

Factors Supporting the Employment of Young Adult Peer Providers: Perspectives of Peers and Supervisors

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Abstract Peer providers are a promising practice for transition-age youth community mental health treatment engagement and support, yet little is known about the experience of being a young adult peer provider or what helps to make an individual in this role successful. Utilizing a capital theory lens, this study uses data from focus groups (two with young adult peer providers and two with their supervisors) to examine facilitators of young adult peer provider success in community mental health treatment settings. Eight factors were identified as critical to young adult peer provider on-the-job success: persistence, job confidence, resilience, job training, skilled communications with colleagues, regular and individualized supervision, support from colleagues, and family support. Findings suggest that young adult peer providers may benefit immensely from an agency level focus on fostering social organizational capital as well as more individualized efforts to increase cultural, social, and psychological capital through training and supervision.

Keywords Peer · Young adult · Transition age · Employment · Capital

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Introduction

Young adulthood (ages 18–30) is when rates of serious mental health conditions (SMHC), including diagnoses of bipolar disorder, major depression, and schizophrenia, are highest (Vorhies et al. 2012). Recent evidence demonstrates that young adults with SMHC can gain a variety of benefits from working, including improvements in psychosocial functioning and independent living skills (Stone et al. 2015). Like their age-related peers, young adults diagnosed with SMHC perceive employment as an opportunity to become a valued and independent member of society (Davis et al. 2013). However, most such young adults have experienced a significant disruption in their vocational development. They have high rates of dropping out of high school, not enrolling in post-secondary education or training programs, and not completing such programs when enrolled (Wagner et al. 2005).

Vocational development for such young adults is commonly complicated by a lack of positive role models, particularly for those who spent time in the foster care system, in a locked psychiatric hospital unit, and/or in the criminal justice system (Stone et al. 2015). Those who have experienced an early onset of SMHC often have not held a job, itself a significant predictor of job difficulties as an adult (Wagner et al. 2005). Despite their high levels of unemployment, many young adults do not use vocational services offered in the adult system because they do not meet their needs (Stone et al. 2015). Adult oriented programs typically do not provide preparation for the job search process (e.g. resume development; interview practice), career planning, and post-secondary education support, all of which are desired by young adults generally (Davis et al. 2013).

Peer Support Providers

Peer support providers, or peer providers (PPs), are individuals in recovery from mental health and/or substance use issues who use peer support, encouragement and skill development to help clients develop person-driven recovery plans of action and navigate systems of services and supports (Ahmed et al. 2015). Peer support provides an opportunity for validation and bonding over similar challenging life experiences. A unique feature of the PP-client relationship is its reciprocity, through which both parties benefit emotionally by sharing experiences and creating meaning from that dialogue. Within this authentic and trusting relationship, peer providers strategically share their lived experience with clients to exemplify the possibility of recovery, inspire hope, and share “lessons learned.” PPs not only engage in one-to-one relationships with clients, but also facilitate peer support groups, lead wellness classes, and educate non-peer staff on the recovery process.

PPs are often integrated into community mental health treatment services, including evidence-based assertive community treatment teams (Asad and Chreim 2015). Peer providers have been found to strengthen clinical team performance by advocating for the inclusion of the client preferences in treatment planning. Inclusion of peer providers in community mental health treatment teams is associated with clients’ decreased symptoms, reduced psychiatric hospitalizations, and increased hope and empowerment (Ahmed et al. 2015; Chinman et al. 2014). Young adult PPs with a recent experience of transition-age mental health problems are important engagement resources for young adults with SMHC (Walker and Gowen 2011). A recent study showed that young adult client access to a young adult “advocate” was positively correlated with service satisfaction and participation in treatment planning (Radigan et al. 2014).

In the last decade the PP role in the United States has developed as a profession, with employment opportunities increasing substantially in community mental health service settings (Kuhn et al. 2015). Within the last 5 years, U.S. federal funding and policy innovations have been developed to support the young adult peer provider role in both child/adolescent and adult mental health services (Blau et al. 2010; Heinssen et al. 2014). For example, in 2015, the Centers for Medicare & Medicaid Services and the Substance Abuse and Mental Health Services Administration issued an informational bulletin offering guidance to states on designing Medicaid benefit packages, including peer support services, that meet the needs of “youth and young adults experiencing first episode psychosis” (DHHS 2015).

The PP role provides young adults, particularly those with limited post-secondary education and/or job

experiences, an opportunity to obtain a professional job, learn transferable skills, build resumes, and network towards a career path. Nevertheless, the attainment of satisfying and sustainable work for young adult PPs is challenging from both employers’ and peers’ perspectives. Studies show that the introduction of PPs to treatment teams can create role confusion and conflict with other staff (Asad and Chreim 2015; Kuhn et al. 2015). The very presence of a young adult PP on a treatment team challenges an existing clinical paradigm that emphasizes professional expertise and boundary maintenance (Moran et al. 2013). Within the clinical model, the sharing of personal stories by professionals with clients is considered potentially harmful—driven by the belief that clients share their struggles not the reverse (Moll et al. 2009). At the same time, young adult PPs must learn to balance respect for clients’ privacy with their duty to inform when a client displays evidence of danger to oneself or to others (Asad and Chreim 2015).

