

Vocational Peer Support: Results of a Qualitative Study

Oyenike Balogun-Mwangi, PhD

E. Sally Rogers, ScD

Mihoko Maru, MA

Christopher Magee, BSc

Abstract

Peer-delivered services for individuals with psychiatric conditions are becoming an established part of the mental health workforce. Given the growing focus on evidence-based supported employment, peer specialists are often assisting individuals who are choosing, getting, or keeping employment. As part of a larger randomized clinical trial examining the effectiveness of an innovative intervention called vocational peer support, 13 semi-structured qualitative interviews were conducted to examine how recipients perceived peer support, and whether or how it was useful for pursuing vocational goals. A thematic analysis approach was utilized for identifying major themes and sub-themes. Results suggest that a key factor in the effectiveness of vocational peer support is the identification with another individual's "lived experience," which then promotes engagement and a sense of normalcy. Vocational peer support may be particularly useful for individuals with psychiatric disabilities wishing to pursue a vocational goal.

Introduction

Peer support services for individuals with psychiatric disabilities proliferated in the past two decades and are now an integral component of mental health programs nationally.¹ Evidence of that proliferation is found in recent data suggesting that peer support services are delivered in the vast majority of states using public funding mechanisms.^{2,3} To fill the need for a competent workforce, by 2016, all but six states established programs to train and certify peer specialists.³ Peer-delivered services are also identified as a critical component in a recovery-oriented mental

Address correspondence to Oyenike Balogun-Mwangi, PhD, Center for Psychiatric Rehabilitation, Boston University, Boston, MA, USA.

E. Sally Rogers, ScD, Center for Psychiatric Rehabilitation, Boston University, Boston, MA, USA.

Mihoko Maru, MA, School of Social Work, Boston University, Boston, MA, USA.

Christopher Magee, BSc, Crisis Respite Program and Recovery Connections Line Recovery Innovations, Phoenix, AZ, USA.

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health system and are endorsed as an evidence-based service.^{1,4} Clearly, peer specialist supports and services are becoming widely embedded in the array of mental health services.

The expansion of peer support programs and services is also evident in the literature, with growing numbers of outcomes studies published and several recent reviews undertaken to examine its effectiveness.⁵⁻¹⁰ Unfortunately, results of both individual studies and systematic reviews of peer support services are equivocal about its effects.^{5-7,9} This lack of clarity stems from a variety of methodological issues, including a lack of rigor in the research conducted,⁶⁻⁹ as well as ambiguity about what is being delivered under the rubric of individual peer support.¹⁰ Structured and manualized peer-delivered interventions, in contrast, are producing empirical evidence of effectiveness.¹¹⁻¹⁴ Results of these studies suggest that peer-delivered interventions, which are well-developed and examined for fidelity, can be effective in terms of reducing symptoms and improving other subjective outcomes, such as hopefulness, internalized stigma, empowerment, and recovery.^{11,12,14} While these structured and largely group-focused interventions are delivered by individuals with a “lived experience,” they do not necessarily include the provision of individual peer support.

Beyond investigating the effectiveness of peer support lie questions about its key ingredients, and the pathways or mechanisms by which it is effective. This topic receives insufficient empirical attention. Early research and writings explicated the values underlying peer support, such as self-determination, respect, and mutuality in relationships, among others. There appears to be significant consensus about these core values and they are operationalized to an extent in training programs.^{1,2,5-17} However, these key ingredients are not examined for their role in affecting positive outcomes. In one qualitative study, Gidugu and colleagues queried about the peer support relationship and perceptions of its effectiveness.¹⁸ They found that peer specialists provide a variety of social supports, including tangible, emotional, and social support. Peer support was perceived as effective because participants acquired new skills in self-advocacy and coping. Another important pathway was role modeling, which allowed recipients to directly observe via peer specialists that recovery and the resumption of important roles, such as worker, are possible. Scanlan and colleagues drew similar conclusions in a study of peer support following psychiatric hospitalization.¹⁹ Because of the respectful and trusting nature of the relationship, peer support was viewed as effective in engendering hope, in providing a variety of social and tangible supports, and in increasing the person’s social network. Above all, and consistent with other literature about the buffering role of social supports, individuals in the study viewed support by a person with their own lived experience as powerful.¹⁹

