthcare system. This means that OnTrackNY is continuously collecting feedback and data from teams, Participants and families, and sharing information back to all of these stakeholders, in order to improve the quality of the program. Peer Specialists can play an important part in supporting Participants and families on sharing their perspectives about the program and recommendations for improving services. As Peer Specialists, our work is not to collect data or to manage the grievance process for our team. Instead, we create safe spaces where Participants and families can offer their perspectives on how OnTrackNY has supported them, things they would like to see more of, areas of growth for staff and program offerings, etc. This role responsibility can support our team in *eliciting stakeholder feedback*. We do this work in many ways with Participants, families, and community members, through one-on-one conversations, groups and community discussions.

These are some of the Peer Specialist tasks associated with the responsibility of Making OnTrackNY Better, also known as Eliciting Stakeholder Feedback

- TASK: Conduct regular (based on preference of Participant this could be each meeting, weekly, monthly, quarterly etc.) check ins around how current Participants are experiencing their time in the OnTrackNY program.
- TASK: Introduce (and reintroduce as needed) the concept of the Participant as the primary member of the team and working to support them in expressing their needs.
- TASK: Co-Facilitate or facilitate group discussions with Participants to learn about their experiences in the program and areas where they would like increased support or resources.

- TASK: Co- Facilitate or facilitate group discussions with Family members of Participants to learn about their and their Family's experiences in the program and areas where they would like to see increased support or resources.
- TASK: Build opportunities for Participants and families to Co-Create the spaces and dialogues that would support them.
- TASK: Ask questions which support Participants and families in considering their various identities and areas for further team support development.
- TASK: Share about your experiences of eliciting stakeholder feedback with your team to ensure the Participant and Family voices are heard and responded to.
- TASK: Connect interested Participants to the process of self-report data collectionand support them in following up.
- TASK: Connect interested Participants & families to opportunities to offer stakeholder feedback (i.e. OnTrackNY Youth & Young Adult Council, ARCADE, Family Council).
- TASK: Connect interested Participants & families with Amplify and research projects relevant to their experiences.

7. Bridge Building

Peer Specialists are responsible for bridge building in two ways. First, we serve as a bridge between OnTrackNY team members and Participants to support achievement of Participants' goals. We work to connect the Lived & Living Experience and understanding of the Participant with the clinical perspective of the team. Secondly, we serve as a bridge between Participants and the broader community to connect them to resources and opportunities outside of the OnTrackNY team. In this work we hope to support Participants in discovering and building networks of friends, activities, and groups in the wider community.

These are some of the Peer Specialist tasks associated with the responsibility of Bridge Building:

- TASK: Connect Participants to OnTrackNY team members by:
    - Directing Participants to team members who are the most capable of assisting them with a goal or concern. An example would be *making sure a Participant gets in touch with the Psychiatric Care Provider if they have a question about medication.*
    - Communicating with Participants on behalf of the team to provide useful or relevant information. An example would be *telling a Participant the team is invested in their well-being when the Participant may be feeling alienated from the team*.
    - Communicating with the team on behalf of Participants to support their experiences within the program. An example would be *supporting a Participant's understanding and way of speaking about their experiences and goals within the program*.
    - Supporting Participants in the development and practice of self-advocacy skills to support them in communicating their perspectives and preferences.
    - Collaborating with team members for shared visits or meetings based on the preferences of the Participant. For example: *Meeting with the Participant and the Psychiatric Care Provider, when they have been asking us questions about medication*.
- TASK: Connect Participants to the broader community by:
    - Exploring community resources, peer resources and available natural supports that are relevant for Participants.

- Connecting Participants to resources and helping to facilitate their engagement with these resources. Some examples include *inviting Participants to attend a community meeting, visiting a website with them, virtually attending an event together* etc.
- Learning from Participants about communities they identify with and supporting them in connecting. Some examples include, *helping a Participant connect with local LGBTQ communities, neighborhood or cultural communities, faith communities,* etc.
- Educating ourselves about available resources and supports within our region and compiling a resource manual for future reference.
- Preparing Participants for graduation by ensuring they feel connected to supports in the community and know where to go if additional support is needed.
- Accompanying Participants to meetings, groups, or activities in the community, as requested.

8. Group Facilitation

As Peer Specialists we can facilitate groups that use pre-designed materials (OnTrackNY Maps, Recovery Library group curriculums) or we can make up a group that might be of interest. For instance, we might see if Participants are interested in an art group, a video game group, or a soccer game. We may connect with other community programs and support Participants in attending groups or activities in their community, if they are not considered services or enlist other mental health providers. We may also co-facilitate groups with other team members for OnTrackNY Participants and/or their families. These might include groups focused on sharing stories, strengthening support networks, healthy living, or providing support to families. These groups may be run in person or virtually, in the OnTrackNY office or out in the community, based on Participant preference.

As Peer Specialists, we should be aware of the historical tension between running groups within a program (OnTrackNY) and assisting Participants in connecting with groups and organizations in the wider community. Historically those of us with disabilities or stigmatized labels were segregated and could only participate in special groups, for special people with special needs. Rather than attending a pottery class at a local community college, we were segregated into day programs with others of our "kind." For decades people in the disability rights movement fought for the right to belong to groups and organizations in the wider community. Rather than segregation between those who are systems served and the community, activists called for full community inclusion and integration. Given our historical roots, Peer Specialists can make sure there is a balance of opportunity to participate in program specific groups, as well as groups and organizations in the wider community. OnTrackNY is a model dedicated to increasing independence for Participants, so it is important to be mindful that we are creating opportunities for Participants to connect with the communities that will be there beyond the 2 years the Participant will spend with OnTrackNY.

These are some of the Peer Specialist tasks associated with the responsibility of Group Facilitation:

- TASK: Explore the needs and wants of Participants to create groups and activities that will be of interest:
  - Polling Participants to get input on group activities.
  - Outreaching to new and existing Participants to introduce to groups.
  - Scheduling meetings with new Participants and families to determine their interests and needs.
  - Getting input from team members to learn their perspectives on what groups would be helpful.

- TASK: Facilitate groups for Participants, these can include:
  - Peer Support groups, focused on the experiences of those in attendance.
  - Activities groups, introducing new skills, strategies, and pursuits.
  - Community outing groups, connecting Participants to community activities and resources.
- TASK: Co-facilitate groups for Participants, this can include:
  - Connecting with other team members to run groups which benefit from a multidisciplinary approach.
  - Supporting a Participant interested in running a group in planning, organizing, and facilitating the group alongside them.
- TASK: Facilitate and co-facilitate groups for Family members, these can include:
  - Support groups focused on the needs of Family members.
  - Joining education groups, focused on introducing a non- clinical perspective as recovery as a period of growth and transformation.
  - Activities groups for families, including siblings and other interested supporters.
- TASK: Participate in:
  - Orientation groups, focused on orienting new Participants and their families to OnTrackNY.
  - Transition groups, focused on bringing together Participants in different phases of the program.
  - Organizing graduations, focused on celebrating those who have completed their time in the OnTrackNY program.

9. Community Mapping

This role responsibility focuses on learning about and engaging with local and regional resources to best serve OnTrackNY Participants. In our community mapping work, we familiarize ourselves with what is available in local neighborhoods, communities and regions that would benefit or interest those we serve. This might include learning about what is available, visiting places to experience them, making other organizations aware of OnTrackNY and potentially collaborating with them for success. This role responsibility allows us to connect Participants and their families to community-based programs and integrate their interests into the world outside of mental health treatment programs. The goal of this role responsibility is to support Participants, families, and team members by offering resources that can support them long past their graduation from OnTrackNY. It is important to think about our work through the lens of the disability rights movement, decreasing individual dependence on the system by supporting Participants in feeling like citizens of their communities.

These are some of the Peer Specialist tasks associated with the responsibility of Community Mapping:

- TASK: Identify local resources through online search, listings at community centers, social media accounts etc.
- TASK: Network within the peer community to learn about resources and programs.
- TASK: Visit neighborhoods where Participants live to learn about what is available near to them.
- TASK: Visit programs and sites, learning about services and access.
- TASK: Should resource sites be interested, share information about OnTrackNY, our role of Peer Specialist and the interests of Participants and families.
- TASK: Based on specific interests of Participants, catalog options and access points in an easily shared format.

- TASK: Educate and inform team members on resources available.
- TASK: Learn from Participants, their families, team members etc. about interests and needed supports in order to focus mapping.

