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Network News

On Our Own of Maryland, Inc.

ON OUR OWN OF MARYLAND

Contents

We are a network of people with lived experience of mental health and/or substance use challenges and recovery journeys.

Scan to watch the 2022 Annual Conference sessions on YouTube

30 Years of Peer Empowerment

2022 Annual Conference Celebrates Values and Advocacy

By Katie Rouse

More than 300 attendees celebrated On Our Own of Maryland (OOOMD)'s 30th anniversary milestone by exploring "The History and Future of Peer Support" at our 2022 Annual Conference, held live online on June 8 and 9.

This year's event brought together dynamic peer advocates on the national stage and local leaders in Maryland, who represented a range of experiences from decades of involvement in the consumer movement to young adults starting a career as peer support professionals. Through a combination of keynotes, presentations, interviews, and panel discussions, the conference spotlighted key topics that continue to shape and guide the peer movement: hope, choice, integrity, stigma, and advocacy.

Each session blended personal experiences, practical strategies, and a passionate call to action about the transformative impact of independent, peer-led alternatives that offer a paradigm of hope against the medical model of mental illness and addiction. Feedback from attendees spoke to the power of sharing lived experience for community empowerment:

"I haven't felt that connected to a stranger in a long time. All the things that are in my mind, that I never talk about it, Dan [Fisher] touched on. I felt a strong sense of belonging … It has given me hope for my own voice where it's needed."

"It was great to see our young adults with such boldness, passion, and educated in what they believe in. They were inspirational."

"The speakers on day two were exceptional. I forgot I was on Zoom; the passion came through the screen/computer; they touched my heart."

The conference not only welcomed our longstanding statewide peer network, but also introduced new ideas and perspectives to dozens of first-time attendees. In addition to individuals logged in to the virtual meeting, multiple peer-run Wellness & Recovery Centers across Maryland hosted Watch Parties. With food and fellowship, these events helped bring conference content to members who might not have otherwise been able to participate.

Thank you to everyone who joined us, and to our funding partners who made it possible for us to offer low- and no-cost tickets to the event. For those who requested a mailed Conference Kit, we hope you enjoy the summer reading material and fun reminders that The Future is Peer Support! ■

Hello, Peers!

Summertime is here again, with long days and plenty of sunshine. Whether that makes you reach for sunscreen and shades on your way outside, or crank up the air conditioning indoors, we hope you are taking good care of yourself and finding some time for rest and relaxation.

Speaking of light, we're still feeling the glow of our successful 2022 Annual Conference in June, and beyond grateful to the incredible peer leaders who shared their experiences with our community. This issue is packed with reflections and excerpts from the different sessions, and we hope you will revisit all the words of wisdom by watching the recordings hosted on our **YouTube channel (OnOurOwnofMarylandInc)**.

Our 30th Anniversary comes after two years of upheaval from the pandemic that has not only spotlighted the growing need for better recovery and wellness support for mental health and substance use challenges, but has also opened new opportunities for the integration of peer support across diverse service settings. System improvement initiatives have directed attention and funding towards more trauma-informed and peer-delivered services, as reported in our **spring issue on crisis services**.

With more peers entering the behavioral health workforce, and the widespread adoption of virtual training for the Certified Peer Recovery Specialist credential, what our community needs to focus on now is peer-to-peer mentorship, networking, and leadership development. Like the longtime advocates in our field emphasized during the conference, we have to stay strongly connected to the core values of peer support and practice integrity – especially if we're working in environments with different ethics or expectations.

Do you know a peer who's new to the field? Please help them connect with On Our Own of Maryland and discover our network of peer mentors, advocates, and leaders.

Wishing you a happy and healthy summer season,

Laurie Galloway
President, Board of Directors

Katie Rouse
Executive Director

ON OUR OWN OF MARYLAND

About Network News

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It's Called "Madness" for a Reason

Excepted from 2022 Conference Keynote: "How the C/S/X Movement Nourishes Recovery of Life through Community CPR"

Dan Fisher, MD, PhD on Peer Support, Empowerment, and Stepping Up

"The two most important elements in my recovery have been peer support and advocacy. Speaking up on one's own behalf and peer support gives you the strength and encouragement to be able to have a voice. The most important function of our movement is connecting people with other people, creating networks of friendship and mutual respect and support for each other. I believe that what we have developed in our peer support movement is a great gift to the rest of society, especially during these times of Covid.

"[Mental health challenges] are human problems. They come from trauma. They come from oppression. They come from a loss of identity. I think that we really underestimate the impact of trauma on young people, and there are many, many forms trauma can take. There's a healthy core to everyone, I believe, and trauma is superimposed on that healthy core.

"The present mental health system does everything wrong. How can we really help teach people to help each other through a crisis, so the people don't have to end up being labeled immediately, don't have to end up in a psychiatric hospital?

"When someone's in a crisis, what they need more than anything is a human being, an authentic human being. Trauma and loss split off our head from our heart, and we end up trapped in internal monologue, afraid of people. We connect through feelings first, not through words. In **Emotional CPR**, the steps are: Connecting, emPowering, and Revitalizing.

"You know, I think it's called madness for a reason. Yes, we are mad; we're mad in the sense of angry. It's not because of some chemical imbalance. It's because our hope, our dreams have been robbed from us, so that makes us angry – that's a human response. We're angry that we've been mistreated. We're angry that our power has been taken away, that our voices are not recognized, that our presence is not noticed, that we are systematically not invited to the table.