A considerable amount of research is now accumulating about the work role of peer support specialists themselves, including issues of their professional identity in the mental health system, role conflict, and the role strain and ambiguity they experience.^{20,21} Other studies examined the benefits that accrue to peer specialists from performing in their roles.^{22,23} However, these studies do not address the mechanisms of effectiveness. Currently, the understanding of effective elements of peer support can be compared to the early days of psychotherapy research, in which interventions remained largely a “black box” with insufficient detail about the nature of the interventions, thus limiting the ability to understand mechanisms of effectiveness.²⁴

As a further matter, there are questions about more “generic” approaches to peer support. When these approaches were prevalent, they focused on promoting overall recovery. More recently, peer support expanded to assist individuals to reach goals, such as independent employment and housing, improved primary care, better coping with crises, and criminal justice issues, among others.²⁵⁻²⁷ In addition to these, the use of peer support in a vocational role is of interest, but is not the object of much study.^{28,29} As evidence-based supported employment services like individual placement and support increased, peer support specialists began working on supported employment teams.³⁰ However, these initiatives are not the object of significant evaluation or research. This may be because many individuals do not have easy access to the evidence-based supported employment service³¹ and cannot or do not obtain or retain substantial employment.³²⁻³⁴

Expanding the peer specialist role to focus on vocational goals may help to address these needs. In this expansion, peer specialists must have not only the requisite peer support skills but also the content knowledge related to vocational recovery.

This qualitative sub-study was conducted to elucidate the ways peer support may be useful to (1) promote attainment of vocational goals and (2) understand the mechanisms by which it can improve vocational outcomes. The primary hypothesis was that vocational peer support would be perceived as similarly helpful to more generic peer support.

Methods

This qualitative sub-study was conducted as part of a larger randomized controlled trial (RCT) designed to test the effectiveness of a newly developed vocational peer support (VPS) intervention on objective and subjective employment outcomes. Data collection for this qualitative sub-study occurred between October 2014 and May 2015. All procedures and materials, including recruitment flyers and the interview guide, were approved by the Boston University Institutional Review Board.

Research procedures

This study was part of a larger trial designed to examine the effect of VPS on the following outcomes: pre-vocational and vocational activity, work self-efficacy, quality of life, and work-related hope. In the larger trial, established peer specialists employed by collaborating agencies were trained to criterion using a manualized curriculum and were supervised in the delivery of vocational support to a total of 83 study participants. For qualitative sub-study inquiries, recruitment targeted only participants who received a minimum amount of vocational peer support within several months of conducting the interview. Vocational peer providers and liaisons in each agency were asked to circulate a flyer only among the experimental subjects who met the inclusion criteria. Interested individuals were contacted and screened for the study by research staff. Interviews were scheduled, and participants were guided through a consent process for the qualitative interview. A total of 13 participants were recruited and screened. All willing participants who met the eligibility criteria were interviewed.

Study sites

The study was conducted at two large, not-for-profit agencies: one in the southwest USA, and the second in a large suburban mental health center in the northeast. The mission of the former is to provide a variety of peer-delivered services, including individual peer support, peer-led groups, peer-led social events, etc. The latter has a separate peer services division, and a substantial capacity to deliver peer support services.

Measures

An interview guide was developed by examining existing literature on the nature of peer support and the putative mechanisms of its effectiveness. Input was sought from peer support specialists on drafts of the qualitative interview guide. The interview guide was intended to solicit information in several areas: (a) the perceived nature of the vocational peer support provided, (b) the perceived nature of the relationship the participant experienced with their vocational peer support provider, (c) expectations held by the recipient for the peer support they received, and (d) participant perceptions of the effectiveness of the vocational peer support. Table 1 contains a sample of the interview questions.

