**Making Sense of Employment Research*:* "'Once a Peer Always a Peer': A Qualitative**

Study of Peer Specialist Experiences with Employment Following State Certification."

With guest speaker Dr. Elizabeth Siantz, PhD.

This call is being recorded.

Jane Burke-Miller:

Um, yeah, everyone who is joining as a, uh, audience member is muted as you come in. Um, so, uh, and we'll talk about how to do questions in a little bit or in the introduction. So, let me go ahead and get started. Um, hi everyone again and welcome. My name is Jane Burke Miller, and I am a senior mental health training and implementation associate at the Center for Psychiatric Rehabilitation at Boston University. And the moderator for today's Making Sense of Employment Research Webinar. The webinar is funded by the National Institute on Disability Independent Living and Rehabilitation Research. The webinar content does not represent the views or policies of the funding agency, and you should not assume endorsement by the federal government. The territory on which Boston University stands is that of the Wamp and Massachusetts people, and we honor and respect the history and current efforts of native indigenous communities. This webinar is being recorded so, that you can access it later. Also, closed captioning has been turned on, and you can access this by clicking the button at the bottom of your screen. In case this is your first webinar with us, I'm going to introduce our speaker. They will share their research with you, and then we'll have a question-and-answer session at the end. If you have a question during the presentation, please post your question in the q and a box or in the chat box, and I'll pose them in the order we receive them. At the end, if you have a technical question, please send a chat directly to me using the chat feature. Also, would greatly appreciate your feedback about this webinar. So, there will be a survey posted at the end of the session today. I'd like to welcome Dr. Liz Science, who will be presenting her research paper once a peer always appears, a qualitative study of peer specialist experiences with employment following state certification. This presentation qualitatively explores recent, recently certified peer specialists’ experiences with navigating the job market to find post certification employment experiences with employment once in the workforce. And reflections on CPS training. Liz is an assistant professor at the University of Utah College of Social Work. Her research aims to improve health equity and quality of life among persons with serious mental health conditions and substance use disorders through the implementation of self-management education, integrated behavioral health services, and peer support specialists. She's currently PI of K oh one award from the National Institute on Drug Abuse to study the adaptation and implementation of a peer-led chronic disease self-management program for primary care patients. We are welcome. Uh, we are excited to have you here today and welcome Dr. Sance. Please, uh, go ahead with your presentation.

Elizabeth Siantz:

Okay. Thank you so, much for the introduction. And hello everyone. Thank you so, much for having me. I'm very excited to be here. Um, I am a, uh, a longstanding, um, ally of peer support specialists and researcher and peer support specialist services and employment experiences. Um, this work has gone on for me for, uh, the last 15 or so, years, um, uh, much of which can be found on Google Scholar and PubMed. So, I won't, so, I won't belabor, uh, you know, the nice introduction that, um, uh, Jane, uh, just gave me. So, with that, I will continue if I can. There we go. So, this research I'm about to present was supported by the National Institute on Disability Independent Living and Rehabilitation Research. Um, the PI of this project was Dr. Lecia Ostro from, um, live and learn, uh, incorporated. This work is also, supported by, uh, my K oh one. I'm from the National Institute on Drug Abuse, um, et cetera. So, I’d also, like to acknowledge the study team before I begin. Uh, you know, again, the PI are co-investigators, doctors, mark Salzer, and Judith Cook. And I'd also, like to acknowledge our I interdisciplinary team of graduate students representing social work, medicine and community psychology. So, what will we cover in today's talk? We are going to, uh, we're going to talk about why we would want to study certified peer specialists, particularly early career ones, uh, and think about really what is unknown, right? We'll go over a qualitative exploration of early career CPS experiences with employment. And then we're going to go over some other lessons learned from this qualitative research, uh, and, um, serendipitously. Um, our, the results from our longitudinal analysis were accepted for publication just a few days ago at Substance Use and Addiction Journal. So, I'm eager to share, uh, the follow up from that first round of data collection. Um, and then I'm going to conclude with some action oriented next steps. So, I imagine a lot of people here in this audience are already, um, aware of what exactly is a certified peer specialist. Uh, but just to ensure that we are on the same page with respect to language being used, I will say that a car um, a certified peer specialist is, uh person in recovery from a mental health or substance use disorder who has completed specialized training, um, and are certified under state standards to provide peer support. Uh, CPSs are often employed within mental health and behavioral health systems, um, and they provide peer support by sharing their own lived experiences, uh, woven in right, with different types of instrumental and social supports, um, rooted in the idea that people who share experiences similar experiences, particularly recovery experiences among others in this context, can offer health, health, health, well, health too, um, and validation information, et cetera. Um, and I'd also, want to add that the CPS certification serves other purposes, uh, such as Medicaid reimbursement for peer-based services, which is typically contingent on, um, state certification. Um, and certification also, supports the standardization of peer support specialist training, um, and services, and kind of ensures that, uh, peer support positions are held by those with appropriate, um, lived experiences and other experiences. So, another important question would be why would we study certified peer specialists early in their careers? Right? So, you know it’s important to study certified peer specialists because, you know, people in recovery, um, experience barriers to securing and maintaining employment, workplace discrimination, um, longer periods of unemployment, lower levels of educational attainment, health related challenges, et cetera, which can contribute to low labor force participation. So, focusing on early career, CPSs can generate knowledge on how to support, um, certified peer specialists as their careers launch, right? And it can really maximize coming together and, and, um, unto understand their experiences and challenges and successes can help the field providers, researchers, et cetera, um, work together to maximize the contributions of CPSs of these valuable providers at the, um, the start of their careers, and which can also, support, um, workforce retention. Okay, so, but what is unknown? Okay, so, little’s known about how CPS has experienced that transition, uh, to the workforce following certification. Um, and how these, how the challenges that might come up that some of which are known in the literature might impact CPSs early in their career, but like, how do they play out over time within that first, uh, first year of their career or, and longer. Um, and, and so, and, and, what else do early career CPSs have to say as they embark at the be their beginning of their careers? So, in this qualitative study, um, uh, we explored recently certified peer specialists CPSs with their experiences in navigating the job market and finding folks post, uh, certification employment, their challenges and successes with employment once in the workforce, and their reflections on the utility of CPS training. So, data were collected in the fall of 2020, um, as part of, um, a sort of a sub-study you could say of a, uh, parent study that was a multi-state, three years, uh, observational prospective cohort study of, um, newly graduated CPSs employment experiences. And this, um, this, the, uh, participants from the parent’s study and then subsequently the, the qualitative study, um, were, uh, recruited, um, enrolled from four states representing the west coast, the southwest, uh, the southeast and northeast, um, US regions. As far as the qualitative, uh, you know, sampling approach goes, we used a maximum variation sampling approach. And so, that means that we intentionally wanted to sample people that had a wide range of ex of, um, geographic locations, um, employment experiences. So, we were equally interested in people that were, um, unemployed and, and employed. Um, and this information was gathered according to the, um, parent studies, uh, survey. So, data that were, were captured through that parent study. So, we recruited directly from the parent study. And so, this study, um, includes 25, um, early career certified peer specialists from a range of regions with a range of backgrounds, um, and experiences. So, qualitative interviews focused on parti, oh, focused on participants experiences looking for work, following certification, their current employment, uh, how they felt about the employment. Were they having a good time? Was it not ha were they not having a good time? And then also, their future goals, um, data were analyzed using constant comparative methods. Uh, this is just some information about how we developed our themes. This analysis, um, for this first wave of data was primarily conducted by me and, um, Morgan