

8 | PREPARING AND ENGAGING NON-PEER STAFF

8 | PREPARING AND ENGAGING NON-PEER STAFF

When an organization hires YA peers without educating non-peer staff on the impact on their own jobs, confusion and conflict among staff can ensue. And without the support of non-peer staff, YA peers will have difficulty carrying out their responsibilities. Specific trainings and teamwork exercises are very important toward building the strong working relationships necessary to support YA peer job success.

TRAINING AND SUPPORT FOR NON PEER STAFF

Upon starting a job as provider staff, the new employee will presumably receive an orientation to the organization, regular trainings thereafter, and supervisory reinforcement on key topics. A significant part of those educational efforts should be devoted to developing staff capacity to work with and support YA peers.

The most critical part of training introduces and delineates **the role of the young adult peer** to non-peer staff. Chapters 1, 2 & 3 of this toolkit contain basic information on this role, including helpful content that can be used for training purposes:

Training component	Chapter
Unique characteristics and value	1
CPS code of ethics	1
Positive impacts of introducing YA peer role	2

And in the table below, we offer a more specific presentation on how YA peers can address client struggles and challenges directly.

Specific Benefits of Peer Support for TAY Clients		
Client Struggle	Unique Aspects of Peer Role	Provides
Feeling hopeless	Using aspects of personal recovery story	Inspiration
Lonely and devalued	Mutuality, shared experiences	Acceptance, feeling valued

Inertia: confusion about how to move forward	Using recovery story, role modeling	Initiation of recovery plan, wellness and social life tips
Voice not present or ignored [e.g., in treatment decision making]	Advocating on behalf of the client, and role modeling on how to do it	Sense of empowerment

In addition, the [Meaningful Roles for Peer Providers in Integrated Healthcare](#) manual developed by the California Association of Social Rehabilitation Agencies (CASRA) provides useful information and tools, including:

- “Staff concerns self-assessment,” which helps to identify staff training needs (page 98);
- Responses to staff on their concerns about the peer role (page 99);
- Discussion questions for staff and peers (page 107).

[YouthMove](#) also offers valuable materials youth peer support training.

The introduction of the YA peer role into a treatment team inherently alters the job duties of non-peer staff (as discussed in chapter two). Therefore training for non-peer staff should be made available: 1) making referrals to a YA peer, 2) effective communications with YA peers (“Interacting with Peers” below), and 3) supporting YA peers to be active participants in the treatment team and other meetings (chapter 9). More experienced staff can offer those trainings, or workshops.

Beyond a basic understanding of the YA peer role, there are also **important topical areas** to cover in staff training. This includes the necessary organizational culture elements to supporting YA peers on-the-job success contained in chapter 3. In this chapter, we further explore aspects of necessary organizational culture elements and make recommendations on how to make trainings most effective.

If not already present, non-peer staff should be trained in the following areas (with associated links):

- [Person-first language](#),^{lxxxix}
- [The myths of mental illness](#),^{lxxxix} and
- Person centered services (see [Person Centered Care & Planning: Policy to Practice to Evaluation](#)).^{lxxxix}

Interacting with Peers

Training should address the tendency of some staff to ask YA peers direct personal questions related to their diagnosed mental health conditions. Staff must be taught that although YA peers were hired in part because of their lived mental health experience, they are not open books for sharing those experiences, however well-intentioned those questions are.

Organizations must train and support non-peer staff to relate to peers as they might to other staff. For young adults in particular, personal questions about a difficult past can be painful,

stigmatizing, and marginalizing. This is particularly true of *specific* personal questions such as “Where have you been hospitalized,” and “What meds have worked best for you?” As one young adult peer provider explained:

“More than a few times, staff have asked me about my experience with my illness and recovery. I give them a general overview, but they are really interested in specific information such as meds I’ve been on and how I got along with my family. This is annoying and condescending. I don’t ask them specifics of their health background or personal life. But if they ask for advice I feel better about sharing personal stuff...”

Some better questions [for non-peer staff to ask peer staff] are:

‘Why is it so hard for clients to engage in treatment?’

‘Do you know about xx hospital and what’s it like?’

With these I can use aspects of my personal life if it makes sense. I get to choose what to share to maintain my personal wellness and privacy while giving the information they really need. If they want to know me better, the best way is just to hang out and talk.”

Non-peer staff must also be thoughtful about when and how to ask young adult peer providers more general personal questions, such as “can you tell me what it’s been like for you go through treatment and recovery?” These questions are more likely to be well received when the staff person and young adult peer already have a good relationship and/or when tied to an administrative or clinical initiative, not asked just out of curiosity. Examples of such requests or questions include:

“My client is struggling with severe depression. Is there anything from your lived experience you could use to help him move forward? How would you use it?”

“Many clients here don’t want to even talk about medications. Can you tell me more about why that’s the case? How do young people experience psychiatric medications? Are there young adults who find medications helpful?”