Table 1

Sample of qualitative interview questions on vocational peer support services

1. Why did you want to have a PSS/recovery coach with whom you could talk about work? What did you expect to get from having one before you started?
 2. Tell me about your first meeting with your PSS/recovery coach? How did he or she introduce the idea of vocational peer support and what did he/she say about what it means?
 3. Once you began to meet with your PSS/recovery coach, how did working with him or her meet your expectations of peer support that had a vocational focus?
 4. If someone were to ask you, “what is vocational peer support,” how would you explain it to them?
 5. How did it affect you when the PSS/recovery coach you worked with shared his or her work and school experiences from the perspective of “I’ve been there too”?
 6. What kinds of tangible supports did you receive through VPS? Tangible supports are those supports you can touch or feel, such as your PSS/recovery support going with you on the bus to an appointment about a job, offering a ride, or working side-by-side with you on a computer to look for a job or work on your resume, etc.
 7. What kinds of emotional supports did you experience through peer support? Emotional supports are things like your PSS/recovery coach encouraging you, listening to you, and understanding your perspective, “being there” for you, etc.
 8. What other kinds of peer support did you receive from your PSS/recovery coach besides helping you with your vocational goals?
 9. Overall, how was vocational peer support most helpful to you?
 10. Were there any ways in which vocational peer support was NOT helpful to you?
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Study participants

As described previously, all individuals recruited for this qualitative sub-study were participants in the experimental arm of the larger RCT of vocational peer support. Individuals involved in the RCT met the following inclusion criteria: (a) had a severe mental illness, sufficient to be deemed eligible by state regulation for public mental health services in the two collaborating sites, (b) expressed an interest in receiving peer support services, (c) expressed an interest in pursuing a vocational goal, and (d) were able and willing to participate in periodic data collection. Individuals were excluded if they were actively involved in peer support services at enrollment and were unable, due to psychiatric symptoms or cognitive limitations, to understand the purpose of the study and give voluntary consent to participate in the study. The inclusion criterion of interest in receiving peer support services was important, as individuals were randomly assigned at enrollment to either the experimental condition (vocational peer support) or the control condition (peer support services-as-usual, that is, peer support routinely provided by the collaborating agency).

Among the experimental subjects, participants recruited for this sub-study were those who received at least 10 sessions of individual vocational support and were engaged in that support within a 6-month period before the qualitative interview. This minimum number of sessions was chosen to ensure that research participants received a sufficient “dose” of the intended vocational peer support intervention. The decision about this minimum dose was determined after careful consideration collaborated between the peer support liaisons and providers in each agency in addition to the researchers. Given that the study was conducted to learn about participants’ perceptions of vocational peer support, a minimum of at least 10 recent sessions of vocational peer support seemed warranted. Individuals who entered the RCT much before the conduct of the

qualitative interviews were not considered good candidates for the interviews because of the timespan between exposure to the intervention and the interview.

Interviewers and interview procedures

Qualitative interviews were conducted by two experienced researchers. The first interviewer was a doctoral-level trained individual with years of experience in mental health research, including the administration of qualitative interviews. The second interviewer was a master's-level individual with training in psychology and social work, as well as several years of experience conducting interviews. Neither of the interviewers identifies as a person with a psychiatric disability. Interviews were audio-recorded, and research staff debriefed after conducting each interview. The debriefing was meant to ensure that critical information was being taped, and that interviews were proceeding according to the research plan. The audio-recordings were professionally transcribed verbatim. One interview was eliminated from analysis because the study participant did not appear to understand the questions and could not shed light on her experiences with vocational peer support.

Data analysis

Data analysis in this study followed a thematic approach.³⁵ This began with both the first and second authors independently reading, and then re-reading, each transcript while simultaneously listening to the interview audio-recordings and assigning initial codes. When the same data segments were similarly coded by both researchers, they were labeled as key codes. Codes were organized in a visual matrix that included quotes supporting the selection. As an interim step, recurring codes were sorted, collapsed, and assigned to overarching themes and sub-themes. Emergent themes that were identified by only one researcher were included strictly by consensus after discussing the ways these themes contributed to the understanding of the research questions. Analysis followed an inductive process that was data-driven and not beholden to an identified theoretical framework. The level of analysis primarily remained at the semantic level, with focus on descriptively reporting participants' views and appraisals of their experiences.

To verify these findings, and support the participatory aims of the study, a peer specialist served as an auditor. Notably, the auditor had a lived experience of psychiatric disability and assisted in the development of the vocational peer support approach. Audit processes include reviews of the data, analytical approach, and resulting themes, which are essential to attesting the methodological merit and trustworthiness of results.³⁶ As an approach to validation in qualitative inquiry, audit processes have sound support as a strategy for determining the dependability of study findings. In this case, the auditor completed a thorough review of four de-identified transcripts in order to (a) confirm that there were clear and logical paths to the resulting themes, (b) note discrepancies in key codes and themes, and (c) identify possible unidentified/missed themes. The auditor concluded that themes were logical, complete, and grounded in the data.

