Early Assessment & Support Alliance: Mentorship and Peer Support

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Description
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Disciplines
Occupational Therapy | Rehabilitation and Therapy

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Abstract

Exploration into the process of creating optimum group dynamics and cohesion using peer support and mentorship opportunities among young adult artists and musicians who are members of the Early Assessment and Support Alliance (EASA) in Multnomah County towards a collaborative effort to record a compilation CD.
Shifting Paradigm of Mental Health

There is a current paradigm shift attracting the attention of many disciplines working within fields of human nature who realize that our brains are not fixed and unchangeable as previous medical science and research would have us believe. The paradigm shift accepts the brain as a moldable, changeable organ and believes in its plasticity. The human brain changes and differs from person to person ever-evolving over our life spans requiring a unique individualized approach to address problems of brain trauma to the balance of brain chemistry (Doidge, 2007). This paradigm shift within the mental health domain is best explained by the term prevention (Koplan, Charuvastra, Compton, et al., 2007).

The last 20 to 30 years, knowledge and research related to mental health and treatment has increased at an impressively high rate (Koplan, Charuvastra, Compton, et al., 2007). Capturing risk factors, protective factors, providing evidence-based treatment and maintaining function have proven results. These results are the product of rigorous methods used in controlled environments to determine efficacy as well as within the community to gauge effectiveness with set standards within the prevention science fields (Koplan, Charuvastra, Compton, et al., 2007). The treatment of symptoms before a DSM diagnosis can be given is the new benchmark for many mental health treatment organizations (Koplan, Charuvastra, Compton, et al., 2007).

Literature Review on Recovery Oriented and Peer-Led Mentorship Treatment

Since the late 1990’s, the Early Psychosis Prevention and Intervention Centre’s (EPPIC) belief in the malleability of the brain formed an ideology that supports a process of change through assessment and treatment of young people afflicted with psychosis. This concept that
our brains are not fixed and can change is, just now, gaining recognition among professions.

EPPIC has rigorously purported a model for the assessment and treatment of early onset psychosis for youth. One of its missions has been to discount the belief that psychotic disorders are degenerative and largely untreatable (Early Psychosis Guidelines Writing Group, 2010). This prior view of psychosis would have us believe that our brains do not change. This seems to be the easiest way to address brain chemistry that we struggle to understand in the 21st century. However, EPPIC has given us a different way to look at the assessment and treatment of early onset psychosis to reduce the time of the experience and decrease the negative impact. EPPIC has advocated for using the minimum pharmaceutical dosage possible for the treatment of psychosis. Since 1998 when the first guidelines were published, an increasing amount of evidence-based research has backed the earlier findings of the effectiveness of early treatment of psychosis using its protocol and that by addressing pre-psychotic symptoms, the trajectory to full blown psychosis may be prevented. One United Kingdom randomized control trial used the protocol of EPPIC as the intervention in the experimental group of its research. Although the study sample did not meet statistically significant standards, the researchers backed the current government’s policy towards maintaining early intervention services already well-established and that intervening at the time of first onset symptoms positively impact social, vocational and global functioning (Garety, Craig, Dunn et al., 2006).

EPPIC has formulated a model to address the biopsychosocial factors to prevent full psychosis by addressing it at its first onset within the youth population (Early Psychosis Guidelines Writing Group, 2010). This research has led to widespread use of a prevention protocol in many countries that proves efficacious and has led to a new publication of the
guidelines in 2010 to revise the model adding several more stages of treatment based on
evidence provided over the last decade (Early Psychosis Guidelines Writing Group).

This paradigm shift has been integrated into the work of The Ontario Working Group on
Early Intervention in Psychosis evolving out of the vision of the World Health Organization
Early Psychosis Declaration to promote funding of early intervention programs throughout the
country of Canada (Archie, Hobbs & Menezes, 2008). The Ontario Working Group on Early
Intervention in Psychosis has been instrumental in establishing early intervention across Ontario
and to provide early intervention services as part of the country’s overall health care reform.
Other providences have adopted published guidelines and standards for assessment and treatment
of psychotic disorders guiding the direction of early intervention programs to include reducing
the duration of untreated psychosis, optimizing care and treatment and public and family
education (Archie, Hobbs & Menezes, 2008). The Ontario early intervention program training,
consultation, treatment and procedures mimic the model first developed in Australia providing a
unity of service and treatment related to early psychosis within Australia and Canada (Archie,
Hobbs & Menezes, 2008). This unity continues to produce internationally recognized research
on the assessment and treatment of early psychosis and first-episode psychosis as well as
examining the longitudinal impact of treatment on rehospitalization and program evaluation

Decades of clinical research has been done on what is considered the first-episode and
prodromal stage of psychosis (Johannessen, 2001; Downing, 2006). A project in Norway called
the Early Treatment and Intervention in Psychosis (TIPS) support that the total duration of
psychosis could be reduced if treated at the first-episode and prodromal stage (Johannessen,
2001). The Buckingham and Melbourne, Early Psychosis Prevention and Intervention (EPPI)
and Portland Identification and Early Referral (PIER) studies demonstrate that intervention programs addressing comprehensive treatment for the individual including psychoeducation, psychosocial and medication-based treatments reduce this first-episode and prodromal stage of psychosis and prevents conversion into psychosis and further relapses (Johannessen, 2001, Downing, 2006). A Finland study controlled for the administration of antipsychotics found that the experimental group participants receiving delayed pharmaceutical treatment and increased family therapy were less likely to need pharmaceutical treatment two years later when compared to the control group who received antipsychotic treatment as usual (Lehtinen, Aaltonen, Koffert et al., 2000).

