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# A REFLECTIVE PRACTICE TOOL

## For Mental Health and Addiction Agencies That Employ Peer Staff

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Prepared for Self Help by Jay Harrison & Julia Read  
With contributions from Kelly Blum, Briana Dickie, Shawn Lauzon, Washington  
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## The Peer Support Research Project was sponsored by Self Help

Self Help is a service of Canadian Mental Health Association, Waterloo Wellington Dufferin. Self Help provides peer support-self help services for those who experience a mental health and/or addiction issue. At Self Help we believe that the unique combination of self help and peer support, as guided by our Recovery Values and Principles, provide the place and opportunity for people to explore their very personal journey of recovery. We believe that recovery from a mental health and/or addiction issue is possible. All our services are provided by people who experience a mental health and/or addiction issue for people who experience a mental health and/or addiction issue, making this service unique within the larger addiction and mental health system.

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## Background

Since 2010, Self Help's Centre for Excellence in Peer Support has implemented and supported peer worker roles throughout the regional Addiction and Mental Health system. Currently the Centre for Excellence provides training, supervision, and coaching to 12 peer workers working in a variety of settings including hospitals, community health centres, addiction services, and internal CMHA departments.

The Peer Support Research Project (PSRP) is the first peer-led community-based research project of the Centre for Excellence in Peer Support. In 2015 the Centre undertook an inclusive peer-driven process to develop a research question that would be used to initiate a peer-led research process. The project, led by a steering committee of peer staff from mental health and addiction agencies, a project coordinator from Self Help, and two external peer researchers hired as principal investigators aimed to answer the following question.

*What is the experience of implementing peer staff roles in non-peer mental health and addiction organizations and what are the strategies and opportunities for supporting successful implementation of these roles?*

The following report is one product of that research project: a reflective practice report that aims to support critical reflection of the implementation of peer roles in order to strengthen the implementation of peer roles. A literature review of the challenges associated with the implementation of peer staff roles in mainstream mental health and addiction agencies can be found at [self-help-alliance.ca](http://self-help-alliance.ca).

This report is meant to stand alone as a catalyst for discussion and reflection within the mental health and addiction sector, but it also serves as an initial step in a broader peer-led effort to better understand the experience of implementing peer roles in mental health and addiction agencies.

## Purpose of the Report

The purpose of this report is to support the important efforts to grow the peer workforce in Canada and beyond by inspiring deeper reflection about how peer roles are being implemented. To support reflective practice this report provides an overview of research on the implementation issues that peer staff experience in their positions in mainstream mental health and addiction agencies and proposes a method by which peer staff, their co-workers, and managers of agencies that employ peer staff can engage in individual and collective reflection on the implementation of peer staff roles.

For the purposes of this report the project steering committee defined **reflective practice** as **an intentional individual or group process to deepen understanding of the work in order to improve it or make some change. Reflective practice is an important part of continuous learning. Reflective practice can be informal and internal (e.g., reflecting privately on an incident or experience) or formal and external (e.g., engaging in a prescribed process to debrief and document an incident with one's team).**

Reflective practice can be aided by using critical questions that invite a purposeful inquiry into practice. In this project we used the following criteria to define a "good" critical question for reflective practice and to

develop the questions presented below. **A good critical question is:**

- **focused on uncovering stereotypes, assumptions and tacit knowledge.**
- **focused on the bigger picture and can be generalized to other settings.**
- **meaningful and identifiable to the reader.**
- **one that engages the reader in a process as they explore the potential response(s).**
- **open-ended.**
- **not fact based, i.e., can not be answered with a simple “yes” or “no” or by looking up or asking someone for the correct answer.**
- **often value-based or requires the reader to engage with their own values.**

This report is directed towards and intended to aid managers, co-workers, and peer staff of mainstream mental health and addiction agencies that employ peer staff through the process of navigating issues associated with implementing peer roles. The critical questions presented in this report are meant to guide reflective practice at all stages of implementation including during the creation of new peer roles and hiring of peer staff as well as during the on-boarding and implementation of peer staff roles. We encourage you to use the questions individually in your own personal reflection as well as using the questions in team settings to develop a deeper understanding of how peer roles are and can be implemented within your organization.

