Ask Me Anything About Employment - Supervising the Peer Workforce in Behavioral Health Settings with Robyn Priest.

This call is being recorded.

Lyn Legere:

Great people should be popping in, I hope. And, um, with a little bit of time to do that, instead of just having, you know, the information always given just to you, this is the chance to have the discussion and see how we make things work. So, the topic today, one of my favorites, uh, that is very dear to my heart, is supervision of peer workers and especially peer workers who are in behavioral health systems. Um, and sometimes facing that culture clash of peer worker versus, um, uh, the sort of traditional medical model. So, I'm very excited to introduce not, uh, Amy Pierce, who you expected, because unfortunately she had a medical emergency. Uh, but, uh, we always had the best speakers. And so, I got to get instead my dear friend and my mentor and, uh, the guru Ms. Robin Priest, uh, who has worked, uh, in Australia and New Zealand across the state and is now working up in Canada. Um, she's a, a national and international, uh, treasure. So, I'm delighted that she will be, uh, the person that you get to work with for this day. And, um, my boss said to me, I'll, I'll share this all the little, my boss shared that this would be the hardest role I ever had to do, um, being the moderator of the AMAs because she said, Lynn, that means you don't talk and is very hard. So, I'm going to try to turn it over to Rob and let Rob be, uh, the, uh, answer for all your questions today. But I may sneak in little answer here and there. All right, Rob, it's all yours. <laugh>. You want to introduce yourself a little bit, let people know about some of your experience and then we'll just open it up. Few questions.

Robyn Priest:

Uh, sure. Good day everyone. Um, you know, I have a pretty cool accent. I think so I, you know, I, hopefully you'll understand it. Lynn can interpret if you can't. Just, just a little bit about me. I've had the greatest life possible; I think the privilege of getting a diagnosis when I was actually the CEO of a community mental health center that had residentials in community sports for adults and youth. And I decided I wanted to focus on peer support. So, I've been involved in peer support. I was just talking about it before about 26 years, which feels real, like a long time. Made me feel super old. But like the coolest experience is I've got to work in a range of countries. So as Lynn said, Australia, New Zealand, still doing some work there. Us I worked for one of the SAMHSA funded, um, consumer run technical assistance centers. So, I got to work in different states and territories. So that meant I got to play American small Guam, cyan Pau. Yeah, like it just really experiencing the different ways that different communities utilized peer support. Um, and I've done some stuff with mental health commission in Canada, and now I have my own business called Robin Priest Live Your Truth. And we do peer support training. Um, we do supervisors, we redesign mental health services, and we do a lot of workplace peer support as well. So, I've done it with pilots, corrections offices, fire departments. I, I live a privileged life and Lynn actually reached out this morning. I'm actually in the middle of peer, um, support training, but I'm always prepared to jump in and in support. And so, what Lynn was talking about with me was that this was kind of a q and a session about, um, like peer supervision. And I've been involved, my business partner focus was on the family peer support side of things. I focus on like supporting the individual peer support practices. But I'm really keen that way look at how do we stay true to peer support in whatever environment we're in.

Robyn Priest:

So, let's think about those core values of peer support. And it really doesn't matter where in the world that we look at them, they're very, very similar. Um, and how do we hold true to those if we're working in a peer run, drop-in service and or delivering in an assertive community treatment team or an emergency room. And so, like I'd love to, to have some questions to start the conversation. I mean, I can talk about this forever, but I think it's more important to hear what questions you have. I'm assuming given you came, you do have some thoughts in your head about, hmm, what, what about this? So, who's going to be bray and vulnerable and throw the first question?

Lyn Legere:

<laugh>, anybody have a question? And as I said, you can put it in the chat, you can raise your hand or you can just unmute yourself because we're small enough, uh, that we can, uh, really speak to one another, which is nice. So, offer you a question, Rob, to start, what things can supervisors do to help their peer workers stay peer and not adopt sort of the practices of the other clinicians that they may be surrounded by?

