MATT BRANDENBURG:  
You are listening to the AOTA Podcast. Here is your host, Matt Brandenburg. Our presenting sponsor for the AOTA Podcast is New York University Steinhardt's Department of Occupational Therapy. Alright. Today we are joined by Arielle Schwartz and a full team of peer mentors that we all will get to meet in just a little bit. But first, Arielle, I want to thank you so much for sharing your time and being on the show today.

ARIELLE SHWARTZ:  
Happy to be here with our wonderful team of mentors. I'll go ahead and introduce them now because they're the stars of the show. We have Jesse, Micah Peace Urquilla, Deva, Nicola Devan and Alex Herrera.

MATT BRANDENBURG:  
Thank you all for being here. I'm excited to get to know you all as mentors to hear your contributions in this wonderful program. Arielle, can you kind of introduce us to this program? You're the director of the UNH4U program at University of New Hampshire Institute on Disability. And your research encompasses truly a lot of fields, including mental health, employment, and participatory research for transition-age youth with intellectual and developmental disabilities. But today we're gonna be focusing on occupational therapy and peer mentorship. Can you introduce us to this topic?

ARIELLE SHWARTZ:  
Definitely. Many youth and young adults with intellectual and developmental disabilities don't have the access that they need to good mental health supports. And so early in my research career, I was working with several young adults with intellectual and developmental disabilities and kept hearing from them that they weren't getting the mental health supports that they wanted and needed. And in mental health services for people without intellectual and developmental disabilities, we all acknowledge that peer-provided supports are really supportive and helpful and the mentoring team will tell you why that is. And so I worked with several of the mentors on this call and some people who are not here today to develop a peer-delivered mental health intervention with the goal of having young people with intellectual and developmental disabilities providing support for each other in a way that we all believe is unique and can be more efficacious even than working with professionals. So this team has designed the peer mentoring program and they have served as mentors in two research studies that we've done to look at, first of all, can we make this happen?

And second, do people like it and do people think it's helping them? And we've only done studies with very small samples, but so far as mentors tonight will share with you, the mentees have felt like it was very beneficial and helpful. So we're looking forward to doing research with more people to further test out this model.

MATT BRANDENBURG:  
Love the way you describe this program. It's still relatively new with just these two big studies. Can you introduce us to how kind of you designed these studies? What methods were you using to collect this research? And where could our listeners find your research and kind of this program that maybe they could use and incorporate into their own efforts and their own practice as well?

ARIELLE SHWARTZ:  
Yeah. So both of the studies that we've done, we call them feasibility studies. And those are studies that you do with a small number of people where you give them a new intervention just to see, hey, can it work? And do people like it? So kind of feasibility and something we call social validity, checking to see if the people who are receiving the intervention think that it's acceptable and going to work for their lives and something they'd even want to do. And so usually in that type of research, what you do is a lot of qualitative data collection where you do interviews and surveys. And you also might look at other things like fidelity to see if the intervention is being delivered in the way that you expect it to. So those are kind of the main things that we've looked at in these studies. Mostly qualitative, getting people's feedback, and also a little bit of looking at preliminary findings, though knowing that we don't have enough people to do very powerful statistical analyses with these preliminary findings, but they're trending in a positive direction.

If people would like to learn more about this research, we have several articles published and co-authored by several of the mentors on this podcast. You can find that by going to Google Scholar and Googling peer mentoring, intellectual and developmental disabilities, or we can also make sure that those references are available in whatever podcast show notes. I don't know, Matt.

MATT BRANDENBURG:  
Absolutely. We'll link it in our description or anywhere that you're listening to this podcast, you should be able to find a link directly to this research. Now we're transitioning into our group discussion where we get to hear the lived experience of everybody involved in conducting this research, designing it, and being a mentor, being a mentee. I want to start off with this question. Why is it important for people with disabilities to support each other with their mental health?

JESSE:  
So my name is Jesse and I was one of the mentors. It is important for people with disabilities to support each other because disabilities make people's mental health more difficult than it would be otherwise. Having a disability can impact people if someone gets on their nerves. If someone who is autistic mentors, someone else who is autistic, they will know better how autism affects their mental health. Someone without autism probably wouldn't know.

