

## “Putting on our people lens”: Lived Experience as Pedagogy

Celso Delgado Jr. OTD, OTR/L, BCMH  
Sarah Bream OTD, OTR/L  
Tessa Milman, ORD, OTR/L  
Leslie Moreno  
Maggie Yeo  
March 5, 2023

With acknowledgements to Erin McIntyre, OTD, OTR/L &  
Deborah Pitts PhD, OTR/L, CPRP, BCMH, FAOTA and Tristan Scremin

1

---

---

---

---

---

---

---

---

### Presentation Authors



**Celso Delgado Jr. OTD, OTR/L, BCMH**  
Associate Professor of Clinical Occupational Therapy  
[cdelgado@chan.usc.edu](mailto:cdelgado@chan.usc.edu)

**Sarah Bream OTD, OTR/L**  
Associate Chair of Academic & Community Program Support, Director of the Post-Professional Doctorate in Occupational Therapy  
[bream@chan.usc.edu](mailto:bream@chan.usc.edu)

**Tessa Milman OTD, OTR/L**  
Assistant Professor of Clinical Occupational Therapy  
[tmilman@chan.usc.edu](mailto:tmilman@chan.usc.edu)

**Leslie Moreno**  
Expert by Experience & Crisis Counselor  
[leslie.moreno@psnetofbrain.org](mailto:leslie.moreno@psnetofbrain.org)

**Maggie Yeo**  
Expert by Experience & Peer Educator  
[maggie.yeo@psnetofbrain.org](mailto:maggie.yeo@psnetofbrain.org)

2

---

---

---

---

---

---

---

---

### Learning Objectives

- Describe how the experience of individuals with lived experience may be elevated within a course design.
- Identify 2 strategies for incorporating ‘experts by experience’ into your academic courses, trainings and or practice setting as mentors or instructors

3

---

---

---

---

---

---

---

---

### Acknowledgements

- Sasha Agrawal, Rachel Cooper with the Centre for Mental Health and Addiction, Toronto
- The Painted Brain
- Dr. Grace Baranek
- Dr. Mary Lawlor
- MA II students, class of 2020 and 2021
- Colleen Carroll and Alex Zuck
- Melina Hernandez

4

---

---

---

---

---

---

---

---

### Agenda

1. History of Experts by Experience involvement in practice and academics
2. Description of USC pilot program incorporating experts by experience into fieldwork debriefs in the classroom
3. Qualitative and quantitative outcomes
- Break**
4. Pilot team reflections & Questions
5. Reflective activities focused on how you might incorporate lived experience in academic and practice settings
6. Key takeaways & call to action

5

---

---

---

---

---

---

---

---

### Mental Health Practice Immersion Course

- 9 hours lecture/lab per week
- Level I fieldwork
  - 9 days across the semester (1 day/ week)
- Weekly in-class debrief structure
  - 1 day per week, 1 hour 15 mins
  - Groups of 6 students, 1 faculty, 1 expert by experience

6

---

---

---

---

---

---

---

---

### Language Considerations

- We have chosen to use the language ‘expert by experience’ (McLaughlin, 2009)
- Other terms:
  - Service User Educator (LeBlanc-Omstead personal communication, March 10, 2022)
  - Persons in recovery
  - Consumer academic (Happell, 2002)

7

---

---

---

---

---

---

---

---

### ‘Expert by Experience’

(McLaughlin, 2009, p.1111-1113)

- “A term used by the recovery movement to draw attention to the value of working alongside service users.”
- “...It makes a claim for a specialist knowledge base rooted in an individual’s experience of using services.”

8

---

---

---

---

---

---

---

---

### ‘Expert by Experience’

(McLaughlin, 2009, p.1111-1113)

- It suggests a relationship of equals (between clinician and expert by experience) whereby one expert’s expertise has been gained through their training and practice and the other through their experience.

9

---

---

---

---

---

---

---

---

### History of Experts OT Education

There is some presence in occupational therapy scholarship of disabilities studies, which can include mad studies

However, how much does OT Education specifically recognize experiential knowledge as equivalently valid knowledge? (LeBlanc & Kinsella, 2021)

10

---

---

---

---

---

---

---

---

### History of Experts in Academics

(Towle & Godolphin, 2011)

- ‘Patients’ as teachers of core professional skills date back to early 1970s, now referred to as standardized patients
- Expansion in early 1990s influenced by ideas about full participation of patients in their care, WHO called for health professional education to be socially accountable

11

---

---

---

---

---

---

---

---

### History of Experts in Academics

- In the professional education of mental health practitioners, there has been a lack of meaningful inclusion of people labeled with mental illness into the curriculum, beyond guest speaker panels and presentations (Mehan & Glover, 2007; Bryne, et al. 2013), which can be ethically problematic (LeBlanc-Olmstead & Kinsella, 2022).
- While there is some presence in occupational therapy scholarship of disabilities studies, which can include mad studies, it is limited. LeBlanc & Kinsella (2006) argue that OT professional education does not recognize experiential knowledge as equivalently valid knowledge.