Robyn Priest:

Okay. Uh, like for me, I, what I always say when I'm talking to supervisors is known what the peer values are. Like sometimes we have this eclectic mix of supervisors, and some come from being peer workers and they're grounded or hopefully grounded in those peer values. Some are like people who, uh, have other roles and have kind of been like, oh, you've got this peer worker now. And then they start to think from the, uh, original role and think what would it look like? And so, what I say to any supervisors is your number one thing to get your head around before you take on that role is what are those peer values? And if we think about them, um, you know, if we think about the empathy and equality kind of piece, we know if peer workers are being paid, there is a power differential, right? But it's about acknowledging and knowing that it's there. But it's that piece about sharing from lived experience. Now we don't do that in every single interaction. It's not like, oh yeah, me too. But it's important cause I, I've seen sometimes supervisors are like, don't share. Well, we are the only role that it specifies in our job descriptions that we are to share. So, you want to be grounded in that. You want to, like, I think for me, support peer workers to get the distinctions between sharing a war and illness story, which we want to stay away from, and sharing that recovery, wellness, wellbeing. Like I share enough that I connect with people not enough to take them down a rabbit hole and what pieces had me want something different and change and, and where am I am now. And we just have little snippets of that when we are doing peer support. But I think it's super important for supervisors to be able to understand that it is part of our role. I think it's super important for peer supervisors to support other like team members to understand what peer support is and that doing presentations with our peer workers so that people don't keep getting asked to, oh, can you just transport that person because I've got no one else. There's an intentionality about peer support. So, we are coming without, like for me, when I talk about it as a peer worker, we come without this agenda of having to get someone somewhere or have them do something. Like I'm not there to do the bidding of the team, right? So, for me, supervisors can support that by understanding the role really well. And that's like getting some training for themselves on it. That's becoming part of a community of practice with other peer supervisors. So, they get those conversations. It's supporting peer workers to connect with other peer workers doing roles so they can have discussions about staying true to peer work. It's sometimes as supervisors, we are change agents because we are saying to other team members, actually that's not a peer worker's role, right? Um, so there's places in there. Um, I think there's a piece for me about, and I always encourage peer workers to be able to talk with people who are grounded in their peer roles for some reflective practice. But I think supervisors, as long as they get peer support and get what those values look like in action, they can have some of those conversations with the people they supervise too. So, I know up here I'm working with a service and when they have people do like documentation, the documentation is collaboratively done with the person being supported and B, they ask the peer worker to talk about what are the peer values they're utilizing in their interactions. Mm-hmm. So, people are constantly thinking about it.

Lyn Legere:

Did that, I'm sorry. No, I think one of the reasons why we do these AMAs too is recognizing that we did the cut before the horse. We put in the workers without giving supervisors and teams the support they needed to understand what that role is and how to be in that supervisory role. If all of a sudden, you're just told, oh, you're getting peer court in here and you're the supervisor, even though you may be like a, a social worker or someone who's never done or, uh, been exposed in a, um, more micro level to peer support. And one thing of the folks that are here, how many of you are actually in supervisory roles or for, I'm hoping to be in supervisory roles and uh, with questions you might have. Anybody have any questions? Oh, Laura, let me, uh, yep. Uh, I can unmute you and join in. Thank you.

Laura:

Hi Robin, this is Laura.

Robyn Priest:

Hey Laura.