"We really need to be agents of change, because we're the only ones who will speak up on behalf of ourselves, and of all of the people that we know that are labeled, and who lose their rights. Once we're labeled mentally ill, we lose the fundamental rights and the protection of our Constitution … deprived of the right of your own property, the right of your keeping your children, the right of entering into contracts, the right of speaking up in court on your own behalf.

"Sometimes we have learned helplessness, and we give up. We give up our anger, we give up our strife, our struggle. But don't let that happen. Keep it alive, but transform it to passion. Then you can gain a sense of purpose and meaning.

"Everyone can have a full life after a severe diagnosis. Never should people's hope be taken away. Hope is so fundamental to being able to live a full life. Hope is the most important aspect, because you never begin without hope. Find people that when you say you have a dream, they sustain and nourish that dream." ■

Watch Dan's full session on YouTube.

Daniel B. Fisher, MD, PhD is one of the founders of the modern Consumer/Survivor/Ex-Patient movement. Psychiatrically hospitalized and labeled with schizophrenia as a young adult, he recovered a full life in the community through loving relationships and peer support. A practicing psychiatrist for 43 years, Dan has founded and led multiple national peer training and advocacy initiatives, and contributes to national policy on consumer rights and behavioral health system improvement.
https://emotional-cpr.org

The Future of Disability Rights and Peer Support

Vesper Moore on the enduring legacy of Judi Chamberlin's On Our Own

By R.J. Barna

Indigenous activist, trainer, writer, and psychiatric survivor Vesper Moore has a self-described life mission: to rewrite the narrative the mental health-industrial complex has enforced on our society by bringing perspectives of psychiatric survivors and mad, labeled mentally ill, neurodivergent, and disabled people to national and international spaces.

In their remarks at OOOMD's 2022 Annual Conference, they identified how Judi Chamberlin's landmark book, *On Our Own*, continues to inform "our own people-centered, patient-controlled, peer-run ideals" today. Here are three thought-provoking takeaways.

COVID-19: A Cultural Shift

The compounding impact of COVID-19 – 87.5 million cases, 1.01 million deaths, long-haul symptoms, burnout, trauma, and grief – has increased both need and difficulty when it comes to finding support. Social spaces expected a "return to work in the same way that people were before, even though we were in deep emotional distress. We have to understand that collectively we are grieving. We have experienced so much; it is different for each."

But what if we are open to the idea of "breakdown as a breakthrough?" Vesper emphasized the importance of practicing a discipline of hope: a "defiant act … to hope when life is so hopeless, when emotional distress is at an all-time high. We see a lot of people coming to a realization: this is what it feels like to struggle, this is what it feels like to be in isolation. Although this has been such a harmful and difficult time for many of us … we are actually challenging our idea of how we can approach mental health in our larger society."

Personal Data and Private Industry

With a lack of safety in physical spaces during the height of the pandemic, many peers have turned to digital space. Although a mental health app or private warmline may share information with friends and family to help keep that person safe, Vesper cautioned that this data collection can also extend to "for-profit organization(s) under the same organizational umbrella that are not regulated. That poses new challenges we haven't even thought of, like digital phenotyping: are you turning your brightness down because you are depressed? Are you looking up (mental health issues) because of how you feel now?"

In our "submerged liability culture" in the U.S., how could this data be used for more criminalization of distress and less "dignity of risk?" Vesper suggests we need more peers who understand the dynamics of a digital landscape, "because if we don't, private industry is going to come in and take a lot of these ideas."

Vesper Moore is an Indigenous activist, trainer, writer, and psychiatric survivor. They have been advocating as a part of the mad and disability rights movements for several years and have been the recipient of many social justice and diversity awards. They have experience working as a consultant for both the United States government and the United Nations in shaping strategies around trauma, intersectionality, and disability rights. Vesper is a mad queer Indigenous person of Kiskeia and Borikén Taíno descent and uses they/them pronouns.

The Future is Intersectional Solidarity

Although much has changed since the 1970s, Vesper points out how "we as people with mental health diagnoses, as persons with disabilities, as mad people – however we may identify – have always been on the outskirts of our society: whether or not we are viewed as a danger to ourselves or others, this idea that folks who will always be unwell … with an inherent criminality to their emotional distress."

"When I go back to the 1970s, I see we were trying to really get this full, all-encompassing idea of mental health. I am an Indigenous, queer person, and a mixed-race, Hispanic person. I grew up in project housing, in the second largest city in New England. I grew up with a metal door at my home with bullet holes in it. We don't often understand that in oppressed communities – in that environment, in the experiences that we have – you cannot simply have a blanket approach. You can't simply say 'this one thing that has occurred is the cause [of mental health struggles].' We have to challenge that notion, we have to take it a step further."

"We must have cross-movement solidarity between the peer support movement and disability rights. We have to challenge mental health discrimination in our society. Applied to a social model – it isn't that there's anything wrong with our body/minds as we are, but rather, society needs to be more accessible to us."

"I don't want to have to be 'recovered enough.' Why is it contingent on my productivity? We have to challenge a lot of these ableist ideas. Building self-determination and peer-run supports is a defiant act in a hierarchical system. The very fact that peer support exists is rebellious."

"We should strive to be in all spaces, but we must operate as if it is possible to radically transform systems every day, every single day. A friend of mine, Celia Brown, often tells a story of when she was talking to Judi Chamberlin about advocacy. Celia asks Judy, 'Who gave us permission to do this?' and then Judy replies, 'No one.' We gave ourselves permission." ■

Watch Vesper's full session on YouTube.