12

---

---

---

---

---

---

---

---

**Examples of EBE Roles in Health Professional Education**

(Towle & Godolphin, 2015)

- Involved in creating learning materials used by faculty members
- Standardized or volunteer ‘patients’ in simulations
- Sharing experiences with students in a *faculty-directed* curriculum
- Teach and assess students

USC University of Southern California

USC Chan Division of Occupational Science and Occupational Therapy

13

---

---

---

---

---

---

---

---

**Examples of EBE Roles in Health Professional Education**

(Cont’d)

- As equal partners in student education, evaluation and curriculum development
- Involved at institutional level, as well as EBE-teachers in education, evaluation and curriculum development [e.g. Consumer Academic (Happell & Roper, 2002, 2008)]

USC University of Southern California

USC Chan Division of Occupational Science and Occupational Therapy

14

---

---

---

---

---

---

---

---

**Important Considerations**

(Towle & Godolphin, 2015)

- Need to be clear about role EBE will play in course during recruitment
- “beginning evidence that direct personal contact characterized by power equalization and a participatory teaching style, e.g. small group facilitator, may be more effective than other approaches, e.g. teaching from the front, or less powerful roles, e.g. standardized patient” (Arblaster, et al, 2015).

USC University of Southern California

USC Chan Division of Occupational Science and Occupational Therapy

15

---

---

---

---

---

---

---

---

**Important Considerations**

(Towle & Godolphin, 2015)

- Ensure support system available for EBE
- Clarity about ethical considerations regarding consent and confidentiality, may benefit from written agreement
- Champions important for sustainability, as well as long-term community-academic partnership with peer organization (Arblaster, et al, 2015)

16

---

---

---

---

---

---

---

---

**Important Considerations**

- How meaningful and equitable is this for the experts?
- How can the experiential knowledge delivered by service user educators (LeBlanc personal communication, 2022) have equivalent power to academic and clinical knowledge (Leblanc & Kinsella, 2016)
- How critical is the involvement? (LeBlanc personal communication, 2022)

17

---

---

---

---

---

---

---

---

What's the benefit? Emerging Evidence

**Despite emerging evidence, presence of EBE in mental health professional education still tremendously limited (Happell, et al. 2021)**

18

---

---

---

---

---

---

---

---

## Mental Health Immersion Course

### Content

- Lived 'experience' and recovery perspective
- Conceptual practice models and occupational therapy assessments they inform
- Evidence-based manualized interventions for mental health practice context (e.g. Illness Management and Recovery; Family Psycho-Education, Action over Inertia)
- SAMHSA Evidence-based programs (e.g. assertive community treatment/full-service partnership, supported housing)

### Practitioner Competencies

- Therapeutic use of self, relationship boundaries for the mental health practice context
- Administration, scoring and interpretation of occupational therapy assessments for the mental health practice context
- Practice reasoning within various SAMSHA models, with focus on occupational therapy role
- Treatment planning
- Documentation, reimbursement

19

---

---

---

---

---

---

---

---

---

---

## Fieldwork Debriefs

The overall purpose is to build reflective skills for practice within a community of practice, to support reflective skill development.

We ask students to...

- Spend some time reflecting before the debrief to consider experiences that surprised you, confused you, or presented you with an 'aha' moment
- Practice with use of person-first language.
- Approach these sessions as a serious and intentional dialogue between professional colleagues. Such conversations are a common practice in mental health settings in particular in the form of supervision and team meetings.

20

---

---

---

---

---

---

---

---

---

---

## Fieldwork Debriefs

We encourage students to intentionally approach the Expert with questions and dilemmas from your fieldwork:

Students have reported that their relationship with an 'Expert by Experience' has deepened their understanding of:

- The context of lived experience and practice settings
- The value of taking consumers' perspectives
- What they are learning in class
- The importance of just being with people

21

---

---

---

---

---

---

---

---

---

---

### Fieldwork Debriefs

We all try to...Create and sustain a supportive environment that sets the stage for each student to bring their stories for exploration and reflection. Choose questions that help students explore more deeply:

- make reasoning more explicit
- understand multiple perspectives
- support taking action
- support reflection on learning

22

---

---

---

---

---

---

---

---

### Fieldwork Debriefs

Focus on asking students to share specific stories, dilemmas, questions, success stories, emotional experiences, etc...

