



Lived Experience Counselling and Private Peer Support Practice

ACKNOWLEDGMENT OF COUNTRY

I would like to acknowledge the Kurna people as the custodians of the lands and waters of the region I am presenting from. I want to acknowledge and respect the elders both past and present and the Kurna people's cultural, spiritual, physical and emotional connection with their land, waters and community.

Hi, I'm Sonny Jane!

- peer counsellor, educator, advocate and consultant
- education in psychology and counselling and past work in nursing, patient support and peer support within hospitals
- autistic, queer, agender, disabled and neurodivergent
- lived experience of bipolar, BPD and trauma
- big fan of dinosaurs

Sonny's Timeline

- taken to my first psychiatrist at age six which led to various psychiatric medication
- autistic and ADHD diagnosis given
- suicide attempts started at age eleven and I slipped through the gaps
- moved to Canberra after high school to study a bachelor of psych (dropped out)
- moved to Perth after four years and got a diagnosis of bipolar and BPD
- started nursing and immediately got a job in a hospital in patient support
- dropped out of nursing final year and finished bachelor of psych
- started advocating and got a peer support role
- was the sole peer specialist in a new youth unit
- studied counselling at postgraduate level
- and then everything changed.

Power of Lived Experience

I didn't really get "better" till I found community and I was able to learn about myself and realise I'm okay. Most of my learning, tools and skills were learned from other people with lived experience. Especially as an autistic person, other autistic people just got it and they put words to things no one else could.

Peer Support - what is it?

Peer support is a relationship between two people with similar lived experience or shared experience of mental illness/diagnosis, neurodivergence, disability, trauma and navigating the system.

It is a relationship based on mutuality, showing up as human and using your lived experience as your primary tool. It steps away from labels like helper/fixer and hierarchical relationships.



Peer Support - what is it?

Peer support doesn't just mean using past lived experience but ongoing experiences with mental illness, neurodivergence and disability to work alongside individuals. Peer support is about connecting over shared lived experience as well as shared identities.

Peer support can look different for everyone and can be both formal and informal.

Why did I choose peer support over traditional counselling?

I like to compare peer support and therapy to different learning styles; both aim to achieve the same goal of supporting people's wellbeing but how each does it might be different.

Everyone has different learning styles and different needs so some individuals might prefer peer support or benefit from peer support while some might prefer therapy or benefit from therapy.

The style of peer support suits me too so let's normalise giving people the option.

Why refer individuals to peer support?

Any individuals who hold identities that have been marginalised by society might prefer or experience more benefit from someone with a similar identity.

Peer Support focuses on having a conversation and learning together rather than using assessments and prescribing – both support strengths but how does each do it?

Peer Support can be flexible, truly meet the individual where they are and individuals have a say in how the peer relationship looks.

What are the benefits?

- building skills, finding tools and strategies and working to understand ourselves - this is essential to self-determination.
- feeling less alone and a sense of belonging decreases stigma and shame as well as increases hope and a sense of control.
- peer support can be accessible and an alternative option to therapy for individuals who won't or can't engage in therapy.
- individuals find a sense of community and like they aren't broken
- individuals can find tools, skills and resources that truly work for them

Peer Support - Scope of Practice

There are some hard and fast rules when it comes to our scope of practice - we do not diagnose, we do not use assessments, we do not use treatment or therapy.

Our scope of practice can also be personal and dependant on each peer support practitioner like what do you know? what are you comfortable with? what are your strengths?

Emotional support, social support, care and system navigation, advocacy, education and coaching.

what I know is based on my own identities and lived experience so I work with a lot of autistic and ADHD folks.

So why peer support in private practice?

Counselling, occupational therapy, social work, psychotherapy are all different ways of supporting individuals – peer support is one of these.

Offering peer support in private practice is offering another option for individuals to access affirming support – it is about increasing access to care and normalising access to peer support as an alternative.

Private Practice is another career role for individuals with lived experience to thrive and shine and use their skills and experience.

Peer support isn't just an alternative.

Peer Support isn't just an alternative to the different kinds of support available but a complimentary form of support in addition to other support.

Are you a therapist working with a late diagnosed autistic? You can refer to peer support so facilitate self-understanding and community.

Are you an occupational therapist working with an individual? Refer to peer support to help support the individuals with strategies in the real world.

Fitting peer support into private practice

Peer support is often only available if you're already accessing their services or are within the system already but peer support should be an option.