"We must have cross-movement solidarity between the peer support movement and disability rights. We have to challenge mental health discrimination in our society.

It isn't that there's anything wrong with our body/minds as we are, but rather, society needs to be more accessible to us.

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We must operate as if it is possible to radically transform systems every day."

— Vesper Moore

Stigma Doesn't Have to Stick: Xavier's Story

An Interview with Xavier Justice by Jennifer Brown

Xavier: My recovery started over 30 years ago, when I was in the United States Army, and sustained a traumatic brain injury. They treated the visible signs, but I was having some other problems – memory, concentration. To cope, I turned to painkiller pills. When I came home and sought help at the Veterans' Administration, they indicated that nothing was wrong. I knew there was something wrong, but it wasn't showing up on tests. And so I coped by using painkiller pills – bouncing from doctor to doctor, going through people's medicine cabinets, and I even started taking classes on how to make them myself.

When did you first realize you had a significant problem with painkillers?

I realized I had a problem when I started going to jail (laughs). I needed nine pills a day in order to function, and I found a way to get them without going to work. My dealer would ask for various things, and so I would go to whatever store and steal them. But I was never good at it, because every time I stole, I got caught. And finally, the judge who had seen me several times said, "You need to go back to the VA, have your conditions reexamined, reconsidered, and then you need to find another way to do this before I send you away for a very long time." So that's what I did.

What misconceptions do you think people have about substance use?

That it constitutes a moral weakness, that you don't have willpower, or that you're a coward – that you're shrinking back from the challenges of life. Those are the kinds of things that my friends and family would say: "Stop being so weak. Stop trying to check out of life. Face your problems head on." Those are the kinds of signals that I received.

It feels awful to be stigmatized, to be pigeonholed, to be typecast. It's degrading and it strips you of your dignity, and it makes you feel worthless. And that plays on your self-esteem, how you see yourself, it plays on your motivation, your perceptions, and ultimately, it impacts your total functioning.

You mentioned that these messages came from family and friends – were there other places in your life that you encountered this kind of stigma?

One is the faith community. If the advice is coming from clergy who don't understand their own issues, or who haven't had enough experience, who don't know the right community resources to refer to, then they may do more harm than good. And that's what happened to me. When I went to them, they saw it as a moral weakness. The behavior was often seen as sin, as committing wrongs against God, or that it was from the devil. So, I was often excluded from things and was the subject of sermons. It really impacts you and gives you a different understanding of the mission of the church, or any religious community. I was asking for something that they could not provide. I turned that inward and that hurt me more.

How did you cope with such hurtful stigmatizing assumptions?

Initially, by getting higher and higher. But then, I decided that I wanted things to be different. And so, I began to look at broadening my view of religious places. There are other ministers who are more well-informed and other churches that are more open and receptive and have a focus on recovery and rehabilitation. I decided that I was going to go so that I could have every part of my life support my recovery.

What did that look like for you, to have all parts of your life support your recovery?

I had to right wrongs. I had to ask for forgiveness for the things that I said and did. I had to take a hard look at that and understand how that impacted others. When you go through an addiction, you're not the only one that's going through it – your family and friends are going through it with you. If you have a job, then your employer is going through it with you. So, when you recover, you have to help them detox too – from always being on guard or waiting for the next shoe to drop – inviting

them back into your life in a different role than what they used to be.

Did you ever face stigma from other people with lived experience?

Yes, I did. Some folks see different classes of drugs differently – for example, being addicted to crack versus if you were a powder cocaine user. And the way you got your high mattered – injecting, inhaling it, etc. If you got it in a certain way, then you were "less than." The stigma as it went around my painkiller pills was that it still wasn't seen as real. For folks whose thing was something a little bit stronger or different – cocaine, heroin, PCP – those guys saw me as just moonlighting when it came to drugs. They just didn't see painkiller pills as a real addiction.

We know that people are often stigmatized for multiple reasons, facing discrimination for different factors that intersect and compound, creating even more significant barriers. Did you face that?

The perception of being addicted to opioids as a Black man is that it's a pseudonym for something else, that you're actually seeking another drug, usually crack. It was assumed that I was addicted to PCP by one clinician that I went to in Virginia. And I said, "No, it's only Percocet and painkiller pills." "Oh. Oh, okay. You're sure? What about crack? What about heroin? You having any problem with cocaine?" "No, just painkiller pills." And so, it was perceived that, as a Black man, my drug of choice would be something different than what I said it is.

We know that there are many effective pathways to recovery – did you face stigma for the way you chose to proceed with yours?

Family, friends, clergy, everybody had this misperception that the only way to quit was cold turkey. When I was using MAT (medication-assisted treatment), I could not attend certain groups, particularly the steps. Certain groups would tell me, "As long as you're receiving any kind of drug, even if it's prescribed to you, then you are considered to be in active use." I needed some help, they said I'm supposed to do without help, so there must still – the problem must still be with me. And when you internalize that, you end up harming yourself more.

Now that you are working in the helping field, what are you most passionate about?

So in my work now, I wanted to specialize in helping clergy because … there was no reason for me to be treated that way. I want to make sure that when people turn to the church and they have an addiction or an intimacy issue or are dealing with a past trauma, that they get the help that they need.

So what is life like for you today?

I know how to be resilient. I know how to bounce back. Inside, it is sometimes still a ball of emotions. Sometimes it is happiness, sometimes determination, sometimes eagerness to want to do more. As long as I maintain my path and I continue to achieve my goals I have set for myself, then life is good. I know how to have a good time without getting high. I'm open to challenges and moving forward and getting out of life the zest that it still has, the new ways that I can expand, new potential that I haven't even tapped into, the ability to reconnect with old childhood dreams. It gives me hope and it looks positive and bright in the future.