10. Influencing Team Culture

As a Non-Clinical member of the team, we positively influence the team culture by emphasizing the perspectives and experiences that emerge from our own, and Participants' Lived & Living Experience. One example of how to do this is by sharing about our own meaning making process and how it was supported or hindered by our treatment providers. Another way to influence team culture is by always balancing the clinical perspective by sharing the Participants' beliefs around what is happening to them. Some of our clinical colleagues may not know about alternative or complementary perspectives such as these. We do not approach this role responsibility with the mindset that clinical perspective is bad and peer perspective is good, but we work to create space where all understandings are valued and included in the discussion. This is why Peer Specialists are included in the OnTrackNY model, to enhance the understandings of others through our Lived & Living Experience. We also work to promote a youth friendly culture, regardless of our age, and encourage the use of recovery-oriented and culturally-sensitive language among team members.

These are some of the Peer Specialist tasks associated with the responsibility of Influencing Team Culture:

- TASK: Work with the team to promote a recovery-oriented, inclusive, youth-friendly culture of respect. For example: *As Peer Specialists, we always use the language used by the Participant to describe their experiences and understandings when working with the team.*
- TASK: Use person-first language that is respectful and supportive of the preferences and experiences of Participants. For instance, *never refer to a person as a diagnosis, instead refer to the person in the language they use to describe themselves.*
- TASK: Educate and support team members in using language that is respectful and supportive of the preferences and experiences of Participant.
- TASK: Speak up at team meetings to ensure Participants' Personal Narrative - their own words for their experience - is included. This helps to deepen the team's understanding.
- TASK: Advocate for Participants by encouraging team members to use Shared Decision Making and highlighting Participants' civil and legal rights.
- TASK: When relevant, try to place mental health experiences in a broader social context by acknowledging diverse cultural/ethnic identities, socioeconomic status, sexual orientation/gender identification. For example, *Elizabeth lives in a neighborhood where crime rates are high. It makes good sense to be always vigilant. Being "paranoid" in her neighborhood may not be a mental health symptom. It could be a positive survival strategy.*
- TASK: Help create and support a work environment where all team members add to the dialogue as we learn and grow together. For example: *leading a discussion during a team meeting around a topic relevant to the work of Peer Specialists (i.e., language, meaning-making, experiences of being psychiatrically labeled) and including the perspectives of all roles in the dialogue.*
- TASK: Highlight and reflect on our own implicit biases and how that may impact our work with team members, families, and Participants. For example: *In my Family, there was always the expectation*

that adults in the household contributed by working, I sometimes struggle when Participants don't want to work because I was taught that it is our responsibility to make money.

11. Team Communication & Collaboration

In this role responsibility we work to maintain open and frequent communication with the team to ensure integrated and cohesive services.

These are some of the Peer Specialist tasks associated with the responsibility of Team Communication and Collaboration:

- TASK: Communicate relevant information about the Participant to the appropriate team members (e.g., safety concerns to the team leader and primary clinician).
- TASK: Structure unscheduled time to collaborate with other team members outside of team meetings to learn about their work and discuss how to support Participants as a team, even those with whom we may not be directly meeting.
- TASK: write program notes that avoid overtly clinical language, focusing on describing the interaction through the lens of Peer Support. Documenting what was said and not our impressions or assumptions. Example: *When meeting with Mark in the park near his home, he said, "they're watching me, they have cameras all over my block."* Instead of: *Mark expressed his delusion of being watched during a community visit with the writer.*
- TASK: Whenever possible, include Participants while completing documentation. Invite their contribution, particularly when Participants are not in agreement with the team orFamily. This practice is called "collaborative documentation."

12. Ongoing Professional Development

This responsibility focuses on our own continued process of self-discovery and self-development within our work. It may look different for each of us. We should regularly check in with the team leader and our agency concerning opportunities to expand and deepen our professional skills by participating in peer-centric/peer-run mental health related conferences, workshops, continuing education courses, and web-forums. We also want to participate in any clinical or medical trainings being received by our team, not to inform our practice but to keep us aware of the larger work of our team. In our work, we hope to develop the skills we need to support Participants, their families, and their communities on their journey to wellness.

These are some of the Peer Specialist tasks associated with the responsibility of Ongoing Professional Development:

- TASK: Regularly check in with your agency and OnTrackNY concerning opportunities for professional development such as mentoring, conferences, online resources, and workshops.
- TASK: Explore and make suggestions about the types of professional development from which we may benefit.
- TASK: Actively participate in professional development activities that have been made available to us.

- TASK: Advocate for professional development activities that are not accessible to us but would be beneficial. For example: *attending a Peer-Led conference or Peer Specialist approach training like Intentional Peer Support or HVN Facilitation*.
- TASK: Develop or identify professional development opportunities for the OnTrackNY team that contribute to team building and/or shared skill sets.
- TASK: Read through supervision checklist between supervision meetings
- TASK: Prepare for upcoming supervision meetings by considering:
    - Which elements of the work have been successful or challenging?
    - Barriers to completing tasks and strategies to address them.
    - Questions around tasks or Participants.
    - Next steps in ongoing situations for Participants or team members.
    - Professional development opportunities.
    - Team communication.
    - Language used in meetings or documentation.
    - Needed supports for success in the role such as more training and information about reasonable accommodations and our protections under the Americans with Disabilities Act (ADA).

There are elements of Role Responsibility 12 (Ongoing Professional Development) that do not fall within the above task lists but that are essential aspects of our success as Peer Specialists. For most of us, there are many things we need to do to remain effective in our job as Peer Specialists.

Burn-out is a common reason why Peer Specialists leave the profession. Taking calls and texts at all hours of the day and night can be overwhelming. Establishing healthy boundaries between our personal life and our work life is important.

Sometimes microaggressions occur in the places where we work. Step 1 of the appendices include a module to learn more about the experiences of Microaggressions as a Peer Specialist. These experiences can wear us down. Even our own personal challenges can get in the way of showing up at work and doing a great job. If we fail to attend to our own self-care needs, we run the risk of burning out and being ineffective in our job.

Supervision is not just the job of the supervisor. Peer Specialists also have an important part to play in supervision. It is the responsibility of our supervisor to meet weekly with us and discuss our work through the lenses of peer practice, Participant experience, and team functioning. It is also the responsibility of our supervisor to offer the clinical perspective to enhance our practice, notice any challenges they have seen in our work and offer support as needed. It is our responsibility to advocate for our own needs, ask questions when more information would be helpful, ask for help and support as needed, and include any topics of interest or concern in our discussion. It is the responsibility of both of us to check for role drift in our work and relationships, with both our colleagues and supervisor and with Participants and families. Are we holding on to the spirit and language of Peer Support in our work? Being the only voice of the peer perspective on the team can be challenging. Using supervision to address such challenges can serve all members of the team. Consider reviewing the Peer Specialist Supervision Checklists regularly in preparation for or during sessions. It can be found in the appendix, step 2.

Peer Specialist Skills & Perspectives

As Peer Specialists there are specific skills we continue to develop and perspectives we strive to uphold, that are unique to our role on the team. These skills and perspectives are part of what makes our work "uniquely peer," within our multidisciplinary team. The role responsibilities outline the multitude of tasks we complete in our work, but it is the way we approach these tasks that makes our role distinct on the team.

Skills:

For all our role responsibilities, there are skills that will support the work we do. These are skills that we should continue to develop throughout our time in this work. The list below is just a starting point for us to build upon, thinking about our strengths and career goals.

Decision Support

Our work is all about supporting Participants in achieving the life they want for themselves. This involves supporting them in their decision-making process. We work alongside Participants as they think about their options, support them in considering their end goals, and offer a sounding board as they deliberate. In decision support as a Peer Specialist, we never tell people what we think they should do or encourage them down a specific path. We honor their self- determination, personal expertise and support them as they find the decision that is right for them.

Reflective Listening

This style of listening is an important element of our work as Peer Specialists, in which we listen to understand and reflect to confirm we correctly interpreted. This is not listening to respond or listening to decide where this conversation is going but listening as a tool to comprehend not only what is being said, but what is meant. We hear the words a Participants says, the ideas they are describing, and then reflect to them to ensure we are following along.

Use of Tools

As OnTrackNY Peer Specialists, there are many tools we can use in our work with Participants. Being aware of the tools available to us, understanding their purpose, and being able to utilize them effectively to support Participants in our work. A great strategy to enhance this skill is to use all available tools ourselves, so our lived experience of utilization can support us in using them with others.