- Open structure
- Circle rounds

23

---

---

---

---

---

---

---

---

### Themes

#### Students' Experience

*Putting on my people lens*  
*Awareness of Language:*  
*Words matter*  
*I believe it from her*  
*It's ok to feel*

#### Experts' Experience

*It takes work: Developmental milestones*  
*It takes work: It's always a risk*  
*It takes work: I need to take care of myself*  
*It takes work: I can walk through it*

#### Faculty Experience

*Navigating the partnership*  
*Felt more complete doing it together*

24

---

---

---

---

---

---

---

---



### “Putting on our People Lens”

- Participating in the debriefs made students realize how important it was to simply be there for their clients or better listen to their clients
- Having the ‘Experts’ in the debrief helped them think about the other person's perspective, as opposed to our perspective as a therapist.
- One student referred to this as "getting out of our practitioner lens and... putting on our people lens."

25

---

---

---

---

---

---

---

---

### Putting on our people lens

- Value relationships between the practitioner and the client in practice
- The experts were able to convey the value of the relationship between the practitioner and the client by bringing it back to “just being there,” which the students really appreciated.

26

---

---

---

---

---

---

---

---

### Awareness of Language

- Having the experts present made the students more mindful about their language, the way they talked about individuals labeled with mental illness
  - Being mindful of person-first/client-centered language, having to think thoughtfully about everything they said

27

---

---

---

---

---

---

---

---

**“I believe it from her”**

- Having a “real person right in front of us,” seemed to increase the believability of what they were learning in class about lived experience.
- Another student provided a contrast, stating that it wasn’t that the expert was more trustworthy or believable but rather that their stories really resonated

28

---

---

---

---

---

---

---

---

**“It’s Ok to Feel...”**

- Having the experts present created a safe space for both the students and the expert to share feelings and be heard.
- Expert experienced this differently than the faculty
  - the expert is in a safe space where they can be triggered more so than the faculty

29

---

---

---

---

---

---

---

---

**“It takes work...Developmental milestones”**

- Developmental growth process was crucial in order for the Experts to be ready to do this work.
- The Experts acknowledged that previous experiences had prepared them to be ready for this role as an Expert in the academic setting.
- Demonstrated experience in activities such as speaking on panels to share their personal stories of lived experience, and training and serving as a peer provider were beneficial in preparing them to be successful in thi role as an Expert.
- This theme is reflective of Benner’s (1982) work focused on the developmental progress from ‘novice to expert’. Attaining the proficiency of ‘expert’ requires both educational and experiential knowledge.

30

---

---

---

---

---

---

---

---

**It takes work-It's always a risk**

- Being an expert is risky, because of how it may reactivate past trauma and suffering
- Riskier than speaker panels because it is an ongoing relationship
  - stories students tell reactivate challenging feelings
- Students were at settings they were familiar with, which triggers their past feelings.

31

---

---

---

---

---

---

---

---

**“It takes work...I need to take care of myself”**

- The Experts were engaged intentionally in their own recovery process and acts of wellness in order to be present to do this work with the students.
- It was evident that the Experts recognized they needed to take care of themselves in order to have the capacity to take care of others.
- They reflected on the need to ensure they had the necessary supports in place as buffers to the emotions, feelings and thoughts that emerged.

32

---

---

---

---

---

---

---

---

**“It takes work...I can walk through it”**

- As a result of these active coping strategies, Experts acknowledged their capacity to engage in this process with the students and faculty, in the midst of the potential risks involved.
- Fulfilling the role of the Expert in the fieldwork debrief seemed to allow them to face their fears and further embrace the process of their own recovery:

33

---

---

---

---

---

---

---

---

### Navigating the partnership

- Faculty worked to make sense of partnering with the expert, navigating communication within the debriefs and outside of them
- Faculty navigated difference within the discussions

34

---

---

---

---

---

---

---

---

### “Felt more complete doing it together”

- Reflects how the partnership between expert and faculty led to a more complete or deep experience for the students.

