OCCUPATIONAL THERAPISTS AS LEADERS IN TRANSITIONING CONSUMERS TO PEER SUPPORT WORKERS

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Introduction

Work is at the very core of contemporary life for most people, providing financial security, personal identity, and an opportunity to make a meaningful contribution to community life (Moll, Holmes, Geronimo & Sherman, 2009). Many individuals with major mental illness however, are either unable to find work or are working in jobs that are poorly paid and provide little opportunity for advancement (Moll et al., 2009). However, one promising employment opportunity, which recognizes experience with mental illness and the mental health system as an asset rather than a liability, is peer support (Moll et al., 2009). Peer support not only represents meaningful work for mental health consumers, it can also benefit staff and the agencies that employ them (Moll et. al, 2009). However, making the transition from unemployed consumer to a paid peer support worker is a challenging process where an occupational therapist can make a significant difference. The occupational therapist can enable this transition by engaging in mentorship, where the term mentorship is defined as a relationship between two people in which one person (the mentor) is dedicated to the personal and professional growth of the other (the mentee) (Urish, 2004). The relationship is often mutually beneficial and collaborative, and both parties participate willingly and knowingly in the development of the mentee (Urish, 2004).

Why Occupational Therapists as Leaders and Mentors in Mental Health?

Integral to mental health reform in Ontario has been the funding of close to 60 Assertive Community Treatment (ACT) teams across the province (Kubina, 2000). ACT teams provide treatment, rehabilitation, and support by means of providing long-term, innovative and highly flexible services to people with severe and persistent mental illnesses, who often have continuous high service needs or repeated vulnerability for hospitalization (Krupa et al, 2002). One of the major goals of this model of service delivery is to facilitate successful and satisfying community living (Krupa et al, 2002). Included in the Ministry of Health's list of individuals who are qualified to provide ACT
services are occupational therapists and it is within this context of care that occupational therapists
work with individuals who live with mental illness and some of whom may wish to transition from
consumer to peer support worker (Kubina, 2000).

The Canadian Model of Client-Centered Enablement depicts the relationship between
therapist and client, as well as an array of enablement skills used in therapeutic relationships
(Townsend et al., 2007). According to this model, collaborating involves sharing talents and abilities
in mutual respect with genuine interest (Townsend et al., 2007). Occupational therapists can utilize
the skill of collaboration by working together with each consumer to determine his or her goals and
how he or she can best achieve them. Additionally, coaching and educating involve using an asset-
based approach that can cause lasting change by stimulating growth through engagement with
active participation in the occupations of everyday life (Townsend et al., 2007). Occupational
therapists can utilize these enablement skills by teaching the consumer new skills that will be
required for the peer support worker position. Finally, advocating involves making new options
known to key decision makers (Townsend et al., 2007). This skill will be employed by occupational
therapists as they persuade employers to consider a consumer for the PSW position by highlighting
the consumer’s assets. As such, collaborating, coaching, educating and advocating are among the
skill set that occupational therapists should possess in order to act as mentors.

In addition, occupational therapists take a holistic approach with clients as they acknowledge
the balance of work, rest and play and they understand the person, environment, occupation fit (Stein
& Cutler, 2002). Finally, they have an ability to analyze task and job requirements, which will aid
them in mentoring the PSW (Stein & Cutler, 2002).

Personal Experience of an Occupational Therapy Student working with a Peer Support Worker

The idea for focusing on an occupational therapist’s ability to provide a leadership role in
fostering the development of peer support workers stemmed from one of the authors’ personal
experiences working on an ACT team during a clinical placement that was affiliated with the
University of Toronto’s Masters of Occupational Therapy program. Through this experience, I was initiated to the role of a peer support worker by working directly alongside him and I now recognize the importance of the PSW role. Peer support workers are people who have experienced receiving mental health services and are now in recovery. During my placement, the peer support worker brought with him personal experiences and stories as a survivor who had personally been through the recovery process and he openly shared his experience with other consumers. The PSW’s role on the ACT team gave consumers a belief that recovery is possible, which provided them with a continuous sense of hope. Prior to this experience, the position of PSW was unbeknownst to me.

Additionally, PSW can work with clients to build their own goals, share experiences, and work towards recovery from mental illness (Canadian Mental Health Association, 2005a). They also provide social and emotional support, frequently coupled with instrumental support, which is mutually offered or provided by persons having a mental health condition to others sharing a similar mental health condition to bring about a desired social or personal change (Scottish Recovery Network, 2005). Therefore, having a PSW working in collaboration with an ACT team is a valuable asset for the team. PSWs have been shown to reduce the incidence of hospitalization for the mental health clients served by the ACT team. This results in considerable cost savings as hospitalization is the most expensive method to provide mental health services (Scottish Recovery Network, 2005).