## Methods

Several methods were used in the creation of this report including a literature review, development of a journey map, and reflective practice question generation.

### Literature Review and Journey Map

The literature review was guided by the following question: *What are the common role implementation issues faced by peer staff?*

Relevant academic and grey (non-academic) literature was reviewed that specifically addressed the implementation issues associated with peer positions. The scope of the review focused on paid peer staff and did not include articles with a focus on volunteer peer support providers. Additionally, the articles reviewed were focused on peer staff in mainstream settings and did not include articles with a focus on peer positions in peer-led organizations.

The implementation issues identified in the literature review were validated with the project steering committee comprised of peer staff from mainstream mental health and addiction agencies. The validation process helped us to deepen our understanding of the complexity of the issues that can arise when implementing peer staff roles. As an aide for exploring this complexity we developed a “journey map” which helped us to understand the system in which peer staff are employed by mainstream agencies and in which subsequent implementation issues arise. The journey map was adapted from an employment system map developed by the MaRS Solutions Lab (van den Steenhoven, Koh, Laban, & Geobey, 2014).

## Reflective Practice Question Generation

The steering committee undertook a process to generate a set of critical questions for reflective practice that included: clarifying what is meant by “reflective practice”, defining the reflective practice audiences, developing criteria for “good” critical questions for reflective practice, and divergent brainstorming and convergent prioritization of critical questions using the criteria developed.

The question generation process began with a divergent stage of brainstorming potential critical questions for each of the 3 identified audiences: peer staff, managers, and co-workers. Steering committee members engaged in an open-ended brainstorming session to develop as many questions as possible. The brainstorming was aided by supporting documentation from the literature review to inspire question generation. The second, convergent stage was aimed at prioritizing the most useful critical questions for inclusion in this report. A voting procedure was used to prioritize the most pressing/important questions. The final questions further refined and reviewed using the criteria for a good critical question above. A list of the original questions posed by the peer staff members of the steering committee is presented in Appendix A.

## Implementation Issues That Peer Staff Experience in Their Roles

It is apparent from the research on peer staff roles in mainstream mental health and

addiction agencies that the common implementation issues that peer staff face are often the symptoms of deeper, systemic issues. In a complex system, such as a mainstream mental health and addiction agency, implementation issues might serve as signals of more systemic organizational issue that may need to be addressed. In this way, peer staff positions can be seen as a catalyst for revealing those deeper trends by injecting a “disruption” into the system.

Peer staff are inherently disruptive role innovations (Deegan, 2011). The very nature of peer roles and the common implementation issues that accompany them raise a number of critical questions concerning the social, technical, legal and moral culture of the organizations that employ them. For example,

- “Are the ‘boundaries’ that peers negotiate in order to engage in a unique and effective practice compatible with the service model and legal and ethical framework of the organizations in which they are employed?”
- “Is the ‘sameness’ between peer staff and service users that is a hallmark of such positions still valuable when there is a power imbalance between peer staff and service users which may tend to be the case in mainstream mental health and addiction agencies?”
- “Is it possible for peer staff to model recovery in an organization that isn’t recovery-focused?”
- “What do the common implementation issues of peer staff tell us about the universal design of mentally healthy workplaces?”

To a certain degree the success of peer roles is dependent on an organizations

ability to adapt to the disruption created by the introduction of peer staff. This may require both operational (i.e., hiring and accommodation policies) and strategic (i.e., organizational mission) shifts in how organizations operate. When organizations do not adapt to peer roles the disruption is born by the peer worker. This shifting of the burden is manifested as the common implementation issues identified in this review.

The nature of implementation issues is highly interrelated and contingent such that it may be difficult to isolate any single issue for focused intervention. The interrelated nature of the issues suggests that it may be more appropriate to address them holistically than in isolation. The implication for potential recommended practices is to focus on those practices that target the underlying root causes of the implementation issues.

