

A Peer Support Specialist's Practical Guide to Implementing MISSION-VET

MISSION, Veterans Edition

Maintaining Independence and Sobriety through Systems Integration, Outreach, and Networking

Introduction to the Peer Support Specialist's Role

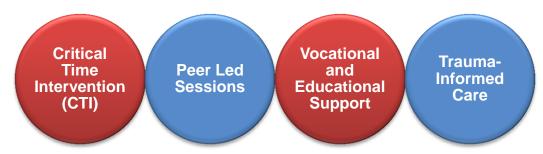
Introduction

Welcome to the MISSION-Vet Team! This is a practical guide on "how to" deliver MISSION-Vet services for MISSION-Vet Peer Support Specialists (PSSs). This guide does *not* replace the MISSION-Vet Treatment Manual, but highlights key PSS roles and responsibilities; describes service delivery components; and references useful tools and materials for the PSS to use as MISSION-Vet is implemented. Corresponding manual page numbers are provided within this guide which link to detailed information in the treatment manual and Consumer Workbook. For detailed information on the MISSION-Vet model of care please see pages 32-40 of the treatment manual. To access the treatment manual and Consumer Workbook, visit www.missionmodel.org.



Peer Support Specialist's (PSS) Role

As part of a team, the Peer Support Specialist (PSS) works alongside the Case Manager (CM). MISSION-Vet PSSs utilize their lived experience to advocate for Veterans, share wellness and relapse prevention strategies, and provide practical supports to improve socialization and community life skills. The PSS delivers four components of the MISSION-Vet model:



With regard to the provision of services, the PSS/CM team uses Critical Time Intervention (CTI), which is a time-limited form of assertive outreach, to structure service delivery. The PSS delivers 11 semi-structured Peer Led Sessions, which includes the introduction and discussion of topics that are relevant to clients' recovery and path to community reentry. In addition to these core components of MISSION-Vet, the PSS also offers support and linkages around employment and education, as well as works in a trauma-informed way for those Veterans who have previously suffered trauma. Table 1 outlines core and support services provided by PSSs. For more information on the core components and the PSS's role please see pages 56-68 in the treatment manual.

Table 1: Brief Overview of Core and Support Services in MISSION-Vet

Critical Time Intervention (pgs. 56-57)

CTI is a time-limited, intensive case management model that focuses on critical transition periods, enhances continuity of care, and identifies/strengthens formal and informal community supports to prevent institutionalization and homelessness. It is similar to assertive community treatment, but offered for a time-limited period and includes treatment stages and phases briefly described below.

Phase 1 - Transition to Community: The PSS provides intensive community support to help Veterans utilize community supports which address treatment goals. The PSS maintains a high level of contact with each Veteran through regular support check-ins, accompanying Veterans to appointments, and telephone calls.

Phase 2 - Try-Out: The PSS helps Veterans adjust to the systems of support that were developed in Phase 1. The PSS focuses on supporting Veterans in overcoming any barriers or challenges in accessing resources. The PSS meets with Veterans less frequently, but maintains regular contact in order to support Veterans in trying out resources and community activities.

Phase 3 - Transfer of Care: The PSS assists the CM in completing the transfer of care to community resources that will provide long-term support to Veterans. The PSS ensures that each Veteran understands the community support system that is in place. This gradual process ensures that termination is less likely to be seen by the Veteran as a sudden, potentially traumatic, loss.

Peer Led Sessions (pgs. 61-62; 146-150)

Peer Led Sessions are delivered to establish a sense of camaraderie among Veterans and PSSs. These sessions allow Veterans to discuss concerns, fears, questions, and hopes in a relaxed and trusted environment. The PSS:

- Provides 11 weekly, semi-structured Peer Led Sessions, usually in a group format, during CTI phases 1-2
- Facilitates booster Peer Led Sessions, as needed, during CTI phases 2-3
- Reviews related worksheets and readings completed in the Consumer Workbook with Veterans

Vocational and Educational Support (pgs. 70-75; 154-162)

The PSS monitors and supports Veterans' employment and educational goals by:

- Supporting job and career goal setting
- Providing linkage to vocational specialists
- Helping Veterans prepare for and secure necessary documents for job searches
- Assisting Veterans in managing conflicts with co-workers or supervisors
- Role-playing job interviews to provide direct feedback in a trusted environment
- Sharing personal experiences and lessons learned from his/her own past job searches
- Providing transportation and teaching Veterans transportation systems
- Accompanying Veterans to classes during difficult times
- Guiding Veterans to utilize available school supports

Trauma-Informed Care (pgs. 77-82; 163-174)

Being "trauma-informed" means being aware of the possibility of trauma among Veterans; knowing and being able to recognize symptoms of trauma; being aware of the impact trauma has on the lives of Veterans; being able to screen for trauma; and knowing how and when to refer out for specialized help. MISSION-Vet is a trauma-informed intervention not a PTSD intervention. The PSS:

- Creates a welcoming and safe environment
- Focuses on resilience, self-healing, mutual support, and empowerment
- Ensures voice, safety, autonomy, choice, trustworthiness, and the elimination of coercion
- May choose to share his/her personal success story of seeking help and support for trauma PSSs do not actively seek out a trauma story

Getting Started with MISSION-Vet

Once the Veteran has been determined to be eligible for the program by the CM and has agreed to participate in MISSION-Vet, the Veteran is introduced to his/her permanent CM/PSS team. The CM/PSS team can meet with the Veteran for an introductory orientation meeting as a team or the CM and the PSS can each meet with the Veteran separately.

Providing Veterans with an Orientation to MISSION-Vet

The introductory meeting is an opportunity for the PSS to learn about the Veteran's goals, barriers, strengths, hopes, and interests, as well as, triggers, coping skills, and available supports. During this meeting the PSS should take a relaxed and supportive stance, providing an informal atmosphere. The PSS should explain his/her role in MISSION-Vet service delivery and how it differs from the CM's role. The PSS should emphasize that the team will work *together* to support the Veteran. In addition, during the orientation, the PSS may offer to help clarify any aspects of MISSION-Vet that the Veteran may not understand and/or has expressed ambivalence about. Lastly, during the orientation session the PSS introduces and provides the Veteran with a MISSION-Vet Consumer Workbook. The PSS then explains the content and structure of the workbook. Briefly, the workbook contains:

- 1. Tools that are used as part of the DRT sessions led by the CM (i.e., self-guided exercises, DRT tools and readings, and checklists).
- 2. Exercises on recovery that are reviewed in Peer Led Sessions (i.e., readings on sustaining recovery and community living).

The PSS should also explain how he/she will work through the workbook with the Veteran. If applicable, the PSS may share personal experiences of how workbook materials have been helpful in his/her own recovery and encourage its use. Table 2 includes key areas to review with each new Veteran during his/her orientation to MISSION-Vet.

Table 2: Key Program Elements to Review with MISSION-Vet Clients

rable 2: Key Program Elements to Review wit	Key Program Elements
MISSION-Vet Structure	 Program Length (2, 6, or 12 months) Team Based Approach: CM and PSS work closely together as a team to help the Veteran; CM and PSS have distinct yet complementary roles Frequency, duration of intervention, location of intervention (e.g., weekly Peer Led Sessions, check-in sessions) The Consumer Workbook
MISSION-Vet Goals	MISSION-Vet ✓ Addresses co-occurring mental illness and substance use disorder (COD) ✓ Helps the Veteran in reaching personal goals in his/her recovery ✓ Supports the Veteran in attaining vocational and educational goals ✓ Provides linkages and transportation to community resources to help the Veteran meet his/her goals
Program Requirements and Policies	 Confidentiality (i.e., mandatory reporting, communication between PSS and CM)

Providing MISSION-Vet Services

Peer Support/Check-in Sessions

In addition to the Peer Led Sessions, which are described in detail on pages 8-13 of this guide, PSSs meet with Veterans on their MISSION-Vet caseload for support/check-in sessions to further assess/address needs, provide support, and review/discuss workbook exercises and readings. These sessions are great opportunities for PSSs to share their own stories about re-entry into the community, issues they faced, and effective ways they have learned to navigate these challenges. These sessions can range from joining a Veteran at an AA meeting and then meeting afterwards to check-in, to a phone check-in. Phone check-ins should be used as needed and should not replace face-to-face contact with Veterans.