MATT BRANDENBURG:  
Wonderful. Thank you, Jesse. And Nicola, I think there was something you wanted to say with that same question.

NICOLA DEVAN:  
Yeah. Hi, I'm Nicola and I was also one of the mentors. And the way I would answer that question is if someone can relate to what another person is going through, then they might know a better way to help them than if someone has never been through the same thing before. I'm not saying that if someone has never been through the same thing, then they can't have sympathy or help, but if someone has been through the same thing, they might have a better understanding of it. Sometimes when people have a disability, people might make the wrong assumption that they don't have the capacity to understand what really helps their mental health and they might want to decide for them instead of letting the person say how they feel.

MATT BRANDENBURG:  
I love that. That's such a great point. Thank you, Nicola. And Micah, how about you? Why do you think it's important for people with disabilities to support each other with their mental health?

MICAH PEACE URQUILLA:  
Hi, my name is Micah Peace Urquilla. I'm a self-advocate with multiple disabilities and I was a peer mentor on this project. And I think it's really important for people with disabilities to help each other with their mental health because kind of to the points that Jesse and Nicola have made, there's a lot of stigma that still exists, particularly at the intersections of disability and mental health. And people make lots of assumptions about our needs and what we can or can't do, including what we're able to speak about for ourselves or if we're able to support one another, let alone get through something. And those kinds of assumptions and the experiences that we have as a result of them, they really impact your mental health in a significant way. And when another person with disabilities who has been there can kind of reach out to you and share their experience and what got them through, it really helps you feel less alone. In going through some of those things, it normalizes some of those experiences that we have in the sense that it's not about us anymore.

It's not personal anymore, the way that it so often feels personal. And it becomes more of a shared experience that we have on the basis of both having a disability. And just like Jesse and Nicola shared, other people who support us or help us with our mental health can't always relate to those things. They haven't been there. They have things to offer in our world and in our support and stuff, but they haven't been there. So, seeing a mentor who has been through similar struggles as you and really knows how that feels, but is also now on the other side of it, or even doing a little bit better if they're not all the way through things yet. It helps you feel better about yourself and where you're at, and it gives you hope for your own future.

MATT BRANDENBURG:  
Absolutely. That's so well said. Thank you, Micah. I appreciate your insight on that. And it's really encouraging to hear the importance of including peers and mentors in occupational therapy practice. As a practitioner, that really sticks out to me. Another question for our group. What is something that you want occupational therapy practitioners to know about how to support young people with intellectual or developmental disabilities with their mental health? Jesse, let's start with you again.

JESSE:  
Occupational therapy is something many people with disabilities and mental health conditions need because people with disabilities and mental health conditions have trouble paying attention to topics that they are not really interested in without one-to-one support. Occupational therapists should definitely know how peer mentoring changed the mentees'emotions in mental health. They should offer peer mentoring to young adults because it can help them.

MATT BRANDENBURG:  
Thank you. Deva, same question to you. And if you could introduce yourself to our listeners as well.

DEVA:  
Hi, my name is Deva. And things were important because they should get to know each other first and then get along so they could talk about what they do over the weekend and work to get to know each other more. So this is important. So they will be on the same page.

MATT BRANDENBURG:  
Thank you, Deva. Great recommendation and more reasoning, more support to encourage therapists to include more peer mentorship opportunities and peer support. Alex, can you introduce yourself and also answer a question about what you would want OTs to know about how to do this?

ALEX HERRERA:  
Yes. So hi, everyone. My name is Alex. I'm one of the mentors and I want occupational therapists to know about how to support young people with intellectual and developmental disabilities with their mental health. I think it's really important that individuals with intellectual and developmental disabilities have the opportunity to be in a mentoring program and they're mentored by someone with a disability. I think the program we did was really helpful with all the research and data we collected. I think that there should be more companies and businesses that offer mentoring. They could just train their staff to do what we do. Our data suggests it works. Even if occupational therapists can't do the whole program, maybe they could use some of the tools to support peer mentoring.