Capital Framework

“Capital” in this study is defined as the personal and social assets accumulated by an individual or organization that can generate a wider variety of resources and valued opportunities (Bliss et al. 2005). Domains of capital include: human capital, cultural capital, psychological capital (PsyC), personal social capital, and organizational social capital. A conceptual framework of “capital” provides a helpful lens through which to understand the factors that facilitate young adult PP job success, defined here by both job satisfaction and job performance (Bauer and Erdogan 2014; Hussain and Saleem 2014).

Human capital is the knowledge and skills, including education and training, necessary to perform a given job (Frank and Bernanke 2007). For PPs, the lived experience of mental illness and recovery is necessary preparation for the role. Providers and state governments are increasingly requiring that peer workers complete an intensive training (typically 80 h in length) and pass an exam to become “certified” as peer specialists (Blash et al. 2015). These trainings are offered in most states and focus on the profession’s ethical standards and specific approaches to engaging clients in the recovery process (Blash et al. 2015). While there is no standardized training specifically for young adult peers, several are in development with a greater emphasis on promoting vocational recovery.

Cultural capital refers to a person’s capacity to fit in and/or adapt to a workplace’s social norms and expectations (Bourdieu 1986). Young adults with SMHC who have been primarily in the “patient” role and have limited employment experience frequently lack insight and capacity to adapt to workplace norms (Vorhies et al. 2012). Building cultural capital is difficult because the beneficial qualities and skills

that YA PPs bring to the workplace (e.g., mutual sharing with clients) are often perceived as “unprofessional” and “contradictory” by clinical staff (Moll et al. 2009).

Psychological capital is a “positive psychological state of mind that is characterized by a person’s self-efficacy, optimism, perseverance, hopefulness and resilience” (Luthans et al. 2007, p. 3). Different than human capital (i.e., education, credentials) and cultural capital (i.e., capacity to adapt to workplace norms), possession of psychological capital (PsyC) in the workplace generates motivation to succeed, accomplish goals, and overcome barriers (Luthans et al. 2007). Researchers find that PsyC predicts organizational commitment, job satisfaction, tenure, and performance (Avey et al. 2011). A recent study identified personal motivation and self-determination as key to job success for adult PPs (Davis 2013). Given the stigma that YA PPs face in the workplace from adult and non-peer colleagues, PsyC appears to be a key ingredient in supporting YA PP on-the-job success.

Social capital has been defined as the collective value of one’s social network connections and resources that generate instrumental, informational, and emotional support (Putnam 2000). Social capital increases job satisfaction and commitment to the organization and its success (Hauser 2015). Personal social capital includes ties with “natural supports” (e.g., close family, significant others, and friends) and “formal supports” (e.g., social service agencies and providers). Employees benefit from personal social capital by receiving encouragement, advice, and professional connections. For example, family encouragement or discouragement impacts young adult PP motivation and persistence (Davis et al. 2013).

Organizational-social capital refers to the social relations within the organization, realized through employee “collective goal orientation and shared trust” (Leana and Van Buren 1999, p. 538). Organizational social capital is built and fostered through employment practices that stabilize employee relationships and clarify roles and policies, such as reasonable pay and clear job descriptions. Positive organizational social capital is most critical for people just starting a job, when job conditions feel most uncertain and anxiety is at its highest (Bauer and Erdogan 2014). With regard to PPs, qualitative research demonstrates the importance of organizational social capital to PP employment success (Moll et al. 2009; Moran et al. 2013). In one quasi-experimental study, four of the five major predictors of PP job satisfaction were elements of organizational social capital: strong role clarity, co-worker support, rapport with supervisors, and inclusion in critical organizational processes (Davis 2013).

With the growth of the young adult PP role and challenges faced in implementation, there is substantial need to understand the factors that influence young adult PP job

success. The barriers to adult PP job success have been examined qualitatively (e.g., Moll et al. 2009; Moran et al. 2013). In general, research is needed that: (1) explores what contributes to young adult PP success, not just what undermines it, and (2) includes the first-hand experiences of those employed as young adult PPs. The research question posed in this qualitative study is: “what factors impact young adult PP employment success?”

Methods

This study is qualitative and was approved by the Institutional Review Board at the University of Massachusetts Medical School. The authors declare that they have no conflict of interest. A focus group approach was used, allowing researchers to gain a detailed understanding of an understudied phenomenon. Four focus groups were conducted: two with young adult PPs and two with young adult PP supervisors.

Study Setting

The study took place at two mental health programs in the greater Boston area in spring 2015. The first provides individual- and team-based mental health treatment for young adults with SMHC. The second was a team-based vocational program for young adults with SMHC. These two providers were approached as study recruitment sites because they had histories of integrating young adult PPs into service delivery and employed at least four young adult PPs. Administrators at both sites agreed to participate.