Integrating the Consumer Workbook into Service Delivery

The PSS plays a key role in Veterans' utilization of the Consumer Workbook. Using the Consumer Workbook requires close coordination between the PSS and the CM regarding what is occurring in DRT sessions. The PSS should encourage and help Veterans complete related workbook exercises prior to the corresponding DRT session – DRT readings and exercises are located in the Consumer Workbook in Section C, beginning on page 73. The exercises may be completed with the PSS or Veterans may prefer to complete them independently and review them with the PSS. During weekly check-in sessions with the PSS, the Veteran and the PSS should review completed exercises and discuss any insights or concerns the Veteran may have. The PSS provides in-depth assistance as Veterans process workbook exercises and readings.

Specialized Role in Linkage Support

PSSs have a specialized understanding of the barriers and challenges Veterans face on their road to recovery. This experience helps PSSs provide a supportive role in assisting Veterans with achieving goals and engaging in community linkages and healthy activities. The following are specific roles PSSs have in assisting Veterans by using their personal insights and observations. For more examples of additional ways PSSs can provide support to clients please see pages 62-66 of the manual.

- **Reducing Fear.** Veterans in the program are moving through a vulnerable transition period, which can induce fear of failing or uncertainty about what's next. While promoting engagement and retention in service use, PSSs can use encouragement, support, reassurance, and positive feedback to help Veterans through challenges.
- Accompanying Veterans. Providing support by accompanying Veterans to their first few mental health
 appointments or AA meetings highlights the "battle buddy" approach. PSSs can assist Veterans in navigating
 unfamiliar community supports/spaces and transportation systems until they can eventually navigate on
 their own.
- Promoting a Healthy Lifestyle. Beyond sobriety and mental health symptom management, there are other
 self-care habits that are needed to maintain a healthy lifestyle. PSSs can share personal insight on how they
 established their own self-care routine. This can serve as a model for Veterans as they develop their own
 self-care practices.
- **Socializing.** When transitioning back into the community it can be difficult to find drug-free events and places. PSSs may accompany Veterans to 12-step meetings and other drug-free events until Veterans feel comfortable doing so on their own. Modeling for Veterans ways to develop a healthy social life and assisting them to find new friends can help build their support systems.

- Achieving Goals. PSSs have personal insight into what constitutes realistic goals for Veterans to set and
 achieve. Setting goals that are unmanageable can have a negative effect on Veterans as they may feel they
 are not making progress in their recovery. The PSS can play an active role in helping each Veteran set
 reachable goals.
- Working. PSSs serve as role models and provide support to Veterans who are thinking about returning to work or are adjusting to work-life. The PSS can offer stories or insights regarding how he/she found the motivation and readiness to get and maintain a job.
- Addressing Stigma. PSSs can teach Veterans effective strategies for overcoming challenges of stigma while working towards recovery by educating them on how to approach situations where they feel stigmatized.

Peer Support Specialist's Responsibilities: Critical Time Intervention (CTI)

The PSS works in collaboration with the CM to provide services and support to Veterans on their caseloads. As Veterans are introduced to MISSION-Vet, PSSs are responsible for helping Veterans set goals; supporting Veterans in the community (e.g., transportation, accompaniment to meetings, etc.); identifying gaps in resources; and helping Veterans overcome barriers and challenges to recovery. Table 3 outlines the key PSS responsibilities per CTI phase. An overview of CTI phases and PSSs' responsibilities can also be found on pages 56-57 of the treatment manual.