P, uh, where we co coded transcripts. Um, when once we were, we reached a high level of agreement, we then each co, uh, coded the remaining, um, separately. And I also, want to highlight that the, um, uh, that the interviews were conducted, um, and, and in fact developed by a team of researchers that included, um, peer advocates, recovery experts, um, and individuals with lived experience. So, that is, um, at the core of this research, it was a, a collaborative, um, effort about, uh, different types of expertise on the subject matter. And so, some example questions that we asked were, you know, how did you come to this job? Does your employer support your work as a peer specialist? Can you tell me more about that? Right? So, we had all these probing questions, uh, for, um, to help us understand like how people, how people got there and how it was going. Um, and then importantly, we were also, very curious on how the CPS training and certification influenced, uh, just their trajectories to this job and how, and, and, and how, so, okay. In terms of sample characteristics, note that 25 of our, of, of our, uh, sample of 25 most were female. Most were white with, uh, the, you know, sec, secondly, I guess, um, or black. And then employed, there were about 60% were employed, so, 15 were, um, and, but 13 had ever worked in a job that required a CPS certification, and it actually worked in that peer support role with an average age of, um, 28. And other racial ethnic groups included, um, in the sample, or represented, I guess in the sample, um, included, um, Latinx or Hispanic Asian, and also, Native American. Oh, and then we had a decent representation of the, uh, you know, the US regions from which we recruited with, uh, slightly lower, I guess, um, from the Pacific Northwest. Okay. So, I'm going to present three themes from this first wave of qualitative data. And so, the first was just the general theme of searching for employment. So, just know that a lot of people in our sample were challenged to find work when applying for CPS positions and had to apply for many, many jobs before they were eventually hired. And this is true for, um, regardless of employment status, I feel like many people that were not employed were during trying to apply for jobs, and were hoping, uh, to infect eventually secure one. So, what undermined, uh, finding employment, and I, I think that this is, uh, this is something that just came up that there appear to be in these regions limited availability of CPS positions, right? So, um, there as, and one person phrased it as well, it's an industry that's not hiring. And so, there was some, um, there was just some challenge with that, that a lot of people are getting this certification, but are not, there are not enough jobs to place folks. Um, another, uh, another challenge to finding employment was that there was a feeling that positions don't reflect, uh, CPS skills and values. So, as one in individual, um, commented, so, during the job interview, they mentioned taking people to their appointments, like doctors and psychology, and they offered the position, and I said, so, how much of this job is driving people places? And so, I would have been in the car like five or six hours a shift. So, I was like, okay, so, are they hiring me to be a taxi driver instead of doing things that I, that are beneficial to people? And so, I turned it down. Um, and then another person, um, there, there was also, some financial considerations that there was just some low pay. There are also, some, um, challenges related to the health of the study participants that undermine their ability, uh, to, um, to work in a CPS position. And so, what facilitated finding employment? Well, networking within the peer support community, um, and going over and over to, uh, um, uh, meetings. And, uh, um, another person didn't get a job until, um, was only hired after the person who held their position previously passed away. Uh, and so, there was a lot of persistence that basically, um, had to occur, uh, prior to being, um, offered a CPS position. Um, okay. And so, among those that, um, were working or eventually were working in, um, in a CPS or had experience, I guess, working in a CPS position, um, one of the things that impacted their ex experience, um, sort of negatively even was when moments when leadership, uh, of an organization didn't have the skills to work with, uh, certified peer specialists. Um, so, you know, as one person said, they don't, they still don't look at it like it's a real thing or a real job. Oh, they're just a peer, they're not a clinician. They're not this way, they're not that they don't really matter. Um, you know, something that could impact a person having a positive experience with the job was supervisors that create a culture, um, that is supportive of CPS work. Uh, so, a couple people commented on, um, you know, mo. relayed moments when their supervisors were supportive of their, um, pursuit of, you know, additional training, uh, supportive of, uh, creating an office cull an inner office culture, I guess, where everyone is like able to work together and is, um, uh, everyone's able to work together, you know, it collaboratively and, and, and communicate as is, as is often necessary in community mental health and recovery settings. And then of course, there were general relationships with coworkers, right? So, um, so, there were so, so, a lot, there were some negative relationships with coworkers, and then there were some extremely positive relationships. And then one individual who held a state level position, um, in a state, I can't say what, uh, there was working in a state level position and had a, had a, uh, was very, very proud of the position that they're in, the influence and the impact they were able to have at a higher level to, you know, affect a higher level of change. Um, and according to this person, there were people that were very unhappy that I was there. They thought it was not fair that somebody with no college degree or license, um, or it was wrong, it was wrong to be paid what I was paid. So, that, so, that it, that could, that was, that came up. And then positive, you know, people, there were people that felt respected. I feel respected. It's been a long time that I've been very happy at a position where I have a team that I can count on. It really means a lot. Um, Lemme see if there's anything else I want to say about that. Okay. And then the value of the CPS training and credential. Um, so, it’s interesting that the utility, uh, was debatable to, you know, being, to be frank, it was debatable for some, but it was helpful that some felt that it was helpful to create a profession, right? So, some people felt that like the content of the training wasn't that helpful. It was more like, um, right? So, Lemme I'll just read the