Results

The study included an equal number of men and women ($n = 12$); 11 identified as White, and 1 as African-American. The majority were unemployed at baseline ($n = 8$) and were between the ages of 22 and 58. Table 2 provides the demographic characteristics of study participants.

Table 2
Demographic characteristics of participants

	<i>N</i>	<i>%</i>
Age, mean ± SD	44.92 ± 12.06	
Gender		
Male	6	50
Female	6	50
Ethnicity/race		
White	11	92
Black/African-American	1	8
Residential status		
Living independently	6	50
Living with parents/receiving housing support	6	50
Marital status		
Single	8	67
Divorced/separated/annulled	3	25
Married	1	8
Education		
High school or more	11	92
Less than high school	1	8
Other characteristics		
Currently working for pay	2	17
Receiving SSDI or SSI	9	69
Taking psychotropic medications	11	85

SSDI, Social Security Disability Insurance; *SSI*, Supplemental Security Income

Following a collaborative thematic analysis of transcripts, three overarching themes were prominent: (a) building core connections, (b) versatile approach, and (c) emotional supports. Within these three overarching themes, several sub-themes were also identified.

Building core connections

Equality

The majority of participants stressed the importance of equal and non-hierarchical relationships in forming strong and lasting bonds with their vocational peer specialist. For participants, the shared experience of a psychiatric disability was the element of vocational peer support that set it apart from other vocationally focused services they received. This notion of egalitarianism is illustrated in the following quote:

You don't feel like you're a client or the consumer or whatever they want to call people. You just feel like who you are. And it feels good to feel like who you are. (Participant 234)

The feeling of equality was described by multiple participants as an absence of hierarchy and formality. To begin with, the relationship was not treatment-based, was not prescriptive, and was not structured in the ways the participants were accustomed to. This implicates that the hierarchical relationships participants encountered in much of their mental health treatment often did not allow

for a true representation of themselves. For many, the relationship with vocational peer support specialists allowed for novel interactions as counterparts.

Absence of judgment

The importance of judgment-free interactions with vocational peer support specialists was a strong recurring theme among participants. The majority reported that judgment-laden experiences related to psychiatric disabilities were a common occurrence, and participants contrasted these judgments with the feelings of acceptance they enjoyed with vocational peer support specialists. One participant described the experience in this way:

Like she [vocational peer support specialist] actually cared and that's what I was wanting, and not just [from] friends or my family, but anybody, just to have and be able to talk to openly about whatever, or anything that's on my mind or things that I want help with or someone to reach out to that's not going to judge me. (Participant 174)

The unconditional regard offered by support specialists resulted in what seemed to be more intimate and vulnerable disclosures by service users. In many ways, participants' reluctance to share their most intimate struggles often occurred in situations where judgment was anticipated. Specifically, participants remarked that vocational peer support specialists, who contended with pejorative attitudes themselves, offered them the humanity and personhood that other practitioners did not provide.

Empathy

There were numerous statements indicating that empathy was essential to and strengthened the relational connections with vocational peer support specialists. What seemed important to participants was that vocational peer support specialists could relate to their experience in more than a proximal or hypothetical sense. Instead, participants appeared quite confident in the knowledge that their vocational peer support specialists identified through experience in veritable and demonstrable ways. Within this shared context, when empathy was offered by vocational peer specialists, it was seen to be genuine, authentic, and irrefutable. One particularly powerful statement from a participant indicated that the lived experiences of vocational peer specialists were integral to fostering their feelings of empathy:

People assume, peers know the angst...knowing what it feels like being on a drug that is physically addictive. People tend to think that when you're getting treatment, it's good, but only a peer will know that there's a lot of angst when you're getting treatment, and she knew that. (Participant 234)

Participants differentiated experiences of empathy from sympathy, which they equated with pity and inauthenticity. Implied here is that empathy, for many participants, was viewed on a continuum, and that the sort offered by vocational peer support specialists was potent. Whether in relation to job tasks in retail or struggles associated with starting a business, participants indicated that empathy from their vocational peer support specialists quickened the establishment of rapport and resulted in strong personal connections. The following quote illustrates the notion that vocational peer support specialists were seen as having a fuller understanding of shared challenges:

Unlike [my] family and friends who just expected me to go back to work without any preparation, she [vocational peer support specialist] was willing to acknowledge that there were challenges along the way and that she overcame. (Participant 18)

Role modeling

Another effective aspect of vocational peer support specialists was their position as role models. First, they were able to offer specific exemplars from their own experiences that could inform

current vocational and personal struggles. Vocational peer support specialists also seemed to demystify what was unknown about the process of recovery, and the negotiation of vocational pursuits. Gleaned from this group of statements was that peer support specialists were viewed as role models who were in the process and were, if you will, living “proofs-of-concept.” Importantly, vocational peer support specialists were not viewed as role models in the conventional sense, who are often erroneously depicted as flawless and infallible. Because of their struggles, vocational peer support specialists were role models of a distinct and powerful sort; they were testament that participants could attain and be successful at work. Their own vocational aspirations were possible, participants noted, because a peer who shared similar challenges was doing the same. Participants’ statements under this theme, in line with the illustrating quote below, depicted sentiments of admiration, reverence, and praise for their peer support specialists:

I have a lot of patience, but she had a lot more patience and positive affirmations. I would like to be as kind as her. I would like to know her outside of work, but we haven’t had that opportunity. She was a role model. She was professional and you can tell she takes a great interest in her job, which is, you know, it’s real important to her too, like it is to me. (Participant 167)

Versatile approach

Prioritizing the person

Responses revealed the frequency with which peer support specialists managed persistent and unexpected personal crises. Participants chronicled the unpredictability of their lives. For example, many were negotiating conflicts with significant others, psychiatric relapses, bed bug infestations, the possibility of incarceration, or the threat of homelessness. Several were managing serious medical conditions that impacted their mobility and availability for meetings. While the aims of vocational peer support were decidedly focused on attaining and maintaining work, personal crises among participants were ubiquitous and sometimes interfered with vocational plans. Participants noted that their well-being was paramount, and when challenges arose, peer specialists prioritized providing support around these issues. One participant explained:

Sometimes I was sad and I couldn’t stand it and stuff. She [vocational peer support specialist] wouldn’t push herself on me or nothing. She’d explain some things so I’d tell her what I can tell her. So, it worked out. (Participant 242)

Given the high value placed on having the recipient dictate the direction of support, sometimes the focus on employment was sidelined until crises had passed, or until it made sense given the recipients’ more pressing needs. Overall, participants noted that vocational peer support specialists were accommodating and nimble. Peer specialists would be flexible both in attending to the most pressing needs of the individual and about modes of communication. For example, specialists would substitute calls when in-person meetings were not available. Participants reported that their vocational peer support specialists did not tout an agenda around vocational pursuits, but instead, introduced vocational goals when they were contextually relevant and feasible given life circumstances. This supportive reorientation to work by vocational peer support specialists is illustrated in the following quote:

Every time we met, we talked about some experiences we were going through in our lives, and then we referred back to our job experiences, and then the things that I was doing on my own. (Participant 242)

Creativity and knowledge

When examining participant responses, it was evident that there was a depth and breadth of skill and knowledge required of peer support specialists to address work-related struggles brought to

them. Often, peer support specialists were called upon to help address issues that were high stakes and time-sensitive. Notably, this was one area where vocational peer support specialists could be negatively appraised if they were not perceived to be helpful. For example, when one individual had difficulty getting help from an agency concerned with employment rights, he expressed disappointment when his vocational peer support specialist could only provide information that was readily available online. This emergent theme was endorsed by two participants and pointed to ways in which some complex needs of participants could come up against the lay knowledge of vocational peer support specialists, who are not expected to be experts in federal benefit structures or other vocational services. For the most part, peer support specialists showed their ability to work in creative ways to connect participants to a range of vocational activities and address their vocational interests. This creative and enterprising approach is evident in one participant's description of her vocational peer support specialist:

I don't remember her [vocational peer support specialist] saying things that she couldn't do, I just remember her saying things that were possible, that we could discuss in terms of job-hunting ideas, brainstorming, thinking about different employers and how to approach them...things associated with resume development or writing cover letters. The whole nuts and bolts of job hunting. (Participant 11)

Another participant who loved reading and writing found an energetic partner in her vocational peer support specialist, who connected her to literary activities in her community. With the encouragement of her vocational peer support specialist, this participant submitted a winning poem to a local competition.

