

Case Study of Factors Contributing to the Successful Integration of a Peer Specialist into a Day Treatment Program



Consumer Quality Initiatives, Inc.

**Kirstin Lindeman, MPH
Marcia Webster, MA
Jonathan Delman, MPH, JD**

For additional copies, contact Jonathan Delman, MPH, JD, Executive Director, jdelman@cqi-mass.org

*Day Treatment Peer Specialist Case Study
Consumer Quality Initiatives, Inc.
September, 2007*

Executive Summary

- A “peer specialist” is a person with a mental illness who helps her/his peers, other people with mental illnesses, to identify and achieve specific life goals. This is a new role in the delivery of mental health services, and its introduction thus challenges established norms and beliefs of providers.
- In this exploratory case study, CQI delves into the factors that may contribute to the success of a peer specialist within a clinical delivery model, in this case a day treatment program. After a series of informal inquiries, CQI determined that the River Valley Counseling Center’s day treatment program in Holyoke, Massachusetts, qualified as one that was having a successful experience with a peer specialist. Individual open-ended interviews, observations and document reviews were conducted in June 2007.
- CQI has defined a successful peer specialist as one who is both satisfied and productive in relation to his/her job.
- The day treatment program’s peer specialist, Cathy, was a client of the program for eight years. In addition to a lengthy internship, she completed trainings through the Transformation Center’s Leadership Academy and is a Certified Peer Specialist.
- Cathy holds responsibilities similar to other staff members, including attending meetings, working with clients individually and running groups. Case management is a recent addition to her responsibilities.
- In addition to those responsibilities, Cathy makes unique contributions in her role of peer specialist, including bringing the client’s perspective to staff meetings and being a role model of recovery for clients and staff alike.
- The integration of the peer specialist into this day treatment program has been successful because of the following factors:
 - Factors external to the program, including state and federal (Medicaid/Medicare) policy changes encourage the hiring of peer specialists.
 - Very strong commitment from agency directors and the program coordinator to establish and sustain the peer specialist role, as well as provide support for Cathy personally. These leaders attend staff meetings and encourage the staff team to respect and support Cathy in her work as peer specialist. Cathy receives intensive mentorship from the coordinator.
 - Cathy is able to successfully navigate difficult situations and demonstrates resiliency when faced with challenges.
- This program has overcome a few challenges, including Cathy’s transition from client to staff. Prior to hiring Cathy, the staff had uncertainty about the value of the peer specialist due to the related changes in language used by staff, billing and redistribution of clinical tasks. These fears were ameliorated by trust that Cathy would be successful, which was possible in part because staff knew her already.
- The day treatment program has ongoing challenges, including:
 - The competing goals of maintaining equal responsibilities among staff for case management and paperwork versus maintaining Cathy’s availability to clients.
 - There is no manual for transforming day treatment into strength-based, person centered care. Transformation of River Valley’s program, which includes adding a peer specialist to staff, has been an organic process in which the agency and staff are learning together through their experience.
 - Cathy maintaining her wellness.

Table of Contents

I. Overview	4
II. Consumer Quality Initiatives	4
III. Methods	5
Case Study Methodology.....	5
Participant Selection	5
Data Collection.....	5
Analysis	6
Strengths and Limitations	6
IV. Findings	6
A. Peer Specialist’s Role in the Day Treatment program	6
Responsibilities comparable to other staff.....	7
Peer specialist makes unique contributions	7
1) Cathy shares lived experience with both mental illness and day treatment.....	7
2) She’s a role model to clients	8
3) Cathy is both a manifestation of and an agent for “transformation”	9
B. Factors identified which contribute to Cathy’s success	9
Environmental changes that encourage a transformative approach	9
Agency and program leadership strongly supports the peer specialist.....	9
Cathy has personal attributes that contribute to her success.....	11
C. Challenges... and Opportunities	11
Transitioning from client to staff	11
Competing goals: equality in job responsibilities v. availability to clients	12
Staff uncertainty about value of peer specialist	13
There is no manual for “transformation”	13
Staying well.....	14
V. Discussion.....	14
VI. Conclusion.....	15
VII. Appendix A: Example Interview Questions for the Peer Specialist	17

I. Overview

A “peer specialist” is a person in recovery from mental illness who helps her/his peers to identify and achieve specific life goals. A peer specialist promotes self-determination, informed decision making, personal responsibility and empowerment, and assists people with mental illnesses to regain control over their own lives and over their own recovery process. Because of their life experience with mental illness and mental health services, peer specialists provide a special expertise that professional training cannot replicate. They model competency in recovery and maintaining ongoing wellness.