The nature of implementation issues for any given peer position will vary depending on the type of work (e.g., group vs. individual; outreach vs. case management; team vs. solo) and nature of the setting and context in which the work is performed (e.g., recovery-oriented; reason for creating peer position; number of peer staff employed in the setting; hospital vs. community-based).

Additionally, the nature of implementation issues vary across time. Within the field of mental health and addiction the nature of implementation issues is changing over time as the field and accepted practice shift and change. Past published research points to a trend in which peer roles were once dominated by demonstration projects run by researchers, and roles owned by peer-led organizations. However, the field has shifted and a greater amount of contemporary research is concerned with peer positions

within mainstream mental health and addiction agencies. Implementation issues can also vary within a single organization over time as the organization gains experience with peer roles. This does not mean that implementation issues will necessarily improve in all organizations over time. Whether or not implementation issues improve will be, at least in part, a function of how well an organization adapts to what they learn from their experience with peer positions. Finally, the nature of implementation issues for any given peer staff will vary over time as they gain experience with the role and interact with shifts in their environment.

## Common Implementation Issues

The scholarship on the implementation of peer staff roles addresses a number of common issues. A complete literature review of the challenges associated with the implementation of peer staff roles in mainstream mental health and addiction agencies can be found at [self-help-alliance.ca](http://self-help-alliance.ca).

**Access to accommodations.** It's unclear how many workplaces employing peer staff have policies to promote a healthy workplace in general, including accommodations, but there is evidence that even when policies are in place they may not be implemented as intended. It may also be the case that peer staff are sometimes unsure of their rights and options in terms of access to accommodations.

Similar to other employees with disabilities, peer staff may be hesitant to access needed accommodations out of perceived and real fear of retribution from colleagues and employers, loss of income, and the fear of “proving” that peer staff aren't capable of doing the job.

**Application process.** Peer staff may experience unique challenges during the application process for a peer position because of issues with their work, employment, housing and/or criminal history.

**Career pathways / advancement.** Peer positions may limit the career pathways and advancement opportunities for peer staff, both in terms of lateral movement to other positions within peer or non-peer programs and promotion because of limited access to professional development, leadership opportunities and stigma associated with peer positions.

**Clarity of purpose.** There are a certain set of challenges that arise when there is little or no clarity within an organization about the purpose and value of peer positions. With the development of peer roles still in their initial stages, some agencies that employ peer staff may lack a clear and established purpose for the role. It is unclear if this lack of clarity of purpose is due to a limited or incomplete planning process for a new peer position on the part of organizational leadership, or is due to failure of the organizational leadership to clearly communicate the purpose of the position to front-line staff. However, such lack of clarity of purpose can act as the seed for other implementation issues identified in this review.

**Compensation.** Although patterns of compensation for peer staff positions seem to have improved over time, wages and salaries for peer staff continue to be plagued by at least three issues: (1) peer staff continue to earn, on average, less than a living wage, (2) there is considerable variability in compensation rates across the field with little to no standards and criteria, and (3) peer staff continue to receive wages

that are not commensurate with non-peer colleagues doing similar work.

**Cooptation.** Cooptation typically has a negative connotation and refers to the risk of peer staff being socialized into professional, or “non-peer” approaches to service delivery. However, cooptation (i.e., adopting the values, attributes and service approaches of non-peer colleagues) may also be an adaptive strategy that peer staff employ to mitigate some of the other common implementation issues such as challenging relationships with non-peer colleagues, maintaining good mental health, lack of role clarity, inadequate supervision, etc.

**Employment status.** There is some evidence that peer positions are regularly structured as part-time rather than full-time and that the rationale for this structure is often a pre-emptive attempt to protect peer staff from stress related to work. Although some peer staff may prefer part-time employment, others report frustration at not being able to work full-time and the impact that this has on their financial well-being, access to benefits, and relationships with colleagues.