Self-Disclosure

Our ability to disclose about our experiences with mental health and systems is a needed element of this work. Spending the time to understand our own experiences, build our narrative, and practice sharing it with others are great ways to build this skill. Navigating Professional Boundaries (step 1) and the transformation timeline (step 2) are tools in the appendix that can support us in this process. Skillful self-disclosure will support Participants in understanding their own experiences and will lead to Mutual Disclosure in our relationships.

Advocacy

A part of working as a Peer Specialist is advocating for and with Participants. In our advocacy, we are offering our support for and recommending the path *chosen by the Participant*. The hope is that we can support Participants in being self-advocates, but when we are in spaces without them (such as team meeting) we hold space for their perspectives and preferences, and voice them to the team.

Perspectives:

There are also three key perspectives outlined, from which Peer Specialists on OnTrackNY teams should be working. These perspectives will inform our skill development and our utilization of the role responsibilities in our work with Participants, families, and our team members.

Valuing Personal Narrative Development

Peer Specialist's work is centered around supporting Participants in their journey of exploring what various experiences mean to them. This is called Personal Narrative. Narrative comes from our Lived & Living Experience and often includes elements of our social and cultural backgrounds. These influences can be both supportive and challenging based on the identities of the individual. Exploring and understanding our Personal Narrative allow us to understand both the personal and broader factors like social, cultural, systemic influences that can contribute to the development of understanding meaning of our experiences over time. We offer exploration of life experiences, utilizing our skills to center the Participant's understanding and sense of meaning. We intentionally invite dialogue outside of the Bio-Medical model around Alternate States and sensory phenomena not experienced by other people.

Personal Narrative is how a person defines, gives meaning, and shares their own various life experiences. Supporting Personal Narrative development as Peer Specialists is how we work with Participants as they understand their experiences for themselves.

Centering Participant Perspective

We aim to support Participants as they develop and share their understandings. We also uphold their perspective in contexts where they might not be present, such as team meetings and discussions with Family. Our work is to amplify the voice of the Participant and center their perspectives in team conversations as well as any discussions they are not present for - regardless of whether it is similar to our own understandings.

Participants often feel disempowered by their experiences in the mental health system. Traditional settings may give the impression that staff know best and that to recover we must follow their guidance. It is our role to empower Participants as the experts in their lives. Participants are the most important part of our team! It is their care, and it should be guided by their preferences. Supporting Self-Determination is an essential piece of our role at OnTrackNY.

We see the Participant as capable of living the life they want to build. Our role is to support them as they develop their vision for themselves. As Peer Specialists we carry that vision, by representing their

perspectives and utilizing their language and understandings, centering the Participant in all our work. We always use the Participant's language and understandings in discussions about them.

Utilizing an Anti-Oppression Lens

In our work as Peer Specialists we strive to approach each person and circumstance we work with through the lens of anti-oppression, which includes the perspective of Antiracism and a focus on Cultural Responsiveness. We work with Participants and families to build partnership towards understanding each other's unique experiences and co-constructing a way forward that values and prioritizes what matters most to Participants and families.

This is a value of our entire team. We know that the Participants and families we support hold many identities, and that more than one of these identities may be marginalized and have an impact on how they identify, engage with, and interpret the world. This impact will also be present in how they view different systems and receive services.

The OnTrackNY model embraces an antiracist orientation by trying to be aware of and try to address the racial and other inequities in our local communities, promoting social conditions and norms for inclusion, and raising consciousness about power, privilege, marginalization, and oppression, and redressing power imbalances within our organizations and in our communities wherever possible.

IV. Frequently Asked Questions

In this chapter, we will explore some frequently asked questions related to the role of Peer Specialists working with OnTrackNY teams. These are just a sample of questions asked by Peer Specialists, and there are many other ambiguities and uncertainties that may come up in the work. Remember, whenever a question comes up, we should utilize supervision, support from peer mentors, the OnTrack Central Peer Specialist Trainers, or our community of OnTrackNY Peer Specialists.

Am I allowed to talk about medication with a Participant?

Yes. Discussing medications and offering support to Participants is a task that is in line with our work as Peer Specialists. In fact, it is a very important element of work with Participants on OnTrackNY teams. There are many things to consider when talking about medications:

- Our own experiences with medication and any bias we may hold
- The Participants' willingness to discuss
- What we feel comfortable sharing of our own experiences
- The Participants' experiences with medication
- The team's perspective on medications for this Participant

When discussing medications with Participants, we never want to encourage adherence, non-adherence or our preference for a specific plan. The goal of our discussions is to support Participants in coming to *their own decisions* about medications. We can do this by learning about their experiences, sharing our

own as appropriate, collaborating with other team members, offering educational resources, and actively listening and reflecting back. In our resource section, we will direct you to the Journey to Use Meds Optimally learning tracks.

What if a Participant talks about hurting themselves or others?

Working with a Participant who is experiencing thoughts of suicide, self-harm or hurting others is challenging. Should we find ourselves in this situation, remember we do not "assess" people for suicidality, safety, harm to self or others. A clinician is qualified to do such an assessment, not us. This means that we should never take it upon ourselves to judge if a Participant really means it when they say, "*I want to be dead*; *I want to cut myself*; *I wish my mother was dead*;" or the like. Additionally, even if a Participant requests it, we can never keep a secret from the team. For instance, if a Participant says, "*I need you to keep a secret. I'd rather be dead than ever go back to the hospital again*," we must let the Participant know we can't hold that secret. In such situations it's best to tell the Participant we are here to support them in deciding how they would like to share this with the rest of the team. Our focus in the work becomes supporting the Participant as they decide how they would like to report the concern back to their clinician on the team. We should continue to support Participants both in the moment, and as they receive support from clinicians.

Being present with someone who is having thoughts of self-harm and suicide can be hard for the entire team, not just Peer Specialists. As a team, we work with our colleagues to build a culture of openness, communication on tough topics, and collective care. This involves taking care of ourselves, developing team wellness strategies, and feeling comfortable having uncomfortable conversations. When we notice our own discomfort, or that of another team member, it helps to bring it up in team meetings or supervision and to work through it as a group.

Below are some tips for remaining peer and remaining a responsible member of the OnTrackNY team when a Participant is thinking about hurting self or others:

- Early in the relationships with Participants, let them know that we work as part of a team. It is important to let Participants know that we may be required to share certain information with other team members, even if they want it to be kept private.
- Specifically, we should make sure Participants understand that if they open up to us about a plan to harm themselves or others, that we are required to let the other team members know. We want to make sure they have this information from the beginning of our relationship. Otherwise they might feel betrayed when information must be shared with the team. Using the Participant & Peer Specialist Agreement in the appendix (step 2) will support this process.
- Even though we may have to share information about suicide and self-harm with the other team members, we want to maintain curiosity about the Participant's experience and share relevant experiences that we have had. If it seems right, we may share what has worked for us and how we found our way through hard times. Be open to learning how the Participant is managing such strong feelings.
- Learn about support and resources available to Participants outside of OnTrackNY and the mental health system. Connecting a Participant to an Alt2Su group or other Peer Support spaces while

they are working with the clinical team members is one way to remain in our role as we navigate this question.

I learned Motivational Interviewing; can I use this in my work with Participants?

No. Techniques such as motivational interviewing, behavioral activation, CBT, etc. all involve assessment phases. Peer Specialists never assess Participants. We strive to meet people where they are at. For instance, motivational interviewing strategies seek to help people make changes in their life by moving from one stage of change to the next. A Peer Specialist moves at the pace the Participant is moving at.

We must be careful to ensure that we are not doing clinical work in our role as Peer Specialists. We may still benefit from learning *about* interventions such as motivational interviewing, but only in an effort to understand what our clinical colleagues are up to.

There are many examples of peer-centric techniques and trainings that can support our work, some of which include:

- Intentional Peer Support
- Wellness Recovery Action Plans (WRAP)
- Certified Personal Medicine Coaching
- Certified Medication Empowerment Coaching
- Hearing Voices Network Facilitator Training (HVN)
- Certified Recovery Peer Advocate (CRPA) certification for those with lived experience of substance use
- Academy of Peer Supported Open Dialogue
- Alternatives to Suicide Training
- National Alternatives Conference
- National Association of Peer Supporters Conference
- Statewide Peer Led Conferences

When utilizing other techniques, we must stay vigilant that our work continues to be within the scope of peer practice. We do not offer therapy, conduct assessments, mandate, or recommend next steps, or participate in any practice that is not in line with the spirit of Peer Support.