Clinicians, patients and families are driving research on first-episode psychosis as delays in treatment is increasingly being thought of as sacrificing opportunities to decrease the likelihood of psychosis and subsequent relapses (Lehman, 2007). Although the first-episode stage is receiving a lot of attention in the treatment of psychosis, there is still work to be done on ensuring methods of recruitment as many teenagers and young adults may be experiencing what seems like high risk, prodromal symptoms but could be unrelated to a psychosis trajectory or related to other mental health issues (Ehmann & Hanson, 2002). In addition, because of the array of services provided as part of the initial response to what is thought to be the prodrome including pharmacotherapy and many psychosocial therapy interventions, it is difficult to know what intervention(s) is most effective. Research targeting these issues will improve evidence-based knowledge on the sensitivity of recruitment and effectiveness of intervention (Lehman, 2007; Ehmann, Yager & Hanson, 2004).

The shifting paradigm embracing recovery model principles and garnering worldwide followers reflecting positive ideologies within societies related to mental health outcomes has
fostered the creation of mentorship and peer support programs. These programs are gaining favor and expanding the perceptive that not only can one recover from mental health conditions, but that success can be increased when the leadership consists of consumers who are also in various stages of their own recovery (Cook, Copeland, Corey, Buffington et al., 2010).

The Wellness Recovery Action Planning (WRAP) trains and certifies consumers to teach program initiatives. These initiatives include self-management of one’s mental health by crisis planning, fostering friendship with peers, using support groups, community integration and medication management (Cook, Copeland, Corey, Buffington et al., 2010). A 2010 study conducted in Vermont and Minnesota evaluating the effectiveness of using the WRAP program with 381 participants provided with peer-led support groups showed significant positive changes in “self-management attitudes, skills and behaviors” (Cook, Copeland, Corey, Buffington et al.). The sudden increase of WRAP programs warrant continued research to build the evidence of the effectiveness of peer-led mental health services. Now that WRAP services are in all 50 states, it will be beneficial to understand WRAP’s success as programs emerge across states and compare outcomes and statistically be able to determine that outcomes are a direct result of the interventions (Cook, Copeland, Corey, Buffington et al., 2010).

Pathways to Recovery (PTR) format guides people to develop a personalized recovery plan to evaluate their lives and create goals across many areas of their lives (Fukui, Davidson, Holter & Rapp, 2010). PTR workbooks have been used for 20 years both nationally and internationally. A recent study examined the combining of consumer-run organizations (CROs) and using PTR workbooks that help consumers develop insight into their lives and ambitions and create goals that are very motivating (Fukui, Davidson, Holter & Rapp, 2010). The findings reveal that peer-led PTR workshops show “significantly positive effects…on recovery outcomes
of self-esteem, self-efficacy, social support, and spiritual well-being as well as psychiatric symptoms” (Fukui, Davidson, Holter & Rapp, 2010).

The Health and Recovery Peer (HARP) program is designed to teach people with mental health issues who are at increased risk of developing co-morbid medical conditions how to manage their overall health care (Druss, Zhao, Von Esenwein, Bona, et al., 2010). Researchers decided to conduct a pilot study recruiting “peer specialists” to lead six sessions of HARP and the results showed promise and support for peer specialists’ ability to guide successful action plans for increasing individual medical management of care (Druss, Zhao, Von Esenwein, Bona, et al., 2010).

A 2010 randomized control trial is being established in Melbourne, Australia to study the effectiveness of peer-led and mentorship groups on young people facing first-episode psychosis. Researching the effects of peer-led groups on this population of mental health consumers had not been done before and results of this study are expected to lead to benefits for both young adults being discharged from first-episode treatment centers and their employed mentors (Robinson, Bruxner, Harrigan, Bendal, et al., 2010).

Some of the peer-led and mentorship programs developed over the last decade provide employment opportunities for consumers (Franke, Paton & Gassner, 2010). Employment issues remain a primary barrier to people with mental health concerns. Unemployment and underemployment lends itself to affect so many other areas of a person’s life impoverishing a variety of opportunities (Moll, Holmes, Geronimo & Sherman, 2009). Providing employment opportunities can close the gap for consumers of mental health services by creating meaningful work environments with decent earning potential and opportunities for advancement (Moll,
Holmes, Geronimo & Sherman, 2009). Education of employed peer support workers and training programs can facilitate the development of these worker roles, adding to quality of life. Obstacles exist when established mental health organizations integrate peer-led and mentorship programs into its program as ideologies have already formed and recovery principles that may be more theoretical than implemented in treatment (Moll, Holmes, Geronimo & Sherman, 2009). While new consumer-led programs have funds to support peer-led services, many traditional mental health organizations, just now embracing recovery principals, may not have funds available for these types of programs. An incentive for mental health organizations to develop employed peer-led services is that the research shows these programs are effective at getting buy-in from consumers. These peers can also add fresh perspectives to an already existing program increasing its effectiveness (Moll, Holmes, Geronimo & Sherman, 2009). The creation of a positive work environment that blends both employees that receive mental health services and employees that do not receive mental health services and leadership fostering healthy workplace attitudes will be crucial to the effectiveness of employed peer-led and mentorship services within existing traditional mental health organizations (Moll, Holmes, Geronimo & Sherman, 2009).