**Identity conflict.** There are 3 significant issues related to identity conflict that arise in the literature: (1) peer staff may struggle with a sense of identity when occupying a position in which they may not fully claim either the service user identity or professional identity, (2) a lack of consensus on the nature of peer work leads to an additional identity conflict in not having an alternative “peer identity” to organize around, and (3) constantly occupying the “peer” identity may have negative consequences on one’s own recovery. The ways in which these identity conflicts manifest appear to be deeply connected to

other implementation issues. However, the challenges associated with negotiating relationships within this zone of uncertainty may be an inherent feature of peer work.

**Isolation.** The isolation that peer staff experience in their work may be both technical (i.e., working independently with little connection to colleagues) and emotional (i.e., feeling socially and emotionally disconnected from colleagues). Peer staff may experience isolation in relation to the colleagues with whom they work, particularly non-peer colleagues, as well as a sense of isolation from other peer colleagues, particularly if they are the only peer staff in an organization.

**Maintaining good mental health and well-being.** Maintaining good mental health and well-being is a core implementation issue because peer staff are presumed to be inherently more vulnerable to experiencing mental distress as a result of their lived experience, and because poor mental health is frequently noted as a consequence of experiencing many of the other implementation issues. As a result, this is a multi-dimensional issue that includes several important themes, including: peer work can be stressful; peer staff may be triggered by the nature of the work, i.e., service user stories; peer staff may be triggered by the context of the work, i.e., hospital, negative helping professionals; peer staff may face barriers to accessing services to maintain their mental health and in crisis; peer staff may experience challenges when they experience a “relapse” while working; having inadequate supports such as supervision, role clarity, and positive relationships with colleagues may contribute to poor mental health among peer staff.

**Overworked and overextended.** Many peer staff have reported feeling overworked or overextended, which leads to stress and other challenges in maintaining good mental health. When there is a lack of clarity about the purpose of the peer position, lack of clarity about role expectations, or undervaluing of the position peer staff may be assigned tasks of little value that appear to be outside of their role. Peer staff may also take on additional work to compensate for the negative attitudes of colleagues, or to “prove” the value of their role.

**Relationships with non-peer colleagues.** Challenges in relationships with non-peer colleagues were frequently reported in the literature as an implementation issue for peer staff. This is a multi-dimensional issue that includes: negative attitudes of non-peer colleagues, challenges that arise when working with your past or current helping professionals, challenges that result from disclosing to colleagues, the perceived need to “prove” one’s value to improve relationships with non-peer colleagues, and barriers to contributing to the team because of a lack of fit between peer work and the service approach of the team.

**Relationships with service users.** Like other helping professionals, some of the challenges that peer staff experience may be typical in the helping relationship. However, they may face novel challenges in their relationships with service users, for example, when they are working with an individual they already know socially, or when they are not able to gain the respect of service users because they identify as a peer.

**Resources to meet job requirements.** Peer staff may be set up to fail when they don’t have access to the basic resources needed to do their job such as workplace

orientation, a desk, a computer, and access to relevant information about the service users with whom they work.

**Role clarity.** Lack of role clarity is commonly referenced as an implementation issue in the literature. It refers to the uncertainty about “duties, extent of authority, allocation of time, relationships with others, and how the employee will be evaluated, as well as adequate guidance from agency policies and procedures” (Davis, 2013, p. 147). This may be a natural consequence of the newness of peer roles, both within the field of mental health and addiction and within specific organizations. Some authors advocate the creation of clearer job descriptions to combat role ambiguity, while others caution that overly prescriptive job definitions may unnecessarily constrain peer staff and inhibit the flexibility that may be needed to do and grow the position.

**Supervision.** There are at least two types of supervision that are important for peer staff to have access to: (1) managerial supervision that provides feedback on the employee’s performance of the role, and (2) clinical supervision to provides support and feedback for employee’s engaged in emotional labour. Effective supervision should account for the unique features of peer roles including use of lived experience, negotiating identity conflicts, and creating effective relationships with service users.