“We’d like you to lead or co-lead a workshop for staff on recovery. It would be most effective if you could share aspects of your lived experience to illustrate points.”

Key components of Effective Trainings for Non-Peer Staff

We recommend that trainings be delivered according to the following principles:

- Young adult peers take an active role in developing and presenting the training. Trainings that are led or co-led by peers can change other’s attitudes about people with serious mental health conditions (SMHC). In fact, these trainings are most effective when people with SMHCs share their recovery stories.^{lxxxiv}
- Trainings are offered on a regular basis, with materials available via agency intranet.
- Trainings integrate active learning methods (e.g., discussion; games), as opposed to a heavy reliance on passive, lecture-based methods and videos. Active learning is much more likely to improve employees’ cognition and motivation to address workplace issues, prejudice in particular. Other active learning approaches include simulation exercises, case studies, group discussion, and collaborative work projects.
- With regard to trainings aimed at addressing employees’ prejudice and stigma, Nemeč et al. (2015) advise against using “role plays” because trainees tend to rely on stereotypes when asked to portray people with SMHC.^{lxxxv} Instead, they recommend the use of “Real-Plays”

in which trainees use struggles they experience in their portrayals of people with SMHC. For example, participants can incorporate a personal experience of being judged based on a stereotype and relate feelings of frustration and helplessness.

According to Nemecek et al., (2015, pp. 204):

“Teaching and training settings can be structured to convey a message of hope and recovery, rather than on focusing on the person served in negative terms, as belligerent, resistant, unmotivated, or disinterested. Trainers should carefully construct “real-play” experiences rather than “role plays.” A real-play exercise has the trainee in the “client” seat, describing his or her own life situation, personal values, strengths, goals, and challenges. In contrast, in role plays, the trainee pretends to be a “real client,” often portrayed in a pejorative manner as resistant, unmotivated, and challenging. This scenario has the trainee imagining and acting out stereotypes rather than experiencing a real-life human experience.

By contrast, in well-designed real-play situations, the trainee discovers that many “problems” or “issues” experienced by people served parallel to what they, themselves, have experienced. For example, in real plays used in training Wellness Coaches, trainees can learn valuable lessons, such as the difficulty of changing habits, that listing personal strengths can be a challenge, and that hearing advice often creates an active effort to argue against the suggestions offered. Through real-play practice, trainees come to see these difficulties and challenges as common human nature issues, creating empathy for the people they serve. A real play can offer a transformative learning experience... that creates disruption, such as facing a contradiction in what the learner “knows” to be true.”

“Real-Play” example with regard to YA Peers:

Remember a time as an adult in which you were employed or in school and felt poorly understood and even mistreated by the employer, other staff, teacher, or other students. Now think about:

- How it made you feel? What kind of effort did you think it would take to succeed in your role?*
- How did those feelings affect your thoughts and actions, both at work/school and in your personal lives?*
- How could your employer/school have done to make your situation better?*

TEAM BUILDING STRATEGIES

Team building strategies are designed to build trust and relationships among staff; develop shared understandings of staff roles; and establish clear channels of communication between peer and non-peer staff. An excellent [Compendium of Team Building Tools](#) has been developed at University of California-Berkeley.^{lxxxvi}

There are several effective approaches to team building, but one of the most effective is the **co-learning** process. Co-learning fosters the reciprocal exchange of knowledge, skills, and capacity among teammates, recognizing that everyone has something to contribute that collectively

strengthens the team. More specifically, team members can conduct workshops for the group on their areas of expertise, such as YA peers on the experience of having a SMHC and staff on best and evidence based practices.^{lxxxvii} Staff can also conduct workshops on the topics discussed above, demonstrating their personhood and value to the team. This approach is remarkable in breaking down barriers through relaxed discussion on different and conflicting views.^{lxxxviii} **Cross-training**, in which the various professionals train their colleagues on their specific professional roles, skills and expertise, is also very effective in breaking down barriers.

Another good team building approach is for YA peers and non-peers to **work together on a project without tight time frames**. The project could be focused on quality improvement, developing a service component, or preparing a grant application. For example, a project could be drawn from an actual small grant funding announcement in which there are multiple opportunities to apply over a series of months or years. Here, peers and non-peers can share diverse perspectives, discuss those differences, and come to resolution on what to include in the proposal. Conflict that may arise will highlight areas where more training for staff and peers is needed.

In addition, organizations can create **opportunities for informal interactions** between peer and non-peer staff, such as sponsoring and paying for group lunches and social outings. **Employee mentorship** for peers is also an effective approach to facilitate peer education and socialization.^{lxxxix} If the mentorship relationship between YA peers and their colleagues develops naturally – that is most desirable. However, assigning a more senior peer staff member to mentor a YA peer may also be beneficial.