In Massachusetts and several other states, consumer run organizations now offer rigorous peer specialist trainings, and trainees who pass an exam then become “certified” peer specialists (CPS). Certification means that a person has attained a certain knowledge base, and also that the state may permit providers to use Medicaid dollars to compensate for the delivery of the CPS services.

There are a growing number of certified peer specialists working in the mental health system in Massachusetts. Often they work as part of mental health programs, such as PACT and day treatment programs. Day treatment programs provide multi-disciplinary intensive care to people who are in the acute phases of their mental illness. This service is designed for clients who may be experiencing an unstable or acute phase of their illness and require more attention than can be provided at weekly or bi-weekly counseling sessions. The goals of day treatment are to help clients with problems of daily living, increase social competency, and teach skills needed to manage the symptoms of mental illness. In that context, peer specialists provide essential expertise and consultation to the staff to promote a culture in which each client's point of view and preferences are recognized, understood, respected, and integrated into treatment, rehabilitation, and community self-help activities.

Because day programs are funded by Medicaid and Medicare dollars, they have historically operated in a very clinical fashion. The peer specialist brings a unique perspective to a treatment team, but that perspective can conflict with other staffs’ traditional philosophies and actions.

With the goal of improving knowledge of factors which contribute to the success of peer specialists working in a day treatment program, Consumer Quality Initiatives, Inc. undertook a case study of one successful peer specialist.

II. Consumer Quality Initiatives

Consumer Quality Initiatives, Inc. (CQI) is a mental health, consumer-directed (51% of the board is consumers) and staffed, non-profit research and evaluation organization whose mission is to “give consumers a greater voice and an integral role” in evaluating their treatment and in initiating changes that “improve the system for all.” In existence since January 1999, CQI’s primary methodology is personal interviews/focus groups with consumers and family members, written data-based reports with recommendations and presentation of findings to key stakeholders, with the goal of influencing practice and policy to reflect the needs of the community.

Based in Massachusetts, CQI has a full-time staff of five, and several part-time staff who provide assistance with all aspects of CQI work, particularly interviewing. In addition to its evaluative work, CQI provides statewide leadership and consulting on techniques on the management of mental health quality and the development of consumer-driven systems transformation.

III. Methods

Case study methodology

“A case study is an empirical inquiry that investigates a contemporary phenomenon within its real-life context, especially when the boundaries between phenomenon and context are not clearly evident.” (Yin, 2003¹) In the case of the successful peer specialist, it is not immediately apparent why a particular organization utilizing a peer specialist is successful and others are not. An in-depth analysis of the phenomenon (successful peer specialist) and context (leadership, organizational and individual characteristics) was undertaken to describe the phenomenon and search for possible explanations for the success.

Participant Selection

We have defined a “successful peer specialist” as one who is both “satisfied” and “productive” in relation to his/her job. Based on a literature review, CQI established criteria for “satisfied” and “productive,” and then identified successful peer specialists utilizing an informal inquiry process. (CQI staff had information about programs using a peer specialist due to its quality improvement interviewing, informal networks and participation in PACT audits.) Using this experience and definition, CQI selected the River Valley Counseling Center’s day treatment program as an appropriate site for a study. The agency is a large provider of outpatient and inpatient services in the Holyoke area. The day program peer specialist and program coordinator readily agreed to participate. The agency's executive director extended his support to staff and CQI.

In 2005 the River Valley agency directors and day program coordinator began shifting the focus of the program from “maintenance” to “recovery.” As part of this “transformation,” agency leadership planned to add a peer specialist to the staff. Cathy, a client at the program for eight years, was interested in the position. She attended the Transformation Center’s Leadership Academy then completed a seven month internship as a peer specialist at the program. During the internship, she attended Certified Peer Specialist training, passed the exam and achieved certification. At the time of the study, Cathy had been working as a full-time peer specialist for the day treatment program for five months, and had been certified for eight months.