MATT BRANDENBURG:  
I love that. Thank you, Alex. Thank you all for providing kind of this structure and this program that can be replicated for our listeners, for occupational therapists to encourage them to get creative, to involve more people who have disabilities in mentoring and working together to create better outcomes and groups like this that can bring about so much good. Micah, would you like to chime in on this point as well?

MICAH PEACE URQUILLA:  
Yeah. In addition to our research showing that it works, like Alex mentioned, our data also shows that people with intellectual and developmental disabilities can be great mentors. So I think that the most important thing that occupational therapists can take away from this project is that they shouldn't underestimate people with IDD. I think often OTs kind of ask this question and everybody's always well-meaning. It's very well-intentioned, but there is this kind of hidden assumption in the question that there's something really special or something that people have to do when they're working with people with IDD, and I really think that the most impactful thing comes down to not underestimating us and to being willing and humble enough to engage us as partners like Arielle did, because we were able to help do things like even kind of design how we were going to approach mentoring, because we could tell Arielle about how it would feel to us, how the experience would feel to us. And that's something that she wouldn't have had, insight that she wouldn't have had, had she just kind of passively engaged us as people who were going to do this program or something.

So be willing to see the strengths and the things that people with IDD bring to the table when you're working with them, and those are often the best guideposts of where to go and how to engage with folks so that they get the most out of the work you're doing together.

MATT BRANDENBURG:  
Absolutely. Thank you all so much. It's some really great points. I especially want to emphasize that message that you share, Micah because as a practitioner, it can be tough sometimes to be comfortable in a situation where you're letting your clients or the people you work with really guide the session and really guide the intervention. But I've definitely seen from my own experience that when we as a therapist take on more of a supporting role and are guiding instead of directing and instructing at every step of the way in a program like this that's made for encouraging connection and community involvement, it makes such a world of a difference. And I agree, we should never underestimate the people we work with, instead, we should partner with them and see how we can both improve our approaches together. So thank you so much for that. So, Arielle, you have written response to this question from one of the members of the research team who couldn't be with us today. But would you like to share her response to this question and a little bit about her perspective as a new occupational therapist?

ARIELLE SHWARTZ:  
Definitely. Thanks so much. Neha was a research assistant on this project who worked really closely with many of the mentors and she wanted to share her reflections on this as a new occupational therapist. She shared, these are all really great points. As a new occupational therapy graduate, we're taught a lot about client-centered practice in school, which is basically involving whoever we're working with in goal setting and choosing activities. But she really emphasizes that it should be more than that and shares, we're taught that using books and lectures and going to practice during fieldwork, we're going to learn about client-centered practice, but it's really important that we go beyond that and hear from the people we work with and push beyond what we learned in school to better serve our clients. What our clients say and share is really important. And that's not just about client-centered practice, but also just learning from this group of mentors that I've worked with because they know themselves best.

I like to highlight, I also want to highlight that idea of focusing on the capabilities of people with IDD and how, like Micah said, we really shouldn't ever underestimate them or any of our clients and it's just so critical that we listen to them and we learn from all of our clients.

MATT BRANDENBURG:  
Well said. Thank you so much for sharing that, Arielle. And Neha, thank you for your involvement in this study as well. Before we dive into more of the details and outcomes of your process in these projects, I want to hear what everyone's favorite parts of being a peer mentor were.

JESSE:  
My favorite part of being a peer mentor was playing games that can help the mentees with coping strategies. Games seem to be a fun activity for many people.

MATT BRANDENBURG:  
You said that like a practicing occupational therapist. I think that's a huge part of what we do is trying to make things fun and engaging as much as possible. Nicola, how about you? What was your favorite part?

NICOLA DEVAN:  
My favorite part was that I was helping someone to know how to cope with really strong emotions. I think it also opened my eyes to things that can help me too. For example, the way I taught my mentee to practice his coping strategy, I found it to be helpful if I did that too. Me and both mentees had a good connection. I had a good connection with both of them. Even though I had to take a break from mentoring for a little while, the first mentee I had and I still formed a really good connection and we still like each other's posts on social media.