35

---

---

---

---

---

---

---

---

### Discussion

- Including Experts in our debrief elevated experiential knowledge beyond the storytelling of lived experiences that we often see in occupational therapy education (LeBlanc-Olmstead & Kinsella, 2022).
- Our study confirmed other findings (O’Reilly et al., 2010) that connecting with a real person made the learning more impactful.
- Debriefing with the Experts also strengthened students’ therapeutic skills as they spoke about being able to better take the perspective of their clients, value relationships and focus on connection, aligning with similar findings (Happell et al., 2019; Arblaster et al., 2018; Arblaster et al., 2015; Horgan et al., 2015).
- Including the Experts also created a more meaningful experience for faculty as we developed a new partner in education, which enhanced our connection to the community beyond academia.

36

---

---

---

---

---

---

---

---

### Discussion

- Finally, the experience of being a part of the debriefs was meaningful for the Experts, as many described the empowerment that came from the experience.
  - Experts talked about the surprise and “beauty” of being able to answer the students’ questions, and the satisfaction of impacting “one student at a time.”
- Still, it was a complex experience, involving risk. This echoes other findings that the position of educator or peer provider often leaves Experts vulnerable and exposed (Mehan, 2007; Felton, 2004; Byrne et al., 2017; LeBlanc-Olmstead & Kinsella, 2022).
- More research is needed to understand the complexities of this risk, as well as how to best provide support to Experts to cope with the risks (Hogan et al., 2021; Happel et al., 2021).

37

---

---

---

---

---

---

---

---

---

---

### Limitations

- This study focused on better understanding the experiences of students, faculty and Experts from a private university with significant resources. Findings may not be transferable to other types of educational institutions with fewer resources.
- In addition, power differentials between faculty, between faculty and the experts, between faculty and the students, and between the experts and the students may have made it difficult for participants to share honestly.

38

---

---

---

---

---

---

---

---

---

---

### Implications for OT Education

- Including them in the debriefs shifted their role beyond traditional speaker panels. The debriefs appeared to create a forum for Experts to share their experiential knowledge, “knowledge that comes from the direct experience of madness and distress.” (Faulkner, 2017, p. 508)
- They elevated that knowledge into the realm of practice in clinical reasoning by shifting the context of the knowledge from storytelling to support in practice reasoning.
- We need to continue to create meaningful opportunities for Experts to engage in our academic institutions, with commensurate remuneration

39

---

---

---

---

---

---

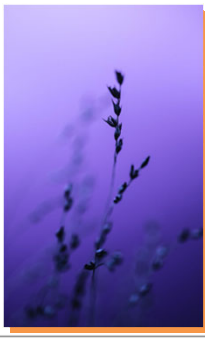
---

---

---

---

Photo by [Marek Pivnicki](#) on [Unsplash](#)



## Pilot Team Reflections

USC University of Southern California USC Chan Division of Occupational Science and Occupational Therapy

40

---

---

---

---

---

---

---

---

(Tew et al., 2004) Ladder of Involvement

Level One	No Involvement
Level Two	Limited Involvement
Level Three	Growing Involvement
Level Four	Collaboration
Level Five	Partnership

Discuss where your organization falls.

USC University of Southern California USC Chan Division of Occupational Science and Occupational Therapy

41

---

---

---

---

---

---

---

---

### Reflections

- What are your current experiences of working with experts by experience in your practice?
- How would you envision bringing an expert by experience to co-mentor your fieldwork students or other staff?
  - How can you engage individuals with lived experience as mentors?
  - What is your sense of the risks of this kind of activity?

USC University of Southern California USC Chan Division of Occupational Science and Occupational Therapy

42

---

---

---

---

---

---

---

---

Photo by [Eun Whelan](#) on [Unsplash](#)

## Questions?

USC University of Southern California USC Chan Division of Occupational Science and Occupational Therapy

43

---

---

---

---

---

---

---

---

Photo by [Patrick Stadler](#) on [Unsplash](#)

**“I feel like without their perspective, we would all be kind of lost, if what we're doing as clinicians is actually helpful or not, you know?”**

USC University of Southern California USC Chan Division of Occupational Science and Occupational Therapy

44

---

---

---

---

---

---

---

---

### References

Agrawal, S., Capponi, P., López, J., Kidd, S., Ringsted, C., Wiljer, D., & Soklaridis, S. (2016). From surviving to advising: A novel course pairing mental health and addictions service users as advisors to senior psychiatry residents. *Academic Psychiatry, 40*, 475-480. DOI 10.1007/s40596-016-0533-z

Benner, P. (1982). From novice to experts. *American Journal of Nursing, March*, 402-7.

Gat, S., Ratzon, N.Z. (2014). Comparison of occupational therapy students' perceived skills traditional and nontraditional fieldwork. *American Journal of Occupational Therapy, 68*(2), e47 e54.

Anthony (1993). Recovery from mental illness: The guiding vision of the mental health system in the 1990's. *Innovation & Research, 2*(3), 17-24.