Data Collection

Interviews, observations and document reviews occurred in June 2007 over a three week period, in three visits. Individual personal interviews were conducted with the peer specialist (over two days), day program coordinator, psychiatrist, clinical director, two additional staff members and five clients identified by the peer specialist. One staff member declined to be interviewed.

¹ Yin, R.K. (2003). *Case Study Research Design and Methods* (Third Edition). Thousand Oaks, CA: Sage Publications, Inc.

Interviews were conducted by two CQI staff members using a semi-structured interview protocol (See Appendix A). Observations of two staff meetings, a community meeting, a WRAP² group session and casual interactions were made by two CQI staff members. The program coordinator provided the following documents for review: peer specialist job description, weekly group and meeting schedules, the agency's vision and mission statements and notes from four community meetings held prior to data collection. Corroborating evidence regarding the role and activities of the peer specialist were found in meeting comments and observations.

Analysis

The two CQI staff members who participated in the data collection and CQI's director all had periodic discussions regarding themes and patterns in interviews and observations. Interviews were coded and themes were identified. Themes occurring across interviews are included in the following report. Italicized comments below are from the personal interviews.

Strengths and Limitations

Multiple sources and types of data allowed for triangulation and reduced potential biases of the researchers. The collaborative nature of the research team also served to reduce potential biases by including multiple perspectives in on-going discussions of emerging themes and concepts. Observations and interviews were conducted over a period of three weeks, ensuring that patterns of individual and group interactions were observed multiple times. The qualitative nature of the data allows the thoughts and ideas of the participants to be reported in their own words³.

The study has some limitations. Case studies are not designed to be generalizable; this is an in-depth exploration of one day treatment center. Lessons learned may or may not be applicable to other mental health programs and settings in which peer specialists are employed. The study relied heavily on self-reported behavior, which is subject to recall errors and biases of those reporting their behaviors. This was mitigated by observations and document reviews, and by interviewing multiple participants.

IV. Findings

As one client stated, *"It was a shock to have a Peer Specialist, a welcome shock. It's a great idea, it makes perfect sense! People can recover."* The role of the peer specialist, factors which may contribute to the success of this peer specialist, and challenges faced by the team during these changes are all discussed in the following report.

A. Peer Specialist's Role in the Day Treatment program

According to coworkers and clients, Cathy's role is comparable to other staff, except that she offers unique contributions and is not responsible for a caseload.

² Wellness Recovery Action Plan.

³ Recording and reporting the natural language of respondents in qualitative research ensures that the reader has the opportunity to "hear" what was actually said and gives the reader access to the data used to generate the themes and concepts described in the report.

Responsibilities comparable to other staff

Cathy is currently a member of the staff, with many of the same responsibilities, but with a few differences. As a member of the staff, Cathy goes to meetings, participates in intake meetings, runs groups and works with clients individually to resolve both short and long term challenges. Cathy runs three to four groups per day⁴. She participates in DMH Individual Service Plan (ISP) meetings for all clients, attends all staff meetings and contributes to treatment planning discussions.

One identified difference is that Cathy has not been responsible for a caseload, which is associated with a large amount of paperwork for clinicians. Case management is, however, being added to Cathy's list of responsibilities, which both clients and staff are aware of. Staff's perspective included:

"She's an integrated member of the team. She's involved in all team meetings and discussions. She has just as much say and equal weight as anyone else. She doesn't have as much responsibility as far as paperwork, but runs groups, is accountable for safety, interventions and limit setting, making sure group processes are functioning effectively."
Coworker #2

"People on staff come to morning meetings, run groups, do paperwork, have a caseload of people whose treatment plan and casework they are responsible for. The only difference has been that she hasn't had a caseload and now she's picking up a caseload." Coworker #1

Peer specialist makes unique contributions

In addition to being able to perform the majority of comparable job responsibilities described above, Cathy makes several unique contributions as a staff member. The following are some of the unique contributions reported.