Any final thoughts you'd like to share?

Stigma doesn't have to stick – it doesn't have to be your tomorrow. It doesn't have to define you in the future. Show yourself, prove it to yourself that you are not those things and that it doesn't have to be a limiting thing where it locks you in and it determines your future and determines your goals. It doesn't have to be. ■

Pathological: Myths, Meanings, and Mental Illness

Sarah Fay, PhD, MFA on Diagnosis, Self-Stigma, and How to Heal

By R.J. Barna & Katie Rouse

Award-winning author, professor, journalist, and mental health advocate Sarah Fay, PhD, MFA joined On Our Own of Maryland's 2022 Annual Conference to share about what 25 years of living with mental illness and research for her book *Pathological: The True Story of Six Misdiagnoses* taught her about clinical diagnosis, self-stigma, and the importance of self-agency to healing.

Learning about Diagnoses and the DSM

The Diagnostic and Statistical Manual of Mental Disorders, or DSM, started as a tool for hospitals to standardize and share data, but its place in popular culture has transformed it over the years into being viewed as an authoritative guidebook for qualifying experiences of emotional distress as defined "disorders."

What Sarah learned in her research is how much of the criteria and process of making diagnoses isn't based in science, as commonly assumed.

"I had never heard of the DSM [prior to diagnosis]. I thought of it as a medical manual, pictured people in lab coats and microscopes and brain imaging scans.

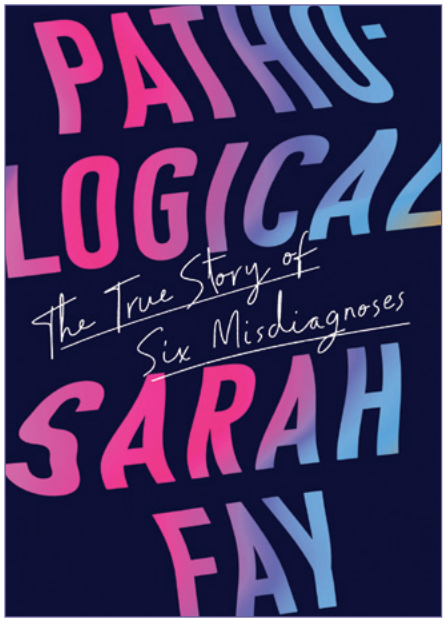
"What I learned is that no, actually, since 1952 it has been members of the American Psychiatric Association essentially sitting around a table and basing psychiatric diagnoses on their opinions and theories.

"One good example of this is from Robert Spitzer, a prominent figure in psychiatry [and chair of the APA task force for the DSM-III], who really wanted psychiatry to be considered a respected field of medicine, which it wasn't at the time. I think he had good intentions. But [when] he was asked, 'Why do you need five of nine symptoms to receive a diagnosis of major depressive disorder?,' he said it was just consensus. Four seemed like too few and six seemed like too many, and that's the criteria we still use today.

> *"I take so much pride in having had a mental illness. I think people with mental illnesses – I know we are some of the strongest people alive and on the earth."*
>
> *— Sarah Fay, PhD, MFA*

"There really is no conclusive evidence right now that a mental health diagnosis, or any of the diagnoses in the DSM, are caused by biology or chemical imbalance, or that they're chronic or lifelong. I want to qualify that I don't doubt that we will find biological factors, or even causes for mental illness. But we'll never find them for the diagnoses in the DSM, because the diagnoses in the DSM are constructed – they're just invented."

Sarah Fay (PhD, Iowa MFA) is an award-winning author and mental health advocate working to improve how we think and talk about our mental health by moving the conversation away from simplistic diagnoses and toward a deeper understanding of our mental and emotional lives. Her journalistic memoir *Pathological: The True Story of Six Misdiagnoses*, was chosen by Apple Books as one of the Best Books in March. Sarah's devotion to changing the conversation around mental health also led her to create **Pathological: The Movement**, a public awareness campaign devoted to giving patients agency in their mental health treatment.



Diagnosis and Self-Stigma

Sarah described self-stigma as the loss of self that accompanies a diagnosis because of an "awareness of a stereotype, that there's a type of person who has [a specific] disorder. That was something I did. I really lived into being bipolar. Never did I 'have' bipolar disorder. I 'was' bipolar.

"What I'm talking about is over-identifying with the negative stereotypes associated with diagnoses, and applying them to myself under the guise of treatment. So in some ways it was very – I don't want to say sinister, but it was deceptive.

"I want to be sure to also mention that I have many friends who felt great relief after receiving a diagnosis, and still find great relief in it. [Learning about the DSM diagnoses] being scientifically invalid and largely unreliable can be very unsettling. It was for me. It was like someone had pulled the earth out from under me."

Redefining Identity

To Sarah, healing comes down to 2 steps: "One is to get help, and the second is that a diagnosis is just a designation used by clinicians to get us the right treatments. And if that serves us – that diagnosis and its criteria – beautiful. And if it doesn't, it doesn't really deserve our over-identification. It's not something we should be using against ourselves and creating self-stigma.

"My life changed with 3 simple words: I don't know.

"I was in crisis. I was suicidal. I had a falling out with my psychiatrist. I was almost out of medications, and he would not fulfill my prescription because he was mad at me for discontinuing treatment with him.