**Training.** Peer staff may be exposed to different types of training related to their work either before (pre-service) or after (in-service) they are hired. Not all peer staff have the same training or the same access to training. The desire of some peer staff for more or additional training may reflect their own willingness to learn and grow in their

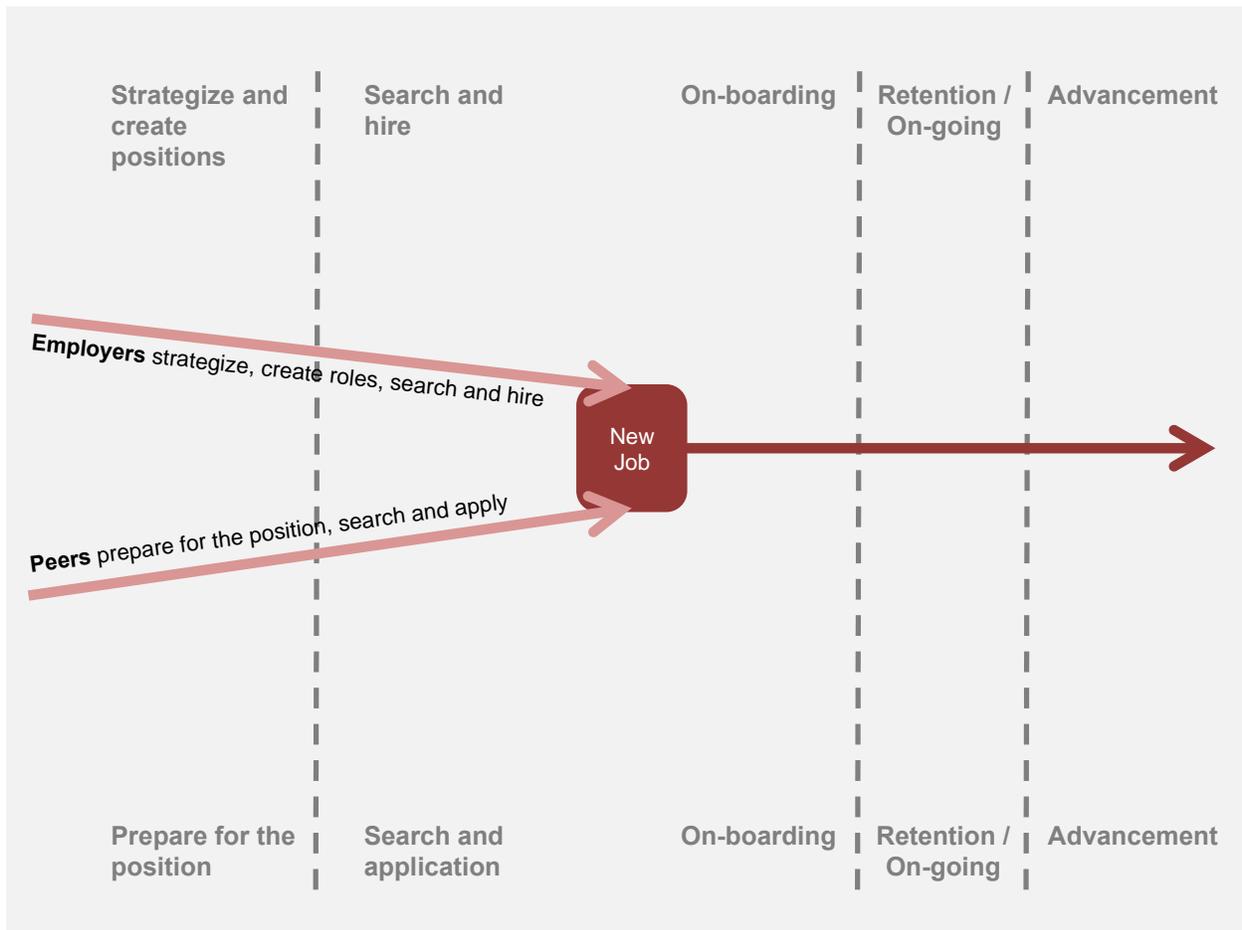
role, or their feeling of being unprepared for the demands of the role, which may result from lack of role clarity. In the literature on peer work training is often offered as a solution to many of the challenges that peer staff face, perhaps with unrealistic expectations of what can and can not be resolved through additional training. The authors of this review caution that this view of training as panacea can reinforce the misguided notion that the challenges peer staff face are usually, and should be, within their control to change.