1) Cathy shares lived experience with both mental illness and day treatment

Cathy shares her personal experience of mental illness and her perspective of the day treatment program with staff. She brings this perspective to staff meetings and treatment planning. At intake and ISP meetings, she shares her personal experiences with clients and providers from other agencies, especially around the specifics of the day treatment program and sometimes medication issues. As Cathy states, *"[At intakes] sometimes a certain medication is mentioned or how long someone will be in the program, something I have experience with... In the ISP meeting, I'm a peer to the client."* She assists the staff in understanding the client's perspective as soon as they come for their intake and on an ongoing basis thereafter. By bringing this perspective to the staff, she is encouraging and demonstrating the potential for recovery. As the clinical director stated, *"It is most important with staff, she can voice the member's perspective. She can translate; say 'You're not getting it.'"* As the program coordinator stated, *"She's the*

⁴ Examples of groups led by Cathy in one week: "Kitchen/Campaign/GED"; "Dual Recovery"; "Walking Wellness"; "WRAP"; "Newsletter/Book Club"; "Cinema Therapy".

ensor, if we fall back into old language and familiar ways of doing things. She's the gatekeeper of keeping us on the path to our mission."

Coworkers and clients recognize that Cathy can relate to clients in a different way than other staff members. Her lived experience with mental illness and the mental health system, including this very day treatment program, give her credence with clients that other clinicians can't get. She shares her personal recovery story with clients on an individual basis, especially when it may help with mutual understanding of issues around medications and side effects. Additionally, Cathy has been more available than other staff because she was not managing a caseload.

Clients believe that Cathy's empathy is genuine because she has been a client of the program and shares their experience. Clients report they trust her; she listens to them and she makes them feel accepted. Clients report she is helpful and understanding; a positive and affirming presence in the program. Clients also turn to her to be a mediator when they have conflicts with peers or staff.

"It isn't as much of a power thing with her, she relates better with us... She understands the anxiety on the first day and makes herself available. She helps with how to get places, where things are, what to expect from group, how staff works, how they run group. It is important that she knows staff and the people and how it used to be." Client #1

"She can relate and help you out; she is not just reading from a textbook." Client #4

"I come at her a different way, I can talk more openly. I can explain how a staff has made me uncomfortable and call a meeting with them. She is a link between me and staff." Client #1

"Clients know her well... She can communicate on a level that clinicians can't have. She has hospitalization experience that other clinicians don't have. She's experienced severe mental states that we haven't had. As much as we can empathize, we don't know it. We have that barrier." Coworker #2

2) She's a role model to clients

Clients report feeling inspired by Cathy as an example of recovery. In some cases, clients express a desire to become a peer specialist. Others are inspired to get jobs, or go to school, or pursue some other career goal. Clients speak of Cathy with hope and pride. They're proud of their peer who has achieved her goal and is finding success in her new role. Each person speaks of renewed hope for themselves, that they might achieve a similar level of success.

“I’m also interested in the Peer Specialist for myself, to do counseling. Cathy is an inspiration. Knowing she was in the program was inspiring... [At the program] they’re really about what you want to do.” Client #1

“I want to be a nurse... Cathy keeps ... telling me to take one step at a time, put the past behind you, look forward. I see her as a role model, she’s been through it. It’s cool to know she was a client here. If she can do it, I can.” Client #3

3) Cathy is both a manifestation of and an agent for “transformation”

Cathy is a test case for having a peer specialist on this staff and also an agent of change at the program. As she demonstrates the success of a peer specialist, she continues to encourage change. Cathy’s transition from client to peer specialist was initially a personal goal, a part of her own recovery plan. As she is becoming more experienced and settled into the role of peer specialist, her goals are shifting toward change and improvement on a programmatic level. This shift is motivated by her prior experience as a client at this day treatment center. Cathy said, *“I want to be involved... When I was here as a client... it was not goal oriented or person centered; it was a maintenance depot. The clinicians suggested what treatment goals people have, it still bothers me. I find myself saying more and more to clients, ‘this is your program. What are your goals, how do you define them?’”*

“She was here for eight years and she got to where she got. She’s part of changes in the program.” Client #1

“Cathy is bringing recovery to groups and the program.” Clinical director

B. Factors identified which contribute to Cathy’s success

Environmental changes that encourage a transformative approach

Historically, this day treatment center utilized a strength-based model. However, when the client base shifted to include more Medicare clients, the service model became more clinical. In more recent history, three changes have encouraged the center to return to its strength-based model; (a) the new Executive Director has provided a consistent direction toward transformation; (b) the client base has changed to include more people in acute states of illness and history of trauma; and (c) Medicare and Medicaid have shifted focus toward moving clients more quickly into the community. These changes set the stage for the transformation, which includes the addition of a peer specialist on staff.

