

Case Study of Factors Contributing to the Successful Integration of a Peer Specialist into a PACT team



Consumer Quality Initiatives, Inc.

**Kirstin Lindeman, MPH
Jonathan Delman, MPH, JD**

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

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 can contribute to the success of a peer specialist within a clinical delivery model, in this case a Program for Assertive Community Treatment (PACT) team. After a series of informal inquiries, CQI determined that the South Shore PACT team qualified as one that was having a successful experience with a peer specialist. Individual open-ended interviews, observations and document reviews were conducted in March and April 2007.
- We have defined a successful peer specialist as one who is both satisfied and productive in relation to his/her job, which our findings confirmed in this case.
- Ellen, the peer specialist, is very satisfied with her job. First, she finds working with clients very rewarding. Second, she feels that she offers value to the team. Third, she feels supported by the team leader, who permits Ellen the job flexibility to succeed. Last, she gets along very well with other team members.
- Ellen is also a very productive worker, something that is recognized by all team members, as well as Ellen. First, she works very hard. Second, she brings unique contributions to the team, both in offering peer support to clients and in bringing the client voice into discussions of assessment and treatment.
- The integration of the peer specialist into this PACT team has been successful because the following elements are in place:
 - She is considered an equal member of the team.
 - The team leader and staff are committed to making the peer specialist job work, starting from the hiring process.
 - This particular PACT team overall was observed to be cohesive and relaxed, making for a good workplace culture overall. Coworkers indicate they place high value on helping and supporting each other.
 - Ellen was able to negotiate a period of adjustment to job successfully, as she felt that she did not have the training and needed to prove herself. The team leader and other staff supported her through this process.
 - Ellen is very competent, likes her job and is motivated to be a positive contributor to her team. Ellen places high value on being a good employee.
 - Both she and staff believe that she has had a positive impact on team performance and client outcomes
 - Helping the team understand the client perspective;
 - Offering supportive listening to clients to help them achieve their goals;
 - Connecting clients with community resources.
- The team and Ellen have faced some challenges as well. They include Ellen’s balancing productivity with staying well, Ellen’s being both a consumer and a staff person and the team’s desire to maintain relaxed casual time, which could be disrupted by the presence of a person with lived experience of mental illness.

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I. Overview

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. 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, the peer specialists provide expertise that professional training cannot replicate, modeling competency in recovery and maintaining ongoing wellness.

Peer specialists often work as part of mental health programs, such as Programs for Assertive Community Treatment (PACT). PACT is a service-delivery model that is designed to provide comprehensive, locally based treatment and psychiatric rehabilitative assistance to people with “serious and persistent” mental illnesses. PACT teams are made up of staff with complementary expertise, including psychiatry, social work, nursing, housing assistance, substance abuse and vocational rehabilitation. In that context, peer specialists provide essential expertise and consultation to the entire team 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.

PACT teams have had mixed success with integrating peer specialists. Since the peer specialist role is not strongly defined, success is dependent on a solid collaboration between the team and the peer specialist. The peer specialist brings a unique perspective to a treatment team, but that perspective has often conflicted with other team members’ philosophies and actions. That conflict has often not been resolved, resulting in discomfort around the peer specialists and short tenures with the team.

With the goal of improving knowledge of factors which contribute to the success of peer specialists, 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.” <http://www.cqi-mass.org/index.php4> 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 that reflects the needs of the community.

Based in Massachusetts, CQI has a full-time staff of six, 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, 2003)¹ 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.

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 on PACT teams and day programs based on audits it participated in and through trainings.) Using this experience and definition, CQI selected the PACT team in Quincy, Massachusetts, run by South Shore Mental Health, Inc., as an appropriate site for the study. The peer specialist and team leader onsite agreed to participate.

