

# Voices for Change

A Statewide Newsletter of the Mental Health Community

Spring 2011

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## How has a Peer Specialist helped to change your life?



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Our Spring Issue is devoted to Peer Specialists and the work they do to bring hope and recovery to people who have been given psychiatric diagnoses. Peer Specialists prove that there can be a quality life after diagnosis.

# Voices of Peer Specialists

Thanks are due to the five Peer Specialists and Supervisors who filled out a questionnaire about their Peer or Supervisor job, written and distributed by Peer Specialist Jo-Ellen Stone. *This questionnaire is available on our website...* They have invested time and thought in explaining about what the Peer Specialist or Supervisor job means to them.

The Peer Specialists who answered the survey work on PACT teams and DMH-funded clinical services. Two are supervisors. Note that with a sample of five respondents, one cannot draw general conclusions. These are a few voices in a growing population in the new field of Peer Specialists.

## Problems on-the-Job

Some of the Peer Specialists' answers are summarized as follows: The problems/challenges that the peers mentioned are not surprising: four out of four said they



Bob Rousseau, Peer Specialist

have to limit their involvement in their consumers' lives in order to avoid burnout and to encourage people to take the power to make and implement decisions in their own lives. The other problem that was mentioned by 2 out of 4 respondents was that the clinical teams that they were on did not necessarily "get" the work they were doing or the Recovery Model. Some comments:

"As an agency we are having a hard time with integrating our peers [integrating peer workers into the clinic staff]."

"I'd like to be providing more 1:1 peer support and less delivery of medication and monies."

We at the Transformation Center have noticed that Peer Specialists spend a lot of time on these "errands" and we hope in the future their skills as trained Peers will be used more for peer support, coaching for self-advocacy and achieving life goals. Providers will also be helped by expanding the role of Peer Specialists to include these tasks.

"The challenge is being a 'change agent' in an agency that has not become conversant with recovery-oriented practices."

## View of Certified Peer Specialist Training

All five of the Peer Specialists and Supervisors have taken the Certified Peer Specialist Training. Their comments speak to the value of the training. One Supervisor wrote as follows:

"The CPS training introduced me and opened me up to the whole



Jo-Ellen Stone,  
Peer Specialist

world of mental health recovery. It informed me about recovery values, principles and practices. It taught me how to tell my recovery story. I learned about the stages of recovery and the services that can be offered at each stage. Recovery Discussion Groups were explained. Conflict resolution skills were modeled. Mary Ellen Copeland's WRAP was overviewed. Recovery Learning Communities were described. The CPS training that I received was an **essential, invaluable, and absolutely necessary** beginning to my work as a peer specialist."

-Robert Rousseau

## Daily Work

Three Peer Specialists or Supervisors described samples of typical work days for them:

"My average day on the job requires some adjusting according to the daily circumstances. I regularly see about 15 people, traveling between Worcester and

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# Voices of Peer Specialists cont'd

*(Continued from page 2)*

Fitchburg. My hours are flexible – to a point. For instance, this morning I will pick up a person around 6:45am so she can go to UMASS. (The normal documented day starts at 9am.)”

- Fran Nadeau

“My average day consists of approximately five to nine 1:1 visits. The visits may consist of a short medication and/or money delivery or a meeting to discuss topics regarding life goals and discussion about the meaning and ways of recovery. I am also responsible for transporting people to medical appointments and keeping up with daily notes that describe the day’s visits.”

- Jonathan Dunklee

“I often start my work day as early as 5:00am with reading and answering emails. As the communications representative to my agency’s web site for Southeastern Massachusetts, I find the lack of interruptions in the early part of the morning as a great time to think and write. I’m at my desk in my office by 7:00am. I start one-to-one supervision of peer workers by 8:00am. Often this involves travel, as I cover three areas: Fall River, New Bedford and Cape Cod. I usually meet with three Peer Specialists at two hour intervals on days that I do supervision and support. I am currently involved with a number of projects and events...” This

supervisor listed among his many projects helping to open a satellite office and a respite program.

- Robert Rousseau

## Self-care

There was an interesting variety of answers to this question: “What do you do to stay well and avoid burn-out?”

“I practice staying in the moment. I have realized that my life is only the moment that I am in at that moment of breath. The past is gone and the future is yet to happen. Do I make plans? Yes. I just don’t allow myself to worry about the future. I also have let go of worrying about my children’s decisions. I can’t control the outcomes with my worry and fear.”

- Mary Drew

“I’m still searching for one main method to avoid burnout. I guess that I take time off occasionally (1 or 2 days), but usually this is associated with some other volunteer activity.”