quote. Uh, the content of the training wasn't super helpful. It was more kind of what the broader meaning of getting certified meant. So, it's a real workforce, right? So, it's creating a workforce rather than giving like individual skills, I think is, um, something that was, uh, frequently heard, uh, repeated in these interviews. We're creating a discipline, uh, that's creating a, a profession. So, I think that that, that's, uh, that was very significant. On the other hand, um, people were still felt, still felt unprepared for, uh, many of, much of the minutia, I think you could say, that, uh, comes along with, um, these types of jobs. So, for example, the training was great, but I'm not sure it prepared me for, for working, uh, because, you know, the case notes. And so, people would say, one person I remember saying, I don't write, I don't, I don't write clinical. Um, so, there, so, just some of those, those logistical things, or some people might not have, uh, uh, computer skills. So, it's something to consider. But still many participants held being a peer in very high regard. And as one person knows, this is the title of the presentation, I feel, I kind of feel like once a peer always appears, I mean, you can never really take off that hat, it's just kind of who you are. Um, and then what else? There's another one. Um, and so, so, as I've mentioned, some people were working in peer roles, and some people were not. And so, one person who was working in, um, uh, um, as a 9 1 1 dispatcher, uh, also, felt that there was, you know, the utility of it was, uh, it was 50 50 maybe, but also, noted that the skill of deescalating an individual in a crisis is something that can really transcend a lot of different types of jobs. And so, there were, um, skills that came up that were very useful. Okay. So, that is, that's round one here. Um, so, this was all in great information to have, right? Um, the, a lot of the reasons why finding a job was challenging, um, that, you know, that many workplaces were not equipped to work with peers, that the CPS training was useful in some respects, but there were, you know, opportunities for growth in other aspects. Um, but, but questions remained from this data. And so, we were fortunate, um, under this, um, LER project that we were given the opportunity to collect a second wave of data to follow pe um, you know, study participants one year later. So, um, how were they doing one year later, and how did they view their CPS credential? How did they, uh, feel about their jobs? How, how did it all shake out for them? Okay? And so, this, um, these results are from, um, as I said, a, a recently accepted paper employment trajectories of recently certified peer support specialists, a longitudinal qualitative analysis. Uh, so, this study asked, uh, how did employment change over the course of the first several months post certification? What were the circumstances that led to these transitions? Um, and I also, just want to note that community as many in this audience are, I assume aware, um, community-based research of this nature, uh, is messy. And I will, um, right here at the beginning, just say that despite our numerous attempts at, um, uh, at study recruitment, there were 13 individuals, uh, uh, that out of our original 25 that opted into a second interview. And so, I will, I will just say that, um, people, the, the, a main reason why, uh, with, as far as we understand people were not, um, able to participate in a second interview was because, um, was a simply quite simply put demands on people's time. Also, um, from our second round of qualitative interviews, there were, um, people that opted out were more likely to be employed working as a CPS, and were presumably too busy working as a CPS, I don’t know, maybe, maybe that, maybe that wasn't why, but that, but just coincidentally, that is, that was the characteristics of, um, the people that were not, um, that opted out of a second interview. Um, okay, so, so, each participant that from the first round was invited to participate in the second round, people were, um, I don't remember if I said this earlier, you know, given, uh, um, $30 to participate and we're given $30 again, if they, they did, uh, these interviews, um, focused on, like, again, the employment experiences and professional transition since the first interview, uh, the follow-up interview, some, you know, example questions from the follow-up interview guide were, um, are you currently working? Have you changed jobs since our last interview? And then, uh, tell me, tell me more, right? About what, uh, what led to your, what led to your job change. And so, also, just, um, by way of explaining how we analyze this, analyze this longitudinal data, we utilize the longitudinal case study approach. And so, we organize results according to who was working or employ who was employed and who was not employed one year later. So, we put the, essentially, we put the transcripts in two different piles, uh, not employed at the end of the day, employed at the end of the day. And we looked, uh, and we looked at both waves of data, uh, to see what was going on, um, within cases, right? What changed, what changed at the individual level, who changed jobs, who didn't. And then across cases, what can we say about people that were working at the end? What, you know, what thematic statements can we make? Um, and what, um, and what can we say about people that were, were not employed at the end of the day. Uh, so, hopefully that explanation of a longitudinal case study makes sense. We, everything was kept track of on Excel files. I'm happy to discuss at the end. Um, okay. And so, okay, so, again, focusing on individuals that were employed as a CPS one year later. Uh, so, there were five individuals who were working in CPS positions and starting with their baseline interviews, because again, for the longitudinal work, we looked at both sets of data. Um, these individuals were super optimistic. They were, um, they were most of, um, most of them, nearly all of them were also, employed as a CPS at baseline and described, um, being very, uh, passionate about their job. Um, was one individual noted, I love my job, and I love my people. Right? Um, some people noted that they were, um, maybe a little bit intimidated, uh, by working as part of maybe a big clinical team or working on a, you know, on a research grant or something like that. Uh, so, some, so, as some one person, uh, mentioned, it's a huge responsibility, and I don't want to mess it up. Uh, again, yes. So, four of the five individuals, um, were working as a CPS at the baseline interview. And these, these individuals were also, positive at follow up. They had a positive outlook on their agency. Um, you know, peers are looked highly upon, even though there were some, you know, upon reflection, some