"My sister swept in and found a [new] psychiatrist. I went to see him, and we had the 30 minute consultation, during which I pretty much talked about diagnoses. At the end I waited for him to either proclaim a new diagnosis or to verify that yes, I was bipolar. He looked at me, and he said, 'I don't know what you have.'

"The whole world looked different, suddenly. It looked crisper and sharper, harsher. I thought, 'No one knows what I have. This has been going on for 25 years, and I have been [accepting] these diagnoses, and I don't even know what they are.' "

Self-Agency and Healing

Without explaining away her experiences as expressions of a chronic diagnosis, Sarah began to explore her self-agency and a path to healing. She "began to learn how to process emotions. How to feel them. How uncomfortable they are. How to notice racing thoughts and really disturbing thoughts, and allow for them. And then to see undesirable behaviors and to accept myself for them and perhaps try to correct them.

"I take so much pride in having had a mental illness. I think people with mental illnesses – I know we are some of the strongest people alive and on the earth. You know people look at us and think 'weak.' But anyone who's been in that struggle knows you have to be strong to be there.

"What I want to provide other people with is the possibility that it's up to us to navigate diagnosis ourselves, really look at, 'OK, what is this diagnosis I'm being given? Does this feel right? Is this hitting right?' Then have those conversations with our mental health professionals and with our psychiatrists, and perhaps our GPs. 'How is this diagnosis going to get me the treatment that you think I need? What's the future from there?' – to navigate diagnoses in ways that empower and don't limit us." ■

Watch Sarah's full session on YouTube.

Unpacking the Professionalization of Peer Support

By Michelle Livshin

In 2013, the Maryland Certified Peer Recovery Specialist credential was launched, creating more opportunities for the expansion of the peer workforce throughout the state. The power and potential of peer support is now being recognized and replicated throughout Maryland's behavioral health system as more and more peers are being integrated across clinical and community-based behavioral health settings. Over the last few years, the number of peer support positions in Maryland has skyrocketed. According to a BHA survey, state-funded peer positions have grown by 93% from 2017 to 2021.

At our 2022 Annual Conference, we brought together three inspiring, long-standing peer leaders from Maryland to host a dynamic panel discussion on the professionalization of peer support. Katie Rouse, Executive Director of On Our Own of Maryland, moderated the discussion with our presenters: Diane Lane, Executive Director of Chesapeake Voyagers, a peer-operated Wellness and Recovery Center serving Maryland's mid-shore; Carlos Hardy, Program Director of Dee's Place, a peer-run Wellness and Recovery Center located in East Baltimore; and Brendan Welsh, Director of Community Based Access and Supports for the Behavioral Health Administration.

The panel began with a conversation about what makes peer professionals truly unique from other helping professionals. Panelists agreed that what makes peer work unique is the value and emphasis placed on both the individual's lived experience (over their academic background) and the importance of maintaining mutuality, reciprocity, and a level playing field when providing peer support. As peer professionals, that lived experience, determination, and passion are assets that the individual brings with them to their work, which can be strengthened through trainings like CCAR, IPS, WRAP, and participating in learning collaboratives.

Peer support has evolved from a concept and movement to an expanding career path that is recognized and valued across the behavioral health system. We heard from the panelists how important peer mentorship and supervision was for their development and growth as an empowered peer professional, and yet, many of the peer specialists working in clinical settings receive their supervision from a clinical provider. Panelists shared the need for greater awareness and clarity of the role of a peer support specialist or recovery coach, the responsibilities, boundaries, and values of peer support specialists, as well as the importance of ensuring adequate compensation and benefits. To address some of these barriers, panelists shared the need for more education for provider organizations, funding, and connection to peer mentors and supervisors.

As the peer workforce continues to grow in Maryland, panelists shared their hopes for greater funding for peers and the ability to expand peer roles so that voices of peers are represented throughout the behavioral health and human services systems. ■

Watch the full panel on YouTube.

Katie Rouse

Diane Lane

Carlos Hardy

Brendan Welsh

Voices from Generation Next: TAY Panel Recap

By Huck Talwar

One of the sessions at On Our Own of Maryland's 2022 Annual Conference was a Transitional Age Youth (TAY) Panel, facilitated by Haley Rizkallah of Maryland Coalition of Families (MCF). Speaking on the panel were three young adult peer support specialists: Sean Driscoll, Peer Suppor Specialist at University of Maryland Medical Center; Kris Locus, TAY Peer Counselor at TAY Crisis Services–Affiliated Santé Group; and myself, Huck Talwar, TAY Mentorship Specialist at OOOMD. This panel discussed the past, present, and future of peer support from a very important lens: young adult peer professionals who see the upsides, downsides, and needs of the current system.

In the mix were concepts that organizations need to know about youth culture. The conversation spanned from credibility to treatment involvement to counter-culture. Youth and young adults today have much more insight than they are often given credit for. It is extremely important that we, as peer support specialists, integrate youth voice into our work. We are speaking not only for ourselves, but for an entire age range of people across the state who are unable or haven't gotten the opportunity to speak up for themselves.

Of course, we had to take a look at the future of peer support as well. A very open-ended question of "What does the future of peer support look like?" was posed to the panel participants. Kris talked about the need for greater presence of peer support specialists on high-profile panels. I spoke of the future of peer support looking like a lot more visibility, peer support specialists getting into more prominent places with more intricate roles, getting those same peers working on inpatient hospital units, and incorporating them into crisis response. Sean spoke of peer support specialists needing equal pay as their colleagues, with Haley attributing the disparity to being the youngest in the room.