“One of the most important things for me is to ensure that I get enough sleep. I know that I feel most alert, rested and emotionally well when I’ve slept for eight to nine hours.”

Other activities the Peer Specialists and Supervisors mentioned were: socializing, sports, movies, books and pets.



*Jonathan Dunklee,  
Peer Specialist*

There were several comments about Peer Specialist support groups, of which the following is typical:

“I belong to a state-wide support group made up of fellow Certified Peer Specialists who work on PACT teams. We gain a lot of professional support, encouragement, valuable information and wisdom from each other when we meet about every six weeks. Currently there is only one Peer Specialist per PACT team, which increases the possibility of burnout as each team serves an average of sixty people.

“I also belong to a support group of Certified Peer Specialists who work for [vendor]. We meet every other week to give each other support, encouragement and share information. We have been asked to help bring about system change in our agency.”

-Jo-Ellen Stone

*(Continued on page 4)*

# Voices of Peer Specialists cont'd

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## Advice

Question 18 asked what advice the Peer Specialist or Supervisor would give to someone who is new to the field.

“Insist on taking the Certified Peer [Specialist] training. Insist on weekly supervision. Work on telling your own recovery story. Practice appropriate self-disclosure. Get help from your co-workers on setting healthy boundaries. Go as often as you can to Peer Specialist support groups.”

- Robert Rousseau

Advice from the pros.

**Robert Rousseau** is the Director of Peer Recovery Services in Massachusetts for Fellowship Health Resources. He began this position in mid-January of this

year. On April 4, Bob completed three years as a Peer Specialist. Before that, he served as a Catholic priest for thirty years.

**Fran Nadeau** has been a Peer Specialist for almost four years. Before that, he was an apartment manager for individual with developmental disabilities.

**Jonathan Duncklee** has been a Peer Specialist for five years. Before that, he was assistant manager at a sporting goods retail company for nearly three years. Before that he was a bookkeeper.

**Mary Drew** has been a Peer Specialist Supervisor for one year. Before that she worked her way up through the ranks of the Clubhouse, doing peer work along the way.

**Jo-Ellen Stone** has been a Peer Specialist for two years. Before that she was a Registered X-ray Technologist and later ran a Family Day-Care business.

# Employment Options' Pilot Program

By Lyn Legere

It's another exciting year in the Certified Peer Specialist (CPS) program. We have had four sessions (two running concurrently last fall and two running concurrently this spring) of eight days each. With this year's sessions, we have had an exciting new opportunity. We have been able to supplement the classroom training (for some students) with the CPS Employment Pathways Pilot Project.

Since the early days of the CPS program in Massachusetts, we've known that the training format was a good match for some, but not all, of the trainees, and that the training only addressed a piece of the vocational recovery process that many people in the class are experiencing. The Transformation Center and Employment Options received a

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# Pilot Program

## Cont'd

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grant last July to create some adjunct training and work-related activities to supplement the CPS training course. The CPS Employment Options Pilot Project has given us the opportunity to address the bigger picture of “becoming a CPS,” including supporting people in becoming effective learners and effective workers.

The CPS course is structured in the same way as a standard college course, with a trainer covering the material from the front of the class, inviting class members to participate in some discussion. Some classes also include breakout sessions where a group of people will work together for part of the class. This is an ideal format for “aural” learners – those that learn by listening. It’s not very helpful, however, for people who learn in different ways, like visual learners or experiential learners.

With the pilot project, we’ve been able to offer “Learning Circles” once a week during the course. For these Circles, students were selected who might benefit from material presented in multiple learning styles. All students selected for the classes were invited to participate in the pilot project in a “buffet” style – picking and choosing what they wanted. In the Learning Circles, people discover their own learning style, and then work with others that learn in the same way to explore the CPS materials from a different perspective. It’s a crea-



*Lyn Legere*

tive process that allows each person to contribute from his/her own strength, while also providing and receiving peer support to others in the circle.

For the fall classes, the learning circles ultimately became test prep sessions during the four-week transition between classes and the exam. The result of these additions to the CPS class in the fall was that 11 of the 13 participants successfully passed the CPS exam.

The bigger picture of the CPS training is, of course, getting a job as a CPS. For many participants, this is much more than “getting a job,” but instead, going back to work after a significant time of being unemployed. A life coach was offered to any participant who wanted support to address any of the issues that may arise with such a big life change. Specific work support was also offered in a number of different ways. During the course, several job-shadowing events were held at local Recovery Learning Com-

munities and at Advocates, Inc. so trainees could get a good picture of current CPS roles and practice in Massachusetts.