Data Collection

Interviews, observations and document reviews occurred in March and April 2007. Individual personal interviews were conducted with the peer specialist, team leader, psychiatrist, a nurse, three additional staff members and two clients identified by the peer specialist. Interviews were conducted by three CQI staff members using a semi-structured interview protocol (See Appendix A). Observations of daily organizational meetings, staff meetings, treatment meetings and casual interactions were made by three CQI staff members. The team leader provided the following documents for review: organizational chart, current peer specialist job description and interview questions from the peer specialist hiring process. Corroborating evidence regarding the role and activities of the peer specialist were found in meeting comments and shift logs.

Additionally, the peer specialist kept a journal throughout the course of the study where she recorded thoughts and reflections upon her work and interactions with coworkers.

Analysis

The three CQI staff members who participated in the data collection had periodic discussions regarding themes and patterns in interviews and observations. Interviews were coded and themes which could be corroborated by evidence from observations and document reviews were

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

identified and are included in the following report. Italicized comments below are from the personal interviews and the peer specialist's journal.

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 six-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 words².

The study has some limitations. Case studies are not designed to be generalizable; this is an in-depth exploration of one PACT team. 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.

IV. Findings

A. A Successful Peer Specialist

Ellen and the staff confirm that she is both satisfied and productive with her role as a peer specialist.

Satisfied:

"I'm absolutely satisfied. I didn't think I could do this job when I was told about it, 'cause I didn't know what it consisted of, but now I believe I can and I'm very, very satisfied." – Ellen

Throughout conversations with Ellen, it was apparent that she considers her work very **rewarding**. The satisfaction that she receives from her work with clients motivates her to be a hard-working, reliable and productive PACT team member.

"I know that my job is important and I take it pretty seriously...I will be doing it for a long time because I love what I do. Had I not gone through so much in my personal life I wouldn't have known how gratifying my job could be." - Ellen

In addition, Ellen believes that her **opinions are valued**, which contributes to her self-esteem. She finds that her co-workers trust her judgments, seek out her opinions and request her advice based on her personal experience. She finds that her personal experience is valued just as education is valued in the other specialists. Ellen also feels that she is **adding value** to the team.

² 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.

“And it helps to have the people around you make you feel like you’re satisfied, well not like you’re satisfied, but like you fit in... I mean I have people coming to me for support, staff members. ‘Can we talk?’ and I’m like wait a minute, I don’t have any letters after my name, you know. It’s kind of neat.” – Ellen

The team leader has supported Ellen’s development by providing **flexibility in her schedule** which allows her to attend workshops and courses. Ellen is also free to attend peer specialist support groups.

“When I first started and I had pneumonia, people were like, ‘Take all the time you want. We’re here and we’ll cover for you.’ It’s like, wow! ...It’s nice because before I did this, I didn’t have a lot. I kind of kept to myself...I’m doing different things and going to workshops and conferences, and they want me to learn and grow. They want me to stay.” - Ellen

Ellen’s personal and job satisfaction encourages her to work hard and contribute to team efforts. She knows that team members want her to succeed. Her high level of productivity contributes to her coworkers’ perception of her as a valuable team member. These two factors, Ellen’s desire to be productive and her coworkers’ appreciation of her productivity, result in positive work relationships with her coworkers and increased mutual trust.

Productive:

Although Ellen is not a “primary” on any of the mini-teams, she is perceived to be as productive as other team members. Ellen works a full 40-hour week and rotates through the same responsibilities as other coworkers, including shift manager once per week and weekend duties as the team’s scheduling policies dictate. For this PACT team, that means one Saturday each month. Ellen participates in all team meetings, makes home visits for ADL support, peer counseling and social support, and completes a variety of other tasks, including but not limited to: progress notes, medication observations, helping other staff, taking clients for errands, visiting clients in the hospital, taking clients to appointments, visiting a client in a nursing home, sharing her personal recovery story with clients and staff and educating clients about medications. Ellen is on many mini-teams and attempts to visit each of her clients every week. If she can’t see them, she calls them. Ellen reports seeing two to three clients per day. As one staff person noted: *“She’s a member of the team, one of our coworkers.”*

Ellen’s work, both as a specialist and a team member, yields positive outcomes for clients. In addition to her work with clients, she educates and supports her coworkers in a variety of ways. Her high level of productivity was confirmed by staff comments and observations of meetings and shift logs. As noted by one staff member, *“She’s got a wealth of resources, and she’s got an ability to kind of make things work.”*