Throughout my placement experience, I often wondered how peer support workers were able to make such a drastic improvement in the quality of the consumer’s lives. I later learned that it is hypothesized that peer support workers value the lived experience of recovery and demonstrate that having experienced mental health problems is not entirely negative. As well, through their nature they provide a level of empathetic and therapeutic relationship between peer support worker and client, not always possible between consumer and professional (Scottish Recovery Network, 2005). They also promote engagement with, and are able to provide service to consumers who have shunned professionally led services. Lastly, they demonstrate a chance for people who experience
mental health problems to contribute or ‘give back’ and offer much needed training for people who have experienced mental health problems (Scottish Recovery Network, 2005).

The role of the PSW has been demonstrated to be a very important role within an ACT team. However, while dealing with their own mental health concerns, I often contemplated about the process of how a consumer makes the transition to a PSW. I would often think about the difficulties the PSW on the team must have faced to overcome his own personal issues with his own mental status and whether or not he had any assistance in procuring a position as a PSW. The more I reflected upon these issues, the more I thought that occupational therapists are well positioned to take on this role for consumers. As mentioned previously, occupational therapists posses the necessary enabling skills and therapeutic expertise to assist consumers interested in becoming PSWs to make the transition. Occupational therapists can also utilize knowledge of vocational rehabilitation to help make the change.

Assessments and Outcome Measures

Bender (1997) teaches that we are moving toward a new definition of leadership that “begins with leading ourselves” (p.5). He argues that “powerful leadership comes from knowing yourself” (p.xiv). Therefore, we propose that the first step in the process of reintegrating a consumer into a leadership position, such as that of a peer support worker, begin with a self-assessment that will enable personal reflection to determine if he or she is in fact ready to make the change into a working environment. The Transition to Peer Support Worker-Readiness Assessment tool was derived from the amalgamation of two different work readiness assessments namely: The Readiness for Return to Work Scale by Joy MacDermid (2009) and The Return to Work Assessment prepared by OARS Inc. However, we felt that both of these assessments were not comprehensive enough to be used alone, nor did their language necessarily reflect our purposes. Therefore, we felt it more appropriate to develop an assessment of our own that was tailored to meet our specific needs (See
Appendix A). Additionally, we recognize the importance that self-reflection of personal values, beliefs, and principles will play in the work integration process (Fearing & Ferguson-Pare, 2000). Therefore, it is highly recommended that consumer/survivors engage in a continuous process of self-examination and self-reflection throughout their transition and once on the job.

As occupational therapists it is important that we assess and reassess the consumer’s progress towards the accomplishment of his or her occupational goals. In order to facilitate this task the Canadian Occupational Performance Measure (COPM) can be implemented. This is because the COPM assists occupational therapists in conducting a semi-structured interview with a client where he or she rates his or her level of performance and satisfaction with identified occupational goals (Kirsh & Cockburn, 2009). In this case, consumers who wish to become peer support workers can discuss his or her vocational goals and rate his or her performance and satisfaction of that performance. Further, the COPM is intended be an outcome measure and any noted changes towards his or her goals provides an opportunity for further discussion and reformulation of intervention plans (Kirsh & Cockburn, 2009). In summary, when used with the psychiatric population, the COPM has been found to help readily identify information related to occupational performance, goal setting and it can assess change within an individual (Kirsh & Cockburn, 2009).

*Practice Principles Occupational Therapists can utilize to Enable the Transition from Consumer to PSW*

**Vocational Rehabilitation Strategies**

Occupational therapists can use principles of vocational rehabilitation to provide consumers the opportunity to engage in preparing for employment as a PSW. Vocational rehabilitation can be defined as whatever helps someone with a health problem to stay at, return to and remain in work (Sanisbury Centre for Mental Health, 2008). People who suffer from severe mental disorders often experience high rates of unemployment. For this reason, occupational therapists should use
vocational rehabilitation to provide clients with the skills required for employment. Providing this service may improve the client’s employability. Having employment may lead to improvements in the outcome of severe mental illness, increasing self-esteem, alleviating psychiatric symptoms, and reducing dependency and relapse (Crowther et al., 2007).

