

Walking the Fine Line:

Exploring the Perspective of Behavioral Health Professionals
with Lived Experience

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Recovery at the Crossroads: The Choices and Challenges Ahead

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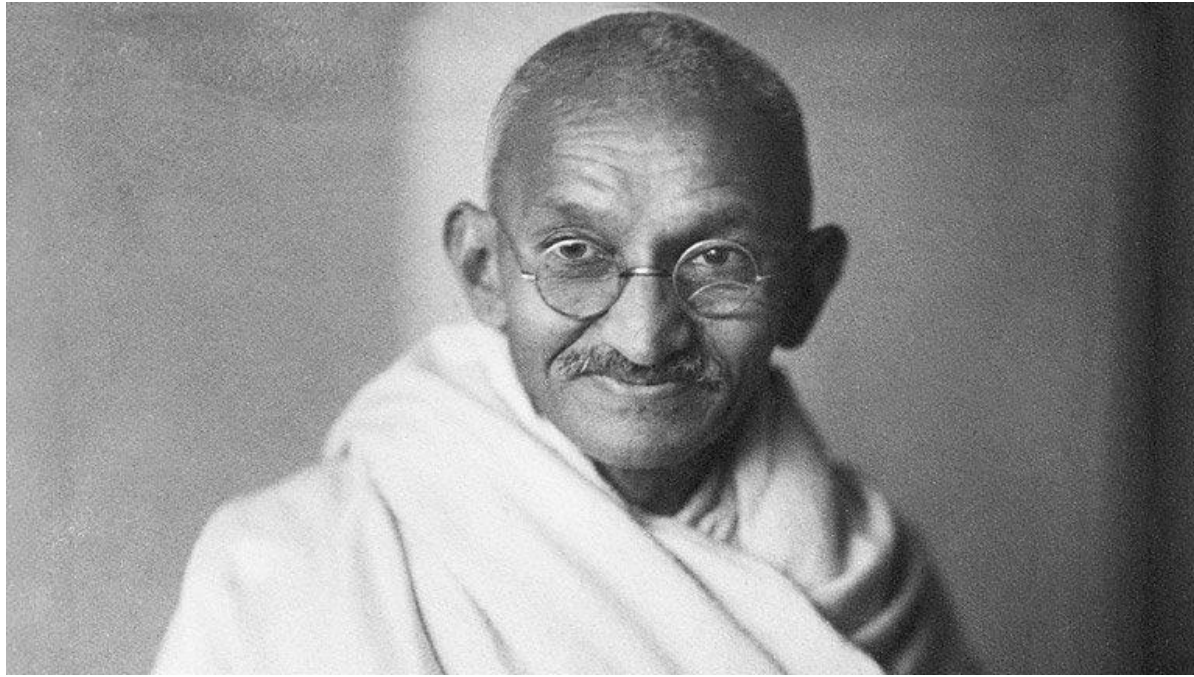
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“Honest disagreement is often a good sign of progress.”

-Gandhi



What Brought Us Together
to Have This Conversation?

“Peer” Defined (Merriam-Webster)

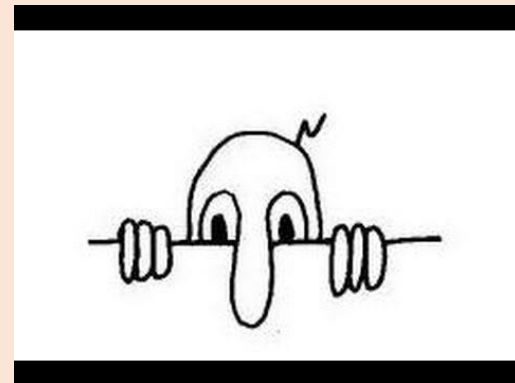
Noun

- A person who is equal to another in abilities, qualifications, age, background, and social status.
- Something of equal worth or quality: *a sky-scraper without peer.*
- One that is of equal standing with another



Verb

- To look narrowly or curiously
- To look inquisitively at something difficult to discern
- To come slightly into view : *emerge partly*



“Peer” Defined (NYS OMH)

NYS Office of Mental Health Clinic Treatment Program Regulations**

- **Peer advocate** means an individual with personal experience as a mental health recipient, who has training, credentials or experience recognized by the office.

Certified Peer Specialist**

- Establishes the qualifications for “professional” recognition for individuals working in the mental health system based on “The Shared Personal Experience” paradigm.