MATT BRANDENBURG:  
I love that. So through this mentorship program, you develop lasting friendships and relationships and a support group to have someone to where if you are experiencing a mental health difficulty, you know who you can reach out to and people that will relate to and listen to you like good friends and mentors will. That's wonderful. Alex, how about your favorite part?

ALEX HERRERA:  
My favorite part about peer mentoring was getting to know each individual and watching them grow and learn throughout the weeks and seeing at the beginning when something was hard for them or when they got upset towards the end or the middle. They weren't getting as upset because when they got upset, they knew how to use their coping strategy.

MATT BRANDENBURG:  
That's a wonderful example and a great process of learning. Deva, how about you? What was your favorite part of being in the program?

DEVA:  
The thing I liked was getting to know each other and playing games and getting to know them more.

MATT BRANDENBURG:  
Wonderful. I'm going to have to learn some of these games because it sounds like everybody enjoyed that part and I want to use these games as well. Micah and Arielle, would either you like to share your favorite part of being a mentor and being involved in these programs as well?

MICAH PEACE URQUILLA:  
Sure. I think I can definitely echo what some other folks have said and share that my favorite part was getting to know another young person with similar shared experiences and knowing that I was supporting them to learn new skills and to grow in how they cope with their mental health and really getting to watch that person grow and bloom over time and developing a friendship with them. Those were my favorite parts.

ARIELLE SHWARTZ:  
Here is my favorite part of doing this work is twofold. One is a little bit getting to be the fly on the wall and observe these relationships bloom and grow. And the other part is just having the real privilege of working with all of the mentors who have been a part of this over the many years because I have learned a lot from them and also it gives me such an opportunity to go around and use my power and privilege to assert the value, the skills of young people with disabilities. I'm able to use my power and position as a faculty member, as a researcher to say you really ought to think about how people with disabilities can contribute to this work and can excel in these roles. I really appreciate everything that they've shared with me and hope that I can pass on everything they're saying to lead to more person-centered work led by people with disabilities.

MATT BRANDENBURG:  
Absolutely. I love it. We need more of that. We need more of that work going on and thank you all for sharing your experience and the work that you've done to hopefully encourage our listeners and people around the country to do the same and to play a part in improving the quality of care that we as practitioners can offer. Our presenting sponsor is New York University Steinhardt's top-ranked Department of Occupational Therapy, which now offers an entry-level OTD for aspiring occupational therapists. NYU additionally offers advanced degrees for practicing therapists that can be completed in person or online, study and work with leading educators, researchers, and master clinicians in the vibrant setting of New York City, and have access to a diverse patient population and extensive healthcare system. Learn to deliver exceptional patient care or deepen your knowledge and practice as you focus on applied scientific inquiry and clinical areas such as pediatrics, developmental disabilities, mental health, and assistive rehabilitation technologies.

Take the next step by visiting steinhardt.nyu.edu/ot to learn more. We all know that mentorship programs and any program really doesn't always go perfectly. And there's difficult aspects that come along with these aspects of the program that are very enjoyable. What would you say was difficult about being a peer mentor? Micah, could you start us off with this question?

MICAH PEACE URQUILLA:  
Sure. A few things came to mind. It was a fun challenge that I feel like also helped me grow as a self-advocate, and I was kind of relating to what Nicola shared about learning from it as much as it felt like our mentors did. But what was most challenging, I think, was really being able to be on my toes and navigate things as they come up for people, be they big feelings or conflict with other people in their lives, or just challenging situations on the day-to-day. We had a really helpful script that we had some input in, but Arielle and her team designed, and the times that you have to go off of that script, or even like on a related note, kind of thinking about how to use self-disclosure, because that's putting the peer in peer mentoring, right? But how to use that self-disclosure in a way that helps a person, that gives them the message like you're not alone and you can get through this, rather than self-disclosing in a way that comes across as like, okay, let's talk about me now. Another thing that comes to mind was that I had one mentee who wasn't actually super into it and dropped out after a few weeks.