things came up that were, you know, challenging. Um, but it ultimately did not override just how people felt about their, about their work, about the importance of the work they do and the, the pride and joy that they take in doing it. Um, so, but again, again, a challenge though, when I came on, it was only me, I would say that they didn't do a lot of things right. My office was originally on different floor from the rest of the behavioral health team, um, uh, in a, in a, in a closet kind of thing. Um, it was in an office, but took a long time to get the badge, you know, and this person felt that this, these are things that could be considered microaggressions, which is a big deal. Um, so, it was, it, we, there was optimism, but it was mixed. It was mixed with, um, right, with, with challenges. Okay. So, who was not employed as a CPS one year later? Um, okay. And I also, want to clarify as I'm talking, that those, that there are people in this group, in these eight people, that some were employed doing other things, um, and some were fully unemployed. So, I just want to, I just want to ca make that caveat that everyone who is not working as CPS was grouped into this, into this, uh, um, category. Okay? So, not employed as a CPS at baseline. Um, again, challenge to find work, um, that, that did happen. But some had, uh, positions but left because of burnout at their base, at baseline before their baseline interview, right? So, I was experiencing burnout with the staff that I was working with. Also, ended up going on disability because I just didn't do well there. And many had goals to get a CPS job a, during their baseline interview. Um, my goal right now is to get a CPS role. I would love to work full-time. I want to work with adults in a hospital environment. I know that I want to work with adults. Um, okay, so, and then other challenges were, um, uh, uh, like, like I said, um, some alluded to anyways, maybe some exposure to trauma, some, um, um, situations with their health that undermined people's ability to do this type of work. And then at follow-up, um, there were people that were, uh, rethinking their future as a CPS at follow-up, right? So, some people opt had opted out kind of permanently. Some people were still, um, thinking maybe they would do this, uh, become, would do CPS work at some point. And so, rethinking, uh, future, they were kind of rethinking it at the, uh, um, at the end of the day. So, one person mentioned, I don't want a CPS role, uh, because of the pay. And one of the things that became obvious to me through the, that experience is that I have a lot of potential and I have a lot to offer. And it felt like to be in that role, I had to dumb myself down and make myself small. And so, this is an individual that did have, um, a CPS job, I, I think briefly between the two interviews. Um, but I felt that was a very impactful quote. And then another person, uh, commented, it was just so, distraught that I turned off and, and turned off with what happened that I just wanted to be done with peer support altogether. Um, okay, so, I'm going, this is, um, a diagram. I'm going to walk you through this. Um, but I first want to make Morgan or thank Morgan Pillow for, uh, putting this together and my anonymous reviewer at Substance Use and Addiction Journal, um, who requested it to go along with our longitudinal results, because, um, I think this really, um, spells out nicely, uh, what, um, what, what happened, what, what are the, the change in our sample, um, from the beginning, the first wave of data, and the second wave of data of qualitative data collection. So, I'm going to walk you through, I'm going to start at the bottom. Okay. So, we had five individuals unemployed at baseline, and then, uh, reading left to right at follow-up, four of those individuals remain unemployed, and then one individual moved up into the employed as an as non-CPS at follow-up. So, then we had four individuals that were employed as a non-CPS at baseline, and then three of those people stayed employed as a non-CPS at follow-up, and one moved up into that employed as a CPS at follow-up, and then four, um, were employed at as a CPS at baseline, and then stayed employed as a CPS at baseline. So, this just gives you like the real breakdown of how, um, of how our study sample, uh, fair fared over time over that kind of, that first year. Um, okay. I'm just doing a quick time check. Oh, only 10 30. Okay. So, um, I do have a couple of, um, discussion slides, but, but those are going to be to transition us into our conversation. And so, instead of, uh, segueing into that this minute, I'm going just going to, you know, some strengths and limitations. Um, okay. So, study, uh, you know, it included the experiences of 25 individuals with a range of experiences in geographic locations. Um, we sampled for that range of experiences, and then we had 13 people that we spoke with, again, to understand how these challenges and successes, um, played out over time. Um, of course, the results cannot be, um, generalized given the nature of qualitative data. And then I also, um, I also, think that it is important to acknowledge that these data were collected, the first wave anyways, were of data were collected during the, an original COVID-19 lockdowns of 2020. I can't remember if I mentioned the date of when I was in the, in the, uh, method section. So, you know, the, that really might have impacted it very, very likely did impact people's experience with searching, uh, for and navigating employment, um, especially given like the right when we did this in summer of 2020. Um, and so, it is interesting that, you know, in the second wave of data, like it didn't, the, the consequences and the impact of covid, I feel like by the time we got to 22, 23, people weren't actually really talking about, um, uh, and yeah, so, any, anyway, this, that was just a, a normal, a standard, um, caveat. And then again, I mean, community-based research is messy. And, uh, it would be, it would've been fantastic to see how there, the, the qualitative data played out over time with, um, all 25 members of our sample, a larger qualitative sample that, you know, there are all kinds of ways that this could have been larger and better or whatever. But I think that there are several strengths in this study, um, and talking with people over time, hearing about a wide range of experiences as among them. Okay. Um, so, I guess I have a lot of, uh, discussion. So, I have two, um, discussion and implication. Slide one is practice related. One is, uh, more pertinent to research and scholarship. Um, but I think that I, I, I want to start on a, on a high note here. Um, I mean, first, so, despite the big range of experiences to the workforce, um, many that were regardless of employment status, held the CPS credential in, um.