**Using lived experience.** Lived experience informs the work of peer staff and is implied by the nature of the role, but it is not always clear how one’s lived experience should be used in a paid peer role. This issue is significantly underexplored in the literature on peer staff; consequently, job descriptions and training requirements remain unclear and undefined due to this lack of clarity. When employers, supervisors, colleagues and peer staff have varying or limited understanding of the role of lived experience in peer support this aspect of the peer role they may inappropriately apply the concept of “appropriate boundaries” to peer relationships, discouraging peers from using their lived experience in their work. Using one’s lived experience effectively in a helping relationship with someone else is not an easy skill and requires practice and support. Peer staff develop their own strategies for the effective intentional use of their lived experience largely through trial and error.

## Peer Staff Journey Map

The journey map is a simplified model of the system in which peer staff employment occurs. It is a heuristic tool for thinking

## PEER STAFF JOURNEY MAP



Adapted from a system map created by the MaRS Solutions Lab. van den Steenhoven, J., Koh, J., Laban, S., & Goebey, S. (2014). *New Solutions to Youth Employment Lab: First Report – Draft*. Toronto, ON: MaRS Solutions Lab.

about the journey of peer staff and employers that can be used to explore the nature of the challenges experienced and identify leverage points for effecting systemic change to improve practice.

As a simple representation of the peer staff journey, the journey map does not include some important dynamics including that the actual process is far less linear and far more cyclical than the map suggests, particularly in the post-hire phase. However, the map provides some immediately useful concepts

for thinking about the implementation of peer roles:

- There is a pre-hire phase when peer staff positions are created that can have important effects on the post-hire phase of implementing peer staff roles.
- There are at least two meaningful periods to consider in the pre-hire phase and these may look different for employers and for peers. The

pre-hire phase for employers may be characterized by strategizing and creating positions as well as search and hire to fill the position. For peers, the pre-hire phase may be characterized by preparing for the position as well as search and application.

- There are at least three meaningful periods to consider in the post-hire phase: onboarding, retention / on-going, and advancement.

The Peer Staff Journey Map can be used to support reflective practice. By serving as a simple model of the role implementation system, the map provides a starting point for developing shared understanding of the issues that arise in implementing peer staff roles and for inspiring reflective practice that attends to the whole system.

## Critical Questions

The following are a set of reflective practice questions generated by the project steering committee of peer staff. The questions are intended for three particular audiences who have an impact on the implementation of peer staff roles.

- **Managers**, including directors and higher-level leadership roles, and also those who provide either direct managerial or clinical supervision.
- **Co-workers** of peer staff including those who are from various disciplines and may be part of a multidisciplinary team.
- **Peer staff** who work independently or as part of a team. Peer staff may be set in a diversity of mainstream mental health and addiction organizations.

These questions are designed to act as a catalyst for meaningful reflection or conversation. These questions were designed from a peer perspective and therefore should be considered a starting point for developing additional questions from different perspectives that can contribute to meaningful reflective practice.

## Questions for Everyone

The following questions may be useful for peer staff and anyone who has a working relationship with peer staff.

1. What is the value of shared lived experience for the recovery process?
2. What does the recovery model mean for your practice? How does the way you think about recovery effect how you think about the role of peer staff?
3. What is the appropriate role for peer staff in a mainstream mental health and addiction agency?