In South Australia, the Peer Work Project is a program that facilitates the training of consumers to take leadership roles for providing mental health services within traditional and nontraditional consumer-run settings. Commitment to supporting consumers in employment roles within the variety of mental health organizations providing services is thought to be critical to these types of programs flourishing within organizations that treat mental health conditions (Franke, Paton & Gassner, 2010).
Innovative Practice Project/Needs Assessment

The Early Assessment and Support Alliance (EASA) is ran within each county and seeks to provide the needed intervention with young people between the ages of 15 and 25 and who are experiencing first-episode psychosis. Participants within this program can receive services for up to two years by an interdisciplinary team consisting of psychiatrists, nurses, occupational therapists, case managers, vocational therapists and mental health consultants (Taylor, January 26, 2011).

Pacific University School of Occupational Therapy graduate students must complete an innovative practice project within the community meeting the mission of the school to provide occupational therapy services to underserved populations within the community. National and state funding issues have had severe cuts on mental health services within Oregon. Multnomah county EASA has an established relationship with the school of occupational therapy and provides graduate students interested in mental health with opportunities to choose the site as an innovative practice project.

Haywire Recording Studio is an individually owned and operated business in Portland, Oregon who generously donated studio time and services for creation of the CD.

A needs assessment garnered information through the above literature review and interviews with key stakeholders within these organizations to including Sean Roush, DOT, OTR/L a faculty member of Pacific University School of Occupational Therapy and Erin Taylor, MOT, OTR/L an employee of the Multnomah county Early Assessment and Support Alliance program revealed both desire and need to establish peer-led and mentorship programs within EASA to implement as an innovative practice project. A graduate from EASA was interviewed
and expressed a desire to provide mentorship services to peers within the program. Discussion with stakeholders and this potential mentor of EASA, guided ideas for a mentorship program towards activities related to music and art as it was determined that this would provide the most motivating activity for current members of EASA and gain buy-in from members to attend sessions.

This student project was initiated through the use of music and art as the motivating activity with the underlying goal of using peer-led and mentorship services to develop group cohesion towards the creation of a compilation CD.

**Group Project Process Over Seven Weeks**

The innovative practice project took place over seven weeks with an introduction gathering at Ground Kontrol and subsequent weekly jam sessions where members formed groups with other peers and practiced songs that they wished to record. These jam sessions took place at Multnomah County offices for four weeks. Artists met in the studio on weeks six and seven where all-day recording sessions took place.

Occupational therapy’s unique role in facilitating this project was evident immediately as occupational therapists use the practice framework in conjunction with models of practice to elicit change and increase function across populations. Occupational therapists are experts at analyzing individual client factors, demands of the task at hand and the affordances of different environments that impede and facilitate occupational performance (OTPF, 2008).

Because occupational therapists are trained in using a variety of theories and frames of reference developed within the profession as well as utilizing those created by other disciplines, they are a perfect strategic fit for facilitating optimal group dynamics and bridging the gap for
individual performance within any given group and especially within the realm of mental health where the profession of occupational therapy was rooted in mental health reform within Europe and the United States (Kielhofner, 2009).

Bruce Tuckman outlined a process of thinking about group dynamics in the 1960s that provided a broad scope to understand aspects of the EASA group formation through the lens of educational research and psychology. This thinking demonstrates how groups evolve into four categories that go through a developmental sequence before final cohesion is achieved. The underlying idea is that groups that exist for a period of time have to go through a process of interdependence and learn ways of dealing with conflict in order to achieve the group goal(s) (Smith, M.K., 2005).

First groups form coming together as individuals for a common purpose. Tuckman calls this phase one of orientation and dependence on the group leader. Second, groups storm where members are preoccupied with task roles. It is a stage of conflict and adjustment to individual roles in the group. Cohesiveness begins to develop in the third stage as members gain clarity on their individual roles, tasks and rules within the group. Tuckman calls this the norming stage. Members have a more structured purpose and understand their individual roles, purpose and rules. The fourth stage of performing is where group energy is focused on the task leads to group cohesion and progress towards group goals rather than developing the structure and rules of the group (Smith, M.K., 2005). This model assisted the occupational therapy students to think about the process that they were about to embark on and anticipate what might happen within the group as it formed and developed over seven weeks.
Early discussions with the peer mentor were instrumental in designing a first outing that would be successful at gaining participation from members of EASA. This mentor also created colorful, creative flyers that were distributed to the members by their case managers notifying them of upcoming events. The first group meeting at Ground Kontrol, a Portland arcade, was very much about orientating the members with the task of creating a CD. The group was formed to provide some information while interspersing the information with a meaningful group activity. Group members gathered information from group leaders and there was not a task during this meeting. All members needed to do was attend while the leaders facilitated relationships among peers and mentors.