Table 3: Peer Support Specialists' Responsibilities per CTI Phase

CTI Phase 1: Transition to Community

During CTI Phase 1, PSSs:

- Meet with each Veteran to orient them to the MISSION-Vet model and program requirements
- Provide Peer Led Sessions, usually in a group format, delivered once a week
- Meet with each Veteran at least once a week for informal support session(s) focused on building rapport, assessing needs, and encouraging Veterans' engagement with resources
- > Facilitate utilization of the Consumer Workbook by discussing exercises and readings with Veterans
- ➤ Help Veterans overcome barriers in accessing resources by providing transportation, accompanying them to appointments, and modeling effective problem solving skills
- > Provide transportation to 12-Step programs or other linkages to help ensure Veterans are consistently using services
- Work collaboratively with the CM to monitor each Veteran's goals, treatment plan, and progress
- Work collaboratively with the CM to provide assertive outreach to ensure treatment engagement and retention (e.g., home visits, in-community sessions, etc.)

CTI Phase 2: Try-Out

During CTI Phase 2, PSSs:

- Work together with Veterans to monitor and revise treatment goals in the treatment plan
- > Provide remaining Peer Led Sessions and begin to provide booster Peer Led Sessions as needed
- Meet with each Veteran, as needed, for informal support sessions
- Continue to facilitate linkages that have been established
- Continue to help Veterans resolve barriers and challenges while empowering Veterans to overcome challenges independently
- ldentify gaps in support systems, barriers to accessing services, or areas where Veterans need more support with the CM
- Monitor for slips and relapse. If relapse occurs it should not be punished it should be framed as something that can occur on the road to recovery
- Assist Veterans in learning public transportation systems that they can use to get to meetings and appointments
- Work collaboratively with the CM to increase assertive outreach if the Veteran becomes disengaged (i.e., no shows)

CTI Phase 3: Transfer of Care

During CTI Phase 3, PSSs:

- Celebrate each Veteran's ability to maintain goals in healthy living
- Remind each Veteran of the supports that have been established
- Reflect on accomplishments during the program
- > Discuss the end of participation in MISSION-Vet in a framework that acknowledges the work accomplished as

Assertive Outreach

The CTI phases described above rely heavily on the delivery of assertive outreach by CMs and PSSs. Assertive outreach is a way of organizing and delivering care via a CM/PSS team to provide intensive, highly coordinated, and flexible support and treatment for Veterans across the CTI phases. It includes such activities as home visits, meeting with Veterans in their local communities, etc. It has been found to increase engagement and improve outcomes. PSSs are encouraged to engage in assertive outreach activities throughout MISSION-Vet service delivery. Outreach should be increased when concerns regarding the Veteran's engagement arise, for example if the Veteran begins to miss appointments or otherwise disengage.

Peer Support Specialist's Responsibilities: Peer Led Sessions

The PSS is responsible for delivering the 11 Peer Led Sessions to each Veteran on their caseload. Sessions are delivered in 11 weekly sessions in CTI phases 1-2 and booster sessions are delivered as needed in CTI phases 2-3. Sessions can be delivered in a group or individual session format. Individual sessions range from 45-60 minutes, while group sessions range from 60-90 minutes. Group Peer Led Sessions are strongly encouraged, as they provide additional social support, enhance interpersonal learning, expand pro-social networks, etc. Additional information on Peer Led Sessions can be found in the MISSION-Vet Treatment Manual on pages 61-62 and in Appendix H beginning on page 146.

Ways to Structure Individual Peer Led Sessions

Individual Peer Led Sessions follow a relaxed structure. Session topics should be tailored to the Veteran's needs and goals. The following is a suggested guide to structure individual Peer Led Sessions.

- **Welcoming**. The PSS begins by welcoming the Veteran to the session.
- **Introduction of the Topic**. The PSS introduces the session topic and explains why it is important and relevant to the Veteran's goals. The PSS should directly relate the topic to the Veteran.
- **Personal Insight or Story**. To build on the topic the PSS may offer a related personal insight or story. The PSS may also relate the topic to a relevant DRT topic.
- **Engagement and Feedback**. The PSS provides a safe environment to engage the Veteran in a discussion of his/her understanding of the topic and an opportunity to share personal connections with the topic. This allows the PSS to offer clarification and additional feedback to the Veteran on his/her individual circumstance in an empathic and respectful manner.
- **Modeling.** The PSS teaches the Veteran skills and other positive coping strategies that they have experience with by modeling them. PSSs may role-play skills with the Veteran to illustrate how to use the skills.
- **Reorientation**. The PSS may encourage the Veteran to engage in effective actions that reinforce the new skills or insights.
- **Business Section**. This time is set aside for any business the Veteran wishes to takes up, such as planning projects or activities, arranging for future meetings, choosing discussion topics, sharing progress, etc.
- **Closing**. It is important that some signal is given to indicate that the session is formally closed. Some sessions end with a mantra. The Veteran is reminded of the time and place of the next session.