Am I a friend?

No. While we strive to build mutual, reciprocal, and friendly relationships with Participants, we are transparent around our role as a professional member of a larger multidisciplinary team. We work to

minimize power imbalances but make clear we are unable to simultaneously engage in friendships outside of work. That is because in true friendships, friends are not paid to spend time with someone. Friends do not document their conversations. Letting Participants know about our role and its limitations from the very beginning supports us in building relationships with Participants that are supportive and friendly.

Peer Specialists should also be sure to check agency policy with regards to social media, accepting "friend" requests, sharing home addresses and private phone numbers. Each agency's policy is different. This also applies to relationships with Participants after they have graduated from OnTrackNY. Consider your personal boundaries, be aware of agency policy and protocol, and discuss in supervision. See the appendix Step 1 for a more in depth look at Peer Specialist boundaries.

What about connecting with Participants on social media?

Most team members and Participants have social media accounts. We may experience someone from our work life reaching out to us through our private social media. There are a number of variables to consider when it comes to connecting with Participants on social media, including:

- What is your agency's policy for social media?
- Should you consider separating your personal social media accounts from your professional social media accounts?
- What does your supervisor advise?
- What is your personal preference? Should it be against sharing, know that you can always decline regardless of agency or supervisor perspective.

What about working with Participants outside of work hours?

In the OnTrackNY model, team members have the flexibility to work with Participants outside of traditional business hours. If we are meeting with a Participant outside of regular work hours, it falls within our role responsibilities. However, what is allowed and the rules for engaging in community-based activities or activities after hours should be approved by the supervisor. Examples of these activities include:

- Attending Peer Support or 12 steps meetings with a Participant
- Visiting a community program or resource that holds evening activities
- Doing a home visit after a Participant returns from work or school

If a Participant asks to meet outside of work hours with the intent of developing a personal (not professional) relationship, the answer is *no*. Dating, romance, sex, and the like are not part of our professional role. Check with your supervisor about agency policy regarding personal relationships once someone graduates from services. In other words, if you meet a Participant a year after they leave services, is it OK to develop a friendship then? Agency policy varies so be sure to check it out.

What if a Participant asks me about my psychiatric medication or substance use?

This will likely come up in your work. When we utilize self- disclosure and share about our Lived & Living Experience, people are curious and may ask questions to learn more. These are topics to be very thoughtful when considering and intentional in any sharing. In the role of Peer Specialist, we have power and may influence the decisions made by others by sharing about our own relationship with medications or other substances. Asking ourselves the following questions may support us as we consider our use of self-disclosure on these topics:

- What is my goal or purpose in sharing this specific element?
- How will this disclosure support the Participant or Family?
- Is this information I am comfortable making public? (If the answer is no, do not disclose)

An example of how a Peer Specialist can answer the question about medication use is

"My personal relationship with psychiatric medications is complicated and has changed over time. What element of my journey do you think would be helpful to hear about? I am happy to share how I have learned to make decisions for myself regarding medications."

Here are two examples of how a Peer Specialist can answer a question about substance use, one of which is declining to share and the other offers more information.

"At this point, my personal history with substance use is not something I am comfortable disclosing as a part of our shared work together."

"I have done a lot of personal work exploring my relationship with substances and there are elements I am comfortable sharing with you, how do you think learning about this may support you in our work together?"

What if I don't want to tell parts of my story?

That's Okay. When sharing our experiences and engaging in Mutual Disclosure with Participants, we are not required to share every detail of our story. Before we begin sharing our story it is important to consider what we feel comfortable sharing. The appendix (step 2) has a variety of tools, including the "Examining Boundaries Worksheet," and the "Transformation Timeline," which can support us in developing a narrative of our experiences we feel comfortable sharing.

Is it okay to keep secrets if a Participant asks me to?

No. This is one dimension of our work that challenges the Mutuality & Reciprocity of the relationship. From the beginning of our relationship with the Participant, we are transparent about our role as a part of a larger team and our obligation to document our interactions. If there is something that a Participant wants to share but is not comfortable with the rest of the team learning about, it is our job to work with the Participant to find a way for them to share with everyone comfortably.

I don't understand the clinical language my team uses. What should I do?

This is a challenge often experienced by Peer Specialists. As you know, training and education in applied clinical sciences is not a prerequisite for our job. It is understandable that we may not understand some of the Bio-Medical, clinical and technical language used by our colleagues. There are several ways to handle the situation. Some options include:

- Ask colleagues in the moment to clarify the meaning of a term or phrase we don't understand
- Bring this issue up in supervision
- Request a colleague use plain language to explain the point being made
- Research the meaning of these terms on your own

If we as Peer Specialists do not recognize or understand a term, it is likely Participants, Family members or community supporters may not either. By making our clinical colleagues aware, we give them the opportunity to shift their language in a way that can support all.

I'm struggling with my mental health. Should I tell my supervisor?

It's complicated. Generally, sharing less is better than sharing too much. It's understandable that during hard times we want more support. But the danger is that we will slide into role confusion. Role confusion occurs when we slide out of the role of employee, and into the role of client/patient/service-recipient. Role confusion also occurs when supervisors or other team members slide out of their role as our colleague, and into the role of clinician/helper/therapist. Sometimes, both types of role confusion happen at the same time. The result is that personal and professional boundaries become unclear. It's harder to keep the focus on the work and fulfillment of our job responsibilities when these boundaries are blurred.

Our relationship with our colleagues and supervisors should be supportive but not therapeutic. Our colleagues are not our mental health providers. Here are things to consider:

- Where else can we find supportive people? Work may not be the best place to get support for our challenges.
- In order to get a reasonable accommodation on the job, we may have to disclose some aspect of our challenge to our supervisor. For instance, if we are requesting a later starting time at work because we are on a new medicine that makes us groggy in the morning, we have the right to that accommodation under the American's with Disabilities Act. We might ask ourselves, what is the minimal amount of information I need to share in order to get my accommodation? Is it necessary to give the name of the medicine, the dosage, the type of medicine? Probably not.
- If we take sick leave and go to hospital, does our team need to know? Until we get back on our feet, could we arrange for a friend to be the contact for the team if they have concerns about payroll, where to send a get-well card, etc.?

Hearing the way my team talks about Participants is challenging for me. What should I do?

As we move into the role of Peer Specialist with experiences of receiving services ourselves, maybe even with an OnTrackNY team, it can be surprising and potentially hurtful to see how mental health providers discuss their work. Seeing "behind the veil," of service providers may bring up feelings and remind us of our own experiences utilizing mental health services.

It is important that we stay in touch with this sensation as we develop more confidence in our role and work. Our position is that of a **Disruptive Innovator**, and these very same feelings will support us in our advocacy work and as we influence our team culture. Utilizing supervision and our connection to the OnTrackNY Peer Specialist network to talk about these experiences and use them to inform our practice are supportive next steps. Paying attention to what we notice and what is hard for us, then making sure to take the time in supervision and other support settings to plan for how we can address. This can include offering support to colleagues in utilizing more person-centered language, having the Team Leader (our supervisor) address it in their supervision of other roles, or sharing resources which offer alternative understandings.

I do not have the same mental health experiences as the Participants I am working with. How can I best support them?

It's okay to say something like, "I have not experienced what you have experienced, but I want to be as understanding and supportive about what it means for you."

Our work as Peer Specialists is focused on supporting Participants as they make meaning of their experiences.

Asking questions such as, "*What do these experiences mean to you?"* and *"How do you feel about these experiences?"* can open a pathway for an individual to express how they feel about their experiences in an affirmative way and allow for opportunities for greater personal meaning to develop around experiences.

If the Participant is interested, we are able to bridge to community-based supports developed by and for those who have similar experiences (i.e., HVN).

I have similar lived experiences as the Participants I am working with. How can I best support them without being biased from my own perspectives?

Having specific Lived & Living Experiences that are similar to Participants can often help foster a strong connection in our relationships. OnTrackNY is a program designed to support young people having emerging experiences of Alternate States, so reflecting on relevant personal experiences is an important step of our role. Considering our personal biases in relation to these shared experiences will support us as we navigate self-disclosure.