Two main interventions can be utilized by occupational therapists to improve the skills and employability of mental health consumers namely: pre-vocational training and supported employment. Pre-vocational training is an approach where participants undergo a period of preparation before seeking employment. This preparation may involve work in a sheltered environment or Clubhouse (Crowther et al., 2007). It is important that occupational therapists ensure the consumers are learning the skills required for work as a PSW. Things the potential PSW should learn are the job requirements, facility policies and communication skills such as active listening, group facilitation, empathy, and self-disclosure. The PSW should also become familiar with the most common mental illnesses that afflict the public and the facts about psychiatric drugs and any related beneficial or adverse effects. (Canadian Mental Health Association, 2005b). In order to facilitate this process, an occupational therapist may wish to consult a peer support training manual, such as the one published by the Canadian Mental Health Association in 2005 (Canadian Mental Health Association, 2005b). Additionally, the occupational therapist may use worksheets which will help guide them in the observation of the consumer’s communication style and their current communication strategies. This will help the therapist to identify areas that the consumer needs to improve upon in order to be successful on the job (See Appendix B). Further, providing opportunities for the consumer to practice scenarios commonly encountered by PSWs may provide the consumer with invaluable experience and increased confidence (See Appendix C). If the occupational therapist does not feel qualified to teach the consumer these issues, he or she may assist the consumer to apply for peer support worker certification courses.
Supported employment, the second main intervention, is defined as an approach to vocational rehabilitation that attempts to place clients directly into employment (Crowther et al., 2007). A short period of preparation, less than one month, can be used. In this approach, follow-up support from health professionals are continued indefinitely (Crowther et al., 2007). This method has been found to be effective in the literature. However, due to the sensitive nature of the work, confidentiality, and safety concerns, we would recommend pre-vocational training. This would allow the PSW to obtain all the necessary knowledge and skills before starting the work.

Management of Mental Illness

Regardless of the approach you choose, the potential PSW will not be able to effectively help manage other’s issues unless they can manage their own mental health problems first. For this purpose, it is imperative that occupational therapists continue to provide treatment and counsel these potential PSWs to help manage their mental health problems that may interfere with working (Sanisbury Centre for Mental Health, 2008). Occupational therapists can also play an important role by assessing the consumer’s strengths and progression towards their personal mental health goals. In this regard, it is also important for occupational therapists to help consumers develop adaptation and compensation techniques to overcome their mental illness which will enable them to work more effectively (Krupa, 2002). Lastly, the occupational therapist can assist the consumer to strengthen his/her social network to gain supports and gain networks for working (Krupa, 2002).

Preparation Skills to Attain a Position

In order to get the job, the consumer applying must be prepared for both writing resumes and speaking in an interview. These are both areas that occupational therapists can assist a client to prepare. The occupational therapist should assist the consumer to comprise all their relevant experiences and qualifications. The occupational therapist can then make recommendations
regarding whether the consumer should make a functional or chronological resume. Chronological resumes list one’s work experience in the order that one got that experience, starting with the most recent and working backward. Functional resumes group together one’s skills into functional categories that tell an employer what one can do for an organization, highlighting achievements while leaving out details such as dates (Canadian Mental Health Association, 1997). The occupational therapist may also be able to assist in finding employers to whom the consumer can send his or her resumes.

The occupational therapist should also assist the consumer in preparing for interviews. It is important to help schedule the consumer’s time so that he or she is not late or does not miss his or her interview. The occupational therapists should also make sure the consumer knows the exact location of the interview with comprehensive directions on how to get there. Once in the interview, the consumer will be asked questions that the occupational therapists could have practiced with the consumer prior. For example, questions such as: tell me about yourself and why do you want to work here (Canadian Mental Health Association, 1997)? The occupational therapist may also instruct the consumer on proper interview etiquette such as: appearance, arriving early, and smiling (Canadian Mental Health Association, 1997). Just as important as preparing for the interview, the occupational therapist should also assist the consumer with handling rejection.

Occupational therapists can provide many other benefits for consumers desiring to become PSWs, which are too numerous to list within this report. However, by means of a client-centered approach, occupational therapists enable the increased autonomy and self-determination of clients allowing them the freedom to explore their options at a pace that is comfortable and safe for them. As mentors, occupational therapists will assist the consumer to build competency and confidence toward achieving his or her goals of working as a PSW. The hope that this will bring the consumer will inspire them to work hard and realize that what they desire is in fact achievable.