She was going through a lot of things, and I think that she was really overwhelmed in adding one more thing like mentoring to it, just didn't make sense for her. But in any case, nothing is one size fits all, or there's no such thing as something that works for every single person. And so I found it challenging to know exactly how to navigate that situation without either being kind of pushy and like, come on, give it another try. Or on the other hand, feeling like, am I being too hands-off, am I not encouraging this person enough by taking their, no, I don't want to do this today for what it is. And I had to really learn to give people grace and understand that peer mentoring has been a valuable force in my life, and it's something that I was really excited to get to do, but that doesn't mean that it's for everybody. However, we do know it can really benefit some people, and everybody with IDD, everybody who wants the opportunity to experience and benefit from peer mentoring should get that chance.

MATT BRANDENBURG:  
I love that. That's so well said, and I think it really speaks to the quality of this framework and program that you all have established and working to establish, and that it does provide a foundation and a framework, but there's room for it to be personalized to each individual who's a part of this peer mentoring group. I love that. Nicola, how about you? How would you answer that question about what was hard about being a peer mentor?

NICOLA DEVAN:  
I think it was hard to help someone else with their mental health when my own mental health was not good.

MATT BRANDENBURG:  
How were you able to kind of work through that as a peer mentor, and did you feel that sticking with it helped your own mental health as well?

NICOLA DEVAN:  
Yes, it did. I think that what ended up happening was I learned from helping my mentee that the coping strategies, if you keep practicing and sticking to them, then they can really help, and the stuff that I was doing to help my mentee ended up helping me in the long run.

MATT BRANDENBURG:  
I love that. Thank you, Nicola. And, Deva, how about you? What insight can you give us to this question?

DEVA:  
The timing was hard. Sometimes we had different times we couldn't mentor, so we had to work it out. We had to find some same day, same time to agree, that's the hardest. And also, when we do videos, sometimes they talk in the middle, so I had to pause the video.

MATT BRANDENBURG:  
How did you feel you were able to work through that in the group, Deva?

DEVA:  
I just see the videos and see how they speak. If they're not speaking, I still go. If they try to speak, I just pause the video, ask them if they want a break.

MATT BRANDENBURG:  
Very nice. Thank you. And, Alex, how about you? What was most challenging for you as a peer mentor?

ALEX HERRERA:  
What was most challenging was a couple things. When I was working with the mentees, they are a lot older than the really little kids that I work with during the day, so sometimes I had my preschool teacher brain on. I didn't mean to talk to them in a way that they didn't understand, but sometimes when you're working with people of all different ages, you might forget who you're talking to sometimes. Sometimes it's hard to shift the way you talk to a three-year-old is not how you would talk to an older person, and I had to remember how to do those things. On another note, with some of my mentees, I learned about boundaries because some of their personalities were a little different than mine. I had to learn how to navigate different ways around, today we're gonna do this, and try to be positive about it. There was a time it wasn't appropriate to do mentoring, and it was hard to say no because they really wanted to do it. It wasn't the most appropriate time, so I had to stick to my boundaries and say, no, we're not doing it today.

It was really hard to stick to my boundaries and respect that this person had told me that they really wanted to keep privacy.

MATT BRANDENBURG:  
Absolutely, absolutely. What a valuable lesson learned about boundaries. It's becoming more and more evident to me how beneficial this program is for promoting learning and gaining an application of new skills for mentors and mentees alike. Why do you think peer mentoring helps young adults with their mental health? Nicola, could you start us off answering this question?

NICOLA DEVAN:  
Yeah, I think that it helps them learn to cope with their emotions in a healthy way. A lot of the coping strategies that we worked on, like drawing or jumping jacks or calling someone, those were all really good ways to deal with stress or any type of bad feelings. A lot of people could deal with emotions in a way that would be really bad or doing something that would affect you badly. A lot of people deal with feelings like that, and I think it's good that the mentees were not dealing with their feelings like that because we helped them to learn how to deal with them in a way that is good for them. I think that is one of the best parts of mentoring, one of the ways they are helped the most.