Questions to Consider when Disclosing Lived & Living Experience with Participants:

- Why am I disclosing this part of my lived experience?
- What is the overall benefit of me disclosing this aspect of my lived experience for the Participant?
- Is this disclosure more for my benefit or the Participant?
- Is this a relevant time to disclose this aspect of my lived experience to the Participant?
- What are the benefits of disclosing my lived experience for our mutual engagement?
- How will I feel after disclosing this aspect of my lived experience to the Participant?
- Will I feel okay knowing that other people, Participants and team members might hear about this part of my lived experience?

Asking ourselves these questions can remind us of the "Why's" of disclosing lived experience. Disclosures of Lived & Living Experience should be for the benefit of the Participant and their own relationship to their experiences, as well as strengthening Mutuality & Reciprocity and trust within the Peer Specialist and Participant relationship.

Acknowledging Bias:

Having bias regarding ones Lived & Living Experience is natural and bias can be positive or negative depending on the circumstances. Even if experiences are similar between two people- no two people have the same experiences in the same ways and everyone reacts and responds to their own experiences differently. Bias should be recognized and acknowledged by Peer Specialists as something to be aware of. However, bias should never negatively impact or influence the Participants the Peer Specialist are working with. If a Participant has a different way of thinking about or connecting to their experiences than the Peer Specialist, in our work we always center the Participant's perspective.

V. Conclusion

Peer Specialists play a valuable and unique role on the OnTrackNY team. We support Participants in their own experiences, while using our own to connect and form mutual, reciprocal relationships. The term "peer" at its core, describes not a person but a relationship. In our work, we center each interaction around *the Participant*. We work alongside them and our team members to create space for their personal goals to guide each step of the work.

As we move through our work as OnTrackNY Peer Specialists, we strive to remain peer as much as possible. We approach our work with mindfulness of the 7 themes introduced in Chapter One, the foundational principles outlined in the Chapter Two, and the role responsibilities and approaches explained in Chapter Three.

Remember, this manual is not a cookbook or a step-by-step guide for every situation we will encounter in our work. Instead, this manual gives us the basics of our tasks, role and responsibilities as well as a deeper understanding of the OnTrack Model. Refer to this manual as you evolve in your work. It will help you stay on track!

In the following appendices there are resources, references, tools, and worksheets to support us in our work. Our continued learning and personal professional development are important elements of our role. Engaging with this manual and the resources within, other trainings, the Peer Specialist community and larger network of those with Lived & Living Experience are ways we can expand our understandings and continue to grow in our knowledge and perspectives.

We use all we have learned by engaging with team members, Participants, their families, and the communities we are a part of in a respectful, strengths-based, Non-Coercive manner. We work to continue our own learning of our role, work, and self through whatever means available. By respecting those we serve and ourselves, we make space within our programs and systems to elevate the understanding of what it means to have Lived & Living Experience to be Peer.

VI. Glossary of Terms

Alternate States: States of being, thinking and feeling that may be different than usual for an individual.

Alt2Su: Alternatives to Suicide, a group approach and training developed by Wildflower Alliance. For more information on the group, see it charter (https://wildfloweralliance.org/wp-content/uploads/2021/01/CHARTER_alt2su_August-edits.pdf) to learn more about the Wildflower Alliance and their trainings, visit their website https://wildfloweralliance.org/trainings/

Antiracism: An active and consistent process of change to eliminate the racial inequities caused by individual, institutional and systemic racism. It includes developing programs, policies, and activities to uncover and change deeply held beliefs and patterns of behavior.

Bi-Directional Relationships: Relationships that intentionally aim to be reciprocal between one person and another.

Bio-Medical: A Biological and Medical framework based on perspectives, services and practices that focus on the treatment and management of illness.

Co-Create: Collectively creating ideas, practices and engagements between oneself and another in a work dynamic.

Cultural Humility: A framework for individuals who are actively engaged in self-reflection and lifelong learning, with special attention to their own intersecting social identities, racial identity development, and the varying experiences of power, privilege, marginalization, and oppression between themselves and others.

Cultural Responsiveness: To respond respectfully and effectively to people of all cultures, languages, classes, races, ethnic backgrounds, disabilities, religions, genders, sexual orientations, and other diversity factors in a manner that recognizes, affirms, and values their worth.

Family: In OnTrackNY, we endorse a broad definition of Family. In this manual, any reference to Family or Family work is intended to mean the Family as chosen by the Participant. While this may include biological, adoptive, or foster Family, it also can include any one the Participant has identified as a

support and someone they would like involved in their OnTrackNY care. Friends, neighbors, members of their faith community, mentors, colleagues etc. all may be considered Family, should the Participant identify them as such.

HVN: The Hearing Voices Network https://www.hearingvoicesusa.org/

Lived & Living Experience: Identifying as someone who has personal knowledge gained through direct, first-hand involvement of psychiatric labeling.

Mutual Disclosure: The sharing of self between two people.

Mutuality & Reciprocity: These are terms we use in OnTrackNY to identify our goals in our relationships with Participants. The formal definition of Mutuality is "the sharing of a feeling, action, or relationship between two parties" and that of Reciprocity is "the practice of exchanging things with others for mutual benefit." The way we honor these approaches in our work is by striving to form relationships with Participants and Families where we minimize power imbalances as much as possible, give and receive support, and grow alongside them in our relationships.

Non-Clinical: Perspectives, understandings, and practices that are not based on diagnosis, pathology, or illness.

Non-Coercive: Not using threat or force.

Non-Hierarchical: Environments and engagements in which the goal is for systemic and interpersonal equity where all perspectives are valued.

Peer Support: The formal definition of Peer is "one who is of equal standing of another," and working from that definition, true peer support comes from two individuals giving and receiving support, outside of any formal or paid relationship. This is something that happens out in the world, in peer support groups or in the community, not when a paid staff person (Peer Specialist) offers support to a Participant through the OnTrackNY program. While there is much value our relationships, we must acknowledge the power imbalances that preclude it from being true peer support.

Personal Narrative: How a person defines, gives meaning, and shares their own various life experiences.

Power Differentials: when one person has or assumes more authority over another person by their identity and position within a group environment.

Self-Determination: The ability and right to pursue and achieve personal aspirations and goals.

Sensory Experiences: Experiences interpreted and felt through multiple senses (taste, smell, touch, hearing, visual).

Structural Competency: The ability to identify and address the interaction between: • social determinants of health, defined by the World Health Organization (WHO) as the conditions in which people are born, grow, live, work and age, including the health system, • and the more individual experiences, behaviors, symptoms, disorders, and attitudes such as self-harm, smoking, hearing voices, depression, or mistrust of treatment.

VII. Recommended Onboarding Curriculum (Appendices)

A. Step 1: Introductory Considerations for Incoming Peer Specialists

- List of Alternative language to describe mental health experiences
- OnTrackNY Intro Modules
- https://ontrackny.org/Get-Involved/OnTrack-Peer-Specialists
- Microaggressions module (CPI LMS)

B. Step 2: Tools to Support Your Work

Our list of continues to grow, so please check our website for updated OnTrackNY Peer Specialist Tools

- Participant & Peer Specialist Agreement
- OnTrackNY Peer Specialist Supervision Checklists:
    - Peer Specialist Version
    - Team Leader version
- Transformation Timeline
- OnTrackNY MAPS
- Power Statements in Recovery Library
- Advance Directive

C. Step 3: General Peer Specialist Support

- NYS Peer Specialist Certification Support
- NYS CPS Provisional Application
- Recovery Library
- NYS Peer Specialist Ethical Code of Conduct
- Academy of Peer Services

D. Peer Specialist Resources

- Using Meds to Help Me Get the Life I Want
    - Participant support
- Spirit of OnTrackNY in LMS
    - Spirit of OnTrackNY: Introduction
    - Chapter 1: Recovery
    - Chapter 2: Coming to Terms with a Diagnosis of Psychosis
    - Chapter 3: Navigating the Duty to Care and Dignity of Risk
    - Chapter 4: Creating a Culture of Respect
    - Chapter 5: Professional Boundaries as a Means of Building Relationships
    - Chapter 6: From Compliance to Partnership
- Shared Decision Making in LMS
- Beyond Telling Our Stories webinar series
- Professional Boundaries
- OnTrackNY videos (Voices of Recovery in LMS)

VIII. Recommended Onboarding Curriculum (Attachments)

1. List of alternative language to describe mental health experiences

Alternative Language Chart

Medical Diagnostic Language **Alternative Descriptions**

& Other terms that may be used in reference to Participants

Mental Illness	Mental health experiences, emotional distress, extreme or alternate state
Disorder	Difficulty (e.g. difficulty with voices/mood/anxiety)
Bipolar Disorder	Mood swings, mood state, changes in mood, however the Participant describes mood changes
Personality disorder, Axis 2 diagnosis	Complex trauma, complex trauma reaction, personality, relationship or attachment difficulties.
Paranoia	Suspicious thoughts Explain what you are seeing (Participant shares that someone is following them, Participant pointed at security cameras and shares that they are being watched)
Depressive illness, depressive disorder, clinical depression 1 (used in a diagnostic sense)	Low mood, depression (contextualized & used in a lay sense).
Anxiety disorder, generalized anxiety disorder	Fear, anxiety, worry, extreme anxiety, feeling threatened.
Obsessive compulsive disorder	Compulsive checking/cleaning, compulsive thoughts/worrying. Very strong preferences and strongly preferred activities.