Ways to Structure Group Peer Led Sessions

Group sessions include the same context as individual Peer Led Sessions, but have a slightly different format. The following is a suggested guide to structure group Peer Led Sessions – it is not necessary to incorporate every activity mentioned here into each group session.

- **Greeting of New Members**. Older members of the group greet and welcome new members at the door when they arrive, introducing them to other members.
- **Opening of Meeting**. At the agreed upon time, the meeting can be called to order by the PSS or a designated group member. Some groups open meetings with a quote, mantra, or even a mindfulness activity, such as relaxation breathing.
- **Introduction of Members**. Going around the room, members can introduce themselves and state their reasons for coming to the group. This is especially appropriate for new groups as it will help members get to know one

- another and learn about common concerns. Offer members the option to "pass," if they would rather not introduce themselves.
- Round Robin Check-in. Going around the room in a "round robin" style, each member can provide a Reader's Digest version of their week in the following areas: substance use since last meeting; tracking of mood symptoms since last week (scale from 1-10); medication compliance or changes; and engagement in pro-social supports and activities (e.g., 12 steps, pro-social peers and family members). An "outline" for participation helps keep members on track when they speak. This outline can be posted in the room to remind members of the structure.
- **Discussion, Education, and Information Sharing Related to the Peer Led Topic**. Here are some ways to structure the group discussion:
 - Introduction of the Topic. To begin the session, the PSS may provide an introduction to the topic, why it
 was chosen, and why it is something important for Veterans to think about. To build on the topic the
 PSS can offer a related personal insight or story.
 - o **Round Robin.** The PSS can ask a question that sparks discussion or ask members to complete a statement and go around the group as each person responds, giving everyone a chance.
 - o **Brainstorming**. Ideas are shared in a spontaneous way. Creative thinking is encouraged by not judging any particular idea.
 - o **Role-playing.** Acting out a situation (e.g., how to communicate effectively with your doctor) can be helpful and fun. Some members enact the role-play while others observe and react or comment.
- **Business Section**. This time is set aside for any business the group wishes to take up, such as planning projects or activities (e.g., group outing to a sober event), arranging for future meetings (e.g., choosing discussion topics), making announcements, etc.
- **Closing**. It is important that some signal is given to indicate that the meeting is formally closed. Some groups end with a mantra. Members are reminded of the time and place of the next meeting.

Peer Led Sessions Topics

Below are descriptions of the content of each of the 11 Peer Led Sessions, along with examples of questions that may be utilized to spark discussion by the PSS, and notes for the PSS on how to deliver the content of each session.

Session 1: Willingness	
Introducing the Topic	Help Veterans understand that the assistance people are offering will only be helpful if they are <i>willing</i> to accept it, and that with willingness positive change can come.
Veterans will	 ✓ Become informed that willingness is an important part of recovery ✓ Comprehend that willingness is necessary for change ✓ Understand that willingness is the basis for maintaining a quality way of life
Questions to Spark Discussion	What are the things you're willing or unwilling to change? Do you think willingness is an important part of the recovery process? Have you acted on your willingness? What are some of the results you experienced from being willing?
Notes for the Facilitator	Discuss what it means to be willing, and what each Veteran is willing to change. Give/Share examples of ways to be more willing and the potential results.