## COMMON IMPLEMENTATION ISSUES

Access to accommodations

Application process

Career pathways / advancement

Clarity of purpose

Compensation

Cooptation

Employment status

Identity conflict

Isolation

Maintaining good mental health and well-being

Overworked and overextended

Relationships with non-peer colleagues

Relationships with service users

Resources to meet job requirements

Role clarity

Supervision

Training

Using lived experience

## Questions for Managers

The following questions may be useful for managers including directors and those who provide direct managerial or clinical supervision.

### Directors

1. Why are we hiring (or have we hired) peer staff? What motivates our decision? What value will peer staff bring to our organization and the people we serve?
2. How do we, as an organization, demonstrate that we value the participation of peers in all aspects of decision-making, including peer roles?
3. What values and principles guide the way we structure peer job positions? What would it look like to structure a peer job position in a way that values equity, job security, and recovery?
4. How are we ensuring that peer staff don't face unnecessary barriers to advancement in their careers in order to fully realize the leadership of people with lived experience in our organization and society?

### Supervisors

1. What role should supervision play in enabling peer staff to use their lived experience effectively? How might shared lived experience affect supervision? How do I, as a supervisor, use my lived experience effectively in supervising peer staff?
2. How can our existing staff have a better understanding of peer roles? Do my expectations of peer staff differ from my expectations of other staff? If so, how and why?
3. How do my personal or professional experiences affect the way I provide or facilitate accommodations for peer staff?

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4. How might team structure and processes need to look different to ensure that they are inclusive of peer staff?

## Questions for Co-workers

The following questions may be useful for co-workers of peer staff from various disciplines and may be part of a multidisciplinary team.

1. Does working with a peer colleague raise any concerns for me about my own position? If so, how and why?
2. How is peer work similar and different from the work that I do, for example, use of self, boundaries, beliefs about recovery? How do these similarities and differences affect the way I work with my peer colleagues?
3. How does working with a peer colleague affect the way you think about recovery?
4. When experiencing challenges with peer colleagues: What are the roots of this challenge? How does the structure and culture of our organization or team contribute to challenges that I experience with my peer colleagues? How does my colleague's lived experience influence the way I perceive the challenge and the potential solutions for addressing it?
5. In what ways does the work of my peer colleagues broaden the services and enhance client care? In supporting clients at our agency how does "success" look similar and different in my work compared to the work of my peer colleague?

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## Questions for Peer Staff

The following questions may be useful for peer staff that work independently or as part of a team in a mainstream mental health and addiction organization.

1. What role do relationships with other peer staff play in the way you understand and perform your role as a peer staff?
2. What kind of support from your team is important for you to be effective at your job in a way that is healthy?
3. Whose responsibility is it to educate your co-workers?
4. Do the relationship boundaries that you engage in as a peer staff change in different contexts or relationships? If so, how and why?
5. What are the benefits and challenges of using your lived experience in your work as a peer staff? How should you use your lived experience to effectively support others?

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## Appendix – Original Questions From the Steering Committee

### Questions for Everyone

#	Original Question	Restated Critical Questions
1	<p>Why does lived experience matter?</p> <p>What are my personal beliefs/biases about lived experience?</p>	<p>What is the value of shared lived experience in a peer support relationship for the recovery process?</p>
2	<p>What are my beliefs about recovery?</p>	<p>What does the recovery model mean for your practice? How does the way you think about recovery effect how you think about the role of peer staff?</p>
3	<p>How do I define the role and responsibilities for our peers?</p> <p>How will our roles work together</p> <p>Do you have a well-defined job description for your peer role within the org?</p> <p>Who is responsible for defining your role?</p>	<p>What is the appropriate role for peer staff in a mainstream mental health and addiction agency?</p>

### Questions for Managers: Directors

#	Original Questions	Restated Critical Questions
1	<p>What is the benefit / purpose of hiring peers for our organization?</p>	<p>Why are we hiring (or have we hired) peer staff? What motivates our decision? What value will peer staff bring to our organization and the people we serve?</p>
2	<p>What other agencies employ peers who can be a resource during our peer hiring process?</p>	<p>How do we, as an organization, demonstrate that we value the participation of peers in all aspects of decision-making, including peer roles?</p>
3	<p>How can I include peer staff in agency processes?</p>	<p>[incorporated into question 2]</p>