Emotional supports

Normalization

Several participants alluded to feeling like “the odd man out” as they navigated their lives with a psychiatric disability. They described feelings of alienation and emotional isolation from others. Many also spoke of emotional wounds, trepidation, and trauma stemming from years of painful experiences. Participants contrasted prior treatment received to vocational peer support, as well as the ways these experiences increased their feelings of emotional isolation. In their vocational peer support specialists, participants explained that they had “someone to talk to” who provided a consistent “upbeat message,” and who “helped [me] cope.” Tangible supports provided by vocational peer support specialists (e.g., transportation, and accompaniment to appointments) were usually provided in the contexts of painful moments and emotionally turbulent times. This role played by vocational peer support specialists is captured by one participant's statement:

[I was] always beating myself up and [my vocational peer support specialist] was like, you know what? It happened. Why are you so hard on yourself? It happened and it's a part of life. (Participant 215)

Participants stressed the ways in which sharing emotional struggles with a peer support specialist served to connect them to another, and to allow them to feel less alone in their distress.

Hope

Overall, many participants stated that they were imbued with hope as they worked with their vocational peer support specialists. One way this was accomplished was that participants were reminded of their strengths when they doubted their abilities. Several participants described the difficulties they had looking past their current circumstances and considering a future that may fall short of earlier aspirations. They found that the cheerleading statements offered by their vocational

peer support specialists were effective in encouraging them to keep working towards their vocational goals. This sentiment is illustrated in the following quote:

She [vocational peer support specialist] gave me a lot of hope, and helped me look to the future, where it was very bleak. I didn't see a future for me. (Participant 215)

In a sense, instilling hope pulled participants from the discouragement that defined their current circumstances and allowed them to focus on a future time point when they could achieve their goals. This theme of hope demonstrates not only the capacity of participants to embrace the possibilities of a future unlike their present circumstances but also the ways in which vocational peer support specialists are able to conjure these hopeful images.

Discussion

This study of vocationally oriented peer support confirmed several major themes in the extant literature on peer support. First, the findings suggest that the shared lived experience is fundamental to the vocational peer support relationship. Self-disclosure of mental health challenges and experiences in the context of a helping relationship, when properly timed and matched to the person and the circumstances, is demonstrated to be valuable and increase the likelihood of meaningful engagement.³⁷ This connection can foster a strong interpersonal bond that becomes the bedrock on which other goals can be tackled.

Shared lived experience expressed by participants was associated with a strengthening of trust. Notably, researchers concluded that peer recipients most valued a shared lived experience of mental health challenges with their peer support specialists and credited the peer relationship in improving their mental health.³⁸ Gidugu and colleagues noted that the shared lived experience was “a critical and unique dimension that cannot be duplicated by other mental health providers.”^{18(p.450)} Their conclusion is affirmed in this study. Additionally, this study begins to explore the unique interpersonal connections that vocational peer support specialists build to improve vocational outcomes. Results posit that this may be akin to pathways proposed by positive psychology theorists who link the eliciting of positive emotions with notable changes in thoughts, actions, and the buttressing of psychological and social coping resources.³⁹

Second, this study confirmed that the values underpinning the peer movement, which are explicated in detail and appear to have strong consensus,^{1,2,40,41} are critical to forming and maintaining the peer relationship. These include non-hierarchical, egalitarian, empathic, person-centered, and non-judgmental relationships. Those values were articulated in this study in the themes that emerged on “equality” and descriptions of the peer relationship as one that transcends professional-to-client. Another key value in the peer relationship is the need to be person-centered. In this study, that theme was apparent in support being driven by the needs of the person (“prioritizing the person”) and not by pre-conceived agendas. That person-centeredness translated into a flexible approach that allowed the peer specialist to address needs outside of the vocational arena when needed.

Additionally, the peer relationship was strengthened by the presence of empathy and an absence of judgment, central conditions of the helping relationship, which potentiated relationship building in this study.⁴² Based on these two explicit themes, it can be concluded that if the peer aspect were missing from the vocational support relationship, a hierarchical relationship would instead be established; one in which participants are more likely to feel judged, labeled, and, in many ways, diminished.