*Official Compilation of Codes, Rules and Regulations of the State of New York. Title 14. Department of Mental Hygiene. Chapter XIII. Office of Mental Health. Part 599. Clinic Treatment Programs. Retrieved from: <https://govt.westlaw.com/nycrr/>

**Swinford, Joseph. (2014) The Peer Specialist Certification Process in New York State. New York State Office of Mental Health, Office of Consumer Affairs. Retrieved from: http://omh.ny.gov/omhweb/consumer_affairs/events/docs/cps-webinar.pdf

It's About Connection

- Within the mental health system and recovery movement – we should not be taking on this word ‘peer,’ as if it is the next best word for patient, client, consumer, ‘person served,’ participant, and/or member.
- **No ‘peer’ should be able to stand alone.** There should be no such thing as ‘a peer,’ unless there is another ‘peer’ standing next to him or her.
- No person should be able to talk about ‘the peers’ as some group separate from themselves because it is antithetical to the very meaning of the word.
- Peer does not mean ‘someone receiving services.’
- It means people who exist as a part of a community of some sort and who share commonalities and relationships with one another.

“Professional” Defined

- A person competent or skilled in a particular activity.
- Someone who does a job that requires special training or skill.
- Someone who has a lot of experience or skill in a particular job or activity.
- Can be described as:
 - Expert
 - Competent
 - Skillful
 - Accomplished
 - Seasoned

“Professional” Defined (Academia)

- The knowledge and competence of the professional have been validated by a community of his or her peers
- Consensually validated knowledge and competence rest on rational, scientific groups
- A professional's judgement and advice are oriented toward a set of substantive values such as health.
- A profession is an occupation that regulates itself through systematic required training and collegial discipline, that has a base in technical, specialized knowledge; and that has service rather than profit enshrined in its code of ethics.

Professionalism vs. Professionalization

- Expectations of performance within any given job or environment
- Codification
- Prestige
- Salary
- Status
- Code of ethics
- Skill sets
- Areas of expertise
- Scope of practice
- Power

Themes of Professions

- Authority
 - Cultural
 - Social
- Legitimacy
- Exclusivity
- Accountability
- Gate-keeping
- Credibility
- Standardization

Evolution of Credibility in Professions:

Shared Experiences

■ **Psychiatry**

- “Historian Joe Ann Brown has argued that the language professionals use to describe what they do has a profound effect on how they see themselves and what they do to compete against other professions” (Hirshbein, 2004)
- Professionalization over time involved competition with clergy, neurologists, social workers, nurses and lay therapists.
- From moral caretakers in early asylums to the mental hygiene movement and on, psychiatry has found itself fighting to prove themselves physicians and scientific among their peers and other professions.

■ **Nursing**

- Subjugated to the occupational control of physicians

■ **Social Work**

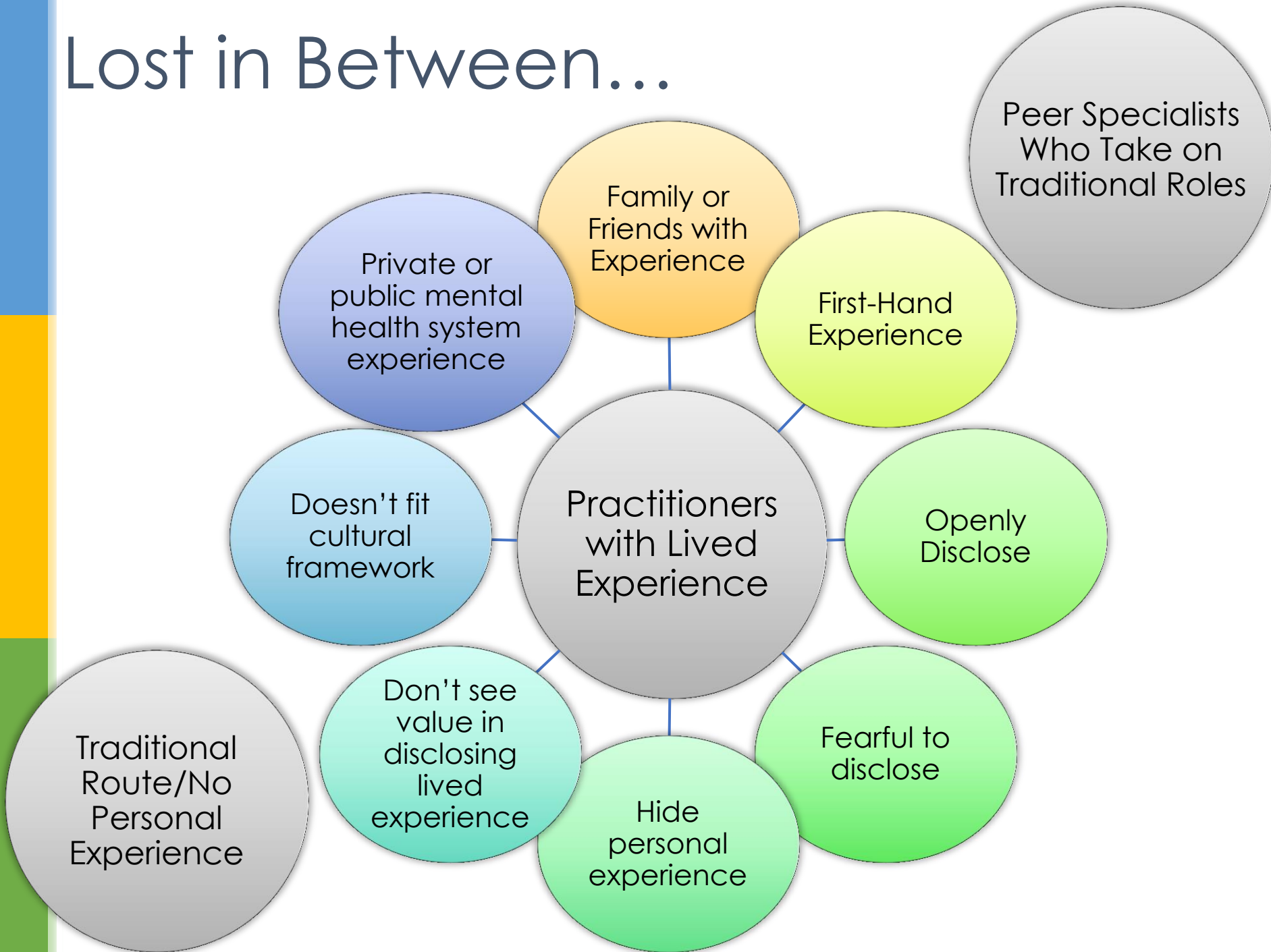
- Hotly debated as to whether or not it should even be considered a profession-seen as philanthropy
- Often viewed as ancillary to medicine, and for integrating aspects of other professions so that it had no one thing unique to the profession