Participant Eligibility

Young adult PPs and their supervisors were recruited for the study. To participate, young adult PPs had to be between the ages of 18 and 30, have been employed as a PP for at least 3 months and at least 4 h per week, and have had experienced job success (e.g., job satisfaction and effective job performance) in their role as a PP as perceived by their supervisor. Eligible PP supervisors had to have been supervising one or more young adult PPs for at least 3 months at their current employer.

Recruitment

Each provider had a staff member who supported study recruitment efforts. This person disseminated recruitment materials (i.e., a study fact sheet and a recruitment flyer that specified eligibility criteria) via email to young adult PPs and their supervisors. Those interested in participating informed their provider’s contact person. The goal was

to recruit at least three participants for each focus group, which is sufficient for exploratory research (Seal et al. 1998). After having receiving interest from at least three young adult PPs and three supervisors, the research team worked with the contact person at the agency site to determine a time convenient time for conducting a focus group.

Prior to the start of each focus group, the researcher met individually with each potential participant to review the informed consent form, emphasizing the voluntary nature of the study; how study participation would not impact participants' employment; the study's methods for protecting confidentiality; and how the focus group would be audio-recorded. The facilitator also screened for study eligibility. All who expressed interest and came to the focus group met study eligibility criteria and provided verbal consent to participate, which was sufficient for study participation due to the study's low risk as stipulated by the IRB.

Data Collection and Analysis

A focus group interview guide was developed to examine the experience of working as a young adult PP, the experience of supervising young adult PPs, and participant perceptions of facilitators of young adult PP job success. See Table 1 for focus group questions. Basic demographic information was also collected during the focus group.

Focus groups took place in a private enclosed and comfortable room. Focus groups lasted approximately one hour and were facilitated by the principal investigator, a PhD level Research Professor at the University of Massachusetts Medical School Transitions Research and Training Center with extensive experience conducting research with individuals with SMHC. Participants were paid \$25 for their participation. The facilitator took detailed field notes (e.g., thoughts, impressions, observations) during and immediately following each focus group. Audio from the focus groups was recorded using a digital recorder and transcribed. Participant names and any other identifying information were not included in the field notes of transcripts.

Thematic analysis with constant comparison was used to identify themes across the four focus groups (Strauss and

Corbin 1998). The facilitator and a young adult research assistant with SMHC independently engaged in open-coding of the focus group transcripts and field notes, and then compared their coding results, collaborated to reach code consensus, and developed a codebook for further analysis. They then independently used axial coding to group related codes within domains of the capital framework. Then, the facilitator and research assistant used selective coding by discussing and negotiating their respective assessments to co-identify the core codes, i.e., the factors most influential in young adult PP job success. Importantly, the two young adult PP focus groups and two supervisor focus groups reported overlapping themes, providing evidence of data saturation. The study's rigor was enhanced the by triangulation of data sources (young adult PPs and their supervisors) and multiple analysts (Patton 1990). Essential in providing a vital insider's perspective and insightful examination of the transcripts was the young adult research assistant coder who was representative of the population being studied (Gillard et al. 2010).

Results

Participant Demographics

Fourteen individuals participated, including seven young adult PPs and seven PP supervisors. All participants were White, had been in their current role between 4 months and 5 years (mean=2.5 years), and were working between 15 and 40 h a week (mean=28 h). Young adult PPs ranged in age from 21 to 26 years (mean=24 years); four were female and three were male. Supervisors ranged in age from 25 to 56 years (mean=44 years); five were female and two were male.

Central Task in Role

All young adult PPs agreed that their central task was to provide peer support, but the job focus varied and included peer bridging, peer navigating, and vocational support.

Table 1 Focus group interview schedule

1. Describe the work of a young adult peer support provider (PP)
2. Do you like your work as a PP/supervisor? What do you [not] like about it?
3. Do you feel you are successful in your work as a PP/supervisor? Why/why not?
4. What are the factors that help or hinder young adults to be successful as PPs?
Human capital probe: PP's experience and training?
Cultural capital probe: PP's personal characteristics, soft skills?
Social capital probe: role of support systems, such as social ties, vocational programs and other provider staff?
5. What do you believe is needed for a young adult to succeed in a PP role?
Probes: with regard to the young adult PP him/herself? Social or vocational supports? The workplace or job itself?

Three young adult PPs had been promoted in the previous year to positions with increased hours and higher pay. Four had a single “administrative” supervisor and three had “administrative” and “clinical” supervisors. (Administrative supervisors typically provided guidance and monitoring around job expectations and performance, while clinical supervisors tended to be licensed professionals that provided guidance around client’s presenting problems and clinical interventions). With regard to the supervisors, two provided clinical supervision and the remaining five provided administrative supervision.