Laura:

<laugh>, you already know me. Um, but um, yeah, for those who, um, are just listening in, I work for a nonprofit in Ottawa called Psychiatric Survivors of Ottawa. And we are, um, providing partnerships for hospitals in the area to have peer support. Um, and one of the things that I have been working on lately is reviewing, um, service agreements actually in those partnerships. Um, and one of the things that I don't have a lot of is, um, guidance around how to draft a service agreement that is fair, but also advocating for the things that the peer support workers actually need. Even things like an office space or, um, access to um, the data, the demographic data that we need in order to be able to do our reporting, um, and stuff like that. The ones that I've been reading are quite old and they seem really kind of, I don't know if I want to say like loose, but like just don't really advocate that much for the people who, who are actually providing the peer support service there. And I'm just trying to figure out if you have any thoughts about, about that in a service agreement or should that be more of something that's kind of between managers expectations or is that something that should be more written? Um, yeah, cut I'd like to go back into those spaces and make sure that the peers who are working there have the, the things that they need, and the service agreements don't seem to, um, actually ask for those things.

Robyn Priest:

Yeah. Hey Laura, I'm just going to give people a bit of a, he heads up about the service. So, um, psychiatric survivors of Ottawa got this agreement, oh God, a long time ago now. Um, and they are the peer run service in Ottawa and they have contracts where they come into a number of the hospital settings and deliver peer support. Um, and when that was originally set up because, uh, I, I remember that timing, there was like some discussions about, well, we are just going to put them in. And some of those negotiations didn't happen as well as they could have. So personally, for me, um, I think before we put peer workers into places, we should be looking at the things that make sure they're successful. So where are the peer workers situated? For me, yes. Should be in an agreement somewhere between that peer service coming in and that like delivery. But it also, not just that, regardless of whether we're contracted in, I think for me there needs to be that agreement before we put peer workers in that like where are they going to be based in there? Like do they have an office? I know that's a big one, so I'd be pushing for me, Laura, I'd be pushing management to be making those agreements. Um, or if not at least management agreement about where do the peer workers sit, what information do they have access to? I know here in Winnipeg, one of the services that we've supported the implementation, they um, are now starting to share some of the database, the electronic stuff, but they've got walls up between the peer workers being able to look at people's files, um, but they have access to the data they need for those demographic things or services have gathered that themselves. So, I think there's places like that. I think some of the agreements for me are about what happens if the peer workers are off. Just what happens if any worker's off, not just peer support, but if you are a contracted service, are you going to guarantee that you've got someone else coming in or is that like day there's not going to be a peer worker on site. So, there's some of those things. Um, uh, I'm just, I'm just my head's trying to think of you.

Lyn Legere:

No, I but one, one of the things I think it brings up it's pretty universal is whenever we're bringing in peer roles Yeah. We want to make sure that the culture mm-hmm <affirmative>, um, understands and believes in the value of peer workers lived experience and doesn't see them as a quasi-employee. You know, that has some rights and some privileges, but some places know we don't want them in here. Um, and the, the data access often comes up because people don't recognize that peer workers also have a code of ethics. It includes confidentiality like any other worker. Um, and so it's more that thing of making sure that within the agency peer workers are seen as valuable employees who come to do a set of tasks and functions like any other employee. They have their place in that employment setting, but they should be seen as a full employee giving full benefit to the agency like other employees and not sort of this either rehab thing we're hiring, hiring them to their own vocational rehabilitation or something like that, that really minimizes or devalues the role. And that's what I think, um, uh, Laura is talking about somewhat. And I think we see it play out and I think that's part of the role of the supervisor is, uh, to be that number one champion for the peer supporters that are under them. And that may mean having to do things to educate other people around. So, the peer workers not revalued. I shut my mouth again.

Robyn Priest:

Oh, I love what you were saying there. Lena brought up something for me. Like we had done some work recently with a service and we spent a number of months talking to the service. We included the staff in the discussions about the guidelines. Um, like we developed the guidelines with like, like everyone, how the service would work, what it would look like. We invited people to come to training on peer support. We invited their questions; the peer workers were employed. It was a hospital setting, the peer workers were employed and then, um, I'm not going to say where it was, but it was a forensic unit. The psychiatrists were upset that the peer worker was in the nurse's station and could see people's names. Right? And your kind of like that, that person is going around and talking to people. That person has their code of ethics. And for me, what I want to say is peer support is a profession. Now I don't step back from that, right. I think we did a disservice at times where we just put people into roles without training, without code of ethics. And we said, here you are someone who's been crazy. I'm not calling back from my NPC language. You go in and do this role. And for me that's like saying to a psychiatrist, well we're not going to give you any training, but go on write meds. Yeah. Now the other thing I want to say about that training piece, cause it's super important to me. Peer workers need to be trained by people who've delivered peer support, who are steeped in it. We would not say to a social worker, oh, we think the psychiatrist can deliver, develop, and deliver your social work training because social works in expertise here. Support is an expertise. And so, I say that as supervisors, we need to one, make sure our peer workers are trained and sometimes they come in and they don't get them trained on day one, right? We, I'm running peer worker training up here at the moment. And this is day one for a number of those people because their service will not put them into play without training. We wouldn't do that for any other profession. Why would we do that for peer work? So, get people trained, have them trained by people who are trained in peer support, not some other profession trying to teach us how to deliver peer support. Don't get me wrong, every profession is important. Every profession has their own expertise, but peer support is a profession. The other piece I want to say with that is we are not these needy people that need extra. If you are an employer who provides great psychological safety for all of your employees, you will be providing great support for people with lived experience because you value employees, you value all employee’s health. I get a bit, you've got me on my soapbox Lynn, and I put it out there, but I get a bit tired of thinking that we are more fragile than other people. I sometimes hear this, oh yes, but you have a mental health issue, and you might be triggered, anyone may be triggered. We are purely the ones that went, yep. We'll tell you that we have a mental health issue. We don't know about every other employee that's working there about whether they have an addiction or a mental health issue. I think we are the brave ones for going, yeah, yeah, that's us. And we want to use that expertise. So, like for me, I don't step back there. I think you create a healthy workplace if someone needs accommodations, whether they lived experience worker, peer worker or not. Like you look at does that work for this environment? Not every accommodation has to be taken and valued. Sometimes we have asked, not us, but someone, an employer might ask for something that actually does put things out of whack for the employer. But for me, changing someone's hours isn't a big deal. Right? If someone's got some medication stuff happening in the morning, maybe they start at 10 instead of eight. Like that should accommodation.

Lyn Legere:

We would do the same thing for someone who's getting cancer treatments. Yes. Universal design, right? That, that peer workers, you happen to know because peer workers were reveal as you're saying, right? But all the other employees have their own living challenges that come up and we deal with them as supervisors within sort of this framework of what is a supervisor's role. It's not even therapist is not to take care of the person, but it is to support the person to be their best worker at work. Right? And so that may mean a reasonable accommodation as it may with many other employees. And it doesn't mean, um, undue preference because when you start doing undue preference for peer workers, other workers get angry and resentful and its deme the profession. It says, we know you guys can't recover to the, um, level of being a good, reliable, effective, empathic employee. You can't do it. So, we've got to put in these extra things for you. Once we start putting in those extra things, we just, it just all goes astray.

Robyn Priest:

Yeah. I do want to say with that too, we want to be cognizant. So, I've been working really hard where I work to take out this, you have to be in recovery for a certain length of time, whether its addiction based, or mental health based. Now I can hear some people going, what? No. So here's the reason I know, sorry, I've got a bit of a cough. I know people who have been abstinent like for a month and they make awesome peer workers and people who've been abstinent for 20 years and they're crap peer workers. And it's not for me about how long it's how they're engaged in the conversations in their life up. Uh, I know a case recently, um, and there's a lot more harm reduction happening in many of the other countries I work in than the us, right? And I'm a fan of offering people options, abstinence, harm reduction, medicated assisted if I think about addiction-based services. And so, there was a peer worker who was employed in an abstinence-based service, and he had a slip, and he went, told his boss and he got fired. And they said, you haven't been in recovery for two years now. And what we fought and won with that is that guy had an amazing experience to be able to share with people who were struggling with their own ideas about that. He could say, yep, I've had a slip and I'm still working and I'm doing this. Here's the other piece, right? If we think about mental health, what, what's this myth? What are this recovery things like for me; I still have a lot of what others would call symptoms. I still have intense colors that times coming out of screens at me. I've worked out how to keep doing what I do so people wouldn't notice. Now, if I put something in a job description that says I have to be in recovery for two years, well am I, aren't I I'm still dealing with that. Or if I'm an employee and I, I know somewhere I once saw a job description that said, um, you can't have been in a psych ward for two years. And then someone went in for a week and then came out and it was like, I'm sorry, you can't have this job anymore. If I had cancer and I was in remission and then I had to go back and have some treatment, do I lose my job for that? No. There's, there's the thing about it. And so, I, I think sometimes we need to be looking at our job descriptions. And Lynn, I've got one more thing I want to say about job descriptions.