After passing the exam, pilot participants are eligible to interview for a paid internship. People were given coaching in resume writing and interviewing skills to prepare them for the internship application process, and they could continue to work with the life coach during this transition. A Supervisor’s Manual was created to support both the agency and the new CPS in defining the role in a way that is consistent with the CPS training, and the values and ethics of peer practice. People can also use vocational support services as they begin their paid internship work. This has been especially helpful for people who haven’t worked for a number of years, and are discovering their inner worker. The final part of the grant, which we are hoping for, is that some of the interns will be hired by the agencies, increasing the number of working CPSs in the state.

Unfortunately, it’s only a one-year pilot project, and the spring class participants won’t get to take advantage of all the components, as the grant will end before they’ve taken their exams. Nonetheless, the pilot has given us the chance to create materials that can be used by others to support people who are in the CPS class. In addition, it has shown that, as we had expected, these added supports can greatly increase people’s success in the CPS class and open the door to many other people that may wish to pursue this profession.

# Certified Peer Specialist Questions and Answers

By Amy Dahlberg-Chu with help from the Transformation Center website

**What is a Certified Peer Specialist (CPS)?** A Certified Peer Specialist is a mental health worker trained to share his or her experiences with mental illness and recovery with people utilizing mental health services, with professionals, and with policy-makers. The key mission of a CPS is to convey hope to others about the possibility of recovery. A CPS also promotes self-determination, individual responsibility, and empowerment and assists individuals in achieving their goals.

**Where do Certified Peer Specialists work?** CPSs work at community mental health centers, on CBFS and PACT teams, at day treatment programs, in clubhouses, at RLCs, in psychiatric emergency rooms, and at peer respites. The more employers discover the value of peer support, the longer the list grows.

**How does someone become a CPS?** To become a CPS in Massachusetts, you must take the CPS course through the Transformation Center and pass the Certification exam. The CPS course is taught by CPSs and funded by the Massachusetts Department of Mental Health.

**Do I have to get certified to work as a peer specialist?** No, many employers do not require you to be certified to work as a peer specialist. However, becoming a CPS can enhance your employability and help you hone your skills at sharing your lived experience, inspiring hope, and assisting others in their journeys.

**What will I learn in the CPS course?** You will learn how to share your story of recovery with people receiving services as well as with service providers and policymakers. The CPS classes will help you understand how you can use your lived experience to inspire hope and help people move forward. You will also learn about strategies and tools you can use to assist people in setting and achieving goals.

**How long does the course take to complete?** The CPS course takes about 10 weeks to complete. An Orientation Day commences the course, followed by a three-day retreat two weeks later and then four individual weekly training days. Approximately one month after the last training day, students take the exam.

**How do I apply for the CPS course?** To apply, you will need to complete a written application, provide two references, and attend an Interview Meeting. For more info on the CPS application process, please go to [www.transformation-center.org/training/cps](http://www.transformation-center.org/training/cps)

**How do I request a “reasonable accommodation”?** To request a reasonable accommodation under the Americans with Disabilities Act, you must do so in advance and provide a doctor’s letter stating your need for that specific accommodation. On exams, some students have requested time-and-a-half to complete the written portion or the use of a scribe due to manual or visual disabilities. Other students have needed to request a private room at the retreat. Please keep in mind that any extra costs associated with accommodations must be paid by the student since the state funding for the CPS course is so limited. It is possible to obtain financial support from the Mass. Rehab Commission, an RLC, or your employer to cover these extra costs.

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*Amy Dahlberg-Chu*

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**What is the CPS exam like?** The CPS exam consists of a written test and an oral exam. The exam is designed to elicit students' knowledge of CPS concepts and tools and evaluate their capacity to apply that knowledge to particular situations. Students are allotted three hours to complete the written portion. In the oral exam, which lasts about 30 minutes, you must verbally answer five questions before a three-person panel. Students receive three opportunities to pass the exam.

**How do I know if I'm ready for the CPS course?** The CPS training application includes a CPS Course Self-Assessment that you should take and self-score. It evaluates whether you have the knowledge and supports that have led to success for past CPS students. The scoring guide also includes suggestions for how to improve your readiness for the CPS course.

For more information on CPS training, please visit: <http://www.transformation-center.org/training/cps/index.shtml>

- Amy Dahlberg-Chu is a CPS. and a Peer Counselor at Waverley Place, McLean Hospital's Community Support Program.

## Global Payments in Massachusetts

By Rachel A. Klein

As a mandate of the National Health Care Reform Bill that passed Congress last year, Massachusetts policymakers from MassHealth and the Executive Office of Health and Human Services (EOHHS) are undertaking major changes in the way healthcare is funded. These changes will affect people who are disabled, between the ages of 21 and 64, and have both Medicare and MassHealth – who are also called “Dual-Eligibles.”

Currently, most people are in a "fee-for-service" healthcare system, whether they have public or private insurance. In a “fee-for-service” system, each time a person has any type of health care, the health insurance pays for the service. Each x-ray, blood test, doctor appointment, hospitalization, psychotherapy session is paid for separately. In the new

“Global Payment” system, there is a one sum of money given to a new kind of organization, called an Accountable Care Organization, or “ACO”. The money is provided at the beginning of each year in exchange for the ACO providing for all the mental health care and medical needs of an individual.

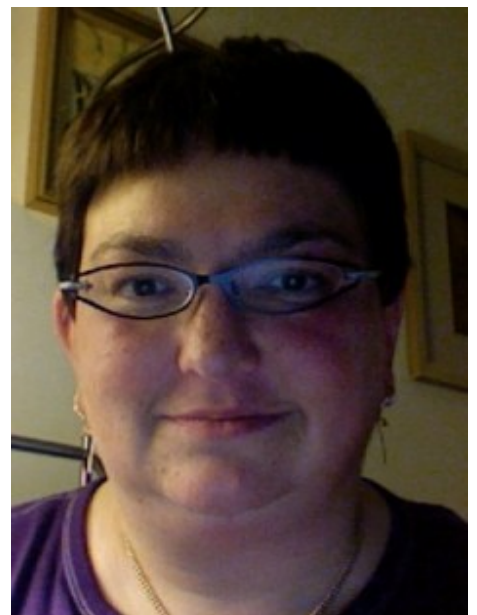
For “Global Payment” systems set up in the past, such as HMOs, there has been no reward or reason for doctors to provide quality care for their patients. In fact, there could be said to be a financial incentive to provide less care overall and less quality care from less skilled providers, because the doctors were paid a set amount whether or not the patient received excellent care or poor care. Under the new programs for Dual-Eligibles, the Commonwealth plans to reward ACOs (at the end of each payment period) with more money when their patients' health improves and take money back from the ACO if their patients do not “do well.”

At least, this is the theory of how the new system is supposed to work. We have many good reasons to be concerned about how this plan is implemented.

*Rachel Klein is a mental health rights activist in the Boston Area. The full text of her article can be found on the Transformation Center website*

[www.transformation-center.org](http://www.transformation-center.org)

*Look on our Advocacy page.*



*Rachel A. Klein*

# Editorial:

## More Diversity Needed!

By Susan Landy

Mental health issues can affect anyone, regardless of age, gender, ethnicity, or social class. At the same time, our state mental health system, which provides services to people who have been marginalized and/or disadvantaged in society, serves a much greater percentage of people of color. Meanwhile there is a small but steady trickle of applicants of color to the Certified Peer Specialist (CPS) program at the Transformation Center.

The CPS program prepares people with lived experience of mental health conditions to work in the mental health system. The CPS Training Course is an 8-day training that teaches people how to use their “recovery story” to facilitate hope and belief in recovery for people who use services and for those who provide mental health services. Participants also learn specific skills to help others engage and thrive in the process of change and recovery. CPS training participants receive their certification after passing both an oral and written examination.

At the present time, certification is not a requirement to be hired as a peer to work with people with a psychiatric diagnosis. Nor is it known to the Transformation Center how many peer workers who are not certified work in Massachusetts. It is hoped that the ethnic makeup of Peer Specialists comes to reflect the ethnic makeup of people with lived ex-

perience of trauma or extreme states. Since there are more people of color accessing mental health services, there should be more Peer Specialists of diverse backgrounds to provide culturally competent peer services. Also, these Peer Specialists might be able to better relate to their peers, using their own experience as bi-cultural persons within the mental health system. Some are doing this already.

As the Editor of *Voices for Change*, I have asked bi-cultural workers here why they think that at this time there are not very many Peer Specialists from different cultural groups. I was told that there may still be considerable stigma around mental illness in some communities, and it would be difficult to come out as a Peer in these communities. There is still a disparity of access to mental health services, as well as education, which may lead to a lack of diversity. It is also possible that for whatever reason, some applicants of have not been accepted into the program, or having been accepted, did not pass the exam. In short, there may be more obstacles to getting certified for persons who are not Caucasian.

There is an expression that several civil rights groups in the United States have borrowed from civil rights workers in South Africa, “Nothing About Us Without Us.” The Peer Specialist job in the United States is a very new occupation which many stakeholders are still getting used to. As we define the job of Peer Specialist and observe whether this role is in fact played out in the mental health system, we can also

ask ourselves as peer-run organizations whether all the stakeholders are yet at the table.



Susan Landy

### **Disability Research Right to Know (DRRK)**

<http://drk.bu.edu>

DRRK fosters the everyday use of disability research.

Products include research results on mental health and :

- Supported Housing
- Supported Education
- Peer Support
- Medicaid Buy-In

Use this information to advocate for program funding or new programs!

# Trauma

## Recovery Story

By Pamela D. Barrows

I am writing my recovery story for one purpose only. This is to let others know that if I survived such savage attacks, then they too can survive anything.

In my early thirties, I found myself sitting in a chair across from a therapist having an out-of-body experience. As my consciousness floated somewhere outside of my body, my core self sat paralyzed in the chair. Off in the distance, I heard her say, “Pam, who is in the room?” It was apparent to her that an alter personality had emerged. I was ignorant as to what was going on in the room. I felt weird, strange, disconnected. I heard voices, pieces of conversations that I did not understand, and lost time. This became my frame of mind – lost and confused.

For years (5 years old to 12 years old), I suffered at the hands of my perpetrators. They all vowed me to secrecy and I never told anybody that I was being molested and raped. I was afraid of being a bad girl, and I did not want to get in trouble with my parents. The abusers had told me it was my fault. I believed them.

In my late 20’s and early 30’s, at a moment’s notice I would have flashbacks and be transported back into my abusive and incestuous childhood. I did not know what my triggers were or how to deal with them. I had trouble

dealing with emotions and sensations. A noise, a smell, a look... and dissociation city, here I come. I was a nervous wreck, constantly walking on eggshells all the time. From the outside, I appeared to have it together. I was gainfully employed as a professional, going to college and completing a master’s degree – but psychologically, things were falling apart at the seams at a rapid, steady pace. Reliving trauma after trauma, I ended up in the psychiatric hospital, in respite, in partial hospitalization and in the day treatment program.

In my early 30’s, I had several hospitalizations and I learned to take care of myself. After the hospitalizations, I learned about Dialectical Behavior Therapy (DBT), the Wellness Recovery Action Plan (WRAP), the Western Mass. Recovery Learning Community, and I learned how to recover from extreme states. Having a Wellness Toolbox and DBT skills saved my life and set me on the road to recovery. This stopped the frequent trips to the crisis stabilization unit. I learned to identify the early warning signs that indicated when things were starting to go amiss.

I was fortunate to have the support of a great therapist (JLS) who encouraged me to “be proactive” in my own life, the help of a magnificent psychiatrist (AD), and the staff at Behavioral Health Network who taught me WRAP and DBT skills. JLS was the therapist who asked me, “Who is in the room?”

Today, I still use my skills. I paint with acrylics, listen to creative music like Yoyo Ma, Kitaro, Carlos Santana and Gospel music.

I also meditate and use mindful skills a lot. The dissociative episodes have decreased. The voices are quiet. The flashbacks have ceased. The night-terrors have abated. The visual hallucinations have stopped. The alters are all content. There are no more suicidal ideations; neither do I lose time anymore. The commanding auditory voices have stopped. My mind and thoughts have slowed down and are not racing. I can read, write and think clearly. I am now working as a Peer Worker. I am proof positive that recovery is possible and that life now is good.

If I survived hell on this earth, then you, too, can survive anything. I chose to start by forgiving those who mortally hurt me and wounded me so deeply that a mere band aid would not help. Then I forgave myself for being so naïve. Next I “let go...” –of all the negative stuff. No matter what it was, I let it all go. Then I learned to self-soothe and here is where my DBT and WRAP skills came into play. And, the rest is all history.

“...it may be helpful to realize that, while your inner world may contain memories of frightening, hurtful or severely traumatic moments, primarily it is a place of healing and empowerment.”

- Nancy J. Napier,  
*Getting Through the Day*

# Online Library Catalog

Of the Transformation Center Library

By the end of May, most of our library titles (~900 books) will be available through our **new online library catalog**.

You will be able to look up the book you are interested in (and see if we have it), then **order the book to be sent to you free of charge**. A prepaid envelope will be provided to return the book.



Some subject areas contained in our library are:



- Buddhism
- Recovery
- Depression & Anxiety
- Abuse
- Gender Studies
- Gay and Lesbian Studies
- African American Studies
- Wellness
- Business and Money Management
- Spanish
- Writing Style
- Law
- Natural Healing
- Psychology

In our next issue:

## Culturally-Competent Trauma-informed Care : What would it look like?

Including highlights from the May Writers Workshop and the Leadership Academy. The Transformation Center takes leadership in this emerging field!