Unique Characteristics of the Young Adult Peer Provider Job

Unique or unusual characteristics of the role of the young adult PP in service settings emerged consistently across the focus groups. These aspects of the job were defined through the positive experiences young people have in their role juxtaposed with the job’s complexities and stress. Young adult PPs discussed the rewards of their work with great enthusiasm, describing how their lived experience with SMHC provided them with a unique perspective that was immensely valuable in working with other young people with SMHC. As one young adult PP noted: “I never knew I could turn negative things in my life into a career that can give hope to others.” Young adult PPs felt they were able to offer an empathetic ear as well as practical advice on navigating the health care system and life in general. They appreciated the opportunity to observe over time the significant mental health and lifestyle improvements in the young people they provided support to. This job offered young adult PPs a level of job satisfaction that they had not previously experienced in previous positions.

The work of a young adult PP was identified as complex and challenging, with tension and conflicts between the PPs and other staff common. Young adult PPs believed that they had been at times ignored or belittled by non-PP staff, which led to their feeling demeaned and distressed. As one young adult PP noted: “It is discouraging when some people on your team ignore what you say in meetings, it was emotionally exhausting, but over time it’s happened less.” Young adult PPs faced the greatest job tension when they advocated for increased client involvement in treatment decisions. According to supervisors, non-PP staff typically did not understand the unique role of the young adult PP, particularly their role as client advocate. Several young adult PPs were surprised and discouraged by parent objections to their children’s involvement in treatment planning. One client’s parent reportedly said to a young adult PP: “Why are you doing this? You can’t help them.”

In addition, some young adult PPs found that working with near-age clients led to role confusion with clients. For

example, clients might express a desire for a deeper relationship as friends. Some young adult PPs perceived that their near-age peers/clients resented the inherent power imbalance between them, particularly when the clients were struggling emotionally and financially. As one young adult PP added: “You can be seen by others as bossy and they can talk back; you are supposed to be peers, but you feel responsibility for them to do things that help them recover, not interfere with it, like staying home or drinking. If they don’t do something, you need to motivate them and they sometimes ask why. It’s a continual energy to find a middle ground.”

Available Capital to Young Adult Peers Providers

Eight job success factors were identified within the five capital domains, including three specific to participants’ psychological capital, and two specific to organizational social capital. See Table 2 for a detailed description of capital domains, themes within the domains, and examples of young adult PP and supervisor quotations illustrating the factors and themes.

Cultural Capital

Respondents from both focus groups reported that some non-peer staff did not recognize or treat PPs as respected colleagues, instead seeing them as youth with mental health conditions and incapable of responsible work. As one PP noted: “Clinicians and other staff sometimes seemed ready to dismiss us as young, not full-time, and lacking in formal training. So to do our jobs, we needed to be seen by them as capable and maybe highly skilled.” Young adult PPs recognized that adhering to workplace social and communication norms increased their credibility and acceptance by other workers. Both young adult PPs and supervisors reported that a communication style that was recognizable to non-PP staff led to greater acceptability of their perspectives. This “professional” communication style included speaking in complete sentences, keeping an even tone, and not using profanity. Some PPs went out of their way to incorporate language used by clinical staff and provided a clear rationale for expressed points of view that might differ from those of clinical staff. As one young adult PP discussed: “One time a clinician was explaining to the treatment team that he was making a medication change for someone I was working with. But I knew no one had talked to the client yet, so I was boiling inside. I pulled myself together and suggested that the clinician talk to him before making a final decision, since this person was an adult and had his own feelings about medications. The clinician agreed to that and followed through. The comfort level between PPs and other staff increased through relaxed non-work

Table 2 Capital domains by themes and examples

Domain	Theme	Respondent examples
Psychological	Resilience	“There are days when I ask myself whether I can do job. Three years ago I would have just left the job if it was difficult or frustrated, but now I fight through the negativity.” [Young Adult PP]
	Persistence	“I don’t have the education so I need to continue to prove myself. . . I show up for every meeting because there is always something to learn” [Young Adult PP]
	Job confidence	“She clearly feels very comfortable in her role, really a natural, and as a result staff and clients believe in her.” [Supervisor]
Cultural	PP Communication style	“You can’t just disagree with staff; you need to explain to them why you disagree using language that is used in a clinical setting.” [Young Adult PP]
Social capital (Organizational)	Supervision	“You need one who is in your corner and not micromanaging, trusting that you will do your job well and so that you’ll come to them when having a tough time.” [Young Adult PP]
	Other staff, PPs	“Communicate to the staff person that the peer mentor is taking time [to learn the job], just like with anyone else, so don’t just go to help them like a client—they will rise to the expectation.” [Supervisor]
Social capital (Personal)	Close family/significant others	“A few have young children and need lots of help at home. In this case it really makes a difference what kind of boyfriend you have. If you have a bad one, forget about it.” [Supervisor]
Human	Training	“While they learn important skills through trainings, they attend too many and there is no organized training plan for young adults.” [Supervisor]

conversations at the office (e.g., “water-cooler” talk) and in social settings. As one PP noted: “[W]hen hanging around in the kitchen area and chatting with staff and I ended up talking about my job and they seemed to become more accepting of me; I think they saw how young adults could add to a discussion.”

Organizational Social Capital

Organizational social capital appeared important for young adult PP job success, primarily here in the form of regular individualized supervision and staff support.