Schizophrenia	Describe experiences being had-hearing voices, having/experiencing visual/auditory/olfactory/tactile hallucinations, having/holding unusual beliefs, beliefs others find unusual, altered state.
The participant has/suffers from schizophrenia/bipolar disorder/personality disorder.	Participant has been given a diagnosis of schizophrenia/bipolar disorder/personality disorder.
Manipulative	Resourceful Seeking to meet a need Really trying to get help
Frequent Flyer	Taking advantage of supports and services as necessary
Baseline	What the Participant looks like when they are doing well How I have come to know the Participant
Sick	Currently experiencing challenges with their mental health Struggling with their experiences
Non-Compliant, Non-Adherent	Does not agree with current plan Has alternate plan for self Is not open to plan
Lacking Insight	Participant disagrees with treatment team about experiences
Decompensating	Seems to be struggling Needs more support at this time

When considering Alternative Language as a Peer Specialist, what is most important is using the language of the Participant. Instead of using a more traditional clinical phrase, take the time to describe things as you are seeing them and then confirm with the Participant that your observations match their experience. If specific language has been supportive for you in your journey, use it only to describe your own experiences. When working with Participants, we hope to support them in identifying how they would like to have their experiences discussed and then make every effort to use their preferred language whenever possible. This includes in our conversations with them and their supporters, in our documentation of our work, and in team and individual discussions.

2. Advance Directive (Please find the attached PDF for the NYAPRS Advance Directive document).

PLANNING FOR YOUR MENTAL AND PHYSICAL HEALTH CARE AND TREATMENT

THE ADVANCE DIRECTIVE PROVIDER TRAINING PROJECT

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GENERAL QUESTIONS ABOUT ADVANCE DIRECTIVES

An Advance Directive is a type of written or verbal instruction about health care to be followed if a person becomes unable to make decisions regarding his or her medical treatment. Because you prepare an Advance Directive when you are competent, it will be followed during periods of time when you lack capacity to make medical treatment decisions. There are several different types of Advance Directives, including a ***health care proxy***, a ***living will***, and a ***do not resuscitate (DNR) order***. Each one of these is described in this pamphlet.

Why should I create an Advance Directive?

Sometimes, because of illness or injury, people are not able to decide about treatment for themselves. You may want to plan in advance and create an Advance Directive to appoint a health care agent and/or make your wishes and instructions known regarding your mental and physical health care, so that these wishes may be followed if you become unable to decide for yourself for a short or long term period. If you don't plan ahead, family members or other people close to you may not be allowed to make decisions for you or follow your wishes, and/or no one will know what treatment choices you may have preferred.

How do I create an Advance Directive?

You can use the form and directions in this pamphlet or have an attorney create an alternative form for you. The New York State Department of Health can provide you with forms and information regarding Advance Directives as well.

Can anyone refuse to provide me with mental or physical health treatment because I have created an Advance Directive?

No. It is against the law for treatment providers to discriminate against someone because he or she has an Advance Directive.

On what basis will a physician determine that I am incapable of making mental and physical health care decisions?

Your capacity to consent to mental and physical health care is determined by your ability to understand the nature and consequences of health care decisions, including the benefits, risks, and alternatives to proposed treatment, and then to make an informed choice.

Can I make decisions in advance using an Advance Directive about whether or not I want involuntary psychiatric hospitalization?

No. New York State Mental Hygiene Law Article 9 governs the admission of patients to a hospital for involuntary psychiatric care. You therefore cannot make decisions regarding whether or not to undergo involuntary psychiatric hospitalization in an Advance Directive.

If I object to any mental health treatment when my Advance Directive is in effect, will my objection be honored?

Your present objection to treatment will override the instructions contained in your Advance Directive and/or the decisions made by your health care agent. You will have the same rights regarding your present objection to treatment that you would have had if you made no Advance Directive.

If I wish to use the attached form as my Advance Directive, must I complete the entire form?

If you choose to use the attached form, you should make sure that your name is stated at the beginning of each form and that the section regarding signatures and witnesses is completed as necessary. However, you can choose whichever other sections within the form regarding your treatment decisions that you wish to complete. ***It is your choice whether to fill out this form and what provisions to include in it.***

May anyone help me to fill out the Advance Directive form in this pamphlet?

You may ask anyone you wish to help you fill out the Advance Directive form. You may want to discuss its provisions with your mental or physical health care treatment providers. A mental health peer advocate who has been trained to assist in preparing Advance Directives may also be helpful. However, you must make the final decisions and sign the Advance Directive. You cannot be forced to fill out an Advance Directive by anyone, including a family member or treatment provider.

To whom should I give copies of my Advance Directive?

You should give copies of your Advance Directive to your health care agent and alternate agent (if you have appointed them), to the treatment providers and health care professionals who routinely provide care to you, and to your family or friends. You may also want to give a copy to the hospital where you are likely to be treated if the need arises, and to keep a copy with your important papers.

HEALTH CARE PROXIES

What is a Health Care Proxy?

A New York Law called the Health Care Proxy Law allows you to appoint someone you trust and who knows you well, such as a family member or close friend, who will agree to act in your best interests regarding your health care if you lose the ability to make decisions about treatment for yourself. The document in which you appoint this person as your health care agent is called a Health Care Proxy.

What is the purpose of a Health Care Proxy?

The Health Care Proxy Law gives you the power to ensure that health care professionals know your wishes regarding medical treatment. Your health care agent can also decide how your wishes apply as your medical condition changes. Hospitals, doctors, and other health care providers must follow your agent's decisions as if they were your own.

If I appoint a health care agent, how much authority does he or she have to make treatment decisions on my behalf?

You can give your agent as little or as much authority as you want. You can allow your agent to decide about all health care or only certain treatments. For example, you may appoint a health care agent to make decisions only about your mental health care. However, you may not appoint more than one health care agent to act at a given time (e.g., you cannot appoint one for physical health care decisions and one for mental health care decisions).

If your health care agent is not aware of your wishes about artificial nutrition and hydration (nourishment and water provided by feeding tubes), he or she will not be able to make decisions about these measures.

You may also give your agent instructions that he or she has to follow. Your agent must follow your verbal and written instructions, as well as your moral and religious beliefs. You may include a living will and/or a statement of your preferences and desires regarding medical treatment with your health care proxy, which can

provide a useful resource for your health care agent. If your agent does not know your wishes and beliefs, your agent is legally required to act in your best interests.

How does appointing a health care agent empower me?

Appointing an agent lets you control your medical treatment by:

- allowing your agent to stop treatment when he or she decides that is what you would want or what is best for you under the circumstances; and

- choosing one person to decide about treatment because you think that person would make the best decisions or because you want to avoid conflict or confusion about who should decide.

What are the advantages of creating a Health Care Proxy?

The purpose of the Health Care Proxy law is to give a person of your choice the authority to speak for you when you are incapacitated to ensure that decisions regarding your medical treatment are made in accordance with your wishes, including your religious and moral beliefs if known to your agent, or, if your agent does not know your views, in accordance with your best interests. Therefore, a major advantage in appointing a health care agent through a Health Care Proxy is that you do not have to know in advance all the decisions that may arise. Instead, your health care agent can interpret your wishes as medical circumstances change and can make decisions you could not have known would have to be made. The Health Care Proxy is just as useful for decisions to receive treatment as it is for decisions to stop treatment.

What are the disadvantages of creating a Health Care Proxy?