Third, the traditional reasons that peer support is known to be effective, including the availability and provision of emotional support, in addition to building a sense of hopefulness, were also confirmed in this study. These critical aspects of the peer relationship were not only articulated as important principles and values but were demonstrated as key components of the relationship in

numerous studies.^{12,43,44} Austin and colleagues elegantly describe instilling hope as the peer specialists' ability to help individuals "aspire" to more fulfilling lives.^{44(p.884)} This was evident in this study's findings.

Another major focus of research on peer support is understanding the mechanisms by which peer support may be effective. This study found that peers provided important role modeling opportunities and were living exemplars of vocational recovery since they were successfully employed as peer specialists. There is literature suggesting that when role models match their mentees in areas of salience, the impact is more meaningful and improves outcomes.⁴⁵ Thus far, research focuses on role modeling opportunities matched on aspects of gender and race. Role modeling matching aspects of vocational peer support is an area of potential interest for future research to expand.

Finally, this intervention required peer support specialists to go beyond engagement, role modeling, and the provision of emotional support. The vocational nature of the intervention required that specialists have specific content knowledge to foster the achievement of vocational goals.⁴⁶ This focus on specific, content-driven knowledge and tasks reaches beyond the bond and working alliance highlighted in previous studies on peer support. Participants in this study spoke to the expectation that their peer support specialists were able to guide them relative to their vocational aspirations, as expressed in the theme of "Creativity and Knowledge" around employment. The implication is that if peer support specialists are asked to fulfill roles providing housing, employment, educational, or health supports, they must be equipped with requisite knowledge, skills, and resources to deliver that support in service of a specific goal.

Limitations

This study has several methodological limitations that should be noted. First, the study utilized a convenience sample that was drawn from two specific mental health programs, and from individuals receiving one-on-one vocational peer support. Therefore, the findings might not generalize to different types of employment services or supports, such as those provided by a vocational rehabilitation agency. The small sample size, while considered acceptable in many qualitative investigations, may nonetheless constrain the findings. Additionally, results may not be generalizable to other types of peer supports, such as those delivered in particular settings (i.e., emergency departments, residential settings) or those that are less structured, unpaid, or less formal. Moreover, although this qualitative analysis was conducted systematically, biased interpretation of results is possible.

All participants in this study received at least 10 sessions of vocational peer support, but differences in experiences based on duration or frequency of peer support were not examined. The choice of a minimum of 10 sessions of vocational support, while somewhat arbitrary, was made in order to ensure that study participants had a sufficient "dose" of vocational peer support as it was intended to be delivered. It is possible that a different threshold for this minimum would yield different findings. Future research might focus on gaining a better understanding of the unique contribution of peer support to vocational recovery when compared to other employment providers, other peer specialists, or other mental health providers.

Implications for Behavioral Health

The lived experience of vocational peer support specialists appears to be a unique and effective element in building strong interpersonal connections, which can be leveraged for improving vocational outcomes among individuals with psychiatric disabilities. Expression of the "core conditions" of a helping relationship, including unconditional positive regard, empathy, warmth, respect, and genuineness, is highly valued and central to the peer relationship.⁴² These conditions

may set the stage for change. In addition to the core conditions, instilling hope for vocational recovery needs to be embedded in the context of broad skills and knowledge about the world of work in order for vocational peer support to be perceived as effective.

This study has implications for the development of the peer workforce, as it affirms the established practice of training peer support specialists in the essence of peer support; this includes a focus on engagement, self-disclosure of the shared experience, and the need to demonstrate the core conditions of a helping relationship in order to increase the bond between specialist and peer. It also suggests that role modeling can be a potent mechanism of change, and that peer support specialists can use their own experience carefully and judiciously as a model for vocational recovery. Training on how best to self-disclose one's personal story and use one's own circumstances to be a model may be critical. This study also confirms that specific content knowledge and skill must be part of the training experience of peer support specialists if they are expected to assume work roles and tasks designed to affect vocational outcomes.

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Compliance with Ethical Standards

All procedures and materials, including recruitment flyers and the interview guide, were approved by the Boston University Institutional Review Board.

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