Moving forward, the panel discussed career development for peer support specialists, and that there are currently limited growth opportunities. They do exist, but they are fewer than we would like to see. Speaking of evolving careers, the panel discussed the impact of technology on their work as peers – technology has helped a lot, kept us from COVID exposure, and kept us in touch with one another. However, "Zoom fatigue" is all too real. Sometimes, sitting in front of a screen is just as tiring as being in an office and moving around all day. Technology can make our work feel a little more impersonal; joining a discussion with just audio, video, or both just doesn't feel the same as being face-to-face. However, Kris brought up a good point about technology helping us see where we may have faltered in providing new opportunities for youth and young adults. Overall, technology is a bit uncomfortable, but extremely helpful – especially when it comes to promotion and marketing on social media sites like TikTok.

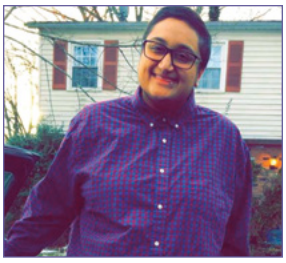
This panel was definitely one to remember. To round out the discussion, the panel talked about how to bring in new peer support specialists, and what messages they would give to those peers in the future. Together, we sent out some good vibes to future peers with the messages: Be Yourself, Be Open and Honest, and You are Enough. ■

Watch the full panel on YouTube.


Haley Rizkallah


Sean Driscoll


Kris Locus


Huck Talwar

Keep Going: From Self-Harm to Healing

By Huck Talwar

One of the many ways that some people respond to distress is self-harm, or nonsuicidal self-injury (NSSI). A study examining 40 different countries found that about 17% of all people will self-harm at some point during their lifetime.[1] NSSI has been a prevalent issue for some time, but like many other aspects of mental illness, it has not been addressed with the zeal that it deserves. NSSI can become a primary coping skill, a habit, and an addiction. However, there is hope and opportunity to stop the cycle of self-harm. We spoke with a peer ("Ann" – not her real name) about her experiences with NSSI, and are proud to share her story of triumph.

Before entering treatment for her eating disorder, Ann had never really had an issue with self-harm, saying she "had thought about it but had never done it." The concept of NSSI did not become a reality until she experienced something called "symptom substitution." When someone is struggling in more than one area, as one symptom gets better, another may get worse. As Ann was reducing her eating disorder symptoms, the urge to self-harm grew stronger.

It is important to note that self-harm can manifest in different ways. As Ann explained, "just because I am not physically self-harming, there are other things I am doing to harm myself … like impulsivity, spending money that I know I shouldn't, isolating myself … I am not doing things that directly hurt my [physical] self, but I am doing things that make me feel [worse]." When thinking of her primary method of self-harm, though, Ann's experiences with treatment led to the worst.

Ann's self-injury reached its peak not long after a stay in a psychiatric facility, where she was around others who engaged in NSSI, and it became a regular coping skill, escalating in severity and frequency. Ann states that, "at first, I didn't really know what I was doing, but I figured out what gave me what I wanted." The evolution of acting on these urges rapidly changed into strategic planning about where and when to engage in self-harm. It slowly but surely took over her day-to-day routines. She explains that, "Everything kind of revolve[d] around it. Whenever something bad happened, my only focus became finding a time or place to self-harm." After a lengthy time using NSSI to counteract life's hardships, she decided it was time for a change.

As Ann prepared for college, her approaching high school graduation sparked the idea that she "didn't want to have any fresh scars on graduation day." She decided to stop self-harming for one month leading up to graduation. Ann was using NSSI on a regular basis, but she thought it achievable given her dedication and feisty personality. The month came to an end, and Ann had made it without acting on her NSSI urges. At this point, she decided to "keep going and see what could happen." For Ann, self-harm was a means to gain control of her ever-changing life. After the month was up, she wanted to spend more time finding other, safer, ways to cope. She admits that she didn't think it would work, but she took things one day at a time and slowly but surely built up a toolbox of coping skills to use as alternatives to NSSI.

When asked what recovery was like, Ann responded with the word association of "pain." She said, "you're forced to deal with your emotions" after using self-harm to numb them, requiring courage, humility, introspection, time, and energy. Ann has dedicated a large part of her life to recovery and, although she confidently describes it as "uncomfortable," she also says that it's worth it, saying "Am I proud of myself? Of course. What I've done is really awesome." The pride in revealing that Ann has covered up all her scars with tattoos speaks volumes for the progress that she has made.

1 https://www.therecoveryvillage.com/mental-health/self-harm/self-harm-statistics/

Looking forward, Ann is confident in her ability to abstain from NSSI, although the urge still lingers, and starting again is always a possibility. She plans to rely on her strong support system and numerous coping skills to get through the most difficult days without it. This year, Ann is eight years self-harm-free, and plans to keep it that way. She states that "in the long run, self-harm isn't going to solve my problem[s]." Ann asserts that anyone and everyone is capable of stopping the cycle of self-harm. ■

Self-Harm Treatment Information

S.A.F.E. Alternatives
A nationally recognized treatment approach designed to help you and others achieve an end to self-injurious behavior.
https://selfinjury.com/
1-877-DONTCUT (1-800-366-8288)

Stereotypes, Scars, & Stigma: Insights from an Anti-Stigma Project Survey

By Huck Talwar

The Anti-Stigma Project's Topic of the Quarter of self-harm, or nonsuicidal self-injury (NSSI), is a subject that is often overlooked. We conducted an anonymous online survey for more insight into this from people who have experiences with it, and would like to share preliminary responses.