Byrne, L., Happell, B., Welch, T & Moxham, L.J. (2013). "Things you can't learn from books": Teaching recovery from a lived experience. *International Journal of Mental Health Nursing, 22*, 195-204.

USC University of Southern California USC Chan Division of Occupational Science and Occupational Therapy

45

---

---

---

---

---

---

---

---

### References

Elena Cabiani, Susan Levy, 'Inspiring Conversations': A Comparative Analysis of the Involvement of Experts by Experience in Italian and Scottish Social Work Education, *The British Journal of Social Work*, Volume 51, Issue 2, March 2021, Pages 487-504, <https://doi.org/10.1093/bjsw/bcaa163>

Jacobson, N. & Curtis, L. (2000). Recovery as policy in mental health services: Strategies emerging from the states. *Psychiatric Rehabilitation Journal*, 23(4), p. 334-5.

Fokuo, J., Goldrick, Rossetti, J., Wahlstrom, C., Kocurek, C., Larson, J. & Corrigan, P. (2017). Decreasing the stigma of mental illness through a student-nurse mentoring program: A qualitative study. *Community Mental Health Journal*, 53, 257-265. DOI 10.1007/s10597-016-0016-4

46

---

---

---

---

---

---

---

---

---

---

### References

Happell, B., Warner, T., Waks, S., O'Donovan, A., Manning, F., Doody, R., Greaney, S., John Goodwin, Hals, E., Griffin, M., Scholz, B., Granrud, A., Platania-Phung, C., Russell, S., MacGabhann, L., Pulli, J., Vatula, A., Jan van der Vaart, K., Allon, J., Bjornsson, E., Ellilä, H., Lahti, M., & Biering, P. (2021) Becoming an Expert by Experience: Benefits and Challenges of Educating Mental Health Nursing Students, *Issues in Mental Health Nursing*, 42(12), 1095-1103. DOI: 10.1080/01612840.2021.1931583

Happell, B., & Roper, C. (2002). Promoting consumer participation through the implementation of a consumer academic position. *Nurse Education in Practice*, 2, 73-79.

Happell, B., & Roper, C. (2008). Promoting genuine consumer participation in mental health education: A consumer academic role. *Nurse Education Today*, 29, 575-579.

Leblanc, S. & Kinsella, E. Toward epistemic justice: a critically reflexive examination of 'sanism' and implications for knowledge generation. *Studies in Social Justice*, 10(1), 59-78.

47

---

---

---

---

---

---

---

---

---

---

### References

Logan, A., Yule, E., Taylor, M. & Imms, C. (2018). Mental health consumer participation in undergraduate occupational therapy student assessment: No negative impact. *Australian Occupational Therapy Journal*, 1-9. doi: 10.1111/1440-1630.12484  
O'Reilly, Bell & Chen (2010)

McLaughlin, H. (2009). What's in a name: 'Client', 'Patient', 'Customer', 'Consumer', 'Expert by Experience', 'Service User' – What's Next? *British Journal of Social Work*, 39, 1101-1117.

Mehan, T. & Glover, N. (2007). Telling our story: Consumer perceptions of their role in mental health education. *Psychiatric Rehabilitation Journal* 31 (2), 152-154

Moran, G., Russinova, Z., Gidigu, V., Gagne, C. (2013). Challenges experienced by paid peer providers in mental health recovery: a qualitative study. *Community Mental Health*

48

---

---

---

---

---

---

---

---

---

---



## References

Repper, J. & Cater, T. (2011). A review of the literature on peer support in mental health services. *Journal of Mental Health, 20*(4), 392-411.

Scholz, B., Bocking, J., & Happell, B. (2018). Improving exchange with consumers within mental health organizations: recognizing mental ill health experience as a 'sneaky, special degree.' *International Journal of Mental Health Nursing, 27*, 227-235.

Substance Abuse and Mental Health Services Administration. Consumer-Operated Services: The Evidence. HHS Pub. No. SMA-11-4633, Rockville, MD: Center for Mental Health Services, Substance Abuse and Mental Health Services Administration, U.S. Department of Health and Human Services, 2011.

Tew, J., Gell, C., and Foster, S. (2004). Learning from Experience: Involving Service Users and Carers in Mental Health Education and Training. York: Mental Health in Higher Education/NIMHE West Midlands/Trent WDC.

Towle, A., & Godolphin, W. (2011). Patients as teachers: promoting their authentic and autonomous voices. *The Clinical Teacher, 12*, 149-154.

---

---

---

---

---

---

---

---