As illustrated by the comments made by staff, Ellen is valued not only for her pleasant personal qualities and “can-do” attitude, but also for other hard and soft skills which she uses to help clients. Ellen helps clients both through direct contact and indirectly by contributing her unique knowledge and perspective to team meetings and treatment plans. She is considered an essential member of the team by her colleagues. As noted by one staff member:

“Now, I don’t know if that’s because she’s a Peer Specialist and her experiences, or if it’s her. But what I find... is that clients seem to be a lot more cooperative. She seems to get them to progress more than they do for us. I’m not sure why that happens, I don’t understand the magic, but it works.”

B. Factors contributing to peer specialist success

1) Considered an “equal member of the team”

As noted above, both Ellen and team members consider her an “equal member of the team,” as productive as other team members³. As all team members do, Ellen covers for coworkers who are sick or have conflicts, and pitches in as needed to ensure that the needs of clients are met. Her coworkers seek her out for assistance and trust her to do a good job. According to her coworkers, when she volunteers to do something, it gets done right. As one staff person noted: *“Not only is she supportive, not only is she a go-getter and a volunteer, she does everything that we do, plus more. You count on Ellen.”* And Ellen is confident with these responsibilities: *“I don’t do therapy with people, but otherwise, I can do alright all on my own. And I do pretty much anything anyone else does.”*

In general, this factor is important because it can mitigate any latent skepticism or resentment from team members who have been concerned with having a peer specialist on a team.

2) The important skills and personal qualities of Ellen as a peer specialist

An important piece of the puzzle here is the important skills and qualities of Ellen. Ellen is by all accounts hard-working, empathetic, accommodating and self-effacing. With these qualities, she has been able to successfully maneuver a difficult job. That is, the peer specialist role is complex in that s/he is not only there to help clients directly, but also to help maintain a recovery-oriented team culture. As noted by Teresa, the team leader:

“I kind of think of her job in three parts. One is ... helping the team understand things that they might not understand from the client’s perspective. And then working individually directly with clients, which she also does a great job at. And then the other is more community based.”

³ Ellen is not a “primary” for any client and feels that this “takes the pressure off”. This policy is written into the revised PACT Peer Specialist job description, a change which both Ellen and the team leader endorse. Ellen appears very comfortable stating that she does not have the education or expertise to be a “primary” and prefers to spend her time on tasks for which she has received training. Though Ellen did not participate in this decision regarding her job description, she is very happy with it. Ellen and her coworkers recognize and value her lived experience and feel her unique contributions make up for this difference in job responsibilities.

Below are some of the ways in which Ellen’s qualities combine with the peer specialist role to produce valuable outcomes.

Helping the team understand the client perspective

“I think sometimes when I say something it kind of opens [the team’s] eyes to other things. At one meeting, I think it was Teresa, she was like, ‘That’s so simple. How come we didn’t think of that?’ I’m like, ‘Cause I’ve lived it.’ It’s different if you’re living it or lived it.” – Ellen

Ellen contributes her opinions and suggestions in team meetings. Coworkers have succeeded in making her feel confident in sharing, and the coworkers value her contributions. They look to Ellen for the client perspective in treatment planning and for “insider” knowledge about community supports and services, and they see her as an inspiring model for mental illness recovery. Coworkers frequently commented on her valuable input. Coworkers stated that she can “*remind us of the feelings... behind the [consumers’] actions*” and “*help us understand what a client might be going through.*”

“A lot of times she’s like the voice that just slows us down and brings us back to reality in a way... Ellen would say something like, ‘You know, I think she’s just afraid. And I know from when I was put in that position ...’ ‘It’s frightening,’ ‘It can be shaming.’ So really, I guess, giving the client’s voice if it hasn’t been clear in the process for some clients.” – Team Leader

Supportive listening and helping the client meet his/her goals

“A peer specialist is one that holds the hope for the client, supports the client in any way possible. [Peer specialists] try to help clients meet their goals in whatever time frame. It could be tomorrow or it could be 10 years from now... We use our common knowledge when talking to our peers... We try to empower our clients to do things that may help themselves.” - Ellen

According to Ellen, “supportive listening” is a key component of her work with clients. While describing her work, Ellen’s comments contained three main ideas: 1) listening, 2) respecting and 3) supporting clients.