Supervision Young adult PPs and PP supervisors agreed that regular, individualized supervision was a key component of job success. Supervisors provided “emotional” support to reduce job stress and to increase self-esteem, particularly in regard to conflicts with non-PP staff. The most effective supervisors were characterized as good listeners, empathetic, and encouraging of young adult PPs. As a young adult PP noted: “I was upset when the clinician told me that the person I was working with needed to be hospitalized. My supervisor helped me by hearing me out and saying she understood.” While supervisors typically spent extra time with PPs to help them manage their stress, supervisors placed limitations on that kind of access. As one supervisor reported, “We’re very busy. When something happens, some PPs want to talk immediately. I’ve asked them to write down their concerns when my door is closed. It’s necessary to have regular meeting times, and I encourage them

to schedule something with me if they need to speak soon.” Young adult PP supervisors also helped young people learn about working in strengths-based settings, where struggles are understood as part of the process and sharing on-the-job struggles is welcome. As a PP supervisor noted, “Even when they are doing well they can feel real bad when they make a mistake, like letting supervisors down. We need to teach that success includes mistakes, but they are not used to success or getting positive reinforcement.”

Effective young adult PP supervision also included providing initial job training, access to on-going trainings, and on-the-job coaching, which required an understanding of young adult PP job duties and how they were operationalized on a day-to-day basis. In this capacity supervisors provided performance feedback and helped to problem solve around the challenges PPs faced with clients and non-PP staff. Critique was offered calmly and without blame; as one supervisor noted: “We talk about the job, but we have to provide them with critical feedback for them to be at their best. . . they are new to this and those who have become exceptional have listened to and taken advantage of the feedback”. Supervisors also described their attempts to model effective practice. One supervisor discussed how she actively managed relationship boundaries with her young adult PPs by focusing discussions with PPs on job functions, as opposed to their respective personal lives. PP supervisors emphasized the importance of holding young adult PPs accountable for job performance - usually verbally but also in writing to set up improvement action plans. PP supervisors at times needed to consider job changes and

terminations based on PP poor job performance, the impact the PP performance was having on clients' lives, and the PP's progress in making necessary adjustments in response to supervisor feedback.

Supervisors remained aware of their own tendency to take on the role of therapist, realizing that this could negatively impact their accountability role. As one supervisor noted, "I made the mistake of getting close to a troubled PP, and not disciplining her when she made mistakes. I let her get away with things, but fortunately she is now on probation and responding with improved job performance." Young adult PPs acknowledged the need for job accountability and appreciated supervisors' willingness to support their success by offering job accommodations, such as flexibility with their schedule and extra training and supervision.

Staff Support Support and acceptance by agency staff was identified as important to young adult PP job success. Staff support came from clinicians and non-clinicians, including other PPs, and appeared to be a product of a "helping" culture in which staff checked-in with young adult PPs because they recognized the challenges facing them. As one PP noted: "The family specialist would talk to me to see how I was doing...It meant a lot." Young adult PPs felt especially accepted when clinical staff permitted or encouraged them to advocate for clients as part of the treatment planning process. Respect for young adult PPs increased over time as clinical staff became increasingly familiar with young adult PPs and their role. One young adult PP noted: "When I started some of the clinical staff seemed standoffish. I think they were worried that I'd get in the way, but the more I did my work I could see them coming around and understanding that I was supporting their client." When staff support was inconsistent or not present, miscommunications and tension between young adult PPs and other staff was notable. One young adult PP said: "Some clinical staff are really frustrating. They do not provide us opportunities, like, to run groups." Respondents discussed how the lack of staff support stemmed from non-PP co-workers' belief that their personal value was compromised or threatened by the presence of less trained and educated young adult PPs, and their dismay with the additional support sometimes provided to PPs. Higher level staff (e.g., supervisors) made efforts to mitigate these attitudes by informing non-PP staff that young adult PPs are to be treated like any other member of the team and modeling this behavior. For example, one supervisor informed staff that: "Expectations for peers are the same. The peer mentor is taking time, just like with anyone else, so don't just go to help them like a client- they will rise to the expectation." Participants generally felt that regular staff trainings and discussions about the peer role would significantly improve the quality of these relationships.

Personal Social Capital

Personal-social capital here is identified as an employee's trusted social network outside of the workplace. Emotional and instrumental support provided through family and close friends to young adults PPs was identified as very important to young adult PP job success. Emotional support was especially valued when a young adult PP was frustrated with the job and/or not performing well. Encouragement to overcome difficulties and handle job stress was viewed as a core component for some young adult PPs and supervisors. One supervisor noted: "I have a peer who does well, and she'll tell you that it's her boyfriend's coaching and encouragement that helps her get to work when she feels really depressed. On the other hand, I had a peer working for me who I think was in an abusive relationship, and we had to let her go due to excessive absences." Family and friends also provided necessary instrumental support for young adult PP on the job success. Respondents noted that several successful young adult PPs had young children and were able to work because family members provided childcare at little to no cost.