The second meeting introducing the task and asking that group members to make decisions regarding their own participation in the group project led to conflict between members. During this jam session, group members had to collaborate and make connections with other group members to make decisions about song(s) that they wanted to record. The leadership was asking the members to form even smaller groups to work on bits of the music and art task that would lead to a bigger outcome. The smaller groups that formed went through their own forming, storming, norming and performing process.

Individual abilities varied in relation to the tasks of music and interaction, engagement with others and this also created anxiety. During these session and particularly the first jam session, group members cussed at each other, pushed each other and used leadership as a sounding board for presenting their own fears in the process of the group goal. The storming process ebbed and flowed through subsequent jam sessions. Group members who had formed connections in the first jam session and were able to pick a recording piece and work on it
through remaining sessions proceeded through this stage quicker than other members and small groups that formed.

At the third jam session a new mentor was introduced to EASA members who had extensive experience with music production. He helped to norm the group as a whole as well as the smaller groups that had formed. Introducing a mentor at this stage in the group process was instrumental in moving the group into performing mode. Instantly, group members stopped what they were doing to listen to him discuss how to be successful on recording day. Group members looked up to him and he was able to elicit buy in, create positive group energy and cohesion. The mentor worked with the individual groups that had formed and mitigated issues with tasks related to the larger project. This mentor’s influence demonstrates the effectiveness of peer-led and mentorship services.

Both recording days represented performing on the part of members as group members provide support to each other towards the overall goal. Members were positive and opened up during this session expressing desire to continue the project. Performing was most noted when the group came together in the basement that had a small recording space to recite a poem together for the EASA CD.

While Tuckman’s stages of group formation informed the occupational therapy students regarding what to expect through a linear view of group dynamics, developmental group dynamic theory also informed this innovative practice project. Anne Cronin Mosey an occupational therapist who produced a model in 1973, comparing the “facets of a man” to polished planes of a gemstone, outlines specific skills and abilities needed for performance within groups ranging from simple to complex. Although, occupational therapists have a variety
of newer models and theories to use, the occupational therapy students felt that using a 
developmental theory to evaluate individual skills and abilities that the occupational practice 
framework addresses as client factors and performance skills would be helpful in finding ways to 
bridge the gap between individual client factors, performance skills and task demands of the 
group project (Mosey, 1973).

Mosey ranges participation in groups from the ability to work in parallel groups where a 
person completes a task next to someone to that of a mature group where members have a variety 
of interests and they are able to take on a variety of roles within the group. This theory along 
with the occupational practice framework was helpful in addressing the members of EASA as 
some members were functioning at a parallel level with limited verbal, visual and physical 
interaction with others and ability to engage in the task while other members were at a mature 
level and demonstrated a high level of group interaction skills and task skills. Using these 
occupational therapy specific tools assisted the occupational therapy students working with a 
person with limited interaction and task skills to participate within the larger group process. The 
occupational therapy students used this to help group people and guide activities for them. One 
member in particular displayed limited eye contact and verbal exchange at the beginning of the 
group and by matching him with a member who was similar in interaction skills but had an 
increased ability to perform the task facilitated both group members’ participation.

Therefore, the occupational therapy students were able to give more assistance to 
members that had a decreased ability to perform certain task skills and interact. An example of 
this is in completing group surveys. One member was completely unable to complete the pre-
survey. He stated that he just could not “focus” on it. By the end of the project, the occupational 
therapy students were able to bridge the gap by personally sitting down with the member and
completing the form with the member taking on the role of breaking down the information into simpler terms and writing the responses. Although, all the information was not obtained as compared with information received from other members, it was a good technique to get some information by using this approach.

Mosey’s theory of group development guided the ability to give jobs and roles to members operating at a higher level of development and allow them to participate at a mature level. These members were the mentors and peer-leaders and participated in the art work for the CD cover, writing poetry and songs for the CD and helping to lead group discussions.

Theories that focused on understanding group process and dynamics, client factors and performance skills and activity demands were all helpful to focus in and facilitate different aspects of this innovative practice project. However, the broader more recent theory of the Model of Human Occupation (MOHO) was create pre and post surveys and to assess motivation, habits and performance as it applies to group dynamics. The MOHO model applies systems theory to individual. The individual and his or her environment engage. The physical and social environment gives input of sensation to the individual while the individual gives an output of behavior to the environment. A cyclical process occurs whereby the individual receives feedback from this exchange and a throughput of change and adaptation occurs within the individual (Cole, 2005). The subsystems of volition, habituation and performance adapt and change in relation to this cyclical process (Cole, 2005). The intricate relationship between an individual and his or her physical and social environment, through MOHO theory, provides opportunities, resources, demands and constraints that affect the subsystems of the individual (Kielhofner, 2008). Interactions with the environment, creates an individual’s adapting identity and competence (Kielhofner, 2008).
The importance of the volition subsystem in this model is very useful when working with consumer’s of mental health services as motivation tends to be impoverished. The chosen activity of participating in music afforded the members of EASA a very motivating opportunity that positively impacted their sense of identity and competence. The activity was so motivating to this population that the occupational therapy students could see changes in other subsystems. Members who struggled with performance components of the activity were able to adapt because they wanted to be part of the project. They practiced during jam session and on their own time. Members who struggled with taking on roles and developing habits, adapted. They assumed the role of musician, writer, artist and poet in the project. By tapping into one subsystem and providing a high-interest, occupational relevant activity to this population, the occupational therapy students facilitated change in other subsystems and within the member’s environments.