It is very important that the person you choose to be your health care agent be an adult that you trust to protect your wishes and interests. If there is no such adult in your life, you may wish to consider a Living Will to provide guidance about your attitudes and preferences regarding your medical care.

Who should I choose to be my health care agent?

The health care agent must be an adult 18 years of age or older. It is not necessary that he or she reside in New York State. You should choose a person you trust to protect your wishes and interests.

An operator, administrator or employee of a general hospital, nursing home, mental hygiene facility, or hospice cannot serve as an agent for you if you are a patient at the facility, unless you are related to the person you wish to appoint, or you created the Health Care Proxy before being admitted to, or applying for admission to, the facility.

You can appoint your physician as your agent, but the physician will not be able to serve both as your agent and your attending physician after his or her decision-making authority as your agent begins. Furthermore, if you appoint a physician as your agent, that physician cannot determine your capacity to make health care decisions.

How can I appoint a health care agent?

All competent adults can appoint a health care agent by signing a form called a Health Care Proxy. You don't need a lawyer, just two adult witnesses.

You can use the form in this pamphlet, but you don't have to.

When would my health care agent begin to make treatment decisions for me?

Your health care agent would begin to make treatment decisions after doctors decide that you are not able to make health care decisions. If you regain capacity to make health care decisions, the health care agent's

decisionmaking authority ends. ***As long as you are able to make treatment decisions for yourself, you will have the right to do so.***

Will my agent's decisions be honored?

All hospitals, doctors, and other health care facilities are legally required to honor the decisions by your agent, unless they obtain a court order overriding the decision.

What if my health care agent is not available when decisions must be made?

You can appoint an alternate agent to decide for you if your health care agent is not available or able to act when decisions must be made. Otherwise, health care providers will make treatment decisions for you that follow instructions you gave while you were still able to do so. Any instructions that you write on your Health Care Proxy form will guide health care providers under these circumstances.

What are the requirements for signing and witnessing a Health Care Proxy?

You must sign and date a Health Care Proxy in order for it to be enforceable. You must include the name of your agent and state that you intend the agent to make health care decisions for you.

You must sign the Health Care Proxy in the presence of two witnesses who are 18 years of age or older. Neither witness can also be the person who you are appointing as your health care agent. The witnesses must also sign the document and state their belief that you are personally known to them, you appear to be of sound mind, and you are acting of your own free will. If you create your Health Care Proxy while you are a resident in a facility operated or licensed by the Office of Mental Health or the Office of Mental Retardation and Developmental Disabilities, one of those witnesses **cannot** be affiliated with that facility. And, if the facility in which you reside is a hospital, at least one of those witnesses must be a "qualified" psychiatrist (i.e., he or she is board eligible or board certified).

What if I change my mind?

You should review your Health Care Proxy periodically to ensure that the document you signed still represents your current wishes. It is easy to cancel the proxy, to change the person you have chosen as your health care agent, or to change any treatment instructions you have written on your Health Care Proxy form. All you need to do is fill out a new form, or simply state that the Health Care Proxy is revoked.

You should notify your agent, your attorney, your physician or any other health care provider, your family and friends, and anyone who has a copy, verbally and in writing, of your change or revocation.

How long is a Health Care Proxy valid?

The Health Care Proxy will be valid unless and until you cancel it. In addition, you can require that the Health Care Proxy expire on a specified date or if certain events occur. If you choose your spouse as your health care agent and you get divorced or legally separated, the appointment is automatically canceled.

LIVING WILLS

What is a Living Will?

A Living Will is a written document in which you, as an adult who is now competent, can express your wishes regarding your future health care in the event that you are unable to make health care decisions. You can also include a statement of your preferences and desires regarding medical treatment with your Living Will, which can provide a useful resource for your treatment providers.

Is a Living Will valid in New York State?

Unlike the Health Care Proxy, there is no specific law in New York that establishes Living Wills. However, the courts in New York have honored Living Wills that have established a person's wishes by "clear and convincing proof." That is, it must be shown that the person who has become incapable had previously given clear and specific instructions regarding a certain type of medical care or procedure.

What is the difference between a Living Will and a Health Care Proxy?

A Living Will is a document in which you can give specific instructions about your health care treatment, as well as express your attitudes and wishes about your health care.

A Health Care Proxy is different because it allows you to choose someone you trust to make treatment decisions on your behalf in case you lose your decision-making capacity. With a Health Care Proxy, you don't need to know in advance what will happen to you or what your medical needs might be in the future.

How does creating a Living Will empower me?

A Living Will serves to make your wishes and instructions known regarding your mental and physical health care, if you become incapable of making treatment decisions. Treatment providers should follow your specific instructions. The instructions you write in this document would be evidence of your expressed wishes in the event that your wishes are challenged in court.

What are the advantages of a Living Will?

If you have no one you can appoint to be your health care agent, or you do not wish to appoint one, yet you still want to make your wishes about your health care preferences known, a Living Will is a legally valid way of recording these instructions. This information will provide evidence of your wishes should you become incapable of making treatment decisions.

What are the disadvantages of a Living Will?

General instructions about refusing treatment, even if written down, may not be effective if they do not meet the "clear and convincing proof" test. Further, expressions of intent regarding unforeseen circumstances or new developments in technology cannot be reflected in a Living Will unless it is routinely updated.

Can I create both a Health Care Proxy and a Living Will?

Yes. If you complete a Health Care Proxy form, but also have a Living Will, the Living Will provides instructions for your health care agent, and will guide his or her decisions. Copies of your Living Will should be given to your health care agent. You will want to have your health care agent share the views expressed in the Living Will with your health care providers to make sure your wishes are understood. With both documents, if you include a statement of your preferences regarding your medical treatment, it will provide additional useful guidance.

What are the requirements for signing and witnessing a Living Will?

Because there is not a specific law that governs Living Wills, there are no exact requirements with regard to signatures and witnesses. However, it is recommended that you follow the requirements for signing and witnessing a Health Care Proxy when executing a Living Will.

What if I change my mind?

You should review your Living Will from time to time to ensure that the document you signed still represents your current wishes. You can change or revoke your Living Will by making a new one, destroying it, or

simply stating that it is revoked. You should be sure to tell your treatment providers and your family and/or friends that you have revoked your Living Will.

How long is a Living Will valid?

The Living Will should be valid unless and until you revoke it.

DO NOT RESUSCITATE (DNR) ORDERS

What is a DoNot-Resuscitate (DNR) Order?

Cardiopulmonary resuscitation (CPR) refers to the medical procedures used to restart a person's heart and breathing when the person suffers heart failure. CPR may involve simple efforts such as mouthtomouth resuscitation and external chest compression. Advanced CPR may involve electric shock, insertion of a tube to open the patient's airway, injection of medication into the heart and, in extreme cases, open chest heart massage.

A donotresuscitate (DNR) order tells medical professionals not to perform CPR. This means that doctors, nurses, and emergency medical personnel will not attempt emergency CPR if the patient's breathing or heartbeat stops. A DNR order is only a decision about CPR and does not relate to any other treatment.

Can I request a DNR Order?

Yes. All adult patients can request a DNR order.

If you have not requested a DNR order and have not appointed a health care agent to decide for you, a family member or close friend can consent to a DNR order when you are terminally ill, permanently unconscious, CPR will not work (would be medically futile) or CPR would impose an extraordinary burden on you given your medical condition and the expected outcome of CPR. Anyone deciding for you must base the decision on your wishes, including your religious and moral beliefs, or if your wishes are not known, on your best interests.

How can I make my wishes about DNR known?

During hospitalization, an adult patient may consent to a DNR order verbally or in writing, if two adult witnesses are present. When consent is given verbally, one of the witnesses must be a physician affiliated with the hospital. Prior to hospitalization, consent must be in writing in the presence of two adult witnesses. In addition, the Health Care Proxy law allows you to appoint someone you trust to make decisions about CPR and other treatments if you become unable to decide for yourself.

What if I lose the ability to make decisions about CPR and do not haveanyone who can decide for me?

A DNR order can be written if two doctors decide that CPR would not work or ifa court approves of the DNR order. It would be best if you discussed your wishesabout CPR with your doctor in advance.

What if I change my mind?

You or anyone who consents to a DNR order for you can revoke consent for the order by telling your doctor, nurses, or others of the decision.