Psychological Capital

Three primary psychological capital themes emerged from the data as factors supporting successful young adult PP employment: (1) persistence (2) resilience, and (3) job confidence.

Persistence Persistence is described here as an employees' willingness to adjust and continue to work within a workplace culture that undervalues and/or undermines their performance (Luthans et al. 2007). Young adult PP persistence was buttressed in part by their enthusiasm for the PP job and their motivation to be effective in supporting clients' recovery. Young adult PPs had an appreciation for both the unique experiences that they brought to the job and the job challenges. They were determined to be successful despite frustrations and on-the-job adversity. As one young adult PP stated, "The job can be difficult and discouraging when you can't get the attention of the clinical team. But I've seen people here get better and I know it's because we share our stories and fight for them to be part of their recovery." Some young adult PPs demonstrated persistence and their positive view of their role at work despite having loved ones who dismissed the value of their work. One PP talked about responding to a dismissive sister: "You didn't do what I did today; you didn't see people in our peer employment class come together and grow in two weeks. And you see people learn more about themselves and what they can achieve in their lives... makes it all worth it."

Resilience Resilience is the employee' ability to rebound and manage their health in the face of challenges and adversity that affect their work (Bauer and Erdogan 2014). Respondents discussed how young adult PPs successfully managed their emotions in the face of these pressures, having developed coping mechanisms as part of their recovery process. As one PP noted, "I can get overwhelmed when the work never seems to get done. I can get upset from conflict with others. Sometimes I want to just get out. But I've learned breathing exercises that have helped me stay in the present and worry less." Supervisors reported that some young adult PPs, particularly those early in their jobs, were vulnerable to discouragement and unplanned job quits. Supervisors believed that these young adult PPs could be resilient, but at times needed support and assistance to engage their resilience, through for example outreach and work accommodations. One supervisor respondent discussed how a young adult PP came to work intoxicated and was sent home with directions to return when sober. When the young adult PP did not return after a few days, the supervisor phoned the PP, who explained that he was sober but too embarrassed to return to work. The supervisor urged him to come back, and he did so successfully.

Successful young adult PPs also engaged their workplace resilience by focusing on their personal wellness. Young adult PPs tended to have supportive people in their informal network, including friends, romantic partners and family. In addition, young adult PPs were effectively able to manage the closeness of client relationships carefully. One supervisor described how one young adult PP managed client boundaries by moving to a community where clients typically did not live, where he felt he could "be himself" and minimize invitations from his clients "to party".

Job Confidence Young adult PPs had confidence in their abilities as evidenced by their personal understanding of and comfort in their role, and in their articulation of their responsibilities to staff and clients. One young adult PP who had been frustrated with staff's lack of serious attention to clients' participation in treatment planning commented: "I tell them that if the [client] can't be in the treatment meeting neither can I. I'm with [client] not with clinical, and I'm not going to leave them out there, outside the room- I'll wait with them. Sometimes the clinical team would email me things for the client. You don't want to be the middle person- there could be a miscommunication. This kind of thing was VERY common. I deal with that by telling them to include the [client] on email, or else do not add me, and to invite them in room. I said, 'I shouldn't know anything that the [client] does not know.'" Supervisors discussed how confident young adult PPs were able to interpret workplace events and interactions analytically, not personally, and thus were able to develop strategies to address workplace con-

flicts with other staff. They also reported that job confidence typically increased over time in successful young adult PPs.

Human Capital

The knowledge and skills necessary for peer work include the use of lived experience and engagement skills to help clients plan and enact a recovery process. In general, young adult PPs felt that they entered into their role with limited knowledge or training. Young adult PPs attended regular agency trainings on clinical issues, but they placed most value on external peer support trainings. The most accessible trainings were on Wellness Recovery Action Planning (WRAP®), which aids clients in developing personalized wellness plans (Pratt et al. 2012), and Whole Health Action Management (WHAM), which supports clients in establishing and meeting short- and long-term physical health goals (Vestal 2013). These trainings typically were between 1 to 3 days long and were offered for little to no cost. Young adult PP respondents reported that the best trainings emphasized: (1) client as the expert on his/her own care, (2) strategies for helping people with SMHC take control of their lives, and (3) not depending on any one specific engagement approach (i.e., "to meet clients where they are") to be effective in their role. Young adult PPs especially valued opportunities to learn skills, meet other peer workers, and experience a sense of validation and camaraderie. As one young adult PP noted: "You learn ways of motivating someone, it's strengths-based; you notice people using their natural skills. I said to one: 'So you went to YMCA camp, so you are good at and know sports... maybe it's good to look for a job or interview there.'" Another PP stated: "I'm growing as a person as a result of the trainings. With these trainings you are more able to reflect with someone." Supervisors recognized that peer provider trainings helped with skill development, but they were concerned with the diminishing returns of too many external agency trainings as well as the lost peer contact time with clients. Supervisors believed that peer related trainings could happen more efficiently if internal to the agency.