The occupational therapy students used MOHO as a way to coach and lead members honing in on subsystems of the individual that needed to be facilitated for role acquisition within the project. For example, members may have been very motivated to do the project, but could not identify a role for themselves within it. This model guided the leaders to look at the subsystems of the person and bridge the gap. For example, one member was very motivated to participate in the project, but had difficulties making it to jam sessions and did not have an instrument to bring to the sessions that he attended. He stated over and over that he would just “fill in” where needed and he did not need to practice. Various attempts were made to help him obtain a meaningful role for himself. The occupational therapy students noted that although the member’s volition was high, he had issues in the habituation and performance subsystems and that made it difficult for him at the level that he wanted to in order to feel successful. He showed up to each recording session and said at the end of the first one that it was a waste of his time to
be there because he had not participated in the project. Through the use of the mentor who had a musical background, we were able to grade the activity and create a place where this artist could “snap” over the bridge of a song. Although his role was limited, a part was created that allowed his participation and increased his sense of competency and identity with the project.

Overall, the music project was so enticing, individual members needed little assistance to mitigate the environmental presses presented, assume various roles and work diligently. The members exceeded expectations in their commitment to the project and the product is much more than anticipated.

The Person-Environment-Occupation (PEO) Model is another model that was utilized when planning the jam sessions and facilitating engagement in the music project. PEO is intricately related to occupational therapists and we are well equipped to take all three factors into consideration when planning for engagement. While other disciplines may use a PEO model, what sets occupational therapists a part is a unique role to be able to examine the environment and how it affects one’s occupational performance.

The Multnomah county building, where the jam sessions took place did not promote artistic creativity. The set up of the building is business oriented, with chairs and conference tables in all the rooms. The walls are off-white, with a clock at one end of the room, and fluorescent lighting illuminates overhead. Prior to each jam session, the occupational therapy students arrived early and moved chairs into a circle, so large tables didn’t separate the participants. Additionally, food and beverages were purchased by the students for the group members, and presented in a manner to elicit free movement of the group participants in the room. While the Occupational Therapy Students rearranged the room to facilitate interaction,
the fact that the county building had a press to sit in the chairs and behave in a more business-like manner, could not be overlooked.

During the first jam session the Occupational Therapy Students were told by office personnel that the group could not play music because there were interviews being conducted in an adjacent room. Subsequent jam sessions were scheduled later in the day, in an attempt to avoid making music during business hours; however, there was still the press for the members to play music quietly because that is what the environment was demanding.

The studio was a very different type of environment than the county building and afforded different opportunities and for free-flow of artistic engagement. The studio, which was located in the basement of a house, pressed for participants to perform. While participants were not recording in the studio, the group had the main floor of the house to use. The living room was decorated with sofas, lamps, a coffee table, computer, and grand piano, and afforded for was the group to socialize, play games, and even the occasional tinker on the piano. Group members were at home on the front porch, which was complete with chairs for relaxing in. The kitchen was used to prepare food for the group members, and a small dining area afforded an additional place to socialize.

Group members who were not scheduled to record attended the two days at the studio, socialized and engaged in the environmental affordances. Some members, who were reserved and kept to themselves at the county building jam practices, opened up in the new environment and shared stories with the occupational therapy students and other members.
**Recommendations**

From the conclusion of this CD project, and looking at the research on peer-led and mentorship programs, the occupational therapy students recommend implementing peer-led and mentorship services at EASA. This could be done in collaboration with already existing consumer led organizations such as Hearing Voices, The National Empowerment Center or the Office of Consumer Technical Assistance (OCTA). By tapping into pre-existing programs and following their lead, the consumer by-in with peer-led and mentorship support at EASA has great potential.

Finding alternative environments for client socialization, either through other community facilities, or through grants, would have great implications for the EASA community. Throughout the CD project, the occupational therapy students saw the effect that the environment has on engagement and participation, and finding a naturalistic environment for clients to engage in, one that does not press for clinical engagement, will afford for meaningful engagement.

**Conclusion**

The Early Assessment and Support Team (EAST), the founder of EASA will be celebrating its 10-year anniversary on May 6, 2011. At this event in Salem, 300 copies of the CD created during this project will be distributed for promotional purposes. Many stakeholders will be at this event, and it will provide an opportunity to tout occupational therapy’s role in this project, and the involvement the profession can have in the mental health arena. EASA will be
hosting a CD release party on May 16, 2011 as a celebration for clients and alumni who participated in the project, as well as their support systems. This will be an event, which will further foster the mentorship and peer-support connections that resulted from the CD project.

The post surveys the members completed revealed an increased satisfaction with social opportunities and free time, as well as significantly fewer symptoms following the conclusion of the CD project. The group started with a goal of creating four new songs to be recorded for a CD, and ended with a compilation CD of 17 tracts. Five of these tracts needed to be removed due to excessive drug references, and were not appropriate for distribution as part of a program providing mental health treatment to young adults. The project presented high motivation for the group members, and with some interventions by the occupational therapy students, and EASA’s occupational therapist, and peer-led and mentorship support the group was able to perform and produce a much higher volume of music, art, writing and poetry than was anticipated.