Agency and program leadership strongly supports the peer specialist

Leadership, made up of the program coordinator and agency directors, directly contributes to the success of the peer specialist at the River Valley Counseling Center’s day treatment program. Their input infuses the day program with the culture of acceptance and respect for Cathy in two

ways in particular: 1) direct support for Cathy, and 2) communicating a clear message to other staff that the culture of the team is becoming recovery-oriented, and the peer specialist role is part of that change.

River Valley's Executive Director and Clinical Director have advocated for the peer specialist position and have been involved in Cathy's transition from client to staff member. They have ensured funding for the position and made it clear to staff that the program coordinator and Cathy are supported in their efforts. The clinical director attends staff meetings and ensures that Cathy's role as peer specialist is clear and her contributions are recognized. The leadership's investment in the success of the peer specialist is demonstrated by the clinical director's comment: *"My rule is that she's [Cathy's] part of the team, a respected professional. I want to hear what she has to say, see her do a good job, see her succeed."*

"In the early stages of the internship there were a few times I didn't feel 100% staff support and I doubted what I was doing. [The executive director and director] got more involved and staff saw that the little I was doing every day made a difference." Cathy

The program coordinator came to the day treatment program with a "strengths-based" perspective. She values education and believes that it is possible for all of the clients to attend college if they choose to. She is described by a colleague as a "visionary person," bringing her belief that "people with mental illness can and do recover" to the day program's transformation. The program coordinator places a great deal of emphasis on the consumers' ownership of the program. Having already subscribed to a recovery philosophy, she was ready to bring a peer specialist onto her staff when she came to the program in fall of 2005.

"[The program coordinator] is different because she has more faith in people and their potential for recovery." Psychiatrist

"[The program coordinator] has brought a strong intention to make clients and members' voices more present, more heard, more integrated." Clinical director

"Sometimes I talk to [the program coordinator] one-to-one. It's been positive when I'm feeling down. We joke a lot and have fun." Client #2

"Our agency had never heard of peer specialists or peer support or the Leadership Academy. [The program coordinator] introduced all these things to my world and to the agency's world." Cathy

Intensive one-on-one support is provided by the program coordinator. Cathy has received daily supervision from the program coordinator since her internship started. Daily meetings are a time for training and for Cathy to share concerns and questions. (This intensity will be reduced as Cathy completes her training period.) Cathy and the program coordinator enjoy an affable relationship and find informal opportunities for one-to-one time during smoke breaks and shopping trips for program supplies. Clients and staff see the peer specialist and program coordinator as a team, working closely together and holding similar ideals.

“I still get daily supervision. It’s an opportunity to bounce ideas off of [the program coordinator]... It’s informal, giving a heads-up about what may happen for a client, either difficult or positive... I can go to her anytime; she gives me the freedom to make decisions.”
Cathy

“I feel a member of the team. Staff knows I’m not a clinical person, I’m not at that level, but I feel accepted. During staff meetings I’m encouraged to speak openly. I don’t feel restricted; I don’t get any dirty looks.” Cathy

Cathy has personal attributes that contribute to her success

Cathy’s coworkers describe her as “open, communicates well, listens, stays calm in crisis situations, maintains calm,” “intelligent,” and “picks things up very easily.” Staff report that she embraces challenge and Cathy says that she seeks help when needed. Cathy is described as “observant” and able to “navigate strong personalities.” Staff members report that she is a positive person.

“I was optimistic, but didn’t think it would be [this] good... it’s her personality.” Coworker #2

“Cathy’s nature accounts for the success, too. She can probably get along with anybody!”
Psychiatrist

“She’s very special. I’m not sure everybody can be a peer specialist in the area they were treated. She’s sure of who she is.” Program Coordinator

C. Challenges... and Opportunities

Throughout the interviews with the peer specialist and staff, challenges were noted. Some of these have been successfully negotiated, others are ongoing. Most notable were the growing pains associated with Cathy’s transition from client to staff member, the perception of risk associated with adding a peer specialist to the staff, and the organic nature of the day treatment center’s transformation. One potential future challenge, adding case management to the peer specialist’s responsibilities, is also discussed.