*“The peer specialist is not actually the one doing, but is the one actually **supporting**... You have to do a lot of **listening**. I’m not one to tell somebody what to do. I make suggestions; quietly make suggestions, what a person could do...I like to feel like the person is relaxed around me, or as relaxed as they could be, or that they can hear what I’m saying.” - Ellen*

*“I met with one particular client...Even though she is pretty severely debilitated from her disease she still has a heart and soul and cares about certain things in her life. She can laugh. She cries. I have the utmost **respect** for her because she tries to be a good person. She deserves what every person deserves- respect, compassion, help if*

needed, support and I hold onto hope for her even if she can't hold it for herself." – Ellen

Clients indicate they feel comfortable working with Ellen because she has an “empathetic” and “intimate” understanding and offers an “insider’s” view of how to help them. They describe her as having a “professional” and “calm” demeanor, and being a willing listener. One client described positive feelings about her as a model for recovery and one client described positive impacts from Ellen’s social support.

“She’s very professional, and like I said, she can relate to a lot of things and she makes you feel better after you talk to her, ‘cause she’s always open to listening to you when she comes.” – Client #2

“It’s kind of good to know that someone who’s gone through the same things that I have, and see them doing really well and see them taking advantage of the situation, turning a negative into a positive.” – Client #1

Connected with community resources

Ellen’s knowledge of community resources is beneficial for clients both directly and indirectly, through regular contact with clients and by educating the staff about resources during treatment planning.

“If I was having a little bit of a hard time, I would talk to her and she would tell me about resources that she was aware of and things like that.” – Client #1

“She’s connected with really just about every other peer resource in this area. That really helps bring us to those resources and really just the community at large.” – Team Leader

3) “A Real Team”

– Staff person

In addition to Ellen’s positive personal attributes, she is functioning within a positive and supportive environment. The collegiality of this team is apparent in casual observation and formal meetings. It is a group of people that laugh together, appreciate and support each other, and seem to genuinely like each other. The team environment appears to foster not only Ellen’s success but each of the team member’s. Several components which appear to contribute to the cohesiveness of this team were observed in meetings and were confirmed in staff interviews. They are described below.

Supportive Leadership

“The team leader is very down to earth and listens to what you have to say. The team leader makes suggestions but thoughtful ones...She doesn’t criticize and doesn’t look down on you.” – Ellen

The team leader utilizes a “collaborative approach” to decisions and believes this increases investment. She gets staff input and has an open mind. As noted by Ellen *“The team leader respects all her staff. It doesn’t matter what kind of degree they hold or don’t hold. She asks questions and or opinions of everyone on the team including the Peer Specialist. Sometimes we agree to disagree, but that’s okay.”*

The team leader describes the team as “solid;” at the time of the study, staffing had been stable for about a year, with one RN position open at the time of the observations. The team leader reports providing the same supervision, support and accommodations to all staff equally; no special accommodations in scheduling or assignments are made for Ellen. Staff members confirm this view.

In addition, the psychiatrist is supportive and understanding of the pressures of being a caregiver. She encourages staff to take care of themselves and stay healthy. As noted by Ellen, *“[The psychiatrist] shows a tremendous amount of respect for the staff... she appreciates what everyone does on the team.”* The team leader and psychiatrist both exhibit a strong recovery orientation and belief in community care and encourage this in their staff.

Supportive Colleagues

“We have many personalities but we are all respectful to each other. Between getting work done we laugh at times but we also cry at other times and again everyone supports each other. We acknowledge when there have been particularly hard weeks or unusual weeks and we give out an award to an individual. We celebrate birthdays, good deeds, extra difficult work, etc.” – Ellen

As previously described, staff support each other on an ad hoc basis. Staff members cover for each other during illness, help each other out during crises and assist each other in meeting the needs of clients. Additionally, there is time built into weekly staff meetings for recognizing the extra needs and efforts of staff members, via an “Appreciation Award.” These occasions provide another opportunity to laugh together and enjoy each other, contributing to the cohesion of the team.