*Key Guidelines & Suggestions for Enabling the Transition to Peer Support Worker: A Summary*
Advocate to potential employers the skill set and value of the consumer

Collaborate with the consumer regarding personal aspirations and goals

Utilize prevocational training that focuses on communication skills such as active listening, group facilitation, empathy, and self-disclosure
  - Teach job requirements and facility policies
  - Educate the potential PSW on common psychiatric conditions

Assist potential PSW with resume writing

Teach potential PSW interview skills through role play and education

Promote a sense of hope for the future

Conclusion

Work and vocational rehabilitation continue to be central to occupational therapy practice. Recent literature points to expanding occupational therapy roles and the need for best practices for clinicians in vocational rehabilitation and workplace mental health (Kirsh, Cockburn, & Gewurtz, 2005). This paper serves to meet this need by highlighting guiding principles and current strategies that occupational therapists can use while assisting consumers into the peer support worker role. As mentors, it is evident that we possess the needed enabling skills to provide the consumers with the support they need to achieve their goals. We can provide the consumers with vocational rehabilitation to prepare them for this line of work. We also have the ability to help them manage their own mental health problems so that they may be effective in the workforce. Lastly, we provide consumers with a sense of hope, self-determination, and safety.
References


Appendix A

**Transition to Peer Support Worker- Readiness Self-Assessment**

If you are filling out this questionnaire you have already decided that returning to work is a primary goal. We are interested to know how you feel about initiating work at the moment.

There is no right or wrong answer. Just read and answer the questions to the best of your ability.

Why do you want to become a peer support worker?
__________________________________________________________________________

How do you feel about your current mental status?
__________________________________________________________________________

How do you feel your mental status will impact your ability to work?
__________________________________________________________________________

Do you think that the job of a peer support worker is a good match with your skills and experience?  
_____ Yes _____ No _____ Don’t know

If yes, name the most important skills and experience that you have that apply to this job.
__________________________________________________________________________

Does the job involve tasks you have enjoyed in the past?  
_____ Yes _____ No _____ Don’t know

If yes, what are they?
__________________________________________________________________________

Does it involve tasks you strongly dislike?
_____ Yes _____ No _____ Don’t know

If yes, what are they?
__________________________________________________________________________

Would you be interested in taking a certification course to improve your skills?  
Yes_____ No______
Are there specific times during the day that you feel you are most productive?

_____________________________________________________________________________________

Do you have family issues that make it hard for you to work?
_____ Yes _____ No

If yes, what are they?
_____________________________________________________________________________________

If yes, how do you plan to deal with it?
_____________________________________________________________________________________

If you get a job, do you have support from immediate family, extended family or friends?
__Yes __No

If no, what can you do to improve the situation?
_____________________________________________________________________________________

Do you need child care?
_____Yes __No

If yes, is the childcare reliable?
__Yes __ No

If no, what can you do?
_____________________________________________________________________________________

If yes, is there back-up for your regular childcare?
__Yes __ No
If no, what can you do?
_____________________________________________________________________________________

The following is a list of skills that are important to employers. Mark the skills that you feel you have.
_____ able to work in teams
_____ be responsible: show up on time for work and get things done on time
_____ be flexible – open to new things
_____ show motivation – willing to work
_____ listen well and follow instructions
_____ solve problems when needed
_____ communicate with others and share information
_____ learn from mistakes
_____ work safely
_____ respect other people
From the list of skills, indicate which ones you would like help with or further training in:

__________________________________________________________________________

Have you discussed your plans to transition into the workplace with your doctor?

__________________________________________________________________________
Appendix B

OBSERVER CHECKLIST DURING PRACTICE COMMUNICATION SESSIONS

Document responses given by the Peer Support Worker by providing specific examples in the appropriate place of their performance. The purpose is for the observer to give feedback on how the Peer Supporter is using the communication skills that have been taught.

1) Paraphrase:
___________________________________________________________________________________
___________________________________________________________________________________
___________________________________________________________________________________

2) Empathy:
___________________________________________________________________________________
___________________________________________________________________________________
___________________________________________________________________________________

3) Questions:
___________________________________________________________________________________
___________________________________________________________________________________
___________________________________________________________________________________

4) Self-Disclosure:
___________________________________________________________________________________
___________________________________________________________________________________
___________________________________________________________________________________

5) Active Listening:
___________________________________________________________________________________
___________________________________________________________________________________
___________________________________________________________________________________

6) Maintaining Boundaries:
___________________________________________________________________________________
___________________________________________________________________________________
___________________________________________________________________________________

7) Body Posture:
8) Eye Contact:

9) Other: ________________

Adapted from:

Appendix C

Practice Scenarios

PRACTICE SCENARIOS FOR ROLE PLAYING

Use the information in these scenarios as a starting point for the exercises and then develop your “character” according to what your peer supporter responds.