#	Original Questions	Restated Critical Questions
4	What is the compensation and benefits for our peer roles? How does it compare to others on the team? What is the value of lived experience?	What values and principles guide the way we structure peer job positions? What would it look like to structure a peer job position in a way that values equity, job security, and recovery?
5	What career pathways or advancement opportunities exist for peer staff? How do I feel about this?	How are we ensuring that peer staff don't face unnecessary barriers to advancement in their careers in order to fully realize the leadership of people with lived experience in our organization and society?

### Questions for Managers: Supervisors

#	Original Questions	Restated Critical Questions
1	How do I supervise around issues with using lived experience when I don't have lived experience?	What role should supervision play in enabling peer staff to use their lived experience effectively? How might shared lived experience effect supervision? How do I, as a supervisor, use my lived experience effectively in supervising peer staff?
2	How can our existing staff have a better understanding of peer roles? (i.e., anti-oppression working group – specific input relating to peers)	How can our existing staff have a better understanding of peer roles?
3	What do I expect from a peer staff that's different from other staff?	Do my expectations of peer staff differ from my expectations of other staff? If so, how and why?
4	Do I have any biases towards accommodating peer staff (providing or facilitating accommodations – self care)	How do my personal or professional experiences affect the way I provide or facilitate accommodations for peer staff?
5	How will I support the peer role to feel included, as part of the team?	How might team structure and processes need to look different to ensure that they are inclusive of peer staff?

### Questions for Co-Workers

#	Original Questions	Restated Critical Questions
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#	Original Questions	Restated Critical Questions
1	Do I feel that my peer worker takes away from my job?	Does working with a peer colleague raise any concerns for me about my own position? If so, how and why?
2	How would your work differ from a peer? (i.e., use of self, boundaries, belief in recovery)  Why are boundaries different?	How is peer work similar and different from the work that I do, for example, use of self, boundaries, beliefs about recovery? How do these similarities and differences affect the way I work with my peer colleagues?
3	How does working alongside a peer change your understanding of recovery?  What are your perceptions of a peer? How comfortable are you?	How does working with a peer colleague affect the way I think about recovery?
4	Is this stigma (my own) or a sign of things not going well (e.g., organizational practice, peer not doing well, me not doing well, a team dynamic issue)?  How can I respect or notice the work my peer colleague does?	When experiencing challenges with peer colleagues: What are the roots of this challenge? How does the structure and culture of our organization or team contribute to challenges that I experience with my peer colleagues? How does my colleague's lived experience influence the way I perceive the challenge and the potential solutions for addressing it?
5	How would peer support broaden the services and enhance client care?  Does success look different? With our mutual clients we support what does success look like in my role vs peer worker role?	In what ways does the work of my peer colleagues broaden the services and enhance client care? In supporting clients at our agency how does "success" look similar and different in my work compared to the work of my peer colleague?

### Questions for Peer Staff

#	Original Questions	Restated Critical Questions
1	How might connections with other peer staff improve/inform your role?	What role does relationships with other peer staff play in the way you understand and perform your role as a peer staff?

#	Original Questions	Restated Critical Questions
2	What kind of support do you need from your team?	What kind of support from your team is important for you to be effective at your job in a way that is healthy?
3	Who's responsibility is it to educate your co-workers?	Whose responsibility is it to educate your co-workers?
4	What do you need from other staff?	[incorporated into question 2]
5	How do your boundaries change in different contexts or relationships?	Do the relationship boundaries that you engage in as a peer staff change in different contexts or relationships? If so, how and why?
6	How do you use your lived experience effectively (to support others)?  How comfortable are you using lived experience?	What are the benefits and challenges of using your lived experience in your work as a peer staff? How should you use your lived experience to effectively support others?