Respect

“I may not always be right or on target, but that doesn’t stop people from listening to me and being respectful. Respect is a huge part of our team whether people agree or disagree.” – Ellen

An assessment of respectful interactions was based on observations of team meetings and casual contact and conversation in the staff room and in the waiting room with clients, along with interviews. Communication was not reserved; it appeared that people felt free to speak their mind, and differing opinions were discussed in a respectful manner. Ellen was not observed to be amongst the most talkative during team meetings, however, her input was solicited by the team leader and staff, and her input was considered and added meaning to discussion. As Ellen noted: *“When they write treatment plans, I’m like everybody else, making suggestions; like what about trying this, or not trying that, or it being too much.”*

Teamwork

“We all work together as a team. It’s not about what one person wants, it’s ‘we’ for the client, everyone is working toward a goal for each and every client.” - Ellen

The team works together to achieve a common goal: meeting the needs of the client. Coworkers recognize and appreciate the efforts that others make to pitch in and help out whenever a client is in need. In this way, all team members are equal, not pigeon-holed into their specialty; peer support, vocational support, housing, etc. Ellen has become a member in full standing of this team because she is willing to function in this way. As one staff person noted:

“The teamwork. We all rely on each other to make the day go by. I think without that support, we wouldn’t be able to last. Because ...we all need to put it on the table, such and such needs to be done. It might not be your client, it may be somebody else’s, and if we’re not all willing to participate and do something that isn’t just your job, or your client, or whatever, we wouldn’t be able to get clients to what they really need.”

Equality

All the specialists on the team (peer, housing, vocational, rehab, etc.) appear to be treated equally. Each specialist brings specialized knowledge, but no specialty is considered more important than another. Coworkers appreciate the support they receive from Ellen. When coworkers discuss supporting Ellen, it is in the spirit of reciprocity, not a favor or accommodation. As one staff person noted:

“Half the time I forget she’s a Peer Specialist. I don’t even think about it and I just kind of treat her like everyone else. And I think she appreciates that. Honestly, half the time I don’t even think about it. It doesn’t even really cross my mind.”

Recovery Orientation

Staff members in general appear to believe that their clients can have a better future, participate in meaningful activities and exercise self-determination. As the team leader notes:

“I think everybody on the team truly believes in recovery and including the client and listening to the client. It’s their treatment and we work around the client in their schedule, that type of thing. So we truly believe in that and there’s no reason why somebody like Ellen, who has a history, that she can’t work right along side us.”

C. Challenges

This team functions well and Ellen has been a highly successful member of the team. However, there are ongoing challenges in their work together.

Balancing Productivity with Staying Well

Productivity is closely tied to Ellen’s satisfaction and self-esteem. However, balancing productivity with personal health is a challenge, recognized by Ellen and her coworkers.

As Ellen notes: *“I’ve learned if you don’t take care of yourself you can’t really help anyone else. Accept help if it is offered and give help if you can. You have to do this job with your eyes wide open.”*

Over time, Ellen has learned to trust that her coworkers will not view her negatively if she needs to take a break and they want her to be successful in balancing work with her own health. Ellen routinely seeks support from the team leader during “supervision.” The team leader’s management strategies and the supportive nature of coworkers improve stress management by allowing a flexible schedule and time off for “mental health days” as required by any staff member, including Ellen. Whenever the issue of Ellen feeling overwhelmed came up in conversation, coworkers described ways they support her, by giving her time off and relieving her work load. However, these comments were often followed by the assertion that it’s the same they would do for anyone.