Jane Burke-Miller:

Oh, you froze for a minute, Liz, can you hear us? Liz? Still frozen. Oh. Oh, there you are.

Elizabeth Siantz:

Oh, good.

Jane Burke-Miller:

You were frozen for a minute.

Elizabeth Siantz:

Oh, okay. Uh, let's try that again. <laugh>, hopefully everyone's, oh, I see that there are still 56 participants, so, mm-hmm <affirmative>. Um, okay, let's try that again. Sorry about that, everyone. Now, where was I? Um, uh, okay. So, people spoke with, with, uh, spoke about their lived experience and work, their work as a peer in, in the highest of regards. And I think this is where I got frozen that we, uh, we just also, had a, a second paper from our first wave of qualitative data, um, except it for publication that explores how people, um, are use and expect to use their own lived experience. And that this theme is really explored in, in that paper. Um, so, be on the lookout for it. Uh, okay. So, the, um, you know, one of the things that came up from this, from like a practical, from the practical standpoint is that there are opportunities to strengthen the utility of the CPS training and certification, right? Um, there's a range of employment, there's a range of, of things going on with people that participated in this study. But one thing that might be easy enough, any anyways to do could be to, um, match would be, could be to match people that are completing the CPS training with, um, organizations that are looking for people to, um, that are looking to hire a peer support specialist. Uh, that might be something that's already taking place in certain places, and I'm not aware of it, but it seems like something that could easily, it's like an actionable step that could happen. Um, or maybe even, you know, including like a peer like mentoring of a peer mentor to help navigate, um, the job market. Uh, just something practical, um, suggestion that come, came up from this, emerged from this project. And then also, um, uh, you know, preparing trainees for office skills. They should expect to need, uh, paperwork, case notes, um, computer skills, and then, um, just navigating workplace challenges that are, that peer support specialists are known to encounter. And I, and I hope that that suggestion doesn't come, come across as this is like, well, the peers should do something different, not the workplaces, um, because the workplaces should do something differently too. So, suggestions to improve the, you know, the work experience, right? The regular supervision, maybe from others who are certified peer support specialists is something that could keep people, um, um, caring for their, their wellness and recovery, given that, um, people are, are, are still, these are ongoing processes, right? And that self-care is, is very important, um, to maintaining recovery. Um, so, again, access to supervisors who also, have recovery experience and can protect that authenticity of the peer role. Um, and then thinking about how to intervene when recovery and health status undermines workforce participation. Uh, and thinking about, um, how virtual peer support services could increase technological access and skills, technological skills for peer specialists, and provide job flexibility and accommodate health and recovery needs, which is something that came up a lot. Um, something that came up in these data, right? That there are health and recovery needs that can, and moments, um, present challenges to, uh, uh, fully maximally participating in a workforce the way somebody might want to. Um, and then, you know, uh, to finish on implication for research and scholarship, um, peer-to-peer models of supervision are happening in practice settings that I work with here in Salt Lake City. Um, I'm working with one peer run organization to formally develop, uh, and manualize their model of supervision so, that it can be, uh, tested elsewhere, um, and, and support peers that are, that are in the workforce. Uh, but there's that I'm aware of, and I would love to know if others are working on this. This could be something, um, that, uh, that should, I mean, these models though should be empirically developed and tested. Um, and in thinking about the different projects I work on, this would be an ideal opportunity to work on, um, to, to support, uh, peer support specialists working in culturally responsive settings, working across cultures, um, which I didn't present on here. Um, but that is something that came up in, um, what people would say about the CPS training that didn't really prepare them for working in cross-cultural situations or cross age, um, situations, et cetera. And then understanding, and it can also, help people kind of understand differences in recovery experiences, um, whether recovery from substance use disorders, from mental illnesses from, um, other, uh, you know, social, social things that people have encountered. And then again, um, virtual peer support is something that I think would be wonderful to study. And I'm also, aware of a small body of research on that topic. Um, but I'd be curious if this is something that people are working on. Um, again, I, I think I already said this in the implications for practice slide, uh, but I also, wanted, just wanted to say that both areas seem, it seems obvious that peer-to-peer supervision would be helpful. It seems obvious that virtual peer support would increase availability of, um, employment and peer support services. Uh, so, this might benefit from an implementation science lens. Um, and so, it, in thinking of that, it's like, is it possible to implement these things? What are the considerations for implementing them in different types of, um, organizational settings and clinical settings? Like what, what would it take to, to implement peers telehealth services, um, peer-to-peer supervision services? Um, okay. So, and then, I mean, that's really it. I'm going to end on a quote. Um, I just want to, I, I hope that I've conveyed the, um, the, uh, the, the spirit of this work. I think that these, um, individuals, these people that participated in these interviews were so, forthcoming and so, open about sharing their experiences and, uh, and had, they had just had a lot of heart. And I want to convey that. Um, and so, as one person said, peer support is how they were, you know, referring to, you know, the field. It's like a family. You kind of help each other and tell each other. It's part of you that you kind of share each other. It's not all just the job, job, job. You know, the client will support you and you will kind of learn from each other. And that, um, is very meaningful. And it and is sort of the essence of what I've learned about peer support work from, um, from learning, from, from working in this space, um, over the, over my career. So, thank you very much, um, some papers from this study, and, um, I'm happy to continue Yeah. Answer some questions, continue the conversation.

Jane Burke-Miller:

Liz, thank you so, much. I know it's, it's hard to convey detailed qualitative information Yeah. In slides. Um, but that was great. So, let me go through first the, we've had a lot of comments, but let me go through the q and A first and then we'll go through the comments. Um, so, the first q and a was more of a comment that part of the problem for my peers is not being able to find part-time jobs due to their mental health in California. Cal MHSA is investing 5,000 California Medi-Cal peer support specialist certifications, but jobs have not been expanded, and counties have not been included. Mm-hmm <affirmative>. Have not included peer workers, um, in county behavioral health that currently do not have peer programs, whether it's contracting out. Um, so, the state is shifting with focus on community health workers and wellness coaches. That's interesting. So, some different things happening in California. Um, Steven says, is there a work experience component in addition to the training for certification? Um, and, you know, every state is different, different,

Elizabeth Siantz:

Um, I believe there's a component for recertification so, that you can stay certified, but yeah, it every state. Yeah. Thanks, Jane. It, I, you might act, you might be able to answer this better than me, but as far as I know that it's varies by state.