Hmm...

- “What’s the difference between having lived experience and being a peer?”
- “Peer Professional?”
 - Does it exist?
 - Should it exist?
 - Who defines it?



Lost in Between...



Peer Specialists
Who Take on
Traditional Roles

Family or
Friends with
Experience

First-Hand
Experience

Private or
public mental
health system
experience

Practitioners
with Lived
Experience

Openly
Disclose

Doesn't fit
cultural
framework

Fearful to
disclose

Don't see
value in
disclosing
lived
experience

Hide
personal
experience

Traditional
Route/No
Personal
Experience

Disclosure

- Trust
- Risk
- Stigma
 - Internalized
 - Between professionals
 - Institutionalized

What's Wrong with These Assumptions?

Peer Specialist/Recovery Coach Role

Is/Does	Is Not/Does Not
Person in recovery	A professional
Shares lived experience	Gives professional advice
A role model	An expert or authority figure
Motivates through hope and inspiration	Motivates through fear of negative consequences
Teaches the person how to accomplish daily tasks	Does tasks for the person
Uses language based on common experiences	Uses clinical language
Encourage, supports, praises	Diagnoses, assesses, treats
Helps to set personal goals	Mandates tasks and behavior
Helps the person find professional services from available resources	Provides professional services

One Size Does Not Fit **ALL**





Social Identity Theory

- Groups that people belong to are an important source of pride and self esteem.
- Groups give us a sense of social identity or belonging to the social world.
- We increase our self-image by enhancing the status of our groups **(in group.)**
- Conversely, we also increase our self image by discriminating holding prejudice views against other groups **(the out group.)**

-Tajfel, H., Turner, J. C. 1979. An integrative theory of intergroup conflict.

Social Identity Theory & Stereotyping

According to Henri Tajfel, stereotyping is based on a normal cognitive process of grouping things together.

- In doing so, we tend to exaggerate:
 - The differences between groups
 - The similarities of things in the same group





Changing the Paradigm

Potential Implications & Future Discussions

What if?

Current Environment	Possible Environment
Sharing one's lived experience is discouraged in academia	Sharing lived experience is validated and included in professional training
Fear of loss of credibility & perceived competency	Lived experience enhances credibility & competency is not tarnished by a person's history
Perpetuation of professional stigma & shame	Stigma is eradicated within associated professions
Entrenched negative attitudes and beliefs about different professional groups	Each group respects each other's value while recognizing fluidity between groups
Competition between groups for power, expertise, and jobs	Alliances based on mutual respect
Discrimination & Co-optation	No tokenism/avoiding trendy "flavor of the month" decisions in hiring; right fit for the right role
Passive acceptance of an ineffective, fragmented system	Licensed individuals using their lived experience to create a true, informed culture of choice ("What kind of system would I benefit from?")



How do we get there?

“The presence of speakers who work in the system impacts institutional stigma by showing others working in the system that people with mental illness are not just those they see in cases, patients, and individuals served, but also those they work with.”

(Michigan Dept. of Community Health)

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Let's Keep in Touch!

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