People with behavioral health challenges are routinely stigmatized, and folks who engage in NSSI may face additional stigma because of that behavior. "Clinical opinion suggests that the act of NSSI is often interpreted pejoratively by the public as not only associated with mental illness but also as a manipulative or attention-seeking behavior."[1] We wanted to know what led people to begin to self-harm, how they may have been treated differently because of it, what they wanted healthcare providers and the general public to know about it, helpful alternatives to self-harm, and what kinds of support they would like to see available.

When asked what leads to self-harm, participants responded similarly – that they take part in self-harm when they are feeling emotionally overwhelmed. Whether that is sadness, panic, agitation, frustration, or intrusive thoughts, self-harm was reported as a way to slow down the mind, distract, and regroup.

Visible scars are often a result of self-harm. Responses varied about being treated differently because of them. Some have not received any backlash, some don't have scars, some cover up their scars, and some are harshly judged because of their scars.

Scars are a part of life, though self-harm scars can be easier to identify. It was a pleasant surprise to hear that some people have never been made to feel uncomfortable or "less than" because of their scars.

When it came to healthcare providers, respondents wanted them to know that self-harm is different from a suicide attempt, and does not always require hospitalization. It was made clear that NSSI is a coping mechanism, and not an attempt on one's life.

The participants wanted the general public to know that those who self-harm don't fit a stereotype, that self-harm is not an attempt to get attention, and that there is no reason to be scared of someone who self-harms. One participant offered advice about responding to someone who self-harms, saying, "be supportive, validating, and helpful; don't just spew facts you learned online. Your first response should be 'do you need medical attention?' And then you can talk about what happened." From a supportive service or community, they wanted "empathy and affirmation," "alternatives to calling 911," "normalizing it," "not jumping to it being a crisis situation," and individualization of treatment.

If you or someone you know deals with self-harm, know that help is available. ■

1 Burke, T. A., Piccirillo, M. L., Moore-Berg, S. L., Alloy, L. B., & Heimberg, R. G. (2019). The stigmatization of nonsuicidal self-injury. *Journal of clinical psychology*, 75(3), 481–498. https://doi.org/10.1002/jclp.22713

A New Look for On Our Own of Maryland

Over three decades, On Our Own of Maryland (OOOMD) has been at the forefront of transforming support, services, and policy for people experiencing emotional distress, mental health challenges, substance use, and systems involvement.

Throughout our many initiatives – building a network of peer-run Wellness and Recovery Centers, expanding our Anti-Stigma Project, launching Main Street Housing, bringing WRAP to Maryland, and mentoring the next generation of peer leaders through our Transitional Age Youth (TAY) Outreach Project – OOOMD has had the honor of being a visible symbol of the transformative power of peer voice.

In celebration of our evolution, this spring we embarked on a journey to reinvigorate our logo, thanks to generous funding from Behavioral Health Systems Baltimore and the creative design expertise of Astriata.

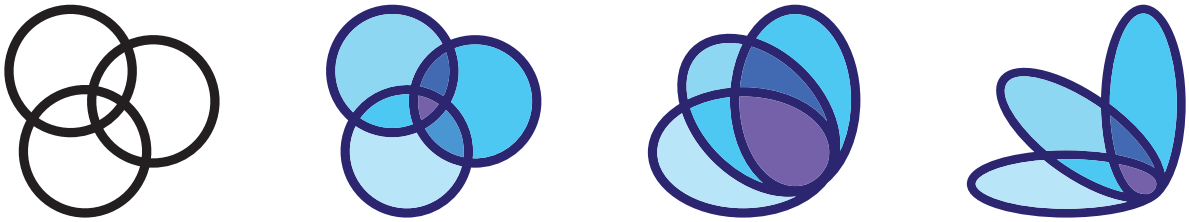
The first step was listening. Interviews and survey results from stakeholders across Maryland generated a list of key words associated with OOOMD: advocacy, empowerment, independence, leadership, hope. From there, Astriata generated multiple potential concepts that would visually convey our identity in the modern landscape.

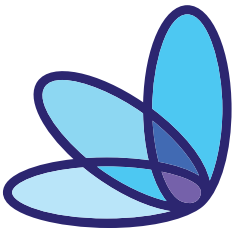
One element we felt was essential to keep was the motif of three interlocking circles, as a reflection of our name ("**O**n **O**ur **O**wn") and to show how we bring together diverse perspectives and lived experiences through shared values.

Astrita expanded on that concept literally. Instead of lying flat, the three circles now rise up with a sense of forward motion and becoming stronger, much like the experience of finding recovery and wellness.

We're glad to step into our fourth decade with a colorful new look that evokes creativity, growth, and hope. ■

Watch the logo launch video on YouTube!