Scenarios: Empathy

Role Play Scenario #1

It’s been a terrible week – my stepdaughter and I have been fighting all the time. The worst thing is that my wife always takes her side. It makes me so mad.

Role Play Scenario #2

My friend who goes to the mood disorder group with me always puts me down in front of others. He makes me angry.

Role Play Scenario #3

She likes to hurt me by making sure I can hear her inviting others out for coffee and not me.

Role Play Scenario #4

I used to play tennis but the medication has wrecked my coordination and I’m shaky all the time.

Role Play Scenario #5

I saw some old friends from high school yesterday. It’s been a few years since I’ve seen them but they acted like they didn’t even know who I was.

Role Play Scenario #6

I want to get my life back. I’m tired of being sick. I have so much to do. I don’t have time for this.

Scenarios: Paraphrasing

Role Play Scenario #7

It’s been a crappy week I’m tired, ... sick and tired of everything.

Role Play Scenario #8

I want my clothes back. They took my clothes and won’t let me leave. This hospital is like a jail.

Role Play Scenario #9
I don’t trust anyone. I’ve been burnt so many times because I’m too nice to people.

Role Play Scenario #10

I don’t think this medication is working. All it does is make me have a dry mouth and feel spaced out.

Role Play Scenario #11

He’s such an idiot. First he tells me to do this and then he changes his mind. The other day I had to walk the dog. I always have to walk the dog. And the kids, – well he doesn’t do much there either. I tell the kids to do their homework and the next thing I know he’s letting them go to their friends.

Role Play Scenario #12

I don’t want to go to that group. I don’t like Katie.

**Scenarios: Empathy, Paraphrasing, Immediacy, Self-Disclosure**

Role Play Scenario #13

I’m overweight – always have been. I try to diet but it’s so frustrating. Now this medication is making me gain weight.

Role Play Scenario #14

(Client has a bruised and swollen left side of face and eye.)

My partner is a good man (woman) – sure he (she) hits me sometimes but I hit him (her) too. It’s not all the time – only when he (she) is drinking.

Role Play Scenario #15

I don’t have a family anymore. The powers that be won’t let my partner come home and they took my daughter. I just moved here. I’m trying to get work. No one is helping – Oh what’s the use.

Role Play Scenario #16

If I don’t get out of here (hospital) by Thursday I’ll get kicked out of my apartment. My landlord wants the rent cheque and I’m stuck in here.

Role Play Scenario #17

My roommate is a bitch – excuse my language – but she is. She is always talking about her problems as if they are more important that anyone else’s. She takes my things and uses them without asking.

Role Play Scenario #18

I hear noises that keep me awake at night so I stay awake and watch TV most nights.
Role Play Scenario #19

I want to work. My social worker says I don’t. It’s not my fault I was late for the interview and my last job – well the boss was a jerk and I quit. The time before that they expected me to work Saturdays – forget it. Why do I have to do shift work? They don’t pay enough. I’d rather be on welfare.

Role Play Scenario #20

I don’t like the people my wife gets to baby-sit. Do you think it’s okay to smoke dope out on the patio? Do you think it’s right?

Role Play Scenario #21

They’ve changed my meds again. I don’t think they know what they are doing. This one makes me feel like I’m going to have a panic attack. The guy in the other bed has panic attacks. He’s told me all about them. I’m out of here tomorrow if they don’t get their act together. I’m not their guinea pig.

Role Play Scenario #22

I don’t want to be depressed anymore. I want to sleep, to work, and hang out with my friends. They want me to consider meds and see a counsellor and go to a day hospital program. Screw them. I don’t need them to tell me what to do.

Role Play Scenario #23

Paul has been in the hospital for two weeks and this is your second visit with him. He will be going back to a group home tomorrow. You are sitting in the hospital cafeteria and Paul is talking about his fears around leaving the hospital (might get sick again) and his dislike for some of the people where he lives.

Role Play Scenario #24

You have been visiting Susan for a month now and you like her humour and spirit. She worked as a lab technician for several years before she got sick. In spite of her work background and fairly “chipper” spirit, she has isolated herself and refuses to go out in public with you anymore. You want to find out more about where she used to go and what her fears/embarrassment (?) is around being with other people.

Taken from:
