

Jordan Avila and Lex Rogers are both peer support specialists with Deschutes County Behavioral Health Division.

Both work in the community with people who may have been mandated to receive treatment services, and they work as part of a person's treatment team.

Avila also works with patients at Oregon State Hospital who are preparing to discharge from the hospital.

Q: Some readers may be unaware of the role of a peer support specialist. How would you explain to someone who has no idea what you do ... what you do?

Avila: As a simple definition for a complex role, a peer support specialist includes being an advocate, utilizing shared experiences, and just being a person walking alongside another person to support them in their treatment journey. We act as a bridge between treatment care providers and the individual as well as 1:1 meeting for individualized and personal care.

While at the foundation peers have a framework to work from the role itself is a spectrum. My role specifically works with those in a mandated setting such as visiting people in jail and at the Oregon state hospital while others may be specific to medical care, substance use treatment, or residential care. I also work in community settings with those who are going through a legal process. The primary goal being to support them with completing their process while also helping to connect them with needed community and treatment resources via being a person who understands their struggles and can walk with them through it no matter what the outcome.

Rogers: As a peer support specialist, I utilize my own lived experiences of navigating mental health struggles and the mental health treatment system in order to model that hope and recovery are possible for clients, as well as to walk alongside them as they navigate mandated treatment alongside their own goals for treatment (as I work in a forensic setting). It is a unique role in which my personal struggles and accomplishments throughout treatment for SPMI are

important aspects of my resume, rather than education and work experience alone. I teach and encourage self-advocacy, autonomy on a practical and philosophical level, and elevate their voice in treatment team meetings. Having the experience of being a client in this system allows me a unique perspective for what barriers clients may face, and I adhere to the principle of “the client is the expert of their own self.” Peer support specialists bring that first-hand knowledge of what it’s like to receive services not just to complement but to complete the treatment team’s purpose of including various lenses and educational backgrounds.

Q: Is there anything you’d like to share about why you decided to become a peer support specialist and why you chose your current role as the place to do it?

Avila: To be honest I’ve always wanted to be a therapist. Being a person who listened and helped work through things as always been an enate part of my person as I’ve experienced and witnessed others experience so much trauma only to be left alone to figure out how to navigate it alone in anyway they can. While trying to figure out how I could achieve this goal I just happened to fall into a peer specialist role via work at a crisis residential facility. It was amazing being able to support those in crisis and learn that sometimes the best treatment comes from simply being there with them.

I got into the role I am in now to continue working as a peer as I really enjoyed it and wanted to better understand how to support those in mandated treatment where a lot of negative stigma and stereotypes seem to exist. I wanted to offer these individuals the chance to know they are not alone, there are people who understand their struggle, and to be able to experience something different.

Rogers: Being a peer allows me to utilize my lived experiences with mental health struggles to model recovery, provide empathy and understanding, and to support and advocate for clients. It has given me meaning to difficult experiences that previously I did not understand the “purpose” of. The things I’ve struggled through in life are now the things I use to relate to clients and to show that it’s possible to climb out of even the darkest holes. I love working in the forensic

setting because I get to witness, encourage, and support clients as they navigate not just their own darkest places but the lives they've built for themselves. I get to see them for the "whole person" and emphasize who they are outside of being a recipient of forensic mental health services. I am constantly inspired by the individuals I serve, and as I encourage them to care for themselves, I find myself inspired by their resilience and more motivated to care for myself, too.

How long have you worked in peer support services at Deschutes County?

Avila: Three years

Q: Please share about services you provide in your role with Deschutes County.

Avila: Services I'm able to provide regularly in the community include connecting individuals with various resources and services (ex: treatment teams, providers, programs, housing, etc.), spending quality time together, practicing/modeling skills together, and advocating. Others I'm able to provide as a specialty are substance abuse services/counseling, teaching/practicing skills necessary for understanding and decision making in their court process and visiting individuals in the jail and Oregon state hospital to provide outreach and care coordination during their stays.

Rogers: What I do day to day, client to client, depends entirely upon the wishes of that client. While I work with a mandated population, I have reserved myself as a voluntary appointment to make; clients are not mandated to see me. I focus on what the client wants out of treatment by asking them directly and working towards those goals. If no goals are identified, we start with that. It looks day to day like going to grocery stores with clients to support them through anxiety, going on long hikes to practice mindfulness and improve mood, helping study for driver's license tests to bolster motivation and confidence, volunteering in the community together to increase community engagement, going to the gym together to gain confidence there until they're comfortable enough to go by themselves, and many, many other activities. In essence, I make myself available to help goals become more accessible; having another person to try new things

with can make attaining these goals much more comfortable for many folks. When people want to try things by themselves, I provide support from afar and check-ins about how it's going, alongside support in accessing whatever resource or location is needed.

Q: What do you think people's experiences would be like if there was not a peer support program/outreach in Deschutes?

Avila: I think a lot of individualized care aspects would be lost, and treatment would shift to focus on a medical model of care more than a holistic one. My lived experiences without this type of support were lonely and I often felt misunderstood, stigmatized, and not worth anything. Treatment didn't feel like a possibility because if I had to go to treatment, it meant there was something forever wrong or broken in me, or that I was weak and didn't belong. It took much longer to access or even trust that anyone would understand/take the time to understand or care about my struggles making it harder for me to be receptive to any form of help. I think people's experience without peer support would be very similar.

Peer support offers a way to connect with an individual in a way that other providers couldn't necessarily do just based on their professions and roles. Because of their lived experiences peers are able to understand and connect with those they work with and are able to provide insights and alternative viewpoints for individuals behaviors and motivations (or lack thereof) that help keep the individual at the center of their treatment with providers and community members. They also not only provide a voice for individuals but work with them to build their own.

Rogers: The treatment team without a peer support provides essential roles, including individual and group therapy, case management, and psychiatry. The essential role it is missing, without peer support, is the lack of a role intended solely to connect with the client and to bring that client perspective into treatment team discussions. Without a peer support, the power balance tilts even further in the direction of the treating professionals and away from the client's voice and wishes in treatment. My role as a peer affords me unique flexibility in

which I can meet the client where they're at, emotionally and physically in the community, and work on goals that improve their overall wellbeing and health but don't directly relate to therapy topics or medication management as well. It's an important extra layer of support that would be felt by clients if unavailable.

Q: Did you have access to a peer support specialist during your own journey? If yes, how was it beneficial? If no, how do you think it could have benefitted you?

Avila: I didn't have access to peer support in my journey until I started work as one. The communities I lived in were not vocal or had education on peer support. It was a very niche role and even then, it felt as if when you expressed what you did as a job you were looked down on because you were admitting to your struggles. And that is uncomfortable for people who were raised to never show it or that it was a weakness.

If I had this type of support earlier, I believe I could have possibly avoided a lot of social struggles and learned a healthier way of coping with things than I do currently. I'd like to think I would have been more open to seeing and allowing help in and not feeling so alone and burdened.

Rogers: While I did not have a professional peer support for many years of my recovery journey, I did find myself wishing I had someone who could understand what I was going through; not just one of my treatment team members who were experts in the subject of my mental health condition, but someone who had actually been through it. I eventually sought that peer connection and support through community support groups, however, I wish I could've had a professional peer support to assist me with engaging in the community during the times it was difficult to do so.

Q: What do you find difficult or challenging about your work as a peer support specialist?

Avila: While I have not struggled with this myself, I've observed the lack of education among treatment providers and community partners being challenging for fellow coworkers. It can feel at times as if peers are not utilized as appropriately. Giving voice to the people we work with as well can be challenging

if members of the treatment team see peers as not as clinically knowledgeable. Lastly, due to the different types of peer roles throughout the community many peer specialist have been stigmatized and faced struggles with discrimination as the job relies on our lived experiences.

Q: What do you find rewarding about it?

Avila: Continuing to work as a peer has given me the chance for so much understanding and personal growth that I'm not sure I could have gotten in any other capacity. Then being able to help others find their own way to do the same...there are no words to express how wonderful it is to be able to ride along with them.

Q: Is there anything you think people would find surprising about the work you do?

Avila: When I've talked at Central Oregon Community College (COCC) peer classes, with members in the community, family, friends, and even other various treatment providers they often are all most surprised about this work is utilized in a forensic setting. I think a thought that commonly comes up when anyone hears "forensic" or "mandated" is working with criminals and those deemed a danger to society. While I do work with individuals being accused of or having been previously convicted of committing a crime, they are still individuals in need of care and deserve an opportunity for change and growth. Being able to share with others what it's like working in this role has shown me how often people are surprised by the different perspectives seen on these individuals. Then when they get to see the difference for themselves...surprise turns into understanding and hope for others.

Q: How did you become a peer support specialist – was it training through a nonprofit? OHA training? Was it easy to find this training?

Avila: Previously I been hired and trained on site through the crisis residential organization. Upon coming to Oregon was when I needed an official certification. Luckily for me having been able to be hired for the county they were able to access and send me to a weeklong training in McMinnville through Project Able.

My first year hired however there was a program being tested at our local community college (COCC) that was aiming to provide free training and support with the certification process. After working out the kinks, it has continued to provide support with making training more easily accessible.

Q: Any advice you would give someone who is interested in becoming a peer support specialist?

Avila: While at its base being a peer is utilizing our lived experiences, it's important to also keep yourself healthy. Being a peer is for providing support and not being alone on others' journey. It's about and for the people we work with and not about healing or righting our own self through them. We are not in control or charge of their choices, deeming the right or wrong way of doing things, and whether they are successful or not. If you're interested in becoming a peer, ask yourself, why do you want to do this work, and do you have your own support away from the job to keep yourself healthy. It's an amazing experience to do this work, but it also can be very heavy and taxing because you're putting yourself into the work and navigating a parallel process.