Clinical observations were another very important factor that was considered at the conclusion of the group. The changes in the group dynamics were remarkable in how member’s interactions changed within the different environments. At the first practice session at the county building, during what was referred to as the “storming” phase, there was some turmoil between a few group members. One member physically pushed another member, and there was some swearing going on. The incident resulted in a group member storming out. On the final studio day, six weeks after the storming incident at the county building, the two members who were initially at odds with each other, left the studio and carpooled together to another EASA event. The power of group work and peer-led and mentorship collaboration was evident at the conclusion of the group with the fostering and rekindling of a peer relationship.
The literature review of peer-led and mentorship programs demonstrate the efficacy of these programs. Through this project, we are able to see positive results from implementing peer-led and mentorship services within EASA. The EASA program would benefit from continued development of peer-led and mentorship services offered to its members. This project will be preserved on Pacific University’s Common Knowledge website for future occupational therapy students who are interested in collaborating with EASA to facilitate future ideas for Innovative Practice Projects that can have a powerful impact on this population.

In 2002, the Bush Administration established what is known as the New Freedom Commission on Mental Health. While this program was controversial in its infancy, it has recently gained momentum and is being backed by President Obama. The commission has conducted research on the delivery of mental health treatment in the United States and made recommendations based on its findings. The outcome is pressing for a reform of delivery of mental health services, which focuses on a recovery model of treatment and on consumer and family-centered care (“President’s New,” n.d.). With the President in support of recovery-oriented mental health treatment, and research demonstrating the efficacy of peer-led and mentorship services, we can look forward to a paradigm shifting further to include reform of delivery of services that will bridge the gap to more client-centered and peer-led and mentorship services within the current mental health recovery model.
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Taylor, E. from Early Assessment & Support Alliance EASA, personal communication, January 26, 2011.
Name: ________________________________

A - Demographic questions:
1. Please briefly describe your typical daily activities. (I.e. Get up around 10 am, eat breakfast, go to class, hang out with friends, have lunch, work for 5 hours, attend appointments, play video games, go to bed around 1 am).

2. Please list three goals you have for yourself. It can be anything - big or small!

3. What is your housing situation?
   - Live with parents
   - Live with siblings
   - Live alone
   - Live with roommates
   - House
   - Apartment
   - Other: ______________________

4. What area of Portland do you live in?
   - NE
   - SE
   - NW
   - SW

5. Please list who helps you when you need help (i.e. parents, friends, partner)?

6. Are you satisfied with the people in your life who help/support you?

7. Do you participate in paid or volunteer work? If so, how many hours a week? What type of work?

8. Are there any areas in your life that you feel you would like extra support in? (i.e. getting to school on time, keeping your living space organized, paying bills on time, etc.)

9. What personal achievement are you most proud of? (i.e. graduating high school, maintaining a job, renting apartment and living on own)

10. What do you value most in life?

11. What skills do you use when you are having an “off day”? 
B - Mentorship questions

1. Have you ever participated in a mentorship program before?
   Yes  No
   If yes, please list how many times you’ve participated. __________
   If yes, were you a mentor or mentee? _____________

2. In the past two weeks, how would you rate your satisfaction with your free time?
   Very Satisfied  5
   Mostly Satisfied  4
   Somewhat Satisfied  3
   Somewhat Dissatisfied  2
   Very Dissatisfied  1

3. In the past two weeks, how frequently have you had a conversation with a new person?
   Daily  5
   At least once every 2-3 days  4
   At least twice a week  3
   Less than twice a week  2
   Not at all  1

4. In the past two weeks, how would you rate your satisfaction with your support system?
   Very Satisfied  5
   Mostly Satisfied  4
   Somewhat Satisfied  3
   Somewhat Dissatisfied  2
   Very Dissatisfied  1

5. In the past two weeks, how frequently have you just wanted someone to talk to?
   Daily  5
   At least once every 2-3 days  4
   At least twice a week  3
   Less than twice a week  2
   Not at all  1

6. In the past two weeks, how frequently did you find someone to talk to when you wanted?
   Daily  5
   At least once every 2-3 days  4
   At least twice a week  3
   Less than twice a week  2
   Not at all  1

7. How do you feel about your social opportunities?
   Very Satisfied  5
   Mostly Satisfied  4
   Somewhat Satisfied  3
   Somewhat Dissatisfied  2
   Very Dissatisfied  1
8. In the past two weeks, how frequently have you felt alone or isolated?
   - Daily: 5
   - At least once every 2-3 days: 4
   - At least twice a week: 3
   - Less than twice a week: 2
   - Not at all: 1

9. What qualities are important for you to find in a mentor?
   - Male
   - Female
   - Easy to talk to
   - Not judgmental
   - Same hobbies as me
   - Same background as me
   - Close to my age
   - Older / younger than me
   - Available when I need someone to talk to
   - Live close to me
   - Other: ______________________________________________________

C - Group questions
1. Please identify at least one personal goal related making the CD. It can be about playing music, artwork, directing, providing support, etc.