Transitioning from client to staff

Making the transition from client to staff hasn’t been easy. Cathy overcame feelings of inadequacy and fears related to the challenge of taking on a new job with little formal training. She worked through frustration over the steep learning curve. In addition to these concerns, Cathy reports she initially did not feel strong support from the staff. Over time, this situation has improved. As Cathy stated, *“I think there was some hesitancy on their part when I became a*

peer specialist because they did know my story.” Through these challenges, Cathy exhibited a positive attitude and resiliency.

“During a staff meeting a situation with a client will come up and they’ll turn to me. It used to be a sarcastic ‘What does the Peer Specialist think?’ Now, they just ask, ‘Cathy, what do you think?’ I feel like a peer to two groups.” Cathy

The director and program coordinator’s commitments to Cathy’s success have been essential in garnering the support of the rest of the staff. This was accomplished through regular attendance at staff meetings, where the clinical director purposefully encouraged Cathy to participate and recognized the value of her contributions.

With that support, being a former client of the program ultimately has contributed to her enhanced productivity. Along with being an inspiration to current clients her history with the program seemed to generate trust with staff. One staff member suggested familiarity with Cathy’s sense of humor and illness history likely made it easier than hiring an unknown person onto the staff. This staff member also noted that the transition of roles was easier because Cathy had not been on that staff person’s case load for the two years prior to the transition. While discussing this transition, her coworker stated, *“The difference is that a year ago I wouldn’t have come to her and asked what she thought about a client, now I do.”*

Competing goals: equality in job responsibilities v. availability to clients

While Cathy is not a licensed clinician, she has attended two intensive trainings in peer advocacy and support through the Transformation Center. During her lengthy training period on-the-job, she has not been a case manager. Her colleagues have had additional case management responsibilities during this time period. In an effort to equalize roles and responsibilities, Cathy will begin case management duties soon. As one coworker stated, *“I’m glad she’s taking on a caseload, for practical reasons. It makes her job more functionally identical to ours.”*

Cathy and the clients perceive that she has more time for problem solving and talking because of less paperwork. Her increased availability is highly valued by clients. This availability may change, as she adds case management to her responsibilities.

“I have more time because I’m not typing treatment plans and writing monthly notes. I can help people coordinate their transportation and help make contact with providers. Takes the pressure off the clinicians... Clients know they can come to me, being accessible is easier for me.” Cathy

“You don’t feel like you’re bothering the staff... Cathy is easier to get to... Peer Specialist’s role is to be here to help us make our recovery as easy as possible. To guide us, offer help calling for transportation or insurance. I go to her first because I know she doesn’t have a caseload.” Client #1

Staff uncertainty about value of peer specialist

According to the staff, there was “risk” involved in hiring a peer specialist; success for this change was uncertain. As one coworker said, *“We didn’t know what we were getting into, but we gave it a shot to see what turned out- like painting. Take a risk and do it. Cross bridges and deal with problems if there are any.”* There were three notable concerns associated with taking a “risk” and hiring a peer specialist: clinical language issues, billing issues, and staffing the program with one less clinician.

During discussions about hiring a peer specialist, staff report concerns were raised about the use of clinical language in the presence of a consumer. One coworker stated, *“We had a lot of discussions about [working with a peer specialist]. We talked a lot about language, especially language. I come from a very clinical background.”* Another coworker described the need for ongoing efforts to revise the language used to describe their work, *“There is no inherent need in [skill-based models] to talk about diagnosis or illness. Yet, with paperwork requirements, we are forced to at least write in an illness language. I think it would be nice if she [the peer specialist] did help us to change our language.”*

Billing was an issue, especially during the training period, since Cathy is not a licensed clinician. During her training period, Cathy’s time was not billable. Strongly committed leadership was essential to overcoming the obstacles associated with billing, *“There was politicking about getting the job. In terms of money, it’s a risk. I advocated for her to be here... it effects how much we [the program] are paid. We decided to go with our commitment rather than the conservative option.”* Now that Cathy is a full-time staff member, her time is billable. MBHP does offer a bonus to day programs that hire peer specialists; however this center was not aware of it until after hiring decisions were made. These financial “risks” were undertaken for the purpose of acting upon their philosophical ideals, to demonstrate they could “walk their talk” by “putting money where their mouth is,” according to the clinical director. The sense of “risk” was ameliorated by knowledge that Cathy was capable of performing her responsibilities at the same level as other staff.