Discussion

The role of young adult PP is relatively new and continues to grow in popularity across the United States. It is an exciting addition to community mental health treatment approaches as a promising practice for engaging and supporting transition-age youth in the recovery process. The job however can be stressful and challenging. It is often the first professional position a young person has had and demands: (1) considerable adaptation to unfamiliar workplace norms and expectations, and (2) navigation

of stigmatizing attitudes held by non-peer and/or older co-workers. This study importantly leverages the perspective of young adult PPs and their supervisors to gain a better understanding of what factors matter for young adult PP on-the-job success. Study findings suggest five different types of capital that concurrently influence young adult PP job success. Psychological capital and organizational social capital emerged as major domains, encompassing together five of the eight major “capital” related themes that contributed to young adult PP on-the-job success. Additionally, two job success facilitators, family support and job confidence, have been reported in previous research on employment of young adults with SMHC but not for adults with SMHC (e.g., Stone et al. 2015).

Young Adult Peer Provider Capital

Akin to previous research (e.g., Asad and Chreim 2015), young adult PPs in this study made substantial efforts to adapt to provider workplace culture, placing great emphasis on adapting communication skills, both style and content, in order to engage and educate clients and colleagues. Young adult PPs here developed working relationships with co-workers while not shedding their “mental health consumer” identity. This is particularly difficult because of the different roles and clashing perspectives of PPs and other staff, as well as stigma young adult PPs can experience with non-peer, older colleagues and clients’ parents. The capacity to adapt to a provider agency’s behavioral and social norms while not deviating from the values and functions that underlie the peer role is essential for young adult PP job success. Young adult PPs succeed when they are in an ongoing negotiation with their supervisors, team members, and administration on the adoption of recovery oriented and peer support practices.

Vorhies et al. (2012) highlight the vocational value of young adults’ capacity to shift from a self image that emphasizes their diagnoses and symptoms to one of “professional employee” with assigned job responsibilities. However, many PPs have not had role models to help them develop workplace cultural capital and it is not a significant portion of adult peer trainings, though specific trainings on the development of workplace social skills are emerging for young adult peers. (See e.g., Transformation Center 2014) Young adult PPs developed cultural capital by focusing on the goals of the job, keenly observing workplace behavior, and utilizing their psychological capital- persistence, job confidence and resilience.

Strong PsyC was also critical for young adult PPs dealing with their own transition to adulthood while supporting clients (older youth and young adults) who are at increased risk for suicidality and other high risk behaviors. Instability is recognized as core experience of the transition to

adulthood in general population (Arnett 2014) that is further complicated with having a SMHC diagnosis. A key feature of the PP role is the sharing of personal experiences to motivate, engage, and support young people with their recovery—all of which may at times result in triggering onset of traumatic memories and/or mental health symptoms. To be successful in the role of young adult PP, one has to possess an ability to adapt and bounce-back when faced with stressful work-related situations as well as maintain a positive attitude (to avoid burnout) despite the challenges faced on the job.

The intrapersonal knowledge and resources that comprise PsyC are cognitive in nature, and thus can be learned and developed (Avey et al. 2011). Courses on stress management, wellness planning, self-care, and work crisis plans have been found to build employee PsyC (Moran et al. 2013). Psychological capital is also understood to be fostered through both informal and formal support (i.e., social capital). In this study families and friends provided key instrumental supports (e.g., childcare) that allowed employment to be a possibility for a young person with SMHC (Walker and Gowen 2011). There is immense need to understand how PsyC influences young adult PP job tenure and capacity for acquiring and utilizing informal and formal employment supports. Future research should aim to measure levels and types of psychological capital overtime in the role of young adult PP in order to determine what personal and social factors influence the accumulation of personal social capital.

Organization’s Capital

This study adds to the emerging evidence of organizational social capital as an important element for PP on-the-job success. The most critical elements here are young adult PP role clarity, support from non-peer and older co-workers, and the strength of the relationship with one’s supervisor (e.g., Davis 2013). Research demonstrates that organizations can generate organizational social capital by meeting the individual needs of its employees, such as adjusting work hours or providing extended leave due to illness (Bauer and Erdogan 2014). Supervisor flexibility with reasonable accommodations, supports specific to their needs that are not offered typically to employees in the same job class, is important towards meeting individual needs. Common reasonable accommodations for young adults with SMHC include additional training or supervision time, job shadowing, and being mentored by another employee (Corrigan et al. 2004).

The strength of the working alliance relationship between a supervisor and a young adult PP is especially important, particularly the supervisor’s willingness to engage in immediate inquiry and outreach when drastic

behavior changes in young adult PPs are observed. Some successful young adult PPs would have been terminated from their position if it had not been for the patience and persistence of their supervisor. And as demonstrated in other studies, supervisors generate social capital as organizational champions of the PP role and by facilitating the navigation of coworker relationship issues with or on behalf of young adult PPs (Kuhn et al. 2015). Future research should explore the characteristics of successful supervisors as well as their supervisory practices with young adult PPs.