2. Identifying potential "problems" that would inhibit your participation in the groups on any given day (i.e. transportation issues, lack of sleep, etc.). Then create an action plan by listing options in order to meet the group commitment. For example, specify someone within the group that you could call to get a ride.
Name:________________________________

A - Mentorship questions

1. What “mentor type qualities” were you able to find these qualities in a peer in the past month? (i.e. easy to talk to, non-judgmental, similar interests, similar background, close to my age, available when I needed someone to talk to, etc.)

2. How did you meet your goals that you identified for yourself at the beginning of the month? If not, what would have helped you meet your goals?

3. What would you like to have done differently if this type of group occurred in the future?

4. What did you like most about the jam sessions?

5. Do you plan to stay in close contact with the people you played music with over the past month? Yes / No / Maybe
   If so, how? (i.e. phone, through EASA groups, facebook, email, etc.)

6. In the past two weeks, how would you rate your satisfaction with your free time?
   Very Satisfied 5
   Mostly Satisfied 4
   Somewhat Satisfied 3
   Somewhat Dissatisfied 2
   Very Dissatisfied 1

7. In the past two weeks, how frequently have you had a conversation with a new person?
   Daily 5
   At least once every 2-3 days 4
   At least twice a week 3
   Less than twice a week 2
   Not at all 1

8. In the past two weeks, how would you rate your satisfaction with your support system?
   Very Satisfied 5
   Mostly Satisfied 4
   Somewhat Satisfied 3
   Somewhat Dissatisfied 2
   Very Dissatisfied 1
9. In the past two weeks, how frequently have you just wanted someone to talk to?
   - Daily: 5
   - At least once every 2-3 days: 4
   - At least twice a week: 3
   - Less than twice a week: 2
   - Not at all: 1

10. In the past two weeks, how frequently did you find someone to talk to when you wanted?
    - Daily: 5
    - At least once every 2-3 days: 4
    - At least twice a week: 3
    - Less than twice a week: 2
    - Not at all: 1

11. How do you feel about your social opportunities?
    - Very Satisfied: 5
    - Mostly Satisfied: 4
    - Somewhat Satisfied: 3
    - Somewhat Dissatisfied: 2
    - Very Dissatisfied: 1

12. In the past two weeks, how frequently have you felt alone or isolated?
    - Daily: 5
    - At least once every 2-3 days: 4
    - At least twice a week: 3
    - Less than twice a week: 2
    - Not at all: 1

13. Are you currently participating in groups outside of EASA? (i.e. art class/group, in a band, school, support group, etc.)
    If so, please list: __________________________________________________________

14. Prior to the jam sessions, how frequently were you participating in some kind of social group?
    - Daily: 5
    - At least once every 2-3 days: 4
    - At least twice a week: 3
    - Less than twice a week: 2
    - Not at all: 1

15. Thinking forward, how frequently do you think you will attend social groups?
    - Daily: 5
    - At least once every 2-3 days: 4
    - At least twice a week: 3
    - Less than twice a week: 2
    - Not at all: 1

16. Regarding questions 14, what type of social groups are you most interested in?
    __________________________________________________________
17. Following the jam sessions how would you rate your symptoms?

<table>
<thead>
<tr>
<th>Symptom Description</th>
<th>Rating</th>
</tr>
</thead>
<tbody>
<tr>
<td>Somewhat Less symptoms</td>
<td>5</td>
</tr>
<tr>
<td>Significantly Less symptoms</td>
<td>4</td>
</tr>
<tr>
<td>No change</td>
<td>3</td>
</tr>
<tr>
<td>Somewhat More symptoms</td>
<td>2</td>
</tr>
<tr>
<td>Significantly more symptoms</td>
<td>1</td>
</tr>
</tbody>
</table>

Comments: ________________________________________________________________
___________________________________________________________________________
_________________________________________________________________________
_________________________________________________________________________

B - Demographic questions:

1. Please list who helps you when you need help (i.e. parents, friends, partner, EASA clients or staff)?

2. Are there any areas in your life that you feel you would like extra support in? (i.e. getting to school on time, keeping your living space organized, paying bills on time, etc.)

3. What personal achievement are you most proud of? (i.e. graduating high school, maintaining a job, renting apartment and living on own)
Photo Release Form

I hereby consent to having my photo taken and used by Bonnie Slauterbeck and Erica Bartleson, for the purposes of a school presentation. I understand that my participation is voluntary. By participating, I acknowledge that my identity will be protected to the best of their ability, and my name will not be used during the presentation.

________________________
Client Signature

________________________
Date
Thursday, Feb 24th

3pm – 5pm

(Meet @ Lincoln bldg.)

(3-3:30 we will be discussing the recording of E.A.S.A's compilation CD which we'd love you to be a part of)

@

Ground Kontrol

“Classic Arcade”

(511 nw Couch)

RSVP w/ your case manager

For more info, please call Erin @ 503 793 1359

......and yes, yes, there WILL be food
E.A.S.A

JAM SESSIONS

THURSDAY

@ LINCOLN BLDG.