Session 2: Self-Acceptance and Self-Respect

Introducing the Topic	Denial and being down on oneself is common, but by gaining self-acceptance and respect, Veterans can make the changes needed for healing and recovery.
Veterans will	 ✓ Understand that denial and lack of respect hinders recovery ✓ Become informed that self-acceptance is needed in order to grow and maintain recovery ✓ Recognize that through self-respect, they will become more comfortable with themselves ✓ Learn that self-acceptance and self-respect can help with overcoming stigma
Questions to Spark Discussion	Where are you with self-acceptance and self-respect for yourself? What are you having difficulty accepting/respecting?
Notes for the Facilitator	Have Veterans <i>explain</i> something they have accepted about themselves. Have Veterans <i>explain</i> how they have increased self-respect for themselves. <i>Discuss</i> how each Veteran feels about stigma and how it affects their self-respect.

Session 3: Gratitude	
Introducing the Topic	Acknowledging a higher power may be helpful to recovery. The goal is to help Veterans become more comfortable with gratitude.
Veterans will	 ✓ Grasp the meaning of gratitude ✓ Learn to identify how they react with others when they are not grateful ✓ Understand how ungrateful interactions affect them ✓ Learn strategies for being humble in specific situations
Questions to Spark Discussion	Have you ever experienced gratitude in situations related to your recovery? Has being grateful brought change to you?
Notes for the Facilitator	Explain gratitude. Discuss gratitude for recovery and ability to change. Identify challenges Veterans have with expressing gratitude.

Session 4: Humility	
Introducing the Topic	Being humble is often a positive thing, and humbleness is different than being passive.
Veterans will	✓ Recognize situations in which humility is helpful
	✓ Identify how they react with others when they are not humble
	✓ Understand how their interactions when not humble affect them
	✓ Learn strategies for being humble in chaotic or stressful situations
Questions to Spark	Who do you know that is humble and how has it changed them?
Discussion	Can you think of a way to relate humility to personal growth?
Notes for the Facilitator	Explain humbleness.
	Discuss how humility has been a factor in Veterans' changes.
	Teach or role-play strategies that Veterans can use to be humble in situations.

Session 5: Dealing with Frustration	
Introducing the Topic	Frustration happens and is normal. The goal is to help Veterans become more aware of their issues with frustration and improve strategies for resolution when dealing with frustration.
Veterans will	✓ Identify situations in which they need to deal with frustration✓ Learn to identify how they react towards others or themselves when not using tools

	to deal with frustration ✓ Understand how their interactions when frustrated affect them ✓ Learn strategies for dealing with frustration in specific situations
Questions to Spark Discussion	How do you usually resolve frustrating situations? What outcomes do you get when you resolve situations in that way? How do you think you can improve outcomes?
Notes for the Facilitator	Explain frustration – sometimes frustration can be mistaken for anger or other emotions. Share frustrating situations and how they were resolved. Discuss the difference between dealing with frustration emotionally and rationally, and the potential outcomes of both.

Session 6: Handling Painful Situations	
Introducing the Topic	Experiencing discomfort, uneasiness, or anxiety in certain situations is normal, and the goal is not to surrender to the situations, but to develop a way to acknowledge, cope, or deal with the issue(s) causing the situations.
Veterans will	 ✓ Identify situations painful to them ✓ Learn to identify how they react in painful situations ✓ Understand how interactions during painful situations affect them ✓ Learn strategies for handling painful situations
Questions to Spark Discussion	Would you say that processing through a painful situation has been beneficial to the recovery process? Would you say communication is an important factor in working through painful situations?
Notes for the Facilitator	Identify situations that Veterans feel the most discomfort or anxiety in. Explain a specific circumstance that was painful and how they managed it. Discuss Veterans' comfort in communicating about painful situations. Teach or role-play coping strategies and other ways to manage issues causing the discomforting situation.

Session 7: Significance of Honesty	
Introducing the Topic	Honesty is not always rewarded or recognized, but it holds a high value.
Veterans will	✓ Realize situations in which they need to be honest✓ Identify how they react when they are not honest
	✓ Understand how interactions when they are honest versus dishonest affect them✓ Learn strategies for maintaining honesty in specific situations
Questions to Spark Discussion	How do you handle a situation where honesty is needed? How do you feel when you are honest versus dishonest? When you can be honest with yourself do you feel that you can be honest with others?
Notes for the Facilitator	Discuss the consequences of dishonesty and how Veterans feel when they are honest. Talk over the role of honesty in recovery. Discuss what is means to be honest with oneself. Identify situations where Veterans feel "challenged" by being honest, and teach strategies for how Veterans can overcome these barriers and maintain honesty.