Lyn Legere:

You run. I was going to say go for it.

Robyn Priest:

<laugh>. Um, one of the other things I want to say about it is why are we asking as like supervisors, I've seen this on job descriptions, a master's degree. We don't need a master's degree to be a peer worker cause our education is a, our peer training. But my practicum was the times that I didn't deal with my mental health as well as I could. Or maybe I was couch surfing or that's my practicum. That's my experience. I don't need a master's degree in our health-related field or a bachelor's or a diploma to do peer work. So, I don’t know, many supervisors looking at that.

Lyn Legere:

I don’t know, of any classes in a master's program that tell me how to reach in, look at my experience, translate that in the moment to be able to come up with a snippet that may touch the person in a way to inspire hope or to facilitate change or to consider options or to at least feel like I'm not alone. There are no bachelor's or master's classes that cover what we do. So that's why it's irrelevant. Um, because it does not support our work. Um, lemma let us pause cause Robin and I can just talk forever. Um, questions guys, please feel free to pop in and ask any question that you brought with you to come here today to just ask me anything. Uh, webinar. Do we have any questions from y'all?

Robyn Priest:

I do want to say I am not pc. I would rather people ask any question they have cause true truthfully there I'd be surprised if there's a question I haven't heard. And I'm not going to get angry or upset if people ask a question that like other people, people are like, whoa, because I want the conversation here.

Lyn Legere:

Mm-hmm. <affirmative> totally agreed. We want to help you do your work because we recognized, uh, for many of you, you just kept putting a position without that support to figure out how to do it or what the, what the barriers are or, or how do you address certain kinds of situations. Um, so please feel free to pop in and maybe while y'all are thinking of questions, I want to go back to what you were saying Rob, that a lot of this is about having HR also knowledgeable, right? And then having our roles as supervisors really focused on how is the job going, right? What were you asked to do in your job description? How is that going? Where do you need support to do that? It's not about getting into the weeds of the personal life. What symptoms are you having? You know, one of the things that I think is particularly hard for peer workers is many people will look and see that they're having an issue at work.

Lyn Legere:

Like we all do on most days. There's a moment where there's an issue, but it gets pathologized and it gets looked at through symptoms, right? Instead of, um, instead of Joe is um, uh, frustrated by what's going on, it might be, oh, Joe looks agitated today. Right? So normal feelings and interactions in work settings yet pathologized just because we're out. Because everybody knows when we walk in the door that we have that history. And I would encourage supervisors to just really think, how do I deal with everyone else? And those are the foundations of the conversations and the support I offer to this employee who just happened to reveal more than most of my other employees. And remember, just because they revealed it doesn't mean it's all that different. I'm sure you have employees who go home and get drunk every night, you know? And, and they're allowed to do that. It's not our business as employers. That stuff is not our business. The requirement for the role is an organizational des description, dis decision. But once somebody is hired and working under us, it's not our business. You know, what they're doing at night and on the weekends. Our business is how's the job going? Are you being effective in the roles that we've asked you to do? Do you need support to be effective in those roles? How is your work complimenting but not duplicating the work of other team members, right? Is your support of this p of this person that you're supporting, helping them move forward in a way that maybe helps them engage more with the team because they're more hopeful about where they're going, et cetera. So that's sort of the, the Bailey whack, is that the right word of the supervisor, right? And all this other stuff is none of our business, which is hard because we know that these people have a mental health history and that's the field, we've worked in. So, it's so natural to sort of put our supervisor hat over there and put that provider hat back on and I'm going to say, get that provider hat up and get that supervisor hat back on. Cause that's the relationship.