The position that Cathy filled was previously held by a clinician. Therefore, caseloads had to be redistributed and the remaining clinicians took on a greater case management load and increased paperwork. The difference in this paperwork was previously noted as the main difference in her role. As the program coordinator said about her decision to give Cathy a caseload, *“When Cathy was hired, instead of a clinician, others had to take on more work. I don’t want any resentment. It’s partially for equilibrium. Ideologically it’s better for her clients.”*

There is no manual for “transformation”

“Transformation is an initiative, not a specific model.” Clinical director

The organic nature of this transformation is striking. As the clinical director said, *“I’m learning on the fly with [the program coordinator]. We went to the Larry Fricks training [last month].”*

No other direction. I've gone on the web and read the CPS training manual. We have discussions with the team, we are training ourselves. I think it's working pretty well."

Acting on their conviction, the directors and program coordinator decided to add a peer specialist to the staff and nurtured Cathy's growth as she was learning the job and facing challenges associated with her transition. When faced with reticence from the staff, these leaders, who hold the position and budgetary power to actualize their plan, remained firm in their resolve and gave the peer specialist encouragement and support. Using her own professional training as a model, the program coordinator developed an intensive mentorship plan. The program coordinator stated, *"I've trained Cathy the way I was trained, with the same supervision that I had as a dance therapist. We still meet every day. A lot of work was hands-on. We did groups together and gradually I backed away."*

With so many unknowns, it is no wonder that hiring a peer specialist felt like a risk. In the absence of a manual, it seems that the power of their philosophical convictions has helped people at the River Valley Day Treatment Program stay the course and overcome the challenges as a team.

Staying well

Becoming a peer specialist is a change for Cathy. She's returned to work after a lengthy absence from the work force. Cathy recognizes the importance of her own health and reports that the program coordinator has been flexible and will allow Cathy time, or whatever she needs, to maintain her health.

"I'm worried about her a little bit... I know other people are concerned and there is a heightened awareness of vulnerability because of a mental illness history and medical problems due to meds." Psychiatrist

"My biggest concern is staying well. I know that if I feel overwhelmed I can go to [the program coordinator] and I can back off. My last job was eight years ago!" Cathy

V. Discussion

As demonstrated above, Cathy is satisfied and productive in her peer specialist work. She feels positive about her role, having achieved her personal recovery goal of returning to the work force, and is pleased with the positive feedback she receives from staff and clients. She is productive, as demonstrated by her unique contributions, her accomplishments in reinforcing changes in the program's focus, and the benefits as described by clients, especially the inspiring nature of her movement from client to staff.

The clients we spoke to see Cathy's move to peer specialist as an unqualified success. They report many benefits, including having a representative on staff, having a staff member who can relate to them and having a source of inspiration to succeed in their own recovery. A potential

challenge in the future will be Cathy's availability being reduced as a result of the addition of a caseload. As noted, staff described a belief that Cathy's success is due at least in part to her positive personal attributes. On the other hand, clients do not necessarily describe Cathy as different than themselves. She is a peer who has been successful in meeting her recovery goals, and clients are optimistic they will be able to achieve similar successes.

Several challenges have been described, related to Cathy's history with mental illness, creating a position for a peer specialist and managing the transition from client to staff. In each of these challenges, the support of leadership was instrumental in overcoming barriers to success. Intensive one-on-one mentorship from the program coordinator and visible support from the clinical director during staff meetings laid the groundwork for a successful transition. As noted, the transition did not always go smoothly, but with support, Cathy has negotiated the difficulties of learning a new job, earning the trust and respect of her coworkers and staying healthy. She reports feelings of acceptance from coworkers now. Her many positive personal attributes have no doubt helped her in managing the changing relationships.

