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**Lived Experience in Action:
Peer Support Specialists Enhancing Youth Crisis Services,
Emergency Departments, and Mobile Crisis Teams**

Learning Objectives:

By the end of this workshop, participants will be able to:

1. Describe the unique contributions of Peer Support Specialists within youth crisis services, emergency departments, and mobile crisis teams.
2. Identify youth-specific peer support approaches that enhance engagement, de-escalation, and trust-building during high-acuity situations.
3. Explain how peer involvement in emergency departments and mobile crisis responses can reduce trauma, improve care transitions, and support family inclusion.
4. Recognize role clarity, boundary considerations, and supervision needs for Peer Support Specialists working in youth crisis environments.
5. Develop strategies to integrate or strengthen peer roles across youth crisis settings using trauma-informed, developmentally appropriate, and culturally responsive best practices.

Welcome, Introductions & Overview

- . Quick participant poll: Who works with youth? Who works in EDs? Who works in mobile crisis?

Foundations of Youth Peer Support in Crisis Settings cont

- Youth mental health crises have increased significantly over the past two decades, with rising rates of anxiety, depression, self-harm, suicidal ideation, substance use, and social isolation.
- Contributing factors include social media pressures, economic uncertainty, family stress, community violence, trauma exposure, and the lasting effects of the COVID-19 pandemic.
- Traditional crisis response systems are facing growing demand and often struggle to meet the needs of young people in crisis.
- Many adolescents and young adults are more likely to seek support from friends or peers before turning to parents, educators, or mental health professionals.
- Barriers to accessing formal mental health services include stigma, concerns about confidentiality, fear of judgment, and mistrust of institutions.

Foundations of Youth Peer Support in Crisis Settings

- In response, mental health services have increasingly adopted **peer-integrated crisis models**, which involve trained individuals with lived experience providing support during mental health crises.

- Peer support is based on shared experiences, empathy, relatability, and trust, making it particularly appealing to youth populations.

- Peer-integrated approaches are used in schools, youth crisis hotlines, community mental health programs, mobile crisis teams, and online support platforms.

- Peer supporters may assist with emotional de-escalation, crisis intervention, safety planning, service navigation, and recovery support.

- These models are designed to complement—not replace—clinical professionals by improving engagement and strengthening connections to care.

- The rise of peer-integrated crisis models reflects a broader shift toward person-centered, recovery-oriented mental health care.

- Policymakers and service providers increasingly view peer support as a promising strategy for improving accessibility, responsiveness, and outcomes in youth crisis services.

Foundations of Youth Peer Support in Crisis Settings

- Clinical work emphasizes assessment, diagnosis, treatment planning, and risk management.
- Peer support emphasizes lived experience, relationship building, empowerment, recovery, and engagement.
- Both roles contribute to crisis response but bring different forms of expertise that complement one another.

Foundations of Youth Peer Support in Crisis Settings

► Overview of the Peer Support Specialist Role and Values

► A Peer Support Specialist (PSS) is an individual who uses their lived experience with mental health challenges, substance use recovery, or other life experiences to support others facing similar struggles.

► Peer Support Specialists are trained professionals who provide non-clinical, recovery-oriented support and serve as a bridge between individuals and formal services.


► The role focuses on fostering hope, empowerment, self-determination, and resilience rather than diagnosing or treating mental health conditions.



Core Responsibilities

- Building trusting and supportive relationships.
- Sharing lived experiences when appropriate to inspire hope and recovery.
- Assisting individuals in identifying strengths and personal goals.
- Providing emotional support during times of crisis or distress.
- Helping individuals navigate mental health, healthcare, and community support systems.
- Supporting self-advocacy and informed decision-making.
- Encouraging engagement with treatment and recovery services.
- Promoting recovery, wellness, and community inclusion.

Value	Description
Hope	Recovery is possible, and individuals can lead meaningful lives.
Mutuality	Relationships are based on shared understanding and respect rather than authority.
Empowerment	Individuals are encouraged to make their own choices and direct their recovery.
Respect	Every person's experiences, strengths, and perspectives are valued.
Self-Determination	People have the right to define their own goals and pathways to recovery.
Authenticity	Peer supporters use genuine, honest interactions and appropriate self-disclosure.
Recovery Orientation	Focus is placed on strengths, growth, and wellness rather than deficits or illness.
Inclusivity	Services are culturally responsive and welcoming to diverse identities and experiences.



Core Values of Peer Support

Role in Youth Crisis Services

- Help youth feel understood and less alone during crises.
- Increase engagement with services through trust and relatability.
- Support emotional de-escalation and coping strategies.
- Assist with recovery planning and community connections.
- Complement clinical teams by offering a unique lived-experience perspective that promotes hope and resilience.

Key reasons lived experience matters include:

1. Builds Trust Quickly

1. Young people are often cautious about sharing personal struggles.
2. Workers with lived experience can establish rapport faster because they demonstrate genuine understanding of the emotions, barriers, and realities the young person is facing.

2. Provides Authentic Hope

1. Seeing someone who has successfully navigated similar challenges can inspire hope and resilience.
2. Lived experience shows that recovery, stability, and positive change are achievable.

3. Reduces Stigma and Shame

1. Youth in crisis frequently experience feelings of isolation or embarrassment.
2. Shared experiences can normalize help-seeking and reduce fears of judgment.

Key reasons lived experience matters include:

1. Enhances Communication

1. Individuals with lived experience often understand the language, culture, and perspectives of youth in crisis.
2. They may recognize warning signs, triggers, or concerns that others could overlook.

2. Promotes Youth-Centered Support

1. Lived experience encourages a strengths-based approach rather than focusing solely on problems or risks.
2. It helps ensure services are responsive to what young people actually need and value.

3. Improves Engagement with Services

1. Youth are more likely to participate in support programs when they feel respected and understood.
2. Peer-informed engagement can reduce resistance and increase ongoing connection to care.

While professional skills, clinical knowledge, and safeguarding practices remain essential, lived experience adds a unique dimension that helps bridge the gap between services and young people. The most effective youth crisis responses often combine professional expertise with the insight, empathy, and authenticity that lived experience brings.

Applied Peer Support Across Three Crisis Environments

Youth Crisis Services

- Peer strategies for rapport, normalization, and developmental sensitivity.
- Supporting youth agency during crisis planning.

Emergency Departments

- Reducing trauma in chaotic medical settings.
- Peer-led grounding, advocacy, and transition support.

Mobile Crisis Teams

- Role of peers in field-based de-escalation and family engagement.
- Example: Youth mobile crisis call workflow with peer involvement.

- Role clarity and boundary-setting with youth and families.
- Working within multidisciplinary teams (clinicians, nurses, EMTs, law enforcement).
- Navigating confidentiality and consent with minors.
- Supervision models that support peer resilience and job sustainability.
- Documentation approaches appropriate for peer roles.

Role Integration, Collaboration & Ethical Considerations



Insert Activity



Implementation Tools & Action Planning

- Organizational checklist for integrating or strengthening peer roles.
- Strategies to reduce stigma and increase buy-in among clinical and medical staff.
- Participants draft one actionable next step they can implement in 30 days.



Questions





Thank you!

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