Robyn Priest

I, I do want to, while we are waiting for some questions pop up, I do want to share, uh, when I was working for that technical assistance and I was working in one state where they sent me a draft job description, A uh, peer worker that said, peer worker must have a wellness recovery action plan. Peer worker must be compliant with their medication and peer worker must be able to catch public transport. What I said to that particular state, because it came from there department was, I am absolutely cool with all of those things if they are in the job description for every single employee from the c e o of the state department, also with the janitors. Yeah. Or, and everywhere in between. And the people at the state department went but what do you mean? And I went, that's discriminatory because I've often seen people say, oh, peer workers have to have rat plans. And I'm like, yeah, I'm good with that if everyone else does.

Lyn Legere:

Yeah, we don't want to require a heightened wellness expectation and get our nose again in something. It's not our business. People's recovery, how they manage their recovery is not our business. We are an employer. We are not a provider. All that we need to know is how are they doing their job.

Robyn Priest:

I think, um, one, one of the things, there's been research in a number of countries about peer workers and the number one thing that impacts peer work is, is other people's perception of that role and other people's misunderstanding of the role because that impacts how people are treated. So, it's not my job and working with the individuals, it's how I'm treated. So, I've seen examples. Cause you know, I don't have this big label crazy person on my head, right? And I go into train, and I look like this, and people have said to me, oh, um, like I, uh, like I've, we're having a Christmas party, this was an example a couple of years ago. Staff said, we're having a Christmas party coming up. And one person went, oh, do we have to invite those bloody peer workers? And like I may have in a polite, respectful way challenge them and said, what if someone said that about you? And they went, but people wouldn't. And I said like, here's their thing. If you come to work and you've got people going, we don't like you, we don't like your role, it's no wonder you take some time off. Sometimes it's not about the job, right? It's about the culture.

Lyn Legere:

It was a similar survey in the us. Number one reason wasn't the crappy money. Right? Wasn't the work hours. It was feeling and being devalued in my role.

Robyn Priest:

The, one of the other big things I think I want to say to supervisors is the gatekeeping piece. So, we have peer worker roles, and we have people utilizing services and many times there's this, oh, we won't refer so-and-so to a peer worker because the, the person being supported is too unwell and we don't think the peer worker will be able to cope with them. Please take out the gatekeeping. We live with our experience’s day in and day out. We are trained through our experiences and the peer support worker training to work with people wherever they're at. So, I'm working very hard to get services to take out that gatekeeping role of we think so-and-so's too unwell for peer support. The other piece that I do a lot of work on is flags in the system that says someone's aggressive or they're this or that. I've been working with a service now forum, three, almost three years. And they're working in a crisis setting like a psych emerge where people come in and they're in interesting places and the peer workers are told there's a flag on the system. Hey, we've got a flag for whatever. But they are not stopped from going to speak with that person. What that service has found is that there's not been a case yet where a peer worker hasn't been able to have a conversation if the person wants a conversation. There's not been a case where the peer worker's been attacked or anything. Like there was one situation where the person got agitated with another staff member and that other staff member wanted to call security. And the peer worker went, just give me a sec. The peer worker was sitting next to that individual and looked at them and said, I get how frustrating this can be sometimes. And the person went, I'm just so mad and it's not at you. I'm just frustrated. They keep calling security on me. And so, like my request as supervisors, please look at that and start to trust your peer workers to be good at what they do.