MARCH 3RD 2 – 4PM (COLUMBIA ROOM)
MARCH 10TH 5 – 7PM (OAK ROOM)
MARCH 17TH 5 – 7PM (OAK ROOM)
MARCH 25TH 5 – 7PM (OAK ROOM)

DURING THESE SESSIONS WE WILL BE CREATING THE CONTENTS OF THE MUSIC ALBUM SUCH AS ART WORK AND SONGS.

• BRING YOUR INSTRUMENTS
• BRING YOUR ART SUPPLIES
• BRING YOUR TALENTS
• BRING YOUR SMILES

IF YOU WOULD LIKE TO PARTICIPATE, PLEASE DROP BY ON THOSE DATES AND TIMES.

ANY QUESTIONS, FEEL FREE TO CONTACT ERIN TAYLOR

@ 503-793-1359
Early Assessment & Support Alliance (EASA)
Innovative Practice Project: Mentorship and Peer Support

Erica Bartleson, OTS & Bonnie Slauterbeck, OTS
Pacific University
April 29, 2011
Introduction

- EASA – Early Assessment & Support Alliance
  - Multnomah County
  - Serving individuals with early psychosis between the ages of 15-25
  - First onset within past year
  - Services for two years
  - Currently no peer-led mentorship program

(Taylor, January 26, 2011)
# Who They Are & What They Do

<table>
<thead>
<tr>
<th>Staff</th>
<th>Interventions</th>
</tr>
</thead>
<tbody>
<tr>
<td>Psychiatrist</td>
<td>Medication Management</td>
</tr>
<tr>
<td>Nurse</td>
<td>Family Education &amp; Support</td>
</tr>
<tr>
<td>Occupational Therapist</td>
<td>Multi-family groups</td>
</tr>
<tr>
<td>Vocational Therapist</td>
<td>OT</td>
</tr>
<tr>
<td>Mental Health Consultants</td>
<td>Case Management</td>
</tr>
<tr>
<td></td>
<td>Vocational / education support</td>
</tr>
</tbody>
</table>
Informal Needs Assessment:

- Stakeholder meeting identified the need for peer-led and mentorship programs with a musical/artistic emphasis.
- Pacific University searches for opportunities to serve underserved populations in community based outreach programs.
- A literature review revealed that peer-led services and mentorship supports recovery-oriented mental health.
  - (Fukui, Davidson, Holter & Rapp, 2010; Cook, Copeland, Corey, Buffington…Nichols, et al, 2010; Franke, Paterson & Gassner, 2010).
- The innovative practice project was designed and tailored to fit this need.
The Goal:

Create group cohesion and compile a finished CD while fostering peer support and mentorship.
The Process:

- Over 7 weeks
- Beginning with outing to Ground Kontrol Classic Arcade
- 4 jam sessions at the Multnomah county building
- 2 recording sessions at a studio in SE Portland
Peer-Mentor

- EASA had identified a graduate who was interested in mentoring.
- This member was involved with establishing socials and creating flyers to notify clients of upcoming events.
- The OTS collaborated with the graduate to help develop the project.
E.A.S.A
Social Activity Announcement

“Socials are back baby”

Thursday, Feb 24th
3pm – 5pm
(Meet @ Lincoln bldg.)
(3-3:30 we will be discussing the recording of E.A.S.A’s compilation CD which we’d love you to be a part of)

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ANY QUESTIONS, FEEL FREE TO CONTACT ERIN TAYLOR

@ 503-793-1359
Occupational Therapy’s Unique Role

Occupational Therapy Practice Framework and ability to use models from other professions as well as use ones developed from the OT profession.

Being able to analyze client factors, individual performance skills & interaction with the environment set us a part from the other professions that facilitates groups.

Image: Curious Expeditions (Flickr), CC-BY-NC-SA)
Models Used

Bruce Tuckman, American psychologist developed sequential process of group development. (Smith, 2005)

Anne Cronin Mosey, O.T.R., Ph.D., F.A.O.T.A., created a developmental model to facilitate group creation based on level interaction and task skills. (1973)
Models Used Continued...

Model of Human Occupation (MOHO)

- Volition
- Habituation
- Performance

Models Used Continued…

- Person-Environment-Occupation (PEO)

(Hinojosa, Kramer, Crist, 2005)
Models Used (PEO) Continued...

- Practices – at county building.
- Recording – at studio.
- Vast difference in energy level and engagement once the environment changed.
  - “This is awesome! We didn’t practice together that much, but we pulled it off!”
  - “This is like therapy for me.”
  - “This is awesome, I can’t wait to hear some of it!”
Outcomes & Conclusions

- Surveys
- Observations
- CD release party
- EAST - (EASA’s parent group) 10 year anniversary meeting next month
- Potential press release
- Common Knowledge
Future Opportunities:

- Peer mentorship at EASA through future Innovative Practice Projects
- Looking into alternative environments for peers to socialize in
- Connect with consumer led organization
  - Hearing Voices
  - The National Empowerment Center
Special Thanks

- Robert Bartleson and Haywire Recording Studio
- Erin Taylor and EASA
- The EASA alumni who helped us with this project
- All the EASA members who participate
- Marrissa Gottlob, MOT2

Questions???
References


 Kielhofner, G. (2009). Model of Human Occupation. state and city Lippincott Williams & Wilkins


 Taylor, E. from Early Assessment & Support Alliance EASA, personal communication January 26, 2011.