Jane Burke-Miller:

Yeah. And they don't, they don’t all have it. Um, there are new SAMHSA guidelines and I'm not sure if there's, uh, any guideline about work experience. Um, n was 25, these add up to 13. Um, yeah, there was some dropout between the first and second, um, uh, interviews.

Elizabeth Siantz:

Yeah. There was some, there was some dropout. Yeah.

Jane Burke-Miller:

Were peer specialists included in the development and implementation of this study?

Elizabeth Siantz:

Yes. People that have formerly worked in the role of certified peer specialists were part of our team. Yes.

Jane Burke-Miller:

Yeah. Um, so, let me <laugh> we a lot of comments. Thank you everyone. So, I'm going to start scrolling through, um.

Elizabeth Siantz:

The, I, I'm, I'm glad to share the slides, but I also, just want to say that there are three publications that are, one is out in the literature and two more are on the way, so, that, that explains everything in, in greater detail and clarity then, um, than the 40 minute version, um, here. So

Jane Burke-Miller:

Yeah, and if you can't access the articles, you can, um, oh, absolutely. Get in touch with me or Liz, and we can.

Elizabeth Siantz:

Send it to you. Yeah. And I'm happy to share my, my email. Um, it might be on the flyer, but I can just type it here. I did see that,

Jane Burke-Miller:

Um, I wish peer support specialists were more Val, were valued more in the mental healthcare systems. I've been in the PSS community for more than 10 years.

Elizabeth Siantz:

Yeah.

Jane Burke-Miller:

I think that came out in some of what you were describing of the microaggressions of somebody starting a job and not being kind of treated as an equal,

Elizabeth Siantz:

Being put in a, in a closet instead of with the rest of the team. That is, um, unacceptable. Uh, that's unacceptable to say the least.

Jane Burke-Miller:

Mm-hmm <affirmative>. Um, here's someone, or maybe the same person, I'm not sure being excluded from a mental health panel for not being a mental health licensed clinician. Um, which is weird. cause certification is a certification. Um, but again, I think that speaks to maybe the not having the recognition.

Elizabeth Siantz:

Yeah.

Jane Burke-Miller:

Um, bad bosses. Yeah. LA County Department of Mental Health only paid PSS workers 1667 an hour until I advocated for higher pay. I think that's a, a constant problem. It's, uh, I, in, in one of the quantitative studies, it was found that certified peer specialists on average made less per hour than sort of equivalent community health workers with the same kind of training. Um, many trainings are still personal development instead of work prep. It would be great to have role playing scenarios and trainings, real world experience with a client as a newly trained PSS can be very daunting. Yeah. And that kind of came out too with at least, uh, uh, practice interviews, mock interviews, and so, on. Um, there was some questions about the participants, but we had that here's a resource when there's a crisis call appear, how people with lived experience make mental health crisis services more effective by the Basil and Center for mental health law. Thank you. So, I think we addressed how many people were in the sample, and again, it was sort of a specific subsample of a larger study. Um,

Elizabeth Siantz:

I think that, um, Lynn Legger has her, her hand raised. Is there a question Oh, or a comment you'd like to make?

Jane Burke-Miller:

Lynn's one of our colleagues here.

Lyn Legere:

Hi there. Uh, Liz, thank you so, much. Any validated research that gets published about peer support is so, valuable because if it's not in the literature, it's hard to build on it. So, thank you for doing that. I, I trained, um, uh, oh my god. Your colleague. I just had a mind part, um, live and learn. Alicia.

Jane Burke-Miller:

Alicia, yeah.

Elizabeth Siantz:

Yeah.

Lyn Legere:

Yeah, yeah. Training CPSs. Mm-hmm <affirmative>. Um, I just wanted to validate a lot of what you are talking about. We did a coaching program to coach peer support specialists. Okay. Out in the field. Right. So, um, they got coaching services and the coach was somebody who had worked as a peer support specialist, so, knows the role. And then ED coaching, uh, uh, training on top of that and all these things as also, the chat courses validating all these work challenges and training challenges. Mm-hmm <affirmative>. Been present since the beginning.

Elizabeth Siantz:

Exactly. That's, that's also, my understanding. So, I, I mean, I grew

Lyn Legere:

A one mm-hmm. Peer, like having peer workers move into a supervision role and then supervise other peers for this, they'll not go on very much. It's the obvious way to go, but it's still not being raised.