Peer support is all about meeting individuals where they are and private practice can allow you to be creative with this - we can utilise text or email as well as online peer support.

We also accommodate flexibilities in the length of our sessions too - offer peer support from half an hour to an hour to even two hours. If someone becomes fatigued halfway through, offer to finish the remainder of the session next week or another day.

I like to think it's where my lived experience can thrive.

As an autistic ADHD-er I'm not really good at a lot of the therapeutic work and counselling skills that are somewhat neurotypical or don't feel natural. I get to unmask and communicate in a way that is natural for me.

I get to support an individual in a way they want and choose:

- share information & strategies by lived experience
- a space to process or vent
- help folks identify their skills and strengths
- answer questions or what I like to call, info dump
- talk about shared identities
- self-diagnosis is valid

What lived experience means to me:

Lived experience is knowing more than the dominant narrative.

Lived experience means being able to speak two languages; experience and the system and knowing how to translate between the two and helping others do the same.

Lived experience means knowing and understanding the little things about being autistic that other folks will never know.

Lived experience is having a front row view rather than a bird's eye view.

I get to support an individual in a way they want and choose:

Remember how I mentioned community?

Everyone with lived experience could probably tell you individual sessions or therapy just isn't enough. It's why I opened up the Drop In Care Space because I'm someone who learnt more from finding community and I believe others deserve that too.

When we have community spaces where we feel at home and can be ourselves, we can explore ways to support our well-being without being pathologised or shamed.

It's about creativity, art, resources, safety and connecting with others. The basics.

Lesson 1: make it work for both you and the individual

I've had to figure out a way to work that's sustainable and respectful of my own ongoing boundaries and needs as well as the folks I work with. A lot of this involves creating shortcuts, automating everything and figuring out what you need for the work to work!

- online scheduling systems that automate reminders to send to clients in case you forget and you can set your own availability and update it to reflect your energy levels.
- online scheduling also allows you to customise how long your breaks are between sessions and limit how many sessions you have per day - my max is 3 right now!
- be transparent about your own needs and what that means

Lesson 2: social media is where you can show up as human

Most of the people I work with have found me on Instagram and have rocked up to our first session already feeling comfortable because I share my past and ongoing lived experience and show up as myself with my identities.

Often social media boundaries are from a hierarchical lens but as someone with lived experience, we've got a chance to smash those boundaries and bridge that gap.

You can also share any social media boundaries you may have and express the opportunity to create and determine those boundaries together - as it's an equal relationship and each individual has their own strengths, identities, lived experience and skills where they might be another member in the community.

Lesson 3: peer supervision is important

I like to think of peer supervision as an action rather than a role which is why I've sought peer supervision from other peers in peer roles as well as individuals with lived experience.

- supervision by other peer support practitioners ensure there's an understanding of their approach and similar values
- learning from individuals with lived experience or hold specific identities can be helpful for becoming more informed or identifying new strategies to support folks.

Lesson 4: collaborative boundaries

In peer support, both people determine the rules of the relationship – it is a two way street but you get to create the relationship that's needed and actually helps.

Peer support do not have the same boundaries as clinicians because our relationship is a partnership and we see the other individual as an equal so what next?

- create and define boundaries together.
- remain aware about your own boundaries so you can communicate these.
- the relationship is allowed to change and grow as long as it is consensual and mutual.

Lesson 5: your business will probably change

We all know our lived experience is often ongoing which means our needs and capacity might always change which means how we run our business and how we show up for folks will also change - I've learnt to go with it.

- communicate this as your needs change
- it's okay to operate in a way that honours your needs

I go through patterns of being productive and not being able to do anything. It's a duality of recognising the things I can do and the things I simply can't do and the things I can do but might need to look a bit different.

Lesson 6: private practice is simultaneously great and terrible for ADHD

I get to have a lot of variety, flexible routine and exciting projects that really get my dopamine going. I also get to accommodate my different sleeping pattern and my chaotic focusing.

However, a part of a private practice also means a lot of executive functioning like responding to emails and remembering things. I'll probably always struggle with this and it's unrealistic (and ableist) to expect any different. It's why some of these lessons have been so important for me too.

Helpful trainings and resources

Above all I cannot recommend learning from lived experience and centering what they are giving out - instagram posts, blogs and online offerings are all opportunities to learn.

Intentional Peer Support

WRAP and Alternatives to Suicide.

Understanding of Mad Pride, Social Justice and Disability Justice and Neurodiversity Affirming/Actually Autistic.

Q&A