	Session 8: Courage
Introducing the Topic	Feeling a lack of courage may be normal in some situations. The goal is to help Veterans

	understand the need for sources and to empower them to feel sourcesous
	understand the need for courage and to empower them to feel courageous.
	✓ Identify situations where they need courage
Veterans will	✓ Identify how they react towards others or themselves when they are not courageous
veterans wiii	✓ Understand how their interactions when not courageous affect them
	✓ Learn strategies for being courageous in specific situations
Questions to Spark	Would you agree that it takes courage to stand up for yourself?
Discussion	Does it take courage to recover?
Notes for the Facilitator	Have Veterans share a time when they needed courage.
	Discuss the relationship between courage and honesty.
	Discuss courage and the recovery process.
	Identify situations in which Veterans have trouble feeling courageous and teach
	strategies for being courageous in these situations.

Session 9: Patience	
Introducing the Topic	Lacking patience at times is normal. The goal is to help Veterans become more patient, especially in their recovery.
Veterans will	 ✓ Realize situations in which they are not patient ✓ Identify how they react with others when they are not patient ✓ Understand how their interactions affect them ✓ Learn strategies for being more patient
Questions to Spark Discussion	How often do you wish your recovery was going faster? When has wanting something too fast interfered with getting it at all? What do other people say about you when you're impatient?
Notes for the Facilitator	Share an anecdote that Veterans can relate to (e.g., desire for recovery to happen more quickly than it does). Discuss situations where Veterans have had negative consequences from being impatient. Discuss situations where Veterans have had positive results from being patient. Identify strategies Veterans can use to calm themselves when they are feeling impatient.

Session 10: Medicine Maintenance	
Introducing the Topic	Medicine maintenance is a part of life for people living with co-occurring mental illness and substance use disorders. The goal is not to cause alarm but to become more knowledgeable of the importance of using helpful medications as prescribed.
Veterans will	 ✓ Develop an understanding that their diagnosis requires maintaining the medicine schedule as prescribed ✓ Identify how they react when they are not compliant with their medicine regimen ✓ Learn strategies to stay on schedule
Questions to Spark Discussion	How are side effects of your medications? Do you understand why you are taking medications?
Notes for the Facilitator	Discuss difficulties Veterans have with taking their medications as prescribed. Discuss the importance of Veterans' medications. Identify strategies for Veterans to stay on schedule with their medications.

Session 11: Making a Good Thing Last

Introducing the Topic	Wanting a good thing to last is normal, but making a good thing last requires work.
Veterans will	 ✓ Recognize situations in which they will have better experiences because of maintaining recovery ✓ Identify how they react with others when they stay the course ✓ Understand how their interactions when making the right decisions affects them ✓ Reflect on how good things are evolving from living life on these terms
Questions to Spark Discussion	What good things in life are you working to keep? Would you say that keeping good things is difficult? Do you feel that it is really worth it to put in the effort of maintaining good things in your life?
Notes for the Facilitator	Reflect on what good things have come during each Veteran's road to recovery. Discuss what Veterans have done to get and maintain these good things. Identify good things Veterans have wanted but have not been able to reach.

Peer Support Specialist's Responsibilities: Providing Vocational and Educational Support

Veterans present with a variety of vocational and educational needs, such as needing help obtaining employment, maintaining employment, and applying for educational programs. The PSS's role includes helping identify and supporting Veterans' employment and education related goals on the treatment plan; transportation training; and sharing personal experiences and lessons learned from his/her own past job searches and experiences. The PSS's role varies slightly based on each Veteran's educational/vocational needs as displayed in Table 4. For more information regarding vocational/educational support in MISSION-Vet, please see pages 70-75 and Appendix J beginning on page 154 of the treatment manual. PSSs may also direct Veterans to Exercise 6 on page 46 of the Consumer Workbook.