Practice & Policy Implications

Overall, this study provides important insights into how individual young adult PPs and their employers can promote young adult PP on-the-job success. Through promotion of organizational social capital, employers have the opportunity to enhance young adult PP psychological, human, and cultural capital. More research is needed on employer practices that promote the wellbeing and success of young adult PPs. It is important that community mental health agencies examine their level of discomfort with young adult PP role. Agencies will likely need to change their organizational cultures, including the values, norms, practices and policies that generate organizational social capital (Moll et al. 2009) and young adult PP success. Strategic initiatives to change culture include a shift in the valued characteristics of employees, adoption of practices that address stigma directly, and implementation of efforts that increase inclusivity of young adult PPs in decision making around organizational practices and policies (Asad and Chreim 2015). For example, though legally mandated, employers often do not have a clear policy for requesting and assessing reasonable accommodations. Employers enhance workplace capital by training staff on the process for providing reasonable accommodations and by educating employees on the process for requesting them (Gates and Akabas 2007; Moll et al. 2009). Such initiatives especially demand the active sponsorship of organization leadership (Gates and Akabas 2007). It is neither practical nor ethical to hold young adult PPs and their supervisors solely accountable for young adult PP success.

There is great need for increased young adult PP role clarification and staff awareness of the young adult PP role within each agency setting. This process includes defining the essential job functions of a young adult PP in accordance with the peer role ethical code and individual agency context (Davis 2013), as well as ensuring that administration and young adult PP colleagues understand this role. Agency leadership can demonstrate the value and importance of the young adult PP role through direct communication efforts (including regularly distributed newsletters and all-staff/town hall meetings) (Gates and Akabas 2007)

and agency required trainings and team building strategies. Building on suggestions made by Moll and colleagues (2009), new staff orientations and agency trainings might include young adult PP presenters (and their supervisors) in order to describe the PP role first-hand and clarify the division of labor among roles. Team building strategies enhance social organizational capital by building trust, developing shared understandings of staff roles, and establishing clear channels of communication between peer and non-peer staff. One effective team building approach is “co-learning,” in which employees conduct workshops for their colleagues on their areas of expertise, including personal experiences. Organizations can create opportunities for informal interactions between young adult PP and non-PP and/or older staff, such as sponsoring and paying for group lunches and social outings. Employee mentorship for PPs is a sensible approach to facilitate PP education and socialization (Bauer and Erdogan 2014). In general, there is great need for the development of training modules for agency leadership, supervisors and other staff on how to generate organizational social capital to specifically foster young adult PP on-the-job success.

Effective supervision is critical for young adult PP on-the-job success. PP supervision should occur regularly and be individualized (Kuhn et al. 2015). Given the unique challenges that young adult PPs face in their work, supervisors should be trained on the intricacies of the young adult peer role, including its challenges and how to respond (Moll et al. 2009). In relation to older PPs, young adult PPs are more likely to need assistance in developing essential workplace skills and building their job confidence and resilience through supervision, mentoring and job shadowing. Organizations should provide initial and on-going training for PPs on essential workplace skills, personnel policies and workplace rights, and workshops on building resilience through stress management, self-care, and wellness planning (Gates and Akabas 2007). For young adult PPs in this study, trainings were helpful for building an informal social support network of young adult PPs; however, it was through administrative and clinical supervision where most of the on-the-job resiliency was fostered. Clinical supervision techniques aid young adult PPs to examine their work struggles analytically, identifying where barriers and solutions, and how they might share this process in the future with clients (Gallon 2002). While it is critical that supervisors of young adult PPs focus on the issues that impact on-the-job success, counseling and case management techniques, such as active listening and motivational interviewing, can be used with young adult PPs in order to develop rapport, establish goals, and provide a space to share their on-the-job struggles. In addition, because young adult PPs continue to be active participants in their own recovery journey, reaching out to and checking-in with

them frequently is a practice that may bolster on-the-job resilience. Currently, trainings and best-practices on young adult PP supervision are greatly lacking. Future research must examine supervision practices and the way in which they specifically bolster psychological and social capital among young adult PPs.

Limitations

The exploratory design of this study limits the generalizability of the findings. The study used a convenience sample of young adult PPs and their supervisors employed in mental health service agencies in a single geographic area. The study design was also cross-sectional, sampling specifically those young adult PPs who were “successful” in that they had sustained employment in their role and were satisfied with their role. Future research should examine the experience of “unsuccessful” young adult PPs for a more comprehensive understanding of what factors predict or mitigate on-the-job success. Most importantly is the need for longitudinal research that examines how the key domains of capital interact with one another in order to support on-the-job success.

Conclusion

This study is the first to examine aspects of “capital” as critical for on-the-job success from the perspective of young adult PPs and their supervisors. The study provides the building blocks toward developing a cohesive theory of the multidimensional impact capital has on young adult PP job success, as well as insight into the policies and practices that might build capital in order to foster on-the-job young adult PP success. Findings confirm important elements for on-the-job success previously identified in research of both adult PPs and young adults with SMHC, such as supervision, staff support, and family support. Importantly, this is the first study to highlight the importance of psychological capital as a key ingredient to on-the job success of young adults PPs.

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