ON OUR OWN
OF MARYLAND

Wellness & Recovery Organizations

STATEWIDE

On Our Own of Maryland, Inc.
7310 Esquire Ct
Elkridge, MD 21075
410-540-9020
onourownmd.org

Main Street Housing, Inc.
7310 Esquire Ct
Elkridge, MD 21075
410-540-9067
mainstreethousing.org

ALLEGANY COUNTY

HOPE Station (OCA, Inc.)
632 N Centre St
Cumberland, MD 21502
240-362-7168
ocamd.org

ANNE ARUNDEL COUNTY

On Our Own of Anne Arundel County, Inc.
132 Holiday Ct, #210
Annapolis, MD 21401
410-224-0116
onourownannapolis@gmail.com

BALTIMORE CITY

Hearts & Ears, Inc. *
611 Park Ave, Suite A
Baltimore, MD 21201
410-523-1694
heartsandears.org

Helping Other People Through Empowerment, Inc.
2828 Loch Raven Rd
Baltimore, MD 21218
410-327-5830
hopebaltimore.com

On Our Own Charles Village Center
2225 N Charles St, 3rd Floor
Baltimore, MD 21218
443-610-5956
tonyw21214@aol.com

On Our Own Harford Road
6301 Harford Rd
Baltimore, MD 21214
410-444-4500
onourownbaltimore.org

BALTIMORE COUNTY

On Our Own Catonsville Center
7 Bloomsbury Ave
Catonsville, MD 21228
410-747-4492, x1203

On Our Own Dundalk & One Voice
299 Willow Spring Rd
Dundalk, MD 21222
410-282-1706
nancymyers1979paco@gmail.com

On Our Own Towson Center
Sheppard Pratt
Gibson Building
6501 N Charles St
Towson, MD 21285
410-494-4163
towsonooo@outlook.com

Marty Log Wellness & Recovery Center (Prologue, Inc.) †
3 Milford Mill Road
Pikesville, MD 21208
410-653-6190
briankorzec@prologueinc.org

CALVERT COUNTY

On Our Own of Calvert, Inc.
120 Jibsail Dr
Prince Frederick, MD 20678
410-535-7576
onourownofcalvert@comcast.net

CARROLL COUNTY

On Our Own of Carroll County, Inc.
265 E Main St, Suite C
P.O. Box 1174
Westminster, MD 21158
410-751-6600
onourownofcarrollcounty.org

CECIL COUNTY

On Our Own of Cecil County
223 E Main St
Elkton, MD 21921
410-392-4228
cpounds.onourown@gmail.com

CHARLES COUNTY

Wellness and Recovery Community Center (Charles County Freedom Landing) †
400 Potomac St
P.O. Box 939
La Plata, MD 20646
301-932-2737

EASTERN SHORE

***Caroline, Dorchester, Kent, Queen Anne's, & Talbot Counties*:**

Chesapeake Voyagers, Inc.
607 Dutchmans Ln
Easton, MD 21601
410-822-1601
chesapeakevoyagers.org

***Somerset, Worcester, & Wicomico Counties*:**

Lower Shore Friends, Inc.
207 Maryland Ave, Ste 4 & 5
P.O. Box 3508
Salisbury, MD 21802
410-334-2173
wlmrstrl@aol.com

FREDERICK COUNTY

On Our Own of Frederick County, Inc.
22 S Market St, Suite 110
Frederick, MD 21701
301-620-0555
onourownfrederick.org

GARRETT COUNTY

Mountain Haven (OCA, Inc.)
206 E Alder St
Oakland, MD 21550
301-334-1314
ocamd.org

HARFORD COUNTY

New Day Wellness & Recovery Center
126 N Philadelphia Blvd
Aberdeen, MD 21001
410-273-0400
newdaywellness.org

HOWARD COUNTY

On Our Own of Howard County, Inc.
6440 Dobbin Rd, Suite B
Columbia, MD 21045
410-772-7905
ooohci.org

MONTGOMERY COUNTY

Common Ground Wellness & Recovery Center (Sheppard Pratt) †
200 Girard St, Suite 203
Gaithersburg, MD 20877
301-605-1561
cynthia.elliott@sheppardpratt.org

Peer Wellness and Recovery Services, Inc.
240-292-9727
yarmeaux@gmail.com

Silver Spring Wellness & Recovery Center (Affiliated Santé Group) †
1400 Spring St, Suite 100
Silver Spring, MD 20910
301-589-2303, x108

PRINCE GEORGE'S COUNTY

On Our Own of Prince George's County, Inc.
5109 Baltimore Ave
Hyattsville, MD 20781
240-553-7308
onourownannapolis@gmail.com

ST. MARY'S COUNTY

On Our Own of St. Mary's County, Inc.
41665 Fenwick St #13
P.O. Box 1245
Leonardtown, MD 20650
301-997-1066
oooinsmc@verizon.net

WASHINGTON COUNTY

Office of Consumer Advocates, Inc. (OCA, Inc.)
121 E Antietam St
Hagerstown, MD 21740
301-790-5054
ocamd.org

Soul Haven (OCA, Inc.)
119 E Antietam St
Hagerstown, MD 21740
301-733-6676
ocamd.org

ABOUT OUR NETWORK

Unless noted, listed organizations are member affiliates of On Our Own of Maryland, Inc. Affiliates are independent peer-run nonprofits.

* LGBTQ-operated, with LGBTQ focus

† Not a member affiliate

On Our Own of Maryland, Inc.
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On Our Own of Maryland, Inc.

Mission

On Our Own of Maryland, Inc. (OOOMD) is a statewide peer-operated behavioral health advocacy and education organization which promotes equality, justice, autonomy, and choice about life decisions for individuals with mental health and substance use needs.

Vision

All areas of Maryland will have and maintain a continuum of behavioral health services that supports recovery and wellness for all and is guided by peers with mental health and/or substance use challenges.

Staff

Executive Director
Katie Rouse

Fiscal Manager
Nancy Hall

Director of Training & Communications
Jennifer Brown

Training & Operations Coordinator
Michael Madsen

WRAP® Coordinator / Training Specialist
Denise Camp

Training Specialist
SirRon Fountain

Director of Network & Peer Services
Michelle Livshin

Transitional Age Youth Mentorship Specialist
Huck Talwar