MATT BRANDENBURG:  
Absolutely. What a beneficial lesson to take from peer mentoring. Jesse, why do you think peer mentoring helps young adults with their mental health?

JESSE:  
Peer mentoring helps young adults with their mental health because peer mentoring involves helping people with their emotions and giving suggestions about what they can do when they have a negative emotion so that they can feel better and have a positive emotion, and that is called a coping strategy.

MATT BRANDENBURG:  
You know, it sounds like these coping strategies were very useful within your group and really valuable mechanisms for mentees to start learning to use in their own lives. Alex, how about you? What would you like to share?

ALEX HERRERA:  
Personally, with my mental health, coping strategies help me. I listen to music and do stuff, but if I'm really upset about something, I might shut down. But I feel that talking with somebody about it and really breaking it down, what is going on, helps. Then I look at it and see if it's a medium problem, big problem, or a really big problem. I could see if it's me overthinking or if it's gonna be OK. That's a personal example, but for someone could talk to their mentor about an issue that they are having.

MATT BRANDENBURG:  
Thank you for sharing one of your own personal coping strategies, as well, with listening to music. I think breaking it down into defining the size of the problem can be really helpful as well. Micah, how about you? Could you wrap us up with this question? Why do you think peer mentoring helps young adults with their mental health?

MICAH PEACE URQUILLA:  
I think it helps because it's first based in building a relationship with somebody who fundamentally understands what you're going through, and that offers you a safe place to learn to be yourself and to practice new skills while getting the support you need. It doesn't have the same kind of gravity or professional baggage to it that working with a therapist or a clinician or a medical provider has. It's somebody who shares your life experience. When they say they know how you feel, or they've been there, you can truly know that they mean it. For me, it feels like being a person who has both had other disabled mentors and been a mentor to other people in different areas of my life. It makes it easier to be yourself, to feel confident in yourself, and to know that you're going through normal human things that everybody goes through. I think that that is a kind of comfort and support that is really underrated in a lot of care and services that we provide.

MATT BRANDENBURG:  
That's such a great point. Thank you for sharing that, Micah. That type of support and care when it comes from someone who has a similar lived experience really can be so impactful and powerful. I want to ask you each now for your recommendations. What would you recommend for health care providers to support people with their own mental health? Deva, can we start with you? How would you answer that question?

DEVA:  
Yeah, sure. So it is important for mental health because it's important to talk to them to stay on the same page so they can connect to each other.

MATT BRANDENBURG:  
Absolutely. And you know, that's one thing, Deva. I think sometimes people are a little nervous to talk about mental health. It might take a little courage, but if you can just ask someone how they're doing and ask them specifically about their mental health to get on the same page with them, that's really the first step to supporting and helping someone improve. So I love that answer.

DEVA:  
Yeah, I totally agree.

MATT BRANDENBURG:  
Thank you, Deva. Micah, how about you? What would you recommend to health care providers?

MICAH PEACE URQUILLA:  
I think kind of jumping off what y'all were just talking about, I would recommend first that healthcare providers don't view mental health or disability in like a vacuum. Those are things that people experience in the context of everything else in life. They happen in and as part of our lives. And so you can't just kind of like hyper-focus on a person or put the onus entirely on us. And in kind of opening up your view, that's, I think, part of why it becomes so important again to, as I was saying earlier, to not underestimate people with IDD and to really be willing and humble enough to partner with us. We need healthcare professionals. We need OTs. We need mental health care providers. But being an expert or having your degree and the wonderful career that you have, it doesn't mean that you know everything. We come to your offices with a lot of important context and information about our lives, about our experiences, about our strengths and who we are, how we communicate that you can use that can inform how we collaborate and work together in terms of meeting our health care needs or therapeutic goals.

Never underestimate the people that you work with and the insights that we have about what we need and where we need to go. And try as early as possible to engage people as directly as you possibly can in their care. Your mentoring is just one tool for helping people to build the skills to get there.

MATT BRANDENBURG:  
I love that. Thank you, Micah. That's a wonderful recommendation. Something that I hope all health care providers can take to heart and apply in their day-to-day as well. Alex, what would you recommend to care providers to support people with their mental health?