Elizabeth Siantz:

I'll, I'll just share that. I work with a wonderful organization here in the state of Utah called Latino Behavioral Health Services. They're Utah's only peer run, um, Spanish speaking peer run behavioral health organization. And their model of supervision and the way that they operate is so, is so, needed. And I'm excited to work with them and share more, um, work with them to share more about how they operate. Um, uh, cause getting that I haven't really, I haven't heard of really, sorry, go ahead.

Lyn Legere:

What's hard is getting that from peer run orgs into the behavioral health, where most of the jobs are in the more traditional behavioral health. Yeah. But it's great work. I just wanted to validate it. And thank you for doing.

Elizabeth Siantz:

Thank you.

Jane Burke-Miller:

There was a follow up question to the peer specialist being included in the development and implementation of the study. Okay. More detail about the inclusion of lived experience. I mean, I, the principal investigator, um, CIA Ostro is, uh, a researcher who identifies with lived experience. Um, so, she's a peer researcher and does a lot of interesting work. And I, um, some of the other people working on the study, um, were, and then there was an advisory committee of people with lived experience, I think, who reviewed the research protocols. Um, so, that was, um, someone Emily's commenting on having experienced burnout, which caused her to not want to work with humans anymore, um, doing cat rescue instead, which is great. Um, please share what that was important to in the development, why that was important.

Elizabeth Siantz:

I'm not able to see the, well, I have the, I mean, I have the chat up, but

Jane Burke-Miller:

This is in the q and a. Yes.

Elizabeth Siantz:

Organizations who, who hire and, uh, uh, I think that absolutely organizations who hire CPSs should undergo training. And I think that that is one of those, it's one of those things that could have a home both with, um, uh, or, you know, a mental, the mental health, uh, policy and clinical organizations and academic researchers, because that is exactly how, like this, the challenge of how we implement, to use the academic word, peer support specialists in, um, in across different types of settings is a longstanding challenge. And what the, one of the main challenges is that people don't understand the role. They don't know how to work with, uh, um, people. They don't know how to work with someone who's delivering, who has this type of expertise. Um, and thus if, um, they're not able to, they're not able to support this person. And so, I think that that is an absolutely viable, um, and, and critical next step. And so, I, I very much agree with that.

Jane Burke-Miller:

Um, looking at some comments about, um, part-time, um, you know, because of burnout and stressors of the work, the part-time work can be beneficial. Um, also, some interest in doing peer support virtually. Um, some of the comments are, are excited about that. Um, I mean, I think, and, and you could speak to this, but I think, um, there's, there's, there is a great place for that. Especially now. You see these great platforms for all kinds of mental health services, um, that are done remotely. And I don't think peer should be left out of that. I, I know sometimes some peers feel like you can't, you know, it's much more effective to do it in person. But, um, I think there's room for a variety of formats. Um, Lemme see what's going on here. Questions would love to hear why it was important to you to include lived experience in such a way and the benefits of it, um, in, in the design of the study. I think, I mean, that was up to the principal investigator. Um,

Elizabeth Siantz:

Um, please share what was important. I, well, I think for this, one of the ways that lived experience was used was to understand what questions to even ask. What would we, what would someone who has either lived experience or has themselves worked in peer support, um, as a, as a peer support specialist, know about career transitions, what to ask about the training and how, like what would we even ask? And so, that is, that's one of the ways, um, that lived experience figured into the development of the interview guide for this study.

Jane Burke-Miller:

Yeah. So, I don't know, did see, uh, Liz put her email in the chat? Did everyone see that?

Elizabeth Siantz:

It's been put in the chat

Jane Burke-Miller:

A couple times?

Elizabeth Siantz:

A couple of times, but

Lyn Legere:

On the slides. And will the slides to be available? That may be the easiest

Elizabeth Siantz:

Way here. Let me, uh, let me, um, put this on again. Share. Oh, wait, not yet. Hold on. I'm going to put my last slide. Maybe people can, uh, jot it down. Maybe it's on, I don't, I don't know that I remembered to put it on the, uh, flyer. Uh, there e science, my last name, M-S-I-A-N-T-Z, pronounced science at utah.edu. So, my last name's easy, easy to remember what it is. Hard to remember how it's spelled

Jane Burke-Miller:

<laugh>. That's great, Dr. Science, some appreciation for that. A lot of appreciation for your presentation, Liz. Um, that it's an important topic and a wonderful presentation. Um, this, uh, this webinar will be recorded and posted on the BU Center for Psychiatric Rehabilitation website. Um, for those who want to see it later again, um, will we provide a certificate? We don't have certificates of attendance for these, but, um, thank you for attending.

Elizabeth Siantz:

Okay. I think, and, and I just want to thank everyone. I'm happy to continue the conversation. Please reach out over email. Um, yes, let's continue the conversation. So

Jane Burke-Miller:

Thank you so, much Liz and everyone participating who must leave. There's a short, uh, survey that will pop up as you as you leave. And if you could take a few minutes just to answer that, that would be great. Um, and thank you all for your comments and suggestions. Really good group. So, thank you.