NOTE: THESE DIRECTIONS AND FORMS ARE NOT INTENDED TO CONSTITUTE LEGAL ADVICE. YOU MAY WISH TO CONSULT WITH YOUR OWN ATTORNEY FOR ADVICE SPECIFIC TO YOUR SITUATION.

ADVANCE DIRECTIVE
FOR MENTAL & PHYSICAL HEALTH CARE

I, _____, hereby make known my desire that, should I lose the capacity to make health care decisions, the following are my instructions regarding consent to or refusal of medical treatment, and if I choose, the designation of my health care agent. I intend that all completed sections of this advance directive be followed.

PART I. HEALTH CARE PROXY

A. **APPOINTMENT OF A HEALTH CARE AGENT:** I hereby appoint the following individual as my health care agent to make any and all health care decisions for me, except to the extent that I state otherwise. This health care proxy shall take effect when and if I become unable to make my own health care decisions.

_____

(Agent's Name)

_____

(Agent's Home Address)

_____

(Agent's Telephone Number)

B. **AUTHORITY OF HEALTH CARE AGENT:** My health care agent may make decisions regarding* (choose ONE):

- ❒ all mental and physical health care
- ❒ mental health care ONLY
- ❒ physical health care ONLY
- ❒ the following health care decisions ONLY _____

_____

_____

**Note: While you may limit your health care agent's decision-making authority, you cannot appoint more than one health care agent at a time. For example, you cannot appoint one health care agent to make only physical health care decisions and another one to make only mental health care decisions.*

C. **ALTERNATE HEALTH CARE AGENT** *(optional)*: If the person appointed above is unable or unwilling to serve as my health care agent, I hereby appoint the following individual to act as my alternate health care agent.

_____

(Agent's Name)

_____

(Agent's Home Address)

_____

(Agent's Telephone Number)

D. **DURATION OF PROXY:** Unless I revoke it, this health care proxy shall remain in effect indefinitely, or until the date or conditions stated below. This proxy shall expire (specify date or conditions, if desired):

_____

_____

_____

_____

_____

PART II. STATEMENT OF DESIRES AND INSTRUCTIONS REGARDING MENTAL AND PHYSICAL HEALTH CARE AND TREATMENT

I direct my agent to make health care decisions in accordance with my wishes and limitations as stated in this Advance Directive, or as he or she otherwise knows. If I have not appointed a health care agent, I wish my health care providers to act in accordance with my instructions as stated below.

[Note: Unless your agent knows your wishes about artificial nutrition and hydration (tube feeding), your agent will not be allowed to make decisions about artificial nutrition and hydration.]

A. **SPECIAL INSTRUCTIONS REGARDING MY MENTAL HEALTH CARE AND TREATMENT**

1. **Medications for Psychiatric Treatment**: If it is determined that I am not legally capable of consenting to or refusing medications relating to my mental health treatment, my wishes are as follows:

(a) I prefer to be given the following medications
MedicationName:

_____

_____

_____

_____

_____

_____

(b) I prefer not to be given the following medications, for the following reasons:

Medication: _____

Reason: _____

Medication: _____

Reason: _____

Medication: _____

Reason: _____

2. **Treatment Facilities**: If my psychiatric condition is serious enough to require 24-hour care and I have no physical conditions that require immediate access to emergency medical care the following are my instructions.

(a) I would prefer to receive this care at the following hospitals or programs/facilities, if possible:

_____

_____

_____

(b) I prefer not to receive this care at the following hospitals or programs/facilities, if possible, for the reasons I have listed:

Facility: _____

Reason: _____

Facility: _____

Reason: _____

(c) My choice of treating physician, if possible, is:

_____ Phone # _____

OR

_____ Phone # _____

OR

_____ Phone # _____

(d) I do not wish to be treated by the following physicians, if possible, for the reasons stated:

Dr.'s Name: _____

Reason: _____

Dr.'s Name: _____

Reason: _____

3. **Additional Instructions Regarding My Mental Health Care**: (e.g., individual psychotherapy, group therapy, electroconvulsive therapy, self-help services, research):

_____

_____

_____

_____

_____

B. **SPECIAL INSTRUCTIONS REGARDING MY PHYSICAL HEALTH CARE AND TREATMENT**

1. These wishes should be followed if: *(choose one of the following)*

❒ I am terminally ill, in a coma or unconscious, or in an irreversible condition from which there is no reasonable hope of recovery, **OR**

❒ the following medical conditions exist:

_____

_____

_____

_____

2. Medical treatment about which you may wish to give your agent or health care providers special instructions include the following treatments. Write instructions for each treatment you choose on the lines provided.

❒ Artificial respiration: _____

_____

❒ Artificial nutrition and hydration: _____

_____

❒ Cardiopulmonary resuscitation: _____

_____

❒ Antibiotics: _____

_____

❒ Dialysis: _____

_____

❒ Transplantation: _____

_____

❒ Blood transfusions or blood products: _____

_____

❒ Invasive diagnostic tests: _____

_____

❒ Other physical health treatments or medications: _____

_____

_____

_____

_____

_____

_____

Additional instructions regarding physical health care and treatment:

_____

_____

_____

_____

_____

_____

PART III. IMPORTANT INFORMATION IF I AM HOSPITALIZED

(You may choose to complete this section to provide additional guidance to your health care agent and/or providers.)

I wish to provide the following information regarding my current mental health care and treatment and to state my preferences regarding mental health care and treatment, in the event I am hospitalized. I strongly hope that my stated preferences will be honored to assist me in having more control over my life and to aid in my recovery.

A. **My Physician and/or Psychiatrist's Name and Address:**

_____

_____

_____

_____

B. **My Outpatient Mental Health Care Provider(s):**

_____

_____

_____

_____

C. **Approaches That Help Me when I'm Having A Hard Time:**
If I am having a hard time, the following approaches have been helpful to me in the past. I would like the staff to try to use these approaches with me:

- ❒ Voluntary time out in my room
- ❒ Voluntary timeout in quiet room
- ❒ Sitting by staff
- ❒ Talking with a peer
- ❒ Having my hand held
- ❒ Going for a walk
- ❒ Punching a pillow
- ❒ Writing in a journal
- ❒ Lying down
- ❒ Talking with staff
- ❒ Listening to music
- ❒ Reading
- ❒ Watching TV
- ❒ Pacing the halls
- ❒ Calling a friend
- ❒ Calling my therapist
- ❒ Pounding some clay
- ❒ Deep breathing exercises
- ❒ Taking a shower
- ❒ Exercising

Other: _____

_____

_____

_____

D. **ACTIONS THAT ARE NOT HELPFUL:**

In the past, I have found that the following actions make me feel worse. I prefer that staff not do the following:

_____

_____

_____

_____

_____

_____

E. **PREFERENCES REGARDING PHYSICAL CONTACT BY STAFF:**

_____

_____

_____

_____

F. **HOSPITAL AND COMMUNITY TREATMENT PROGRAMS:** (outpatient clinics, community based residential facilities, community support programs, self-help programs, etc.)

Upon my discharge, if possible, I would like to receive treatment from the following hospitals and community treatment programs:

_____

_____

_____

_____

Upon my discharge, if possible, I do not want to receive treatment from the following hospitals or community treatment programs for the reasons listed:

Provider: _____

Reason: _____

Provider: _____

Reason: _____

Provider: _____

Reason: _____

G. **ADDITIONAL PREFERENCES REGARDING MY MENTAL HEALTH CARE AND TREATMENT:**

_____

_____

_____

_____

_____

_____

_____

_____

PART IV. SIGNATURE AND STATEMENT OF WITNESSES

A. Your Signature: _____

Address: _____

Date: _____

B. Statement by Witnesses (must be age 18 or older)

I declare that the person who signed this document is personally known to me and appears to be of sound mind and acting of his or her own free will. He or she signed (or asked another to sign for him or her) this document in my presence.

Witness 1: _____
(Name)

_____
(Address)

Witness 2: _____
(Name)

_____
(Address)

NOTE: If you are a resident at an OMH or OMRDD operated or licensed facility, special witnessing requirements apply. See instructions or ask staff to assist you.

Directions: Print this card, furnish your information, then cut around the black line and fold at the dotted line. This card should be carried in your wallet.

Advance Directives Alert Card

The person carrying this card

_____

has a Mental and Physical Advance Directive on file. Please see the reverse side before providing any treatment.

I have an Advance Directive on file at:

_____

_____

My Health Care Agent is:

_____

Phone # _____