Being Both Consumer and a Staff Person

In the journal entry below, Ellen describes one of the unique challenges of being both a consumer of mental health services and a service provider:

“I sometimes believe that being both a client (consumer) and staff are sometimes harder because I believe you have to sometimes work harder. I see both worlds and it’s not always easy nor better. ... You see the good and the difficult times of a client, you empathize with them if they are going through a difficult time, but you also have to be realistic that people are going to go through difficult times but you have to have hope that they will rally.”

Not much training or experience

“There’s not knowing if I’m making a right decision for a client ...I just second guess myself.” – Ellen

Ellen does not have much training in mental health care provision. Ellen routinely seeks advice from the team leader, psychiatrist and other staff members, in addition to her weekly supervision meetings with the team leader. Ellen has been granted flexibility in her schedule to attend several conferences and peer specialist meetings.

The team leader described a need to be conscious that Ellen does not have formal training and requires more mentorship than other formally educated staff:

“Some stuff comes naturally to her, obviously, that’s why she’s good at her job, and she knows the system. But, she still needs the same and really more training in this position than other folks, because others have their Master’s and they’ve had jobs in the field and so they have a head start on her.”

Inviting a consumer into the staff room

From the team’s perspective, there were concerns about hiring a peer specialist who could fit into staff’s casual time. Leadership and staff recognized the need to have a place and time when they could release their stress by laughing together about their experiences with clients. Participants described feelings of anxiety around this issue prior to hiring Ellen. As one staff person noted:

“People were concerned; you’ve sat in our meetings and there’s a certain amount of levity that goes on in there to release pressure and stuff like that. And there’s always the concern that this is going to appear insensitive to people.”

The team developed a set of interview questions for use during the hiring process intending to assess whether a potential hire would fit into the team in this regard. Staff members feel that they successfully addressed these concerns through that hiring process. As one staff person said:

“With Ellen, I can come in and she can laugh at it or she can say ‘I know. I went through it.’ I feel more like I can say what I want to say and I’m not going to offend anybody or anything. And let Ellen know, ‘I’m sorry, I shouldn’t have said that,’ and she’s ‘Oh no, you needed to let it out.’ She’s very understanding.”

Period of Adjustment

Ellen left her previous job after nearly a decade of employment in an organization where she “worked 50 hours a week, if not more. It took a toll.” She was approached by a DMH staff member regarding the peer specialist opening at Quincy PACT. Ellen was not familiar with the PACT model and uncertain about the role of peer specialist. She did not have any prior experience with providing mental health services, but had been a consumer for some time. After a short period of uncertainty, Ellen decided to apply and proceeded through a lengthy hiring process, including multiple interviews with the team leader and other staff. According to Ellen, at the end of the process “I knew I wanted the job. I just, I felt like I could be of some assistance or I could fit in.” When asked, why, after such uncertainty, she came to have such a strong desire to do the work, Ellen replied:

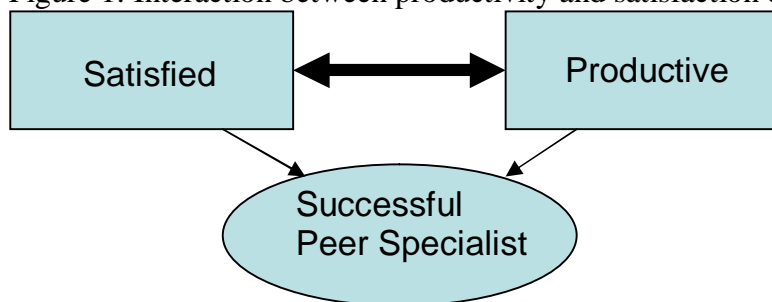
“I’d been sick for a long, long time. And to know ... that you can get better. Or that your life can change. There is hope. And I just thought I can just tell somebody something, that there is hope, or something that maybe will help some. I was just, I just knew, I had a gut feeling.” – Ellen

After joining the team, Ellen and other staff members describe a period of adjustment. She found it hard at first to trust the team leader and staff, and she had a steep learning curve. Ellen had not been trained in the service side of mental health. Ellen worked extremely hard to overcome and compensate for any perceived shortcomings. According to Ellen, “*Because you don’t know anybody, it was like walking on egg shells... probably at about six months I started feeling like I might loosen up a little and let people in, and they’ll let me in.*” Staff comments confirm that during this adjustment period, she worked harder than necessary to prove herself.