Lyn Legere:

And, and the effective supervision shouldn't be, don't work with this person. It should be I'm here when problems arise. Mm-hmm. <affirmative>, if you're working with whoever and you're having a difficult time figuring out how to do that work, that's why you have a supervisor. Yeah. Right. And if, if you are not yourself a peer worker and you find that you can't answer some of those questions, what some people have done is done outside consultant supervision, just on the, um, professional growth and function in the agency, um, with somebody who a peer worker is, um, or a peer supervisor. I've done that many times with organizations. Yes. Um, so that the, the non-peer worker supervisor, uh, within the agency there's the library administrative supervision, but then the practice piece, how do I do this? Um, I'm not sure how to start conversations. Uh, when people are, um, are really struggling with, uh, reality on that day. Those are the kind of things that you can talk with a supervisor who has experience being a peer worker. So, if you don't have that in-house, it's fine to take that out of house as well and get consultation, supervision. Um, just around practice. Another thing you want to say and challenge all of us and um, this is going to go a little different from what you were saying Rob, is that peer support is always voluntary. That is, that is one of the values. And so, none of us should be assigning anyone to a peer worker. No. We should be incorporating, um, support for the peer worker to know how to introduce themselves, introduce the role, introduce ways that this support may be helpful to you. Um, this is how I work with folks, but this is your choice. This is something you would like and that you think would be helpful to you. And you don't have to decide today, and you can decide one thing today and decide something else tomorrow. I am totally just here to support you in any way you would like support if you wanted support at all. And the answer may be no thanks. I already even know people have to meet them. I don't want someone else. And that is cool. Cause that keeps, you know, Rob said at the beginning, you know, a peer um, worker is paid, so we have messed up perfect mutuality, but within our role, one of the things we learn is how to constantly strive to bring that down to as close to mutuality as we can within that setting. And keeping it voluntary is a great way to do that. Um, starting off right from the get-go, here's who I am, here's what I do and it's your choice if you want to work with me.

Robyn Priest:

And, and I wasn't meaning when I was talking about that referral piece, what I mean is sometimes peer workers aren't even told there's someone they could introduce it to because there's that gatekeeping. Personally, I think everyone should hear about peer support and choose for themselves. Like yes, I know there's the like caseload issues of the peer workers like talking to this many, I get that. That's something too. But people should still be able to hear about peer support and I, I want to throw the added piece. Yeah, totally voluntary. I don't care whether you're in forensics where they're court mandate, there should never be a court mandated peer support. Right? Right. Cause it takes away, and I've been working hard with court systems with that too. One of the other things I am cognizant of time I feel like is really a big piece is this piece of here's your peer worker training. Now you are good for the rest of your life as a peer worker. We do not do that in any other profession. And I know that there are many certifications in different states that require ongoing CEUs services need to fund that too. Um, like I'm going to do a little plug. We've just started our exploration mastery where we like to provide like videos and live sessions for continuing ed for peer workers. And I've been talking to different services who keep saying, oh, we don't have money for any additional training. And I'm like, do you have money for your other professionals who have to do up the keep up with training? And they're like, yeah. And I'm like, why don't we have that for peer workers too? We need to look at professional development for every discipline and peer work is a discipline too, so let's keep that going.

Lyn Legere:

And I also try to share that there is a difference between equal and equity. You know, I had a, I had an agency one point say to me, well right now no one is a is allowed, you know, we're not paying for anyone to go and get any CEU stuff. Mm-hmm. I said I get that. But because peers are so few and far apart, you know, in the office, every other professional can get informal support in the bathroom at the water cooler down the hall, there is this pool of support to do the functions of your job in-house. So, when things like CEUs and conferences are cut off because of funding and I know everyone's struggling with funding. Yeah, right. Just remember that the peer worker is isolated, and they actually are not getting that daily input about doing their job when they need it informally. Because very often there's one person on the team and everybody else is a clinical service. So sometimes equal is not equity and sometimes it is the equity thing to support the peer worker to access some other venues of learning how to do their jobs. Cause many of them have gone through the training and you may be their first child. Mm-hmm. <affirmative>, think of your first internship as a social worker or um, whatever role you were in. You know, you take it from the book or from the classroom and you try to apply it in real life. That takes support and that's where you get a lot of questions. That's when it's like, they said this in class, I'm doing this. How do I do it now that I'm out in the field? And that's why that ongoing connection with other peer workers is so great. Jamie, thank you so much. I'm glad it was valuable. I'm sorry that you had questions and Robin and I just have gone on but thank you for letting us know that cut uh, that's what really, we were hoping is that this is valuable. So, thank you. Uh, good luck on your other call. I know we are getting around, uh, near the end. I want to ask one last time, is there a question anybody would like to throw out there or any comments before we do wind down? Think we have about six more minutes and as you see, Rob and I can just do it all. But we would love to hear from you, and you can put it in chat or just unmute and come on and let us know.

Robyn Priest:

We're too scary Lynn.

Lyn Legere:

I know. Well, we're scary. You know, you and I are scary people. It may be the format, I don't know the, yeah, the uh, webinar conference is a little more difficult or, uh, not as inviting as our usual zoom rooms. I keep that in mind from the next.

Robyn Priest:

So, I, I did put my email and website people are more than welcome to reach out and ask a question offline too. Um, I do have my own business, but chatting about simple stuff is free. You know, I don't, I don't charge every time someone sends me an email.

Lyn Legere:

Mine's in there as well. Let me just wish it goes to everyone, not just Robin. There we go.

Robyn Priest:

I want to make sure for me, like I want to make sure people are supported to increase the roles of peer support in their purest sense. That there isn't this thing that we keep talking about of role scope creep or um, peer drift where we are being pulled into some of these other things. It's not my job as a peer worker to act as like a mole or a spy and tell the other team members everything. I do work with people on multidisciplinary teams a lot and they do have these discussions with individuals and say, Hey, I'm on multidisciplinary teams. We do like to have these team meetings. What would you like me to share? Or what wouldn't you? And if something comes up that you know is like sometimes, you know, something might be useful as a peer worker, like my conversation with that individual is, it's up to you. But do you think that might be useful for the other team members to know in the way that they work with you? Yeah, so,

Lyn Legere:

And, and I, I know that, um, some, what I hear a lot is, but people tell the peer workers so much that they tell more than they tell us. And I know sometimes I couldn't read people feeling badly, but I want to really say this is a bridge to trust that may not be there. And to have that bridge built is so valuable. You know, I always try to think of other situations where we all have peer connections. Like if you're a first-time mom or something like that. And just imagine how important, just having that one place where you can dump it, all the hopes, the fears, all of that. That's what Pierce Court is. So having that, um, bridge built is so important. Don't worry that, that the person you're working with isn't telling you everything. Of course, they're not, you know, of course they're telling somebody who's been there and done that much more than the detail, but that allows that peer worker and the team and the person to work better together in the end because you're getting that bridge where more is revealed, and it becomes helpful to the work overall. You know. So, um, I would say don't, don't take it personally, not about you, it's just about the way it's set up and that's why we want peers there. It does open those doors anyway. I know we're dwindling down. We'll have to leave for other meetings. I hope you've seen, uh, a poll come up. It may be when I end the meeting that'll come up. Um, so please, it's only six questions, but please just for my funder, please bill that though, uh, satisfaction survey. Rob, I want to thank you so much for stepping in last minute and joining us. It's always a joy to spend time chatting about peer work with you. I didn't do so good on being quiet, but I hope it was valuable to folks. Anyway, enjoy the rest of your other training, my friend. I'll see you soon. Everybody else. Thank you so much for coming. Thanks everyone.