Table 4: Peer Support Specialist's Role Based on Veterans' Needs

Employed Veterans

Veterans continue to need support as they move through different job stages, face challenges and stigma, and learn their role in the workplace, therefore PSSs:

- Teach/model skills that will help Veterans maintain employment (e.g., time management, conflict resolution, and organizational skills)
- Address symptom exacerbations on the job and share effective strategies from one's own personal recovery story to manage symptoms
- Discuss/model how to manage conflicts with co-workers or supervisors at work
- Encourage Veterans to make the needed changes and choices to maintain their job
- Serve as a role model and provide insights from their own job experiences

Unemployed Veterans

Veterans may experience difficulty finding and securing a job, therefore PSSs:

- Monitor employment goals with each Veteran and CM as per the treatment plan
- Review employment related workbook exercises (pages 46-56 of the Consumer Workbook) with Veterans
- Identify potential employers and gather necessary employment documents, such as applications, resumes, and personal documents (i.e., social security cards, proof of citizenship, transcripts)
- Help Veterans prepare for job interviews by getting the necessary attire, conducting mock interviews, and providing feedback
- Help Veterans navigate transportation systems
- Share personal experiences and

Supported Education

Veterans may want to pursue educational goals, therefore PSSs:

- Explore career and education goals and preferences, so that schools/training programs can be chosen to apply to
- Assist with enrollment and college readiness tasks (e.g., providing transportation to an interview or to class)
- Provide regular or periodic checkins to monitor and support
 Veterans' academic progress
- Accompany Veterans to class during difficult times to decrease poor performance or dropping out
- Guide Veterans in utilizing school supports such as Veteran specific support groups/programs
- Share personal positive experiences of utilizing VA or other educational benefits

lessons learned from his/her own past job searches

Peer Support Specialist's Responsibilities: Trauma-Informed Care Considerations

Many Veterans have experienced at least one traumatic event in their life. Therefore MISSION-Vet PSSs are trained to identify and monitor trauma symptoms and their impact on treatment and recovery. With that said, MISSION-Vet is a trauma-informed intervention and *not* a trauma treatment program. Being "trauma-informed" means:

- ✓ Being aware of the possibility of trauma among Veterans
- ✓ Recognizing the symptoms of trauma
- ✓ Being aware of the impact of trauma on the lives of Veterans
- ✓ Screening Veterans for trauma
- ✓ Knowing how and when to refer Veterans out for specialized help.

The PSS is responsible for identifying and monitoring potential trauma symptoms, sharing concerns about trauma symptoms with the CM, and referring the Veteran to the CM or Clinical Supervisor (CS) for a formal trauma screening, if needed. For further details on trauma-informed care, see pages 77-81 and Appendix K on pages 163-174 of the treatment manual. The trauma-informed role of the PSS is summarized in Figure 1.

Figure 1: A Trauma-Informed Peer Support Specialist

TraumaInformed Role of the Peer Support Specialist

The PSS works closely with the CM to have each Veteran properly assessed and referred to a trauma-focused treatment, if needed.

PSSs receive in-depth training on trauma. All MISSION-Vet staff are trained about trauma and incorporate knowledge about trauma in all aspects of service delivery.

PSSs operate based on the universal expectation that trauma has occurred.

If a Veteran discloses and wants to talk about a trauma with you, take particular care to create a welcoming and safe environment by asking open ended questions, providing non-judgmental and empathetic responses. As the PSS, do not seek out a trauma story.

PSSs strive to be culturally responsive. Cultural differences can exist in beliefs about trauma and getting help for trauma. PSSs should be mindful and respectful that beliefs may differ from their own.

PSSs focus on resilience, self-healing, mutual support, and empowerment. Respect Veterans' survivor skills and resilience. Emphasizing Veteran empowerment can help contradict the lack of control that accompanies traumatization.

PSSs ensure voice, safety, autonomy, choice, trustworthiness, and the elimination of coercion. For example, do not tell the Veteran what they should do.

PSSs may choose to provide personal disclosure in service of the Veteran. The PSS may share their success stories of seeking help and support for trauma.