V. Discussion

As described by Ellen and her teammates, Ellen is an active member of the team, contributing to whatever needs to be done to serve the clients. She is also the Peer Specialist, sharing her personal history and experiences with staff and clients to build trust and to contribute her unique perspective to treatment. It’s clear that in this case, Ellen’s satisfaction and productivity have a strong relationship that drives her success as a Peer Specialist, as noted in Figure 1.

Figure 1: Interaction between productivity and satisfaction contributes to success of Ellen.



Ellen’s productivity contributes to her satisfaction; her ability and eagerness to work hard, flexibility and willingness to volunteer have made her an accepted member of the team. Ellen’s self-esteem and job satisfaction are high when her coworkers demonstrate they value her life experience, her personal talents and the outcomes she achieves with clients. Ellen’s productivity is a strong contributor to the satisfaction her coworkers feel regarding working with her.

Critical to success here has been Ellen’s many positive personal attributes. Ellen’s demeanor is calm, accepting and easygoing. Just as she values openness to her own ideas, she is open to other points of view herself. One demonstration of this attribute is her openness and understanding about staff “venting” in the staff room. Additionally, Ellen is not insulted by or overly sensitive about receiving criticism.

We can distill the experience of this peer specialist’s success into a few key elements which can be applied to other environments when attempting to replicate the success described in this report. Ellen has a genuine desire to work hard, do good work and be accepted as an equal. With the intensive team environment of the PACT model it is necessary to confidently rely upon a coworker for assistance at times. Ellen is the kind of colleague that anyone would want to have on their team: helpful and reliable.

Additionally, Ellen is motivated by her work with clients. Ellen appears to find high levels of personal satisfaction from this work. Challenges exist; some directly related to her hard-working nature and some to her personal history with mental illness. But ultimately she remains a positive force on the team.

Ellen’s success is not entirely based on her hard work and likeability. Several environmental factors warrant further discussion. The team leadership and staff want her to succeed and believe she can. The team’s leadership encourages a recovery orientation and community focus which benefits clients, but also the peer specialist because there is real meaning attached to the word “equal.” Ellen’s job description and responsibilities are designed to capitalize on her personal experiences and strengths; she is not expected to attempt tasks for which she is not formally trained, such coordinating treatment planning. Though her responsibilities are unique to her position, she does not occupy any different place on the organizational hierarchy than her coworkers, in documentation or in practice.

An organizational culture, or chemistry between the individuals on the team, has developed over time. The team is composed of individuals who seem to genuinely like each other and want to

help out, which benefits the peer specialist and all team members. Based on information about the hiring process for the peer specialist, it appears that the team leadership has made adjustments to hiring practices which value this culture and seek to preserve it. The peer specialist was chosen through a rigorous and selective hiring process, which included multiple interviews and questions designed to assess communication style and conflict management skills, and was hired in part because the team believed that she could thrive within the organizational culture. This particular team laughs together and successfully sought a new team member who could join in the laughter.

VI. Conclusion

“Some days are easier than others. There is no way really to know what each day is going to bring. I go into work every day hoping for a productive day. My days are full of hope. Some days you succeed and some days you don’t but I most often leave work with my head high knowing I did the best I could for that day and hope that the next day can be as good or productive or you’ve helped someone in any given moment in time.” – Ellen

Keys to success for the peer specialist appear to be a marriage of environmental factors, which no doubt are strongly influenced by leadership, and the personal attributes of the peer specialist. Team leaders must foster an environment which supports the success (satisfaction and productivity) of the peer specialist, with sensitivity to the unique background and needs of the specialist they hire. It appears to be important that the peer specialist be motivated by a sincere desire to make a positive impact on both their peers and the organization; at the same time s/he must be learning to maintain his/her own personal health and wellness while making positive contributions to the organization in a way that is mutually beneficial.

Appendix A: Interview Protocol Sample

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

2. Working at PACT

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?