ALEX HERRERA:  
So I wanted to add on what Micah said because I think that Micah raises a really good point. People with IDD might take a little longer to understand a concept on something, but that doesn't mean that they don't want to learn because they do. Maybe if you're a mentor, you might have to say things in a different way because not everybody processes information in the same way. Maybe give examples or use visuals, pictures, because maybe some people are more visual learners. For example, I know the word happy, but a picture might be better for other people.

MATT BRANDENBURG:  
That's a great point. Using maybe a visual aid or some other type of cognitive support to help with understanding can be a great application. These are such wonderful recommendations. Jesse, I'd love to hear one from you. What would you recommend to healthcare providers?

JESSE:  
I recommend that they are mindful that people have mental health conditions and disabilities. For example, when you go to the doctor for a checkup, they may touch you in ways that make you feel uncomfortable. It would be helpful to give people warnings. Don't forget that people with disabilities can have mental health conditions and need help. Not everyone can get the help they need when they need it. Thank you, Jesse. That's such a great point. I think a lot of that responsibility falls on healthcare providers to provide people that they work with an opportunity to voice a concern or be able to voice their opinion on a certain matter before starting an intervention or a certain type of check. That's an excellent point. Nicola, how about you? What would you like to recommend to healthcare providers to help support people with mental health?

NICOLA DEVAN:  
I think it would be good if medical professionals didn't feel the need to punish someone for going through something bad with their mental health. Because sometimes medical professionals try to use discipline or coercion or punishment and doing that is not going to just make someone stop being someone who has a mental illness. They'll still be who they are. They'll just feel worse.

MATT BRANDENBURG:  
That's a great point to be aware and informed about potential negative effects of certain types of interventions or even approaches. So I think those are all such wonderful recommendations. Thank you, everyone, again so much for your time, for sharing with us your involvement on this group. What's something else that this group would like to share with our listeners before we wrap up?

ALEX HERRERA:  
So as I stated before, I did say a personal example and I want to just reiterate on that is that I am one of the co-authors on a paper and I do have a paper about how being a mentor impacted my life and how that helped me.

MATT BRANDENBURG:  
Thank you, Alex. We'll encourage everyone to check out that paper. Anybody else? Any last final nugget for the day?

ARIELLE SHWARTZ:  
I think a lot of times disability research gets kind of relegated to like its own separate place. And I think it's really important that organizations like AOTA are doing what you've done and centering the voices of researchers and mentors with disabilities in a podcast that isn't like a "disability podcast" because it helps to show that everything that the mentors and these researchers have done and contributed are just as valuable if not even more than what folks with PhDs are doing who are likely the people who are typically on this podcast. So I just want to acknowledge that this is important and to have other platforms also elevating the voices of researchers with disabilities. So I don't know, Jesse, Micah, Deva, Nicola, Alex, you agree with that?

NICOLA DEVAN:  
I totally agree with it. I think that is really great and really insightful.

MICAH PEACE URQUILLA:  
Yes, I agree too.

ALEX HERRERA:  
I agree too.

DEVA:  
I agree.

MATT BRANDENBURG:  
Wonderful. And I would say I agree with that as well. I want to thank you all so much for the work that you've done with this peer mentorship research and for sharing it and providing an example for other occupational therapy practitioners, other people who have developmental or intellectual disabilities to follow, to be more engaged, more involved, and also more inclusive with our research and the interventions that we use to help people of all ability levels improve their lives. That's what we're here for and that's why we all chose to pursue this type of profession. Thank you all so much for sharing your experience, sharing your knowledge, and it's been a pleasure to have you on the show.

ARIELLE SHWARTZ:  
Thank you so much for having us.

MICAH PEACE URQUILLA:  
Thanks for the time.

ARIELLE SHWARTZ:  
Thank you so much.

NICOLA DEVAN:  
Thank you.

JESSE:  
Thank you for your time.

MATT BRANDENBURG:  
Thank you, listener, for tuning in and thank you to NYU Steinhardt Program in Occupational Therapy for sponsoring this episode. (MUSIC PLAYS)