In this particular case, the top-down nature of "transformation" has been essential to its success, although there are hints in the interviews that it may have also been problematic. It is clear that these changes have been a challenge for both the peer specialist and her coworkers. Moving away from familiar models and language is not easy. The pace and magnitude of change have been dictated from a leadership team, with the expectation that staff will adjust. Additionally, the position of peer specialist was dependent upon buy-in from the directors, who control the budget. The clinical director is invested in her success, and it seems to be working, despite the difficult adjustments of clinical language and having one less clinician on staff.

VI. Conclusion

"Every time I come in people come up to me, people want to talk to me. They've been following my journey... What [the executive director, clinical director and program coordinator] are allowing me to do is so empowering... Sharing lived experience, being as knowledgeable as I can be about as many things as I can to assist others in getting to the point I am at now. I have my own office, my phone extension, I have a life! I make my own decisions and let people know they can make their own decisions... With support, there is no end to the possibilities of this position." Cathy

In conclusion, this report documents the experience of how one day treatment center incorporated a peer specialist into an existing team structure. Nevertheless, these experiences can be distilled into some key points which may be useful to other similar settings. Firstly, leadership and staff must have trust in the individual peer specialist and buy into the philosophy of transformation. Though some staff may have had concerns about the changing service model and pace of change, over time and with guidance from the leadership team, coworkers have succeeded in making Cathy feel accepted and respected.

Secondly, strong and invested leadership who provide direction and support is key. Intensive mentorship for the peer specialist in the form of personalized training and frequent supervisory meetings was an essential contributing factor in Cathy's feelings of satisfaction and productivity. Additionally, directors who are advocates and who are invested in the peer specialist's success reinforce positive changes.

Thirdly, in addition to environmental factors described, personal attributes of the peer specialist contribute strongly to success. Cathy exhibited dedication to her work, good communication skills, a positive and hopeful outlook for her clients and personal resiliency when faced with difficulties.

Lastly, Cathy's case demonstrates that being a former client of the program can bring challenges, but if they are overcome, familiarity and program-specific expertise can offer some unique benefits, particularly in the longitudinal observations of everyone at the program that recovery and employment is possible. The power of observing Cathy's success is remarkable and appears to have the power to touch both staff and clients alike.

Appendix A: Example Interview Questions for the Peer Specialist

1. Background

a. Hiring Process

How did you hear about the job?

What was the hiring process like?

When were you hired?

Why do you think they hired you?

b. Personal Information

Why did you want to be a Peer Specialist?

Do you enjoy your work? What do you like/not like about it?

What are your goals for your work as a Peer Specialist?

What barriers have you encountered which might prevent you from achieving your goals?

c. Training

Did you have training for being a Peer Specialist before your current job?

What training have you received during your job here?

Has the day treatment staff received any training about working with a Peer Specialist? Do you feel they should? Has it been helpful?

2. Working at the day treatment program

a. Define Role

Please define peer support in your own words.

Why do you think that peer support is important?

Please describe your role in this organization.

Were you involved in designing your job?

b. Work Life

Describe your work week.

Do you work enough/too much?

What are the challenges that you face in your job?

How do you overcome these challenges?

When you have a problem that you cannot resolve yourself, what do you do?

How do you approach a new client?

Describe a positive experience working with a client.

Describe a negative experience working with a client.

c. Supervision

Who's your direct supervisor?

What is your relationship with your supervisor?

Describe your supervisor's management/leadership style.

How regularly do you receive supervision?

What type of supervision do you receive?

Are you satisfied with the level/style of supervision that you receive?

Who decides who you will meet with and when?

Are you satisfied with that system?

d. Benefits

How do clients benefit from your work?

How does the program benefit from your work?

How do you benefit from your work?

3. Relationships

Please describe your relationship with the staff.

Do you have a role model in this organization?

Please describe your relationship with your clients.

Do you believe your peers value your work?

Do you believe the staff values your work?

Do you feel valued? (Listened to by staff? Treated as an equal?)

Do you feel safe sharing your personal history with mental illness with staff? With clients?
Why do you feel that way?

4. Wrap-up Questions

What are some things you've learned about being a good Peer Specialist?

Your team has been identified as one which successfully works with a Peer Specialist. What do you think is the corner stone of that success?

Do you have an opportunity to share experiences/ideas with other Peer Specialists?

What advice would you give to other peer specialists?

What advice would you give to program staff who work with a Peer Specialist?

Does your workplace foster your good health/wellness?

What are your future plans?